Filing at a Glance

Company:	Allianz Life Insurance Company of North America
Product Name:	LTC RATE FILING 2012 - GROUP 3
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Rate
Date Submitted:	11/08/2012
SERFF Tr Num:	ALLB-128730838
SERFF Status:	Closed-Approved and Filed
State Tr Num:	ALLB-128730838
State Status:	Approved & Filed
Co Tr Num:	LTC RATE FILING 2012 - GROUP 3
Implementation Date Requested:	On Approval
Author(s):	Sandy Manos, Chris Hughes, Ouling Lu, Joe Thomas, Christopher Delso, Michael Emmert
Reviewer(s):	Janet Houser (primary), Elsie Andy
Disposition Date:	06/08/2016
Disposition Status:	Approved and Filed
Implementation Date:	

General Information

Project Name: LTC RATE FILING 2012 - GROUP 3
Project Number: LTC RATE FILING 2012 - GROUP 3
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 25%

Deemer Date:
Submitted By: Vladimir Ilic

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 06/08/2016
State Status Changed: 06/08/2016
Created By: Andrew Schmid
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:
November 8, 2012

Re: Allianz Life Insurance Company of North America / NAIC #90611 / FEIN #41-1366075
Individual Long-Term Care Insurance 10-P-Q-VA, et al

Allianz is submitting for review revised long-term care insurance premium rates for the above referenced forms. These forms were previously approved by the Department on October 22, 2003, under Submission # 007 0000020897.

These forms were sold nationwide from 2003 through 2009, although the substantial majority were issued 2003 through 2007. These forms are no longer being issued in any state as Allianz stopped issuing all long-term care insurance in 2010.

The proposed premium rates reflect a 25% increase over the current rates.

Some of our pricing assumptions for these policies, although based on the best information available at the time, have not been consistent with emerging experience. The increased rates are needed to help ensure that future premiums, in combination with existing reserves, will be sufficient to cover anticipated claims. We are requesting the same increase nationwide.

In the interest of balancing the needs of all policyholders (long-term care as well as others), we are limiting our request to a 25% increase, although a larger increase can be actuarially justified. The attached actuarial memorandum contains justification for this premium increase.

To better enable our policyholders to accommodate these revised premium rates, we will be offering the following options (as available):

•accept the revised premiums and maintain current benefit amounts
•maintain current premiums with reduced benefit amounts
•blend the above two options, resulting in a lesser premium increase and lesser reduced benefit amounts
•elect reduced paid up coverage (contingent benefit upon lapse) with no future premiums payable

Subject to Department approval of this filing, we plan to begin implementing this increase in the second half of 2013. The increase would be effective on a policy's next anniversary following the implementation date. Policy owners will be notified at

least 60 days prior to the effective date of their increase. In the notification, Allianz will lay out the above policyholder options (as available).

As we continue to review the experience of these forms, it is possible a future rate increase request will be necessary.

Please note this is the first of three long-term care insurance premium rate change requests we will be filing for our various policy forms. The others are forthcoming.

Thank you for your consideration of this filing. If you have any questions or if you need additional information to complete your review, please call me at 800.328.5601, extension 36171, or send an email to me at Vladimir.Ilic@allianzlife.com.

Sincerely,

Vladimir Ilic
Sr. Financial Analyst

Company and Contact

Filing Contact Information

Vladimir Ilic, Sr Financial Analyst
5701 Golden Hills Drive
Golden Valley , MN 55416

Vladimir.Ilic@Allianzlife.com
763-765-6171 [Phone]

Filing Company Information

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297
(800) 328-5601 ext. [Phone]

CoCode: 90611
Group Code: 761
Group Name:
FEIN Number: 41-1366075

State of Domicile: Minnesota
Company Type: 02
State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Janet Houser	06/08/2016	06/08/2016
Disapproved	Bob Grissom	05/17/2014	05/17/2014

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Janet Houser	06/01/2016	06/01/2016
Info has been requested from company	Janet Houser	05/12/2016	05/12/2016
Info has been requested from company	Janet Houser	04/22/2016	04/22/2016
Info has been requested from company	Janet Houser	06/01/2015	06/01/2015
Info has been requested from company	Elsie Andy	05/29/2015	05/29/2015
Disapproved	Janet Houser	04/27/2015	04/27/2015
Disapproved	Janet Houser	08/08/2014	08/08/2014
Disapproved	Janet Houser	08/08/2014	08/08/2014
Disapproved	Bob Grissom	11/15/2013	11/18/2013
Disapproved	Ed Whyte	08/14/2013	08/14/2013
Disapproved	Ed Whyte	06/14/2013	06/14/2013
Disapproved	Ed Whyte	04/24/2013	04/24/2013
Disapproved	Ed Whyte	03/08/2013	03/08/2013
Disapproved	Ed Whyte	12/20/2012	12/20/2012

Response Letters

Responded By	Created On	Date Submitted
Michael Emmert	06/01/2016	06/01/2016
Michael Emmert	05/18/2016	05/18/2016
Michael Emmert	04/28/2016	04/28/2016
Michael Emmert	04/06/2016	04/06/2016
Michael Emmert	04/06/2016	04/06/2016
Ouling Lu	05/04/2015	05/04/2015
Chris Hughes	12/20/2014	12/20/2014
Chris Hughes	12/20/2014	12/20/2014
Chris Hughes	06/06/2014	06/06/2014
Chris Hughes	08/23/2013	08/23/2013
Vladimir Ilic	06/28/2013	06/28/2013
Vladimir Ilic	05/16/2013	05/17/2013
Vladimir Ilic	03/15/2013	03/15/2013
Vladimir Ilic	02/05/2013	02/05/2013

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America

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

Product Name: LTC RATE FILING 2012 - GROUP 3

Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Additional Information to Assist in the Review	Michael Emmert	04/11/2016	04/11/2016
Form	Coverage Change Endorsement	Ouling Lu	05/22/2015	05/26/2015
Supporting Document	Coverage Change Endorsement SOV	Ouling Lu	05/22/2015	05/26/2015
Rate	Generation Protector	Chris Hughes	01/27/2015	01/27/2015
Rate	Generation Protector	Chris Hughes	01/27/2015	01/27/2015
Rate	Generation Protector	Chris Hughes	01/27/2015	01/27/2015
Rate	Generation Protector	Chris Hughes	01/27/2015	01/27/2015
Rate	Generation Protector	Chris Hughes	01/27/2015	01/27/2015
Rate	Generation Protector	Chris Hughes	01/27/2015	01/27/2015
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Rate	Generation Protector	Chris Hughes	01/27/2015	01/27/2015
Rate	Generation Protector	Chris Hughes	01/27/2015	01/27/2015
Rate	Generation Protector	Chris Hughes	01/27/2015	01/27/2015
Supporting Document	Form Numbers and Description of Benefits	Chris Hughes	01/27/2015	01/27/2015
Supporting Document	Health Insurance Rate Request Summary Part I	Chris Hughes	01/27/2015	01/27/2015
Supporting Document	VA Policyholder Notification Letter 1-27-2015	Chris Hughes	01/27/2015	01/27/2015

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Rate Increase Change Request	Vladimir Ilic	08/06/2013	08/06/2013
Supporting Document	Certificate of Readability	Vladimir Ilic	08/06/2013	08/06/2013
Supporting Document	Certificate of Compliance	Vladimir Ilic	08/06/2013	08/06/2013
Supporting Document	Policyholder Notification Letter	Vladimir Ilic	08/06/2013	08/06/2013
Supporting Document	Statement of Variability	Vladimir Ilic	08/06/2013	08/06/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
RE: 10-E-2 form	Note To Reviewer	Michael Emmert	05/31/2016	05/31/2016
10-E-2 form	Note To Filer	Janet Houser	05/26/2016	05/26/2016
Contact	Note To Filer	Janet Houser	04/19/2016	04/19/2016
Phone number	Note To Filer	Janet Houser	04/07/2016	04/07/2016
Approval Grid	Note To Filer	Janet Houser	09/18/2015	09/18/2015
Endorsement Language	Note To Filer	Janet Houser	03/10/2015	03/10/2015
Premium Increase Contingent Benefit Upon Lapse	Note To Reviewer	Ouling Lu	03/09/2015	03/09/2015
3/6/15 phone message	Note To Filer	Janet Houser	03/09/2015	03/09/2015
Update to 2.13.15 note to filer	Note To Filer	Janet Houser	02/23/2015	02/23/2015
2.13.15 phone conversation	Note To Filer	Janet Houser	02/13/2015	02/13/2015
Rate/Rule Schedule	Note To Filer	Janet Houser	01/26/2015	01/26/2015
Rate Summary Part 1	Note To Filer	Janet Houser	01/23/2015	01/23/2015
Policyholder letters	Note To Filer	Janet Houser	01/23/2015	01/23/2015
Summary of 11.13.14 conference call	Note To Filer	Janet Houser	11/13/2014	11/13/2014
Conference Call Request	Note To Filer	Janet Houser	11/12/2014	11/12/2014
Conference Call Request	Note To Reviewer	Chris Hughes	11/10/2014	11/10/2014
RRS	Reviewer Note	Janet Houser	06/08/2016	
policyholder letters	Reviewer Note	Janet Houser	01/23/2015	
Act Review	Reviewer Note	Janet Houser	12/29/2014	
Phone Call Summary 7.14.14	Reviewer Note	Janet Houser	07/15/2014	

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
ARC Actuarial Report - 08/13/2013 11/6/2013 APRPOVAL	Reviewer Note	Ed Whyte	08/14/2013	
ARC Actuarial Report - 06/12/2013	Reviewer Note	Ed Whyte	06/14/2013	
ARC Actuaial Report - 04/23/2013	Reviewer Note	Ed Whyte	04/24/2013	
ARC Actuarial Report - 03/07/2013	Reviewer Note	Ed Whyte	03/08/2013	

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Disposition

Disposition Date: 06/08/2016
Implementation Date:
Status: Approved and Filed

Comment: In approving this filing, the Company is reminded that pursuant to 14VAC5-200-153 D, it is required to provide updated experience for the next three years comparing the actual results to the results that the Company projected in justifying the rate increase. We would expect this filing to be made no later than March 1, 2018 and to include updated data through 2017.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Allianz Life Insurance Company of North America	158.000%	56.250%	$2,048,012	1,886	$3,640,910	56.250%	56.250%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	Actual to Expected Exhibit	Received & Acknowledged	Yes
Supporting Document	Approvals Grid	Received & Acknowledged	Yes
Supporting Document	Assumptions	Received & Acknowledged	Yes
Supporting Document	Average Premium	Received & Acknowledged	Yes
Supporting Document	Claim Reserve Methodology	Received & Acknowledged	Yes
Supporting Document (revised)	Coverage Change Request Form	Received & Acknowledged	Yes
Supporting Document	Experience Exhibits - Using Originally Filed Rates	Received & Acknowledged	Yes
Supporting Document (revised)	Form Numbers and Description of Benefits	Received & Acknowledged	Yes
Supporting Document	Exhibits in Excel	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Letter	Received & Acknowledged	Yes
Supporting Document	VA Objection Response 2-5-13	Received & Acknowledged	Yes
Supporting Document	Current Rate Sheets	Received & Acknowledged	Yes
Supporting Document	Experience Exhibits - 1.25% Ultimate Lapse	Received & Acknowledged	Yes
Supporting Document	Loss Ratio Analysis	Received & Acknowledged	Yes

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Original Assumptions Compared to Current Assumptions	Received & Acknowledged	Yes
Supporting Document	Assumption Actual to Expected	Received & Acknowledged	Yes
Supporting Document (revised)	VA Policyholder Notification Letter	Received & Acknowledged	Yes
Supporting Document	VA Objection Response 5-17-13	Received & Acknowledged	Yes
Supporting Document	VA Objection Response 6-28-13	Received & Acknowledged	Yes
Supporting Document (revised)	Certificate of Readability	Received & Acknowledged	Yes
Supporting Document (revised)	Certificate of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Notification Letter	Received & Acknowledged	Yes
Supporting Document (revised)	Statement of Variability	Received & Acknowledged	Yes
Supporting Document	Updated Morbidity Actual to Expected	Received & Acknowledged	Yes
Supporting Document (revised)	Health Insurance Rate Request Summary Part I	Received & Acknowledged	Yes
Supporting Document	VA Objection Response 6-6-14	Received & Acknowledged	Yes
Supporting Document (revised)	Coverage Change Request Form 6-6-14	Received & Acknowledged	Yes
Supporting Document (revised)	VA Policyholder Notification Letter 6-6-14	Received & Acknowledged	Yes
Supporting Document	VA Objection Response 12-19-2014	Received & Acknowledged	Yes
Supporting Document (revised)	VA Policyholder Notification Letter 12-19-2014	Received & Acknowledged	Yes
Supporting Document (revised)	VA Policyholder Notification Letter 1-27-2015	Received & Acknowledged	Yes
Supporting Document (revised)	Coverage Change Endorsement SOV	Received & Acknowledged	Yes
Supporting Document (revised)	Final Statements of Variability	Received & Acknowledged	Yes
Supporting Document	Final Certificates of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	Final Certificates of Readability	Received & Acknowledged	Yes
Supporting Document	Response to Objections Received on May 29, 2015 and June 1, 2015	Received & Acknowledged	Yes
Supporting Document	Copy of Policy form 10-P-Q-VA	Received & Acknowledged	Yes
Supporting Document	Additional Information to Assist in the Review	Received & Acknowledged	Yes
Supporting Document (revised)	Final Coverage Change Request Form	Received & Acknowledged	Yes
Supporting Document	Response to Objection Received on April 22, 2016	Received & Acknowledged	Yes
Supporting Document	Response to Objection Received on May 12, 2016	Received & Acknowledged	Yes
Supporting Document	Response to Objection Received on June 1, 2016	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	Coverage Change Request Form	Withdrawn	Yes
Supporting Document	Form Numbers and Description of Benefits	Withdrawn	Yes
Supporting Document	Policyholder Letter	Withdrawn	Yes
Supporting Document	VA Policyholder Notification Letter	Withdrawn	Yes
Supporting Document	Certificate of Readability	Withdrawn	Yes
Supporting Document	Certificate of Readability	Withdrawn	Yes
Supporting Document	Certificate of Readability	Withdrawn	Yes
Supporting Document	Certificate of Compliance	Withdrawn	Yes
Supporting Document	Certificate of Compliance	Withdrawn	Yes
Supporting Document	Certificate of Compliance	Withdrawn	Yes
Supporting Document	Policyholder Notification Letter	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Health Insurance Rate Request Summary Part I	Withdrawn	Yes
Supporting Document	Health Insurance Rate Request Summary Part I	Withdrawn	Yes
Supporting Document	Health Insurance Rate Request Summary Part I	Withdrawn	Yes
Supporting Document	Coverage Change Request Form 6-6-14	Withdrawn	Yes
Supporting Document	Coverage Change Request Form 6-6-14	Withdrawn	Yes
Supporting Document	Coverage Change Request Form 6-6-14	Withdrawn	Yes
Supporting Document	VA Policyholder Notification Letter 6-6-14	Withdrawn	Yes
Supporting Document	VA Policyholder Notification Letter 12-19-2014	Withdrawn	Yes
Supporting Document	VA Policyholder Notification Letter 1-27-2015	Withdrawn	Yes
Supporting Document	Coverage Change Endorsement SOV	Withdrawn	Yes
Supporting Document	Final Statements of Variability	Withdrawn	Yes
Supporting Document	Final Statements of Variability	Withdrawn	Yes
Supporting Document	Final Statements of Variability	Withdrawn	Yes

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Final Certificates of Readability	Withdrawn	Yes
Supporting Document	Final Certificates of Readability	Withdrawn	Yes
Supporting Document	Final Certificates of Readability	Withdrawn	Yes
Supporting Document	Final Coverage Change Request Form	Withdrawn	Yes
Form (revised)	Policy Endorsement	Approved	Yes
Form (revised)	Policyholder Rate Increase Notification Letter	Filed	Yes
Form (revised)	Coverage Change Request Form	Withdrawn	Yes
Form	Coverage Change Endorsement	Withdrawn	Yes
Form	Coverage Change Request Form	Withdrawn	Yes
Form	Withdrawn	Withdrawn	Yes
Form	Rate Increase Change Request	Withdrawn	Yes
Form	Policyholder Rate Increase Notification Letter	Withdrawn	Yes
Form	Policyholder Rate Increase Notification Letter	Withdrawn	Yes
Form	Policyholder Rate Increase Notification Letter	Withdrawn	Yes
Form	Coverage Change Request Form	Withdrawn	Yes
Rate (revised)	Generation Protector	Approved	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
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Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
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Rate	Generation Protector	Withdrawn	Yes

SERFF Tracking #: *ALLB-128730838* **State Tracking #:** *ALLB-128730838* **Company Tracking #:** *LTC RATE FILING 2012 - GROUP 3*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes
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Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Disposition

Disposition Date: 05/17/2014
Implementation Date:
Status: Disapproved

Comment: As no response has been received from the company to the prior objection letter, this filing has been DISAPPROVED. If you have any questions regarding this action, please contact Bob Grissom at bob.grissom@scc.virginia.gov.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Allianz Life Insurance Company of North America	97.000%	25.000%	$928,403	1,915	$3,713,613	25.000%	25.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	Actual to Expected Exhibit	Received & Acknowledged	Yes
Supporting Document	Approvals Grid	Received & Acknowledged	Yes
Supporting Document	Assumptions	Received & Acknowledged	Yes
Supporting Document	Average Premium	Received & Acknowledged	Yes
Supporting Document	Claim Reserve Methodology	Received & Acknowledged	Yes
Supporting Document (revised)	Coverage Change Request Form	Received & Acknowledged	Yes
Supporting Document	Experience Exhibits - Using Originally Filed Rates	Received & Acknowledged	Yes
Supporting Document (revised)	Form Numbers and Description of Benefits	Received & Acknowledged	Yes
Supporting Document	Exhibits in Excel	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Letter	Received & Acknowledged	Yes
Supporting Document	VA Objection Response 2-5-13	Received & Acknowledged	Yes
Supporting Document	Current Rate Sheets	Received & Acknowledged	Yes
Supporting Document	Experience Exhibits - 1.25% Ultimate Lapse	Received & Acknowledged	Yes
Supporting Document	Loss Ratio Analysis	Received & Acknowledged	Yes
Supporting Document	Original Assumptions Compared to Current Assumptions	Received & Acknowledged	Yes

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Assumption Actual to Expected	Received & Acknowledged	Yes
Supporting Document (revised)	VA Policyholder Notification Letter	Received & Acknowledged	Yes
Supporting Document	VA Objection Response 5-17-13	Received & Acknowledged	Yes
Supporting Document	VA Objection Response 6-28-13	Received & Acknowledged	Yes
Supporting Document (revised)	Certificate of Readability	Received & Acknowledged	Yes
Supporting Document (revised)	Certificate of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Notification Letter	Received & Acknowledged	Yes
Supporting Document (revised)	Statement of Variability	Received & Acknowledged	Yes
Supporting Document	Updated Morbidity Actual to Expected	Received & Acknowledged	Yes
Supporting Document (revised)	Health Insurance Rate Request Summary Part I	Received & Acknowledged	Yes
Supporting Document	VA Objection Response 6-6-14	Received & Acknowledged	Yes
Supporting Document (revised)	Coverage Change Request Form 6-6-14	Received & Acknowledged	Yes
Supporting Document (revised)	VA Policyholder Notification Letter 6-6-14	Received & Acknowledged	Yes
Supporting Document	VA Objection Response 12-19-2014	Received & Acknowledged	Yes
Supporting Document (revised)	VA Policyholder Notification Letter 12-19-2014	Received & Acknowledged	Yes
Supporting Document (revised)	VA Policyholder Notification Letter 1-27-2015	Received & Acknowledged	Yes
Supporting Document (revised)	Coverage Change Endorsement SOV	Received & Acknowledged	Yes
Supporting Document (revised)	Final Statements of Variability	Received & Acknowledged	Yes
Supporting Document	Final Certificates of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	Final Certificates of Readability	Received & Acknowledged	Yes
Supporting Document	Response to Objections Received on May 29, 2015 and June 1, 2015	Received & Acknowledged	Yes
Supporting Document	Copy of Policy form 10-P-Q-VA	Received & Acknowledged	Yes
Supporting Document	Additional Information to Assist in the Review	Received & Acknowledged	Yes
Supporting Document (revised)	Final Coverage Change Request Form	Received & Acknowledged	Yes
Supporting Document	Response to Objection Received on April 22, 2016	Received & Acknowledged	Yes
Supporting Document	Response to Objection Received on May 12, 2016	Received & Acknowledged	Yes
Supporting Document	Response to Objection Received on June 1, 2016	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	Coverage Change Request Form	Withdrawn	Yes
Supporting Document	Form Numbers and Description of Benefits	Withdrawn	Yes
Supporting Document	Policyholder Letter	Withdrawn	Yes
Supporting Document	VA Policyholder Notification Letter	Withdrawn	Yes
Supporting Document	Certificate of Readability	Withdrawn	Yes
Supporting Document	Certificate of Readability	Withdrawn	Yes
Supporting Document	Certificate of Readability	Withdrawn	Yes
Supporting Document	Certificate of Compliance	Withdrawn	Yes
Supporting Document	Certificate of Compliance	Withdrawn	Yes
Supporting Document	Certificate of Compliance	Withdrawn	Yes
Supporting Document	Policyholder Notification Letter	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Health Insurance Rate Request Summary Part I	Withdrawn	Yes
Supporting Document	Health Insurance Rate Request Summary Part I	Withdrawn	Yes
Supporting Document	Health Insurance Rate Request Summary Part I	Withdrawn	Yes
Supporting Document	Coverage Change Request Form 6-6-14	Withdrawn	Yes
Supporting Document	Coverage Change Request Form 6-6-14	Withdrawn	Yes
Supporting Document	Coverage Change Request Form 6-6-14	Withdrawn	Yes
Supporting Document	VA Policyholder Notification Letter 6-6-14	Withdrawn	Yes
Supporting Document	VA Policyholder Notification Letter 12-19-2014	Withdrawn	Yes
Supporting Document	VA Policyholder Notification Letter 1-27-2015	Withdrawn	Yes
Supporting Document	Coverage Change Endorsement SOV	Withdrawn	Yes
Supporting Document	Final Statements of Variability	Withdrawn	Yes
Supporting Document	Final Statements of Variability	Withdrawn	Yes
Supporting Document	Final Statements of Variability	Withdrawn	Yes
Supporting Document	Final Certificates of Readability	Withdrawn	Yes

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Final Certificates of Readability	Withdrawn	Yes
Supporting Document	Final Certificates of Readability	Withdrawn	Yes
Supporting Document	Final Coverage Change Request Form	Withdrawn	Yes
Form (revised)	Policy Endorsement	Approved	Yes
Form (revised)	Policyholder Rate Increase Notification Letter	Filed	Yes
Form (revised)	Coverage Change Request Form	Withdrawn	Yes
Form	Coverage Change Endorsement	Withdrawn	Yes
Form	Coverage Change Request Form	Withdrawn	Yes
Form	Withdrawn	Withdrawn	Yes
Form	Rate Increase Change Request	Withdrawn	Yes
Form	Policyholder Rate Increase Notification Letter	Withdrawn	Yes
Form	Policyholder Rate Increase Notification Letter	Withdrawn	Yes
Form	Policyholder Rate Increase Notification Letter	Withdrawn	Yes
Form	Coverage Change Request Form	Withdrawn	Yes
Rate (revised)	Generation Protector	Approved	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes

SERFF Tracking #: *ALLB-128730838* **State Tracking #:** *ALLB-128730838* **Company Tracking #:** *LTC RATE FILING 2012 - GROUP 3*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate (revised)	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes
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Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes

SERFF Tracking #: *ALLB-128730838* ***State Tracking #:*** *ALLB-128730838* ***Company Tracking #:*** *LTC RATE FILING 2012 - GROUP 3*

State: *Virginia* ***Filing Company:*** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Schedule	**Schedule Item**	**Schedule Item Status**	**Public Access**
Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes
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Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes
Rate	Generation Protector	Withdrawn	Yes

State:	Virginia	**Filing Company:**	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2012 - GROUP 3		
Project Name/Number:	LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/01/2016
Submitted Date	06/01/2016
Respond By Date	

Dear Vladimir Ilic,

Introduction:

Thank you for your prompt responses regarding this filing as we prepare it for recommendation for approval. There are a few remaining issues that need to be addressed as follows:

Objection 1

- Policyholder Rate Increase Notification Letter, S2279-VA (Form)

Comments: We did a quick comparison of the S2279-VA letter to the S2280-VA letter. Although the letters do not need to be exactly the same, as an observation, these are the differences between the two letters that we found that the company may or may not wish to amend:

Page 1 - second paragraph, the second sentence of the S2280-VA letter refers to "classes of" our long term care policies; S2279-VA leaves out the words "classes of."

Frequently asked questions #1 - Again, "classes of" is used in the S2280-VA letter in the second paragraph but not in S2279-VA. Also, the last sentence of that paragraph that begins with "Your class is determined..." does not appear in S2279-Va. This same discrepancy appears in question # 9 as well in S2279-VA but is question 8 in S2280-VA.

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Objection 2

- Health Insurance Rate Request Summary Part I (Supporting Document)

Comments: The number of insureds on the Rate Summary do not match the number of insured on the Rate/Rule Schedule. Please resolve the discrepancy.

Objection 3

- Final Statements of Variability (Supporting Document)

Comments: There is some information on the Statement of Variability that should be rephrased to remove any potential confusion or misunderstanding:

The values under for anniversary1 states 3/17/2016 as a minimum an 12/31/2100 as a maximum. In this particular instance, a range would not be applicable. The insured must receive a 75 day notice prior to the rate increase. We suggest the explanation should be stated it is the policy anniversary date following the minimum 75 day notice of a rate increase. This would also apply to anniversary2.

Because the effect on partnership status is a required disclosure as set forth in 14VAC5-200-75 D 2 c, please highlight, bold or in some other fashion emphasize this language to bring attention to its importance in the letter.

The latest election date states this is the date which the options under the premium increase contingent upon lapse rider is available. For clarification purposes, the contingent benefit upon lapse benefit rider, if the triggers are met, automatically becomes effective if

the policy lapses within 120 days of the due date of the premium increase as set forth in 14VAC5-200-185 D 3. Please amend the language accordingly.

Objection 4

- Policyholder Letter (Supporting Document)

- L&H Actuarial Memorandum (Supporting Document)

Comments: As noted in the Actuarial Certification, the Company is unable to comply with the requirements of 14VAC5-200-153 B, which requires a certification by a qualified actuary that if the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated.

In light of this exception, the certification should indicate what rate increase would have been necessary to provide such certification. As a result, we suggest the wording be amended as follows or using words of similar import:

I certify that, to the best of my knowledge and belief, the rates are not unfairly discriminatory and the gross premiums are not excessive. Based on current analysis, a 100% rate increase would be needed to certify, as required by 14VAC5-200-153 B 2 a, that if the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated. Gross premiums are reasonable in relation to the benefits. I have considered policy design, underwriting and claims adjudication practices. (The sentence regarding the gross premiums is not required language as set forth in 14VAC5-200-153 B 2 and may be removed; otherwise, the sentence needs to indicate premiums are reasonable in relation to the benefits.)

In addition the Bureau feels this information should be included in the policyholder letter advising that although a 100% rate increase is approvable, the company has agreed to 56.25% with a four year rate guarantee. We realize the letter states that premiums could change in the future as required; however, this additional information will make the insured aware a future rate increase is more likely to occur.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	Virginia	**Filing Company:**	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2012 - GROUP 3		
Project Name/Number:	LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/12/2016
Submitted Date	05/12/2016
Respond By Date	

Dear Vladimir Ilic,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions regarding the policyholder letter:

Objection 1

- Statement of Variability (Supporting Document)

- Final Coverage Change Request Form (Supporting Document)

- Policyholder Rate Increase Notification Letter, S2279-VA (Form)

Comments: We appreciate your explanation regarding the Return of Premium Rider. Because the benefit is not available in Virginia, please remove this benefit or place brackets around the Return of Premium Rider referenced in the policyholder letter, frequently asked questions and Coverage Change Request form and amend the Statement of Variability to indicate this will not appear in communication addressed to Virginia policyholders. We realize the form uses the word "may" but it remained unclear to us and may be potentially misleading to our policyholders. This simply isn't an option that can be chosen in Virginia and should not be included in the policyholder letter or appear available for selection.

Objection 2

- Coverage Change Request Form (Supporting Document)

Comments: Should the option to reduce the benefit period be chosen, please confirm the benefit period will never be reduced than 12 months.

Objection 3

- VA Policyholder Notification Letter (Supporting Document)

Comments: According to your response, all policyholders will receive a PICBUL rider which indicates the contingent benefit upon lapse option (CBUL) is available upon "any" rate increase now and in the future. correct? How does the insured know this form replaces the CBUL rider 10-E-1-VA which was approved with the policy?

Objection 4

- Policyholder Rate Increase Notification Letter, S2279-VA (Form)

Comments: The letter references the full corporate name of the insurer and later as only Alllianz. While we do not have a concern regarding this format, the letter should explain that the corporate name may be referred to as Allianz. Our concern would be resolved if the first sentence of the letter were stated as At Allianz Life Insurance Company of North America (Allianz), our highest priority is fulfilling our commitments to our policyholders."

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

State:	Virginia	**Filing Company:**	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2012 - GROUP 3		
Project Name/Number:	LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3		

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	Virginia	**Filing Company:**	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2012 - GROUP 3		
Project Name/Number:	LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/22/2016
Submitted Date	04/22/2016
Respond By Date	

Dear Vladimir Ilic,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Policyholder Rate Increase Notification Letter, S2279-VA (Form)

Comments: 1) Question 3 under the Frequently asked questions (FAQ) states the company does not request rate increases in a state when premiums are sufficient to cover the projected cost of the benefits for that particular state. Is this statement correct? Is the company rating premium and experience on a national basis or is Virginia only experience considered credible?

2) Please change the reference from Virginia Bureau of Insurance to the Virginia State Corporation Commission.

3) Please include language that advises the insure of the right to a revised premium rate or rate schedule pursuant to 14VAC5-200-75 A 4 b.

4) The disclosure under Question 4 of the FAQ regarding partnership status must be emphasized since this is a disclosure required by 14VAC5-200-75-D 2 c. This may be accomplished by bolding, highlighting, using larger print or any other method that will bring attention to this information.

5) Please expand upon the reason for the rate increase. The first question under the FAQ states the increase is due to a combination of factors outlined in question 2. It is not clear, however, what the drivers are of this increase. As a suggestion, the company may wish to state something to the effect that the rate increase is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than what was anticipated when the policy was originally priced. Premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims.

Objection 2

- Additional Information to Assist in the Review (Supporting Document)

Comments: Thank you for providing the updated nationwide experience (Attachment 2); however, this only shows the data with no rate increase; please provide the projection including the rate increases.

Objection 3

- Policy Endorsement, 95440 (Form)

- Policyholder Rate Increase Notification Letter, S2279-VA (Form)
- Coverage Change Request Form, S2281 (Form)

Comments: 1) The Coverage Change Request Form states under Option D that the policy can be paid up through a return of premium rider (ROP). The two ROP riders found in the copies of policy forms submitted with this filing are triggered by the insured's death, not due to an increase in premiums. Please explain how an ROP would be applicable in this situation. If not applicable, please remove this language from the Coverage Change Request and the Frequently Asked Questions section of the letter. Since the Coverage Change Request Form does become a part of the policy, please remove this from the Forms Schedule to Supporting Documentation.

2) The Statement of Variability for the Policy Endorsement regarding the number of notification days prior to a rate increase should be changed to a minimum of 75 days pursuant to 14VAC5-200-75 D.

3) Will the Contingent Benefit Upon Lapse (CBUL) be offered to all policyholders regardless of the triggers? If that is not the case, the CBUL language must be amended for compliance with revised 14VAC5-185 D 3.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)
- Generation Protector, [10-R1] (Rate)
- Generation Protector, [10-R2] (Rate)
- Generation Protector, [10-R3] (Rate)
- Generation Protector, [10-R4] (Rate)
- Generation Protector, [10-R5] (Rate)
- Generation Protector, [10-R6] (Rate)
- Generation Protector, [10-R7-VA] (Rate)
- Generation Protector, [10-R8-VA] (Rate)
- Generation Protector, [10-R9] (Rate)
- Generation Protector, [10-R10] (Rate)
- Generation Protector, [10-R11] (Rate)
- Generation Protector, [10-R12] (Rate)
- Generation Protector, [10-R13] (Rate)
- Generation Protector, [10-R14] (Rate)
- Generation Protector, [10-R15] (Rate)
- Generation Protector, [10-R16] (Rate)
- Generation Protector, [10-R17] (Rate)
- Generation Protector, [10-R18] (Rate)
- Generation Protector, [10-R19] (Rate)
- Generation Protector, [10-R20] (Rate)
- Generation Protector, [10-R21] (Rate)
- Generation Protector, [10-P-Q-VA, 10-R1, 10-R2, 10-R3, 10-R4, 10-R5, 10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2] (Rate)

Comments: As we discussed earlier this week, the company intends to revise its rate request proposal from 100% to 56.25% which will be implemented in two stages of 25% two years apart. As a result, the Rate/Rule Schedule should be updated accordingly and the Actuarial Memorandum revised, as appropriate.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned at 804--371-9390.

State:	Virginia	**Filing Company:**	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2012 - GROUP 3		
Project Name/Number:	LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3		

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/01/2015
Submitted Date	06/01/2015
Respond By Date	

Dear Vladimir Ilic,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

The Virginia State Corporation Commission recently adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commission's website at http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748.

As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases. A summary of the new requirements are:

• The notice is required to be filed with the commission at the time the premium rate increase is filed;

• The insurer is required to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase;

• The notice is required to include at least the following information:

1. All applicable information identified in 14VAC5-200-75 A;
2. A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:
a. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;
b. A disclosure stating that all options available to the policyholder may not be of equal value;
c. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections; and
d. Contact information that will allow the policyholder to contact the insurer for additional options available;
3. A clear identification of the driving factors of the premium rate increase; and
4. A statement substantially similar to the following:

The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

Because this rate filing remains under review, it is questionable the proposed rate increase would be approved prior to the revised regulations taking effect on policies renewing on or after September 1, 2015. As a result, the company will need to submit for review policyholder notification letters in compliance with the requirements of 14VAC5-200-75, as revised. Because the letters must be "filed", please attach the amended letters to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance and a Readability Certification.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*Allianz Life Insurance Company of North America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*LTC RATE FILING 2012 - GROUP 3*		
Project Name/Number:	*LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/29/2015
Submitted Date	05/29/2015
Respond By Date	

Dear Vladimir Ilic,

Introduction:

Allianz Life Insurance Company of America
SERFF Tracking No: ALLB-128730838
Form No: 95440

Thank you for the submission of form 95440. We need some additional information in order to continue our review of the form.

Objection 1

- Coverage Change Endorsement, 95440 (Form)

Comments: One of the variable options is to reduce the benefit period. Please advise the minimum and maximum range for the number of years if the benefit period is reduced.

Objection 2

- Coverage Change Endorsement, 95440 (Form)

Comments: Please provide us with a copy of policy form 10-P-Q-VA.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Elsie Andy
Senior Insurance Market Examiner

Sincerely,
Elsie Andy

State:	*Virginia*	**Filing Company:**	*Allianz Life Insurance Company of North America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*LTC RATE FILING 2012 - GROUP 3*		
Project Name/Number:	*LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	04/27/2015
Submitted Date	04/27/2015
Respond By Date	

Dear Vladimir Ilic,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

At this time we have not received a reply to our note to filer dated March 10, 2015. So that we may recommend this filing for approval, please advise when the endorsements will be available for review.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*Allianz Life Insurance Company of North America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*LTC RATE FILING 2012 - GROUP 3*		
Project Name/Number:	*LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	08/08/2014
Submitted Date	08/08/2014
Respond By Date	

Dear Vladimir Ilic,

Introduction:

Through an oversight on our part, the following objections should have been included in our previous objection letter dated today regarding the policyholder letter:

1) Is the Coverage Change Request form attached to the policy if the insured makes any change in the policy? If that is true, the form must be submitted for review and approval.

2) Is the policy updated with the use of an endorsement form if the insured make any changes as noted in the policyholder letter? If so, that form must be submitted for review and approval. If such a form is already in use, please provide us with its SERFF tracking number, approval date and form number. If the policy is updated with a new Schedule of Benefits, please provide evidence the policies were approved with such variability.

We apologize for any inconvenience or confusion this may have caused for not including these objections is in our previous letter.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	08/08/2014
Submitted Date	08/08/2014
Respond By Date	

Dear Vladimir Ilic,

Introduction:

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

1) The Actuarial memorandum contains only a general statement that the morbidity rates were determined "utilizing Company-specific policy experience enhanced with other industry data as needed." Virginia regulations require a higher level of detail, including tables depicting the assumptions and any supporting studies used to develop the rates, in order to independently validate the reasonableness of these assumptions.

2) Please update the historical experience in the projections through at least 12/31/2013.

3) Please review the attached NAIC's Executive/Plenary bulletin adopted on December 18, 2013. Although Virginia has not yet adopted this, because there is so much national attention on long term care regulation, we have now added this to our review process. Is this filing consistent or not with its recommendations? Please provide details that support your response. Since this is a proposed increase for post stabilization business to implemented over three years, please be sure to include a response to the following:

a) If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required to include contingent benefit upon lapse at the time of each scheduled increase.

b) For policies which have reached their 20th duration the insurer will provide the contingent benefit upon lapse without reference to the table of trigger percentages. For policies that have not reached that point, any percentage value in excess of 100% will be reduced to 100%.

4) Thank you for submitting another version of the policyholder letter. In accordance with the NAIC bulletin as referenced above, please amend the letter to provide clear disclosure addressing the guaranteed renewable nature of the policy/coverage and that the insured should understand that premium rates may increase again in the future. And at the direction of our senior management, we also ask that the reference to The Virginia Bureau of Insurance be changed to the Virginia State Corporation Commission which is more accurate as to the approval process within the state.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

State:	Virginia	**Filing Company:**	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2012 - GROUP 3		
Project Name/Number:	LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3		

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

MODEL BULLETIN

DATE: [Insert Date]

TO: All Licensed Insurers Writing Long-Term Care Insurance

FROM: [Insert Name & Title]

RE: Announcement of Alternative Filing Requirements for Long-Term Care Premium Rate Increases

---

Effective *[insert date three (3) months after issuance of this bulletin]*, the following guidelines will be used in the review of pre-rate-stability and post-rate-stability premium rate adjustment filings for long-term care insurance policies. The intent of this bulletin is to address rate increases for long-term care insurance policies currently in force, in particular pre-rate-stability policies.

For purposes of this bulletin, "rate stability" is defined as provisions contained in the 2000 NAIC Long-Term Care Insurance Model Regulation (Model 641) as adopted by [*insert state name]* on *[insert date of adoption of Section 20 et al]*. Policies with effective dates prior to *[insert rate stability adoption date]* are referred to as "pre-rate-stability" policies, and policies with effective dates on or after *[insert rate stability adoption date]* are referred to as "post-rate-stability" policies.

Drafting Note: States may need to consider whether their state rules allow these provisions to be issued as a bulletin, or whether some or all of these provisions may require adoption through other state regulatory procedures.

Actuarial Assumptions for Establishing Rate Increase Requests:

When rate adjustments are filed with the [Department] for both pre-rate-stability and post-rate-stability policy forms, it is the intent of the [Department] to work with the insurer, to the extent appropriate, to review the reasonableness of the set of assumptions by which to determine the rate increase(s) necessary to reach adequate ultimate premiums and that can be used to monitor developing experience. When disclosing assumptions to the [Department], the insurer will provide the resulting rate revision request at the same time so that the [Department] may include this in their review.

In assessing these assumptions as proposed by the insurer, the [Department] may use the services of an independent actuary and, if appropriate under state law, may charge the insurer for the costs of these services. The [Department] may also accept a review done by or for another state or states for the same or substantially the same policy form where any differences in benefits and premiums are not material and such review was completed within eighteen months of the date of the rate adjustment filing and such review substantially complies with the [Department]'s rate review standards.

The assumptions will be consistent with the following:

1. All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves. The actuary shall disclose as part of the actuarial memorandum the use of any averages.

2. All accumulated values used to determine rate increases shall use the actual experience of the product in as close a manner to that used in the original development of rates as possible. This is not intended to preclude the inclusion of multiple policy forms into one rate increase determination if such pooling increases the credibility of the combined accumulated experience.

3. All present values calculated to determine rate increases shall use reasonable estimates of future premium payments and claims payments. Such estimates are to be part of the assumptions as anticipated above and, for post-rate-stability policies this would include a margin for moderately adverse experience, while for pre-rate-stability policies, this would be based on best estimate assumptions for the future lifetime of the policies, including potential margins.

Drafting Note: While not limiting each state's authority with respect to the approval of rate increases, the intention of the development of a set of assumptions is to increase the uniformity and fairness of premium rate schedule changes for all policyholders regardless of the state of issue of each policy or the current state of residence.

Approval of Rate Increases:

In approving rate increase requests for both pre-rate-stability policies and post-rate-stability policies consistent with the assumptions described in the section above, the [Department], with the concurrence of the insurer where such concurrence is appropriate, will determine ways in which the following may be included to benefit policyholders:

1. The [Department] may approve a single increase of the requested amount and the insurer agrees to not implement future rate increases on each subject policy for three years from the date of implementation of the rate increase for each policy form; or

2. In lieu of a single increase, the [Department] may approve a series of scheduled rate increases that are actuarially equivalent to the single amount requested by the insurer over the lifetime of the policy. The entire series would be approved at one time as part of the current rate increase filing. For pre-rate-stability policy forms, the approval includes a three-year monitoring provision similar to that currently applicable to post-rate-stability rate increases to allow modification of later increases that were not appropriate based on the experience following the initial rate increase. When determining the rate comparison for new business, forms subject to a series of increases shall not be included.

Requirement to Administer Contingent Benefit Upon Lapse:

For pre-rate-stability policies, the [Department] will require the implementation of the contingent benefit upon lapse[1] as outlined below, as a condition of approval of a rate increase for a block of business for which the contingent benefit upon lapse is not otherwise required. The contingent benefit upon lapse is already required for post-rate-stability policies.

For both pre-rate-stability and post-rate-stability policies, if the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required[2] to include contingent benefit upon lapse at the time of each scheduled increase.

For policies or certificates which have reached their twentieth duration, the [Department] may require the insurer to provide the contingent benefit upon lapse[3] without reference to the table of trigger percentages. For policies which have not reached their twentieth duration, any percentage value in excess of 100% will be reduced to 100%.

The insurer shall notify policyholders and certificate holders of the contingent benefit upon lapse when required by the [Department] in conjunction with the implementation of a rate increase.

Policyholder Notification of Premium Increase:

The insurer shall file with the [Department] the premium increase notification letter to policyholders at the time of the premium rate increase for informational purposes. The insurer shall clearly disclose to policyholders the following elements:

1. the amount of the premium rate increase requested and implementation schedule (e.g., single premium increase applied or phased in a series of premium increases);
2. available benefit reduction/rate increase mitigation actions;
3. clear disclosure addressing the guaranteed renewable nature of the policy/coverage and that the insured should understand that premium rates may increase again in the future; and
4. offer of contingent benefit upon lapse, if applicable.

Application of New Loss Ratio Standards:

The [Department] will require the insurer to limit the increase based on the use of a dual loss-ratio approach for pre-rate-stability policy forms. The recommended loss-ratio would be:

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[1] A company may provide alternative nonforfeiture benefits in lieu of the benefit required by the contingent benefit upon lapse, if approved by the [Commissioner].

[2] Any such additional requirements, with respect to contingent benefit upon lapse, shall not change the determination of whether or not a majority of policies or certificates are eligible for contingent benefit upon lapse.

[3] A company may provide alternative nonforfeiture benefits in lieu of the benefit required by the contingent benefit upon lapse, if approved by the [Commissioner].

- the greater of 60% or the lifetime loss ratio used in the original pricing, applied to the current rate schedule on the effective date of these new requirements; plus
- 80% applied to any premium increase that is filed after that date on an individual policy form; or
- 75% applied to any premium increase that is filed on a group policy form.

For post-rate-stability policy forms, the current loss-ratio standards are unchanged.

Consideration of New Approaches:

At the request of the insurer, the [Department] may also consider
other options which may be made available to insureds which may mitigate the impact of the rate increases on the insured population or alternative actuarial methodologies relating to the rate increase. The insurer shall provide an explanation and demonstration on how such methodology is actuarially justified and/or how such new mitigation option may reasonably benefit insureds. No alternative method/approach may be used until it has been accepted by the [Department].

_____
(INSERT COMMISSIONER NAME)
(INSERT COMMISSIONER TITLE)
(INSERT STATE NAME)

State:	*Virginia*	**Filing Company:**	*Allianz Life Insurance Company of North America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*LTC RATE FILING 2012 - GROUP 3*		
Project Name/Number:	*LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	11/15/2013
Submitted Date	11/18/2013
Respond By Date	

Dear Vladimir Ilic,

Introduction:

We'll continue our review upon receipt of the following information. Let me know if you have any questions.

The company believes that a 142% rate increase is justified; however, in the "Rate/Rule Schedule" it states that the overall percentage rate change is only 97%. Please reconcile these two statements. (Please note that while the Company states that a 142% rate increase is justified by the 58/85 test, our independent calculation using the data from the Company's projections comes to approximately 120%.)

The company states that, if approved, it intends to implement a 25% rate increase in 2013 and subsequently file for at least one more rate increase in the future until the Company has achieved the cumulative rate increase that is actuarially justified, which they claim is 142%. The policyholder notification letter should clearly state the company's intention, with the exception that it should also clarify that the currently justified rate increase is 122%, not 142%, and that any future rate increases would be subject to the review and approval of the Bureau of Insurance in Virginia prior to implementation.

Please revise the second sentence of the "Premium Increase" section of the policyholder notification letter to state that "The Virginia Bureau of Insurance reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, it was approved."

In addition, the policyholder notification letter needs to be specific as to why claims are greater than anticipated resulting in the initial and proposed subsequent rate increases.

Prior to approval the attached Health Insurance Rate Request Summary will need to be completed, and reviewed by the Bureau. The "brief narrative" should be a consumer friendly summary of the actuarial justification used to support the proposed rate increase.

Conclusion:

Sincerely,
Bob Grissom

Reset Form

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

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

(Projected) Number of Insureds Affected:

New Rates

Average Annual Premium Per Member:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Plans Affected
(The Form Number and "Product Name")

Form#	**"Product Name"(if applicable)**

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

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

State:	*Virginia*	**Filing Company:**	*Allianz Life Insurance Company of North America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*LTC RATE FILING 2012 - GROUP 3*		
Project Name/Number:	*LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	08/14/2013
Submitted Date	08/14/2013
Respond By Date	

Dear Vladimir Ilic,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Objection 1

- VA Objection Response 6-28-13 (Supporting Document)

Comments: In the exhibit titled Actual to Best Estimate Incidence Rates, the Expected Incidence Rates for Females at the advanced ages shows an unexpected decrease which is inconsistent with both the actual experience and publicly available industry data. Please explain this apparent anomaly.

Once this additional information has been received, we can continue our review of the submission.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Ed Whyte

State:	*Virginia*	**Filing Company:**	*Allianz Life Insurance Company of North America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*LTC RATE FILING 2012 - GROUP 3*		
Project Name/Number:	*LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	06/14/2013
Submitted Date	06/14/2013
Respond By Date	

Dear Vladimir Ilic,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Prior to additional consideration of this filing, please provide or respond to the following.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: The response to our request for quantitative support for the morbidity assumptions used in the projections included only a comparison of the new assumptions to the original assumptions and did not include information about actual historical experience. Please provide an actual to expected (A/E) analysis of the actual historical experience versus both the original pricing and revised morbidity assumptions showing the actual incurred claims by year vs. the expected incurred claims for this block of business under both the original and revised morbidity assumptions. Also, given that the historical experience on this block does not extend beyond duration 10, please provide supporting rationale for the significant increase in claim cost assumptions shown in Exhibit 2 at the advanced attained ages and later durations.

Conclusion:

Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Ed Whyte

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	04/24/2013
Submitted Date	04/24/2013
Respond By Date	

Dear Vladimir Ilic,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Prior to additional consideration of this submission, please provide or respond to the following.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide quantitative support for the new assumptions used in the projections, including an actual to expected (A/E) analysis of the historical experience versus both the original pricing and revised experience assumptions. Please include A/E ratios for both total termination and morbidity assumptions.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Section IV of the Actuarial Memorandum states, Modifying the assumptions to include a provision for moderately adverse experience would result in a justified rate increase substantially larger than 97%. Please provide the details of what the Company considers to be moderately adverse experience. Also, please provide the calculation of the rate increase percentage that would be required if such provision were included.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: If the company wants to request a rate increase less than the amount required to certify by 14VAC5-200-153.B, we recommend this be clearly stated in the policyholder notification letter.

If the company intends to request additional rate increases in the future, this also should clearly be stated in the policyholder notification letter.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: What loss ratios does the company intend to target in the future? For example, if the projected loss ratios are met with the requested 25% increase, will the company forgo any future requests? If not, then what is the margin over and above that amount that would prompt the company to request further rate increases?

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Is the Company agreeable to providing a certification from an officer of the company that the company agrees to not seek another rate increase on these forms for a period of at least 36 months? Such certification also should include the information requested above.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please modify the certification to indicate what rate increase would be needed to comply with 14VAC5-200-

153.B.2, but it should include a statement that the Company is willing to implement a lesser increase.

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: Is the company agreeable to not attempting to recover the lost premium between the amount implemented and the increase needed to certify for the intervening period? That is, if additional rate increases are requested, the projections would be calculated using historical premiums at a level consistent with an original rate increase at the rate stabilization level (full amount certified) rather than the amount actually implemented.

Objection 8

- L&H Actuarial Memorandum (Supporting Document)

Comments: We note the actuarial memorandum shows the rate increase request will affect the policy,10-P-Q-VA, and riders shown as Benefit Increase Riders and Other Riders ranging from 10-R1 to 10-E-2. For each of these riders, please list the rider by form number separately on the Rate/Rule Schedule section, stating the percentage amount of the proposed increase and attaching its proposed rate schedule.

Conclusion:

Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Ed Whyte

State:	Virginia	**Filing Company:**	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2012 - GROUP 3		
Project Name/Number:	LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	03/08/2013
Submitted Date	03/08/2013
Respond By Date	

Dear Vladimir Ilic,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Prior to additional consideration of this filing, please provide or respond to the following.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a comparison of the changes in the actuarial assumptions used in the development of the original premiums with those used in the current rate increase filing. Please include details of these changes for lapses, mortality, and morbidity, and also a calculation of what portion of the needed rate increase is attributable to the change in each of these assumptions individually.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a projection with a modified ultimate lapse rate of 1.25% to help us measure the sensitivity of the results to this assumption.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: The certification provided in the actuarial memorandum must be worded more strongly. While we may allow an alternative certification to the one detailed in 14VAC5-200-153.B.2., the use of the word believe is not consistent with the intent of the certification. In addition, the actuarial certification should also contain the applicable elements of 14VAC5-200-77-2. b., c., d., and f.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please indicate whether the valuation basis for reserves has been updated to reflect the current assumptions.

Conclusion:

Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Edward A. Whyte
Senior Insurance Market Examiner
Forms & Rates Section
Life & Health Division
Virginia Bureau of Insurance
804-371-9594

Sincerely,
Ed Whyte

State:	Virginia	**Filing Company:**	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2012 - GROUP 3		
Project Name/Number:	LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	12/20/2012
Submitted Date	12/20/2012
Respond By Date	

Dear Vladimir Ilic,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Prior to additional consideration of this filing, please provide or respond to the following.

Objection 1

- Generation Protector, [10-P-Q-VA] (Rate)

Comments: For each form to which this rate filing applies (policy and riders), please list the form number separately in the Rate/Rule Schedule section of the filing, stating the amount of the proposed rate change and attaching its proposed rate schedule.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Pursuant to 14VAC5-130-70 B 1, please provide descriptions of the policy and riders, including benefits, renewability and issue age limits.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Pursuant to 14VAC5-130-70 B 3, please provide a comparison of the revised premiums with the current premiums.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Pursuant to 14VAC5-130-70 B 5, please provide the average annual premium per policy before and after the proposed rate increase.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide exhibits that show the earned premium, paid claims, incurred claims and loss ratio for each calendar year from the date of the forms inception through the most recent date such information is available. Separate exhibits, and projections should be provided based on the Virginia only and national data. This information must be based only on those forms for which there are Virginia insureds.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the interest rate used in the original pricing of the policy. To the extent the original pricing rate is higher than the rate used in projections, please revise the latter accordingly.

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please ensure that the supporting documentation provides detailed justification for all assumptions, including the source of each assumption used to support the proposed rate increase.

Objection 8

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please include an explanation of the reserve basis and justification for the reserve levels provided.

Objection 9

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an actual to expected analysis based on the original assumptions and projections.

Objection 10

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise in what states the company has requested rate increases on this block, the amount requested and the current status of the reviews in those states.

Objection 11

- L&H Actuarial Memorandum (Supporting Document)

Comments: The actuarial memorandum states that the company is limiting its rate increase request to 25%, although a larger increase can be actuarially justified. Why then is the overall percentage rate increase change only 25% under the Rate/Rule Schedule tab?

Objection 12

- L&H Actuarial Memorandum (Supporting Document)

Comments: The actuarial memorandum states that modifying the actuarial assumptions to include a provision for moderately adverse experience would result in a justified rate increase substantially larger than 97%. Please provide support for this statement.

Objection 13

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please review the requirements of 14VAC5-200-153 and ensure that all required information has been provided.

Objection 14

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please ensure that the filing includes sufficient detail or documentation so that any projections can be recreated.

Objection 15

- L&H Actuarial Memorandum (Supporting Document)

Comments: Is the intent of the company to not request any further rate increases if the proposed rate increase is approved and the experience develops as projected? If not, please explain.

Objection 16

- L&H Actuarial Memorandum (Supporting Document)

Comments: What steps has the company taken to minimize rate increases on this policy and its riders?

Objection 17

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a copy of the premium notification letter the company intends to send to policyholders notifying them of the rate increase. The company is reminded that 14VAC5-200-75 requires at least 60 days prior notification to policyholders of the implementation of a premium rate schedule increase, and that such notification shall include the information required by subsection A of this section when the rate increase is implemented.

Objection 18

- L&H Actuarial Memorandum (Supporting Document)

Comments: How will the coverage change options be proposed and accepted? How will the policy be amended or endorsed if accepted? We assume there will be a signed acceptance, and that both the signed acceptance and an endorsement would be

attached to the policy documenting the change. Upon resubmission, copies of any forms used to affect these changes must be included, along with approval dates.

Conclusion:

Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Ed Whyte

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/01/2016
Submitted Date	06/01/2016

Dear Janet Houser,

Introduction:

Thank you for reviewing our filing.

Response 1

Comments:

We have attached the response to this objection in the supporting documentation tab under "Response to Objection Received on June 1, 2016".

Related Objection 1

Applies To:

- Policyholder Rate Increase Notification Letter, S2279-VA (Form)

Comments: We did a quick comparison of the S2279-VA letter to the S2280-VA letter. Although the letters do not need to be exactly the same, as an observation, these are the differences between the two letters that we found that the company may or may not wish to amend:

Page 1 - second paragraph, the second sentence of the S2280-VA letter refers to "classes of" our long term care policies; S2279-VA leaves out the words "classes of."

Frequently asked questions #1 - Again, "classes of" is used in the S2280-VA letter in the second paragraph but not in S2279-VA. Also, the last sentence of that paragraph that begins with "Your class is determined..." does not appear in S2279-Va. This same discrepancy appears in question # 9 as well in S2279-VA but is question 8 in S2280-VA.

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Changed Items:

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector).pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector).pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum (Generation Protector) - Updated.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

State:	*Virginia*	**Filing Company:**	*Allianz Life Insurance Company of North America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*LTC RATE FILING 2012 - GROUP 3*		
Project Name/Number:	*LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector).pdf
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Comments:	
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State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Satisfied - Item:	Health Insurance Rate Request Summary Part I
Comments:	
Attachment(s):	Long Term Care Insurance Request Summary Part I.pdf
Previous Version	
Satisfied - Item:	*Health Insurance Rate Request Summary Part I*
Comments:	
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Comments:	
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Comments:	
Attachment(s):	*Health Insurance Rate Request Summary Part I.pdf*

State:	*Virginia*	**Filing Company:**	*Allianz Life Insurance Company of North America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*LTC RATE FILING 2012 - GROUP 3*		
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Satisfied - Item:	Final Statements of Variability
Comments:	
Attachment(s):	SOV for Endorsement 95440 VA Specific.pdf SOV for S2281-Coverage Change Request Form.pdf SOV for S2279-VA GPR Policyholder Notification Letter.pdf
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Satisfied - Item:	*Final Statements of Variability*
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Satisfied - Item:	Response to Objection Received on June 1, 2016
Comments:	
Attachment(s):	Response to Objection Received on June 1 2016.pdf

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	S2279-VA	OTH	Initial		50.000	S2279-VA GPR Policyholder Notification Letter.pdf	Date Submitted: 06/01/2016 By: Ouling Lu
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*S2279-VA*	*OTH*	*Initial*		*50.000*	*S2279-VA GPR Policyholder Notification Letter.pdf*	*Date Submitted: 05/18/2016 By: Ouling Lu*
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*S2279-VA*	*OTH*	*Initial*		*50.000*	*S2279-VA GPR Policyholder Notification Letter.pdf*	*Date Submitted: 04/28/2016 By: Ouling Lu*
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*S2279-VA*	*OTH*	*Initial*		*51.000*	*S2279-VA GPR Policyholder Notification Letter.pdf*	*Date Submitted: 04/06/2016 By: Ouling Lu*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the attached response letter above.

Related Objection 2

Applies To:

- Health Insurance Rate Request Summary Part I (Supporting Document)

Comments: The number of insureds on the Rate Summary do not match the number of insured on the Rate/Rule Schedule. Please resolve the discrepancy.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the attached response letter above.

Related Objection 3

Applies To:

- Final Statements of Variability (Supporting Document)

Comments: There is some information on the Statement of Variability that should be rephrased to remove any potential confusion or misunderstanding:

The values under for anniversary1 states 3/17/2016 as a minimum an 12/31/2100 as a maximum. In this particular instance, a range would not be applicable. The insured must receive a 75 day notice prior to the rate increase. We suggest the explanation should be stated it is the policy anniversary date following the minimum 75 day notice of a rate increase. This would also apply to anniversary2.

Because the effect on partnership status is a required disclosure as set forth in 14VAC5-200-75 D 2 c, please highlight, bold or in some other fashion emphasize this language to bring attention to its importance in the letter.

The latest election date states this is the date which the options under the premium increase contingent upon lapse rider is available. For clarification purposes, the contingent benefit upon lapse benefit rider, if the triggers are met, automatically becomes effective if the policy lapses within 120 days of the due date of the premium increase as set forth in 14VAC5-200-185 D 3. Please amend the language accordingly.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the attached response letter above.

Related Objection 4

Applies To:

- Policyholder Letter (Supporting Document)

- L&H Actuarial Memorandum (Supporting Document)

Comments: As noted in the Actuarial Certification, the Company is unable to comply with the requirements of 14VAC5-200-153 B, which requires a certification by a qualified actuary that if the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated.

In light of this exception, the certification should indicate what rate increase would have been necessary to provide such certification. As a result, we suggest the wording be amended as follows or using words of similar import:

I certify that, to the best of my knowledge and belief, the rates are not unfairly discriminatory and the gross premiums are not excessive. Based on current analysis, a 100% rate increase would be needed to certify, as required by 14VAC5-200-153 B 2 a, that if the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated. Gross premiums are reasonable in relation to the benefits. I have considered policy design, underwriting and claims adjudication practices. (The sentence regarding the gross premiums is not required language as set forth in 14VAC5-200-153 B 2 and may be removed; otherwise, the sentence needs to indicate premiums are reasonable in relation to the benefits.)

In addition the Bureau feels this information should be included in the policyholder letter advising that although a 100% rate increase is approvable, the company has agreed to 56.25% with a four year rate guarantee. We realize the letter states that premiums could change in the future as required; however, this additional information will make the insured aware a future rate increase is more likely to occur.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any questions.

Sincerely,
Ouling Lu

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/18/2016
Submitted Date	05/18/2016

Dear Janet Houser,

Introduction:

Thank you for reviewing our filing.

Response 1

Comments:

We have attached the response to this objection in the supporting documentation tab under "Response to Objection Received on May 12, 2016".

Related Objection 1

Applies To:

- *Statement of Variability (Supporting Document)*
- *Final Coverage Change Request Form (Supporting Document)*
- *Policyholder Rate Increase Notification Letter, S2279-VA (Form)*

Comments: We appreciate your explanation regarding the Return of Premium Rider. Because the benefit is not available in Virginia, please remove this benefit or place brackets around the Return of Premium Rider referenced in the policyholder letter, frequently asked questions and Coverage Change Request form and amend the Statement of Variability to indicate this will not appear in communication addressed to Virginia policyholders. We realize the form uses the word "may" but it remained unclear to us and may be potentially misleading to our policyholders. This simply isn't an option that can be chosen in Virginia and should not be included in the policyholder letter or appear available for selection.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Final Coverage Change Request Form
Comments:	We have moved the Coverage Change Request Form from the Form Schedule tab as requested.
Attachment(s):	S2281-Coverage Change Request Form.pdf
Previous Version	
Satisfied - Item:	*Final Coverage Change Request Form*
Comments:	*We have moved the Coverage Change Request Form from the Form Schedule tab as requested.*
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Satisfied - Item:	Response to Objection Received on May 12, 2016
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Satisfied - Item:	Final Certificates of Readability
Comments:	
Attachment(s):	Policy Endorsement 95440_Readability Certification - Signed.pdf S2279-VA GPR Policyholder Notification Letter_Readability Certification - Signed.pdf S2281-Coverage Change Request Form_Readability Certification - Signed.pdf

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Previous Version	
Satisfied - Item:	*Final Certificates of Readability*
Comments:	
Attachment(s):	*Policy Endorsement 95440_Readability Certification - Signed.pdf* *S2281-Coverage Change Request Form_Readability Certification - Signed.pdf* *S2279-VA GPR Policyholder Notification Letter_Readability Certification - Signed.pdf*
Previous Version	
Satisfied - Item:	*Final Certificates of Readability*
Comments:	
Attachment(s):	*Policy Endorsement 95440_Readability Certification - Signed.pdf* *S2279-VA GPR Policyholder Notification Letter_Readability Certification - Signed.pdf* *S2281-Coverage Change Request Form_Readability Certification - Signed.pdf*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	S2279-VA	OTH	Initial		50.000	S2279-VA GPR Policyholder Notification Letter.pdf	Date Submitted: 05/18/2016 By: Ouling Lu
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*S2279-VA*	*OTH*	*Initial*		*50.000*	*S2279-VA GPR Policyholder Notification Letter.pdf*	*Date Submitted: 04/28/2016 By: Ouling Lu*
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*S2279-VA*	*OTH*	*Initial*		*51.000*	*S2279-VA GPR Policyholder Notification Letter.pdf*	*Date Submitted: 04/06/2016 By: Ouling Lu*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the attached response letter above.

Related Objection 2

Applies To:

- Coverage Change Request Form (Supporting Document)

Comments: Should the option to reduce the benefit period be chosen, please confirm the benefit period will never be reduced than 12 months.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the attached response letter above.

Related Objection 3

Applies To:

- VA Policyholder Notification Letter (Supporting Document)

Comments: According to your response, all policyholders will receive a PICBUL rider which indicates the contingent benefit upon lapse option (CBUL) is available upon "any" rate increase now and in the future. correct? How does the insured know this form replaces the CBUL rider 10-E-1-VA which was approved with the policy?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the attached response letter above.

Related Objection 4

Applies To:

- Policyholder Rate Increase Notification Letter, S2279-VA (Form)

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
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Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Comments: The letter references the full corporate name of the insurer and later as only Alllianz. While we do not have a concern regarding this format, the letter should explain that the corporate name may be referred to as Allianz. Our concern would be resolved if the first sentence of the letter were stated as At Allianz Life Insurance Company of North America (Allianz), our highest priority is fulfilling our commitments to our policyholders."

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any questions.

Sincerely,
Ouling Lu

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/28/2016
Submitted Date	04/28/2016

Dear Janet Houser,

Introduction:

Thank you for reviewing our filing.

Response 1

Comments:

We have attached the response to this objection in the supporting documentation tab under "Response to Objection Received on April 22, 2016".

Related Objection 1

Applies To:

- Policyholder Rate Increase Notification Letter, S2279-VA (Form)

Comments: 1) Question 3 under the Frequently asked questions (FAQ) states the company does not request rate increases in a state when premiums are sufficient to cover the projected cost of the benefits for that particular state. Is this statement correct? Is the company rating premium and experience on a national basis or is Virginia only experience considered credible?

2) Please change the reference from Virginia Bureau of Insurance to the Virginia State Corporation Commission.

3) Please include language that advises the insure of the right to a revised premium rate or rate schedule pursuant to 14VAC5-200-75 A 4 b.

4) The disclosure under Question 4 of the FAQ regarding partnership status must be emphasized since this is a disclosure required by 14VAC5-200-75-D 2 c. This may be accomplished by bolding, highlighting, using larger print or any other method that will bring attention to this information.

5) Please expand upon the reason for the rate increase. The first question under the FAQ states the increase is due to a combination of factors outlined in question 2. It is not clear, however, what the drivers are of this increase. As a suggestion, the company may wish to state something to the effect that the rate increase is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than what was anticipated when the policy was originally priced. Premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims.

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form 6-6-14
Comments:	Please see the "Final Coverage Change Request Form" item below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form 6-6-14*
Comments:	*Please see the Form Schedule tab for the Coverage Change Request form.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form 6-6-14*
Comments:	*Please see the coverage form S2233-VA GP3 attached under the Form Schedule tab.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form 6-6-14*
Comments:	
Attachment(s):	*Rate Increase Change Request Form - 6.6.2014.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
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Previous Version	
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Comments:	
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Satisfied - Item:	Response to Objection Received on April 22, 2016
Comments:	
Attachment(s):	Response to Objection Received on April 22 2016.pdf

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Satisfied - Item:	Response to Objection Received on April 22, 2016
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Attachment(s):	Response to Objection Received on April 22 2016.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector).pdf
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Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

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Satisfied - Item:	*L&H Actuarial Memorandum*
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Satisfied - Item:	Health Insurance Rate Request Summary Part I
Comments:	
Attachment(s):	Long Term Care Insurance Request Summary Part I.pdf
Previous Version	
Satisfied - Item:	*Health Insurance Rate Request Summary Part I*
Comments:	
Attachment(s):	*Health Insurance Rate Request Summary Part I.pdf*
Previous Version	
Satisfied - Item:	*Health Insurance Rate Request Summary Part I*
Comments:	
Attachment(s):	*Health Insurance Rate Request Summary Part I.pdf*

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
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Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

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Comments:	
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Satisfied - Item:	Response to Objection Received on April 22, 2016
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Satisfied - Item:	Health Insurance Rate Request Summary Part I
Comments:	
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Satisfied - Item:	*Health Insurance Rate Request Summary Part I*
Comments:	
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Previous Version	
Satisfied - Item:	*Health Insurance Rate Request Summary Part I*
Comments:	
Attachment(s):	*Health Insurance Rate Request Summary Part I.pdf*

Satisfied - Item:	Final Statements of Variability
Comments:	
Attachment(s):	S2281-Coverage Change Request Form_Statement of Variability.pdf

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

	SOV for Endorsement 95440 VA Specific.pdf SOV for S2279-VA GPR Policyholder Notification Letter.pdf
Previous Version	
Satisfied - Item:	*Final Statements of Variability*
Comments:	
Attachment(s):	*Policy Endorsement 95440_Statement of Variability.pdf* *S2279-VA GPR Policyholder Notification Letter_Statement of Variability.pdf* *S2281-Coverage Change Request Form_Statement of Variability.pdf*

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
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Satisfied - Item:	Health Insurance Rate Request Summary Part I
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Attachment(s):	Long Term Care Insurance Request Summary Part I.pdf
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Satisfied - Item:	Final Statements of Variability
Comments:	
Attachment(s):	S2281-Coverage Change Request Form_Statement of Variability.pdf

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Satisfied - Item:	*Final Statements of Variability*
Comments:	
Attachment(s):	*Policy Endorsement 95440_Statement of Variability.pdf* *S2279-VA GPR Policyholder Notification Letter_Statement of Variability.pdf* *S2281-Coverage Change Request Form_Statement of Variability.pdf*

Satisfied - Item:	Final Certificates of Readability
Comments:	
Attachment(s):	Policy Endorsement 95440_Readability Certification - Signed.pdf S2281-Coverage Change Request Form_Readability Certification - Signed.pdf S2279-VA GPR Policyholder Notification Letter_Readability Certification - Signed.pdf
Previous Version	
Satisfied - Item:	*Final Certificates of Readability*
Comments:	
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State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form 6-6-14
Comments:	Please see the "Final Coverage Change Request Form" item below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form 6-6-14*
Comments:	*Please see the Form Schedule tab for the Coverage Change Request form.*
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Satisfied - Item:	*Coverage Change Request Form 6-6-14*
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Satisfied - Item:	Response to Objection Received on April 22, 2016
Comments:	
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Satisfied - Item:	Health Insurance Rate Request Summary Part I
Comments:	
Attachment(s):	Long Term Care Insurance Request Summary Part I.pdf
Previous Version	
Satisfied - Item:	*Health Insurance Rate Request Summary Part I*
Comments:	
Attachment(s):	*Health Insurance Rate Request Summary Part I.pdf*
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Satisfied - Item:	*Health Insurance Rate Request Summary Part I*
Comments:	
Attachment(s):	*Health Insurance Rate Request Summary Part I.pdf*

Satisfied - Item:	Final Statements of Variability
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Satisfied - Item:	Final Coverage Change Request Form
Comments:	We have moved the Coverage Change Request Form from the Form Schedule tab as requested.
Attachment(s):	S2281-Coverage Change Request Form.pdf

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Change Request Form		OTH	Initial				Date Submitted: 04/28/2016 By: Ouling Lu
Previous Version								
1	*Coverage Change Request Form*	*S2281*	*OTH*	*Initial*		*49.000*	*S2281-Coverage Change Request Form.pdf*	*Date Submitted: 04/06/2016 By: Ouling Lu*
2	Policyholder Rate Increase Notification Letter	S2279-VA	OTH	Initial		50.000	S2279-VA GPR Policyholder Notification Letter.pdf	Date Submitted: 04/28/2016 By: Ouling Lu
Previous Version								
2	*Policyholder Rate Increase Notification Letter*	*S2279-VA*	*OTH*	*Initial*		*51.000*	*S2279-VA GPR Policyholder Notification Letter.pdf*	*Date Submitted: 04/06/2016 By: Ouling Lu*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Generation Protector	10-P-Q-VA, 10-R1, 10-R2, 10-R3, 10-R4, 10-R5, 10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 56.25	Form Numbers and Description of Benefits.pdf, VA Generation Protector Proposed Rates - Phase 1 (25% Increase).pdf, VA Generation Protector Proposed Rates - Phase 2 (25% Increase).pdf,	04/28/2016 By: Ouling Lu
Previous Version						
1	*Generation Protector*	*10-P-Q-VA, 10-R1, 10-R2, 10-R3, 10-R4, 10-R5, 10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates - Phase 1 (25% increase).pdf, VA Generation Protector Proposed Rates - Phase 2 (20% increase).pdf, VA Generation Protector Proposed Rates - Phase 3 (16.7% increase).pdf, VA Generation Protector Proposed Rates - Phase 4 (14.3% increase).pdf, Form Numbers and Description of Benefits.pdf,*	*04/06/2016 By: Ouling Lu*
Previous Version						
1	*Generation Protector*	*10-P-Q-VA, 10-R1, 10-R2, 10-R3, 10-R4, 10-R5, 10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates - Phase 1 (25% increase).pdf, VA Generation Protector Proposed Rates -*	*01/27/2015 By:*

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Rate/Rule Schedule Item Changes

		R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2			Phase 2 (20% increase).pdf, VA Generation Protector Proposed Rates - Phase 3 (16.7% increase).pdf, VA Generation Protector Proposed Rates - Phase 4 (14.3% increase).pdf, Form Numbers and Description of Benefits.pdf,	
Previous Version						
1	Generation Protector	10-P-Q-VA	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
1	Generation Protector	10-P-Q-VA	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	02/05/2013 By: Vladimir Ilic
Previous Version						
1	Generation Protector	10-P-Q-VA	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Current Rates.pdf, VA Generation Protector Proposed Rates (25% increase).pdf,	11/08/2012 By: Vladimir Ilic

Response 2

Comments:

Please see the attached response letter above.

Related Objection 2

Applies To:

- Additional Information to Assist in the Review (Supporting Document)

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Comments: Thank you for providing the updated nationwide experience (Attachment 2); however, this only shows the data with no rate increase; please provide the projection including the rate increases.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the attached response letter above.

Related Objection 3

Applies To:
- Policy Endorsement, 95440 (Form)
- Policyholder Rate Increase Notification Letter, S2279-VA (Form)
- Coverage Change Request Form, S2281 (Form)

Comments: 1) The Coverage Change Request Form states under Option D that the policy can be paid up through a return of premium rider (ROP). The two ROP riders found in the copies of policy forms submitted with this filing are triggered by the insured's death, not due to an increase in premiums. Please explain how an ROP would be applicable in this situation. If not applicable, please remove this language from the Coverage Change Request and the Frequently Asked Questions section of the letter. Since the Coverage Change Request Form does become a part of the policy, please remove this from the Forms Schedule to Supporting Documentation.

2) The Statement of Variability for the Policy Endorsement regarding the number of notification days prior to a rate increase should be changed to a minimum of 75 days pursuant to 14VAC5-200-75 D.

3) Will the Contingent Benefit Upon Lapse (CBUL) be offered to all policyholders regardless of the triggers? If that is not the case, the CBUL language must be amended for compliance with revised 14VAC5-185 D 3.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the attached response letter above.

Related Objection 4

Applies To:

- Generation Protector, [10-R8-VA] (Rate)
- L&H Actuarial Memorandum (Supporting Document)
- Generation Protector, [10-R1] (Rate)
- Generation Protector, [10-R2] (Rate)
- Generation Protector, [10-R3] (Rate)
- Generation Protector, [10-R4] (Rate)
- Generation Protector, [10-R5] (Rate)
- Generation Protector, [10-R6] (Rate)
- Generation Protector, [10-R7-VA] (Rate)
- Generation Protector, [10-R9] (Rate)
- Generation Protector, [10-R10] (Rate)
- Generation Protector, [10-R11] (Rate)
- Generation Protector, [10-R12] (Rate)
- Generation Protector, [10-R13] (Rate)
- Generation Protector, [10-R14] (Rate)
- Generation Protector, [10-R15] (Rate)
- Generation Protector, [10-R16] (Rate)
- Generation Protector, [10-R17] (Rate)
- Generation Protector, [10-R18] (Rate)
- Generation Protector, [10-R19] (Rate)
- Generation Protector, [10-R20] (Rate)
- Generation Protector, [10-R21] (Rate)
- Generation Protector, [10-P-Q-VA, 10-R1, 10-R2, 10-R3, 10-R4, 10-R5, 10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2] (Rate)

Comments: As we discussed earlier this week, the company intends to revise its rate request proposal from 100% to 56.25% which will be implemented in two stages of 25% two years apart. As a result, the Rate/Rule Schedule should be updated accordingly and the Actuarial Memorandum revised, as appropriate.

Changed Items:

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any questions.

Sincerely,

Ouling Lu

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/06/2016
Submitted Date	04/06/2016

Dear Janet Houser,

Introduction:

Thank you for reviewing our filing.

Response 1

Comments:

We have attached the response to this objection in the supporting documentation tab under "Response to Objections Received on May 29, 2015 and June 1, 2015".

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form*
Comments:	
Attachment(s):	*Claim Reserve Methodology.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form*
Comments:	
Attachment(s):	*Claim Reserve Methodology.pdf*

Satisfied - Item:	Policyholder Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Rate Increase Policyholder Letter.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
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Previous Version	
Satisfied - Item:	*Coverage Change Request Form*
Comments:	
Attachment(s):	*Claim Reserve Methodology.pdf*

Satisfied - Item:	Policyholder Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Rate Increase Policyholder Letter.pdf*

Satisfied - Item:	VA Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter*
Comments:	
Attachment(s):	*VA Policyholder Notification Letter.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	
Previous Version	
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Comments:	
Attachment(s):	*Claim Reserve Methodology.pdf*

Satisfied - Item:	Policyholder Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Rate Increase Policyholder Letter.pdf*

Satisfied - Item:	VA Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter*
Comments:	
Attachment(s):	*VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Certificates of Readability has been moved to "Final Certificates of Readability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certificate of Readability.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Readability*

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
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Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Rate Increase Policyholder Letter.pdf*

Satisfied - Item:	VA Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter*
Comments:	
Attachment(s):	*VA Policyholder Notification Letter.pdf*

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TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

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Previous Version	
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Previous Version	
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Attachment(s):	*Certification of Compliance.pdf*

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TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

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Previous Version	
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Comments:	
Attachment(s):	*Rate Increase Policyholder Letter.pdf*

Satisfied - Item:	VA Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter*
Comments:	
Attachment(s):	*VA Policyholder Notification Letter.pdf*

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Previous Version	
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Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Withdrawn - No longer filing Form S2233*
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Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*MLTC-1019-VA Policyholder Notification Letter.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
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Previous Version	
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Comments:	
Attachment(s):	*Claim Reserve Methodology.pdf*

Satisfied - Item:	Policyholder Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Rate Increase Policyholder Letter.pdf*

Satisfied - Item:	VA Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter*
Comments:	
Attachment(s):	*VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Certificates of Readability has been moved to "Final Certificates of Readability" below.
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Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certificate of Readability.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Readability*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Comments:	*Withdrawn - No longer filing Form S2233*
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Previous Version	
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Attachment(s):	*Certification of Compliance.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*MLTC-1019-VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Statement of Variability

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Comments:	Statements of Variability have been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
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Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form*
Comments:	
Attachment(s):	*Claim Reserve Methodology.pdf*

Satisfied - Item:	Policyholder Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Rate Increase Policyholder Letter.pdf*

Satisfied - Item:	VA Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter*
Comments:	
Attachment(s):	*VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Certificates of Readability has been moved to "Final Certificates of Readability" below.
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Attachment(s):	*Certificate of Readability.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Readability*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

Satisfied - Item:	Certificate of Compliance
Comments:	Certificates of Compliance have been moved to "Final Certificates of Compliance" below.
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Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certification of Compliance.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*MLTC-1019-VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Statement of Variability

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Comments:	Statements of Variability have been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 6-6-14
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 6-6-14*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 6.6.2014.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form*
Comments:	
Attachment(s):	*Claim Reserve Methodology.pdf*

Satisfied - Item:	Policyholder Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Rate Increase Policyholder Letter.pdf*

Satisfied - Item:	VA Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter*
Comments:	
Attachment(s):	*VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Certificates of Readability has been moved to "Final Certificates of Readability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certificate of Readability.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Readability*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

Satisfied - Item:	Certificate of Compliance
Comments:	Certificates of Compliance have been moved to "Final Certificates of Compliance" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certification of Compliance.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*MLTC-1019-VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Statement of Variability

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Comments:	Statements of Variability have been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 6-6-14
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 6-6-14*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 6.6.2014.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 12-19-2014
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 12-19-2014*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 12.19.2014.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form*
Comments:	
Attachment(s):	*Claim Reserve Methodology.pdf*

Satisfied - Item:	Policyholder Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Rate Increase Policyholder Letter.pdf*

Satisfied - Item:	VA Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter*
Comments:	
Attachment(s):	*VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Certificates of Readability has been moved to "Final Certificates of Readability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certificate of Readability.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Readability*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

Satisfied - Item:	Certificate of Compliance
Comments:	Certificates of Compliance have been moved to "Final Certificates of Compliance" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certification of Compliance.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*MLTC-1019-VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Statement of Variability

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Comments:	Statements of Variability have been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 6-6-14
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 6-6-14*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 6.6.2014.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 12-19-2014
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 12-19-2014*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 12.19.2014.pdf*

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Satisfied - Item:	VA Policyholder Notification Letter 1-27-2015
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 1-27-2015*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 1.27.2015.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form*
Comments:	
Attachment(s):	*Claim Reserve Methodology.pdf*

Satisfied - Item:	Policyholder Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Rate Increase Policyholder Letter.pdf*

Satisfied - Item:	VA Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter*
Comments:	
Attachment(s):	*VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Certificates of Readability has been moved to "Final Certificates of Readability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certificate of Readability.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Readability*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

Satisfied - Item:	Certificate of Compliance
Comments:	Certificates of Compliance have been moved to "Final Certificates of Compliance" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certification of Compliance.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*MLTC-1019-VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Statement of Variability

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Comments:	Statements of Variability have been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 6-6-14
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 6-6-14*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 6.6.2014.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 12-19-2014
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 12-19-2014*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 12.19.2014.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Satisfied - Item:	VA Policyholder Notification Letter 1-27-2015
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 1-27-2015*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 1.27.2015.pdf*

Satisfied - Item:	Coverage Change Endorsement SOV
Comments:	Coverage Change Request form Statement of Variability has been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Endorsement SOV*
Comments:	
Attachment(s):	*SOV for Endorsement.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form*
Comments:	
Attachment(s):	*Claim Reserve Methodology.pdf*

Satisfied - Item:	Policyholder Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Rate Increase Policyholder Letter.pdf*

Satisfied - Item:	VA Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter*
Comments:	
Attachment(s):	*VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Certificates of Readability has been moved to "Final Certificates of Readability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certificate of Readability.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Readability*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

Satisfied - Item:	Certificate of Compliance
Comments:	Certificates of Compliance have been moved to "Final Certificates of Compliance" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certification of Compliance.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*MLTC-1019-VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Statement of Variability

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Comments:	Statements of Variability have been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 6-6-14
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 6-6-14*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 6.6.2014.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 12-19-2014
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 12-19-2014*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 12.19.2014.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Satisfied - Item:	VA Policyholder Notification Letter 1-27-2015
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 1-27-2015*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 1.27.2015.pdf*

Satisfied - Item:	Coverage Change Endorsement SOV
Comments:	Coverage Change Request form Statement of Variability has been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Endorsement SOV*
Comments:	
Attachment(s):	*SOV for Endorsement.pdf*

Satisfied - Item:	Final Certificates of Compliance
Comments:	
Attachment(s):	Policy Endorsement 95440_Certification of Compliance - Signed.pdf S2279-VA GPR Policyholder Notification Letter_Certification of Compliance - Signed.pdf S2281-Coverage Change Request Form_Certification of Compliance - Signed.pdf

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form*
Comments:	
Attachment(s):	*Claim Reserve Methodology.pdf*

Satisfied - Item:	Policyholder Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Rate Increase Policyholder Letter.pdf*

Satisfied - Item:	VA Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter*
Comments:	
Attachment(s):	*VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Certificates of Readability has been moved to "Final Certificates of Readability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certificate of Readability.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Readability*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

Satisfied - Item:	Certificate of Compliance
Comments:	Certificates of Compliance have been moved to "Final Certificates of Compliance" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certification of Compliance.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*MLTC-1019-VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Statement of Variability

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Comments:	Statements of Variability have been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 6-6-14
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 6-6-14*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 6.6.2014.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 12-19-2014
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 12-19-2014*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 12.19.2014.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Satisfied - Item:	VA Policyholder Notification Letter 1-27-2015
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 1-27-2015*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 1.27.2015.pdf*

Satisfied - Item:	Coverage Change Endorsement SOV
Comments:	Coverage Change Request form Statement of Variability has been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Endorsement SOV*
Comments:	
Attachment(s):	*SOV for Endorsement.pdf*

Satisfied - Item:	Final Certificates of Compliance
Comments:	
Attachment(s):	Policy Endorsement 95440_Certification of Compliance - Signed.pdf S2279-VA GPR Policyholder Notification Letter_Certification of Compliance - Signed.pdf S2281-Coverage Change Request Form_Certification of Compliance - Signed.pdf

Satisfied - Item:	Response to Objections Received on May 29, 2015 and June 1, 2015
Comments:	
Attachment(s):	Response to Objections Received on May 29 and June 1 2015.pdf

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form*
Comments:	
Attachment(s):	*Claim Reserve Methodology.pdf*

Satisfied - Item:	Policyholder Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Rate Increase Policyholder Letter.pdf*

Satisfied - Item:	VA Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter*
Comments:	
Attachment(s):	*VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Certificates of Readability has been moved to "Final Certificates of Readability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certificate of Readability.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Readability*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

Satisfied - Item:	Certificate of Compliance
Comments:	Certificates of Compliance have been moved to "Final Certificates of Compliance" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certification of Compliance.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*MLTC-1019-VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Statement of Variability

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Comments:	Statements of Variability have been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 6-6-14
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 6-6-14*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 6.6.2014.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 12-19-2014
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 12-19-2014*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 12.19.2014.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Satisfied - Item:	VA Policyholder Notification Letter 1-27-2015
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 1-27-2015*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 1.27.2015.pdf*

Satisfied - Item:	Coverage Change Endorsement SOV
Comments:	Coverage Change Request form Statement of Variability has been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Endorsement SOV*
Comments:	
Attachment(s):	*SOV for Endorsement.pdf*

Satisfied - Item:	Final Certificates of Compliance
Comments:	
Attachment(s):	Policy Endorsement 95440_Certification of Compliance - Signed.pdf S2279-VA GPR Policyholder Notification Letter_Certification of Compliance - Signed.pdf S2281-Coverage Change Request Form_Certification of Compliance - Signed.pdf

Satisfied - Item:	Response to Objections Received on May 29, 2015 and June 1, 2015
Comments:	
Attachment(s):	Response to Objections Received on May 29 and June 1 2015.pdf

Satisfied - Item:	Copy of Policy form 10-P-Q-VA
Comments:	
Attachment(s):	GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 1-100).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 101-160).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 161-240).pdf

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form*
Comments:	
Attachment(s):	*Claim Reserve Methodology.pdf*

Satisfied - Item:	Policyholder Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Rate Increase Policyholder Letter.pdf*

Satisfied - Item:	VA Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter*
Comments:	
Attachment(s):	*VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Certificates of Readability has been moved to "Final Certificates of Readability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certificate of Readability.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Readability*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

Satisfied - Item:	Certificate of Compliance
Comments:	Certificates of Compliance have been moved to "Final Certificates of Compliance" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certification of Compliance.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*MLTC-1019-VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Statement of Variability

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Comments:	Statements of Variability have been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 6-6-14
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 6-6-14*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 6.6.2014.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 12-19-2014
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 12-19-2014*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 12.19.2014.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Satisfied - Item:	VA Policyholder Notification Letter 1-27-2015
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 1-27-2015*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 1.27.2015.pdf*

Satisfied - Item:	Coverage Change Endorsement SOV
Comments:	Coverage Change Request form Statement of Variability has been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Endorsement SOV*
Comments:	
Attachment(s):	*SOV for Endorsement.pdf*

Satisfied - Item:	Final Certificates of Compliance
Comments:	
Attachment(s):	Policy Endorsement 95440_Certification of Compliance - Signed.pdf S2279-VA GPR Policyholder Notification Letter_Certification of Compliance - Signed.pdf S2281-Coverage Change Request Form_Certification of Compliance - Signed.pdf

Satisfied - Item:	Response to Objections Received on May 29, 2015 and June 1, 2015
Comments:	
Attachment(s):	Response to Objections Received on May 29 and June 1 2015.pdf

Satisfied - Item:	Copy of Policy form 10-P-Q-VA
Comments:	
Attachment(s):	GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 1-100).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 101-160).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 161-240).pdf

Satisfied - Item:	Coverage Change Request Form 6-6-14
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Previous Version	
Satisfied - Item:	*Coverage Change Request Form 6-6-14*
Comments:	*Please see the coverage form S2233-VA GP3 attached under the Form Schedule tab.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form 6-6-14*
Comments:	
Attachment(s):	*Rate Increase Change Request Form - 6.6.2014.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form*
Comments:	
Attachment(s):	*Claim Reserve Methodology.pdf*

Satisfied - Item:	Policyholder Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Rate Increase Policyholder Letter.pdf*

Satisfied - Item:	VA Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter*
Comments:	
Attachment(s):	*VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Certificates of Readability has been moved to "Final Certificates of Readability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certificate of Readability.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Readability*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

Satisfied - Item:	Certificate of Compliance
Comments:	Certificates of Compliance have been moved to "Final Certificates of Compliance" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certification of Compliance.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*MLTC-1019-VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Statement of Variability

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Comments:	Statements of Variability have been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 6-6-14
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 6-6-14*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 6.6.2014.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 12-19-2014
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 12-19-2014*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 12.19.2014.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Satisfied - Item:	VA Policyholder Notification Letter 1-27-2015
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 1-27-2015*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 1.27.2015.pdf*

Satisfied - Item:	Coverage Change Endorsement SOV
Comments:	Coverage Change Request form Statement of Variability has been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Endorsement SOV*
Comments:	
Attachment(s):	*SOV for Endorsement.pdf*

Satisfied - Item:	Final Certificates of Compliance
Comments:	
Attachment(s):	Policy Endorsement 95440_Certification of Compliance - Signed.pdf S2279-VA GPR Policyholder Notification Letter_Certification of Compliance - Signed.pdf S2281-Coverage Change Request Form_Certification of Compliance - Signed.pdf

Satisfied - Item:	Response to Objections Received on May 29, 2015 and June 1, 2015
Comments:	
Attachment(s):	Response to Objections Received on May 29 and June 1 2015.pdf

Satisfied - Item:	Copy of Policy form 10-P-Q-VA
Comments:	
Attachment(s):	GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 1-100).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 101-160).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 161-240).pdf

Satisfied - Item:	Coverage Change Request Form 6-6-14
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Previous Version	
Satisfied - Item:	*Coverage Change Request Form 6-6-14*
Comments:	*Please see the coverage form S2233-VA GP3 attached under the Form Schedule tab.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form 6-6-14*
Comments:	
Attachment(s):	*Rate Increase Change Request Form - 6.6.2014.pdf*

Satisfied - Item:	Final Statements of Variability
Comments:	
Attachment(s):	Policy Endorsement 95440_Statement of Variability.pdf S2279-VA GPR Policyholder Notification Letter_Statement of Variability.pdf S2281-Coverage Change Request Form_Statement of Variability.pdf

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form*
Comments:	
Attachment(s):	*Claim Reserve Methodology.pdf*

Satisfied - Item:	Policyholder Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Rate Increase Policyholder Letter.pdf*

Satisfied - Item:	VA Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter*
Comments:	
Attachment(s):	*VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Certificates of Readability has been moved to "Final Certificates of Readability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certificate of Readability.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Readability*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

Satisfied - Item:	Certificate of Compliance
Comments:	Certificates of Compliance have been moved to "Final Certificates of Compliance" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Certification of Compliance.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*MLTC-1019-VA Policyholder Notification Letter.pdf*

Satisfied - Item:	Statement of Variability

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Comments:	Statements of Variability have been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Updated version of the Certificate of Readability to be used for form S2233-VA GP3*
Attachment(s):	*Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 6-6-14
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 6-6-14*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 6.6.2014.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 12-19-2014
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 12-19-2014*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 12.19.2014.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 12.19.2014.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Satisfied - Item:	VA Policyholder Notification Letter 1-27-2015
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Policyholder Notification Letter 1-27-2015*
Comments:	
Attachment(s):	*VA Group 3 Policyholder Letter - 1st Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 2nd Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 3rd Stage - 1.27.2015.pdf* *VA Group 3 Policyholder Letter - 4th Stage - 1.27.2015.pdf*

Satisfied - Item:	Coverage Change Endorsement SOV
Comments:	Coverage Change Request form Statement of Variability has been moved to "Final Statements of Variability" below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Endorsement SOV*
Comments:	
Attachment(s):	*SOV for Endorsement.pdf*

Satisfied - Item:	Final Certificates of Compliance
Comments:	
Attachment(s):	Policy Endorsement 95440_Certification of Compliance - Signed.pdf S2279-VA GPR Policyholder Notification Letter_Certification of Compliance - Signed.pdf S2281-Coverage Change Request Form_Certification of Compliance - Signed.pdf

Satisfied - Item:	Response to Objections Received on May 29, 2015 and June 1, 2015
Comments:	
Attachment(s):	Response to Objections Received on May 29 and June 1 2015.pdf

Satisfied - Item:	Copy of Policy form 10-P-Q-VA
Comments:	
Attachment(s):	GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 1-100).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 101-160).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 161-240).pdf

Satisfied - Item:	Coverage Change Request Form 6-6-14
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Previous Version	
Satisfied - Item:	*Coverage Change Request Form 6-6-14*
Comments:	*Please see the coverage form S2233-VA GP3 attached under the Form Schedule tab.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form 6-6-14*
Comments:	
Attachment(s):	*Rate Increase Change Request Form - 6.6.2014.pdf*

Satisfied - Item:	Final Statements of Variability
Comments:	
Attachment(s):	Policy Endorsement 95440_Statement of Variability.pdf S2279-VA GPR Policyholder Notification Letter_Statement of Variability.pdf S2281-Coverage Change Request Form_Statement of Variability.pdf

Satisfied - Item:	Final Certificates of Readability
Comments:	
Attachment(s):	Policy Endorsement 95440_Readability Certification - Signed.pdf S2279-VA GPR Policyholder Notification Letter_Readability Certification - Signed.pdf S2281-Coverage Change Request Form_Readability Certification - Signed.pdf

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Endorsement	95440	POLA	Initial		52.000	Policy Endorsement 95440.pdf	Date Submitted: 04/06/2016 By: Ouling Lu
Previous Version								
1	*Coverage Change Endorsement*	*95440*	*OTH*	*Other*		*49.000*	*Policy Endorsement 95440.pdf*	*Date Submitted: 05/26/2015 By:*
Previous Version								
1	*Coverage Change Request Form*	*S2233-VA GP3*	*OTH*	*Other*		*54.000*	*S2233-VA GP3 Coverage Change Request Form.pdf*	*Date Submitted: 12/20/2014 By: Chris Hughes*
Previous Version								
1	*Withdrawn*		*OTH*	*Other*				*Date Submitted: 06/06/2014 By: Chris Hughes*
Previous Version								
1	*Rate Increase Change Request*	*S2233*	*OTH*	*Initial*		*50.000*	*S2233 Rate Increase Change Request.pdf*	*Date Submitted: 08/06/2013 By:*
2	Policyholder Rate Increase Notification Letter	S2279-VA	OTH	Initial		51.000	S2279-VA GPR Policyholder Notification Letter.pdf	Date Submitted: 04/06/2016 By: Ouling Lu
3	Coverage Change Request Form	S2281	OTH	Initial		49.000	S2281-Coverage Change Request Form.pdf	Date Submitted: 04/06/2016 By: Ouling Lu

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Generation Protector	10-P-Q-VA, 10-R1, 10-R2, 10-R3, 10-R4, 10-R5, 10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates - Phase 1 (25% increase).pdf, VA Generation Protector Proposed Rates - Phase 2 (20% increase).pdf, VA Generation Protector Proposed Rates - Phase 3 (16.7% increase).pdf, VA Generation Protector Proposed Rates - Phase 4 (14.3% increase).pdf, Form Numbers and Description of Benefits.pdf,	04/06/2016 By: Ouling Lu
Previous Version						
1	*Generation Protector*	*10-P-Q-VA, 10-R1, 10-R2, 10-R3, 10-R4, 10-R5, 10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2*	*Revised*	*Previous State Filing Number:* *n/a* *Percent Rate Change Request:* *100*	*VA Generation Protector Proposed Rates - Phase 1 (25% increase).pdf, VA Generation Protector Proposed Rates - Phase 2 (20% increase).pdf, VA Generation Protector Proposed Rates - Phase 3 (16.7% increase).pdf, VA Generation Protector Proposed Rates - Phase 4 (14.3% increase).pdf, Form Numbers and Description of Benefits.pdf,*	*01/27/2015* *By:*

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Rate/Rule Schedule Item Changes

Previous Version						
1	*Generation Protector*	*10-P-Q-VA*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
1	*Generation Protector*	*10-P-Q-VA*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*02/05/2013 By: Vladimir Ilic*
Previous Version						
1	*Generation Protector*	*10-P-Q-VA*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Current Rates.pdf, VA Generation Protector Proposed Rates (25% increase).pdf,*	*11/08/2012 By: Vladimir Ilic*

Conclusion:

Please let us know if you have any questions.

Sincerely,

Ouling Lu

State:	Virginia	**Filing Company:**	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2012 - GROUP 3		
Project Name/Number:	LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/06/2016
Submitted Date	04/06/2016

Dear Janet Houser,

Introduction:

Thank you for reviewing our filing.

Response 1

Comments:

We have responded to this objection in the subsequent objection letter received on June 1, 2015.

Related Objection 1

Applies To:

- Coverage Change Endorsement, 95440 (Form)

Comments: One of the variable options is to reduce the benefit period. Please advise the minimum and maximum range for the number of years if the benefit period is reduced.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

We have responded to this objection in the subsequent objection letter received on June 1, 2015.

Related Objection 2

Applies To:

- Coverage Change Endorsement, 95440 (Form)

Comments: Please provide us with a copy of policy form 10-P-Q-VA.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any questions.

Sincerely,

Ouling Lu

State:	*Virginia*	**Filing Company:**	*Allianz Life Insurance Company of North America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*LTC RATE FILING 2012 - GROUP 3*		
Project Name/Number:	*LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/04/2015
Submitted Date	05/04/2015

Dear Janet Houser,

Introduction:

We are actively working through on the policy endorsement and expect to have that finished within three weeks.

Response 1

Comments:

This is a new form and requires significant amount of testing and QA to ensure our system is capable to print what we are required to file. We are in the process of working through all the possible variation of the benefit changes available to the policyholder for this policy form.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We like the State of Virginia to consider reopening this filing and give us an additional three week extension to submit this form for approval.

Thank You.

Sincerely,

Ouling Lu

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/20/2014
Submitted Date	12/20/2014

Dear Janet Houser,

Introduction:

Thank you for your objection.

Response 1

Comments:

For our responses and supporting exhibits, please see the file titled "VA Objection Response 12-19-2014" attached under the Supporting Documentation tab.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your consideration of our filing.

Sincerely,

Chris Hughes

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/20/2014
Submitted Date	12/20/2014

Dear Janet Houser,

Introduction:

Thank you for your objection

Response 1

Comments:

For our responses and supporting exhibits, please see the file titled "VA Objection Response 12-19-2014" attached under the Supporting Documentation tab. Please note that this objection also addresses the requests made during the 11/13/2014 conference call.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 12-19-2014
Comments:	
Attachment(s):	VA Objection Response 12-19-2014.pdf

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 12-19-2014
Comments:	
Attachment(s):	VA Objection Response 12-19-2014.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector) VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum (Generation Protector) - Updated.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 12-19-2014
Comments:	
Attachment(s):	VA Objection Response 12-19-2014.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector) VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum (Generation Protector) - Updated.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Updated version of the Certificate of Readability to be used for form S2233-VA GP3
Attachment(s):	Certificate of Readability.pdf

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 12-19-2014
Comments:	
Attachment(s):	VA Objection Response 12-19-2014.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector) VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
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Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
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Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Updated version of the Certificate of Readability to be used for form S2233-VA GP3
Attachment(s):	Certificate of Readability.pdf

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

Satisfied - Item:	Certificate of Compliance
Comments:	Updated version of the Certificate of Readability to be used for form S2233-VA GP3
Attachment(s):	Certification of Compliance.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 12-19-2014
Comments:	
Attachment(s):	VA Objection Response 12-19-2014.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
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Satisfied - Item:	*L&H Actuarial Memorandum*
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Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
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Satisfied - Item:	*L&H Actuarial Memorandum*
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Comments:	
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Satisfied - Item:	Certificate of Readability
Comments:	Updated version of the Certificate of Readability to be used for form S2233-VA GP3
Attachment(s):	Certificate of Readability.pdf

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	*Withdrawn - No longer filing Form S2233*
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Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

Satisfied - Item:	Certificate of Compliance
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Satisfied - Item:	*Certificate of Compliance*
Comments:	*Withdrawn - No longer filing Form S2233*
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Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Statement of Variability
Comments:	Updated version of the Certificate of Readability to be used for form S2233-VA GP3
Attachment(s):	Statement of Variability.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Withdrawn - No longer filing Form S2233*
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Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 12-19-2014
Comments:	
Attachment(s):	VA Objection Response 12-19-2014.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector) VA.pdf
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Satisfied - Item:	*L&H Actuarial Memorandum*
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Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum (Generation Protector) - Updated.pdf*
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Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Updated version of the Certificate of Readability to be used for form S2233-VA GP3
Attachment(s):	Certificate of Readability.pdf

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

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Comments:	Updated version of the Certificate of Readability to be used for form S2233-VA GP3
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Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Statement of Variability
Comments:	Updated version of the Certificate of Readability to be used for form S2233-VA GP3
Attachment(s):	Statement of Variability.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Satisfied - Item:	Coverage Change Request Form 6-6-14
Comments:	Please see the coverage form S2233-VA GP3 attached under the Form Schedule tab.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form 6-6-14*
Comments:	
Attachment(s):	*Rate Increase Change Request Form - 6.6.2014.pdf*

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 12-19-2014
Comments:	
Attachment(s):	VA Objection Response 12-19-2014.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector) VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum (Generation Protector) - Updated.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Updated version of the Certificate of Readability to be used for form S2233-VA GP3
Attachment(s):	Certificate of Readability.pdf

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

Satisfied - Item:	Certificate of Compliance
Comments:	Updated version of the Certificate of Readability to be used for form S2233-VA GP3
Attachment(s):	Certification of Compliance.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Statement of Variability
Comments:	Updated version of the Certificate of Readability to be used for form S2233-VA GP3
Attachment(s):	Statement of Variability.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Withdrawn - No longer filing Form S2233*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Satisfied - Item:	Coverage Change Request Form 6-6-14
Comments:	Please see the coverage form S2233-VA GP3 attached under the Form Schedule tab.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Coverage Change Request Form 6-6-14*
Comments:	
Attachment(s):	*Rate Increase Change Request Form - 6.6.2014.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 12-19-2014
Comments:	
Attachment(s):	VA Group 3 Policyholder Letter - 1st Stage - 12.19.2014.pdf VA Group 3 Policyholder Letter - 2nd Stage - 12.19.2014.pdf VA Group 3 Policyholder Letter - 3rd Stage - 12.19.2014.pdf VA Group 3 Policyholder Letter - 4th Stage - 12.19.2014.pdf

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Change Request Form	S2233-VA GP3	OTH	Other		54.000	S2233-VA GP3 Coverage Change Request Form.pdf	Date Submitted: 12/20/2014 By: Chris Hughes
Previous Version								
1	*Withdrawn*		*OTH*	*Other*				*Date Submitted: 06/06/2014 By: Chris Hughes*
Previous Version								
1	*Rate Increase Change Request*	*S2233*	*OTH*	*Initial*		*50.000*	*S2233 Rate Increase Change Request.pdf*	*Date Submitted: 08/06/2013 By:*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your consideration of this filing.

Sincerely,

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Chris Hughes

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/06/2014
Submitted Date	06/06/2014

Dear Janet Houser,

Introduction:

Thank you for you objection.

Response 1

Comments:

For our responses and supporting exhibits, please see file titled "Objection Response 6-6-14.pdf" attached on the Supporting Documentation tab.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 6-6-14
Comments:	
Attachment(s):	Objection Response - 6.6.2014.pdf

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 6-6-14
Comments:	
Attachment(s):	Objection Response - 6.6.2014.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector) VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum (Generation Protector) - Updated.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 6-6-14
Comments:	
Attachment(s):	Objection Response - 6.6.2014.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector) VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum (Generation Protector) - Updated.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Withdrawn - No longer filing Form S2233
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 6-6-14
Comments:	
Attachment(s):	Objection Response - 6.6.2014.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector) VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum (Generation Protector) - Updated.pdf*
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Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
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Satisfied - Item:	Certificate of Readability
Comments:	Withdrawn - No longer filing Form S2233
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Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Satisfied - Item:	Certificate of Compliance
Comments:	Withdrawn - No longer filing Form S2233
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 6-6-14
Comments:	
Attachment(s):	Objection Response - 6.6.2014.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector) VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum (Generation Protector) - Updated.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Withdrawn - No longer filing Form S2233
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Satisfied - Item:	Certificate of Compliance
Comments:	Withdrawn - No longer filing Form S2233
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Statement of Variability
Comments:	Withdrawn - No longer filing Form S2233
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 6-6-14
Comments:	
Attachment(s):	Objection Response - 6.6.2014.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector) VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum (Generation Protector) - Updated.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Withdrawn - No longer filing Form S2233
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Satisfied - Item:	Certificate of Compliance
Comments:	Withdrawn - No longer filing Form S2233
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Statement of Variability
Comments:	Withdrawn - No longer filing Form S2233
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

Satisfied - Item:	Health Insurance Rate Request Summary Part I
Comments:	
Attachment(s):	Health Insurance Rate Request Summary Part I.pdf

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 6-6-14
Comments:	
Attachment(s):	Objection Response - 6.6.2014.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector) VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum (Generation Protector) - Updated.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Withdrawn - No longer filing Form S2233
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Satisfied - Item:	Certificate of Compliance
Comments:	Withdrawn - No longer filing Form S2233
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Statement of Variability
Comments:	Withdrawn - No longer filing Form S2233
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

Satisfied - Item:	Health Insurance Rate Request Summary Part I
Comments:	
Attachment(s):	Health Insurance Rate Request Summary Part I.pdf

Satisfied - Item:	Coverage Change Request Form 6-6-14
Comments:	
Attachment(s):	Rate Increase Change Request Form - 6.6.2014.pdf

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 6-6-14
Comments:	
Attachment(s):	Objection Response - 6.6.2014.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector) VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum (Generation Protector) - Updated.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*

Satisfied - Item:	Certificate of Readability
Comments:	Withdrawn - No longer filing Form S2233
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Readability*
Comments:	
Attachment(s):	*Certificate of Readability.pdf*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Satisfied - Item:	Certificate of Compliance
Comments:	Withdrawn - No longer filing Form S2233
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance.pdf*

Satisfied - Item:	Statement of Variability
Comments:	Withdrawn - No longer filing Form S2233
Attachment(s):	
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

Satisfied - Item:	Health Insurance Rate Request Summary Part I
Comments:	
Attachment(s):	Health Insurance Rate Request Summary Part I.pdf

Satisfied - Item:	Coverage Change Request Form 6-6-14
Comments:	
Attachment(s):	Rate Increase Change Request Form - 6.6.2014.pdf

Satisfied - Item:	VA Policyholder Notification Letter 6-6-14
Comments:	
Attachment(s):	VA Group 3 Policyholder Letter - 6.6.2014.pdf

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Withdrawn		OTH	Other				Date Submitted: 06/06/2014 By: Chris Hughes
Previous Version								
1	*Rate Increase Change Request*	*S2233*	*OTH*	*Initial*		*50.000*	*S2233 Rate Increase Change Request.pdf*	*Date Submitted: 08/06/2013 By:*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Generation Protector	10-R8-VA	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
1	*Generation Protector*	*10-R8-VA*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
2	Generation Protector	10-P-Q-VA	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
2	*Generation Protector*	*10-P-Q-VA*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*02/05/2013 By: Vladimir Ilic*
Previous Version						
2	*Generation Protector*	*10-P-Q-VA*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Current Rates.pdf, VA Generation Protector Proposed Rates (25% increase).pdf,*	*11/08/2012 By: Vladimir Ilic*
3	Generation Protector	10-R1	Revised	Previous State Filing Number: n/a Percent Rate Change	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Rate/Rule Schedule Item Changes

				Request: 100		
Previous Version						
3	*Generation Protector*	*10-R1*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
4	Generation Protector	10-R2	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
4	*Generation Protector*	*10-R2*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
5	Generation Protector	10-R3	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
5	*Generation Protector*	*10-R3*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
6	Generation Protector	10-R4	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate/Rule Schedule Item Changes

6	*Generation Protector*	*10-R4*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
7	Generation Protector	10-R5	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
7	*Generation Protector*	*10-R5*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
8	Generation Protector	10-R6	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
8	*Generation Protector*	*10-R6*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
9	Generation Protector	10-R7-VA	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
9	*Generation Protector*	*10-R7-VA*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate/Rule Schedule Item Changes

				Request: 25		
10	Generation Protector	10-R9	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
10	*Generation Protector*	*10-R9*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
11	Generation Protector	10-R10	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
11	*Generation Protector*	*10-R10*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
12	Generation Protector	10-R11	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
12	*Generation Protector*	*10-R11*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
13	Generation Protector	10-R12	Revised	Previous State Filing	VA Generation	06/06/2014

Rate/Rule Schedule Item Changes

				Number: n/a Percent Rate Change Request: 100	Protector Proposed Rates (100% increase).pdf,	By: Chris Hughes
Previous Version						
13	*Generation Protector*	*10-R12*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
14	Generation Protector	10-R13	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
14	*Generation Protector*	*10-R13*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
15	Generation Protector	10-R14	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
15	*Generation Protector*	*10-R14*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
16	Generation Protector	10-R15	Revised	Previous State Filing Number: n/a Percent Rate Change Request:	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Rate/Rule Schedule Item Changes

				100		
Previous Version						
16	*Generation Protector*	*10-R15*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
17	Generation Protector	10-R16	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
17	*Generation Protector*	*10-R16*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
18	Generation Protector	10-R17	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
18	*Generation Protector*	*10-R17*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
19	Generation Protector	10-R18	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
19	*Generation Protector*	*10-R18*	*Revised*	*Previous State Filing*	*VA Generation*	*05/17/2013*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate/Rule Schedule Item Changes

				Number: n/a Percent Rate Change Request: 25	*Protector Proposed Rates (25% increase).pdf,*	*By: Vladimir Ilic*
20	Generation Protector	10-R19	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
20	*Generation Protector*	*10-R19*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
21	Generation Protector	10-R20	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
21	*Generation Protector*	*10-R20*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
22	Generation Protector	10-R21	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
22	*Generation Protector*	*10-R21*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request:*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate/Rule Schedule Item Changes

				25		
23	Generation Protector	10-E-2	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
23	*Generation Protector*	*10-E-2*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*

Conclusion:

Thank you for your consideration of this filing

Sincerely,

Chris Hughes

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/23/2013
Submitted Date	08/23/2013

Dear Janet Houser,

Introduction:

Thank you for you objection.

Response 1

Comments:

Please see the exhibit titled Updated Morbidity Actual to Expected under the Supporting Documentation tab for an updated version of the exhibits provided in the previous objection response. The Expected Incidence Rates for Females have been updated to correct an oversight in the previously submitted exhibit.

Related Objection 1

Applies To:

- VA Objection Response 6-28-13 (Supporting Document)

Comments: In the exhibit titled Actual to Best Estimate Incidence Rates, the Expected Incidence Rates for Females at the advanced ages shows an unexpected decrease which is inconsistent with both the actual experience and publicly available industry data. Please explain this apparent anomaly.

Once this additional information has been received, we can continue our review of the submission.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Updated Morbidity Actual to Expected
Comments:	
Attachment(s):	Updated Morbidity Actual to Expected.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your consideration of this filing

Sincerely,

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Chris Hughes

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/28/2013
Submitted Date	06/28/2013

Dear Janet Houser,

Introduction:

Thank you for your objection.

Response 1

Comments:

For our responses and supporting exhibits, please see file titled "VA Objection Response 6-28-13.pdf" attached on the Supporting Documentation tab.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The response to our request for quantitative support for the morbidity assumptions used in the projections included only a comparison of the new assumptions to the original assumptions and did not include information about actual historical experience. Please provide an actual to expected (A/E) analysis of the actual historical experience versus both the original pricing and revised morbidity assumptions showing the actual incurred claims by year vs. the expected incurred claims for this block of business under both the original and revised morbidity assumptions. Also, given that the historical experience on this block does not extend beyond duration 10, please provide supporting rationale for the significant increase in claim cost assumptions shown in Exhibit 2 at the advanced attained ages and later durations.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 6-28-13
Comments:	
Attachment(s):	Objection Response 6-28-13.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your consideration of this filing.

Sincerely,

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Vladimir Ilic

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/16/2013
Submitted Date	05/17/2013

Dear Janet Houser,

Introduction:

Thank you for your questions.

Response 1

Comments:

Since our answers could not fit in this space, we have attached a separate document with our responses. Please see the file named VA Objection Response 5-17-13.pdf attached on the Supporting Documentation tab.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide quantitative support for the new assumptions used in the projections, including an actual to expected (A/E) analysis of the historical experience versus both the original pricing and revised experience assumptions. Please include A/E ratios for both total termination and morbidity assumptions.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Assumption Actual to Expected
Comments:	
Attachment(s):	Assumption Actual to Expected.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Assumption Actual to Expected
Comments:	
Attachment(s):	Assumption Actual to Expected.pdf

Satisfied - Item:	VA Objection Response 5-17-13
Comments:	
Attachment(s):	VA Objection Response 5-17-13.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Since our answers could not fit in this space, we have attached a separate document with our responses. Please see the file named VA Objection Response 5-17-13.pdf attached on the Supporting Documentation tab.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Section IV of the Actuarial Memorandum states, Modifying the assumptions to include a provision for moderately adverse experience would result in a justified rate increase substantially larger than 97%. Please provide the details of what the Company considers to be moderately adverse experience. Also, please provide the calculation of the rate increase percentage that would be required if such provision were included.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Since our answers could not fit in this space, we have attached a separate document with our responses. Please see the file named VA Objection Response 5-17-13.pdf attached on the Supporting Documentation tab.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: If the company wants to request a rate increase less than the amount required to certify by 14VAC5-200-153.B, we recommend this be clearly stated in the policyholder notification letter.

If the company intends to request additional rate increases in the future, this also should clearly be stated in the policyholder notification letter.

Changed Items:

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Policyholder Notification Letter
Comments:	
Attachment(s):	VA Policyholder Notification Letter.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Since our answers could not fit in this space, we have attached a separate document with our responses. Please see the file named VA Objection Response 5-17-13.pdf attached on the Supporting Documentation tab.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: What loss ratios does the company intend to target in the future? For example, if the projected loss ratios are met with the requested 25% increase, will the company forgo any future requests? If not, then what is the margin over and above that amount that would prompt the company to request further rate increases?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Since our answers could not fit in this space, we have attached a separate document with our responses. Please see the file named VA Objection Response 5-17-13.pdf attached on the Supporting Documentation tab.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Is the Company agreeable to providing a certification from an officer of the company that the company agrees to not seek another rate increase on these forms for a period of at least 36 months? Such certification also should include the information requested above.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Since our answers could not fit in this space, we have attached a separate document with our responses. Please see the file named VA Objection Response 5-17-13.pdf attached on the Supporting Documentation tab.

Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please modify the certification to indicate what rate increase would be needed to comply with 14VAC5-200-153.B.2, but it should include a statement that the Company is willing to implement a lesser increase.

Changed Items:

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector) VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum (Generation Protector) - Updated.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

Since our answers could not fit in this space, we have attached a separate document with our responses. Please see the file named VA Objection Response 5-17-13.pdf attached on the Supporting Documentation tab.

Related Objection 7

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Is the company agreeable to not attempting to recover the lost premium between the amount implemented and the increase needed to certify for the intervening period? That is, if additional rate increases are requested, the projections would be calculated using historical premiums at a level consistent with an original rate increase at the rate stabilization level (full amount certified) rather than the amount actually implemented.

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8

Comments:

Since our answers could not fit in this space, we have attached a separate document with our responses. Please see the file named VA Objection Response 5-17-13.pdf attached on the Supporting Documentation tab.

Related Objection 8

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: We note the actuarial memorandum shows the rate increase request will affect the policy,10-P-Q-VA, and riders shown as Benefit Increase Riders and Other Riders ranging from 10-R1 to 10-E-2. For each of these riders, please list the rider by form number separately on the Rate/Rule Schedule section, stating the percentage amount of the proposed increase and attaching its proposed rate schedule.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Generation Protector	10-R1	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
2	Generation Protector	10-R2	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
3	Generation Protector	10-R3	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
4	Generation Protector	10-R4	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
5	Generation Protector	10-R5	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
6	Generation Protector	10-R6	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
7	Generation Protector	10-R7-VA	Revised	Previous State Filing	VA Generation	05/17/2013

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate/Rule Schedule Item Changes

				Number: n/a Percent Rate Change Request: 25	Protector Proposed Rates (25% increase).pdf,	By: Vladimir Ilic
8	Generation Protector	10-R8-VA	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
9	Generation Protector	10-R9	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
10	Generation Protector	10-R10	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
11	Generation Protector	10-R11	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
12	Generation Protector	10-R12	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
13	Generation Protector	10-R13	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
14	Generation Protector	10-R14	Revised	Previous State Filing Number: n/a	VA Generation Protector Proposed Rates (25%	05/17/2013 By: Vladimir Ilic

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Rate/Rule Schedule Item Changes

				Percent Rate Change Request: 25	increase).pdf,	
15	Generation Protector	10-R15	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
16	Generation Protector	10-R16	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
17	Generation Protector	10-R17	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
18	Generation Protector	10-R18	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
19	Generation Protector	10-R19	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
20	Generation Protector	10-R20	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
21	Generation Protector	10-R21	Revised	Previous State Filing Number: n/a Percent Rate Change Request:	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Rate/Rule Schedule Item Changes

				25		
22	Generation Protector	10-E-2	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic

Conclusion:

Thank you for your consideration of this filing.

Sincerely,

Vladimir Ilic

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/15/2013
Submitted Date	03/15/2013

Dear Janet Houser,

Introduction:

Thank you for your questions.

Response 1

Comments:

We have attached an exhibit detailing a comparison of original versus current assumptions. Increased claim incidence and increased time on claim (claim continuance) contributed to one half of our higher lifetime loss ratio. Lower voluntary terminations and lower involuntary terminations contributed to the other half of our higher lifetime loss ratio (our administrative system does not distinguish between voluntary lapse and death). Please see the file named Loss Ratio Analysis under the Supporting Documentation tab for calculations behind the above results.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a comparison of the changes in the actuarial assumptions used in the development of the original premiums with those used in the current rate increase filing. Please include details of these changes for lapses, mortality, and morbidity, and also a calculation of what portion of the needed rate increase is attributable to the change in each of these assumptions individually.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Loss Ratio Analysis
Comments:	
Attachment(s):	Loss Ratio Analysis.pdf

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Supporting Document Schedule Item Changes	
Satisfied - Item:	Loss Ratio Analysis
Comments:	
Attachment(s):	Loss Ratio Analysis.pdf

Satisfied - Item:	Original Assumptions Compared to Current Assumptions
Comments:	
Attachment(s):	Original Assumptions compared to Current Assumptions.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

We have attached exhibits showing projections with a modified lapse rate of 1.25%.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a projection with a modified ultimate lapse rate of 1.25% to help us measure the sensitivity of the results to this assumption.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Experience Exhibits - 1.25% Ultimate Lapse
Comments:	
Attachment(s):	Experience Exhibits - 1.25% Ultimate Lapse.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

We have attached an updated actuarial memorandum with an updated certification.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The certification provided in the actuarial memorandum must be worded more strongly. While we may allow an alternative certification to the one detailed in 14VAC5-200-153.B.2., the use of the word believe is not consistent with the intent of the certification. In addition, the actuarial certification should also contain the applicable elements of 14VAC5-200-77-2. b., c., d., and f.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector) VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum (Generation Protector) - Updated.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

At the current time, the valuation basis for statutory reserves has not been updated with the current assumptions. Given the conservative nature of statutory valuation assumptions relative to pricing assumptions, the statutory reserves inherently include margin. This margin is typically established through recognizing losses in the initial years of the business which are recovered through profits in later years as the margins are released. While recent adequacy testing continues to show reserve margin under current best estimate assumptions these margins are at significantly lower levels than under original pricing assumptions, reflecting Allianz Life's expectation that initial losses will not be fully recouped. Current long-range projections of net income show a pattern of gains followed by steady losses, which will likely lead to additional reserves being established as experience emerges.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please indicate whether the valuation basis for reserves has been updated to reflect the current assumptions.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your consideration of this filing.

Sincerely,

Vladimir Ilic

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/05/2013
Submitted Date	02/05/2013

Dear Janet Houser,

Introduction:

Thank you for your questions.

Response 1

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 1

Applies To:

- Generation Protector, [10-P-Q-VA] (Rate)

Comments: For each form to which this rate filing applies (policy and riders), please list the form number separately in the Rate/Rule Schedule section of the filing, stating the amount of the proposed rate change and attaching its proposed rate schedule.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Objection Response 2-5-13
Comments:	
Attachment(s):	VA Objection Response 2-5-13.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Pursuant to 14VAC5-130-70 B 1, please provide descriptions of the policy and riders, including benefits, renewability and issue age limits.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form Numbers and Description of Benefits
Comments:	
Attachment(s):	Form Numbers and Description of Benefits.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Pursuant to 14VAC5-130-70 B 3, please provide a comparison of the revised premiums with the current premiums.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Current Rate Sheets
Comments:	
Attachment(s):	VA Generation Protector Current Rates.pdf

No Form Schedule items changed.

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Rate/Rule Schedule Item Changes						
Item No.	**Document Name**	**Affected Form Numbers (Separated with commas)**	**Rate Action**	**Rate Action Information**	**Attachments**	**Date Submitted**
1	Generation Protector	10-P-Q-VA	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	02/05/2013 By: Vladimir Ilic
Previous Version						
1	*Generation Protector*	*10-P-Q-VA*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Current Rates.pdf, VA Generation Protector Proposed Rates (25% increase).pdf,*	*11/08/2012 By: Vladimir Ilic*

Response 4

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Pursuant to 14VAC5-130-70 B 5, please provide the average annual premium per policy before and after the proposed rate increase.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Average Premium
Comments:	
Attachment(s):	Average Premium.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide exhibits that show the earned premium, paid claims, incurred claims and loss ratio for each calendar year from the date of the forms inception through the most recent date such information is available. Separate exhibits, and projections should be provided based on the Virginia only and national data. This information must be based only on those forms for which there are Virginia insureds.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum (Generation Protector) - Updated.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo (Generation Protector) VA.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the interest rate used in the original pricing of the policy. To the extent the original pricing rate is higher than the rate used in projections, please revise the latter accordingly.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Experience Exhibits - Using Originally Filed Rates
Comments:	
Attachment(s):	Experience Exhibits - Using Originally Filed Rates.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 7

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please ensure that the supporting documentation provides detailed justification for all assumptions, including the source of each assumption used to support the proposed rate increase.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8

Comments:

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 8

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please include an explanation of the reserve basis and justification for the reserve levels provided.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Claim Reserve Methodology
Comments:	
Attachment(s):	Claim Reserve Methodology.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 9

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 9

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an actual to expected analysis based on the original assumptions and projections.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actual to Expected Exhibit
Comments:	
Attachment(s):	Actual to Expected Analysis.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 10

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 10

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise in what states the company has requested rate increases on this block, the amount requested and the current status of the reviews in those states.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Approvals Grid
Comments:	
Attachment(s):	Approvals Grid.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 11

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 11

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The actuarial memorandum states that the company is limiting its rate increase request to 25%, although a larger increase can be actuarially justified. Why then is the overall percentage rate increase change only 25% under the Rate/Rule Schedule tab?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 12

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 12

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The actuarial memorandum states that modifying the actuarial assumptions to include a provision for moderately adverse experience would result in a justified rate increase substantially larger than 97%. Please provide support for this statement.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 13

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 13

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please review the requirements of 14VAC5-200-153 and ensure that all required information has been provided.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 14

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 14

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please ensure that the filing includes sufficient detail or documentation so that any projections can be recreated.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Assumptions
Comments:	
Attachment(s):	Assumptions.xlsx

Supporting Document Schedule Item Changes	
Satisfied - Item:	Assumptions
Comments:	
Attachment(s):	Assumptions.xlsx

Satisfied - Item:	Exhibits in Excel
Comments:	
Attachment(s):	Objection 5.xlsx Objection 6.xlsx Objection 9.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 15

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 15

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Is the intent of the company to not request any further rate increases if the proposed rate increase is approved and the experience develops as projected? If not, please explain.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 16

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 16

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: What steps has the company taken to minimize rate increases on this policy and its riders?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 17

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 17

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a copy of the premium notification letter the company intends to send to policyholders notifying them of the rate increase. The company is reminded that 14VAC5-200-75 requires at least 60 days prior notification to policyholders of the implementation of a premium rate schedule increase, and that such notification shall include the information required by subsection A of this section when the rate increase is implemented.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Letter
Comments:	
Attachment(s):	Rate Increase Policyholder Letter.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 18

Comments:

Since our response could not fit in this space, we attached a separate document with our answers. Please see document titled VA Objection Response 2-5-13.pdf attached on the Supporting Documentation tab.

Related Objection 18

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: How will the coverage change options be proposed and accepted? How will the policy be amended or endorsed if accepted? We assume there will be a signed acceptance, and that both the signed acceptance and an endorsement would be attached to the policy documenting the change. Upon resubmission, copies of any forms used to affect these changes must be included, along with approval dates.

Changed Items:

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	
Attachment(s):	Claim Reserve Methodology.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your consideration.

Sincerely,

Vladimir Ilic

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Amendment Letter

Submitted Date: 04/11/2016

Comments:

Thank you for reviewing our filing. We have attached a letter providing additional information to assist in the review based on our phone conversation on April 7, 2016.

Please let us know if you have any questions or need anything else.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Additional Information to Assist in the Review
Comments:	
Attachment(s):	Additional Information to Assist Review.pdf

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Amendment Letter

Submitted Date: 05/26/2015

Comments:

Please see the attached coverage change endorsement that is filed for approval. The SOV is provided in the supporting documentation.

Thank You.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Change Endorsement	95440	OTH	Other		49.000	Policy Endorsement 95440.pdf	Date Submitted: 05/26/2015 By:
Previous Version								
1	*Coverage Change Request Form*	*S2233-VA GP3*	*OTH*	*Other*		*54.000*	*S2233-VA GP3 Coverage Change Request Form.pdf*	*Date Submitted: 12/20/2014 By: Chris Hughes*
Previous Version								
1	*Withdrawn*		*OTH*	*Other*				*Date Submitted: 06/06/2014 By: Chris Hughes*
Previous Version								
1	*Rate Increase Change Request*	*S2233*	*OTH*	*Initial*		*50.000*	*S2233 Rate Increase Change Request.pdf*	*Date Submitted: 08/06/2013 By:*

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	Coverage Change Endorsement SOV
Comments:	
Attachment(s):	SOV for Endorsement.pdf

Amendment Letter

Submitted Date: 01/27/2015

Comments:

In response to the note to filers submitted on 1/23/2015 and 1/26/2015, we have made the following updates to our filing:

Supporting Documentation Tab:

•Updated policyholder letters to refer to the Virginia State Corporation Commission instead of the Virginia Bureau of Insurance.
•Submitted a revised version of the “Health Insurance Rate Summary Part I” document.
•Removed the “Form Numbers and Description of Benefits” document.

Rate/Rule Schedule Tab:

•Updated the Overall % Indicated Change to 158%.
•Updated the premium and inforce numbers to reflect inforce as of 12/31/2013.
•Combined forms into one entry and removed the rate schedules for separate riders listed.
•Attached rate schedule for each phase of the rate increase. Each attachment reflects the cumulative increase after the implementation of the phase in question. For example, the 4th phase (14.3%) reflects all four phases totaling a 100% rate increase compared to the current rates.
•Attached the “Form Numbers and Description of Benefit” document.

Thank you for your consideration of our filing.

Changed Items:

No Form Schedule Items Changed.

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Generation Protector	10-R1	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
1	*Generation Protector*	*10-R1*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
1	*Generation Protector*	*10-R1*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
2	Generation Protector	10-R2	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
2	*Generation Protector*	*10-R2*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
2	*Generation Protector*	*10-R2*	*Revised*	*Previous State Filing Number:*	*VA Generation Protector Proposed*	*05/17/2013 By: Vladimir Ilic*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate/Rule Schedule Item Changes

				n/a Percent Rate Change Request: 25	*Rates (25% increase).pdf,*	
3	Generation Protector	10-R3	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
3	*Generation Protector*	*10-R3*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
3	*Generation Protector*	*10-R3*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
4	Generation Protector	10-R4	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
4	*Generation Protector*	*10-R4*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
4	*Generation Protector*	*10-R4*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate/Rule Schedule Item Changes

				Request: 25		
5	Generation Protector	10-R5	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
5	*Generation Protector*	*10-R5*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
5	*Generation Protector*	*10-R5*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
6	Generation Protector	10-R6	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
6	*Generation Protector*	*10-R6*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
6	*Generation Protector*	*10-R6*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate/Rule Schedule Item Changes

7	Generation Protector	10-R7-VA	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
7	*Generation Protector*	*10-R7-VA*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
7	*Generation Protector*	*10-R7-VA*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
8	Generation Protector	10-R9	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
8	*Generation Protector*	*10-R9*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
8	*Generation Protector*	*10-R9*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
9	Generation Protector	10-R10	Revised	Previous State Filing Number:		01/27/2015 By:

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate/Rule Schedule Item Changes

				n/a Percent Rate Change Request: 100		
Previous Version						
9	*Generation Protector*	*10-R10*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
9	*Generation Protector*	*10-R10*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
10	Generation Protector	10-R11	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
10	*Generation Protector*	*10-R11*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
10	*Generation Protector*	*10-R11*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
11	Generation Protector	10-R12	Revised	Previous State Filing Number: n/a Percent Rate Change		01/27/2015 By:

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate/Rule Schedule Item Changes

				Request: 100		
Previous Version						
11	*Generation Protector*	*10-R12*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
11	*Generation Protector*	*10-R12*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
12	Generation Protector	10-R13	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
12	*Generation Protector*	*10-R13*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
12	*Generation Protector*	*10-R13*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
13	Generation Protector	10-R14	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Rate/Rule Schedule Item Changes

Previous Version						
13	*Generation Protector*	*10-R14*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
13	*Generation Protector*	*10-R14*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
14	Generation Protector	10-R15	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
14	*Generation Protector*	*10-R15*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
14	*Generation Protector*	*10-R15*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
15	Generation Protector	10-R16	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
15	*Generation Protector*	*10-R16*	*Revised*	*Previous State Filing*	*VA Generation*	*06/06/2014*

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Rate/Rule Schedule Item Changes

				Number: n/a Percent Rate Change Request: 100	Protector Proposed Rates (100% increase).pdf,	By: Chris Hughes
Previous Version						
15	Generation Protector	10-R16	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
16	Generation Protector	10-R17	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
16	Generation Protector	10-R17	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
16	Generation Protector	10-R17	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
17	Generation Protector	10-R18	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
17	Generation Protector	10-R18	Revised	Previous State Filing Number: n/a	VA Generation Protector Proposed Rates (100%	06/06/2014 By: Chris Hughes

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Rate/Rule Schedule Item Changes

				Percent Rate Change Request: 100	increase).pdf,	
Previous Version						
17	Generation Protector	10-R18	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
18	Generation Protector	10-R19	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
18	Generation Protector	10-R19	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes
Previous Version						
18	Generation Protector	10-R19	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 25	VA Generation Protector Proposed Rates (25% increase).pdf,	05/17/2013 By: Vladimir Ilic
19	Generation Protector	10-R20	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
19	Generation Protector	10-R20	Revised	Previous State Filing Number: n/a Percent Rate Change Request:	VA Generation Protector Proposed Rates (100% increase).pdf,	06/06/2014 By: Chris Hughes

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Rate/Rule Schedule Item Changes

				100		
Previous Version						
19	*Generation Protector*	*10-R20*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
20	Generation Protector	10-R21	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
20	*Generation Protector*	*10-R21*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
20	*Generation Protector*	*10-R21*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
21	Generation Protector	10-E-2	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100		01/27/2015 By:
Previous Version						
21	*Generation Protector*	*10-E-2*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Rate/Rule Schedule Item Changes

21	*Generation Protector*	*10-E-2*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*05/17/2013 By: Vladimir Ilic*
22	Generation Protector	10-P-Q-VA, 10-R1, 10-R2, 10-R3, 10-R4, 10-R5, 10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates - Phase 1 (25% increase).pdf, VA Generation Protector Proposed Rates - Phase 2 (20% increase).pdf, VA Generation Protector Proposed Rates - Phase 3 (16.7% increase).pdf, VA Generation Protector Proposed Rates - Phase 4 (14.3% increase).pdf, Form Numbers and Description of Benefits.pdf,	01/27/2015 By:
Previous Version						
22	*Generation Protector*	*10-P-Q-VA*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 100*	*VA Generation Protector Proposed Rates (100% increase).pdf,*	*06/06/2014 By: Chris Hughes*
Previous Version						
22	*Generation Protector*	*10-P-Q-VA*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 25*	*VA Generation Protector Proposed Rates (25% increase).pdf,*	*02/05/2013 By: Vladimir Ilic*
Previous Version						
22	*Generation Protector*	*10-P-Q-VA*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change*	*VA Generation Protector Current Rates.pdf, VA Generation Protector*	*11/08/2012 By: Vladimir Ilic*

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate/Rule Schedule Item Changes

				Request: 25	*Proposed Rates (25% increase).pdf,*	

Supporting Document Schedule Item Changes

Satisfied - Item:	Form Numbers and Description of Benefits
Comments:	Moved information to the "Rate/Rule Schedule" tab
Attachment(s):	
Previous Version	
Satisfied - Item:	*Form Numbers and Description of Benefits*
Comments:	
Attachment(s):	*Form Numbers and Description of Benefits.pdf*

Satisfied - Item:	Health Insurance Rate Request Summary Part I
Comments:	
Attachment(s):	Health Insurance Rate Request Summary Part I.pdf
Previous Version	
Satisfied - Item:	*Health Insurance Rate Request Summary Part I*
Comments:	
Attachment(s):	*Health Insurance Rate Request Summary Part I.pdf*

Satisfied - Item:	VA Policyholder Notification Letter 1-27-2015
Comments:	
Attachment(s):	VA Group 3 Policyholder Letter - 1st Stage - 1.27.2015.pdf VA Group 3 Policyholder Letter - 2nd Stage - 1.27.2015.pdf VA Group 3 Policyholder Letter - 3rd Stage - 1.27.2015.pdf VA Group 3 Policyholder Letter - 4th Stage - 1.27.2015.pdf

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Amendment Letter

Submitted Date: 08/06/2013

Comments:

Please find attached on the Form Schedule tab the change request form that we are filing for your review and approval. We have also attached on the Supporting Documentation tab the policyholder notification letter, the Certificate of Readability, the Certification of Compliance, and the Statement of Variability.

The policyholder notification letter and change request form attached here are intended to be used for the purposes of communicating this rate increase, if approved, to the policyholders. In our objection response sent to the Department on 2/5/13 we have indicated that the policyholder notification letter will include all the information required by the subsection A of 14VAC5-200-75. However, upon further review of this regulation and its requirements, it is our understanding that the information required by this regulation is only intended to be given out at the time of application and enrollment. Since the company is not actively selling or marketing stand-alone Long Term Care insurance at the moment (the company stopped actively selling and marketing stand-alone Long Term Care insurance in 2010), we believe that this regulation is not applicable in this case. Please let us know if we have misinterpreted the requirements set forth in 14VAC5-200-75.

Thank you for your consideration of this filing.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Rate Increase Change Request	S2233	OTH	Initial		50.000	S2233 Rate Increase Change Request.pdf	Date Submitted: 08/06/2013 By:

No Rate Schedule Items Changed.

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Readability
Comments:	
Attachment(s):	Certificate of Readability.pdf

Satisfied - Item:	Certificate of Compliance
Comments:	
Attachment(s):	Certification of Compliance.pdf

Satisfied - Item:	Policyholder Notification Letter
Comments:	
Attachment(s):	MLTC-1019-VA Policyholder Notification Letter.pdf

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability.pdf

Note To Reviewer

Created By:

Michael Emmert on 05/31/2016 07:32 AM

Last Edited By:

Michael Emmert

Submitted On:

05/31/2016 08:29 AM

Subject:

RE: 10-E-2 form

Comments:

On the second page of the rate tables in the bottom right section of the page there is a "Facility Care Only Endorsement" factor in the "Discount Factor" section. Since the 10-E-2 form converts the policy to only provide coverage for facility care only, the "Facility Care Only Endorsement" factor is the factor that corresponds to the 10-E-2 form.

Please let us know if you have any questions. Thank you.

Note To Filer

Created By:

Janet Houser on 05/26/2016 10:35 AM

Last Edited By:

Janet Houser

Submitted On:

05/26/2016 10:35 AM

Subject:

10-E-2 form

Comments:

I am trying to match the form numbers to the rate attachments. I am unable, however, to identify what rate or factor corresponds to form 10-E-2. Please advise. I can be reached at 804-371-9390 if talking through the attachment would be easier to do.

Thanks.

Note To Filer

Created By:

Janet Houser on 04/19/2016 01:02 PM

Last Edited By:

Janet Houser

Submitted On:

04/19/2016 01:02 PM

Subject:

Contact

Comments:

Please have the actuary contact me regarding this filing at 804-371-9390.

Thank you.

Janet Houser+

Note To Filer

Created By:

Janet Houser on 04/07/2016 08:26 AM

Last Edited By:

Janet Houser

Submitted On:

04/07/2016 08:26 AM

Subject:

Phone number

Comments:

Mr. Emmert:

Please provide me with your phone number or please call me at your convenience at 804-371-9390. I would like to briefly discuss the policyholder notification letters attached to this filing and to SERFF filing #ALLB-130164458.

Thanks.

State:	*Virginia*	**Filing Company:**	*Allianz Life Insurance Company of North America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*LTC RATE FILING 2012 - GROUP 3*		
Project Name/Number:	*LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*		

Note To Filer

Created By:

Janet Houser on 09/18/2015 08:11 AM

Last Edited By:

Janet Houser

Submitted On:

09/18/2015 08:11 AM

Subject:

Approval Grid

Comments:

Please provide an updated approval grid when the company responds to our objection letter dated June 1, 2015.

Thank you.

Note To Filer

Created By:

Janet Houser on 03/10/2015 12:17 PM

Last Edited By:

Janet Houser

Submitted On:

03/10/2015 01:00 PM

Subject:

Endorsement Language

Comments:

Thank you for providing information regarding the contingent benefit upon lapse rider. I believe, however, I have confused the issue. We aren't looking for a "rider" form that provides the benefit but the endorsement form that amends the policy if the rider benefits are exercised.

As we discussed previously, a revised Schedule of Benefits may be sent to the insured; however, the policy must be endorsed to reflect those changes. The following are at a minimum the information the endorsement should include:

1)the full corporate name of the company
2)appropriate signatures of the officers
3)the endorsement form number in the lower left hand corner
4)form titled as an endorsement and that it is be attached to the policy
5)the effective date of endorsement
6)the policyholder name, the insured's policy number, and affected policy form number
7)language that clearly states the policy is being endorsed for changes made to policy
8)a statement that this change does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

A simple approach could be wording to the effect that “as a result of your election to [insert option] the current coverage/benefit under this policy has been reduced/changed to [ ]. This would be directed at changes in the Schedule of Benefits and actually eliminate the need to generate a revised schedule.

If the optional nonforfeiture rider or contingent benefit upon lapse comes into play the wording could be: “Due to a [non-election of an option, by default,] or [election of the nonforfeiture option] the coverage/benefit continues under a paid-up status with a shortened benefit period for a period of [ ].”

A statement of variability should list all potential changes including riders that may be deleted, reductions in the inflation rider, reductions in maximum daily benefits, changes to the benefit period or waiting period and the appropriate ranges for such.

Should the company wish include a revised schedule, the endorsement should clearly state the revised schedule of benefits replaces the existing schedule in the policy which should be attached to the policy along with the endorsement.

We would be glad to review a prototype of the proposed endorsement if that would help.

Please provide a Certification of Compliance in accordance with 14VAC5-100-40 3 and a readability certification in accordance with 14 VAC-110-60.

If you have any questions, please feel free to contact me at 804-371-9390.

Janet

Note To Reviewer

Created By:

Ouling Lu on 03/09/2015 10:51 AM

Last Edited By:

Ouling Lu

Submitted On:

03/09/2015 10:52 AM

Subject:

Premium Increase Contingent Benefit Upon Lapse

Comments:

Dear Janet, thank you for the additional information from our call today. Here is the SERFF tracking number (ALLB-128978105) for our approved Premium Increase Contingent Benefit Upon Lapse Rider that is to be used with the rate increase.

Please let me know if you have any questions.

Thank You.

Ouling Lu, ASA MAAA
763-765-7735

Note To Filer

Created By:

Janet Houser on 03/09/2015 09:24 AM

Last Edited By:

Janet Houser

Submitted On:

03/09/2015 09:24 AM

Subject:

3/6/15 phone message

Comments:

I received a phone message on Friday regarding this policy. I could not clearly distinguish the name of the caller but the return phone number was 763-765-7735. When I tried to return the call, it connected me to a national weather station. I double checked the number but apparently there has been some kind of misunderstanding on my part.

The caller had asked that in place of an endorsement regarding updates to the LTC policy for benefit, the company wanted to submit a policyholder letter confirming the changes along with an updated Schedule of Benefits. The direction of the Bureau of Insurance is that the company may issue a new schedule page with a different benefit than originally selected, as long as the company also includes an endorsement or amendment to be attached to the policy that effects a change. And, since that would be a part of the entire contract, the form must be reviewed and approved. The company cannot simply send a revised policy schedule page with a letter.

Also, the insured may also select to exercise an optional nonforfeiture option, if purchased, or the contingent benefit upon lapse. As a result, those forms to amend the policy accordingly, if not previously approved, would also need to be submitted for review and approval. If such forms are available, please provide a copy of the form, the SERFF tracking number and date of approval.

In addition to these forms, please provide a Certification of Compliance in accordance with 14VAC5-100-40 3 and a readability certification in accordance with 14VAC5-110-60.

I apologize for being unable to return your phone call. I did call the company directly but was unable to reach anyone.

Note To Filer

Created By:

Janet Houser on 02/23/2015 01:54 PM

Last Edited By:

Janet Houser

Submitted On:

02/23/2015 01:54 PM

Subject:

Update to 2.13.15 note to filer

Comments:

Just as a reminder, if new forms must be submitted for review and approval, please include a Certification of Compliance as required in 14VAC5-100-40 3. Also, if variability is included in the form, please provide a statement of variability.

Note To Filer

Created By:

Janet Houser on 02/13/2015 02:25 PM

Last Edited By:

Janet Houser

Submitted On:

02/13/2015 02:25 PM

Subject:

2.13.15 phone conversation

Comments:

This is to confirm our phone conversation of today. As discussed, the management at the Bureau of Insurance has determined that a policy must be updated via an endorsement or amendment that effects any change the policyholder has requested. Because it would be a part of the entire contract, this would have to be an approved form; the company cannot not simply send a revised policy schedule page.

If the company already has such forms previously approved, please attach a copy of the form and provide the SERFF tracking number and date of approval. If a new form(s) is needed, please attach the form to this filing for review and approval. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form.

If you have any questions or concerns, please feel free to contact me at 804-371-9390.

Thank you.

Note To Filer

Created By:

Janet Houser on 01/26/2015 08:54 AM

Last Edited By:

Janet Houser

Submitted On:

01/26/2015 09:01 AM

Subject:

Rate/Rule Schedule

Comments:

Thank you for your phone message; there is on more item we need to address. On the Rate/Rule Schedule, please amend the overall % indicated rate change to 158% for consistency with the Actuarial Memorandum. As previously mentioned, please update the number of policyholders affected.

Because this rate increase is being implemented in 4 phases, we will need a rate schedule for each phase: 25%, 20%, 16.7% and 14.3%. Rather than put any effective dates on these schedules, please simply title each schedule as Phase 1, Phase 2, Phase 3, and Phase 4.

It is not necessary to put each affected form number on a separate line. The affected form numbers only need to be separated with a comma. Each form number should match exactly the form number as it was approved.

So that it is clear which rates apply to which rider, please attach the Form Numbers and Description of Benefits to the rate schedule.

If you have any questions, please feel free to contact me at 804-371-9390.

Note To Filer

Created By:

Janet Houser on 01/23/2015 02:01 PM

Last Edited By:

Janet Houser

Submitted On:

01/23/2015 02:01 PM

Subject:

Rate Summary Part 1

Comments:

I apologize for sending a second note to filer today; however, again we are hoping to submit this filing for final approval as soon as possible.
We realize the Rate Summary Part 1 was completed some time ago. The number of policyholders on the form indicates 1915; however, the most recent Exhibit indicates there are 1886 policyholders with a total premium of $3,640,910. Please update the Rate Summary Part 1 and the Rate/Rule Schedule to reflect 1886 policyholders for accuracy purposes.

Also, the average annual premium in the Rate Summary Part 1 is $1,939. The form should reflect what the average premium would be after the rate increase. Based on Exhibit 1, the total premium of $3,640,910 divided by the number of policyholders = $1,930. With a 100% rate increase, the average premium would be $3,861. Please correct the Rate Summary Part 1 accordingly.

If you have any questions or concerns, please feel free to contact me at 804-371-9390.

Note To Filer

Created By:

Janet Houser on 01/23/2015 12:47 PM

Last Edited By:

Janet Houser

Submitted On:

01/23/2015 12:47 PM

Subject:

Policyholder letters

Comments:

This is to confirm my phone message of today. Please replace the reference in the letters from the Virginia Bureau of Insurance to Virginia State Corporation Commission as this is more accurate as to the approval process within the state.

If you have any questions, please let me know. My phone # is 804-371-9390.

Thanks.

State:	Virginia	**Filing Company:**	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2012 - GROUP 3		
Project Name/Number:	LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3		

Note To Filer

Created By:

Janet Houser on 11/13/2014 12:01 PM

Last Edited By:

Janet Houser

Submitted On:

11/13/2014 01:07 PM

Subject:

Summary of 11.13.14 conference call

Comments:

Per our conference call today, the following is what was agreed to be provided for further consideration of the rate increase:

1)The company will provide sufficient detailed data regarding the development of the morbidity assumptions, especially at older attained ages, including recent emerging experience as well as details regarding the underlying consultant data and comparisons to the SOA data.
2)The company will provide projected future experience using original pricing assumptions on all filings.
3)The company will provide a demonstration that the company's claim reserve assumptions are not overly conservative, including how the reserves have run off versus actual claim payments over the course of several years.
4)The company will update all exhibits with actual experience through December 31, 2013.
5)The company provide an updated status of state approvals of the rate increase.
6)The company will attach a copy of the policy notification of the100% rate increase and implementation schedule to Supporting Documentation and provide a sample copy of any letter that may be sent out subsequently at each implementation period.
7)Any changes to the policy to reduce the impact of the rate increase via a policy endorsement or amendment must be submitted for review and approval.
8)Upon approval of the rate increase, the three year reporting requirement as set forth in 14 VAC5-200-153 D 3 will be reviewed for appropriateness and subject to change.

If I have omitted anything or you have any questions or concerns, please feel free to contact me.

Thank you.

Janet

Note To Filer

Created By:

Janet Houser on 11/12/2014 10:48 AM

Last Edited By:

Janet Houser

Submitted On:

11/12/2014 10:48 AM

Subject:

Conference Call Request

Comments:

The following was sent by email on 11.12.14:

This is in regards to the phone message I left you this morning. We would like very much to set us a conference call to address your questions. Due to scheduling conflicts, we would like to set up a conference call tomorrow, if possible, or sometime after November 24th. That week, however, the Bureau of Insurance will only be open Monday thru noon on Wednesday. Please let me know what times you would be available for such a call.

Since much of the justification for the rate increase lies in the morbidity assumptions which are far in the future, the burden lies on the company to convince the Bureau these future assumptions are reasonable and not overly conservative. We will be glad to discuss what the company proposes to submit as actuarial justification.

In regards to reconciling the differences between the State's calculated justifiable increase amount (122%) and the Company's amount (142%) as outlined in our objection submitted 11/13/2013, this was based on information provided by the company and was assumed based on projections from 7/1/2012. This percentage may change based on a revised projection date and whether or not the morbidity assumptions are determined to be reasonable.

As a result, we would prefer to limit our discussion to the morbidity assumptions and actuarial supported justification of those assumptions.

You may contact me at 804-371-9390.

Thank you.

Janet Houser, FLMI, MHP
Insurance Market Examiner
Bureau of Insurance
State Corporation Commission
Richmond, VA

Note To Reviewer

Created By:

Chris Hughes on 11/10/2014 04:56 PM

Last Edited By:

Chris Hughes

Submitted On:

11/10/2014 05:32 PM

Subject:

Conference Call Request

Comments:

We are currently in the process of responding to the objection submitted on 8/8/2014 requesting additional information. To ensure that the information provided meets the needs of the State for their review, we would like to set-up a conference call to discuss the objection. Specifically, we would like to better understanding what additional information the State requires to independently validate the reasonableness of our assumptions. Although not material to the 100% requested rate increase amount, we are hoping to reconcile the difference between the State's calculated justifiable increase amount (122%) and the Company's (142%) as outlined in the objection submitted on 11/15/2013 as well.

Please feel free to contact me directly by email (chris.hughes@allianzlife.com) or by phone (763-765-7782) to discuss.

Thank you for your cooperation in reviewing our submission.

Reviewer Note

Created By:

Janet Houser on 06/08/2016 10:03 AM

Last Edited By:

Janet Houser

Submitted On:

06/15/2016 05:55 AM

Subject:

RRS

Comments:

Rate Summaries

Reset Form

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

Company Name and NAIC Number: Allianz Life Insurance Company of North America - 90611

SERFF Tracking Number: ALLB-128730838

Effective Date: Upon Approval

(Projected) Number of Insureds Affected: 1,886

New Rates

Average Annual Premium Per Member: N/A

Revised Rates

Average Annual Premium Per Member: 1,930

Average Requested Percentage Rate Change Per Member: 56.25%

Minimum Requested Percentage Rate Change Per Member: 56.25%

Maximum Requested Percentage Rate Change Per Member: 56.25%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
10-P-Q-VA	Generation Protector
10-R1	Generation Protector
10-R2	Generation Protector
10-R3	Generation Protector
10-R4	Generation Protector
10-R5	Generation Protector
10-R6	Generation Protector
10-R7-VA	Generation Protector
10-R8-VA	Generation Protector
10-R9	Generation Protector
10-R10	Generation Protector
10-R11	Generation Protector
10-R12	Generation Protector
10-R13	Generation Protector
10-R14	Generation Protector
10-R15	Generation Protector
10-R16	Generation Protector
10-R17	Generation Protector
10-R18	Generation Protector
10-R19	Generation Protector
10-R20	Generation Protector
10-R21	Generation Protector
10-E-2	Generation Protector

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

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

When Allianz designed the LTC products years ago, we based your initial premium on actuarial assumptions, using the best information available to us at that time. We continually monitor LTC policies and work to balance the needs of our LTC policyholders with the sustainability of the business. LTC insurance rates are affected by many complex factors including interest rates, the number of people who continue coverage, how many of them collect benefits, and for how long.

Based on our actual experience, it's clear we will need to pay substantially more claims that anticipated. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claims costs.

We realize the rate increase is difficult for our policyholders, and assure you that we considered all of our options very carefully before increasing your premium.

Long Term Care Insurance Rate Request Summary
Part 2 –To Be Completed By Bureau of Insurance

Company Name and NAIC Number: Allianz Life Insurance Company of North America - 90611

SERFF Tracking Number: ALLB-128730838

Disposition: Approved.

Approval Date: 6/8/2016.

Revised Rates

Average Annual Premium Per Member:	**$1930**
Average Requested Percentage Rate Change Per Member:	**56.25%**
Minimum Requested Percentage Rate Change Per Member:	**56.25%**
Maximum Requested Percentage Rate Change Per Member:	**56.25%**
Number of Policy Holders Affected:	**1,886**

Summary of the Bureau of Insurance's review of the rate request:

Allianz Life Insurance Company of North America (the company) initially submitted a rate increase request of 25% on 11/8/2012. The request was amended to 100% in June 2014 with implementation over a ten year period. Although the full 100% rate increase appears to be justified both actuarially and under Virginia law, since the company intended to apply the increase over a ten year period anyway, it was agreed that they would increase rates initially 56.25% in two stages of 25% over a four year period, and then re-evaluate to determine if additional rate increases are necessary.

This is the first increase request on these forms, which were issued from November 2003 through September 2009 and are subject to the requirements of 14VAC5-200-153. The specific forms are listed in the filing, which can be on the Bureau's website at the following link: http://www.scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

When the product was designed by the company, it was based on actuarial assumptions using the best information available at the time. However, additional experience both for the company and for the industry as a whole has demonstrated that the ultimate cost of benefit payments was underestimated. This is due to several factors; including fewer policyholders terminating their policies (either through death or voluntary lapse) than originally expected and more policyholders going on claim at advanced attained ages than originally anticipated. The combination of more policyholders maintaining their policies and a higher percentage of those policyholders going on claim has resulted in increased premiums to cover the higher claim costs.

The Bureau reviewed the rate increase in accordance with the requirements of 14VAC5-200-153 which requires that the filing meet the "58/85" test. This test requires that the lifetime anticipated present value ("PV") of claims exceed the sum of 58% of the PV of initial premiums plus 85% of the PV of any subsequent premium increases. This effectively requires that premium increases be held to a higher loss ratio standard (85%) than the initial premiums (58%). In other words, in total for all issues of a particular LTCI policy form, at least 58 cents of each dollar of initial premium and 85 cents of each dollar of premium increase must be returned in the form of benefit payments to policyholders. The company demonstrated, using actuarially justified assumptions, that the filing met the requirements of 14VAC5-200-153 after implementation of the rate increase, and approval was therefore recommended.

The company is offering all policyholders the option to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, termination, changes in riders or any combination of these reductions.

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

Reviewer Note

Created By:

Janet Houser on 01/23/2015 12:31 PM

Last Edited By:

Janet Houser

Submitted On:

02/02/2015 03:02 PM

Subject:

policyholder letters

Comments:

Consumer Services are satisfied with final letters 12.29.14

Reviewer Note

Created By:

Janet Houser on 12/29/2014 07:34 AM

Last Edited By:

Janet Houser

Submitted On:

06/08/2016 10:39 AM

Subject:

Act Review

Comments:

12.19.14 Add'l info requested 11/13/14 via note to filer rec'd

12.29.14 Sent to Actuary; due date 1/12/15

1.26.15 - recommend approval

4.11.16 - updated info rec'd; due date 4.25.16

4.15.16 - comments

5.2.16 - add'l info rec'd

ACTUARIAL RESOURCES CORPORATION
CONSULTANTS • ACTUARIES
SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

January 26, 2015

Janet Houser
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **Actuarial Report for Long Term Care Rate Increase Filing**
Allianz Life Insurance Company
SERFF Tracking # ALLB-128730838
Policy Form 10-P-Q-VA

Dear Janet:

We have completed our review of the filing for the above captioned submission from Allianz Life Insurance Company (the "Company"). This is a filing to request a rate increase pursuant to the requirements of 14VAC5-200-153 for an individual long-term care insurance plan. This block of business is not available for new issues.

Recommendation

Since after review of the Company's submission, we believe that the Company has demonstrated that the request is in compliance with all applicable regulations and standards, we therefore recommend that the Virginia SCC Bureau of Insurance (the "Bureau") **approve** the proposed rates. Our review of this filing was performed according to the provisions of 14VAC5-200 et seq. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans".

Historical Background

This is the first rate increase request for this policy form. The Company originally filed for a 25% increase with the stated intent to file for additional increases in the future. Over the course of discussions with the Bureau, the Company revised its request to a 100% increase, which it agreed to phase–in as follows: 25%, 20%, 16.7% and 14.3% in 2015, 2017, 2020 and 2023. It should be noted that, while the Company has stated that it intends to continue to file for additional rate increases in future years in other states, they have only been granted approval for an initial rate increase of 25% or less in most states.

These forms were issued in Virginia from 2004 through 2009 and are therefore reviewed according to the requirements of 14VAC5-200-153 for post-rate stability policies.

As of 12/31/2013, there were 1,886 policies in force in Virginia representing about 5.6% of the total nationwide premium.

In the course of our review, several requests were sent to the Company for additional information. The Company's responses clarified issues and provided greater support for the requested increase. The Bureau was involved in all correspondence between us and the Company.

Analysis

Our approach was to a) review the filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, d) review the experience studies which support the revised assumptions, e) review the projections for reasonableness, f) analyze the current increase and cumulative increase in Virginia relative to other states and g) analyze the request in light of the NAIC Model Bulletin.

Assumptions

Morbidity – The Company describes the current morbidity assumption as based on incidence and continuance studies performed by the Company for actual experience through June 2012. In response to our previous objection, the Company provided actual to expected (A/E) analysis for several sample ages of the historical experience versus both the original pricing and revised experience assumptions. We have reviewed the information provided and, while there is some variation between the actual experience data and the revised morbidity assumptions, this is expected due to the smoothing of the actual experience and the blending with industry data at ages and duration where the Company data was not credible. On average, the combined incidence and continuance actual to expected ratios are 100% for males and 98% for females.

One secular basis for measuring credibility is the June 12, 2003 letter from the American Academy of Actuaries Long-Term Care Reserving Work Group to the Accident and Health Working Group of the NAIC Life and Health Actuarial Task Force which recommended a "Rule of Thumb" standard for full credibility of incidence rates of 1,082 claims (within 5% of the true claims with 90% confidence). The letter also reports that the standard for aggregate loss is a multiple of the standard for incidence, in the range of 3 to 5 times (3,246 to 5,410 claims). The Company's experience data for claim incidence included 3,421 claims, giving the data full credibility based on the standard above. The claim continuance study reflected over 93,000 claim payment records. In blending their continuance assumptions, the Company used a standard of 1,000 claims for full credibility and the square root method for adjusting for partial credibility.

While the actual to expected analysis shows considerable variation for both incidence and continuation at a granular level, this is to be expected due to random fluctuations.

Overall, we believe that both the methodology used by the Company and the overall A/E results are reasonable.

Mortality – The Company is using 80% of the 1994 GAM table as its mortality assumption. Since the analysis is done based on total terminations (mortality and voluntary lapse), an actual to expected analysis of mortality alone was not provided. Instead, we have analyzed mortality and voluntary lapse assumptions together.

Lapses – The current best-estimate ultimate lapse rate is assumed to be 0.75%, but the Company has used 0.5% as a moderately adverse assumption. The ultimate lapse rate shown in the historical experience data submitted by the Company ranges from 0.2% to 2.5%. As part of our review, we asked the Company to provide a sensitivity test for the lapse rate. The information provided in response to that inquiry shows that the lifetime loss ratio would drop from 93.4% to 86.4% under this modified ultimate lapse assumption. The actual to expected total termination data provided as Exhibit 1 supports the reasonableness of the new termination assumptions.

Claim Reserves – The Company provided an analysis of the sufficiency of claim reserves for the last five years which shows that, overall, the claim reserves are lower than have been necessary to mature the liabilities. A strengthening of these reserves would lead to higher incurred loss ratios.

Projections

The Company has included both nationwide and Virginia-only loss ratio projections as of 12/31/2013. Because the Virginia-only business is not credible on its own, the Company has used the nationwide experience under this form as the basis for its request. Since experience is not expected to have a large variation by geographic region, we agree that it is appropriate to use the nationwide data for increased credibility. Also, no restatement of premiums to Virginia rates is required since no prior rate increases have been requested on these forms.

Post-Rate Stability 58/85 Test

The calculations included in the company's actuarial memorandum were somewhat simplified in that they assumed that the requested rate increase would occur immediately. Their calculation produced an allowable immediate rate increase of 158% using a 4.5% interest rate, which is the maximum valuation interest rate as required by 14VAC5-200-153-C.4. We were able to match their calculations when using the simplifying assumptions that they used.

We also performed the calculations assuming the rate increase is phased in according to the Company's proposed schedule. The following chart shows the results of those calculations using the requested 100% cumulative rate increase and also showing the sensitivity of the interest rate assumption and the maximum allowable phased rate increase.

Interest Rate	58/85 Minimum Claims	Projected Incurred Claims	Pass/Fail	Allowable Phased Increase
4.5%	1,241.1	1,896.8	PASS	287%
5.5%	1,180.6	1,552.4	PASS	220%
6.5%	1,133.1	1,289.3	PASS	156%

While the interest rate used in the determination of the initial premiums was 6.5%, the 58/85 test prescribes the use of the valuation interest rate, which was 4.0%-4.5% over the issue years of this policy form. The Company used 4.5% in the discounting of the 58/85 test, which is more conservative than using the average rate. We see from this analysis that even when using the original pricing interest rate of 6.5%, which is more conservative than required by Virginia regulations, the requested increase would pass the 58/85 test.

Analysis of Model Bulletin Issues

As requested, we have also analyzed this filing in light of the requirements of the Model Bulletin adopted by the NAIC Exec/Plenary on December 18, 2013 (the "Bulletin").This analysis focuses on the six major aspects of the Bulletin as follows:

- Actuarial Assumptions for Establishing Rate Increase Requests
- Approval of Rate Increases
- Requirement to Administer Contingent Benefit Upon Lapse
- Policyholder Notification of Premium Increase
- Application of New Loss Ratio Standards
- Consideration of New Approaches

Actuarial Assumptions for Establishing Rate Increase Requests
As discussed above, the methods described by the Company to develop the assumptions used in support of this rate increase appear to be reasonable. The present and accumulated values are also consistent with the three requirements spelled out in the Bulletin.

Approval of Rate Increases
Two scenarios are laid out in the Bulletin: 1) a single rate increase with a three year moratorium on future rate increases, or 2) an actuarially equivalent series of increases. The Company is planning a series of four rate increases over the next 9 years of 25% (simple interest) for each round. The Company will continue to monitor and provide the Bureau with updated experience projections to allow for modifications, if necessary, to the approved rate action to ensure experience is developing as expected.

Requirement to Administer Contingent Benefit Upon Lapse
The Company plans to offer the Premium Increase Contingent Benefit Upon Lapse Rider to all policyholders impacted by the rate increase for each stage of the proposed increase..

Policyholder Notification of Premium Increase
The four elements of this section of the Bulletin are addressed in the sample policyholder notification letters submitted with the filing.

Application of New Loss Ratio Standards
Since these are post-rate stability policies, the loss ratio requirements are unchanged in the Bulletin.

Consideration of New Approaches
No new approaches are being requested at this time.

Reliance and Qualifications

We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,

Shawn D. Parks, FSA, MAAA

Janet Houser

From: Shawn Parks <shawn.parks@arcga.com>
Sent: Friday, April 15, 2016 3:21 PM
To: Janet Houser
Subject: RE: ALLB-128730838 Allianz

Janet,
I've reviewed the additional information provided by the company and provide the following observations:

- The updated nationwide experience (Attachment 2) only shows the data with no rate increase, but not with the increase. To be meaningful, we would also need the projection including the increases.
- The state approval information shows the average APPROVED cumulative rate increase is 38.5%. If all PENDING increases are included, the cumulative average would be 53.1%. Note that the company plans to continue requesting additional increases, but approval of future increases is uncertain. The Bureau may wish to consider approving the first one or two increases in the series and require a subsequent filing for future increases.

Shawn

From: Janet Houser [mailto:Janet.Houser@scc.virginia.gov]
Sent: Monday, April 11, 2016 10:29 AM
To: 'Shawn Parks'
Subject: ALLB-128730838 Allianz

Shawn, you approved this filing last January but the approval was not processed. Last September we asked for an updated state grid which we now have. The company also submitted update experience/projections.

Please review and provide your analysis and recommendations no later than April 25, 2016.

Thanks.

ACTUARIAL RESOURCES CORPORATION
CONSULTANTS • ACTUARIES
SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

May 13, 2016

Janet Houser
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **Actuarial Report for Long Term Care Rate Increase Filing**
Allianz Life Insurance Company
SERFF Tracking # ALLB-128730838
Policy Form 10-P-Q-VA

Dear Janet:

We have completed our review of the filing for the above captioned submission from Allianz Life Insurance Company (the "Company"). This is a filing to request a rate increase pursuant to the requirements of 14VAC5-200-153 for an individual long-term care insurance plan. This block of business is not available for new issues.

Recommendation

Since after review of the Company's submission, we believe that the Company has demonstrated that the request is in compliance with all applicable regulations and standards, we therefore recommend that the Virginia SCC Bureau of Insurance (the "Bureau") **approve** the proposed rates. Our review of this filing was performed according to the provisions of 14VAC5-200 et seq. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans".

Historical Background

This is the first rate increase request for this policy form. The Company originally filed for a 25% increase with the stated intent to file for additional increases in the future. Over the course of discussions with the Bureau, the Company revised its request to a 56.25% increase, phased–in as follows: 25% in 2016 and 25% in 2018, with guarantee of no additional increases until at least 2020.

These forms were issued in Virginia from 2004 through 2009 and are therefore reviewed according to the requirements of 14VAC5-200-153 for post-rate stability policies.

As of 12/31/2013, there were 1,886 policies in force in Virginia representing about 5.6% of the total nationwide premium.

In the course of our review, several requests were sent to the Company for additional information. The Company's responses clarified issues and provided greater support for the requested increase. The Bureau was involved in all correspondence between us and the Company.

Analysis

Our approach was to a) review the filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, d) review the experience studies which support the revised assumptions, e) review the projections for reasonableness, f) analyze the current increase and cumulative increase in Virginia relative to other states and g) analyze the request in light of the NAIC Model Bulletin.

Assumptions

Morbidity – The Company describes the current morbidity assumption as based on incidence and continuance studies performed by the Company for actual experience through June 2012. In response to our previous objection, the Company provided actual to expected (A/E) analysis for several sample ages of the historical experience versus both the original pricing and revised experience assumptions. We have reviewed the information provided and, while there is some variation between the actual experience data and the revised morbidity assumptions, this is expected due to the smoothing of the actual experience and the blending with industry data at ages and duration where the Company data was not credible. On average, the combined incidence and continuance actual to expected ratios are 100% for males and 98% for females.

One secular basis for measuring credibility is the June 12, 2003 letter from the American Academy of Actuaries Long-Term Care Reserving Work Group to the Accident and Health Working Group of the NAIC Life and Health Actuarial Task Force which recommended a "Rule of Thumb" standard for full credibility of incidence rates of 1,082 claims (within 5% of the true claims with 90% confidence). The letter also reports that the standard for aggregate loss is a multiple of the standard for incidence, in the range of 3 to 5 times (3,246 to 5,410 claims). The Company's experience data for claim incidence included 3,421 claims, giving the data full credibility based on the standard above. The claim continuance study reflected over 93,000 claim payment records. In blending their continuance assumptions, the Company used a standard of 1,000 claims for full credibility and the square root method for adjusting for partial credibility.

While the actual to expected analysis shows considerable variation for both incidence and continuation at a granular level, this is to be expected due to random fluctuations. Overall, we believe that both the methodology used by the Company and the overall A/E results are reasonable.

Mortality – The Company is using 80% of the 1994 GAM table as its mortality assumption. Since the analysis is done based on total terminations (mortality and voluntary lapse), an actual to expected analysis of mortality alone was not provided. Instead, we have analyzed mortality and voluntary lapse assumptions together.

Lapses – The current best-estimate ultimate lapse rate is assumed to be 0.75%, but the Company has used 0.5% as a moderately adverse assumption. The ultimate lapse rate shown in the historical experience data submitted by the Company ranges from 0.2% to 2.5%. As part of our review, we asked the Company to provide a sensitivity test for the lapse rate. The information provided in response to that inquiry shows that the lifetime loss ratio would drop from 93.4% to 86.4% under this modified ultimate lapse assumption. The actual to expected total termination data provided as Exhibit 1 supports the reasonableness of the new termination assumptions.

Claim Reserves – The Company provided an analysis of the sufficiency of claim reserves for the last five years which shows that, overall, the claim reserves are lower than have been necessary to mature the liabilities. A strengthening of these reserves would lead to higher incurred loss ratios.

Projections

The Company has included both nationwide and Virginia-only loss ratio projections as of 12/31/2013. Because the Virginia-only business is not credible on its own, the Company has used the nationwide experience under this form as the basis for its request. Since experience is not expected to have a large variation by geographic region, we agree that it is appropriate to use the nationwide data for increased credibility. Also, no restatement of premiums to Virginia rates is required since no prior rate increases have been requested on these forms.

Post-Rate Stability 58/85 Test

The calculations included in the company's actuarial memorandum were somewhat simplified in that they assumed that the requested rate increase would occur immediately. Their calculation produced an allowable immediate rate increase of 158% using a 4.5% interest rate, which is the maximum valuation interest rate as required by 14VAC5-200-153-C.4. We were able to match their calculations when using the simplifying assumptions that they used.

We also performed the calculations assuming the rate increase is phased in according to the Company's proposed schedule. The following chart shows the results of those calculations using the requested 100% cumulative rate increase and also showing the sensitivity of the interest rate assumption and the maximum allowable phased rate increase.

Interest Rate	58/85 Minimum Claims	Projected Incurred Claims	Pass/Fail	Allowable Phased Increase
4.5%	1,173.3	1,718.1	PASS	173%
5.5%	1,155.6	1,462.8	PASS	130%
6.5%	1,146.3	1,263.2	PASS	88%

While the interest rate used in the determination of the initial premiums was 6.5%, the 58/85 test prescribes the use of the valuation interest rate, which was 4.0%-4.5% over the issue years of this policy form. The Company used 4.5% in the discounting of the 58/85 test, which is more conservative than using the average rate. We see from this analysis that even when using the original pricing interest rate of 6.5%, which is more conservative than required by Virginia regulations, the requested increase would pass the 58/85 test.

State Rate Equity

The state approval information as of 4/11/2016 shows the average APPROVED cumulative rate increase is 38.5%. If all PENDING increases are included, the cumulative average would be 53.1%. Note that the company plans to continue requesting additional increases, but approval of future increases is uncertain. Since this compares favorably to the 56.25% cumulative increase requested by the Company, we do not believe that any action is required by the Bureau in regards to state rate equity.

Analysis of Model Bulletin Issues

As requested, we have also analyzed this filing in light of the requirements of the Model Bulletin adopted by the NAIC Exec/Plenary on December 18, 2013 (the "Bulletin").This analysis focuses on the six major aspects of the Bulletin as follows:

- Actuarial Assumptions for Establishing Rate Increase Requests
- Approval of Rate Increases
- Requirement to Administer Contingent Benefit Upon Lapse
- Policyholder Notification of Premium Increase
- Application of New Loss Ratio Standards
- Consideration of New Approaches

Actuarial Assumptions for Establishing Rate Increase Requests
As discussed above, the methods described by the Company to develop the assumptions used in support of this rate increase appear to be reasonable. The present and accumulated values are also consistent with the three requirements spelled out in the Bulletin.

Approval of Rate Increases
Two scenarios are laid out in the Bulletin: 1) a single rate increase with a three year moratorium on future rate increases, or 2) an actuarially equivalent series of increases. The Company is planning a series of two rate increases over the next 2 years of 25% each with no further increases for four years.

Requirement to Administer Contingent Benefit Upon Lapse
The Company plans to offer the Premium Increase Contingent Benefit Upon Lapse Rider to all policyholders impacted by the rate increase for each stage of the proposed increase..

Policyholder Notification of Premium Increase
The four elements of this section of the Bulletin are addressed in the sample policyholder notification letters submitted with the filing.

Application of New Loss Ratio Standards
Since these are post-rate stability policies, the loss ratio requirements are unchanged in the Bulletin.

Consideration of New Approaches
No new approaches are being requested at this time.

Reliance and Qualifications

We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,

Shawn D. Parks, FSA, MAAA

Reviewer Note

Created By:

Janet Houser on 07/15/2014 07:49 AM

Last Edited By:

Janet Houser

Submitted On:

02/02/2015 03:02 PM

Subject:

Phone Call Summary 7.14.14

Comments:

7.14.14 - Bob and Shawn discussed this case regarding the impact of the pricing interest rate and the valuation interest rate on rate increases. Shawn is going to update his analysis in regards to this as well as review additional information that has been submitted.

Reviewer Note

Created By:

Ed Whyte on 08/14/2013 12:08 PM

Last Edited By:

Janet Houser

Submitted On:

06/08/2016 10:39 AM

Subject:

ARC Actuarial Report - 08/13/2013 11/6/2013 APRPOVAL

Comments:

ARC has recommended disapproval of request for revision of rates, and that additional information should be requested from the company prior to further review. See actuarial report for details.

1.12.15 - final report with recommendation

SEE SEPARATE REVIEWER NOTE - ACT REVIEW

ACTUARIAL RESOURCES
CORPORATION
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SHAWN D. PARKS, FSA, MAAA
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August 13, 2013

Mr. Edward A. Whyte
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **Allianz Life Insurance Company**
SERFF Tracking #ALLB-128730838
Policy Form 10-P-Q-VA

Dear Edward:

At your request, we have continued our review of the filing for the above captioned submission from Allianz Life Insurance Company (the "Company"). This is a filing of revised premium rates pursuant to the requirements of 14VAC5-200-153 for an Individual Long Term Care Insurance plan, written under Policy Form 10-P-Q-VA. This block of business is not available for new issues.

Recommendation

After review of the Company's submission, we suggest the Virginia SCC Bureau of Insurance (the "Bureau") request the following additional information:

- In the exhibit titled "Actual to Best Estimate Incidence Rates", the Expected Incidence Rates for Females at the advanced ages shows an unexpected decrease which is inconsistent with both the actual experience and publicly available industry data. Please explain this apparent anomaly.

Once this additional information has been received, we can continue our review of the submission.

Background

The Company has submitted a request for a 25% rate increase for this block of business based on an anticipated lifetime loss ratio that is higher than originally filed. There were 1,915 policies in force in Virginia as of 6/30/12 with about 5.5% of the in force nationwide premium. The Company's demonstration shows that a 142% increase would be justified under the provisions of 14VAC5-200-153. The Company is instead planning to implement a 25% rate increase in 2013 and to "file for at least one more rate increase in the future until [it has] achieved the cumulative rate increase that is actuarially justified, which is 142%". This is the first rate increase request for this policy form.

In response to the Bureau's last set of questions, the Company has alternatively proposed that they will forgo future rate increases if a 75% rate increase is approved and implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.

Analysis

We have reviewed the documentation provided by the Company and their responses to all previous objections from the Bureau. The policies covered under this filing were issued after the implementation of rate stabilization and we have therefore reviewed according to 14VAC5-200-153.

The anticipated lifetime loss ratio after the rate increase is 93.4%, and the requested rate increase of 25% falls well within the requirements of the "58/85" test.

While the interest rate used in the determination of the initial premiums was 6.5%, the 58/85 test prescribes the use of the valuation interest rate, which was 4.0%-4.5% over the issue years of this policy form. The Company used 4.5% in the discounting of the 58/85 test, which is more conservative than using the average rate.

The mortality assumption is based on 80% of the 1994 GAM table. The revised ultimate pricing lapse rate is 0.75%. The ultimate experience lapse rate shown in the Company's answer to Objection 7 ranges from 0.2% to 2.5%, so we previously asked the Company to provide a sensitivity test for the lapse rate. The information provided in response to that inquiry shows that the lifetime loss ratio would drop from 93.4% to 86.4% under this modified ultimate lapse assumption. The actual to expected total termination data provided as Exhibit 1 supports the reasonableness of the new termination assumptions.

The Company describes the current morbidity assumption as based on incidence and continuance studies performed by the Company for actual experience through June 2012. In response to our previous objection, the Company provided actual to expected (A/E) analysis for several sample ages of the historical experience versus both the original pricing and revised experience assumptions. We have reviewed the information provided and, while there is some variation between the actual experience data and the revised morbidity assumptions, this is expected due to the smoothing of the actual experience and the blending with industry data at ages and duration where the Company data was not credible. We have, however, noted what appears to be an anomaly in the chart "Actual to Best Estimate Incidence Rates." The expected incidence rate for females at the advanced ages shows an unexpected decrease which is not consistent with either the actual experience or publicly available industry data.

The two alternative rate increase scenarios that the Company has outlined are as follows:

1. Implement a 25% rate increase in 2013 and subsequently file for at least one more rate increase in the future until the Company has achieved the cumulative rate increase that is actuarially justified, which is 142%.
2. Forgo future rate increases if a 75% rate increase is approved and implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.

The Company had stated in their original filing that they planned to implement a 25% increase in 2013 and another 25% rate increase in approximately three years (for a total increase of 56%). However, they gave no assurance that they would not request additional increases.

There are pros and cons to each scenario that the Bureau must weigh. With Option 1, the immediate increase is smaller, but at least one more increase is anticipated, and Company's

wording suggests that a total of 142% in increases will be sought. Obviously, the Bureau will review any subsequent rate increases if/when the Company decides to make such filing. Option 2 requires a larger up-front increase, but the Company is willing to certify that it will not seek another increase unless experience is worse than that assumed under the moderately adverse conditions.

Reliance and Qualifications

We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,

Shawn D. Parks, FSA, MAAA

cc: John MacBain
Matt McAllister

ACTUARIAL RESOURCES CORPORATION
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November 6, 2013

Mr. Edward A. Whyte
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **Allianz Life Insurance Company**
SERFF Tracking #ALLB-128730838
Policy Form 10-P-Q-VA

Dear Edward:

At your request, we have continued our review of the filing for the above captioned submission from Allianz Life Insurance Company (the "Company"). This is a filing of revised premium rates pursuant to the requirements of 14VAC5-200-153 for an Individual Long Term Care Insurance plan, written under Policy Form 10-P-Q-VA. This block of business is not available for new issues.

Recommendation

After review of the Company's submission, we believe that the Company has met the requirements of 14VAC5-200-153 and recommend the Virginia SCC Bureau of Insurance (the "Bureau") approve the request. However, since the Company has offered two alternative rate increases, the Bureau will need to decide which option to approve. See the Analysis section for a detailed discussion of the two options.

Background

The Company has submitted a rate increase request for this block of business based on an anticipated lifetime loss ratio that is higher than originally filed. This is the first rate increase request for this policy form. There were 1,915 policies in force in Virginia as of 6/30/12 with about 5.5% of the in force nationwide premium.

The Company's demonstration shows that a 142% increase would be justified under the provisions of 14VAC5-200-153. The Company has offered two scenarios for the rate increase:

- a 25% rate increase in 2013 and then to "file for at least one more rate increase in the future until [it has] achieved the cumulative rate increase that is actuarially justified, which is 142%".
- the Company has alternatively proposed that they will forgo future rate increases if a 75% rate increase is approved and implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.

Analysis

We have reviewed the documentation provided by the Company and their responses to all previous objections from the Bureau. The policies covered under this filing were issued after the implementation of rate stabilization and we have therefore reviewed according to 14VAC5-200-153.

The anticipated lifetime loss ratio after the rate increase is 93.4%. While the Company states that a 142% rate increase is justified by the 58/85 test, our independent calculation using the data from the Company's projections comes to 122%. Nevertheless, either of the requested rate increase scenarios falls within the parameters of the 58/85 test.

While the interest rate used in the determination of the initial premiums was 6.5%, the 58/85 test prescribes the use of the valuation interest rate, which was 4.0%-4.5% over the issue years of this policy form. The Company used 4.5% in the discounting of the 58/85 test, which is more conservative than using the average rate.

The mortality assumption is based on 80% of the 1994 GAM table. The revised ultimate pricing lapse rate is 0.75%. The ultimate experience lapse rate shown in the Company's answer to Objection 7 ranges from 0.2% to 2.5%, so we previously asked the Company to provide a sensitivity test for the lapse rate. The information provided in response to that inquiry shows that the lifetime loss ratio would drop from 93.4% to 86.4% and the 58/85 test produces an allowable increase of 103% under this modified ultimate lapse assumption. The actual to expected total termination data provided as Exhibit 1 supports the reasonableness of the new termination assumptions.

The Company describes the current morbidity assumption as based on incidence and continuance studies performed by the Company for actual experience through June 2012. In response to our previous objection, the Company provided actual to expected (A/E) analysis for several sample ages of the historical experience versus both the original pricing and revised experience assumptions. We have reviewed the information provided and, while there is some variation between the actual experience data and the revised morbidity assumptions, this is expected due to the smoothing of the actual experience and the blending with industry data at ages and duration where the Company data was not credible. The Company revised the chart "Actual to Best Estimate Incidence Rates" and the previous anomaly was corrected.

The two alternative rate increase scenarios that the Company has outlined are as follows:

1. Implement a 25% rate increase in 2013 and subsequently file for at least one more rate increase in the future until the Company has achieved the cumulative rate increase that is actuarially justified, which they claim is 142%. (Note: our calculation of the allowable rate increase is lower, but this would only come into play as more rate increases are requested).
2. Forgo future rate increases if a 75% rate increase is approved and implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.

The Company had stated in their original filing that they planned to implement a 25% increase in 2013 and another 25% rate increase in approximately three years (for a total increase of 56%). However, they gave no assurance that they would not request additional increases.

There are pros and cons to each scenario that the Bureau must weigh. With Option 1, the immediate increase is smaller, but at least one more increase is anticipated, and Company's wording suggests that a total of 142% in increases will be sought. Obviously, the Bureau will

review any subsequent rate increases if/when the Company decides to make such filing. Option 2 requires a larger up-front increase, but the Company is willing to certify that it will not seek another increase unless experience is worse than that assumed under the moderately adverse conditions.

It is our opinion that Option 2 is more in the spirit of the rate stability guidelines, but as noted above, there are pros and cons to each scenario. Much of the decision rests upon the Bureau's desired philosophy of dealing with rate increases under the rate stability guidelines.

Reliance and Qualifications

We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,

Shawn D. Parks, FSA, MAAA

cc: John MacBain
Matt McAllister

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January 12, 2015

Janet Houser
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **Actuarial Report for Long Term Care Rate Increase Filing**
Allianz Life Insurance Company
SERFF Tracking # ALLB-128730838
Policy Form 10-P-Q-VA

Dear Janet:

We have completed our review of the filing for the above captioned submission from AF&L Insurance Company (the "Company"). This is a filing to request a rate increase pursuant to the requirements of 14VAC5-200-153 for an individual long-term care insurance plan. This block of business is not available for new issues.

Recommendation

Since after review of the Company's submission, we believe that the Company has demonstrated that the request is in compliance with all applicable regulations and standards, we therefore recommend that the Virginia SCC Bureau of Insurance (the "Bureau") **approve** the proposed rates. Our review of this filing was performed according to the provisions of 14VAC5-200 et seq. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans".

Historical Background

This is the first rate increase request for this policy form. The Company originally filed for a 25% increase with the stated intent to file for additional increases in the future. Over the course of discussions with the Bureau, the Company revised its request to a 100% increase, which it agreed to phase–in as follows: 25%, 20%, 16.7% and 13.3% in 2015, 2017, 2020 and 2023. It should be noted that, while the Company has stated that it intends to continue to file for additional rate increases in future years in other states, they have only been granted approval for an initial rate increase of 25% or less in most states.

These forms were issued in Virginia from 2004 through 2009 and are therefore reviewed according to the requirements of 14VAC5-200-153 for post-rate stability policies.

As of 12/31/2013, there were 1,886 policies in force in Virginia representing about 5.6% of the total nationwide premium.

In the course of our review, several requests were sent to the Company for additional information. The Company's responses clarified issues and provided greater support for the requested increase. The Bureau was involved in all correspondence between us and the Company.

Analysis

Our approach was to a) review the filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, d) review the experience studies which support the revised assumptions, e) review the projections for reasonableness, f) analyze the current increase and cumulative increase in Virginia relative to other states and g) analyze the request in light of the NAIC Model Bulletin.

Assumptions

Morbidity – The Company describes the current morbidity assumption as based on incidence and continuance studies performed by the Company for actual experience through June 2012. In response to our previous objection, the Company provided actual to expected (A/E) analysis for several sample ages of the historical experience versus both the original pricing and revised experience assumptions. We have reviewed the information provided and, while there is some variation between the actual experience data and the revised morbidity assumptions, this is expected due to the smoothing of the actual experience and the blending with industry data at ages and duration where the Company data was not credible. On average, the combined incidence and continuance actual to expected ratios are 100% for males and 98% for females.

One secular basis for measuring credibility is the June 12, 2003 letter from the American Academy of Actuaries Long-Term Care Reserving Work Group to the Accident and Health Working Group of the NAIC Life and Health Actuarial Task Force which recommended a "Rule of Thumb" standard for full credibility of incidence rates of 1,082 claims (within 5% of the true claims with 90% confidence). The letter also reports that the standard for aggregate loss is a multiple of the standard for incidence, in the range of 3 to 5 times (3,246 to 5,410 claims). The Company's experience data for claim incidence included 3,421 claims, giving the data full credibility based on the standard above. The claim continuance study reflected over 93,000 claim payment records. In blending their continuance assumptions, the Company used a standard of 1,000 claims for full credibility and the square root method for adjusting for partial credibility.

While the actual to expected analysis shows considerable variation for both incidence and continuation at a granular level, this is to be expected due to random fluctuations.

Overall, we believe that both the methodology used by the Company and the overall A/E results are reasonable.

Mortality – The Company is using 80% of the 1994 GAM table as its mortality assumption. Since the analysis is done based on total terminations (mortality and voluntary lapse), an actual to expected analysis of mortality alone was not provided. Instead, we have analyzed mortality and voluntary lapse assumptions together.

Lapses – The current best-estimate ultimate lapse rate is assumed to be 0.75%, but the Company has used 0.5% as a moderately adverse assumption. The ultimate lapse rate shown in the historical experience data submitted by the Company ranges from 0.2% to 2.5%. As part of our review, we asked the Company to provide a sensitivity test for the lapse rate. The information provided in response to that inquiry shows that the lifetime loss ratio would drop from 93.4% to 86.4% under this modified ultimate lapse assumption. The actual to expected total termination data provided as Exhibit 1 supports the reasonableness of the new termination assumptions.

Claim Reserves – The Company provided an analysis of the sufficiency of claim reserves for the last five years which shows that, overall, the claim reserves are lower than have been necessary to mature the liabilities. A strengthening of these reserves would lead to higher incurred loss ratios.

Projections

The Company has included both nationwide and Virginia-only loss ratio projections as of 12/31/2013. Because the Virginia-only business is not credible on its own, the Company has used the nationwide experience under this form as the basis for its request. Since experience is not expected to have a large variation by geographic region, we agree that it is appropriate to use the nationwide data for increased credibility. Also, no restatement of premiums to Virginia rates is required since no prior rate increases have been requested on these forms.

Post-Rate Stability 58/85 Test

The calculations included in the company's actuarial memorandum were somewhat simplified in that they assumed that the requested rate increase would occur immediately. Their calculation produced an allowable immediate rate increase of 158% using a 4.5% interest rate, which is the maximum valuation interest rate as required by 14VAC5-200-153-C.4. We were able to match their calculations when using the simplifying assumptions that they used.

We also performed the calculations assuming the rate increase is phased in according to the Company's proposed schedule. The following chart shows the results of those calculations using the requested 100% cumulative rate increase and also showing the sensitivity of the interest rate assumption and the maximum allowable phased rate increase.

Interest Rate	58/85 Minimum Claims	Projected Incurred Claims	Pass/Fail	Allowable Phased Increase
4.5%	1,241.1	1,896.8	PASS	287%
5.5%	1,180.6	1,552.4	PASS	220%
6.5%	1,133.1	1,289.3	PASS	156%

While the interest rate used in the determination of the initial premiums was 6.5%, the 58/85 test prescribes the use of the valuation interest rate, which was 4.0%-4.5% over the issue years of this policy form. The Company used 4.5% in the discounting of the 58/85 test, which is more conservative than using the average rate. We see from this analysis that even when using the original pricing interest rate of 6.5%, which is more conservative than required by Virginia regulations, the requested increase would pass the 58/85 test.

Analysis of Model Bulletin Issues

As requested, we have also analyzed this filing in light of the requirements of the Model Bulletin adopted by the NAIC Exec/Plenary on December 18, 2013 (the "Bulletin").This analysis focuses on the six major aspects of the Bulletin as follows:

- Actuarial Assumptions for Establishing Rate Increase Requests
- Approval of Rate Increases
- Requirement to Administer Contingent Benefit Upon Lapse
- Policyholder Notification of Premium Increase
- Application of New Loss Ratio Standards
- Consideration of New Approaches

Actuarial Assumptions for Establishing Rate Increase Requests
As discussed above, the methods described by the Company to develop the assumptions used in support of this rate increase appear to be reasonable. The present and accumulated values are also consistent with the three requirements spelled out in the Bulletin.

Approval of Rate Increases
Two scenarios are laid out in the Bulletin: 1) a single rate increase with a three year moratorium on future rate increases, or 2) an actuarially equivalent series of increases. The Company is planning a series of four rate increases over the next 9 years of 25% (simple interest) for each round. The Company will continue to monitor and provide the Bureau with updated experience projections to allow for modifications, if necessary, to the approved rate action to ensure experience is developing as expected.

Requirement to Administer Contingent Benefit Upon Lapse
The Company plans to offer the Premium Increase Contingent Benefit Upon Lapse Rider to all policyholders impacted by the rate increase for each stage of the proposed increase..

Policyholder Notification of Premium Increase
The four elements of this section of the Bulletin are addressed in the sample policyholder notification letters submitted with the filing.

Application of New Loss Ratio Standards
Since these are post-rate stability policies, the loss ratio requirements are unchanged in the Bulletin.

Consideration of New Approaches
No new approaches are being requested at this time.

Reliance and Qualifications

We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,

Shawn D. Parks, FSA, MAAA

State:	*Virginia*	**Filing Company:**	*Allianz Life Insurance Company of North America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*LTC RATE FILING 2012 - GROUP 3*		
Project Name/Number:	*LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*		

Reviewer Note

Created By:

Ed Whyte on 06/14/2013 06:01 AM

Last Edited By:

Janet Houser

Submitted On:

06/08/2016 10:39 AM

Subject:

ARC Actuarial Report - 06/12/2013

Comments:

National Actuarial Network has recommended disapproval of request for revision of rates, and that additional information should be requested from the company prior to further review. See actuarial report for details.

ACTUARIAL RESOURCES
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June 12, 2013

Mr. Edward A. Whyte
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **Allianz Life Insurance Company**
SERFF Tracking #ALLB-128730838
Policy Form 10-P-Q-VA

Dear Edward:

At your request, we have continued our review of the filing for the above captioned submission from Allianz Life Insurance Company (the "Company"). This is a filing of revised premium rates pursuant to the requirements of 14VAC5-200-153 for an Individual Long Term Care Insurance plan, written under Policy Form 10-P-Q-VA. This block of business is not available for new issues.

Recommendation

After review of the Company's submission, we suggest the Virginia SCC Bureau of Insurance (the "Bureau") request the following additional information:

- The response to our request for quantitative support for the morbidity assumptions used in the projections included only a comparison of the new assumptions to the original assumptions and did not include information about actual historical experience. Please provide an actual to expected (A/E) analysis of the actual historical experience versus both the original pricing and revised morbidity assumptions showing the actual incurred claims by year vs. the expected incurred claims for this block of business under both the original and revised morbidity assumptions. Also, given that the historical experience on this block does not extend beyond duration 10, please provide supporting rationale for the significant increase in claim cost assumptions shown in Exhibit 2 at the advanced attained ages and later durations.

Once this additional information has been received, we can continue our review of the submission.

Background

The Company has submitted a request for a 25% rate increase for this block of business based on an anticipated lifetime loss ratio that is higher than originally filed. There were 1,915 policies in force in Virginia as of 6/30/12 with about 5.5% of the in force nationwide premium. The

Company's demonstration shows that a 142% increase would be justified under the provisions of 14VAC5-200-153. The Company is instead planning to implement a 25% rate increase in 2013 and to "file for at least one more rate increase in the future until [it has] achieved the cumulative rate increase that is actuarially justified, which is 142%". This is the first rate increase request for this policy form.

In response to the Bureau's last set of questions, the Company has alternatively proposed that they will forgo future rate increases if a 75% rate increase is approved and implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.

Analysis

We have reviewed the documentation provided by the Company and their responses to all previous objections from the Bureau. The policies covered under this filing were issued after the implementation of rate stabilization and we have therefore reviewed according to 14VAC5-200-153.

The anticipated lifetime loss ratio after the rate increase is 93.4%, and the requested rate increase of 25% falls well within the requirements of the "58/85" test.

While the interest rate used in the determination of the initial premiums was 6.5%, the 58/85 test prescribes the use of the valuation interest rate, which was 4.0%-4.5% over the issue years of this policy form. The Company used 4.5% in the discounting of the 58/85 test, which is more conservative than using the average rate.

The mortality assumption is based on 80% of the 1994 GAM table. The revised ultimate pricing lapse rate is 0.75%. The ultimate experience lapse rate shown in the Company's answer to Objection 7 ranges from 0.2% to 2.5%, so we previously asked the Company to provide a sensitivity test for the lapse rate. The information provided in response to that inquiry shows that the lifetime loss ratio would drop from 93.4% to 86.4% under this modified ultimate lapse assumption. The actual to expected total termination data provided as Exhibit 1supports the reasonableness of the new termination assumptions.

The Company describes the current morbidity assumption as based on incidence and continuance studies performed by the Company for actual experience through June 2012. We previously asked the Company to "provide quantitative support for the new assumptions used in the projections, including an actual to expected (A/E) analysis of the historical experience versus both the original pricing and revised experience assumptions." The Company has provided only a comparison of current assumptions to original morbidity assumptions and not an actual to expected comparison. We still believe that it is necessary to review the actual experience data upon which the revised morbidity assumptions were based in order to determine the reasonability of this assumption. In addition, the future experience assumptions have been modified as shown in Exhibit 2 to be significantly higher at attained ages 80+, so we have asked for justification of this change in assumption.

The two alternative rate increase scenarios that the Company has outlined are as follows:

1. Implement a 25% rate increase in 2013 and subsequently file for at least one more rate increase in the future until the Company has achieved the cumulative rate increase that is actuarially justified, which is 142%.
2. Forgo future rate increases if a 75% rate increase is approved and implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.

The Company had stated in their original filing that they planned to implement a 25% increase in 2013 and another 25% rate increase in approximately three years (for a total increase of 56%). However, they gave no assurance that they would not request additional increases.

There are pros and cons to each scenario that the Bureau must weigh. With Option 1, the immediate increase is smaller, but at least one more increase is anticipated, and Company's wording suggests that a total of 142% in increases will be sought. Option 2 requires a larger up-front increase, but the Company is willing to certify that it will not seek another increase unless experience is worse than that assumed under the moderately adverse conditions.

Reliance and Qualifications

We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,

Shawn D. Parks, FSA, MAAA

cc: John MacBain
Matt McAllister

Reviewer Note

Created By:

Ed Whyte on 04/24/2013 09:02 AM

Last Edited By:

Janet Houser

Submitted On:

06/08/2016 10:39 AM

Subject:

ARC Actuaial Report - 04/23/2013

Comments:

Actuarial Resources Corp. has recommended disapproval of request for revision of rates, and that additional information should be requested from the company prior to further review. See actuarial report for details.

ACTUARIAL RESOURCES
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April 23, 2013

Mr. Edward A. Whyte
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **Allianz Life Insurance Company**
SERFF Tracking #ALLB-128730838
Policy Form 10-P-Q-VA

Dear Edward:

At your request, we have continued our review of the filing for the above captioned submission from Allianz Life Insurance Company (the "Company"). This is a filing of revised premium rates pursuant to the requirements of 14VAC5-200-153 for an Individual Long Term Care Insurance plan, written under Policy Form 10-P-Q-VA. This block of business is not available for new issues.

Recommendation

After review of the Company's submission, we suggest the Virginia SCC Bureau of Insurance (the "Bureau") request the following additional information:

1. Please provide quantitative support for the new assumptions used in the projections, including an actual to expected (A/E) analysis of the historical experience versus both the original pricing and revised experience assumptions. Please include A/E ratios for both total termination and morbidity assumptions.
2. Section IV of the Actuarial Memorandum states that "Modifying the assumptions to include a provision for moderately adverse experience would result in a justified rate increase substantially larger than 97%." Please provide the details of what the Company considers to be "moderately adverse experience". Also, please provide the calculation of the rate increase percentage that would be required if such provision were included.

In addition, we need to request responses to the queries outlined in Bob Grissom's 4/20/2013 email. Once this additional information has been received, we can continue our review of the submission.

Background

The Company has submitted a request for a 25% rate increase for this block of business based on an anticipated lifetime loss ratio that is higher than originally filed. There were 1,915 policies in force in Virginia as of 6/30/12 with about 6% of the in force nationwide premium. The

Company's demonstration shows that a 147% increase would be justified under the provisions of 14VAC5-200-153, but are instead planning to implement a 25% rate increase in 2013 and another 25% rate increase in approximately three years. This is the first rate increase request for this policy form.

Analysis

We have reviewed the documentation provided by the Company and their responses to all previous objections from the Bureau. The policies covered under this filing were issued after the implementation of rate stabilization and we have therefore reviewed according to 14VAC5-200-153.

The anticipated lifetime loss ratio after the rate increase is 93.4%, and the requested rate increase of 25% falls well within the requirements of the "58/85" test.

While the interest rate used in the determination of the initial premiums was 6.5%, the 58/85 test prescribes the use of the valuation interest rate, which was 4.0%-4.5% over the issue years of this policy form. The Company used 4.5% in the discounting of the 58/85 test, which is more conservative than using the average rate.

The mortality assumption is based on 80% of the 1994 GAM table. The revised ultimate pricing lapse rate is 0.75%. The ultimate experience lapse rate shown in the Company's answer to Objection 7 ranges from 0.2% to 2.5%, so we previously asked the Company to provide a sensitivity test for the lapse rate. The information provided in response to that inquiry shows that the lifetime loss ratio would drop from 93.4% to 86.4% under this modified ultimate lapse assumption.

The morbidity assumption is based on incidence and continuance studies performed by the Company for actual experience through June 2012.

In response to the previous objection, the Company provided sample comparisons of the revised assumptions vs. original pricing for ages 52, 62, and 72 in the file "Original Assumptions compared to Current Assumptions.pdf". After review, we would like to see the supporting documentation for the revised assumptions, such as A/E studies on the historical experience.

The certification provided in the memorandum differs from what is required by the regulation since the Company is requesting a rate increase that is less than the amount produced by the 58/85 test. Accordingly, we need to ask the Company to respond to the usual set of questions that the Bureau asks when a Company seeks less than the full amount required to certify, as outlined in Bob Grissom's 4/20/2013 email.

Reliance and Qualifications

We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have

relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,

Shawn D. Parks, FSA, MAAA

cc: John MacBain
Matt McAllister

Edward Whyte

From: Bob Grissom
Sent: Saturday, April 20, 2013 10:05 AM
To: Edward Whyte
Cc: 'Shawn Parks'
Subject: RE: Allianz Life Ins. Co. of North America Individual LTC Rates SERFF Tracking No. ALLB-128730838

Expires: Thursday, October 17, 2013 12:00 AM

Ed, it looks like they have a number of riders that aren't listed in the rate rule schedule. See page 67 if you PDF the entire file.

If they want to request a rate increase less than the amount required to certify, I would recommend that this clearly be stated in the policyholder notification letter.

If they intend to request additional rate increases in the future, this should also clearly be stated in the policyholder notification letter.

I would ask them also what loss ratios they intend to target in the future. For example, if they meet the projected loss ratios with the requested 25% increase, will they forgo any future requests? If not, then what's the "margin" over and above that amount that would prompt them to request further rate increases? (Similar to what is required under 14VAC5-200-153 B.)

As them if they are agreeable to providing a certification from an officer of the Company that the company agrees not to seek another rate increase on these forms for a period of at least 36 months. It should also include the information asked above.

Also, ask them to modify the certification to indicate what rate increase would be needed to comply with 14VAC5-200-153 B 2, but expand it to state that the Company is willing to implement a lesser increase.

Ask them if they are agreeable to not attempting to recover the lost premium between the amount implemented and the increase needed to certify for the intervening period. That is, if additional rate increases are requested, the projections would be calculated using historical premiums at a level consistent with an original rate increase at the rate stabilization level (full amount certified) rather than the amount actually implemented.

Shawn, let me know if you want to discuss or have any concerns with the above.

From: Shawn Parks [mailto:shawn.parks@arcga.com]
Sent: Thursday, April 18, 2013 9:07 AM
To: Edward Whyte
Cc: Bob Grissom
Subject: RE: Allianz Life Ins. Co. of North America Individual LTC Rates SERFF Tracking No. ALLB-128730838

Ed,

I just wanted to update you that I spoke to Bob on Monday, but he has not yet had a chance to look at this filing. You may want to extend the review period on the filing.
Thanks,
Shawn

From: Shawn Parks [mailto:shawn.parks@arcga.com]
Sent: Wednesday, April 10, 2013 1:49 PM
To: 'Bob Grissom'
Cc: 'Edward Whyte'
Subject: RE: Allianz Life Ins. Co. of North America Individual LTC Rates SERFF Tracking No. ALLB-128730838

Bob/Ed,
Has the Bureau had any conversations with Allianz about this 25% rate increase request that is less than the 142% amount justified by the rate stabilization calculation, and their modified certification that they expect at least one more 25% rate increase to meet their revised profit goals?
Thanks,
Shawn

From: Edward Whyte [mailto:Edward.Whyte@scc.virginia.gov]
Sent: Thursday, April 04, 2013 1:07 PM
To: 'Shawn Parks'
Subject: Allianz Life Ins. Co. of North America Individual LTC Rates SERFF Tracking No. ALLB-128730838

Response Due Date: 04/18/2013

Dear Shawn:

We request that you continue your review of this submission. The company has responded to our disapproval of 03/08/2013.

Please let me know if additional information is necessary.

Edward A. Whyte
Senior Insurance Market Examiner
Forms & Rates Section
Life & Health Division
Virginia Bureau of Insurance
(804) 371-9594

Reviewer Note

Created By:

Ed Whyte on 03/08/2013 07:06 AM

Last Edited By:

Janet Houser

Submitted On:

06/08/2016 10:39 AM

Subject:

ARC Actuarial Report - 03/07/2013

Comments:

Actuarial Resources Corp. has recommended disapproval of request for revision of rates, and that additional information should be requested from the company prior to further review. See actuarial report for details.

ACTUARIAL RESOURCES
CORPORATION
CONSULTANTS • ACTUARIES
SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

March 7, 2013

Mr. Edward A. Whyte
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **Allianz Life Insurance Company**
SERFF Tracking #ALLB-128730838
Policy Form 10-P-Q-VA

Dear Edward:

At your request, we have reviewed the filing for the above captioned submission from Allianz Life Insurance Company (the "Company"). This is a filing of revised premium rates pursuant to the requirements of 14VAC5-200-153 for this Individual Long Term Care Insurance plan, written under Policy Form 10-P-Q-VA. This block of business is not available for new issues.

Recommendation

After review of the Company's submission, we suggest the Virginia SCC Bureau of Insurance (the "Bureau") request the following additional information:

1. Please provide a comparison of the changes in the actuarial assumptions used in the development of the original premiums with those used in the current rate increase filing. Please include details of these changes for lapses, mortality, and morbidity, and also a calculation of what portion of the needed rate increase is attributable to the change in each of these assumptions individually.

2. Please provide a projection with a modified ultimate lapse rate of 1.25% to help us measure the sensitivity of the results to this assumption.

3. The certification provided in the actuarial memorandum will need to be worded more strongly. While we may allow an alternative certification to the one detailed in 14VAC5-200-153.B.2., the use of the word "believe" is not consistent with the intent of the certification. In addition, the actuarial certification should also contain the applicable elements of 14VAC5-200-77-2. b., c., d., and f.

4. Please indicate whether the valuation basis for reserves has been updated to reflect the current assumptions.

Once this additional information has been received, we can continue our review of the submission.

Background

The Company has submitted a request for a 25% rate increase for this block of business based on an anticipated lifetime loss ratio that is higher than originally filed. There were 1,915 policies in force in Virginia as of 6/30/12 with about 6% of the in force nationwide premium. The Company's demonstration shows that a 147% increase would be justified under the provisions of 14VAC5-200-153, but are instead planning to implement a 25% rate increase in 2013 and another 25% rate increase in approximately three years. This is the first rate increase request for this policy form.

Analysis

We have reviewed the documentation provided by the Company and their responses to all previous objections from the Bureau. The policies covered under this filing were issued after the implementation of rate stabilization and we have therefore reviewed according to 14VAC5-200-153.

The anticipated lifetime loss ratio after the rate increase is 93.4%, and the requested rate increase of 25% falls well within the requirements of the "58/85" test.

While the interest rate used in the determination of the initial premiums was 6.5%, the 58/85 test prescribes the use of the valuation interest rate, which was 4.0%-4.5% over the issue years of this policy form. The Company used 4.5% in the discounting of the 58/85 test, which is more conservative than using the average rate.

The mortality assumption is based on 80% of the 1994 GAM table. The revised ultimate pricing lapse rate is 0.75%. The ultimate experience lapse rate shown in the Company's answer to Objection 7 ranges from 0.2% to 2.5%, so we have asked the Company to provide a sensitivity test for the lapse rate.

The morbidity assumption is based on incidence and continuance studies performed by the Company for actual experience through June 2012.

There is no detail of how these assumptions compare to the original pricing assumptions, so we have asked for this information.

The certification provided in the memorandum differs from what is required by the regulation, and is worded with ambiguous language, so we have asked them to revise.

Reliance and Qualifications

We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed

the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,

Shawn D. Parks, FSA, MAAA

cc: John MacBain
Matt McAllister

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Post Submission Update Request Processed On 01/28/2015

Status:	Allowed
Created By:	Chris Hughes
Processed By:	Janet Houser
Comments:	

Company Rate Information:

Company Name:Allianz Life Insurance Company of North America

Field Name	Requested Change	Prior Value
Overall % Indicated Change	158.000%	142.000%
Written Premium Change for this Program	$3640910	$3713613
Number of Policy Holders Affected for this Program	1886	1915
Written Premium for this Program	$3640910	$3713613

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Post Submission Update Request Processed On 03/05/2013

Status:	Allowed
Created By:	Vladimir Ilic
Processed By:	Ed Whyte
Comments:	

Company Rate Information:

Company Name:Allianz Life Insurance Company of North America

Field Name	Requested Change	Prior Value
Overall % Indicated Change	97.000%	25.000%

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Post Submission Update Request Processed On 04/29/2016

Status:	Allowed
Created By:	Michael Emmert
Processed By:	Janet Houser
Comments:	

Company Rate Information:

Company Name:Allianz Life Insurance Company of North America

Field Name	Requested Change	Prior Value
Overall % Rate Impact	56.250%	100.000%
Written Premium Change for this Program	$2048012	$3640910
Maximum %Change (where required)	56.250%	100.000%
Minimum %Change (where required)	56.250%	100.000%

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Post Submission Update Request Processed On 01/26/2015

Status:	Allowed
Created By:	Chris Hughes
Processed By:	Janet Houser
Comments:	

Company Rate Information:

Company Name:Allianz Life Insurance Company of North America

Field Name	Requested Change	Prior Value
Overall % Indicated Change	142.000%	97.000%
Overall % Rate Impact	100.000%	25.000%
Written Premium Change for this Program	$3713613	$928403
Maximum %Change (where required)	100.000%	25.000%
Minimum %Change (where required)	100.000%	25.000%

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 06/08/2016	Policy Endorsement	95440	POLA	Initial		52.000	Policy Endorsement 95440.pdf
2	Filed 06/08/2016	Policyholder Rate Increase Notification Letter	S2279-VA	OTH	Initial		50.000	S2279-VA GPR Policyholder Notification Letter.pdf
3	Withdrawn 06/08/2016	Coverage Change Request Form		OTH	Initial			

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

Policy Number: [XXXXXXXX]

Owner: [John Doe]

Endorsement Effective Date: [12/1/2016]

This Endorsement modifies or changes certain terms of the above reference Policy and shall be incorporated into and become a part of the Policy. Except as stated below, all other provisions set forth in the Policy shall remain unchanged and in full force and effect and this Endorsement shall be subject to all of the provisions, terms, definitions, limitations, exclusions and conditions of the Policy.

This Policy is modified or changed as follows:

[Premium rates are guaranteed not to change for [four] calendar years immediately following this Endorsement Effective Date. After this time period, the Company may change the premium rates for this Contract only if we base the premium change by Class for everyone in your state, on the experience of this form. Any premium change will occur on the Policy Anniversary. We will notify you in writing at least [45] days before your premium changes.]

[The attached revised Policy Schedule shall replace and supersede all previous Policy Schedules issued for this Policy and shall be incorporated into and become a part of the Policy]

[Benefit reduction message]

[For a limited time we are offering the following upon cancellation of your [Inflation Protection Rider]:

The “Cancellation” provision of your [Inflation Protection Rider] states that [if you cancel the Rider, the daily benefits, and, if elected, monthly benefits, will return to the original amounts issued to you].

However, for a limited time, you may cancel the Rider and maintain the percentage increases that have been applied. Specifically, if we receive written notice of your desire to cancel the Rider and such notice is received no later than [120] days after this Endorsement Effective Date, the annual percentage increases that have been applied to the Daily/Monthly Benefits, as provided by the Rider, will remain in effect instead of [returning to the original amounts]. The Rider will be cancelled as of the next premium due date following the date we receive notice, unless a later date is requested by you, however cancellation must be effective within the [120] day period. There will be no percentage increases beyond the cancellation date.

If a notice of cancellation is received after the expiration of [120] days from this Endorsement Effective Date, the Rider will be cancelled as of the next premium due date following our receipt of your request, unless a later date is requested by you. Upon cancellation, [the daily benefits, and, if elected, monthly benefits, will return to the original amounts issued to you].]

This Endorsement shall take effect as of the Endorsement Effective Date indicated above.

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

[ ]

[Gretchen Cepek]

[Secretary]

[Walter R. White]

[President and CEO]

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
[800.789.6896]

Allianz

[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]
Important notice of increase in your long term care insurance premium with time-sensitive options

Dear [Owner First Name] [Owner Last Name],

At Allianz Life Insurance Company of North America (Allianz), our highest priority is fulfilling our commitments to our policyholders. To this end, we periodically compare the initial premium projections we made on our long term care policies to our actual claims experience. During a recent review we determined that we need to increase the premium rates on our long term care policies.

We want you to know that we took this decision very seriously and weighed several options before filing a [Overall Increase %] premium rate increase. We assure you that this premium increase applies to our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity.

We also want you to know that the Virginia State Corporation Commission reviewed this rate increase and found it to be compliant with applicable Virginia laws and regulations. You can review this and all premium-rate filings online at www.scc.virginia.gov/BOI.

Note that a 100% premium rate increase is approvable under applicable Virginia laws and regulations. Allianz and the Virginia State Corporation Commission came to an agreement that a [Overall Increase%] rate increase with a four year rate guarantee is approvable at this time. It is likely that your premium will increase again in the future.

Your premium increase

To help ease the impact of this rate increase, we'll implement the [Overall Increase $] premium increase in stages according to the schedule outlined below. The scheduled increases will be effective with your first bill on or after each policy anniversary noted in the table below. We'll send you a notification letter similar to this one for each scheduled increase.

Based on your current benefits, the initial premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing1] [Bill Mode]. Below is the full schedule of increases:

Effective date of rate increase	Percent of rate increase	Billed premium after rate increase
[anniversary1]	[rate increase 1]%	[**adj'd billing1**] [**Bill Mode**]
[anniversary2]	[rate increase 2]%	[**adj'd billing2**] [**Bill Mode**]

Please note that recent changes to your policy may not be reflected in the table above. For up-to-date information about your current premium and benefit levels, you can request a current policy schedule from Allianz by contacting us at [800.789.6896]. Please also be aware that premium rates could change again in the future. In the event of a future rate increase, you'll have options similar to those we describe in the next section.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we're offering the flexibility to choose among the following options, which we discuss in more detail in the enclosed Frequently Asked Questions (FAQs):

- ☐ **A. Maintain your current benefit amounts** by paying the increased premium.
- ☐ **B. Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s)**.
- ☐ **C. Elect the paid-up option** in the attached Premium Increase Contingent Benefit Upon Lapse Rider with a reduced Maximum Lifetime Benefit or Benefit Amount.
- ☐ **D. Convert your contract to paid-up coverage** with a reduced Maximum Lifetime Benefit or Benefit Amount available through a Non-Forfeiture Rider [or Return of Premium Rider] that may be included with your policy.

If you wish to elect options B, C, or D, please complete the enclosed coverage change request form and return it to us. **Please be aware that the options listed above may not be of equal value and some may have time limitations. For more details, please see Question 4 in the attached FAQs.** We encourage you to contact us or your financial professional to help determine which may be suitable for your needs.

We're here to help

Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

[Individual's name]
[Individual's title]

NOTE: This letter is not a bill. Please retain a copy of this letter with your policy for future reference.

Enclosed: Coverage Change Request Form
Premium Increase Contingent Benefit Upon Lapse Rider
Premium Increase Contingent Benefit Upon Lapse Rider Schedule
Benefit Change Endorsement

[cc:] [Agent First Name] [Agent Middle Name] [Agent Last Name]

Guarantees are backed by the financial strength of Allianz Life Insurance Company of North America.

Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive, Minneapolis, MN 55416-1297. [800.789.6896]

Frequently asked questions

1. Why are rates increasing?

When Allianz designed its long term care (LTC) insurance products several years ago, we based your initial premium on actuarial assumptions, which used the best information available to us at that time. Since then we've continually monitored our LTC policies to compare those initial projections against our actual claim experience. During a recent review we determined that, due to a combination of factors we outline below, we need to increase the premium rates on our long term care policies.

We realize the rate increase is difficult for our policyholders, and assure you that we considered all of our options very carefully before increasing your premium. We also want to reassure you that this premium increase applies to our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity.

2. How was the rate increase amount determined?

LTC insurance rates are affected by many complex factors including the rising cost of health care, interest rates, the number of people who continue coverage, how many policyholders collect benefits, and for how long. Policyholders are using more benefits than our actuaries anticipated when they originally priced our long term care policies. Based on our experience – and new expectations – we need to adjust premiums to ensure adequate funding to pay current and anticipated future claims.

Once we determine that a proposed premium rate increase is necessary, we submit the information along with supporting data through an approval process with your state's insurance regulators. The state provides an independent perspective that is crucial in establishing an increase amount that balances the needs of our policyholders and our company. Ultimately, the state approves an increase that considers all of the factors noted above.

3. Did my state approve my rate increase?

Yes. When we submit a rate increase request to a state, the submission includes an actuarial justification discussing the reasonableness of the relationship between premiums charged and expected benefit payments. Each state conducts its own review of the submission and determines whether the state-specific rate increase is warranted, and in what amount. This process is designed to prevent premiums in one state being increased to cover insufficient premiums in another state.

4. What are my options?

To help ease the impact of this rate increase, we're offering our policyholders several options. Please see the enclosed Coverage Change Request form for more details:

A. **Maintain your current benefit amounts** by paying the increased premium.

B. **Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s)** that may fully or partially offset the premium increase. [**(Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status, which may reduce policyholder protections.)**]

- Reduce benefit amounts and/or benefit periods, or increase your Elimination Period. Please note: Benefit amounts or periods must not be less than any minimum policy requirements.
- Cancel optional riders that you purchased with your policy. Please refer to the specific riders attached to your policy for additional details regarding the rider terms. [
- **Until [COLA Vesting Date]**, you may cancel the [COLA Rider] while keeping the rider's accrued benefit increase percentages as of the time of cancellation. After the rider is cancelled, the applicable benefit amount(s) will no longer increase. [You also have the

option to exchange the [COLA Rider] for [the 4% Lifetime Compound Benefit Increase Rider,] the 3% Lifetime Compound Benefit Increase Rider[, or the Simple Benefit Increase Rider].] **Note that this offer is only available if we receive written notice requesting the change before [COLA Vesting Date]. [Also, [reducing or] cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.]**]

C. **Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the specific rider attached to your policy for details. **Please note that we must receive your request prior to [Latest Election Date]**. There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue paying premiums up to that policy anniversary date.

D. **Convert your contract to paid-up coverage** with a reduced Maximum Lifetime Benefit or Benefit Amount by electing options through a Non-Forfeiture Rider [or Return of Premium Rider] that may be included with your policy. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.

Please note that the options listed above may not be of equal value. We encourage you to contact us or your financial professional to help determine which may be suitable for your needs.

5. When is the premium increase effective?

Please see the enclosed Premium Increase Contingent Benefit Upon Lapse Rider Schedule.

6. How much time do I have to make a decision?

Some of the options available to you are time-sensitive. Please note any dates listed in Question 4, What are my options, listed above. We would advise that you make a decision prior to your upcoming policy anniversary on [anniversary1].

7. The letter states that "premium rates could change again in the future." What does this mean?

It is possible there will be additional rate increases in the future. An increase will only occur if we can demonstrate additional premium amounts are needed to sustain the policies, and then the increase would need to be filed with state insurance regulators for approval.

Keep in mind that the rate increase will not change your policy's benefits. As long as you continue paying full premiums, your policy will remain in effect and unchanged. Note that your benefits would decrease if you make changes to your policy, such as by reducing your benefits, or by electing reduced paid-up coverage.

8. Why is my premium increase being phased in over several years?

In accordance with the requirements of the state where your policy was issued for delivery, the increase is being phased in over the period of years indicated in the letter.

9. I've never filed a claim. Why am I getting a rate increase?

This premium increase applies to our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity.

10. I am currently on claim. Am I affected by this rate increase?

If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium yet. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage. If your policy does not provide for a Waiver of Premium benefit, you will be required to pay the increased premium.

11. Will policies with a 10-pay rider be impacted?

The increase will impact only the remaining premiums in your 10-year premium paying period. Once the policy is fully paid-up, the policyholder has no further premium obligations.

12. What if I use EFT or an automatic online (or third-party) accounts to pay my premium?

Please make sure that your premium payments are updated for your new premium rate. Otherwise your policy could lapse if we don't receive the full premium amount. Below are some additional considerations for the payment of your new premiums.

- **If you pay your premiums with an EFT** from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.
  - If you scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.
  - If you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.
  - If you choose the Reduced Paid Up Option, no further premium payments will be due after your anniversary date and the EFT draft will be discontinued at that time.
- **If you pay your premiums using automatic online (or third-party) accounts**, please update them for your new payment amount**.**

13. If I wish to cancel my policy, what steps do I take?

We encourage you to keep this important coverage. There may be options available for you to reduce your benefits in order to keep your premium at approximately the same amount as before the premium increase. You may also be able to exercise an option which would provide a paid up policy with a shortened benefit period. We encourage you to consult with your family, your insurance agent, or financial advisor before making a decision to reduce or cancel your coverage. If you choose to cancel your policy, we will be happy to do so upon receipt of your signed and dated request.

14. Whom can I contact with questions?

Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with the change request form. We value the trust you've placed in us, and we're here to help.

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Allianz Life Insurance Company of North America	158.000%	56.250%	$2,048,012	1,886	$3,640,910	56.250%	56.250%

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Rate/Rule Schedule

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Generation Protector	10-P-Q-VA, 10-R1, 10-R2, 10-R3, 10-R4, 10-R5, 10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 56.25	Form Numbers and Description of Benefits.pdf, VA Generation Protector Proposed Rates - Phase 1 (25% Increase).pdf, VA Generation Protector Proposed Rates - Phase 2 (25% Increase).pdf,
2		Generation Protector	10-R1	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
3		Generation Protector	10-R2	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
4		Generation Protector	10-R3	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
5		Generation Protector	10-R4	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
6		Generation Protector	10-R5	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
7		Generation Protector	10-R6	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
8		Generation Protector	10-R7-VA	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	

9		Generation Protector	10-R8-VA	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	VA Generation Protector Proposed Rates (100% increase).pdf,
10		Generation Protector	10-R9	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
11		Generation Protector	10-R10	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
12		Generation Protector	10-R11	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
13		Generation Protector	10-R12	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
14		Generation Protector	10-R13	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
15		Generation Protector	10-R14	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
16		Generation Protector	10-R15	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
17		Generation Protector	10-R16	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
18		Generation Protector	10-R17	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
19		Generation Protector	10-R18	Revised	Previous State Filing Number: n/a Percent Rate Change Request:	

					100	
20		Generation Protector	10-R19	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
21		Generation Protector	10-R20	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
22		Generation Protector	10-R21	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	
23		Generation Protector	10-E-2	Revised	Previous State Filing Number: n/a Percent Rate Change Request: 100	

Forms Numbers and Description of Benefits

1. Form Numbers:	10-P-Q-VA	Qualified policy (This is the tax-qualified long term care insurance policy)
	10-R1	3% lifetime compound benefit increase rider (This rider increases benefits each year to provide some protection against the rising cost of long term care)
	10-R2	4% lifetime compound benefit increase rider (This rider increases benefits each year to provide some protection against the rising cost of long term care)
	10-R3	5% lifetime compound benefit increase rider (This rider increases benefits each year to provide some protection against the rising cost of long term care)
	10-R4	Two times compound benefit increase rider (This rider increases benefits for a limited number of years to provide some protection against the rising cost of long term care)
	10-R5	Simple benefit increase rider (This rider increases benefits each year to provide some protection against the rising cost of long term care)
	10-R6	Limited pay rider (This rider provides a paid-up contract once required premium has been paid up for a specified period of time)
	10-R7-VA	Accelerated premium rider (This rider allows a higher premium payment during the first 10 policy years and a lower premium payment after the 10th policy year)
	10-R8-VA	Shortened benefit rider (This rider provides limited benefits even after the contract lapses)
	10-R9	Calendar day elimination period rider (This rider credits, toward the elimination period, each day that the insured is chronically ill from the first day that the insured received care)
	10-R10	Home & community care monthly benefit rider (This rider provides a cash benefit in any month that a home and community care benefit payment is received)
	10-R11	Waiver of home & community care elimination period rider (This rider waives the elimination period if the insured is receiving home and community care)
	10-R12	Home & community care monthly indemnity benefit rider (This rider provides a cash benefit in any month that a home and community care benefit payment is received)
	10-R13	Comprehensive monthly indemnity benefit rider (This rider provides a cash benefit in any month that a benefit payment is received)
	10-R14	Return of premium upon death rider (Upon death, this rider returns all premiums paid, less any benefits paid to the insured's beneficiary)
	10-R15	Full return of premium upon death rider (Upon death, this rider returns all premiums paid to your beneficiary)
	10-R16	Restoration of benefits rider (After recovery, this rider restores the maximum lifetime benefit)
	10-R17	Married discount rider (This rider provides a premium discount because for married insureds)
	10-R18	Spousal discount rider (This rider provides a premium discount because both insured and insured's spouse were issued contracts)
	10-R19	Spousal shared care rider (This rider allows access to the available benefits under insured's spouse's contract once maximum lifetime benefit has been exhausted)
	10-R20	Spousal waiver of premium rider (This rider waives the premium as it comes due if the insured's spouse's premiums are being waived)
	10-R21	Spousal survivorship rider (This rider provides a paid-up contract if both the insured and insured's spouse's contract has been in force for 10 years and the insured's spouse dies)
	10-E-2	Facility care only policy endorsement (This endorsement deletes any reference in the policy to "home and community care," thus making it a facility care only policy)
2. Issue age range:	18-84	
3. Attained age or issue age rates:	Issue age rates	
4. Benefit periods:	2, 3, 4, 5, 8, lifetime	
5. Elimination periods:	7, 30, 60, 90, 180	
6. Rate guarantees:	5 Years	
7. Premium classifications:	Preferred Plus, Preferred, Standard, Select I, Select II	
8. Renewal Clause:	Guaranteed Renewable	

Base Premium Rates (Proposed - 25% Increase - Phase 1) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period

Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase - Phase 1)

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase - Phase 1)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase - Phase 2) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	41	45	50	53	59	72	42	47	52	55	61	75	47	52	56	61	67	83
41	41	45	50	53	59	72	42	47	52	56	63	75	47	52	56	61	69	83
42	41	45	52	55	61	73	42	47	53	56	63	77	47	53	58	63	69	84
43	42	47	53	56	63	75	44	48	55	58	64	78	48	55	59	64	70	86
44	44	48	53	58	64	77	45	50	55	59	66	80	50	55	61	66	72	88
45	45	50	55	59	66	78	47	52	56	61	67	81	52	56	63	67	75	91
46	45	52	56	61	67	81	47	53	58	63	69	84	52	58	64	69	77	92
47	47	53	58	63	69	83	48	55	59	64	70	86	53	59	66	70	78	94
48	48	55	59	64	70	84	50	56	61	66	72	88	55	61	67	72	80	97
49	50	56	61	66	72	88	52	58	63	67	73	91	56	63	69	73	81	98
50	52	58	63	67	73	89	53	59	64	69	77	92	58	64	70	75	83	102
51	53	59	64	69	75	91	55	61	66	70	78	94	59	66	72	77	86	103
52	55	61	66	70	77	94	56	63	67	72	80	97	61	67	73	78	88	106
53	56	63	67	73	81	98	58	64	70	75	83	102	63	70	77	83	92	111
54	59	66	70	77	84	103	61	67	73	78	88	106	66	73	80	86	95	116
55	63	69	75	80	89	108	64	70	77	83	92	111	69	77	84	91	100	122
56	64	72	78	84	94	113	66	73	81	86	95	116	72	80	88	94	105	127
57	67	75	81	88	97	119	69	77	84	91	100	122	75	84	92	98	109	133
58	72	80	88	94	105	127	73	81	91	97	108	130	80	89	98	105	117	142
59	77	86	94	100	111	134	78	88	97	103	114	139	86	95	105	113	125	152
60	83	91	100	108	119	144	84	94	103	111	123	148	92	102	113	120	134	163
61	88	97	106	114	127	153	89	100	109	117	131	159	97	108	119	128	142	173
62	94	103	114	122	136	163	95	106	117	127	141	170	105	116	128	138	153	186
63	102	113	123	133	147	178	103	116	127	138	152	184	113	125	139	148	166	202
64	111	122	134	144	159	192	113	125	138	148	166	202	122	136	150	163	180	219
65	119	131	145	156	173	209	122	136	150	161	180	219	133	147	163	177	195	238
66	130	144	158	170	189	228	133	147	163	175	195	238	144	159	177	191	213	259
67	141	155	172	184	205	248	144	159	177	191	213	258	156	173	192	208	231	281
68	155	172	189	205	227	275	158	177	195	211	236	286	172	192	213	230	256	311
69	172	189	209	227	252	305	175	194	216	234	261	317	191	211	236	255	284	345
70	189	209	233	252	278	338	194	214	239	259	289	352	211	234	261	283	314	383
71	209	231	256	280	309	373	213	236	264	288	320	389	233	258	289	314	348	423
72	231	255	284	309	342	414	236	261	292	319	355	431	256	284	319	347	388	470
73	255	281	316	344	380	459	261	289	325	353	394	480	284	316	355	386	430	522
74	283	313	350	381	422	511	288	320	359	392	438	533	314	348	392	428	477	581
75	313	345	388	423	469	569	319	355	398	436	486	592	347	386	434	475	530	645
76	345	383	430	469	520	633	353	392	442	484	539	659	384	427	483	527	589	719
77	383	423	475	520	578	703	391	434	491	538	600	733	425	473	534	584	653	798
78	422	466	527	577	642	781	430	478	542	595	666	814	469	520	591	648	725	888
79	464	514	581	641	713	869	473	527	600	659	738	905	517	573	653	719	805	986
80	513	566	644	709	791	964	522	580	664	731	819	1,005	569	633	723	797	892	1,095
81	564	623	711	786	877	1,072	575	639	734	811	908	1,116	627	697	800	884	991	1,217
82	622	688	788	872	973	1,191	634	705	811	898	1,008	1,241	691	769	884	980	1,098	1,352
83	684	758	870	967	1,080	1,322	698	777	897	997	1,119	1,378	763	847	978	1,086	1,219	1,502
84	755	834	963	1,072	1,197	1,469	770	856	992	1,105	1,241	1,530	839	933	1,081	1,205	1,353	1,667

Rider Premium Rates and Premium Factors (Proposed - 25% Increase - Phase 2)

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase - Phase 2)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	41	44	48	53	58	70
41	41	45	48	53	59	72
42	41	45	50	53	59	72
43	42	47	52	55	61	73
44	42	47	53	56	63	77
45	44	48	53	58	64	78
46	45	50	55	59	66	80
47	47	52	56	61	67	81
48	47	53	58	63	69	83
49	48	53	59	64	70	86
50	50	55	61	66	72	88
51	52	56	63	67	73	89
52	52	58	64	69	75	92
53	55	61	67	72	80	95
54	58	64	70	75	83	100
55	59	67	73	78	88	105
56	63	70	77	83	91	111
57	66	73	80	86	95	116
58	70	78	86	92	102	123
59	75	83	91	98	109	133
60	80	89	97	105	117	142
61	84	94	105	113	125	152
62	91	102	111	120	133	161
63	98	109	120	130	145	175
64	106	119	131	141	158	191
65	116	128	142	153	170	208
66	125	139	155	167	186	225
67	136	152	167	181	202	245
68	150	167	186	202	223	272
69	166	184	205	222	247	302
70	183	203	227	247	275	333
71	203	225	252	273	305	369
72	223	248	278	303	338	409
73	247	275	308	336	375	455
74	273	305	342	373	416	506
75	303	336	380	414	463	563
76	334	372	420	459	513	627
77	370	413	466	509	570	697
78	409	455	516	566	631	773
79	450	500	570	627	702	859
80	497	552	630	695	778	955
81	547	608	697	770	863	1,061
82	603	669	770	855	958	1,178
83	664	738	853	947	1,063	1,309
84	731	813	942	1,050	1,178	1,453

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	20	23	25	28	31	38
41	22	23	27	28	31	38
42	22	23	27	28	31	38
43	22	25	27	28	33	39
44	22	25	28	30	33	41
45	23	25	28	30	34	41
46	23	27	30	31	34	42
47	25	27	30	31	36	42
48	25	28	30	33	36	44
49	25	28	31	33	38	45
50	27	30	31	34	38	45
51	27	30	33	34	39	47
52	28	30	33	36	39	48
53	28	31	34	38	42	50
54	30	33	36	39	44	53
55	31	34	39	41	45	56
56	33	36	41	44	48	58
57	34	39	42	45	50	61
58	38	41	45	48	53	66
59	39	44	48	52	58	70
60	42	47	52	55	61	75
61	45	50	55	59	66	80
62	48	53	58	63	70	84
63	52	58	64	69	77	92
64	56	63	69	75	83	100
65	61	67	75	81	91	109
66	66	73	81	88	98	119
67	72	80	88	95	106	130
68	80	88	98	106	117	142
69	88	97	108	117	130	158
70	97	108	120	130	144	175
71	106	119	133	144	159	194
72	117	131	147	159	178	216
73	130	145	163	177	197	239
74	144	159	180	197	219	267
75	159	177	200	217	244	297
76	177	195	222	242	270	330
77	195	217	245	269	300	367
78	216	239	272	297	333	408
79	238	264	300	330	369	452
80	261	291	331	366	409	503
81	288	320	367	405	455	558
82	317	352	406	450	505	620
83	350	388	448	498	559	689
84	384	428	497	553	620	766

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Supporting Document Schedules

Bypassed - Item:	Certification of Compliance
Bypass Reason:	A Certificate of Compliance is not aplilcable to this filing. No forms are being submitted for review. We are submitting rates only.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo (Generation Protector).pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2016

Satisfied - Item:	Actual to Expected Exhibit
Comments:	
Attachment(s):	Actual to Expected Analysis.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	Approvals Grid
Comments:	
Attachment(s):	Approvals Grid.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	Assumptions
Comments:	
Attachment(s):	Assumptions.xlsx
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	Average Premium
Comments:	
Attachment(s):	Average Premium.pdf
Item Status:	Received & Acknowledged

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Status Date:	01/23/2015

Satisfied - Item:	Claim Reserve Methodology
Comments:	
Attachment(s):	Claim Reserve Methodology.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	Coverage Change Request Form
Comments:	Please see the Form Schedule tab for the Coverage Change Request form.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	05/12/2016

Satisfied - Item:	Experience Exhibits - Using Originally Filed Rates
Comments:	
Attachment(s):	Experience Exhibits - Using Originally Filed Rates.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	Form Numbers and Description of Benefits
Comments:	Moved information to the "Rate/Rule Schedule" tab
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	01/28/2015

Satisfied - Item:	Exhibits in Excel
Comments:	
Attachment(s):	Objection 5.xlsx Objection 6.xlsx Objection 9.xlsx
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	Policyholder Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Item Status:	Received & Acknowledged

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Status Date:	04/22/2016

Satisfied - Item:	VA Objection Response 2-5-13
Comments:	
Attachment(s):	VA Objection Response 2-5-13.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	Current Rate Sheets
Comments:	
Attachment(s):	VA Generation Protector Current Rates.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	Experience Exhibits - 1.25% Ultimate Lapse
Comments:	
Attachment(s):	Experience Exhibits - 1.25% Ultimate Lapse.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	Loss Ratio Analysis
Comments:	
Attachment(s):	Loss Ratio Analysis.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	Original Assumptions Compared to Current Assumptions
Comments:	
Attachment(s):	Original Assumptions compared to Current Assumptions.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	Assumption Actual to Expected
Comments:	
Attachment(s):	Assumption Actual to Expected.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Satisfied - Item:	VA Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	04/22/2016

Satisfied - Item:	VA Objection Response 5-17-13
Comments:	
Attachment(s):	VA Objection Response 5-17-13.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	VA Objection Response 6-28-13
Comments:	
Attachment(s):	Objection Response 6-28-13.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	Certificate of Readability
Comments:	Certificates of Readability has been moved to "Final Certificates of Readability" below.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	04/22/2016

Satisfied - Item:	Certificate of Compliance
Comments:	Certificates of Compliance have been moved to "Final Certificates of Compliance" below.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	04/22/2016

Satisfied - Item:	Policyholder Notification Letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	04/22/2016

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Satisfied - Item:	Statement of Variability
Comments:	Statements of Variability have been moved to "Final Statements of Variability" below.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	05/12/2016

Satisfied - Item:	Updated Morbidity Actual to Expected
Comments:	
Attachment(s):	Updated Morbidity Actual to Expected.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	Health Insurance Rate Request Summary Part I
Comments:	
Attachment(s):	Long Term Care Insurance Request Summary Part I.pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2016

Satisfied - Item:	VA Objection Response 6-6-14
Comments:	
Attachment(s):	Objection Response - 6.6.2014.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	Coverage Change Request Form 6-6-14
Comments:	Please see the "Final Coverage Change Request Form" item below.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	05/12/2016

Satisfied - Item:	VA Policyholder Notification Letter 6-6-14
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	06/08/2016

Satisfied - Item:	VA Objection Response 12-19-2014

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Comments:	
Attachment(s):	VA Objection Response 12-19-2014.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2015

Satisfied - Item:	VA Policyholder Notification Letter 12-19-2014
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	04/22/2016

Satisfied - Item:	VA Policyholder Notification Letter 1-27-2015
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	04/22/2016

Satisfied - Item:	Coverage Change Endorsement SOV
Comments:	Coverage Change Request form Statement of Variability has been moved to "Final Statements of Variability" below.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	04/22/2016

Satisfied - Item:	Final Statements of Variability
Comments:	
Attachment(s):	SOV for Endorsement 95440 VA Specific.pdf SOV for S2281-Coverage Change Request Form.pdf SOV for S2279-VA GPR Policyholder Notification Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2016

Satisfied - Item:	Final Certificates of Compliance
Comments:	
Attachment(s):	Policy Endorsement 95440_Certification of Compliance - Signed.pdf S2279-VA GPR Policyholder Notification Letter_Certification of Compliance - Signed.pdf S2281-Coverage Change Request Form_Certification of Compliance - Signed.pdf
Item Status:	Received & Acknowledged
Status Date:	04/22/2016

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2012 - GROUP 3
Project Name/Number: LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3

Satisfied - Item:	Final Certificates of Readability
Comments:	
Attachment(s):	Policy Endorsement 95440_Readability Certification - Signed.pdf S2281-Coverage Change Request Form_Readability Certification - Signed.pdf S2279-VA GPR Policyholder Notification Letter_Readability Certification - Signed.pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2016

Satisfied - Item:	Response to Objections Received on May 29, 2015 and June 1, 2015
Comments:	
Attachment(s):	Response to Objections Received on May 29 and June 1 2015.pdf
Item Status:	Received & Acknowledged
Status Date:	04/22/2016

Satisfied - Item:	Copy of Policy form 10-P-Q-VA
Comments:	
Attachment(s):	GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 1-100).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 101-160).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 161-240).pdf
Item Status:	Received & Acknowledged
Status Date:	04/22/2016

Satisfied - Item:	Additional Information to Assist in the Review
Comments:	
Attachment(s):	Additional Information to Assist Review.pdf
Item Status:	Received & Acknowledged
Status Date:	04/22/2016

Satisfied - Item:	Final Coverage Change Request Form
Comments:	We have moved the Coverage Change Request Form from the Form Schedule tab as requested.
Attachment(s):	S2281-Coverage Change Request Form.pdf
Item Status:	Received & Acknowledged
Status Date:	05/27/2016

Satisfied - Item:	Response to Objection Received on April 22, 2016
Comments:	
Attachment(s):	Response to Objection Received on April 22 2016.pdf

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Item Status:	Received & Acknowledged
Status Date:	05/12/2016

Satisfied - Item:	Response to Objection Received on May 12, 2016
Comments:	
Attachment(s):	Response to Objection Received on May 12 2016.pdf
Item Status:	Received & Acknowledged
Status Date:	05/27/2016

Satisfied - Item:	Response to Objection Received on June 1, 2016
Comments:	
Attachment(s):	Response to Objection Received on June 1 2016.pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2016

State:	Virginia	**Filing Company:**	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2012 - GROUP 3		
Project Name/Number:	LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3		

Attachment Assumptions.xlsx is not a PDF document and cannot be reproduced here.

Attachment Objection 5.xlsx is not a PDF document and cannot be reproduced here.

Attachment Objection 6.xlsx is not a PDF document and cannot be reproduced here.

Attachment Objection 9.xlsx is not a PDF document and cannot be reproduced here.

Allianz Life Insurance Company of North America

Home Office:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Actuarial Memorandum for 56.25% Premium Rate Increase
on Individual Long-Term Care Insurance Policy Forms:
10-P-Q-VA
Benefit Increase Riders:
10-R1, 10-R2, 10-R3, 10-R4, 10-R5
Other Riders:
10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2

I. Purpose of Filing

The purpose of this rate filing is to support and request a 56.25% rate increase to be implemented in 2 separate stages on the long-term care insurance policy forms and riders listed above. This rate increase will have a four year rate guarantee for the policyholder. The four year rate guarantee will begin at the time of the first rate increase. This filing may not be appropriate for other purposes.

The projections included in this filing are produced applying "moderately adverse" actuarial assumptions. These moderately adverse assumptions modify "best estimate" assumptions and include lowering the assumed ultimate (durations seven and above) voluntary lapse rate from 0.75% to 0.50%, lowering the assumed mortality from 80% of 1994 GAM to 70% of 1994 GAM and increasing the assumed claim costs by 5% for all attained ages. The "58/85" calculation of 50 IAC 2012.112 c) 2) applied to the historical experience and "moderately adverse" projected results of this filing produces a justified premium rate increase of 158%.

Our company intends to balance the need of the policyholder while complying with Virginia's Premium Rate Schedule Increases regulation (14VAC5-200-153). Therefore, while a 158% rate increase is justified, we feel that a 100% rate increase would be sufficient under moderately adverse conditions. However based on recent discussions with the Virginia State Corporation Commission, a cumulative rate increase of 56.25%, implemented as two separate stages, is being requested at this time. Our company is also offering a free Premium Increase Contingent Benefit Upon Lapse Rider (SERFF Tracking Number ALLB-128978105) that is eligible to all policyholders affected by this rate increase.

The Company is requesting to implement this increase under the following schedule:
(please note that the initial implementation date may change)

Anticipated Implementation Date	Increase Amount	Cumulative Increase
9/3/2016	25.0%	25.0%
9/3/2018	25.0%	56.25%

The Company no longer issues long-term care insurance policies.

II. Policyholder Options to mitigate impact of Premium Rate Increase

Assuming that the proposed rate increase becomes effective, policyholders will have the following options for each of the scheduled rate increases:

Policyholder Options to Reduce Benefits
Policyholders have the option to modify their policy benefits to mitigate the impact of the proposed rate increase. As examples, the options include, but are not limited to the following:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit, or
3. Increase their elimination period

Non-forfeiture Offers
In addition, the Company will give the policyholder the option to accept a non-forfeiture benefit if they meet the trigger for a substantial premium increase. Acceptance of the non-forfeiture benefit will provide the policyholder with a paid-up policy, with no future premiums required. Under this paid-up policy, the maximum benefit amount is equal to the greater of the sum of premiums paid or 30 times their daily benefit, and the daily benefit amount is equal to the policyholder's current daily benefit amount. Upon acceptance of this offer, the policyholder's current coverage is terminated. This offer would be made to all policyholders.

III. Scope of Filing

This filing applies to active policies issued in this state for the policy forms listed above. These policy forms are no longer being marketed. Nationwide, policies were issued from November, 2003 through September, 2009. **Exhibit 1** provides a distribution by state of the number of active lives and annualized premium in force as of 12/31/2013 under these policy forms.

IV. Premium Rate Increase Justification

A rate increase is necessary at this time because Company experience on its Long Term Care Insurance business indicates that the premium rates for these policy forms are inadequate. The premium rate increases helps to remediate the inadequacy of the current premiums and help to reduce any further losses.

Although the rate increase in this filing is not calculated to achieve a targeted loss ratio or return the company to profitability, this filing demonstrates that, even after implementation of the requested rate increase, both the projected future loss ratio and the lifetime anticipated loss ratio for these forms are higher than the required minimum loss ratio and therefore benefits are reasonable in relation to premiums. The required minimum loss ratio for these policy forms is as follows:

Type of Coverage:	Long Term Care Insurance
Renewal Clause:	Guaranteed Renewable
Required Minimum Loss Ratio:	60%

The projections included in the filing are produced by applying "moderately adverse" assumptions as outlined in section I. The "58/85" calculation of Section 14VAC5-200-153 Premium Rate Schedule Increases applied to the historical experience and projected results of this filing produces a justified premium rate increase of 158% based on the following calculation:

Following the format of Section (C)(2) of *14VAC5-200-153*, the "58/85" calculation is as follows (all dollar values in millions):

a) The accumulated value of the initial earned premium is $734.8. 58% of this value is $426.2.
b) The accumulated value of prior premium rate schedule increases is $0.0 . (no prior rate increases) 58% of this value is $0.0.
c) The present value of future projected initial earned premiums is $744.2. 58% of this value is $431.6.
d) The present value of future projected premiums not in c) above is calculated as follows:
    a. A rate increase of 158% produces additional premium (present value) of $1,175.8. This is calculated as 1.58 * ($744.2) = $1,175.8.
    b. 85% of this value is $999.4.
e) The accumulated value of past incurred claims is $85.1 (from Exhibit 2). The present value of future projected incurred claims is $1,777.5 (from Exhibit 4). (Both of these values exclude active life reserves.) The sum of these two values is $1,862.6.
f) The sum of a, b, c and d is $426.2 + $0.0 + $431.6 + $999.4 = $1,857.2. This is less than the value of e) or $1,862.6. Thus, a 158% rate increase is justified according to this "58/85" calculation.

V. Actuarial Assumptions

A. Interest: A 4.5% annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to present values.

B.(1). "Best Estimate" Policy Termination Rates: The projected future experience uses 80% of the gender-distinct 1994 GAM table for mortality, along with an ultimate lapse rate of 0.75%. Voluntary lapses by duration are as follows:

Duration	Lapse Rate
1	7.00 %
2	3.40 %
3	2.20 %
4	1.50 %
5	1.00 %
6	0.90 %

7	0.75 %	(for all durations 7 and above)

B.(2). "Moderately Adverse" Policy Termination Rates: The projected future experience uses 70% of the gender-distinct 1994 GAM table for mortality, along with an ultimate lapse rate of 0.50%. Voluntary lapses by duration are as follows:

Duration	Lapse Rate	
1	7.00 %	
2	3.40 %	
3	2.20 %	
4	1.50 %	
5	1.00 %	
6	0.90 %	
7	0.50 %	(for all durations 7 and above)

C.(1). "Best Estimate" Morbidity Rates: Attained age claim costs used in projecting future experience and the cost of the Waiver of Premium benefit for this form have been developed utilizing Company-specific policy experience enhanced with other industry data as needed. Claim costs vary by joint policy status (joint vs. single), gender and level of home health care (70%, 100% or 130%) with adjustments for elimination periods and riders.

C.(2). "Moderately Adverse" Morbidity Rates: Identical to "Best Estimate" morbidity rates with a 5% increase for adverse deviation.

D. Claim Reserves: The incurred claims shown in the nationwide historical experience include pending claim reserves and IBNR.

E. Rate Increase History: There are no prior rate increases on this policy form.

F. Effective Date:

- Policyholders will receive notice of the approved rate increase at least 75 days prior to the effective date of their increase.

- The approved rate increase will be effective on the policyholder's anniversary.

- All policyholders have a five year premium rate guarantee and the rate increase will not be implemented prior to the policyholder's fifth policy anniversary. This no longer applies as all policies are beyond this initial rate guarantee.

- The Company anticipates that the implementation of the rate increase will begin in 2016. For actuarial modeling, we have assumed that the rate increase becomes effective on the policyholder's first anniversary on or after September 3, 2016.

In terms of the impact on calendar year earned premium, the rate increase is 5% effective in 2016, 74% in 2017 and 100% effective in 2018. The remaining rate increase will impact calendar year earned premium in a similar fashion during the three years following implementation.

G. Premium Profile: please see **Exhibit 1** for lives and premium for policies issued in this state.

VI. Historical and Projected Future Experience

Exhibit 2 presents the nationwide experience since inception by "incurred year," or "loss year," for these policy forms and riders as of 12/31/2013.

Future experience has been projected for 2014 every year thereafter, as presented in **Exhibit 3** and **Exhibit 4**. Exhibit 3 includes the impact on future earned premium of the proposed premium rate increase (claims are also impacted by the rate increase, as waiver of premium and survivorship costs increase). All projected experience beyond 2060 is included in 2060+. In these exhibits, please note that the paid claims have been discounted with interest from the claim payment date back to the incurred date of the claim.

The annualized premium in force nationwide as of 12/31/2013 is $64,595,297.

The present values of earned premium and incurred claims, discounted at 4.5% after application of the proposed rate increase, are summarized below. The lifetime anticipated loss ratio is defined as the present value of the historical and projected future claims divided by the present value of the historical and projected future earned premiums.

12/31/2013 Present Values after Nationwide Proposed Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$ 734,806,600	$ 85,135,342	11.6%
Projected Future	$ 1,195,114,415	$1,811,196,231	151.6%
Lifetime Anticipated	$1,929,921,014	$1,896,331,573	98.3%

Exhibits 5-7 correspond to **Exhibits 2-4** but for Virginia only experience.

VII. Data Reliance

Ouling Lu, FSA, MAAA relied upon data as provided by LifeCare Assurance Company and our consultant John Timmerberg in performing this analysis. This data has been reviewed for reasonableness and consistency.

VIII. Actuarial Certification

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

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with the provisions of 14VAC5-200-153 and that it complies with applicable Actuarial Standards of Practice.

With the proposed rate increase of 56.25%, future rate increases are possible after the 4 year rate guarantee by the company.

I certify that, to the best of my knowledge and belief, the rates are not unfairly discriminatory and the gross premiums are not excessive. Based on current analysis, a 100% rate increase would be needed to certify, as required by 14VAC5-200-153 B 2 a, that if the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium increases are anticipated.

I have considered policy design, underwriting and claims adjudication practices.

Ouling Lu, FSA, MAAA
Assistant Actuary

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June 1, 2016

Exhibit 1

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 12/31/2013

Issue State	Lives	Premium
AK	70	$158,975
AL	543	$921,310
AR	320	$545,969
AZ	813	$1,499,680
CA	0	$0
CO	1,116	$2,026,128
CT	235	$659,285
DC	52	$103,817
DE	108	$177,097
FL	1,366	$2,848,797
GA	1,394	$2,601,293
HI	425	$891,600
IA	903	$1,547,777
ID	194	$364,767
IL	1,473	$2,630,247
IN	325	$618,274
KS	675	$1,101,302
KY	393	$665,056
LA	363	$569,540
MA	976	$2,425,396
MD	765	$1,546,008
ME	327	$660,619
MI	703	$1,306,493
MN	1,586	$2,681,480
MO	930	$1,583,370
MS	155	$252,894
MT	150	$282,121
NC	1,830	$3,307,447
ND	108	$179,981
NE	551	$1,036,081
NH	172	$326,951
NJ	785	$2,035,808
NM	263	$477,074
NV	124	$228,988
OH	1,043	$1,812,572
OK	379	$633,287
OR	595	$1,093,474
PA	1,720	$3,392,733
RI	91	$183,956
SC	480	$854,288
SD	258	$451,092
TN	750	$1,269,780
TX	3,654	$6,309,241
UT	182	$306,285
VA	1,886	$3,640,910
VT	152	$300,716
WA	2,489	$4,709,318
WI	572	$1,058,702
WV	84	$145,283
WY	79	$172,037
Total	34,607	$64,595,297

Exhibit 2

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 12/31/2013

Historical Experience by Loss Year

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,998	$426,814	2.5%
2005	$39,752,811	$1,161,884	2.9%
2006	$62,159,481	$4,125,668	6.6%
2007	$71,296,618	$4,060,210	5.7%
2008	$71,825,589	$6,692,562	9.3%
2009	$70,264,417	$6,893,223	9.8%
2010	$68,533,577	$8,155,474	11.9%
2011	$67,072,605	$9,304,766	13.9%
2012	$66,017,854	$14,946,346	22.6%
2013	$64,805,696	$18,446,432	28.5%
Total	$599,382,570	$74,213,379	12.4%

Historical Experience by Duration

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	$79,258,884	$1,522,738	1.9%
2	$75,607,324	$2,829,883	3.7%
3	$73,254,354	$4,960,578	6.8%
4	$71,153,838	$6,576,028	9.2%
5	$69,311,866	$8,480,516	12.2%
6	$67,453,848	$8,420,660	12.5%
7	$63,931,056	$11,851,754	18.5%
8	$53,232,008	$12,141,328	22.8%
9	$32,477,242	$12,033,295	37.1%
10	$13,021,297	$4,962,073	38.1%
11	$680,852	$434,526	63.8%
Total	$599,382,570	$74,213,379	12.4%

Present Values at 4.5%

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$734,806,600	$85,135,342	11.6%

Exhibit 3

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 12/31/2013

Historical and Projected Future Experience - After 56.25% Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,998	$426,814	2.5%
2005	$39,752,811	$1,161,884	2.9%
2006	$62,159,481	$4,125,668	6.6%
2007	$71,296,618	$4,060,210	5.7%
2008	$71,825,589	$6,692,562	9.3%
2009	$70,264,417	$6,893,223	9.8%
2010	$68,533,577	$8,155,474	11.9%
2011	$67,072,605	$9,304,766	13.9%
2012	$66,017,854	$14,946,346	22.6%
2013	$64,805,696	$18,446,432	28.5%
2014	$63,778,341	$13,308,174	20.9%
2015	$61,993,297	$15,585,685	25.1%
2016	$60,837,180	$18,187,730	29.9%
2017	$69,132,854	$20,955,191	30.3%
2018	$72,378,867	$24,053,372	33.2%
2019	$77,282,041	$27,903,337	36.1%
2020	$82,095,730	$31,836,562	38.8%
2021	$79,010,561	$36,096,160	45.7%
2022	$75,833,829	$40,802,523	53.8%
2023	$72,588,406	$45,996,154	63.4%
2024	$69,295,948	$51,653,338	74.5%
2025	$65,982,955	$57,838,479	87.7%
2026	$62,646,495	$64,503,076	103.0%
2027	$59,274,940	$71,556,888	120.7%
2028	$55,904,998	$78,928,357	141.2%
2029	$52,548,159	$86,640,705	164.9%
2030	$49,219,938	$94,661,357	192.3%
2031	$45,936,531	$102,746,946	223.7%
2032	$42,686,912	$110,459,421	258.8%
2033	$39,499,323	$117,877,596	298.4%
2034	$36,398,461	$124,862,750	343.0%
2035	$33,390,149	$131,293,438	393.2%
2036	$30,477,499	$136,826,741	448.9%
2037	$27,680,118	$141,432,875	511.0%
2038	$25,018,604	$144,973,341	579.5%
2039	$22,486,823	$147,450,878	655.7%
2040	$20,105,901	$148,748,995	739.8%
2041	$17,878,374	$148,734,215	831.9%
2042	$15,806,958	$147,432,046	932.7%
2043	$13,894,089	$144,958,975	1043.3%
2044	$12,141,762	$141,404,000	1164.6%
2045	$10,549,670	$136,711,129	1295.9%
2046	$9,110,344	$131,023,434	1438.2%
2047	$7,822,859	$124,523,482	1591.8%
2048	$6,678,185	$117,289,779	1756.3%
2049	$5,668,742	$109,371,204	1929.4%
2050	$4,785,717	$101,106,071	2112.7%
2051	$4,017,601	$92,666,490	2306.5%
2052	$3,354,102	$84,339,492	2514.5%
2053	$2,785,748	$76,103,511	2731.9%
2054	$2,302,155	$68,184,677	2961.8%
2055	$1,893,426	$60,668,494	3204.2%
2056	$1,549,918	$53,623,401	3459.8%
2057	$1,262,916	$47,081,414	3728.0%
2058	$1,024,462	$41,076,440	4009.6%
2059	$827,401	$35,638,810	4307.3%
2060+	$3,141,499	$188,579,334	6002.8%
Total	$2,179,363,359	$4,211,909,846	193.3%

Present Value at 4.5%
With Rate Increase

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$734,806,600	$85,135,342	11.6%
Projected Future	$963,317,255	$1,419,679,336	147.4%
Lifetime Anticipated	$1,698,123,855	$1,504,814,678	88.6%

Exhibit 4

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 12/31/2013

Historical and Projected Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,998	$426,814	2.5%
2005	$39,752,811	$1,161,884	2.9%
2006	$62,159,481	$4,125,668	6.6%
2007	$71,296,618	$4,060,210	5.7%
2008	$71,825,589	$6,692,562	9.3%
2009	$70,264,417	$6,893,223	9.8%
2010	$68,533,577	$8,155,474	11.9%
2011	$67,072,605	$9,304,766	13.9%
2012	$66,017,854	$14,946,346	22.6%
2013	$64,805,696	$18,446,432	28.5%
2014	$63,918,816	$13,826,140	21.6%
2015	$62,434,996	$16,214,547	26.0%
2016	$60,884,076	$18,963,585	31.1%
2017	$59,344,957	$21,986,843	37.0%
2018	$57,766,279	$25,400,169	44.0%
2019	$56,114,759	$29,279,251	52.2%
2020	$54,396,118	$33,633,317	61.8%
2021	$52,636,835	$38,543,009	73.2%
2022	$50,831,221	$44,024,277	86.6%
2023	$48,964,583	$50,136,285	102.4%
2024	$47,049,699	$56,867,199	120.9%
2025	$45,102,934	$64,302,946	142.6%
2026	$43,120,867	$72,406,581	167.9%
2027	$41,094,149	$81,092,614	197.3%
2028	$39,046,342	$90,296,123	231.3%
2029	$36,984,002	$100,055,979	270.5%
2030	$34,916,727	$110,350,832	316.0%
2031	$32,854,846	$120,914,634	368.0%
2032	$30,789,961	$131,254,246	426.3%
2033	$28,740,977	$141,459,558	492.2%
2034	$26,724,749	$151,364,251	566.4%
2035	$24,745,440	$160,814,872	649.9%
2036	$22,805,542	$169,393,393	742.8%
2037	$20,919,407	$177,034,638	846.3%
2038	$19,102,312	$183,540,321	960.8%
2039	$17,351,333	$188,873,612	1088.5%
2040	$15,683,108	$192,843,922	1229.6%
2041	$14,101,333	$195,238,977	1384.5%
2042	$12,610,202	$196,027,503	1554.5%
2043	$11,213,910	$195,279,477	1741.4%
2044	$9,916,559	$193,039,453	1946.6%
2045	$8,720,684	$189,181,913	2169.3%
2046	$7,623,728	$183,832,346	2411.3%
2047	$6,627,755	$177,167,399	2673.1%
2048	$5,728,876	$169,212,069	2953.7%
2049	$4,924,105	$159,992,298	3249.2%
2050	$4,209,293	$149,948,695	3562.3%
2051	$3,578,025	$139,320,278	3893.8%
2052	$3,024,462	$128,501,342	4248.7%
2053	$2,543,045	$117,495,661	4620.3%
2054	$2,127,260	$106,638,932	5013.0%
2055	$1,770,630	$96,092,243	5427.0%
2056	$1,466,577	$85,988,650	5863.2%
2057	$1,208,961	$76,419,045	6321.1%
2058	$991,982	$67,460,478	6800.6%
2059	$810,280	$59,205,852	7306.8%
2060+	$3,242,280	$334,725,754	10323.8%
Total	$1,800,147,552	$5,579,854,888	310.0%

Present Values at 4.5%
Without Rate Increase

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$734,806,600	$85,135,342	11.6%
Projected Future	$744,163,228	$1,777,513,532	238.9%
Lifetime Anticipated	$1,478,969,828	$1,862,648,874	125.9%

Exhibit 5

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 10-P-Q-VA
As of 12/31/2013

Historical Experience by Loss Year

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$1,992	$0	0.0%
2004	$613,928	$0	0.0%
2005	$1,805,953	$0	0.0%
2006	$3,418,250	$699	0.0%
2007	$4,132,246	$145,215	3.5%
2008	$4,004,907	$82,092	2.0%
2009	$3,903,159	$6,276	0.2%
2010	$3,817,934	$49,608	1.3%
2011	$3,755,425	$1,102,916	29.4%
2012	$3,705,895	$541,032	14.6%
2013	$3,650,656	$244,304	6.7%
Total	$32,810,345	$2,172,141	6.6%

Historical Experience by Duration

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	$4,346,106	$0	0.0%
2	$4,181,358	$699	0.0%
3	$4,045,127	$224,283	5.5%
4	$3,932,806	$0	0.0%
5	$3,849,432	$302,700	7.9%
6	$3,790,419	$69,761	1.8%
7	$3,727,656	$805,965	21.6%
8	$2,980,452	$62,905	2.1%
9	$1,480,623	$576,117	38.9%
10	$475,393	$129,711	27.3%
11	$974	$0	0.0%
Total	$32,810,345	$2,172,141	6.6%

Present Values at 4.5%

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$40,014,420	$2,423,300	6.1%

Exhibit 6

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 10-P-Q-VA
As of 12/31/2013

Historical and Projected Future Experience - After 56.25% Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$1,992	$0	0.0%
2004	$613,928	$0	0.0%
2005	$1,805,953	$0	0.0%
2006	$3,418,250	$699	0.0%
2007	$4,132,246	$145,215	3.5%
2008	$4,004,907	$82,092	2.0%
2009	$3,903,159	$6,276	0.2%
2010	$3,817,934	$49,608	1.3%
2011	$3,755,425	$1,102,916	29.4%
2012	$3,705,895	$541,032	14.6%
2013	$3,650,656	$244,304	6.7%
2014	$3,606,711	$481,504	13.4%
2015	$3,530,339	$578,785	16.4%
2016	$3,477,431	$695,993	20.0%
2017	$3,954,677	$814,826	20.6%
2018	$4,189,657	$937,531	22.4%
2019	$4,491,050	$1,094,777	24.4%
2020	$4,846,603	$1,262,693	26.1%
2021	$4,715,713	$1,450,571	30.8%
2022	$4,578,043	$1,667,091	36.4%
2023	$4,436,583	$1,903,822	42.9%
2024	$4,291,419	$2,167,843	50.5%
2025	$4,142,667	$2,463,534	59.5%
2026	$3,990,492	$2,803,829	70.3%
2027	$3,835,116	$3,181,080	82.9%
2028	$3,676,815	$3,597,288	97.8%
2029	$3,515,919	$4,061,013	115.5%
2030	$3,351,390	$4,590,519	137.0%
2031	$3,184,555	$5,145,579	161.6%
2032	$3,014,710	$5,729,038	190.0%
2033	$2,845,070	$6,311,372	221.8%
2034	$2,678,755	$6,940,837	259.1%
2035	$2,512,447	$7,573,479	301.4%
2036	$2,345,557	$8,196,667	349.5%
2037	$2,182,762	$8,776,871	402.1%
2038	$2,023,447	$9,334,411	461.3%
2039	$1,867,644	$9,855,205	527.7%
2040	$1,716,074	$10,329,709	601.9%
2041	$1,569,445	$10,708,893	682.3%
2042	$1,428,423	$11,008,968	770.7%
2043	$1,293,614	$11,244,121	869.2%
2044	$1,165,550	$11,409,238	978.9%
2045	$1,044,680	$11,466,269	1097.6%
2046	$931,362	$11,412,667	1225.4%
2047	$825,850	$11,282,866	1366.2%
2048	$728,287	$11,054,697	1517.9%
2049	$638,708	$10,742,357	1681.9%
2050	$557,034	$10,334,259	1855.2%
2051	$483,089	$9,870,566	2043.2%
2052	$416,609	$9,341,691	2242.3%
2053	$357,259	$8,780,289	2457.7%
2054	$304,638	$8,173,846	2683.1%
2055	$258,300	$7,564,008	2928.4%
2056	$217,766	$6,959,733	3196.0%
2057	$182,545	$6,347,714	3477.3%
2058	$152,149	$5,734,075	3768.7%
2059	$126,094	$5,147,047	4081.9%
2060+	$529,925	$31,716,929	5985.2%
Total	$139,023,318	$324,418,240	233.4%

Present Value at 4.5%
With Rate Increase

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$40,014,420	$2,423,300	6.1%
Projected Future	$61,007,864	$91,781,038	150.4%
Lifetime Anticipated	$101,022,284	$94,204,337	93.3%

Exhibit 7

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 10-P-Q-VA
As of 12/31/2013

Historical and Projected Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$1,992	$0	0.0%
2004	$613,928	$0	0.0%
2005	$1,805,953	$0	0.0%
2006	$3,418,250	$699	0.0%
2007	$4,132,246	$145,215	3.5%
2008	$4,004,907	$82,092	2.0%
2009	$3,903,159	$6,276	0.2%
2010	$3,817,934	$49,608	1.3%
2011	$3,755,425	$1,102,916	29.4%
2012	$3,705,895	$541,032	14.6%
2013	$3,650,656	$244,304	6.7%
2014	$3,613,400	$491,515	13.6%
2015	$3,551,320	$585,923	16.5%
2016	$3,472,786	$697,864	20.1%
2017	$3,394,357	$818,703	24.1%
2018	$3,329,720	$948,922	28.5%
2019	$3,262,313	$1,105,570	33.9%
2020	$3,192,076	$1,287,628	40.3%
2021	$3,118,961	$1,498,299	48.0%
2022	$3,042,937	$1,743,550	57.3%
2023	$2,963,991	$2,014,892	68.0%
2024	$2,882,123	$2,320,788	80.5%
2025	$2,797,349	$2,667,073	95.3%
2026	$2,709,713	$3,068,987	113.3%
2027	$2,619,296	$3,519,148	134.4%
2028	$2,526,210	$4,020,777	159.2%
2029	$2,430,606	$4,585,339	188.7%
2030	$2,331,681	$5,234,513	224.5%
2031	$2,230,271	$5,924,465	265.6%
2032	$2,125,806	$6,659,903	313.3%
2033	$2,020,423	$7,407,672	366.6%
2034	$1,916,231	$8,224,878	429.2%
2035	$1,810,872	$9,061,369	500.4%
2036	$1,703,878	$9,902,924	581.2%
2037	$1,598,461	$10,710,119	670.0%
2038	$1,494,173	$11,505,844	770.0%
2039	$1,391,022	$12,272,116	882.2%
2040	$1,289,513	$12,995,614	1007.8%
2041	$1,190,159	$13,617,096	1144.1%
2042	$1,093,459	$14,155,179	1294.5%
2043	$999,894	$14,622,259	1462.4%
2044	$909,908	$15,007,734	1649.4%
2045	$823,905	$15,261,796	1852.4%
2046	$742,240	$15,377,836	2071.8%
2047	$665,207	$15,394,329	2314.2%
2048	$593,032	$15,272,847	2575.4%
2049	$525,873	$15,025,962	2857.3%
2050	$463,811	$14,636,729	3155.8%
2051	$406,855	$14,152,751	3478.6%
2052	$354,944	$13,559,159	3820.1%
2053	$307,959	$12,898,068	4188.2%
2054	$265,723	$12,154,985	4574.3%
2055	$228,013	$11,386,035	4993.6%
2056	$194,567	$10,605,114	5450.6%
2057	$165,101	$9,794,163	5932.2%
2058	$139,314	$8,959,949	6431.5%
2059	$116,901	$8,143,974	6966.6%
2060+	$522,090	$54,220,154	10385.2%
Total	$112,338,788	$437,692,658	389.6%

Present Values at 4.5%
Without Rate Increase

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$40,014,420	$2,423,300	6.1%
Projected Future	$46,403,606	$116,365,948	250.8%
Lifetime Anticipated	$86,418,025	$118,789,248	137.5%

Exhibit 1

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

	A		B	C = B/A	D	E	F=E/D	
Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Expected Earned Premium [1]	Expected Incurred Claims [2]	Expected Loss Ratio	Actual to Expected Claims
2003	886,924	0	0	0.0%	886,924	14,916	1.7%	0.0%
2004	16,766,998	237,021	316,168	1.9%	16,764,487	290,981	1.7%	108.7%
2005	39,752,811	711,073	829,665	2.1%	39,535,574	846,591	2.1%	98.0%
2006	62,159,481	2,850,523	4,337,521	7.0%	61,465,312	1,651,822	2.7%	262.6%
2007	71,296,618	2,546,731	3,557,534	5.0%	69,754,746	2,542,432	3.6%	139.9%
2008	71,825,589	4,575,304	7,264,603	10.1%	69,350,626	3,533,714	5.1%	205.6%
2009	70,264,417	4,667,900	7,352,678	10.5%	67,242,299	4,709,267	7.0%	156.1%
2010	68,533,577	4,197,353	9,694,820	14.1%	64,904,657	6,064,412	9.3%	159.9%
2011	67,072,605	2,651,536	10,591,897	15.8%	62,546,999	7,535,310	12.0%	140.6%
2012	32,938,222	416,542	6,674,870	20.3%	30,088,338	4,544,459	15.1%	146.9%
	501,497,242	22,853,983	50,619,756	10.1%	482,539,963	31,733,905	6.6%	159.5%

Historical Experience by Duration

Duration	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Expected Earned Premium [1]	Expected Incurred Claims [2]	Expected Loss Ratio	Actual to Expected Claims
1	79,258,884	1,042,428	1,566,753	2.0%	79,258,884	1,332,911	1.7%	117.5%
2	75,607,324	1,084,093	1,721,942	2.3%	74,292,283	2,058,097	2.8%	83.7%
3	73,252,303	4,301,784	5,943,122	8.1%	70,937,899	2,902,843	4.1%	204.7%
4	70,916,300	3,858,100	6,550,051	9.2%	68,063,171	3,936,477	5.8%	166.4%
5	68,232,125	5,089,913	9,970,461	14.6%	64,515,716	5,095,763	7.9%	195.7%
6	61,822,942	3,726,810	8,714,041	14.1%	56,655,988	5,986,916	10.6%	145.6%
7	44,398,227	2,607,472	9,206,561	20.7%	40,806,312	5,514,720	13.5%	166.9%
8	23,195,674	1,048,006	5,430,274	23.4%	21,382,299	3,546,597	16.6%	153.1%
9	4,812,097	95,377	1,516,551	31.5%	6,324,016	1,285,723	20.3%	118.0%
10	1,366	0	0	0.0%	303,393	73,858	24.3%	0.0%
	501,497,242	22,853,983	50,619,756	10.1%	482,539,963	31,733,905	6.6%	159.5%

Present values at 4.5%

	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Expected Earned Premium	Expected Incurred Claims	Expected Loss Ratio	Actual to Expected Claims
Historical	593,127,524	26,749,157	57,118,644	9.6%	572,029,157	35,587,207	6.2%	160.5%

[1] Column "D" - Expected Earned Premium: the premium anticipated to be earned from the inception of each policy, under the original pricing persistency actuarial assumptions (voluntary lapse rates by policy duration and mortality by gender and attained age).

[2] Column "E" - Expected Incurred Claims: the anticipated incurred claims from the inception of each policy, under the original pricing persistency actuarial assumptions (voluntary lapse rates by policy duration and mortality by gender and attained age) and original pricing expected loss ratios (by policy duration).

Exhibit 2

Allianz Life Insurance Company of North America
Virgina Only
Policy Form Series : 10-P-Q
As of 06/30/2012

Year	A Earned Premium	Paid Claims	B Incurred Claims	C = B/A Loss Ratio	D Expected Earned Premium [1]	E Expected Incurred Claims [2]	F=E/D Expected Loss Ratio	Actual to Expected Claims
2003	1,992	0	0	0.0%	1,992	33	1.7%	0.0%
2004	613,928	0	0	0.0%	613,927	10,345	1.7%	0.0%
2005	1,805,953	0	0	0.0%	1,786,940	36,339	2.0%	0.0%
2006	3,418,250	698	698	0.0%	3,383,322	82,539	2.4%	0.8%
2007	4,132,246	3,730	3,730	0.1%	4,027,359	132,950	3.3%	2.8%
2008	4,004,907	161,202	213,549	5.3%	3,847,800	184,445	4.8%	115.8%
2009	3,903,159	5,587	5,587	0.1%	3,704,397	246,807	6.7%	2.3%
2010	3,817,934	102,991	102,991	2.7%	3,574,861	320,106	9.0%	32.2%
2011	3,755,425	96,238	763,024	20.3%	3,447,132	401,166	11.6%	190.2%
2012	1,849,188	3,613	109,758	5.9%	1,658,662	243,223	14.7%	45.1%
	27,302,982	374,059	1,199,337	4.4%	26,046,393	1,657,953	6.4%	72.3%

Historical Experience by Duration

Duration	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Expected Earned Premium [1]	Expected Incurred Claims [2]	Expected Loss Ratio	Actual to Expected Claims
1	4,346,106	0	0	0.0%	4,346,106	73,089	1.7%	0.0%
2	4,181,358	698	698	0.0%	4,073,766	112,854	2.8%	0.6%
3	4,045,127	3,730	56,077	1.4%	3,891,457	159,242	4.1%	35.2%
4	3,932,806	161,202	161,202	4.1%	3,747,193	216,721	5.8%	74.4%
5	3,849,432	127,672	298,255	7.7%	3,622,468	286,120	7.9%	104.2%
6	3,635,574	64,500	379,600	10.4%	3,165,227	334,474	10.6%	113.5%
7	2,235,490	16,257	173,731	7.8%	2,071,449	279,944	13.5%	62.1%
8	955,983	0	23,629	2.5%	908,027	150,611	16.6%	15.7%
9	121,106	0	106,145	87.6%	220,019	44,732	20.3%	237.3%
10	0	0	0	0.0%	681	166	24.3%	n/a
	27,302,982	374,059	1,199,337	4.4%	26,046,393	1,657,953	6.4%	72.3%

Present values at 4.5%

	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Expected Earned Premium	Expected Incurred Claims	Expected Loss Ratio	Actual to Expected Claims
Historical	32,128,088	420,860	1,287,395	4.0%	30,731,605	1,853,678	6.0%	69.5%

[1] Column "D" - Expected Earned Premium: the premium anticipated to be earned from the inception of each policy, under the original pricing persistency actuarial assumptions (voluntary lapse rates by policy duration and mortality by gender and attained age).

[2] Column "E" - Expected Incurred Claims: the anticipated incurred claims from the inception of each policy, under the original pricing persistency actuarial assumptions (voluntary lapse rates by policy duration and mortality by gender and attained age) and original pricing expected loss ratios (by policy duration).

Allianz Life Insurance Company of North America
Policy Form Series : 10-P-Q

State Name	State Abbreviation	Date Filed	Date Approved	Amount Requested Generation Protector (10-P-Q)	Amount Approved Generation Protector (10-P-Q)
Alabama	AL	10/29/2012	12/6/2012	25.0%	20.0%
Alaska	AK	10/25/2012	11/16/2012	25.0%	25.0%
Arizona	AZ	11/19/2012		25.0%	
Arkansas	AR	Not Filed			
California	CA	Not Filed		no inforce business	no inforce business
Colorado	CO	10/25/2012		25.0%	
Connecticut	CT	Not Filed			
Delaware	DE	10/29/2012		20.0%	
Dist. of Columbia	DC	Not Filed			
Florida	FL	Not Filed			
Georgia	GA	10/31/2012		25.0%	
Hawaii	HI	10/31/2012		25.0%	
Idaho	ID	11/2/2012		25.0%	
Illinois	IL	11/6/2012		25.0%	
Indiana	IN	Not Filed			
Iowa	IA	11/8/2012		25.0%	
Kansas	KS	10/29/2012		25.0%	
Kentucky	KY	11/7/2012		25.0%	
Louisiana	LA	Not Filed			
Maine (Post RS)*	ME	11/15/2012	1/18/2013	25.0%	25.0%
Maine (Pre RS)**	ME	12/19/2012			
Maryland	MD	10/29/2012	11/13/2012	15.0%	15.0%
Massachusetts	MA	Not Filed			
Michigan	MI	10/25/2012	11/26/2012	25.0%	25.0%
Minnesota	MN	Not Filed			
Mississippi	MS	11/8/2012		25.0%	
Missouri	MO	Not Filed			
Montana	MT	10/25/2012	12/3/2012	25.0%	10.0%
Nebraska	NE	10/31/2012		25.0%	
Nevada	NV	Not Filed			
New Hampshire	NH	12/7/2012		25.0%	
New Jersey	NJ	11/7/2012		25.0%	
New Mexico	NM	11/8/2012		25.0%	
New York	NY	Not Filed		no inforce business	no inforce business
North Carolina	NC	11/21/2012		25.0%	
North Dakota	ND	10/31/2012	1/9/2013	25.0%	15.0%
Ohio	OH	11/7/2012		25.0%	
Oklahoma	OK	11/8/2012	1/3/2013	25.0%	25.0%
Oregon	OR	11/7/2012		25.0%	
Pennsylvania	PA	11/15/2012		25.0%	
Rhode Island	RI	Not Filed			
South Carolina	SC	11/5/2012		25.0%	
South Dakota	SD	11/7/2012	12/26/2012	25.0%	25.0%
Tennessee	TN	11/7/2012		25.0%	
Texas	TX	11/27/2012		25.0%	
Utah	UT	Not Filed			
Vermont	VT	Not Filed			
Virginia	VA	11/7/2012		25.0%	
Washington	WA	11/7/2012		25.0%	
West Virginia	WV	11/16/2012	1/30/2013	25.0%	25.0%
Wisconsin	WI	11/7/2012		25.0%	
Wyoming	WY	10/23/2012		25.0%	

Allianz Life Insurance Company of North America
Policy Form Series : 10-P-Q
As of 06/30/2012

	Policyholders	Current Annualized Premium	Proposed Annualized Premium (after 25% rate increase)	Current Average Premium	Proposed Average Premium
Virginia	1,915	$3,713,613	$4,642,016	$1,939.22	$2,424.03
Nationwide	35,286	$66,145,792	$82,682,240	$1,874.56	$2,343.20

AZL-LTC Claim Reserve Methodology

The following documents the process of determining claim reserves, IBNR and other claim liabilities (i.e. amounts due but not yet paid) for policies administered by Allianz. The methods and assumptions described here are applied to both GAAP and statutory reporting.

Data

The following parameters are used in the calculation:

1. Date of claim incurral
2. Elimination period (in days)
3. Gender of claimant
4. Age of claimant at incurral
5. Monthly benefit amount
6. Amount of benefits paid to date
7. Valuation interest rate (currently at 4% or 4.5% for both statutory and GAAP)
8. Claim status (active, pending)
9. Provider type (i.e. nursing home, home care)
10. Plan/product code (i.e. Future Select, Generation Protector)
11. Effective date of policy (used to determine COLA benefits if applicable)
12. COLA benefits indicator (i.e. None, Compound, Simple)
13. Annualized premium (used to determine waiver of premium benefits if applicable)

Claim Reserves

At each valuation date, a claim reserve is computed for each active and pending claim case.

For **active claims**, the claim reserve is calculated as the present value of future benefits from the valuation date to the end of the benefit period. Benefit amounts are discounted for interest and claim continuance. Claim continuance is based on an adjusted version of the 1985 National Nursing Home Study ("1985 NNHS") – Table 11. This table is sex-distinct and provides continuance rates through 25 years from claim incurral. Adjustments are based on an industry study of actual LTC claim experience. These adjustments change the average length of stay (ALOS) in the 1985 NNHS to a level consistent with the ALOS in the industry study plus a 10% margin (provision for adverse deviation). For nursing home care, these adjustments decrease the ALOS during the first six months of claim and increase it for the period beyond six months. Overall, the 1985 NNHS lifetime benefit ALOS was increased by 20% to 35%. For home or informal care, the 1985 NNHS lifetime ALOS was decreased by 45% for all ages.

The formula for the claim reserve on active claims is as follows:

Active claim reserve = $\sum [h * B(t) * p(t) * v(t-s)] / p(s)$ for $t = s$ to N where,

s = number of days from the incurral date to the valuation,

$p(t)$ = claim continuance at time t (in days), i.e. the probability of being on claim t days from incurral. For indemnity coverage, $B(t)$ is used in monthly, step-rated fashion in order to reflect the monthly payment pattern of this type of coverage (i.e. Life Select, Alldemnity). In other words, $p(1)$ is used for the 1st through the 30th day, $p(31)$ is used for the 31st through the 60th day, etc.,

h = home care adjustment = 5/7. This is used for home or informal care claims under expense reimbursement coverages (i.e. Future Select, Future Choice, Freedom Care, Generation Protector) and reflects our expectations of benefit utilization (number of days per week x % of maximum benefit reimbursed) under home or informal care. Note that $h=1$ for nursing home care and indemnity claims,

N = number of days from incurral to the end of the benefit period. For nursing home care claims, this is the total of the contract's elimination period and the contract benefit period. For home or informal care claims the contract elimination period and benefit period are adjusted by applying a factor of 7/5 to reflect the utilization in home care payments mentioned above. Note that the benefit period will be handled differently for coverages such as Freedom Care where the benefit period is based on a total dollar amount,

B(t) = benefit payment on day t. Note that B(t) = 0 for t <= elimination period, and for t > benefit period + elimination period,

v(t) = interest discount factor for day t = [1 / (1 + i)] ^ [(t - 1) / 365], where i = annual valuation interest rate.

Waiver of premium claim reserves are calculated similarly with the following exceptions: (1) the WP elimination period is always set to 90 days, which may differ from the facility or home care EP; (2) h is always equal to 1; (3) the benefit period is equal to the premium paying period; and (4) the benefit is equal to the annualized premium divided by 365.

Thus, the formula for the waiver of premium claim reserve is:

Waiver of premium claim reserve = ∑ {[AP(t) / 365] * p(t) * v(t-s)} / p(s) for t = s to P where,

p, v, and s are as defined above, and

AP(t) = annualized gross premium on day t.

Note that the waiver of premium reserve is not held for single pay policies.

For **pending claims**, the claim reserve is determined similar to the above except that the incurral date is substituted for the valuation date i.e. the claim reserve is determined as of the incurral date. In addition, a factor of 80% is applied to reflect the likelihood of approval (i.e. moving from pending to active status). This percentage is conservative, based on industry experience and may be modified depending upon our actual future experience.

Thus, the formula for the claim reserve on pending claims is as follows:

Pending claim reserve = ∑ 0.8 * [AP(t) / 365] * p(t) * v(t) for t = 0 to N.

<u>Incurred But Not Reported (IBNR)</u>

The liability for IBNR claims is determined by applying completion factors to reported claims. The completion percentages were derived from a lag study performed on the LifeCare business which included reported claims from 1994 to 2000. The completion percentages below represent the ratio of the number of cumulative incurred claims reported "m" months from incurral to the total or ultimate number of incurred claims. The LifeCare study produced the following percentages:

Reported Month less Incurred Month (m)	Completion Percentages from LifeCare Lag Study	Percentages Applied in Valuation/Reporting
0	53.5%	50%
1	70.3%	65%
2	79.2%	75%
3	90.1%	90%
4	94.1%	95%
5	99.0%	100%
6+	100.0%	100%

As one can see, based on this study, all claims are generally reported by 6 months from incurral. Due to the potentially large expense involved, these long term claims are typically reported promptly by the claimant.

The completion percentages actually used for financial reporting are simply rounded percentages of the raw percentages from the lag study. In addition, due to the largely judgmental and volatile nature of IBNR, an explicit margin of 20% is included. This percentage may be modified as our own experience becomes more credible.

The IBNR liability is determined as follows:

$IBNR = (1+M) \sum R(0,m) / [1 / c(m) - 1]$ for $m = 0$ to 5 where,

M = explicit margin for adverse deviation
m = duration in months from incurred date to reported date
R(0,m) = claim reserve at incurral for all reported claims m months from incurral date
c(m) = completion percentage in reported duration m

Other Claim Liabilities (Claim Accrual Liability)

The liability for amounts due but not yet paid, typically found in Exhibit 8 of the annual statement, is calculated as the claim amount due to be paid between the claim paid-to date and the valuation date. Note that this liability is calculated for active claims but not for pending claims.

The formula for this liability is:

Claim accrual liability $= \sum h * B(t)$ for $t =$ ptd to s where,

h and B(t) are defined as in the claim reserve section above, and

ptd = claim paid-to date.

Exhibit 1

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Issue State	Lives	Premium
AK	70	$159,179
AL	560	$956,622
AR	325	$555,328
AZ	828	$1,543,622
CO	1130	$2,055,666
CT	242	$685,147
DC	54	$107,125
DE	114	$192,320
FL	1399	$2,936,429
GA	1424	$2,657,819
HI	432	$905,440
IA	912	$1,568,612
ID	202	$380,797
IL	1497	$2,680,963
IN	331	$628,970
KS	686	$1,125,875
KY	400	$680,958
LA	365	$581,692
MA	992	$2,471,980
MD	778	$1,592,614
ME	337	$677,980
MI	721	$1,355,336
MN	1612	$2,730,868
MO	955	$1,630,074
MS	158	$262,780
MT	150	$282,121
NC	1872	$3,402,053
ND	109	$185,777
NE	559	$1,049,641
NH	173	$329,629
NJ	808	$2,110,150
NM	264	$478,204
NV	131	$242,698
OH	1066	$1,855,339
OK	387	$659,664
OR	609	$1,121,127
PA	1759	$3,487,641
RI	91	$183,501
SC	493	$875,577
SD	263	$464,278
TN	768	$1,317,468
TX	3723	$6,431,689
UT	186	$317,394
VA	1915	$3,713,613
VT	154	$303,950
WA	2534	$4,803,647
WI	582	$1,085,390
WV	87	$148,988
WY	79	$172,057
Total		$66,145,792

Exhibit 2

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical Experience by Loss Year

Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
2003	$886,924	$0	$0	0.0%
2004	$16,766,998	$237,021	$316,168	1.9%
2005	$39,752,811	$711,073	$829,665	2.1%
2006	$62,159,481	$2,850,523	$4,337,521	7.0%
2007	$71,296,618	$2,546,731	$3,557,534	5.0%
2008	$71,825,589	$4,575,304	$7,264,603	10.1%
2009	$70,264,417	$4,667,900	$7,352,678	10.5%
2010	$68,533,577	$4,197,353	$9,694,820	14.1%
2011	$67,072,605	$2,651,536	$10,591,897	15.8%
2012 (6 mos.)	$32,938,222	$416,542	$6,674,870	20.3%
	$501,497,242	$22,853,983	$50,619,756	10.1%

Historical Experience by Duration

Duration	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
1	$79,258,884	$1,042,428	$1,566,753	2.0%
2	$75,607,324	$1,084,093	$1,721,942	2.3%
3	$73,252,303	$4,301,784	$5,943,122	8.1%
4	$70,916,300	$3,858,100	$6,550,051	9.2%
5	$68,232,125	$5,089,913	$9,970,461	14.6%
6	$61,822,942	$3,726,810	$8,714,041	14.1%
7	$44,398,227	$2,607,472	$9,206,561	20.7%
8	$23,195,674	$1,048,006	$5,430,274	23.4%
9	$4,812,097	$95,377	$1,516,551	31.5%
10	$1,366	$0	$0	0.0%
	$501,497,243	$22,853,983	$50,619,755	10.1%

Present Values at 6.5%

	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
Historical	$639,372,777	$28,678,171	$60,300,333	9.4%

Exhibit 3

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Projected Future Experience - After 25% Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
7/2012-12/2012	$32,381,297	$4,996,635	15.4%
2013	$64,070,110	$11,152,023	17.4%
2014	$72,788,493	$13,135,918	18.0%
2015	$75,280,744	$15,393,854	20.4%
2016	$73,079,583	$17,915,038	24.5%
2017	$70,865,643	$20,612,597	29.1%
2018	$68,615,612	$23,611,275	34.4%
2019	$66,311,849	$26,983,321	40.7%
2020	$63,926,028	$30,731,054	48.1%
2021	$61,502,952	$34,919,037	56.8%
2022	$59,037,791	$39,556,141	67.0%
2023	$56,515,535	$44,677,562	79.1%
2024	$53,954,822	$50,268,747	93.2%
2025	$51,378,846	$56,393,238	109.8%
2026	$48,783,976	$63,002,426	129.1%
2027	$46,165,117	$69,999,483	151.6%
2028	$43,548,399	$77,324,403	177.6%
2029	$40,938,429	$84,997,333	207.6%
2030	$38,348,668	$92,977,613	242.5%
2031	$35,792,225	$101,036,170	282.3%
2032	$33,262,698	$108,747,376	326.9%
2033	$30,785,551	$116,173,622	377.4%
2034	$28,372,598	$123,173,315	434.1%
2035	$26,029,745	$129,630,125	498.0%
2036	$23,760,203	$135,223,089	569.1%
2037	$21,579,865	$139,893,111	648.3%
2038	$19,505,721	$143,506,484	735.7%
2039	$17,536,526	$146,063,987	832.9%
2040	$15,680,409	$147,476,940	940.5%
2041	$13,943,869	$147,569,851	1058.3%
2042	$12,329,015	$146,391,477	1187.4%
2043	$10,837,751	$144,036,235	1329.0%
2044	$9,471,637	$140,603,922	1484.5%
2045	$8,230,664	$136,042,692	1652.9%
2046	$7,108,592	$130,482,289	1835.6%
2047	$6,104,755	$124,101,377	2032.9%
2048	$5,213,351	$116,984,860	2243.9%
2049	$4,426,916	$109,194,255	2466.6%
2050	$3,738,151	$101,038,467	2702.9%
2051	$3,138,921	$92,708,574	2953.5%
2052	$2,621,213	$84,469,725	3222.5%
2053	$2,177,659	$76,310,951	3504.3%
2054	$1,800,180	$68,453,226	3802.6%
2055	$1,481,076	$60,986,684	4117.7%
2056	$1,212,839	$53,975,990	4450.4%
2057	$988,684	$47,468,991	4801.2%
2058	$802,415	$41,489,473	5170.6%
2059	$648,455	$36,070,588	5562.5%
2060 +	$2,480,575	$194,467,843	7839.6%
Present Value of Future Amount (at 6.5%)	$751,445,448	$875,676,050	116.5%

*Paid Claims are not projected

Exhibit 4

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical and Project Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,998	$316,168	1.9%
2005	$39,752,811	$829,665	2.1%
2006	$62,159,481	$4,337,521	7.0%
2007	$71,296,618	$3,557,534	5.0%
2008	$71,825,589	$7,264,603	10.1%
2009	$70,264,417	$7,352,678	10.5%
2010	$68,533,577	$9,694,820	14.1%
2011	$67,072,605	$10,591,897	15.8%
2012	$65,319,519	$11,648,329	17.8%
2013	$63,603,787	$11,091,331	17.4%
2014	$61,960,327	$12,920,317	20.9%
2015	$60,246,968	$15,076,649	25.0%
2016	$58,463,666	$17,534,130	30.0%
2017	$56,692,514	$20,195,206	35.6%
2018	$54,892,489	$23,169,469	42.2%
2019	$53,049,479	$26,520,009	50.0%
2020	$51,140,822	$30,247,690	59.1%
2021	$49,202,362	$34,416,185	69.9%
2022	$47,230,233	$39,034,817	82.6%
2023	$45,212,428	$44,139,249	97.6%
2024	$43,163,857	$49,715,458	115.2%
2025	$41,103,076	$55,826,691	135.8%
2026	$39,027,180	$62,424,789	160.0%
2027	$36,932,093	$69,413,599	187.9%
2028	$34,838,719	$76,733,402	220.3%
2029	$32,750,743	$84,404,095	257.7%
2030	$30,678,934	$92,385,080	301.1%
2031	$28,633,780	$100,447,637	350.8%
2032	$26,610,158	$108,167,549	406.5%
2033	$24,628,441	$115,605,855	469.4%
2034	$22,698,078	$122,620,926	540.2%
2035	$20,823,796	$129,096,146	619.9%
2036	$19,008,163	$134,710,820	708.7%
2037	$17,263,892	$139,405,225	807.5%
2038	$15,604,576	$143,045,159	916.7%
2039	$14,029,221	$145,630,904	1038.1%
2040	$12,544,327	$147,073,356	1172.4%
2041	$11,155,095	$147,196,806	1319.5%
2042	$9,863,212	$146,049,324	1480.7%
2043	$8,670,201	$143,724,798	1657.7%
2044	$7,577,310	$140,322,493	1851.9%
2045	$6,584,531	$135,790,433	2062.3%
2046	$5,686,873	$130,257,910	2290.5%
2047	$4,883,804	$123,903,297	2537.0%
2048	$4,170,681	$116,811,380	2800.8%
2049	$3,541,532	$109,043,659	3079.0%
2050	$2,990,521	$100,908,741	3374.3%
2051	$2,511,137	$92,597,674	3687.5%
2052	$2,096,970	$84,375,541	4023.7%
2053	$1,742,127	$76,231,568	4375.8%
2054	$1,440,144	$68,386,764	4748.6%
2055	$1,184,861	$60,931,378	5142.5%
2056	$970,271	$53,930,245	5558.3%
2057	$790,947	$47,431,385	5996.8%
2058	$641,932	$41,458,753	6458.4%
2059	$518,764	$36,045,632	6948.4%
2060 +	$1,984,457	$194,371,866	9794.7%

Present Values at 6.5%
Without Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$639,372,777	$60,300,333	9.4%
Projected Future	$622,432,235	$869,660,252	139.7%
Lifetime Anticipated	$1,261,805,012	$929,960,585	73.7%

*Paid claims are not projected

Exhibit 5

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical Experience by Loss Year

Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
2003	$1,992	$0	$0	0.0%
2004	$613,928	$0	$0	0.0%
2005	$1,805,953	$0	$0	0.0%
2006	$3,418,250	$698	$698	0.0%
2007	$4,132,246	$3,730	$3,730	0.1%
2008	$4,004,907	$161,202	$213,549	5.3%
2009	$3,903,159	$5,587	$5,587	0.1%
2010	$3,817,934	$102,991	$102,991	2.7%
2011	$3,755,425	$96,238	$763,024	20.3%
2012 (6 mos.)	$1,849,188	$3,613	$109,758	5.9%
	$27,302,982	$374,059	$1,199,337	4.4%

Historical Experience by Duration

Duration	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
1	$4,346,106	$0	$0	0.0%
2	$4,181,358	$698	$698	0.0%
3	$4,045,127	$3,730	$56,077	1.4%
4	$3,932,806	$161,202	$161,202	4.1%
5	$3,849,432	$127,672	$298,255	7.7%
6	$3,635,574	$64,500	$379,600	10.4%
7	$2,235,490	$16,257	$173,731	7.8%
8	$955,983	$0	$23,629	2.5%
9	$121,106	$0	$106,145	87.6%
10	$0	$0	$0	0.0%
	$27,302,983	$374,060	$1,199,336	4.4%

Present Values at 6.5%

	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
Historical	$34,550,687	$443,237	$1,328,537	3.8%

Exhibit 6

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 10-P-Q
As of 06/30/2012

Projected Future Experience - After 25% Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
7/2012-12/2012	$1,837,227	$180,755	9.8%
2013	$3,653,443	$403,808	11.1%
2014	$4,169,133	$478,633	11.5%
2015	$4,347,609	$573,191	13.2%
2016	$4,234,741	$683,942	16.2%
2017	$4,120,931	$796,971	19.3%
2018	$4,024,181	$913,623	22.7%
2019	$3,924,350	$1,052,829	26.8%
2020	$3,821,432	$1,213,396	31.8%
2021	$3,715,437	$1,397,529	37.6%
2022	$3,606,400	$1,609,311	44.6%
2023	$3,494,382	$1,841,926	52.7%
2024	$3,379,463	$2,102,027	62.2%
2025	$3,261,749	$2,393,023	73.4%
2026	$3,141,378	$2,729,092	86.9%
2027	$3,018,537	$3,100,941	102.7%
2028	$2,893,453	$3,511,415	121.4%
2029	$2,766,391	$3,969,532	143.5%
2030	$2,636,547	$4,492,297	170.4%
2031	$2,504,961	$5,039,612	201.2%
2032	$2,371,062	$5,616,432	236.9%
2033	$2,237,396	$6,192,082	276.8%
2034	$2,106,423	$6,816,593	323.6%
2035	$1,976,033	$7,443,216	376.7%
2036	$1,845,076	$8,063,757	437.0%
2037	$1,717,041	$8,640,913	503.2%
2038	$1,591,799	$9,198,024	577.8%
2039	$1,469,363	$9,718,930	661.4%
2040	$1,350,292	$10,196,505	755.1%
2041	$1,235,133	$10,574,714	856.2%
2042	$1,124,400	$10,879,563	967.6%
2043	$1,018,561	$11,117,269	1091.5%
2044	$918,024	$11,291,131	1229.9%
2045	$823,134	$11,353,374	1379.3%
2046	$734,167	$11,306,857	1540.1%
2047	$651,319	$11,184,293	1717.2%
2048	$574,700	$10,963,725	1907.7%
2049	$504,337	$10,659,298	2113.5%
2050	$440,170	$10,260,742	2331.1%
2051	$382,059	$9,805,797	2566.6%
2052	$329,798	$9,285,456	2815.5%
2053	$283,124	$8,731,602	3084.0%
2054	$241,727	$8,131,999	3364.1%
2055	$205,255	$7,528,379	3667.8%
2056	$173,337	$6,928,114	3996.9%
2057	$145,588	$6,319,701	4340.8%
2058	$121,625	$5,707,884	4693.0%
2059	$101,070	$5,124,847	5070.6%
2060 +	$437,267	$32,479,742	7427.9%
Present Value of Future Amount (at 6.5%)	$46,332,160	$52,172,180	112.6%

*Paid claims are not projected

Exhibit 7

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical and Project Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$1,992	$0	0.0%
2004	$613,928	$0	0.0%
2005	$1,805,953	$0	0.0%
2006	$3,418,250	$698	0.0%
2007	$4,132,246	$3,730	0.1%
2008	$4,004,907	$213,549	5.3%
2009	$3,903,159	$5,587	0.1%
2010	$3,817,934	$102,991	2.7%
2011	$3,755,425	$763,024	20.3%
2012	$3,686,415	$288,322	7.8%
2013	$3,624,709	$398,727	11.0%
2014	$3,554,585	$467,621	13.2%
2015	$3,479,144	$556,168	16.0%
2016	$3,387,793	$660,735	19.5%
2017	$3,296,745	$770,274	23.4%
2018	$3,219,345	$885,463	27.5%
2019	$3,139,480	$1,023,143	32.6%
2020	$3,057,146	$1,182,185	38.7%
2021	$2,972,350	$1,364,796	45.9%
2022	$2,885,120	$1,575,079	54.6%
2023	$2,795,505	$1,806,319	64.6%
2024	$2,703,571	$2,065,137	76.4%
2025	$2,609,399	$2,354,932	90.2%
2026	$2,513,103	$2,689,841	107.0%
2027	$2,414,830	$3,060,684	126.7%
2028	$2,314,762	$3,470,305	149.9%
2029	$2,213,113	$3,927,690	177.5%
2030	$2,109,238	$4,449,820	211.0%
2031	$2,003,969	$4,996,768	249.3%
2032	$1,896,850	$5,573,513	293.8%
2033	$1,789,917	$6,149,399	343.6%
2034	$1,685,139	$6,774,308	402.0%
2035	$1,580,826	$7,401,614	468.2%
2036	$1,476,061	$8,023,092	543.5%
2037	$1,373,633	$8,601,483	626.2%
2038	$1,273,439	$9,160,038	719.3%
2039	$1,175,490	$9,682,591	823.7%
2040	$1,080,234	$10,161,968	940.7%
2041	$988,106	$10,542,173	1066.9%
2042	$899,520	$10,849,110	1206.1%
2043	$814,849	$11,088,939	1360.9%
2044	$734,419	$11,264,930	1533.9%
2045	$658,507	$11,329,320	1720.5%
2046	$587,334	$11,284,947	1921.4%
2047	$521,055	$11,164,444	2142.7%
2048	$459,760	$10,945,880	2380.8%
2049	$403,470	$10,643,354	2638.0%
2050	$352,136	$10,246,616	2909.8%
2051	$305,647	$9,793,360	3204.1%
2052	$263,838	$9,274,590	3515.3%
2053	$226,500	$8,722,162	3850.8%
2054	$193,381	$8,123,865	4201.0%
2055	$164,204	$7,521,409	4580.5%
2056	$138,669	$6,922,178	4991.9%
2057	$116,470	$6,314,691	5421.7%
2058	$97,300	$5,703,697	5862.0%
2059	$80,856	$5,121,370	6333.9%
2060 +	$349,810	$32,465,339	9280.8%

Present Values at 4.5%
Without Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$34,550,687	$1,328,537	3.8%
Projected Future	$38,280,752	$51,753,879	135.2%
Lifetime Anticipated	$72,831,439	$53,082,415	72.9%

*Paid claims are not projected

Allianz Life Insurance Company of North America

5701 Golden Hills Drive

Minneapolis, MN 55416-1297

February 5, 2013

Dear Ed Whyte,

Thank you for your willingness to review our filing. For your convenience, we have included your original questions (in bold) along with our answers below.

Objection 1
-Generation Protector (Rate)
Comments: For each form to which this rate filing applies (policy and riders), please list the form number separately in the "Rate/Rule Schedule" section of the filing, stating the amount of the proposed rate change and attaching its proposed rate schedule.

The riders listed in the actuarial memorandum have premium multipliers which are applied to the base policy premium rates. No changes to these premium multipliers are being requested per this filing, but the rider premium multipliers are included with the base premium rates in the Rate/Rule Schedule tab. We could reference to the riders from this filing if this will simplify the Department's review.

Objection 2
-L&H Actuarial Memorandum (Supporting Document)
Comments: Pursuant to 14VAC5-130-70 B 1, please provide descriptions of the policy and riders, including benefits, renewability and issue age limits.

Please see the file named Form Numbers and Description of Benefits under the Supporting Documentation tab.

Objection 3
-L&H Actuarial Memorandum (Supporting Document)
Comments: Pursuant to 14VAC5-130-70 B 3, please provide a comparison of the revised premiums with the current premiums.

In compliance with 14 VAC5 – 130 – 70 B 3, the current premiums have been moved to the Supporting Documentation tab. The proposed premiums can be found on the Rate/Rule Schedule tab.

Objection 4
-L&H Actuarial Memorandum (Supporting Document)
Comments: Pursuant to 14VAC5-130-70 B 5, please provide the average annual premium per policy before and after the proposed rate increase.

Please see the file named Average Premium under the Supporting Documentation tab.

Objection 5
-L&H Actuarial Memorandum (Supporting Document)
Comments: Please provide exhibits that show the earned premium, paid claims, incurred claims and loss ratio for each calendar year from the date of the form's inception through the most recent date such information is available. Separate exhibits, and projections should be provided based on the Virginia only and national data. This information must be based only on those forms for which there are Virginia insureds.

Please see the file named Actuarial Memorandum (Generation Protector) - Updated under the Supporting Documentation tab. The exhibits provided include both national and Virginia only date for policy form 10-P-Q discounted at 4.5% as indicated in the Actuarial Memorandum. The company only tracks historical paid claims and does not separate in projections.

Objection 6
-L&H Actuarial Memorandum (Supporting Document)
Comments: Please provide the interest rate used in the original pricing of the policy. To the extent the original pricing rate is higher than the rate used in projections, please revise the latter accordingly.

The interest rate used in the in original pricing of the policy is 6.5%. Please see the file named Experience Exhibits – Using Originally Filed Rates under the Supporting Documentation tab. The exhibit included both national and Virginia only experience using a 6.5% discount rate.

Objection 7
-L&H Actuarial Memorandum (Supporting Document)
Comments: Please ensure that the supporting documentation provides detailed justification for all assumptions, including the source of each assumption used to support the proposed rate increase.

The lapse and mortality assumptions were based on actual termination experience in calendar years 2008 through 2011. There were 208,285 years of single life exposure and 5,955 total terminations. Our administrative system doesn't consistently distinguish terminations due to mortality vs. terminations due to lapse. We assumed the mortality assumption to be 80% of the 1994 GAM table. Voluntary lapses were then solved for by backing out this expected mortality.

The following table illustrates the results of our lapse and mortality experience analysis. An ultimate lapse rate of 0.75% was assumed in our projections.

		Mortality Load:		80%		
2008 - 2011 year end	**Actual Exposure**	**Actual Termination**	**1994 GAM Death**	**Expected Death**	**Voluntary Lapse**	**Voluntary Lapse Ratio**
Duration	**Group 1 - single life policies only**					
1-6	273	6	3	2	4	1.4%
7	2,475	55	31	25	30	1.2%
8	5,673	131	86	69	62	1.1%
9	7,325	203	127	102	101	1.4%
10	5,735	149	118	94	55	1.0%
11+	14,271	516	501	401	115	0.8%
TOTAL	35,752	1,060	866	693	367	1.0%
Duration	**Group 2 - single life policies only**					
1	655	52	4	3	49	7.5%
2	1,162	62	7	5	57	4.9%
3	1,196	43	8	6	37	3.1%
4	725	21	5	4	17	2.3%
5	281	4	3	2	2	0.7%
6	1,739	41	25	20	21	1.2%
7	3,192	96	51	41	55	1.7%
8	3,332	128	63	50	78	2.3%
9	1,739	50	41	33	17	1.0%
10+	544	31	22	18	13	2.5%
TOTAL	14,565	528	227	182	346	2.4%
Duration	**Group 3**					
1	10,375	787	79	64	723	7.0%
2	18,605	750	158	126	624	3.4%
3	25,262	733	232	185	548	2.2%
4	30,742	713	308	247	466	1.5%
5	33,874	655	392	314	341	1.0%
6	24,250	476	323	259	217	0.9%
7	12,778	217	202	162	55	0.4%
8	2,082	36	40	32	4	0.2%
TOTAL	157,968	4,367	1,735	1,388	2,979	1.9%

The morbidity assumption was determined upon both a claim incidence study as well as a claim continuance study performed on actual experience through June 2012. The incidence study reflected 3,421 claims and 11,994,954 months of exposure. The claim continuance study reflected over 93,000 claim payment records.

The following tables show the raw incidence rates prior to smoothing. These incidence rates are calculated as the claim incidence / (exposure months – on claim exposure months). Incidence rates were computed separately for comprehensive and facility only coverages.

Claim Incidence Study

Comprehensive, Claim Incidence Rates by Claim Cost Cell

	Exposure Months				On Claim Exposure Months				EP Adj Claim Incidence				Raw Incidence Rate			
	Female		Male		Female		Male		Female		Male		Female		Male	
Age	Married	Single	Married	Single	Married	Single	Married	Single	Married	Single	Married	Single	Married	Single	Married	Single
<60	947,031	515,673	712,649	230,772	236	413	73	188	34	46	11	18	0.0004	0.0011	0.0002	0.0009
60	157,579	93,847	134,191	35,826	53	137	31	22	6	12	5	3	0.0005	0.0016	0.0005	0.0009
61	169,995	103,353	149,945	39,390	50	148	51	42	12	18	12	4	0.0009	0.0021	0.0009	0.0011
62	178,700	110,619	162,208	42,673	72	186	110	47	12	20	15	5	0.0008	0.0022	0.0011	0.0015
63	185,524	116,034	171,805	45,063	93	216	127	40	11	14	6	5	0.0007	0.0015	0.0004	0.0014
64	187,653	119,843	176,825	46,312	88	230	142	71	13	16	8	4	0.0009	0.0016	0.0006	0.0012
65	188,760	123,949	181,174	48,014	85	256	136	124	14	30	12	9	0.0009	0.0029	0.0008	0.0023
66	185,110	125,025	182,025	49,335	111	291	146	201	13	23	14	16	0.0008	0.0022	0.0009	0.0040
67	180,255	124,356	180,349	49,478	103	345	133	158	17	42	7	11	0.0011	0.0041	0.0005	0.0026
68	171,792	121,879	174,844	48,491	160	418	158	168	17	37	23	14	0.0012	0.0037	0.0016	0.0035
69	160,493	116,108	165,192	46,321	231	510	213	200	16	45	29	12	0.0012	0.0047	0.0021	0.0032
70	147,733	109,432	154,029	43,640	250	539	268	232	20	46	30	22	0.0017	0.0051	0.0023	0.0060
71	133,580	102,800	140,448	40,461	246	605	240	214	17	56	17	19	0.0015	0.0066	0.0015	0.0057
72	120,153	94,855	126,737	37,414	195	612	239	257	15	60	21	28	0.0015	0.0077	0.0020	0.0092
73	106,482	86,406	112,439	34,111	243	775	231	338	32	92	25	32	0.0036	0.0129	0.0026	0.0113
74	92,553	77,771	97,574	30,753	347	952	262	370	28	88	26	34	0.0036	0.0137	0.0032	0.0133
75	78,134	69,142	82,864	26,977	289	1,176	272	393	22	81	37	30	0.0034	0.0143	0.0054	0.0134
76	65,614	60,952	69,782	23,243	308	1,321	286	407	20	100	33	30	0.0036	0.0201	0.0056	0.0155
77	53,373	53,153	57,340	19,978	369	1,277	278	378	37	55	41	28	0.0083	0.0128	0.0086	0.0174
78	42,995	45,845	46,348	16,935	414	1,244	337	386	42	89	30	45	0.0118	0.0241	0.0078	0.0326
79	33,659	38,818	36,217	14,337	415	1,412	367	390	29	79	37	20	0.0104	0.0253	0.0125	0.0173
80	25,867	33,163	27,989	11,958	388	1,257	418	325	30	80	39	33	0.0143	0.0300	0.0168	0.0343
81	18,922	27,281	20,784	9,587	320	1,234	436	245	30	80	30	24	0.0195	0.0368	0.0174	0.0309
82	13,375	21,843	14,712	7,329	326	1,145	367	301	26	71	23	31	0.0240	0.0412	0.0188	0.0529
83	8,956	17,108	9,928	5,656	292	1,104	304	328	21	68	27	22	0.0297	0.0507	0.0337	0.0505
84	6,173	13,375	6,915	4,190	260	1,046	204	318	28	76	19	25	0.0571	0.0739	0.0333	0.0787
85	4,201	9,831	4,733	2,958	254	955	171	252	15	38	11	13	0.0443	0.0511	0.0296	0.0585
86	2,740	7,108	3,117	2,120	195	841	119	191	6	38	10	12	0.0305	0.0736	0.0389	0.0728
87	1,620	4,878	1,881	1,426	123	708	81	152	6	28	10	8	0.0493	0.0813	0.0679	0.0718
88	837	3,222	1,066	903	82	555	112	147	6	26	12	6	0.0930	0.1148	0.1485	0.0968
89	464	2,013	598	610	51	409	91	81	9	20	5	2	0.2609	0.1527	0.1214	0.0346
90	253	1,378	259	362	71	264	61	33	3	8	3	2	0.2132	0.0899	0.2099	0.0556
91	111	902	128	220	33	218	41	30	0	16	2	5	0.0000	0.2723	0.2359	0.2889
92	45	515	63	109	2	150	11	9	0	4	0	0	0.0000	0.1308	0.0000	0.0000
93	21	299	33	43	0	78	0	0	0	1	0	0	0.0000	0.0808	0.0000	0.0000
94	12	165	14	26	0	57	0	0	0	3	2	0	0.0000	0.3308	1.4657	0.0000
95	12	80	12	24	0	23	12	0	0	0	0	2	0.0000	0.0000	0.0000	0.7623
>95	25	78	13	27	24	40	8	1	2	2	0	0	19.3986	0.7031	0.0000	0.0000

Claim Incidence Study

Nursing Home Only, Claim Incidence Rates by Claim Cost Cell

	Exposure Months				On Claim Exposure Months				EP Adj Claim Incidence				Raw Incidence Rate			
	Female		Male		Female		Male		Female		Male		Female		Male	
Age	Married	Single	Married	Single	Married	Single	Married	Single	Married	Single	Married	Single	Married	Single	Married	Single
<60	27,953	64,945	26,332	49,070	5	270	0	231	1	25	0	17	0.0005	0.0046	0.0000	0.0041
60	5,298	10,182	5,204	4,594	0	25	0	10	0	2	0	3	0.0000	0.0029	0.0000	0.0070
61	6,166	11,621	6,186	5,192	0	15	0	24	0	3	0	0	0.0000	0.0034	0.0000	0.0000
62	7,090	12,648	7,121	5,598	0	34	0	7	0	6	0	2	0.0000	0.0055	0.0000	0.0047
63	8,334	14,060	8,216	6,287	0	56	0	9	0	4	0	2	0.0000	0.0034	0.0000	0.0045
64	9,524	15,215	9,309	6,829	5	73	0	23	1	6	0	2	0.0019	0.0050	0.0000	0.0043
65	10,625	16,494	10,532	7,538	0	96	0	35	0	12	0	0	0.0000	0.0086	0.0000	0.0000
66	12,512	18,646	12,438	8,666	0	87	0	0	0	3	0	0	0.0000	0.0020	0.0000	0.0000
67	13,573	19,816	13,540	9,179	1	89	0	1	1	10	2	2	0.0013	0.0059	0.0014	0.0032
68	14,520	20,364	14,515	9,212	4	107	12	13	0	13	0	3	0.0000	0.0074	0.0000	0.0035
69	14,963	20,802	15,047	9,657	0	158	12	25	0	21	0	5	0.0000	0.0123	0.0000	0.0058
70	15,321	20,840	15,423	9,990	10	172	12	50	1	10	0	4	0.0011	0.0058	0.0000	0.0050
71	15,466	21,277	15,664	10,301	12	186	12	49	0	12	2	8	0.0000	0.0069	0.0012	0.0088
72	15,222	21,192	15,576	10,140	21	263	19	69	2	23	2	8	0.0016	0.0134	0.0012	0.0097
73	14,880	20,911	15,189	10,091	18	233	33	93	1	14	2	12	0.0008	0.0084	0.0012	0.0141
74	14,465	20,564	14,799	9,791	32	236	40	128	4	11	3	10	0.0030	0.0068	0.0025	0.0127
75	13,747	19,869	13,992	9,323	35	234	66	145	3	22	6	11	0.0025	0.0135	0.0053	0.0140
76	12,792	19,121	13,016	8,904	57	328	100	180	3	23	1	12	0.0027	0.0144	0.0010	0.0161
77	11,624	18,086	11,831	8,378	60	433	98	218	5	26	4	10	0.0056	0.0179	0.0038	0.0148
78	10,481	17,067	10,685	7,808	49	456	85	183	1	23	2	12	0.0017	0.0164	0.0025	0.0187
79	9,265	15,732	9,485	7,075	67	426	99	196	9	23	5	16	0.0123	0.0184	0.0068	0.0281
80	7,855	14,479	8,048	6,309	101	444	125	207	9	35	6	9	0.0146	0.0297	0.0088	0.0183
81	6,492	12,889	6,696	5,370	94	526	89	207	9	33	6	18	0.0174	0.0318	0.0103	0.0410
82	5,209	11,440	5,305	4,599	105	557	74	196	5	33	9	16	0.0126	0.0360	0.0205	0.0425
83	3,978	9,855	4,069	3,836	78	517	109	193	6	29	8	7	0.0196	0.0367	0.0233	0.0227
84	2,963	8,249	3,090	3,238	95	519	114	150	6	19	8	6	0.0247	0.0287	0.0329	0.0231
85	2,128	7,064	2,244	2,641	127	540	120	158	6	41	2	14	0.0354	0.0762	0.0087	0.0669
86	1,598	5,633	1,641	2,095	84	631	80	165	2	34	3	10	0.0194	0.0824	0.0195	0.0642
87	1,079	4,603	1,096	1,511	58	554	54	122	1	30	6	7	0.0139	0.0900	0.0635	0.0633
88	671	3,503	717	1,085	39	430	67	138	3	21	5	11	0.0551	0.0817	0.0853	0.1421
89	407	2,632	429	831	36	393	40	124	3	18	2	8	0.0939	0.0960	0.0475	0.1367
90	205	1,903	216	607	21	318	17	98	2	14	3	5	0.1599	0.1063	0.1532	0.1163
91	101	1,357	88	400	36	263	15	70	3	8	3	4	0.4865	0.0909	0.5064	0.1430
92	58	963	39	242	31	203	12	35	0	12	0	1	0.0000	0.1868	0.0000	0.0850
93	25	639	25	87	12	124	12	9	0	6	0	0	0.0000	0.1287	0.0000	0.0000
94	21	449	10	43	12	108	1	0	0	0	0	0	0.0000	0.0000	0.0000	0.0000
95	11	248	0	24	11	62	0	0	0	4	0	0	0.0000	0.2673	0.0000	0.0000
>95	0	351	0	66	0	165	0	0	0	4	0	0	0.0000	0.2673	0.0000	0.0000

The next step is to smooth the incidence rates. First, a 3 year rolling average was determined, then they were further smoothed by considering the next oldest and next youngest ages when the incidence rates appeared out of sync with the surrounding values. Here are the smoothed incidence rate tables used in the claim cost assumption:

Claim Incidence Rates

	LTC				NH			
Attained	Female		Male		Female		Male	
Age	Married	Single	Married	Single	Married	Single	Married	Single
<46	0.0001	0.0006	0.0001	0.0001	0.0001	0.0004	0.0001	0.0004
46	0.0001	0.0007	0.0001	0.0002	0.0001	0.0005	0.0002	0.0004
47	0.0001	0.0007	0.0001	0.0002	0.0001	0.0006	0.0002	0.0005
48	0.0001	0.0008	0.0001	0.0002	0.0001	0.0006	0.0002	0.0005
49	0.0002	0.0008	0.0002	0.0002	0.0001	0.0007	0.0002	0.0006
50	0.0002	0.0009	0.0002	0.0003	0.0002	0.0008	0.0002	0.0006
51	0.0002	0.0009	0.0002	0.0003	0.0002	0.0008	0.0003	0.0007
52	0.0002	0.0010	0.0002	0.0004	0.0002	0.0009	0.0003	0.0008
53	0.0003	0.0010	0.0002	0.0004	0.0002	0.0010	0.0003	0.0009
54	0.0003	0.0011	0.0003	0.0005	0.0002	0.0012	0.0004	0.0010
55	0.0003	0.0012	0.0003	0.0005	0.0003	0.0013	0.0004	0.0011
56	0.0004	0.0012	0.0003	0.0006	0.0003	0.0014	0.0005	0.0012
57	0.0004	0.0013	0.0004	0.0007	0.0003	0.0016	0.0005	0.0013
58	0.0005	0.0014	0.0004	0.0008	0.0004	0.0018	0.0006	0.0015
59	0.0005	0.0015	0.0005	0.0009	0.0004	0.0020	0.0006	0.0016
60	0.0006	0.0016	0.0005	0.0010	0.0005	0.0022	0.0007	0.0018
61	0.0007	0.0017	0.0006	0.0012	0.0005	0.0024	0.0008	0.0020
62	0.0008	0.0018	0.0007	0.0013	0.0006	0.0027	0.0009	0.0022
63	0.0008	0.0019	0.0007	0.0013	0.0006	0.0030	0.0009	0.0025
64	0.0008	0.0020	0.0008	0.0016	0.0007	0.0033	0.0010	0.0027
65	0.0009	0.0023	0.0009	0.0025	0.0008	0.0037	0.0012	0.0030
66	0.0009	0.0031	0.0009	0.0030	0.0009	0.0041	0.0013	0.0034
67	0.0010	0.0033	0.0010	0.0034	0.0010	0.0046	0.0014	0.0037
68	0.0012	0.0041	0.0014	0.0038	0.0011	0.0051	0.0016	0.0042
69	0.0013	0.0045	0.0020	0.0042	0.0012	0.0056	0.0018	0.0048
70	0.0014	0.0055	0.0022	0.0049	0.0013	0.0063	0.0020	0.0065
71	0.0016	0.0064	0.0023	0.0069	0.0015	0.0070	0.0022	0.0078
72	0.0022	0.0090	0.0025	0.0087	0.0016	0.0077	0.0024	0.0109
73	0.0029	0.0114	0.0026	0.0113	0.0018	0.0086	0.0027	0.0122
74	0.0035	0.0136	0.0037	0.0127	0.0021	0.0096	0.0030	0.0136
75	0.0043	0.0160	0.0047	0.0141	0.0028	0.0115	0.0034	0.0143
76	0.0051	0.0175	0.0066	0.0154	0.0036	0.0153	0.0037	0.0150
77	0.0079	0.0190	0.0074	0.0219	0.0051	0.0162	0.0040	0.0165
78	0.0102	0.0207	0.0097	0.0224	0.0065	0.0176	0.0044	0.0205
79	0.0122	0.0264	0.0124	0.0281	0.0095	0.0215	0.0060	0.0217
80	0.0147	0.0307	0.0156	0.0337	0.0148	0.0266	0.0086	0.0291
81	0.0192	0.0360	0.0177	0.0394	0.0149	0.0325	0.0132	0.0339
82	0.0244	0.0429	0.0233	0.0448	0.0165	0.0348	0.0180	0.0354
83	0.0369	0.0552	0.0286	0.0607	0.0189	0.0410	0.0256	0.0365
84	0.0411	0.0585	0.0322	0.0626	0.0266	0.0472	0.0268	0.0375
85	0.0470	0.0662	0.0340	0.0700	0.0335	0.0624	0.0282	0.0514
86	0.0523	0.0687	0.0455	0.0763	0.0404	0.0829	0.0296	0.0648
87	0.0584	0.0899	0.0482	0.0832	0.0474	0.0847	0.0311	0.0899
88	0.0631	0.0989	0.0503	0.0907	0.0543	0.0893	0.0326	0.0962
89	0.0684	0.1088	0.0560	0.0988	0.0587	0.0947	0.0343	0.1029
90	0.0742	0.1197	0.0587	0.1077	0.0634	0.0978	0.0360	0.1101
91	0.0805	0.1316	0.0617	0.1174	0.0684	0.1280	0.0378	0.1178
92	0.0874	0.1448	0.0648	0.1280	0.0739	0.1355	0.0397	0.1261
93	0.0948	0.1593	0.0680	0.1395	0.0798	0.1470	0.0417	0.1349
94	0.1028	0.1752	0.0714	0.1521	0.0862	0.1595	0.0437	0.1443
95	0.1115	0.1927	0.0750	0.1658	0.0931	0.1730	0.0459	0.1544
96	0.1210	0.2120	0.0787	0.1807	0.1005	0.1877	0.0482	0.1652
97	0.1312	0.2332	0.0827	0.1969	0.1086	0.2037	0.0506	0.1768
98	0.1423	0.2565	0.0868	0.2147	0.1173	0.2210	0.0532	0.1892
99	0.1544	0.2822	0.0911	0.2340	0.1267	0.2398	0.0558	0.2024
100+	0.1675	0.3104	0.0957	0.2550	0.1368	0.2602	0.0586	0.2166

The claims continuance study analyzed continuance by individual vs. joint, comprehensive vs. facility only coverage, male vs. female, and benefit periods > 5 years vs. <= 5 years. These raw continuance rates were computed for 120 months. The first 36 months are displayed in the following tables:

Raw Continuance Rates									
		Comprehensive							
		F	F	F	F	M	M	M	M
	Claim	Joint	Joint	Indiv.	Indiv.	Joint	Joint	Indiv.	Indiv.
Month	Day	>5yr	<=5yr	>5yr	<=5yr	>5yr	<=5yr	>5yr	<=5yr
1	30	0.500	0.833	0.662	0.643	0.923	0.750	0.731	0.900
2	60	0.938	0.829	0.822	0.872	0.829	0.875	0.889	0.667
3	90	0.853	0.868	0.901	0.900	0.886	0.878	0.902	0.833
4	120	0.887	0.870	0.877	0.876	0.906	0.809	0.913	0.897
5	150	0.907	0.926	0.953	0.948	0.952	0.920	0.910	0.980
6	180	0.979	0.934	0.953	0.953	0.938	0.903	0.958	0.990
7	210	0.980	0.922	0.974	0.966	0.944	0.957	0.973	0.931
8	240	0.990	0.981	0.969	0.982	1.000	0.963	0.973	0.968
9	270	0.957	0.930	0.975	0.981	0.987	0.971	0.962	0.978
10	300	1.000	0.989	0.966	0.988	1.000	0.950	0.950	0.988
11	330	0.965	0.976	0.980	0.972	0.986	0.978	0.989	0.964
12	360	0.988	0.963	0.988	0.983	0.986	0.976	0.955	0.961
13	390	0.974	0.986	0.987	0.961	1.000	0.975	0.976	1.000
14	420	0.973	0.986	0.991	0.987	1.000	0.973	0.976	1.000
15	450	0.986	0.986	0.996	0.962	1.000	1.000	0.975	0.957
16	480	1.000	1.000	0.968	0.964	0.968	0.969	0.935	0.985
17	510	0.970	0.955	0.962	0.989	1.000	0.983	0.972	0.984
18	540	1.000	0.984	0.975	1.000	1.000	0.965	0.928	0.951
19	570	1.000	0.949	0.995	0.989	1.000	0.963	0.984	0.982
20	600	1.000	0.964	0.989	0.988	0.980	1.000	0.984	0.945
21	630	1.000	0.981	0.989	0.976	1.000	0.980	1.000	1.000
22	660	0.962	1.000	0.988	0.987	1.000	0.978	0.983	1.000
23	690	1.000	0.978	0.970	0.954	0.978	0.955	0.947	0.917
24	720	0.980	0.950	0.994	0.965	1.000	1.000	0.981	0.976
25	750	1.000	1.000	0.981	0.985	0.976	1.000	0.981	0.974
26	780	1.000	0.971	0.987	0.976	0.974	0.975	0.980	0.917
27	810	1.000	1.000	1.000	0.983	1.000	0.974	0.979	0.939
28	840	1.000	1.000	0.979	0.961	1.000	1.000	1.000	0.900
29	870	1.000	0.967	0.985	0.979	1.000	1.000	1.000	0.889
30	900	0.976	0.923	0.977	1.000	0.970	1.000	0.978	0.958
31	930	1.000	1.000	1.000	1.000	1.000	0.967	0.977	0.913
32	960	1.000	1.000	0.967	0.989	0.966	0.964	0.953	0.947
33	990	1.000	1.000	0.974	0.976	1.000	1.000	0.950	1.000
34	1020	0.970	1.000	0.991	0.988	1.000	0.957	0.947	0.933
35	1050	0.966	1.000	0.962	0.974	1.000	0.909	1.000	1.000
36	1080	1.000	1.000	1.000	0.920	1.000	1.000	0.972	1.000

Raw Continuance Rates									
		Facility Only							
		F	F	F	F	M	M	M	M
	Claim	Joint	Joint	Indiv.	Indiv.	Joint	Joint	Indiv.	Indiv.
Month	Day	>5yr	<=5yr	>5yr	<=5yr	>5yr	<=5yr	>5yr	<=5yr
1	30	0.829	0.714	0.698	0.839	0.733	1.000	0.805	0.700
2	60	0.707	0.917	0.826	0.815	0.857	1.000	0.859	0.971
3	90	0.897	0.909	0.898	0.878	1.000	0.900	0.835	0.848
4	120	0.963	0.964	0.924	0.919	0.890	1.000	0.886	0.917
5	150	1.000	1.000	0.963	0.929	0.953	0.963	0.939	0.922
6	180	0.934	0.926	0.949	0.935	1.000	0.962	0.929	0.972
7	210	0.986	0.917	0.959	0.905	0.983	0.955	0.969	0.971
8	240	0.957	0.955	0.980	0.955	0.982	1.000	0.954	0.909
9	270	0.969	0.952	0.980	0.976	1.000	1.000	0.966	0.883
10	300	1.000	1.000	0.979	0.967	1.000	1.000	0.942	0.943
11	330	1.000	1.000	0.986	0.991	0.982	1.000	0.969	0.920
12	360	1.000	0.950	0.989	0.946	0.981	1.000	0.983	0.911
13	390	0.964	0.944	0.981	0.962	1.000	1.000	0.975	1.000
14	420	1.000	1.000	0.965	0.990	1.000	0.944	0.965	0.976
15	450	1.000	1.000	0.984	0.969	0.979	1.000	0.964	1.000
16	480	1.000	1.000	0.988	0.979	1.000	0.929	0.953	0.947
17	510	0.978	1.000	0.983	0.989	0.977	1.000	0.960	1.000
18	540	0.978	1.000	0.978	1.000	0.953	1.000	0.969	1.000
19	570	1.000	1.000	0.991	0.966	1.000	1.000	0.968	0.941
20	600	1.000	1.000	0.982	0.976	1.000	1.000	0.978	1.000
21	630	1.000	1.000	0.991	0.964	0.974	1.000	0.977	0.938
22	660	0.974	0.917	0.967	0.962	0.972	1.000	0.953	0.967
23	690	1.000	1.000	0.970	0.959	1.000	0.909	0.975	0.931
24	720	0.973	1.000	0.964	0.930	0.970	1.000	0.987	0.963
25	750	1.000	1.000	0.989	0.984	1.000	1.000	1.000	0.962
26	780	0.971	0.900	0.972	0.982	1.000	1.000	0.986	1.000
27	810	1.000	0.889	0.976	0.982	1.000	1.000	0.973	0.920
28	840	0.971	1.000	0.975	1.000	1.000	1.000	0.986	1.000
29	870	1.000	1.000	1.000	0.940	1.000	1.000	0.971	1.000
30	900	1.000	1.000	0.980	0.978	0.964	1.000	0.970	0.955
31	930	0.968	1.000	0.979	1.000	1.000	1.000	0.969	1.000
32	960	1.000	1.000	0.972	0.930	1.000	1.000	1.000	1.000
33	990	1.000	1.000	0.978	0.949	1.000	1.000	0.967	1.000
34	1020	0.958	0.875	1.000	0.946	1.000	0.800	1.000	0.952
35	1050	1.000	1.000	0.977	1.000	1.000	1.000	0.965	1.000
36	1080	1.000	1.000	0.984	0.971	1.000	1.000	0.981	0.950

Next, cumulative continuance rates were determined by cumulatively multiplying the durational continuance rates (e.g. the month 3 cumulative continuance rate is the product of months 1-3 raw continuance rates). Finally, these cumulative continuance rates were smoothed with industry data where necessary to achieve credibility using the “square root method”. We used 1000 as the claims threshold for full credibility.

The following tables show the first 36 durations of the final continuance tables:

Final Claim Continuance Rates									
		Comprehensive							
		F	F	F	F	M	M	M	M
	Claim	Joint	Joint	Indiv.	Indiv.	Joint	Joint	Indiv.	Indiv.
Month	Day	>5yr	<=5yr	>5yr	<=5yr	>5yr	<=5yr	>5yr	<=5yr
1	30	0.731	0.821	0.778	0.775	0.780	0.736	0.827	0.805
2	60	0.650	0.687	0.662	0.685	0.665	0.642	0.726	0.668
3	90	0.589	0.615	0.611	0.626	0.605	0.572	0.666	0.594
4	120	0.537	0.551	0.544	0.558	0.562	0.489	0.616	0.541
5	150	0.494	0.513	0.519	0.531	0.540	0.456	0.579	0.518
6	180	0.475	0.483	0.495	0.507	0.510	0.415	0.542	0.503
7	210	0.457	0.459	0.482	0.489	0.485	0.395	0.530	0.474
8	240	0.447	0.443	0.466	0.478	0.476	0.380	0.513	0.458
9	270	0.431	0.418	0.455	0.468	0.460	0.366	0.497	0.445
10	300	0.427	0.413	0.439	0.460	0.454	0.348	0.477	0.433
11	330	0.415	0.397	0.430	0.447	0.443	0.334	0.470	0.415
12	360	0.405	0.385	0.423	0.435	0.432	0.322	0.457	0.402
13	390	0.397	0.375	0.418	0.425	0.423	0.311	0.442	0.388
14	420	0.390	0.368	0.413	0.413	0.417	0.301	0.427	0.375
15	450	0.385	0.362	0.407	0.402	0.408	0.292	0.411	0.361
16	480	0.380	0.356	0.397	0.390	0.398	0.285	0.396	0.348
17	510	0.374	0.349	0.386	0.383	0.387	0.276	0.378	0.336
18	540	0.368	0.339	0.377	0.378	0.381	0.267	0.363	0.324
19	570	0.363	0.328	0.372	0.374	0.375	0.258	0.350	0.312
20	600	0.360	0.318	0.368	0.367	0.371	0.250	0.343	0.302
21	630	0.356	0.312	0.364	0.361	0.365	0.244	0.336	0.295
22	660	0.351	0.306	0.357	0.352	0.359	0.236	0.327	0.286
23	690	0.344	0.299	0.352	0.341	0.353	0.229	0.317	0.275
24	720	0.340	0.291	0.346	0.330	0.346	0.224	0.307	0.264
25	750	0.337	0.283	0.341	0.322	0.338	0.220	0.301	0.255
26	780	0.335	0.277	0.337	0.315	0.331	0.214	0.295	0.244
27	810	0.332	0.273	0.333	0.307	0.326	0.208	0.291	0.229
28	840	0.328	0.268	0.329	0.299	0.321	0.204	0.286	0.214
29	870	0.324	0.260	0.323	0.293	0.313	0.201	0.282	0.201
30	900	0.320	0.251	0.319	0.290	0.305	0.197	0.275	0.190
31	930	0.318	0.244	0.313	0.288	0.295	0.191	0.267	0.180
32	960	0.315	0.239	0.308	0.284	0.286	0.184	0.258	0.172
33	990	0.310	0.235	0.301	0.278	0.278	0.178	0.250	0.165
34	1020	0.304	0.231	0.295	0.272	0.272	0.169	0.244	0.160
35	1050	0.298	0.226	0.290	0.262	0.264	0.162	0.239	0.157
36	1080	0.293	0.220	0.286	0.252	0.256	0.155	0.235	0.156

Final Claim Continuance Rates									
		Facility Only							
		F	F	F	F	M	M	M	M
	Claim	Joint	Joint	Indiv.	Indiv.	Joint	Joint	Indiv.	Indiv.
Month	Day	>5yr	<=5yr	>5yr	<=5yr	>5yr	<=5yr	>5yr	<=5yr
1	30	0.830	0.843	0.790	0.861	0.790	0.849	0.823	0.826
2	60	0.694	0.750	0.681	0.754	0.687	0.740	0.720	0.757
3	90	0.636	0.694	0.629	0.690	0.643	0.674	0.631	0.680
4	120	0.602	0.649	0.583	0.642	0.590	0.633	0.572	0.629
5	150	0.593	0.622	0.561	0.605	0.560	0.596	0.539	0.586
6	180	0.563	0.587	0.535	0.575	0.541	0.570	0.507	0.563
7	210	0.552	0.561	0.514	0.538	0.524	0.542	0.490	0.540
8	240	0.531	0.537	0.503	0.518	0.511	0.522	0.473	0.507
9	270	0.517	0.515	0.493	0.505	0.502	0.494	0.454	0.476
10	300	0.508	0.502	0.483	0.489	0.492	0.475	0.433	0.453
11	330	0.502	0.493	0.475	0.481	0.481	0.462	0.417	0.427
12	360	0.493	0.480	0.468	0.467	0.465	0.448	0.405	0.406
13	390	0.484	0.465	0.459	0.454	0.451	0.434	0.395	0.390
14	420	0.476	0.454	0.449	0.442	0.441	0.420	0.385	0.379
15	450	0.470	0.444	0.440	0.433	0.432	0.404	0.373	0.368
16	480	0.463	0.436	0.433	0.424	0.423	0.392	0.361	0.357
17	510	0.453	0.427	0.426	0.418	0.413	0.382	0.350	0.346
18	540	0.444	0.418	0.419	0.411	0.403	0.376	0.341	0.336
19	570	0.438	0.410	0.412	0.402	0.392	0.367	0.333	0.325
20	600	0.435	0.403	0.407	0.392	0.382	0.357	0.326	0.312
21	630	0.429	0.393	0.399	0.381	0.372	0.345	0.317	0.301
22	660	0.422	0.383	0.389	0.370	0.365	0.332	0.308	0.288
23	690	0.414	0.372	0.378	0.356	0.356	0.319	0.299	0.278
24	720	0.409	0.362	0.368	0.344	0.347	0.307	0.293	0.266
25	750	0.403	0.350	0.359	0.333	0.336	0.299	0.288	0.256
26	780	0.397	0.338	0.352	0.326	0.329	0.291	0.280	0.247
27	810	0.391	0.327	0.343	0.320	0.325	0.282	0.272	0.239
28	840	0.385	0.320	0.338	0.312	0.322	0.274	0.264	0.229
29	870	0.380	0.314	0.333	0.303	0.315	0.267	0.257	0.221
30	900	0.374	0.308	0.328	0.295	0.309	0.261	0.250	0.212
31	930	0.368	0.302	0.321	0.287	0.301	0.253	0.244	0.205
32	960	0.361	0.295	0.314	0.276	0.294	0.245	0.240	0.200
33	990	0.354	0.286	0.309	0.263	0.286	0.234	0.237	0.195
34	1020	0.347	0.276	0.304	0.254	0.278	0.224	0.232	0.190
35	1050	0.340	0.264	0.300	0.246	0.273	0.213	0.226	0.184
36	1080	0.338	0.255	0.294	0.239	0.268	0.205	0.219	0.179

Final claim costs are equal to the incidence rate multiplied by the present value of the continuance rates, multiplied by the claim intensity factor, which is 1.0 for indemnity benefits, 0.78 for comprehensive benefits, and 0.90 for facility only benefits.

Objection 8
-L&H Actuarial Memorandum (Supporting Document)
Comments: Please include an explanation of the reserve basis and justification for the reserve levels provided.

Please see the file named Claim Reserve Methodology under the Supporting Documentation. This document outlines the process for determining claim reserves, IBNR, and other claim liabilities (i.e. amounts due but not yet paid) for policies administered by Allianz.

Below is an explanation of determining the Company's policy reserves for Individual Long Term Care:

Individual Long Term Care:
Additional contract reserves were calculated using a net level premium method for single premium policies and a one-year preliminary term method for all other policies.

Valuation interest is based on the effective date of coverage and is equal to the NAIC Life Insurance Valuation Rate for contracts with a guarantee duration of more than 20 years. For contracts with coverage effective prior to 2006, this valuation rate is 4.5%. For contracts with coverage effective in 2006 and later, this valuation rate is 4.0%.

Valuation lapse rates are as follows:

For contracts with coverage effective prior to 2005,
policy years 1-4 use the lesser of 80% of the pricing lapse rate and 8%, and
policy years 5 and later use the lesser of the pricing lapse rate and 4%.

For contracts with coverage effective in 2005 and later,
policy year 1 uses the lesser of 80% of the pricing lapse rate and 6%,
policy years 2-4 use the lesser of 80% of the pricing lapse rate and 4%, and
policy years 5 and later use the lesser of the pricing lapse rate and 2%.

Valuation mortality:

A portion of the block uses the 1983 GAM ANB with a 30%/70% male/female blend for individual policies and a 50%/50% male/female blend for joint policies. The remainder of the block uses the 1994 GAM ALB with a 50% selection factor applied in policy year 1 grading to 100% in policy year 6.

Valuation morbidity is based on the 1985 National Nursing Home Survey, the SOA Long Term Care Intercompany Study 1984-1991, and the 2002 Milliman Long Term Care Guidelines, with company-specific adjustments.

Objection 9
-L&H Actuarial Memorandum (Supporting Document)
Comments: Please provide an actual to expected analysis based on the original assumptions and projections.

Please see the file named Actual to Expected Analysis under the Supporting Documentation tab. Exhibit 1 represents nationwide data while exhibit 2 represents Virginia only data.

Objection 10
-L&H Actuarial Memorandum (Supporting Document)
Comments: Please advise in what states the company has requested rate increases on this block, the amount requested and the current status of the reviews in those states.

Please see the file named Approvals Grid under the Supporting Documentation tab.

Objection 11
-L&H Actuarial Memorandum (Supporting Document)
Comments: The actuarial memorandum states that the company is limiting its rate increase request to 25%, although a larger increase can be actuarially justified. Why then is the overall percentage rate increase change only 25% under the "Rate/Rule Schedule" tab?

The "Rate/Rule Schedule" tab has been updated to reflect the 97% rate increase that is actuarially justified, if best estimate assumptions are realized.

Objection 12
-L&H Actuarial Memorandum (Supporting Document)
Comments: The actuarial memorandum states that modifying the actuarial assumptions to include a provision for moderately adverse experience would result in a justified rate increase substantially larger than 97%. Please provide support for this statement.

If actuarial assumptions were adjusted to include a provision for moderately adverse experience, a 142% rate increase would be actuarially justified based on the "58/85" calculation below:

Following the format of Section 20(C)(2) of *Model 641 (Long-Term Care Insurance Model Regulation)*, the "58/85" calculation is as follows (all dollar values in millions):

a) The accumulated value of the initial earned premium is $593.1. 58% of this value is $344.0.
b) The accumulated value of prior premium rate schedule increases is $0.0 . (no prior rate increases) 58% of this value is $0.0.
c) The present value of future projected initial earned premiums is $770.1. 58% of this value is $446.6.
d) The present value of future projected premiums not in c) above is calculated as follows:
    a. A rate increase of 142% produces additional premium (present value) of $1,093.5. This is calculated as 1.42 * ($770.1) = $1,093.5.
    b. 85% of this value is $929.5.
e) The accumulated value of past incurred claims is $57.1 (from Exhibit 2). The present value of future projected incurred claims is $1,666.7 (from Exhibit 4). (Both of these values exclude active life reserves.) The sum of these two values is $1,723.8.
f) The sum of a, b, c and d is $344.0 + $0.0 + $446.6 + $929.5 = $1,720.2. This is less than the value of e) or $1,723.8. Thus, a 142% rate increase is justified according to this "58/85" calculation.

Objection 13
-L&H Actuarial Memorandum (Supporting Document)
Comments: Please review the requirements of 14VAC5-200-153 and ensure that all required information has been provided.

We reviewed the requirements of 14VAC5-200-153 and ensured that all required information is provided.

Objection 14
-L&H Actuarial Memorandum (Supporting Document)
Comments: Please ensure that the filing includes sufficient detail or documentation so that any projections can be recreated.

Please see the Supporting Documentation tab. To simplify the review process, we have attached excel spreadsheets that correspond to the exhibits in the actuarial memorandum. We have also attached spreadsheets that are labeled accordingly to the objection that they are meant to answer. To make recreating any projection model more convenient, we have provided additional data in the spreadsheet titled Assumptions that was used to answer objection 7.

Objection 15
-L&H Actuarial Memorandum (Supporting Document)
Comments: Is the intent of the company to not request any further rate increases if the proposed rate increase is approved and the experience develops as projected? If not, please explain.

With approval of the currently proposed rate revision (25%), the Company plans to apply for a rate revision in approximately three years from implementation. Although a rate increase of 142% would be sufficient to justify that no future rate increases are anticipated, the Company wishes not to pursue a rate revision of this magnitude.

Objection 16
-L&H Actuarial Memorandum (Supporting Document)
Comments: What steps has the company taken to minimize rate increases on this policy and its riders?

To minimize the rate increase on this policy and its riders, the company is requesting only a 25% rate increase at this time when a significantly higher increase can be actuarially justified given the very high expected lifetime loss ratio. The company has also offered its policyholders options to reduce their benefits in order to avoid a premium increase.

Objection 17
-L&H Actuarial Memorandum (Supporting Document)
Comments: Please provide a copy of the premium notification letter the company intends to send to policyholders notifying them of the rate increase. The company is reminded that 14VAC5-200-75 requires at least 60 days prior notification to policyholders of the implementation of a premium rate schedule increase, and that such notification shall include the information required by subsection A of this section when the rate increase is implemented.

Please see the file named Rate Increase Policyholder Letter under the Supporting Documentation tab. The Company will be giving at least 60 days prior notification to policyholders of the implementation of a premium rate schedule increase. The notification shall include the information required by subsection A of this section upon implementation.

Objection 18
-L&H Actuarial Memorandum (Supporting Document)
Comments: How will the coverage change options be proposed and accepted? How will the policy be amended or endorsed if accepted? We assume there will be a signed acceptance, and that both the signed acceptance and an endorsement would be attached to the policy documenting the change. Upon resubmission, copies of any forms used to affect these changes must be included, along with approval dates.

Please see the file named Coverage Change Request Form under the Supporting Documentation tab. This is an example the Coverage Change Request Form from the 2009 filing. The current filing will use a form similar to this. The coverage change option will be proposed and accepted through a mailing of the attached Coverage Change Request Form and Rate Increase Policyholder Letter. If the client chooses to remove a rider, a new contract would be issued. If the client changes the Daily Benefit Amount, Elimination Period, or Benefit Period a new schedule page would be sent to the policyholder reflecting the changes.

Thank you for consideration.

Base Premium Rates (Current) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	29	32	34	38	46	27	30	33	35	39	48	30	33	36	39	43	53
41	26	29	32	34	38	46	27	30	33	36	40	48	30	33	36	39	44	53
42	26	29	33	35	39	47	27	30	34	36	40	49	30	34	37	40	44	54
43	27	30	34	36	40	48	28	31	35	37	41	50	31	35	38	41	45	55
44	28	31	34	37	41	49	29	32	35	38	42	51	32	35	39	42	46	56
45	29	32	35	38	42	50	30	33	36	39	43	52	33	36	40	43	48	58
46	29	33	36	39	43	52	30	34	37	40	44	54	33	37	41	44	49	59
47	30	34	37	40	44	53	31	35	38	41	45	55	34	38	42	45	50	60
48	31	35	38	41	45	54	32	36	39	42	46	56	35	39	43	46	51	62
49	32	36	39	42	46	56	33	37	40	43	47	58	36	40	44	47	52	63
50	33	37	40	43	47	57	34	38	41	44	49	59	37	41	45	48	53	65
51	34	38	41	44	48	58	35	39	42	45	50	60	38	42	46	49	55	66
52	35	39	42	45	49	60	36	40	43	46	51	62	39	43	47	50	56	68
53	36	40	43	47	52	63	37	41	45	48	53	65	40	45	49	53	59	71
54	38	42	45	49	54	66	39	43	47	50	56	68	42	47	51	55	61	74
55	40	44	48	51	57	69	41	45	49	53	59	71	44	49	54	58	64	78
56	41	46	50	54	60	72	42	47	52	55	61	74	46	51	56	60	67	81
57	43	48	52	56	62	76	44	49	54	58	64	78	48	54	59	63	70	85
58	46	51	56	60	67	81	47	52	58	62	69	83	51	57	63	67	75	91
59	49	55	60	64	71	86	50	56	62	66	73	89	55	61	67	72	80	97
60	53	58	64	69	76	92	54	60	66	71	79	95	59	65	72	77	86	104
61	56	62	68	73	81	98	57	64	70	75	84	102	62	69	76	82	91	111
62	60	66	73	78	87	104	61	68	75	81	90	109	67	74	82	88	98	119
63	65	72	79	85	94	114	66	74	81	88	97	118	72	80	89	95	106	129
64	71	78	86	92	102	123	72	80	88	95	106	129	78	87	96	104	115	140
65	76	84	93	100	111	134	78	87	96	103	115	140	85	94	104	113	125	152
66	83	92	101	109	121	146	85	94	104	112	125	152	92	102	113	122	136	166
67	90	99	110	118	131	159	92	102	113	122	136	165	100	111	123	133	148	180
68	99	110	121	131	145	176	101	113	125	135	151	183	110	123	136	147	164	199
69	110	121	134	145	161	195	112	124	138	150	167	203	122	135	151	163	182	221
70	121	134	149	161	178	216	124	137	153	166	185	225	135	150	167	181	201	245
71	134	148	164	179	198	239	136	151	169	184	205	249	149	165	185	201	223	271
72	148	163	182	198	219	265	151	167	187	204	227	276	164	182	204	222	248	301
73	163	180	202	220	243	294	167	185	208	226	252	307	182	202	227	247	275	334
74	181	200	224	244	270	327	184	205	230	251	280	341	201	223	251	274	305	372
75	200	221	248	271	300	364	204	227	255	279	311	379	222	247	278	304	339	413
76	221	245	275	300	333	405	226	251	283	310	345	422	246	273	309	337	377	460
77	245	271	304	333	370	450	250	278	314	344	384	469	272	303	342	374	418	511
78	270	298	337	369	411	500	275	306	347	381	426	521	300	333	378	415	464	568
79	297	329	372	410	456	556	303	337	384	422	472	579	331	367	418	460	515	631
80	328	362	412	454	506	617	334	371	425	468	524	643	364	405	463	510	571	701
81	361	399	455	503	561	686	368	409	470	519	581	714	401	446	512	566	634	779
82	398	440	504	558	623	762	406	451	519	575	645	794	442	492	566	627	703	865
83	438	485	557	619	691	846	447	497	574	638	716	882	488	542	626	695	780	961
84	483	534	616	686	766	940	493	548	635	707	794	979	537	597	692	771	866	1,067

Rider Premium Rates and Premium Factors (Current)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Current)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	28	31	34	37	45
41	26	29	31	34	38	46
42	26	29	32	34	38	46
43	27	30	33	35	39	47
44	27	30	34	36	40	49
45	28	31	34	37	41	50
46	29	32	35	38	42	51
47	30	33	36	39	43	52
48	30	34	37	40	44	53
49	31	34	38	41	45	55
50	32	35	39	42	46	56
51	33	36	40	43	47	57
52	33	37	41	44	48	59
53	35	39	43	46	51	61
54	37	41	45	48	53	64
55	38	43	47	50	56	67
56	40	45	49	53	58	71
57	42	47	51	55	61	74
58	45	50	55	59	65	79
59	48	53	58	63	70	85
60	51	57	62	67	75	91
61	54	60	67	72	80	97
62	58	65	71	77	85	103
63	63	70	77	83	93	112
64	68	76	84	90	101	122
65	74	82	91	98	109	133
66	80	89	99	107	119	144
67	87	97	107	116	129	157
68	96	107	119	129	143	174
69	106	118	131	142	158	193
70	117	130	145	158	176	213
71	130	144	161	175	195	236
72	143	159	178	194	216	262
73	158	176	197	215	240	291
74	175	195	219	239	266	324
75	194	215	243	265	296	360
76	214	238	269	294	328	401
77	237	264	298	326	365	446
78	262	291	330	362	404	495
79	288	320	365	401	449	550
80	318	353	403	445	498	611
81	350	389	446	493	552	679
82	386	428	493	547	613	754
83	425	472	546	606	680	838
84	468	520	603	672	754	930

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	13	15	16	18	20	24
41	14	15	17	18	20	24
42	14	15	17	18	20	24
43	14	16	17	18	21	25
44	14	16	18	19	21	26
45	15	16	18	19	22	26
46	15	17	19	20	22	27
47	16	17	19	20	23	27
48	16	18	19	21	23	28
49	16	18	20	21	24	29
50	17	19	20	22	24	29
51	17	19	21	22	25	30
52	18	19	21	23	25	31
53	18	20	22	24	27	32
54	19	21	23	25	28	34
55	20	22	25	26	29	36
56	21	23	26	28	31	37
57	22	25	27	29	32	39
58	24	26	29	31	34	42
59	25	28	31	33	37	45
60	27	30	33	35	39	48
61	29	32	35	38	42	51
62	31	34	37	40	45	54
63	33	37	41	44	49	59
64	36	40	44	48	53	64
65	39	43	48	52	58	70
66	42	47	52	56	63	76
67	46	51	56	61	68	83
68	51	56	63	68	75	91
69	56	62	69	75	83	101
70	62	69	77	83	92	112
71	68	76	85	92	102	124
72	75	84	94	102	114	138
73	83	93	104	113	126	153
74	92	102	115	126	140	171
75	102	113	128	139	156	190
76	113	125	142	155	173	211
77	125	139	157	172	192	235
78	138	153	174	190	213	261
79	152	169	192	211	236	289
80	167	186	212	234	262	322
81	184	205	235	259	291	357
82	203	225	260	288	323	397
83	224	248	287	319	358	441
84	246	274	318	354	397	490

Revised Exhibit 3

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Projected Future Experience - After 25% Rate Increase and 1.25% Ultimate Lapse

Year	Earned Premium	Incurred Claims	Loss Ratio
7/2012-12/2012	$32,354,794	$4,992,096	15.4%
2013	$63,799,475	$11,102,231	17.4%
2014	$72,121,149	$13,012,730	18.0%
2015	$74,225,437	$15,173,703	20.4%
2016	$71,693,428	$17,571,019	24.5%
2017	$69,172,501	$20,116,595	29.1%
2018	$66,640,591	$22,928,992	34.4%
2019	$64,080,899	$26,074,024	40.7%
2020	$61,466,789	$29,548,847	48.1%
2021	$58,842,035	$33,410,408	56.8%
2022	$56,202,404	$37,661,231	67.0%
2023	$53,534,085	$42,328,889	79.1%
2024	$50,855,174	$47,393,383	93.2%
2025	$48,187,761	$52,908,345	109.8%
2026	$45,528,416	$58,821,894	129.2%
2027	$42,872,388	$65,038,345	151.7%
2028	$40,243,928	$71,497,206	177.7%
2029	$37,647,011	$78,213,187	207.8%
2030	$35,093,608	$85,146,570	242.6%
2031	$32,595,089	$92,084,834	282.5%
2032	$30,144,952	$98,641,808	327.2%
2033	$27,765,503	$104,879,433	377.7%
2034	$25,466,446	$110,674,378	434.6%
2035	$23,251,944	$115,929,584	498.6%
2036	$21,123,673	$120,366,226	569.8%
2037	$19,094,422	$123,943,835	649.1%
2038	$17,177,920	$126,555,779	736.7%
2039	$15,371,435	$128,217,974	834.1%
2040	$13,680,510	$128,863,723	942.0%
2041	$12,109,175	$128,355,502	1060.0%
2042	$10,657,586	$126,752,013	1189.3%
2043	$9,325,713	$124,149,324	1331.3%
2044	$8,113,232	$120,645,956	1487.0%
2045	$7,018,479	$116,211,605	1655.8%
2046	$6,034,563	$110,967,018	1838.9%
2047	$5,159,387	$105,075,670	2036.6%
2048	$4,386,602	$98,616,889	2248.1%
2049	$3,708,583	$91,652,781	2471.4%
2050	$3,117,980	$84,444,931	2708.3%
2051	$2,606,883	$77,155,641	2959.7%
2052	$2,167,621	$70,004,745	3229.6%
2053	$1,793,185	$62,980,404	3512.2%
2054	$1,476,114	$56,265,350	3811.7%
2055	$1,209,385	$49,925,527	4128.2%
2056	$986,255	$44,009,411	4462.3%
2057	$800,680	$38,551,634	4814.9%
2058	$647,191	$33,566,931	5186.6%
2059	$520,910	$29,073,532	5581.3%
2060 +	$1,958,075	$153,766,676	7853.0%
Present Value of Future Amount (at 4.5%)	$850,202,881	$1,190,088,813	140.0%

Revised Exhibit 4

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical and Project Future Experience Without Rate Increase and 1.25% Ultimate Lapse

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,999	$316,168	1.9%
2005	$39,752,811	$829,665	2.1%
2006	$62,159,481	$4,337,521	7.0%
2007	$71,296,618	$3,557,534	5.0%
2008	$71,825,588	$7,264,603	10.1%
2009	$70,264,418	$7,352,676	10.5%
2010	$68,533,578	$9,694,820	14.1%
2011	$67,072,605	$10,591,896	15.8%
2012	$65,293,017	$11,643,811	17.8%
2013	$63,336,581	$11,041,832	17.4%
2014	$61,398,691	$12,799,249	20.8%
2015	$59,402,479	$14,861,053	25.0%
2016	$57,354,743	$17,197,408	30.0%
2017	$55,338,001	$19,709,148	35.6%
2018	$53,312,473	$22,499,773	42.2%
2019	$51,264,719	$25,626,066	50.0%
2020	$49,173,431	$29,083,730	59.1%
2021	$47,073,628	$32,928,832	70.0%
2022	$44,961,923	$37,164,324	82.7%
2023	$42,827,268	$41,818,206	97.6%
2024	$40,684,139	$46,870,958	115.2%
2025	$38,550,209	$52,375,909	135.9%
2026	$36,422,733	$58,281,578	160.0%
2027	$34,297,910	$64,492,883	188.0%
2028	$32,195,142	$70,949,558	220.4%
2029	$30,117,609	$77,666,046	257.9%
2030	$28,074,886	$84,602,649	301.3%
2031	$26,076,071	$91,547,131	351.1%
2032	$24,115,962	$98,114,562	406.8%
2033	$22,212,402	$104,365,597	469.9%
2034	$20,373,157	$110,176,835	540.8%
2035	$18,601,555	$115,450,919	620.7%
2036	$16,898,938	$119,909,225	709.6%
2037	$15,275,538	$123,510,676	808.6%
2038	$13,742,336	$126,148,182	918.0%
2039	$12,297,148	$127,837,188	1039.6%
2040	$10,944,408	$128,510,605	1174.2%
2041	$9,687,340	$128,030,703	1321.6%
2042	$8,526,069	$126,455,579	1483.2%
2043	$7,460,570	$123,880,836	1660.5%
2044	$6,490,585	$120,404,542	1855.1%
2045	$5,614,783	$115,996,290	2065.9%
2046	$4,827,650	$110,776,456	2294.6%
2047	$4,127,510	$104,908,280	2541.7%
2048	$3,509,281	$98,471,016	2806.0%
2049	$2,966,866	$91,526,778	3085.0%
2050	$2,494,384	$84,336,925	3381.1%
2051	$2,085,506	$77,063,762	3695.2%
2052	$1,734,096	$69,927,095	4032.5%
2053	$1,434,548	$62,915,272	4385.7%
2054	$1,180,891	$56,211,079	4760.1%
2055	$967,508	$49,880,580	5155.6%
2056	$789,004	$43,972,410	5573.2%
2057	$640,544	$38,521,359	6013.9%
2058	$517,753	$33,542,313	6478.4%
2059	$416,728	$29,053,627	6971.8%
2060 +	$1,566,460	$153,691,762	9811.4%

Present Values at 4.5%
Without Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$593,127,527	$57,118,641	9.6%
Projected Future	$701,739,126	$1,182,745,406	168.5%
Lifetime Anticipated	$1,294,866,653	$1,239,864,047	95.8%

Exhibit 1

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series: 10-P-Q

Current Best Estimate

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$593,127,524	$57,118,644	9.6%
Projected	$733,385,908	$1,319,771,535	180.0%
Total	**$1,326,513,432**	**$1,376,890,179**	**103.8%**

Original Pricing Lapse and Actual Morbidity

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$572,029,157	$54,402,714	9.5%
Projected	$606,353,392	$940,290,934	155.1%
Total	**$1,178,382,548**	**$994,693,648**	**84.4%**

Pricing Loss Ratio	**65.5%**
Total Change	**38.3%**
Lapse	**50.6%**
Morbidity	**49.4%**

Allianz Life Insurance Company of North America
Policy Form Series : 10-P-Q
Original Assumptions compared to Current Assumptions
Claim Costs reflect a 5 year benefit period, $1 daily benefit, single life

	Original			Current		
	All	52 F	52 F	All	52 F	52 F
Policy Year	Lapse Rate - No COLA	Mortality Rate	No COLA Claim Cost per $1 DB	Lapse Rate - aggregate	Mortality Rate	Claim Cost (no COLA) per $1 DB
1	7.0%	0.09%	$0.08	7.00%	0.14%	$0.65
2	5.0%	0.11%	$0.13	3.40%	0.15%	$0.69
3	4.0%	0.15%	$0.19	2.20%	0.17%	$0.73
4	3.0%	0.18%	$0.24	1.50%	0.18%	$0.78
5	2.5%	0.23%	$0.29	1.00%	0.21%	$0.83
6	2.5%	0.29%	$0.41	0.90%	0.23%	$0.88
7	2.5%	0.34%	$0.51	0.75%	0.27%	$0.94
8	2.5%	0.39%	$0.62	0.75%	0.31%	$1.00
9	2.5%	0.44%	$0.76	0.75%	0.36%	$1.06
10	2.5%	0.51%	$0.93	0.75%	0.41%	$1.13
11	2.5%	0.58%	$1.08	0.75%	0.47%	$1.21
12	2.5%	0.67%	$1.19	0.75%	0.53%	$1.28
13	2.5%	0.76%	$1.29	0.75%	0.61%	$1.35
14	2.5%	0.86%	$1.40	0.75%	0.69%	$1.52
15	2.5%	0.97%	$1.52	0.75%	0.78%	$2.07
16	2.5%	1.08%	$1.65	0.75%	0.86%	$2.24
17	2.5%	1.18%	$1.85	0.75%	0.94%	$2.78
18	2.5%	1.27%	$2.08	0.75%	1.02%	$3.02
19	2.5%	1.37%	$2.33	0.75%	1.10%	$3.66
20	2.5%	1.50%	$2.61	0.75%	1.20%	$4.33
21	2.5%	1.65%	$2.93	0.75%	1.32%	$6.07
22	2.5%	1.83%	$3.50	0.75%	1.47%	$7.68
23	2.5%	2.04%	$4.19	0.75%	1.63%	$9.15
24	2.5%	2.27%	$5.05	0.75%	1.81%	$10.77
25	2.5%	2.53%	$6.10	0.75%	2.03%	$11.76
26	2.5%	2.84%	$7.39	0.75%	2.27%	$12.75
27	2.5%	3.17%	$8.52	0.75%	2.54%	$13.91
28	2.5%	3.54%	$9.82	0.75%	2.83%	$17.76
29	2.5%	3.94%	$11.34	0.75%	3.15%	$20.62
30	2.5%	4.40%	$13.11	0.75%	3.52%	$24.19
31	2.5%	4.92%	$15.17	0.75%	3.93%	$28.83
32	2.5%	5.49%	$17.32	0.75%	4.39%	$37.12
33	2.5%	6.10%	$19.76	0.75%	4.88%	$39.33
34	2.5%	6.77%	$22.56	0.75%	5.42%	$44.47
35	2.5%	7.53%	$25.74	0.75%	6.03%	$46.14
36	2.5%	8.40%	$29.34	0.75%	6.72%	$60.41
37	2.5%	9.38%	$31.79	0.75%	7.51%	$66.45
38	2.5%	10.46%	$34.41	0.75%	8.37%	$73.10
39	2.5%	11.63%	$37.16	0.75%	9.30%	$80.41
40	2.5%	12.88%	$40.17	0.75%	10.30%	$88.45
41	2.5%	14.20%	$43.37	0.75%	11.36%	$97.29
42	2.5%	15.59%	$43.73	0.75%	12.47%	$107.02
43	2.5%	17.07%	$43.95	0.75%	13.65%	$117.73
44	2.5%	18.62%	$44.03	0.75%	14.90%	$129.50
45	2.5%	20.25%	$44.44	0.75%	16.20%	$142.45
46	2.5%	21.97%	$44.96	0.75%	17.57%	$156.69
47	2.5%	23.77%	$45.18	0.75%	19.02%	$172.36
48	2.5%	25.67%	$45.28	0.75%	20.54%	$189.60
49	2.5%	27.64%	$45.40	0.75%	22.11%	$208.56

Allianz Life Insurance Company of North America
Policy Form Series : 10-P-Q
Original Assumptions compared to Current Assumptions
Claim Costs reflect a 5 year benefit period, $1 daily benefit, single life

	Original			Current		
	All	62 F	62 F	All	62 F	62 F
Policy Year	Lapse Rate - No COLA	Mortality Rate	No COLA Claim Cost per $1 DB	Lapse Rate - aggregate	Mortality Rate	Claim Cost (no COLA) per $1 DB
1	7.0%	0.29%	$0.24	7.00%	0.47%	$1.21
2	5.0%	0.40%	$0.40	3.40%	0.53%	$1.28
3	4.0%	0.53%	$0.56	2.20%	0.61%	$1.35
4	3.0%	0.69%	$0.73	1.50%	0.69%	$1.52
5	2.5%	0.87%	$0.86	1.00%	0.78%	$2.07
6	2.5%	1.08%	$1.16	0.90%	0.86%	$2.24
7	2.5%	1.18%	$1.42	0.75%	0.94%	$2.78
8	2.5%	1.27%	$1.72	0.75%	1.02%	$3.02
9	2.5%	1.37%	$2.08	0.75%	1.10%	$3.66
10	2.5%	1.50%	$2.50	0.75%	1.20%	$4.33
11	2.5%	1.65%	$2.86	0.75%	1.32%	$6.07
12	2.5%	1.83%	$3.49	0.75%	1.47%	$7.68
13	2.5%	2.04%	$4.19	0.75%	1.63%	$9.15
14	2.5%	2.27%	$5.03	0.75%	1.81%	$10.77
15	2.5%	2.53%	$6.07	0.75%	2.03%	$11.76
16	2.5%	2.84%	$7.35	0.75%	2.27%	$12.75
17	2.5%	3.17%	$8.45	0.75%	2.54%	$13.91
18	2.5%	3.54%	$9.74	0.75%	2.83%	$17.76
19	2.5%	3.94%	$11.23	0.75%	3.15%	$20.62
20	2.5%	4.40%	$12.96	0.75%	3.52%	$24.19
21	2.5%	4.92%	$14.97	0.75%	3.93%	$28.83
22	2.5%	5.49%	$17.05	0.75%	4.39%	$37.12
23	2.5%	6.10%	$19.41	0.75%	4.88%	$39.33
24	2.5%	6.77%	$22.07	0.75%	5.42%	$44.47
25	2.5%	7.53%	$25.09	0.75%	6.03%	$46.14
26	2.5%	8.40%	$28.49	0.75%	6.72%	$60.41
27	2.5%	9.38%	$30.70	0.75%	7.51%	$66.45
28	2.5%	10.46%	$33.13	0.75%	8.37%	$73.10
29	2.5%	11.63%	$35.71	0.75%	9.30%	$80.41
30	2.5%	12.88%	$38.52	0.75%	10.30%	$88.45
31	2.5%	14.20%	$41.44	0.75%	11.36%	$97.29
32	2.5%	15.59%	$41.50	0.75%	12.47%	$107.02
33	2.5%	17.07%	$41.87	0.75%	13.65%	$117.73
34	2.5%	18.62%	$42.35	0.75%	14.90%	$129.50
35	2.5%	20.25%	$43.14	0.75%	16.20%	$142.45
36	2.5%	21.97%	$43.84	0.75%	17.57%	$156.69
37	2.5%	23.77%	$43.95	0.75%	19.02%	$172.36
38	2.5%	25.67%	$44.14	0.75%	20.54%	$189.60
39	2.5%	27.64%	$44.27	0.75%	22.11%	$208.56

Allianz Life Insurance Company of North America
Policy Form Series : 10-P-Q
Original Assumptions compared to Current Assumptions
Claim Costs reflect a 5 year benefit period, $1 daily benefit, single life

	Original			Current		
	All	72 F	72 F	All	72 F	72 F
Policy Year	Lapse Rate - No COLA	Mortality Rate	No COLA Claim Cost per $1 DB	Lapse Rate - aggregate	Mortality Rate	Claim Cost (no COLA) per $1 DB
1	7.0%	0.83%	$1.11	7.00%	1.32%	$6.07
2	5.0%	1.10%	$1.66	3.40%	1.47%	$7.68
3	4.0%	1.43%	$2.40	2.20%	1.63%	$9.15
4	3.0%	1.81%	$3.40	1.50%	1.81%	$10.77
5	2.5%	2.28%	$4.46	1.00%	2.03%	$11.76
6	2.5%	2.84%	$5.89	0.90%	2.27%	$12.75
7	2.5%	3.17%	$7.50	0.75%	2.54%	$13.91
8	2.5%	3.54%	$9.41	0.75%	2.83%	$17.76
9	2.5%	3.94%	$11.76	0.75%	3.15%	$20.62
10	2.5%	4.40%	$14.06	0.75%	3.52%	$24.19
11	2.5%	4.92%	$16.24	0.75%	3.93%	$28.83
12	2.5%	5.49%	$18.49	0.75%	4.39%	$37.12
13	2.5%	6.10%	$21.05	0.75%	4.88%	$39.33
14	2.5%	6.77%	$23.95	0.75%	5.42%	$44.47
15	2.5%	7.53%	$27.22	0.75%	6.03%	$46.14
16	2.5%	8.40%	$30.91	0.75%	6.72%	$60.41
17	2.5%	9.38%	$33.31	0.75%	7.51%	$66.45
18	2.5%	10.46%	$35.94	0.75%	8.37%	$73.10
19	2.5%	11.63%	$38.74	0.75%	9.30%	$80.41
20	2.5%	12.88%	$41.79	0.75%	10.30%	$88.45
21	2.5%	14.20%	$44.96	0.75%	11.36%	$97.29
22	2.5%	15.59%	$45.02	0.75%	12.47%	$107.02
23	2.5%	17.07%	$45.42	0.75%	13.65%	$117.73
24	2.5%	18.62%	$45.94	0.75%	14.90%	$129.50
25	2.5%	20.25%	$46.81	0.75%	16.20%	$142.45
26	2.5%	21.97%	$47.56	0.75%	17.57%	$156.69
27	2.5%	23.77%	$47.68	0.75%	19.02%	$172.36
28	2.5%	25.67%	$47.89	0.75%	20.54%	$189.60
29	2.5%	27.64%	$48.03	0.75%	22.11%	$208.56

Exhbit 1

Allianz Life Insurance Company of North America

Policy Form Serires: 10-P-Q

Total Termination Actual to Expected

		Actuals	**Original Pricing**			**Current Assumptions**			**Actual to Expected**	
Policy Duration	Exposures	Total Terminations	Lapse	Mortality	Total Termination	Lapse	Mortality	Total Termination	Actuals/Pricing	Actuals/Current
1	10,375	7.59%	5.86%	0.43%	6.29%	7.00%	0.61%	7.61%	120.6%	99.6%
2	18,605	4.03%	3.86%	0.56%	4.42%	3.40%	0.68%	4.08%	91.2%	98.8%
3	25,262	2.90%	2.85%	0.71%	3.56%	2.20%	0.73%	2.93%	81.4%	98.9%
4	30,742	2.32%	2.04%	0.89%	2.92%	1.50%	0.80%	2.30%	79.3%	100.7%
5	33,874	1.93%	1.91%	1.08%	2.99%	1.00%	0.93%	1.93%	64.7%	100.4%
6	24,250	1.96%	1.90%	1.31%	3.21%	0.90%	1.07%	1.96%	61.2%	100.0%
7	12,778	1.70%	1.89%	1.43%	3.32%	0.75%	1.27%	2.02%	51.1%	84.2%
8	2,082	1.73%	1.89%	1.55%	3.44%	0.75%	1.54%	2.29%	50.3%	75.6%
9+						0.75%				

Notes:

1) The "Actuals" are the historical total policy termination rates observed by the company

2) The "Original Pricing" are those assumptions originally used to price the product. The mortality assumpation are based on the 1994 GART with application of selection factors.

3) The "Current Assumptions" are thos used in the projection for the current rate filing. The mortality assumptions are based on 80% of the 1994 GAM.

Exhibit 2

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Female
Issue Age: 50
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D=C/A	E=C/B
	Original Pricing		Current Assumptions based on	Actual to Expected	
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	No Adjustments	Underwriting Adjusted
50	0.65	0.14	0.59	91%	409%
51	0.69	0.24	0.63	91%	262%
52	0.73	0.33	0.67	91%	200%
53	0.78	0.43	0.71	90%	165%
54	0.84	0.53	0.75	90%	141%
55	0.89	0.75	0.80	90%	106%
56	1.01	0.94	0.85	85%	90%
57	1.14	1.16	0.91	80%	78%
58	1.29	1.43	0.97	75%	68%
59	1.45	1.73	1.03	71%	60%
60	1.65	2.00	1.09	66%	55%
61	1.87	2.19	1.17	63%	53%
62	2.11	2.36	1.24	59%	53%
63	2.27	2.53	1.31	58%	52%
64	2.44	2.73	1.39	57%	51%
65	2.62	2.94	1.57	60%	53%
66	2.82	3.27	2.13	75%	65%
67	3.04	3.63	2.30	76%	63%
68	3.38	4.04	2.87	85%	71%
69	3.76	4.49	3.10	83%	69%
70	4.18	4.99	3.77	90%	76%
71	4.65	5.96	4.46	96%	75%
72	5.18	7.14	6.25	121%	88%
73	6.19	8.58	7.91	128%	92%
74	7.42	10.33	9.42	127%	91%
75	8.92	12.46	11.09	124%	89%
76	10.75	14.29	12.10	113%	85%
77	13.00	16.40	13.12	101%	80%
78	14.95	18.83	14.32	96%	76%
79	17.22	21.64	18.29	106%	85%
80	19.87	24.87	21.22	107%	85%
81	22.94	28.20	24.90	109%	88%
82	26.53	31.97	29.67	112%	93%
83	30.29	36.23	38.21	126%	105%
84	34.62	41.01	40.49	117%	99%
85	39.60	46.37	45.77	116%	99%
86	45.34	49.96	47.50	105%	95%
87	51.95	53.76	62.19	120%	116%
88	56.83	57.66	68.41	120%	119%
89	62.22	61.89	75.25	121%	122%
90	68.17	66.33	82.77	121%	125%
91	74.75	66.57	91.05	122%	137%
92	82.02	66.53	100.15	122%	151%
93	84.23	66.24	110.17	131%	166%
94	86.53	66.44	121.19	140%	182%
95	88.90	66.84	133.30	150%	199%
96	91.35	67.02	146.63	161%	219%
97	93.88	66.98	161.30	172%	241%
98	95.40	66.98	177.43	186%	265%
99	96.97	67.13	195.17	201%	291%
100	98.56	67.25	214.69	218%	319%

Exhibit 2

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Male
Issue Age: 50
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D=C/A	E=C/B
	Original Pricing		Current Assumptions based on	Actual to Expected	
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	No Adjustments	Underwriting Adjusted
50	0.65	0.15	0.13	20%	87%
51	0.71	0.26	0.15	21%	58%
52	0.77	0.37	0.17	22%	47%
53	0.84	0.48	0.20	23%	41%
54	0.92	0.57	0.22	24%	39%
55	1.00	0.77	0.25	25%	33%
56	1.08	0.92	0.29	27%	32%
57	1.16	1.08	0.33	28%	30%
58	1.25	1.26	0.37	30%	30%
59	1.35	1.46	0.43	32%	29%
60	1.46	1.62	0.48	33%	29%
61	1.58	1.77	0.56	36%	32%
62	1.70	1.89	0.64	38%	34%
63	1.83	2.03	0.65	36%	32%
64	1.96	2.18	0.79	41%	36%
65	2.10	2.35	1.21	58%	51%
66	2.26	2.61	1.45	64%	55%
67	2.43	2.90	1.64	68%	57%
68	2.70	3.23	1.85	69%	57%
69	3.00	3.59	2.06	69%	58%
70	3.34	3.98	2.41	72%	61%
71	3.72	4.66	3.39	91%	73%
72	4.13	5.46	4.25	103%	78%
73	4.84	6.40	5.50	114%	86%
74	5.67	7.50	6.18	109%	82%
75	6.65	8.80	6.87	103%	78%
76	7.81	9.77	7.53	96%	77%
77	9.17	10.85	10.67	116%	98%
78	10.21	12.05	10.95	107%	91%
79	11.36	13.39	13.71	121%	102%
80	12.66	14.88	16.46	130%	111%
81	14.12	16.65	19.22	136%	115%
82	15.75	18.63	21.86	139%	117%
83	17.68	20.85	29.64	168%	142%
84	19.86	23.34	30.54	154%	131%
85	22.34	26.11	34.17	153%	131%
86	25.15	27.72	37.25	148%	134%
87	28.34	29.39	40.60	143%	138%
88	30.27	31.09	44.26	146%	142%
89	32.34	32.87	48.24	149%	147%
90	34.57	35.08	52.58	152%	150%
91	36.96	35.34	57.31	155%	162%
92	39.93	35.58	62.47	156%	176%
93	40.56	35.72	68.09	168%	191%
94	41.20	35.91	74.22	180%	207%
95	41.84	36.11	80.90	193%	224%
96	42.50	37.14	88.18	208%	237%
97	43.16	38.22	96.12	223%	251%
98	44.48	39.26	104.77	236%	267%
99	45.85	40.10	114.20	249%	285%
100	47.26	40.45	124.48	263%	308%

Exhibit 2

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Female
Issue Age: 55
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D=C/A	E=C/B
	Original Pricing		Current Assumptions based on	Actual to Expected	
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	No Adjustments	Underwriting Adjusted
55	0.89	0.22	0.80	90%	358%
56	1.01	0.39	0.85	85%	217%
57	1.14	0.58	0.91	80%	156%
58	1.29	0.80	0.97	75%	122%
59	1.45	0.99	1.03	71%	104%
60	1.65	1.41	1.09	66%	78%
61	1.87	1.67	1.17	63%	70%
62	2.11	1.95	1.24	59%	64%
63	2.27	2.28	1.31	58%	58%
64	2.44	2.62	1.39	57%	53%
65	2.62	2.89	1.57	60%	54%
66	2.82	3.27	2.13	75%	65%
67	3.04	3.64	2.30	76%	63%
68	3.38	4.04	2.87	85%	71%
69	3.76	4.48	3.10	83%	69%
70	4.18	4.96	3.77	90%	76%
71	4.65	5.91	4.46	96%	76%
72	5.18	7.04	6.25	121%	89%
73	6.19	8.42	7.91	128%	94%
74	7.42	10.07	9.42	127%	94%
75	8.92	12.08	11.09	124%	92%
76	10.75	13.76	12.10	113%	88%
77	13.00	15.67	13.12	101%	84%
78	14.95	17.84	14.32	96%	80%
79	17.22	20.29	18.29	106%	90%
80	19.87	23.05	21.22	107%	92%
81	22.94	25.77	24.90	109%	97%
82	26.53	28.82	29.67	112%	103%
83	30.29	32.21	38.21	126%	119%
84	34.62	36.03	40.49	117%	112%
85	39.60	40.17	45.77	116%	114%
86	45.34	42.58	47.50	105%	112%
87	51.95	45.50	62.19	120%	137%
88	56.83	48.79	68.41	120%	140%
89	62.22	52.78	75.25	121%	143%
90	68.17	56.94	82.77	121%	145%
91	74.75	57.54	91.05	122%	158%
92	82.02	58.27	100.15	122%	172%
93	84.23	59.00	110.17	131%	187%
94	86.53	59.74	121.19	140%	203%
95	88.90	60.49	133.30	150%	220%
96	91.35	60.51	146.63	161%	242%
97	93.88	60.49	161.30	172%	267%
98	95.40	60.41	177.43	186%	294%
99	96.97	60.27	195.17	201%	324%
100	98.56	60.06	214.69	218%	357%

Exhibit 2

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Male
Issue Age: 55
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D=C/A	E=C/B
	Original Pricing		Current Assumptions based on	Actual to Expected	
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	No Adjustments	Underwriting Adjusted
55	1.00	0.23	0.25	25%	110%
56	1.08	0.39	0.29	27%	75%
57	1.16	0.54	0.33	28%	60%
58	1.25	0.71	0.37	30%	53%
59	1.35	0.84	0.43	32%	51%
60	1.46	1.13	0.48	33%	42%
61	1.58	1.34	0.56	36%	42%
62	1.70	1.56	0.64	38%	41%
63	1.83	1.82	0.65	36%	36%
64	1.96	2.10	0.79	41%	38%
65	2.10	2.30	1.21	58%	53%
66	2.26	2.61	1.45	64%	55%
67	2.43	2.90	1.64	68%	57%
68	2.70	3.22	1.85	69%	58%
69	3.00	3.58	2.06	69%	58%
70	3.34	3.97	2.41	72%	61%
71	3.72	4.63	3.39	91%	73%
72	4.13	5.41	4.25	103%	79%
73	4.84	6.32	5.50	114%	87%
74	5.67	7.40	6.18	109%	84%
75	6.65	8.65	6.87	103%	79%
76	7.81	9.58	7.53	96%	79%
77	9.17	10.61	10.67	116%	101%
78	10.21	11.74	10.95	107%	93%
79	11.36	13.00	13.71	121%	105%
80	12.66	14.39	16.46	130%	114%
81	14.12	15.99	19.22	136%	120%
82	15.75	17.76	21.86	139%	123%
83	17.68	19.73	29.64	168%	150%
84	19.86	22.03	30.54	154%	139%
85	22.34	24.60	34.17	153%	139%
86	25.15	25.98	37.25	148%	143%
87	28.34	27.48	40.60	143%	148%
88	30.27	29.08	44.26	146%	152%
89	32.34	31.02	48.24	149%	155%
90	34.57	33.46	52.58	152%	157%
91	36.96	33.86	57.31	155%	169%
92	39.93	34.09	62.47	156%	183%
93	40.56	34.19	68.09	168%	199%
94	41.20	34.19	74.22	180%	217%
95	41.84	34.10	80.90	193%	237%
96	42.50	34.40	88.18	208%	256%
97	43.16	34.72	96.12	223%	277%
98	44.48	35.01	104.77	236%	299%
99	45.85	35.22	114.20	249%	324%
100	47.26	35.04	124.48	263%	355%

Exhibit 2

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Female
Issue Age: 60
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D=C/A	E=C/B
	Original Pricing		Current Assumptions based on	Actual to Expected	
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	No Adjustments	Underwriting Adjusted
60	1.65	0.42	1.09	66%	258%
61	1.87	0.71	1.17	63%	166%
62	2.11	0.98	1.24	59%	126%
63	2.27	1.28	1.31	58%	103%
64	2.44	1.52	1.39	57%	91%
65	2.62	2.05	1.57	60%	77%
66	2.82	2.52	2.13	75%	85%
67	3.04	3.05	2.30	76%	76%
68	3.38	3.68	2.87	85%	78%
69	3.76	4.37	3.10	83%	71%
70	4.18	4.96	3.77	90%	76%
71	4.65	6.05	4.46	96%	74%
72	5.18	7.24	6.25	121%	86%
73	6.19	8.69	7.91	128%	91%
74	7.42	10.44	9.42	127%	90%
75	8.92	12.57	11.09	124%	88%
76	10.75	14.40	12.10	113%	84%
77	13.00	16.50	13.12	101%	80%
78	14.95	18.91	14.32	96%	76%
79	17.22	21.69	18.29	106%	84%
80	19.87	24.87	21.22	107%	85%
81	22.94	28.13	24.90	109%	89%
82	26.53	31.78	29.67	112%	93%
83	30.29	35.87	38.21	126%	107%
84	34.62	40.45	40.49	117%	100%
85	39.60	45.55	45.77	116%	100%
86	45.34	48.78	47.50	105%	97%
87	51.95	52.27	62.19	120%	119%
88	56.83	55.94	68.41	120%	122%
89	62.22	59.93	75.25	121%	126%
90	68.17	63.98	82.77	121%	129%
91	74.75	63.68	91.05	122%	143%
92	82.02	63.84	100.15	122%	157%
93	84.23	64.20	110.17	131%	172%
94	86.53	65.09	121.19	140%	186%
95	88.90	65.77	133.30	150%	203%
96	91.35	65.77	146.63	161%	223%
97	93.88	65.90	161.30	172%	245%
98	95.40	66.01	177.43	186%	269%
99	96.97	66.13	195.17	201%	295%
100	98.56	66.23	214.69	218%	324%

Exhibit 2

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Male
Issue Age: 60
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D=C/A	E=C/B
	Original Pricing		Current Assumptions based on	Actual to Expected	
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	No Adjustments	Underwriting Adjusted
60	1.46	0.34	0.48	33%	139%
61	1.58	0.57	0.56	36%	98%
62	1.70	0.80	0.64	38%	80%
63	1.83	1.04	0.65	36%	63%
64	1.96	1.23	0.79	41%	64%
65	2.10	1.65	1.21	58%	73%
66	2.26	2.02	1.45	64%	72%
67	2.43	2.44	1.64	68%	67%
68	2.70	2.94	1.85	69%	63%
69	3.00	3.48	2.06	69%	59%
70	3.34	3.96	2.41	72%	61%
71	3.72	4.73	3.39	91%	72%
72	4.13	5.53	4.25	103%	77%
73	4.84	6.48	5.50	114%	85%
74	5.67	7.59	6.18	109%	81%
75	6.65	8.89	6.87	103%	77%
76	7.81	9.86	7.53	96%	76%
77	9.17	10.94	10.67	116%	97%
78	10.21	12.15	10.95	107%	90%
79	11.36	13.50	13.71	121%	102%
80	12.66	14.99	16.46	130%	110%
81	14.12	16.75	19.22	136%	115%
82	15.75	18.71	21.86	139%	117%
83	17.68	20.89	29.64	168%	142%
84	19.86	23.37	30.54	154%	131%
85	22.34	26.13	34.17	153%	131%
86	25.15	27.62	37.25	148%	135%
87	28.34	29.19	40.60	143%	139%
88	30.27	30.81	44.26	146%	144%
89	32.34	32.68	48.24	149%	148%
90	34.57	34.98	52.58	152%	150%
91	36.96	35.13	57.31	155%	163%
92	39.93	35.32	62.47	156%	177%
93	40.56	35.53	68.09	168%	192%
94	41.20	36.00	74.22	180%	206%
95	41.84	36.50	80.90	193%	222%
96	42.50	37.48	88.18	208%	235%
97	43.16	38.29	96.12	223%	251%
98	44.48	38.97	104.77	236%	269%
99	45.85	39.56	114.20	249%	289%
100	47.26	39.68	124.48	263%	314%

Exhibit 2

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Female
Issue Age: 65
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D=C/A	E=C/B
	Original Pricing		Current Assumptions based on	Actual to Expected	
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	No Adjustments	Underwriting Adjusted
65	2.62	0.72	1.57	60%	218%
66	2.82	1.21	2.13	75%	176%
67	3.04	1.80	2.30	76%	128%
68	3.38	2.67	2.87	85%	107%
69	3.76	3.56	3.10	83%	87%
70	4.18	4.31	3.77	90%	88%
71	4.65	5.50	4.46	96%	81%
72	5.18	6.97	6.25	121%	90%
73	6.19	8.85	7.91	128%	89%
74	7.42	10.97	9.42	127%	86%
75	8.92	13.35	11.09	124%	83%
76	10.75	15.43	12.10	113%	78%
77	13.00	17.68	13.12	101%	74%
78	14.95	20.27	14.32	96%	71%
79	17.22	23.24	18.29	106%	79%
80	19.87	26.65	21.22	107%	80%
81	22.94	30.13	24.90	109%	83%
82	26.53	34.05	29.67	112%	87%
83	30.29	38.42	38.21	126%	99%
84	34.62	43.32	40.49	117%	93%
85	39.60	48.77	45.77	116%	94%
86	45.34	52.23	47.50	105%	91%
87	51.95	55.96	62.19	120%	111%
88	56.83	59.89	68.41	120%	114%
89	62.22	64.16	75.25	121%	117%
90	68.17	68.48	82.77	121%	121%
91	74.75	68.16	91.05	122%	134%
92	82.02	68.34	100.15	122%	147%
93	84.23	68.72	110.17	131%	160%
94	86.53	69.67	121.19	140%	174%
95	88.90	70.40	133.30	150%	189%
96	91.35	70.39	146.63	161%	208%
97	93.88	70.54	161.30	172%	229%
98	95.40	70.66	177.43	186%	251%
99	96.97	70.78	195.17	201%	276%
100	98.56	70.89	214.69	218%	303%

Exhibit 2

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Male
Issue Age: 65
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D=C/A	E=C/B
	Original Pricing		Current Assumptions based on	Actual to Expected	
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	No Adjustments	Underwriting Adjusted
65	2.10	0.57	1.21	58%	212%
66	2.26	0.97	1.45	64%	149%
67	2.43	1.46	1.64	68%	113%
68	2.70	2.16	1.85	69%	86%
69	3.00	2.87	2.06	69%	72%
70	3.34	3.46	2.41	72%	70%
71	3.72	4.32	3.39	91%	78%
72	4.13	5.34	4.25	103%	80%
73	4.84	6.61	5.50	114%	83%
74	5.67	7.97	6.18	109%	78%
75	6.65	9.43	6.87	103%	73%
76	7.81	10.56	7.53	96%	71%
77	9.17	11.72	10.67	116%	91%
78	10.21	13.01	10.95	107%	84%
79	11.36	14.46	13.71	121%	95%
80	12.66	16.06	16.46	130%	103%
81	14.12	17.94	19.22	136%	107%
82	15.75	20.04	21.86	139%	109%
83	17.68	22.38	29.64	168%	132%
84	19.86	25.03	30.54	154%	122%
85	22.34	27.98	34.17	153%	122%
86	25.15	29.58	37.25	148%	126%
87	28.34	31.25	40.60	143%	130%
88	30.27	32.99	44.26	146%	134%
89	32.34	34.98	48.24	149%	138%
90	34.57	37.45	52.58	152%	140%
91	36.96	37.61	57.31	155%	152%
92	39.93	37.82	62.47	156%	165%
93	40.56	38.03	68.09	168%	179%
94	41.20	38.54	74.22	180%	193%
95	41.84	39.07	80.90	193%	207%
96	42.50	40.13	88.18	208%	220%
97	43.16	40.99	96.12	223%	234%
98	44.48	41.72	104.77	236%	251%
99	45.85	42.35	114.20	249%	270%
100	47.26	42.48	124.48	263%	293%

Exhibit 2

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Female
Issue Age: 70
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D=C/A	E=C/B
	Original Pricing		Current Assumptions based on	Actual to Expected	
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	No Adjustments	Underwriting Adjusted
70	4.18	1.90	3.77	90%	198%
71	4.65	2.85	4.46	96%	157%
72	5.18	4.15	6.25	121%	151%
73	6.19	5.90	7.91	128%	134%
74	7.42	7.77	9.42	127%	121%
75	8.92	10.31	11.09	124%	107%
76	10.75	13.06	12.10	113%	93%
77	13.00	16.28	13.12	101%	81%
78	14.95	20.24	14.32	96%	71%
79	17.22	24.05	18.29	106%	76%
80	19.87	27.57	21.22	107%	77%
81	22.94	31.16	24.90	109%	80%
82	26.53	35.21	29.67	112%	84%
83	30.29	39.72	38.21	126%	96%
84	34.62	44.78	40.49	117%	90%
85	39.60	50.41	45.77	116%	91%
86	45.34	53.97	47.50	105%	88%
87	51.95	57.83	62.19	120%	108%
88	56.83	61.87	68.41	120%	111%
89	62.22	66.28	75.25	121%	114%
90	68.17	70.74	82.77	121%	117%
91	74.75	70.40	91.05	122%	129%
92	82.02	70.58	100.15	122%	142%
93	84.23	70.97	110.17	131%	155%
94	86.53	71.94	121.19	140%	168%
95	88.90	72.69	133.30	150%	183%
96	91.35	72.68	146.63	161%	202%
97	93.88	72.83	161.30	172%	221%
98	95.40	72.96	177.43	186%	243%
99	96.97	73.09	195.17	201%	267%
100	98.56	73.20	214.69	218%	293%

Exhibit 2

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Male
Issue Age: 70
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D=C/A	E=C/B
	Original Pricing		Current Assumptions based on	Actual to Expected	
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	No Adjustments	Underwriting Adjusted
70	3.34	1.53	2.41	72%	158%
71	3.72	2.21	3.39	91%	153%
72	4.13	3.11	4.25	103%	137%
73	4.84	4.27	5.50	114%	129%
74	5.67	5.42	6.18	109%	114%
75	6.65	6.92	6.87	103%	99%
76	7.81	8.49	7.53	96%	89%
77	9.17	10.25	10.67	116%	104%
78	10.21	12.34	10.95	107%	89%
79	11.36	14.22	13.71	121%	96%
80	12.66	15.80	16.46	130%	104%
81	14.12	17.64	19.22	136%	109%
82	15.75	19.70	21.86	139%	111%
83	17.68	22.00	29.64	168%	135%
84	19.86	24.60	30.54	154%	124%
85	22.34	27.50	34.17	153%	124%
86	25.15	29.06	37.25	148%	128%
87	28.34	30.70	40.60	143%	132%
88	30.27	32.41	44.26	146%	137%
89	32.34	34.37	48.24	149%	140%
90	34.57	36.79	52.58	152%	143%
91	36.96	36.94	57.31	155%	155%
92	39.93	37.15	62.47	156%	168%
93	40.56	37.36	68.09	168%	182%
94	41.20	37.86	74.22	180%	196%
95	41.84	38.38	80.90	193%	211%
96	42.50	39.42	88.18	208%	224%
97	43.16	40.27	96.12	223%	239%
98	44.48	40.99	104.77	236%	256%
99	45.85	41.60	114.20	249%	274%
100	47.26	41.73	124.48	263%	298%

Exhibit 2

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Female
Issue Age: 75
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D=C/A	E=C/B
	Original Pricing		Current Assumptions based on	Actual to Expected	
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	No Adjustments	Underwriting Adjusted
75	8.92	5.39	11.09	124%	206%
76	10.75	8.71	12.10	113%	139%
77	13.00	12.29	13.12	101%	107%
78	14.95	17.08	14.32	96%	84%
79	17.22	21.83	18.29	106%	84%
80	19.87	26.86	21.22	107%	79%
81	22.94	32.51	24.90	109%	77%
82	26.53	39.23	29.67	112%	76%
83	30.29	45.94	38.21	126%	83%
84	34.62	52.59	40.49	117%	77%
85	39.60	59.18	45.77	116%	77%
86	45.34	63.33	47.50	105%	75%
87	51.95	67.83	62.19	120%	92%
88	56.83	72.55	68.41	120%	94%
89	62.22	77.70	75.25	121%	97%
90	68.17	82.91	82.77	121%	100%
91	74.75	82.50	91.05	122%	110%
92	82.02	82.70	100.15	122%	121%
93	84.23	83.15	110.17	131%	132%
94	86.53	84.27	121.19	140%	144%
95	88.90	85.15	133.30	150%	157%
96	91.35	85.13	146.63	161%	172%
97	93.88	85.30	161.30	172%	189%
98	95.40	85.45	177.43	186%	208%
99	96.97	85.60	195.17	201%	228%
100	98.56	85.72	214.69	218%	250%

Exhibit 2

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Male
Issue Age: 75
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D=C/A	E=C/B
	Original Pricing		Current Assumptions based on	Actual to Expected	
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	No Adjustments	Underwriting Adjusted
75	6.65	3.83	6.87	103%	179%
76	7.81	5.98	7.53	96%	126%
77	9.17	8.14	10.67	116%	131%
78	10.21	10.95	10.95	107%	100%
79	11.36	13.55	13.71	121%	101%
80	12.66	16.15	16.46	130%	102%
81	14.12	19.31	19.22	136%	100%
82	15.75	23.03	21.86	139%	95%
83	17.68	26.70	29.64	168%	111%
84	19.86	30.35	30.54	154%	101%
85	22.34	33.91	34.17	153%	101%
86	25.15	35.83	37.25	148%	104%
87	28.34	37.85	40.60	143%	107%
88	30.27	39.95	44.26	146%	111%
89	32.34	42.36	48.24	149%	114%
90	34.57	45.34	52.58	152%	116%
91	36.96	45.53	57.31	155%	126%
92	39.93	45.78	62.47	156%	136%
93	40.56	46.04	68.09	168%	148%
94	41.20	46.65	74.22	180%	159%
95	41.84	47.29	80.90	193%	171%
96	42.50	48.57	88.18	208%	182%
97	43.16	49.62	96.12	223%	194%
98	44.48	50.50	104.77	236%	207%
99	45.85	51.26	114.20	249%	223%
100	47.26	51.42	124.48	263%	242%

Exhibit 2

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Female
Issue Age: 80
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D=C/A	E=C/B
	Original Pricing		Current Assumptions based on	Actual to Expected	
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	No Adjustments	Underwriting Adjusted
80	19.87	13.74	21.22	107%	154%
81	22.94	21.56	24.90	109%	116%
82	26.53	28.90	29.67	112%	103%
83	30.29	36.00	38.21	126%	106%
84	34.62	44.61	40.49	117%	91%
85	39.60	53.78	45.77	116%	85%
86	45.34	61.55	47.50	105%	77%
87	51.95	70.36	62.19	120%	88%
88	56.83	78.73	68.41	120%	87%
89	62.22	85.58	75.25	121%	88%
90	68.17	91.23	82.77	121%	91%
91	74.75	90.74	91.05	122%	100%
92	82.02	90.91	100.15	122%	110%
93	84.23	91.37	110.17	131%	121%
94	86.53	92.56	121.19	140%	131%
95	88.90	93.50	133.30	150%	143%
96	91.35	93.48	146.63	161%	157%
97	93.88	93.66	161.30	172%	172%
98	95.40	93.81	177.43	186%	189%
99	96.97	93.96	195.17	201%	208%
100	98.56	94.09	214.69	218%	228%

Exhibit 2

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Male
Issue Age: 80
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D=C/A	E=C/B
	Original Pricing		Current Assumptions based on	Actual to Expected	
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	No Adjustments	Underwriting Adjusted
80	12.66	8.23	16.46	130%	200%
81	14.12	12.73	19.22	136%	151%
82	15.75	16.85	21.86	139%	130%
83	17.68	20.79	29.64	168%	143%
84	19.86	25.59	30.54	154%	119%
85	22.34	30.65	34.17	153%	112%
86	25.15	34.66	37.25	148%	107%
87	28.34	39.10	40.60	143%	104%
88	30.27	43.23	44.26	146%	102%
89	32.34	46.56	48.24	149%	104%
90	34.57	49.82	52.58	152%	106%
91	36.96	50.02	57.31	155%	115%
92	39.93	50.29	62.47	156%	124%
93	40.56	50.58	68.09	168%	135%
94	41.20	51.25	74.22	180%	145%
95	41.84	51.95	80.90	193%	156%
96	42.50	53.35	88.18	208%	165%
97	43.16	54.50	96.12	223%	176%
98	44.48	55.47	104.77	236%	189%
99	45.85	56.31	114.20	249%	203%
100	47.26	56.48	124.48	263%	220%

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

May 17, 2013

Dear Ed Whyte,

Thank you for your objection. For your convenience, we have included your original questions (in bold) along with our answers below.

1. **Please provide quantitative support for the new assumptions used in the projections, including an actual to expected (A/E) analysis of the historical experience versus both the original pricing and revised experience assumptions. Please include A/E ratios for both total termination and morbidity assumptions.**

   Please see the file titled Assumption Actual to Expected under the Supporting Documentation tab for the requested information. We have provided initial pricing claim cost with and without our underwriting adjustment factors. Our current claim cost is based on our best estimate morbidity study using our own data, therefore it has already accounted for the improved underwriting factors. Therefore we feel it is more appropriate to compare the initial pricing claim cost that is adjusted for underwriting with our current claim cost.

2. **Section IV of the Actuarial Memorandum states, Modifying the assumptions to include a provision for moderately adverse experience would result in a justified rate increase substantially larger than 97%. Please provide the details of what the Company considers to be moderately adverse experience. Also, please provide the calculation of the rate increase percentage that would be required if such provision were included.**

   The Company used the following assumptions for moderately adverse scenarios:

   - Lowering assumed ultimate voluntary lapse from 0.75% to 0.50%
   - Lowering the assumed mortality from 80% of the 1994 GAM to 70% of the 1994 GAM
   - Increasing the assumed claim costs by 5% for all attained ages

   Modifying the actuarial assumptions to include a provision for moderately adverse experience would result in a justified rate increase of approximately 142% based on the "58/85" calculation of Section 20.C.(2) of the Long-Term Care Insurance Model Regulation. The calculation is performed as follows (all dollar values are in millions):

a) The accumulated value of the initial earned premium is $593.1 . (from Exhibit 2 of the Actuarial Memo). 58% of this value is $344.0.

b) The accumulated value of prior premium rate schedule increases is $0.0 . (no prior rate increases) 58% of this value is $0.0.
c) The present value of future projected initial earned premiums is $770.1 (under moderately adverse assumptions). 58% of this value is $446.6.
d) The present value of future projected premiums not in c) above is calculated as follows:
    a. A rate increase of 142% produces additional premium (present value) of $1,093.5. This is calculated as 1.42 * ($770.1) = $1,093.5.
    b. 85% of this value is $929.5.
e) The accumulated value of past incurred claims is $57.1 (from Exhibit 2). The present value of future projected incurred claims is $1,666.7 (under moderately adverse assumptions). (Both of these values exclude active life reserves.) The sum of these two values is $1,723.8.
f) The sum of a, b, c and d is $344.0 + $0.0 + $446.6 + $929.5 = $1,720.2. This is less than the value of e) or $1,723.8. Thus, a 142% rate increase is justified according to this "58/85" calculation.

3. **If the company wants to request a rate increase less than the amount required to certify by 14VAC5-200-153.B, we recommend this be clearly stated in the policyholder notification letter. If the company intends to request additional rate increases in the future, this also should clearly be stated in the policyholder notification letter**.

   We have attached an updated policyholder letter under the Supporting Documentation tab to include the requests above. Our company is only seeking a 25% rate increase in order to balance the needs of our long term care policyholders with the concerns of other policyholders. The company anticipates future rate increases. However, a significantly larger increase is actuarially justified and our company is willing to forgo future rate increases if a 75% rate increase is approved and moderately adverse conditions are realized. If the one-time 75% increase is approved, we will submit the updated policyholder notification letter to reflect a one-time rate increase.

4. **What loss ratios does the company intend to target in the future? For example, if the projected loss ratios are met with the requested 25% increase, will the company forgo any future requests? If not, then what is the margin over and above that amount that would prompt the company to request further rate increases?**

   Our company uses the 58/85 calculation prescribed in the LTC Model Regulation and the justified rate increase is 97%, and 142% under moderately adverse assumptions. Our company is willing to forgo future rate increase if a 75% rate increase is approved and moderately adverse conditions are realized. However, to balance the need of the policyholder and the state, our company is only seeking a 25% rate increase and therefore we cannot forgo the possibility of future rate increase.

5. **Is the Company agreeable to providing a certification from an officer of the company that the company agrees to not seek another rate increase on these forms for a period of at least 36 months? Such certification also should include the information requested above.**

   Our company certifies that we will not implement another rate increase within 36 months of this filing date. However, unless a 75% rate increase is approved and moderately adverse

assumptions are realized (not breached), our company cannot certify that we will not seek future rate increases due to the fact that we are only seeking a 25% rate increase at this time.

6. **Please modify the certification to indicate what rate increase would be needed to comply with 14VAC5-200-153.B.2, but it should include a statement that the Company is willing to implement a lesser increase.**

   Please see our revised memo with this certification.

7. **Is the company agreeable to not attempting to recover the lost premium between the amount implemented and the increase needed to certify for the intervening period? That is, if additional rate increases are requested, the projections would be calculated using historical premiums at a level consistent with an original rate increase at the rate stabilization level (full amount certified) rather than the amount actually implemented.**

   Our company will implement the amount approved by the state so there will be no lost premium. A 142% rate increase is justified, but our company is willing to settle for a one-time 75% rate increase as stated in the memo. Therefore our company will not recover the lost premium between the amount implemented and the increase needed to certify since we will not seek another rate increase unless the moderately adverse assumptions are breached. At which point we can justify a rate increase well over the 142% certified.

   However, we are not filing for a 75% rate increase; therefore our company cannot agree to this statement and must continue to seek future rate increases that are allowed within the regulatory guidelines. Our company will need to recover the difference between the amount needed to certify (142%), and the amount actually requested/implemented (25%).

8. **We note the actuarial memorandum shows the rate increase request will affect the policy,10-P-Q-VA, and riders shown as Benefit Increase Riders and Other Riders ranging from 10-R1 to 10-E-2. For each of these riders, please list the rider by form number separately on the Rate/Rule Schedule section, stating the percentage amount of the proposed increase and attaching its proposed rate schedule.**

   The Rate/Rule Schedule tab has been updated as described in the above request.

Thank you for your consideration of this filing.

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

June 28, 2013

Dear Ed Whyte,

Thank you for your objection. For your convenience, we have included your original questions (in bold) along with our answers below.

1. The response to our request for quantitative support for the morbidity assumptions used in the projections included only a comparison of the new assumptions to the original assumptions and did not include information about actual historical experience. Please provide an actual to expected (A/E) analysis of the actual historical experience versus both the original pricing and revised morbidity assumptions showing the actual incurred claims by year vs. the expected incurred claims for this block of business under both the original and revised morbidity assumptions. Also, given that the historical experience on this block does not extend beyond duration 10, please provide supporting rationale for the significant increase in claim cost assumptions shown in Exhibit 2 at the advanced attained ages and later durations.

Please see the exhibit titled "Claim Cost Comparison" for an actual to expected comparison of New, Original, and Actual morbidity assumptions. We are only able to produce historical incurred claims by calendar year under original morbidity assumption and actual morbidity experience, we cannot adjust the historical data to reflect revised morbidity assumptions. Our model can only make projections under the revised morbidity assumption for the current in-force population.

In the "Claim Cost Comparison" exhibit, the "Actual Experience" column represents the claim cost when combining the incidence rates and continuance rates that are based on actual experience, no adjustments have been made. The difference between the continuance rates used in the projections and actual continuance rates observed is caused by blending with industry data where our company experience was not credible. We also smoothed our incidence rates when the data was not credible. Our actual experience is somewhere between the columns "No Adjustments" and "Underwriting Adjusted."

Due to credibility blending with industry data, our actual to expected continuance rates are below 100% where credible data is present. This is because our company's actual continuance rates are lower than industry average. The actual to expected is over 100% in places where our company does not have credible data (Continuance Rates = 1), whereas the expected continuance rates reflect the credibility blending with industry experience, which will be lower than 1. Therefore, our best estimate assumption will produce a lower lifetime loss ratio.

For a comparison of actual and best estimate incidence and continuance rates, please see the exhibit titled "Actual to Best Estimate Morbidity Assumptions".

Regarding the rationale for the significant increase in claim cost assumptions shown in Exhibit 2 at the advanced attained ages and later durations, although our historical experience on this block does not extend beyond duration 10, our claim cost analysis was done on an attained age basis on our entire company's LTC claim experience (which contains almost 20 years of data for almost every attained age). We then blended this data with industry averages in cases where we did not have full credibility. Therefore, our approach for the claim cost assumptions is appropriate.

Claim Cost Comparison

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Female
Issue Age: 50
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D	E=C/A	F=C/B	G=D/A	H=D/B	I=D/C
	Original Pricing		Current Assumptions based on		Best Estimate to Expected		Actual Experience to Expected		
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	Actual Experience	No Adjustments	Underwriting Adjusted	No Adjustments	Underwriting Adjusted	Actual Experience to Best Estimate
50	0.65	0.14	0.59	0.33	91%	409%	50%	226%	55%
51	0.69	0.24	0.63	0.55	91%	262%	79%	228%	87%
52	0.73	0.33	0.67	0.65	91%	200%	89%	196%	98%
53	0.78	0.43	0.71	0.49	90%	165%	63%	115%	70%
54	0.84	0.53	0.75	0.43	90%	141%	51%	80%	57%
55	0.89	0.75	0.80	0.56	90%	106%	63%	74%	70%
56	1.01	0.94	0.85	0.61	85%	90%	61%	65%	72%
57	1.14	1.16	0.91	0.79	80%	78%	69%	68%	87%
58	1.29	1.43	0.97	0.85	75%	68%	66%	59%	88%
59	1.45	1.73	1.03	0.93	71%	60%	64%	54%	90%
60	1.65	2.00	1.09	1.01	66%	55%	62%	51%	93%
61	1.87	2.19	1.17	1.13	63%	53%	61%	52%	97%
62	2.11	2.36	1.24	1.11	59%	53%	53%	47%	90%
63	2.27	2.53	1.31	1.02	58%	52%	45%	40%	78%
64	2.44	2.73	1.39	1.17	57%	51%	48%	43%	84%
65	2.62	2.94	1.57	1.32	60%	53%	50%	45%	84%
66	2.82	3.27	2.13	1.79	75%	65%	64%	55%	84%
67	3.04	3.63	2.30	1.94	76%	63%	64%	53%	84%
68	3.38	4.04	2.87	2.42	85%	71%	71%	60%	84%
69	3.76	4.49	3.10	2.62	83%	69%	70%	58%	84%
70	4.18	4.99	3.77	3.18	90%	76%	76%	64%	84%
71	4.65	5.96	4.46	3.76	96%	75%	81%	63%	84%
72	5.18	7.14	6.25	5.27	121%	88%	102%	74%	84%
73	6.19	8.58	7.91	6.67	128%	92%	108%	78%	84%
74	7.42	10.33	9.42	7.94	127%	91%	107%	77%	84%
75	8.92	12.46	11.09	9.35	124%	89%	105%	75%	84%
76	10.75	14.29	12.10	9.16	113%	85%	85%	64%	76%
77	13.00	16.40	13.12	11.07	101%	80%	85%	67%	84%
78	14.95	18.83	14.32	12.07	96%	76%	81%	64%	84%
79	17.22	21.64	18.29	15.42	106%	85%	90%	71%	84%
80	19.87	24.87	21.22	17.90	107%	85%	90%	72%	84%
81	22.94	28.20	24.90	21.00	109%	88%	92%	74%	84%
82	26.53	31.97	29.67	25.02	112%	93%	94%	78%	84%
83	30.29	36.23	38.21	32.22	126%	105%	106%	89%	84%
84	34.62	41.01	40.49	34.14	117%	99%	99%	83%	84%
85	39.60	46.37	45.77	38.60	116%	99%	97%	83%	84%
86	45.34	49.96	47.50	40.05	105%	95%	88%	80%	84%
87	51.95	53.76	62.19	52.44	120%	116%	101%	98%	84%
88	56.83	57.66	68.41	67.81	120%	119%	119%	118%	99%
89	62.22	61.89	75.25	69.47	121%	122%	112%	112%	92%
90	68.17	66.33	82.77	100.10	121%	125%	147%	151%	121%
91	74.75	66.57	91.05	95.84	122%	137%	128%	144%	105%
92	82.02	66.53	100.15	94.09	122%	151%	115%	141%	94%
93	84.23	66.24	110.17	105.46	131%	166%	125%	159%	96%
94	86.53	66.44	121.19	80.04	140%	182%	92%	120%	66%
95	88.90	66.84	133.30	224.78	150%	199%	253%	336%	169%
96	91.35	67.02	146.63	229.32	161%	219%	251%	342%	156%
97	93.88	66.98	161.30	267.55	172%	241%	285%	399%	166%
98	95.40	66.98	177.43	272.79	186%	265%	286%	407%	154%
99	96.97	67.13	195.17	102.52	201%	291%	106%	153%	53%
100	98.56	67.25	214.69	136.70	218%	319%	139%	203%	64%

Claim Cost Comparison

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Male
Issue Age: 50
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D	D=C/A	E=C/B	G=D/A	H=D/B	I=D/C
	Original Pricing		Current Assumptions based on	Actual	Best Estimate to Expected		Actual Experience to Expected		Actual Experience to Best Estimate
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	Experience	No Adjustments	Underwriting Adjusted	No Adjustments	Underwriting Adjusted	
50	0.65	0.15	0.13	0.85	20%	87%	130%	559%	642%
51	0.71	0.26	0.15	0.81	21%	58%	114%	314%	537%
52	0.77	0.37	0.17	0.49	22%	47%	63%	133%	284%
53	0.84	0.48	0.20	0.43	23%	41%	51%	90%	221%
54	0.92	0.57	0.22	0.21	24%	39%	23%	37%	96%
55	1.00	0.77	0.25	0.51	25%	33%	51%	66%	200%
56	1.08	0.92	0.29	0.36	27%	32%	34%	40%	125%
57	1.16	1.08	0.33	0.44	28%	30%	38%	41%	133%
58	1.25	1.26	0.37	0.21	30%	30%	17%	17%	57%
59	1.35	1.46	0.43	0.28	32%	29%	21%	19%	65%
60	1.46	1.62	0.48	0.36	33%	29%	25%	22%	76%
61	1.58	1.77	0.56	0.51	36%	32%	32%	29%	91%
62	1.70	1.89	0.64	0.58	38%	34%	34%	31%	91%
63	1.83	2.03	0.65	0.59	36%	32%	33%	29%	91%
64	1.96	2.18	0.79	0.72	41%	36%	37%	33%	91%
65	2.10	2.35	1.21	1.10	58%	51%	52%	47%	91%
66	2.26	2.61	1.45	1.32	64%	55%	58%	50%	91%
67	2.43	2.90	1.64	1.49	68%	57%	61%	51%	91%
68	2.70	3.23	1.85	1.37	69%	57%	51%	43%	74%
69	3.00	3.59	2.06	1.88	69%	58%	62%	52%	91%
70	3.34	3.98	2.41	2.19	72%	61%	66%	55%	91%
71	3.72	4.66	3.39	3.08	91%	73%	83%	66%	91%
72	4.13	5.46	4.25	3.86	103%	78%	93%	71%	91%
73	4.84	6.40	5.50	5.00	114%	86%	103%	78%	91%
74	5.67	7.50	6.18	5.62	109%	82%	99%	75%	91%
75	6.65	8.80	6.87	6.24	103%	78%	94%	71%	91%
76	7.81	9.77	7.53	6.85	96%	77%	88%	70%	91%
77	9.17	10.85	10.67	9.69	116%	98%	106%	89%	91%
78	10.21	12.05	10.95	9.95	107%	91%	97%	83%	91%
79	11.36	13.39	13.71	12.45	121%	102%	110%	93%	91%
80	12.66	14.88	16.46	12.20	130%	111%	96%	82%	74%
81	14.12	16.65	19.22	17.47	136%	115%	124%	105%	91%
82	15.75	18.63	21.86	19.86	139%	117%	126%	107%	91%
83	17.68	20.85	29.64	26.93	168%	142%	152%	129%	91%
84	19.86	23.34	30.54	27.75	154%	131%	140%	119%	91%
85	22.34	26.11	34.17	31.05	153%	131%	139%	119%	91%
86	25.15	27.72	37.25	30.04	148%	134%	119%	108%	81%
87	28.34	29.39	40.60	35.69	143%	138%	126%	121%	88%
88	30.27	31.09	44.26	30.04	146%	142%	99%	97%	68%
89	32.34	32.87	48.24	27.64	149%	147%	85%	84%	57%
90	34.57	35.08	52.58	56.04	152%	150%	162%	160%	107%
91	36.96	35.34	57.31	50.93	155%	162%	138%	144%	89%
92	39.93	35.58	62.47	42.71	156%	176%	107%	120%	68%
93	40.56	35.72	68.09	0.00	168%	191%	0%	0%	0%
94	41.20	35.91	74.22	112.69	180%	207%	274%	314%	152%
95	41.84	36.11	80.90	42.26	193%	224%	101%	117%	52%
96	42.50	37.14	88.18	48.30	208%	237%	114%	130%	55%
97	43.16	38.22	96.12	0.00	223%	251%	0%	0%	0%
98	44.48	39.26	104.77	0.00	236%	267%	0%	0%	0%
99	45.85	40.10	114.20	0.00	249%	285%	0%	0%	0%
100	47.26	40.45	124.48	0.00	263%	308%	0%	0%	0%

Claim Cost Comparison

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Female
Issue Age: 55
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D	D=C/A	E=C/B	G=D/A	H=D/B	I=D/C
	Original Pricing		Current Assumptions based on		Best Estimate to Expected		Actual Experience to Expected		
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	Actual Experience	No Adjustments	Underwriting Adjusted	No Adjustments	Underwriting Adjusted	Actual Experience to Best Estimate
55	0.89	0.22	0.80	0.56	90%	358%	63%	249%	70%
56	1.01	0.39	0.85	0.61	85%	217%	61%	156%	72%
57	1.14	0.58	0.91	0.79	80%	156%	69%	135%	87%
58	1.29	0.80	0.97	0.85	75%	122%	66%	107%	88%
59	1.45	0.99	1.03	0.93	71%	104%	64%	94%	90%
60	1.65	1.41	1.09	1.01	66%	78%	62%	72%	93%
61	1.87	1.67	1.17	1.13	63%	70%	61%	68%	97%
62	2.11	1.95	1.24	1.11	59%	64%	53%	57%	90%
63	2.27	2.28	1.31	1.02	58%	58%	45%	45%	78%
64	2.44	2.62	1.39	1.17	57%	53%	48%	45%	84%
65	2.62	2.89	1.57	1.32	60%	54%	50%	46%	84%
66	2.82	3.27	2.13	1.79	75%	65%	64%	55%	84%
67	3.04	3.64	2.30	1.94	76%	63%	64%	53%	84%
68	3.38	4.04	2.87	2.42	85%	71%	71%	60%	84%
69	3.76	4.48	3.10	2.62	83%	69%	70%	58%	84%
70	4.18	4.96	3.77	3.18	90%	76%	76%	64%	84%
71	4.65	5.91	4.46	3.76	96%	76%	81%	64%	84%
72	5.18	7.04	6.25	5.27	121%	89%	102%	75%	84%
73	6.19	8.42	7.91	6.67	128%	94%	108%	79%	84%
74	7.42	10.07	9.42	7.94	127%	94%	107%	79%	84%
75	8.92	12.08	11.09	9.35	124%	92%	105%	77%	84%
76	10.75	13.76	12.10	9.16	113%	88%	85%	67%	76%
77	13.00	15.67	13.12	11.07	101%	84%	85%	71%	84%
78	14.95	17.84	14.32	12.07	96%	80%	81%	68%	84%
79	17.22	20.29	18.29	15.42	106%	90%	90%	76%	84%
80	19.87	23.05	21.22	17.90	107%	92%	90%	78%	84%
81	22.94	25.77	24.90	21.00	109%	97%	92%	82%	84%
82	26.53	28.82	29.67	25.02	112%	103%	94%	87%	84%
83	30.29	32.21	38.21	32.22	126%	119%	106%	100%	84%
84	34.62	36.03	40.49	34.14	117%	112%	99%	95%	84%
85	39.60	40.17	45.77	38.60	116%	114%	97%	96%	84%
86	45.34	42.58	47.50	40.05	105%	112%	88%	94%	84%
87	51.95	45.50	62.19	52.44	120%	137%	101%	115%	84%
88	56.83	48.79	68.41	67.81	120%	140%	119%	139%	99%
89	62.22	52.78	75.25	69.47	121%	143%	112%	132%	92%
90	68.17	56.94	82.77	100.10	121%	145%	147%	176%	121%
91	74.75	57.54	91.05	95.84	122%	158%	128%	167%	105%
92	82.02	58.27	100.15	94.09	122%	172%	115%	161%	94%
93	84.23	59.00	110.17	105.46	131%	187%	125%	179%	96%
94	86.53	59.74	121.19	80.04	140%	203%	92%	134%	66%
95	88.90	60.49	133.30	224.78	150%	220%	253%	372%	169%
96	91.35	60.51	146.63	229.32	161%	242%	251%	379%	156%
97	93.88	60.49	161.30	267.55	172%	267%	285%	442%	166%
98	95.40	60.41	177.43	272.79	186%	294%	286%	452%	154%
99	96.97	60.27	195.17	102.52	201%	324%	106%	170%	53%
100	98.56	60.06	214.69	136.70	218%	357%	139%	228%	64%

Claim Cost Comparison

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Male
Issue Age: 55
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D	D=C/A	E=C/B	G=D/A	H=D/B	I=D/C
	Original Pricing		Current Assumptions based on		Best Estimate to Expected		Actual Experience to Expected		
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	Actual Experience	No Adjustments	Underwriting Adjusted	No Adjustments	Underwriting Adjusted	Actual Experience to Best Estimate
55	1.00	0.23	0.25	0.51	25%	110%	51%	220%	200%
56	1.08	0.39	0.29	0.36	27%	75%	34%	94%	125%
57	1.16	0.54	0.33	0.44	28%	60%	38%	80%	133%
58	1.25	0.71	0.37	0.21	30%	53%	17%	30%	57%
59	1.35	0.84	0.43	0.28	32%	51%	21%	33%	65%
60	1.46	1.13	0.48	0.36	33%	42%	25%	32%	76%
61	1.58	1.34	0.56	0.51	36%	42%	32%	38%	91%
62	1.70	1.56	0.64	0.58	38%	41%	34%	37%	91%
63	1.83	1.82	0.65	0.59	36%	36%	33%	33%	91%
64	1.96	2.10	0.79	0.72	41%	38%	37%	34%	91%
65	2.10	2.30	1.21	1.10	58%	53%	52%	48%	91%
66	2.26	2.61	1.45	1.32	64%	55%	58%	50%	91%
67	2.43	2.90	1.64	1.49	68%	57%	61%	51%	91%
68	2.70	3.22	1.85	1.37	69%	58%	51%	43%	74%
69	3.00	3.58	2.06	1.88	69%	58%	62%	52%	91%
70	3.34	3.97	2.41	2.19	72%	61%	66%	55%	91%
71	3.72	4.63	3.39	3.08	91%	73%	83%	66%	91%
72	4.13	5.41	4.25	3.86	103%	79%	93%	71%	91%
73	4.84	6.32	5.50	5.00	114%	87%	103%	79%	91%
74	5.67	7.40	6.18	5.62	109%	84%	99%	76%	91%
75	6.65	8.65	6.87	6.24	103%	79%	94%	72%	91%
76	7.81	9.58	7.53	6.85	96%	79%	88%	71%	91%
77	9.17	10.61	10.67	9.69	116%	101%	106%	91%	91%
78	10.21	11.74	10.95	9.95	107%	93%	97%	85%	91%
79	11.36	13.00	13.71	12.45	121%	105%	110%	96%	91%
80	12.66	14.39	16.46	12.20	130%	114%	96%	85%	74%
81	14.12	15.99	19.22	17.47	136%	120%	124%	109%	91%
82	15.75	17.76	21.86	19.86	139%	123%	126%	112%	91%
83	17.68	19.73	29.64	26.93	168%	150%	152%	136%	91%
84	19.86	22.03	30.54	27.75	154%	139%	140%	126%	91%
85	22.34	24.60	34.17	31.05	153%	139%	139%	126%	91%
86	25.15	25.98	37.25	30.04	148%	143%	119%	116%	81%
87	28.34	27.48	40.60	35.69	143%	148%	126%	130%	88%
88	30.27	29.08	44.26	30.04	146%	152%	99%	103%	68%
89	32.34	31.02	48.24	27.64	149%	155%	85%	89%	57%
90	34.57	33.46	52.58	56.04	152%	157%	162%	167%	107%
91	36.96	33.86	57.31	50.93	155%	169%	138%	150%	89%
92	39.93	34.09	62.47	42.71	156%	183%	107%	125%	68%
93	40.56	34.19	68.09	0.00	168%	199%	0%	0%	0%
94	41.20	34.19	74.22	112.69	180%	217%	274%	330%	152%
95	41.84	34.10	80.90	42.26	193%	237%	101%	124%	52%
96	42.50	34.40	88.18	48.30	208%	256%	114%	140%	55%
97	43.16	34.72	96.12	0.00	223%	277%	0%	0%	0%
98	44.48	35.01	104.77	0.00	236%	299%	0%	0%	0%
99	45.85	35.22	114.20	0.00	249%	324%	0%	0%	0%
100	47.26	35.04	124.48	0.00	263%	355%	0%	0%	0%

Claim Cost Comparison

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Female
Issue Age: 60
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D	D=C/A	E=C/B	G=D/A	H=D/B	I=D/C
	Original Pricing		Current Assumptions based on		Best Estimate to Expected		Actual Experience to Expected		
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	Actual Experience	No Adjustments	Underwriting Adjusted	No Adjustments	Underwriting Adjusted	Actual Experience to Best Estimate
60	1.65	0.42	1.09	1.01	66%	258%	62%	239%	93%
61	1.87	0.71	1.17	1.13	63%	166%	61%	161%	97%
62	2.11	0.98	1.24	1.11	59%	126%	53%	113%	90%
63	2.27	1.28	1.31	1.02	58%	103%	45%	80%	78%
64	2.44	1.52	1.39	1.17	57%	91%	48%	77%	84%
65	2.62	2.05	1.57	1.32	60%	77%	50%	65%	84%
66	2.82	2.52	2.13	1.79	75%	85%	64%	71%	84%
67	3.04	3.05	2.30	1.94	76%	76%	64%	64%	84%
68	3.38	3.68	2.87	2.42	85%	78%	71%	66%	84%
69	3.76	4.37	3.10	2.62	83%	71%	70%	60%	84%
70	4.18	4.96	3.77	3.18	90%	76%	76%	64%	84%
71	4.65	6.05	4.46	3.76	96%	74%	81%	62%	84%
72	5.18	7.24	6.25	5.27	121%	86%	102%	73%	84%
73	6.19	8.69	7.91	6.67	128%	91%	108%	77%	84%
74	7.42	10.44	9.42	7.94	127%	90%	107%	76%	84%
75	8.92	12.57	11.09	9.35	124%	88%	105%	74%	84%
76	10.75	14.40	12.10	9.16	113%	84%	85%	64%	76%
77	13.00	16.50	13.12	11.07	101%	80%	85%	67%	84%
78	14.95	18.91	14.32	12.07	96%	76%	81%	64%	84%
79	17.22	21.69	18.29	15.42	106%	84%	90%	71%	84%
80	19.87	24.87	21.22	17.90	107%	85%	90%	72%	84%
81	22.94	28.13	24.90	21.00	109%	89%	92%	75%	84%
82	26.53	31.78	29.67	25.02	112%	93%	94%	79%	84%
83	30.29	35.87	38.21	32.22	126%	107%	106%	90%	84%
84	34.62	40.45	40.49	34.14	117%	100%	99%	84%	84%
85	39.60	45.55	45.77	38.60	116%	100%	97%	85%	84%
86	45.34	48.78	47.50	40.05	105%	97%	88%	82%	84%
87	51.95	52.27	62.19	52.44	120%	119%	101%	100%	84%
88	56.83	55.94	68.41	67.81	120%	122%	119%	121%	99%
89	62.22	59.93	75.25	69.47	121%	126%	112%	116%	92%
90	68.17	63.98	82.77	100.10	121%	129%	147%	156%	121%
91	74.75	63.68	91.05	95.84	122%	143%	128%	151%	105%
92	82.02	63.84	100.15	94.09	122%	157%	115%	147%	94%
93	84.23	64.20	110.17	105.46	131%	172%	125%	164%	96%
94	86.53	65.09	121.19	80.04	140%	186%	92%	123%	66%
95	88.90	65.77	133.30	224.78	150%	203%	253%	342%	169%
96	91.35	65.77	146.63	229.32	161%	223%	251%	349%	156%
97	93.88	65.90	161.30	267.55	172%	245%	285%	406%	166%
98	95.40	66.01	177.43	272.79	186%	269%	286%	413%	154%
99	96.97	66.13	195.17	102.52	201%	295%	106%	155%	53%
100	98.56	66.23	214.69	136.70	218%	324%	139%	206%	64%

Claim Cost Comparison

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Male
Issue Age: 60
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D	D=C/A	E=C/B	G=D/A	H=D/B	I=D/C
	Original Pricing		Current Assumptions based on Historical Experience	Actual Experience	Best Estimate to Expected		Actual Experience to Expected		Actual Experience to Best Estimate
Attained Age	No Adjustments	Underwriting Adjusted			No Adjustments	Underwriting Adjusted	No Adjustments	Underwriting Adjusted	
60	1.46	0.34	0.48	0.36	33%	139%	25%	106%	76%
61	1.58	0.57	0.56	0.51	36%	98%	32%	89%	91%
62	1.70	0.80	0.64	0.58	38%	80%	34%	72%	91%
63	1.83	1.04	0.65	0.59	36%	63%	33%	57%	91%
64	1.96	1.23	0.79	0.72	41%	64%	37%	58%	91%
65	2.10	1.65	1.21	1.10	58%	73%	52%	67%	91%
66	2.26	2.02	1.45	1.32	64%	72%	58%	65%	91%
67	2.43	2.44	1.64	1.49	68%	67%	61%	61%	91%
68	2.70	2.94	1.85	1.37	69%	63%	51%	47%	74%
69	3.00	3.48	2.06	1.88	69%	59%	62%	54%	91%
70	3.34	3.96	2.41	2.19	72%	61%	66%	55%	91%
71	3.72	4.73	3.39	3.08	91%	72%	83%	65%	91%
72	4.13	5.53	4.25	3.86	103%	77%	93%	70%	91%
73	4.84	6.48	5.50	5.00	114%	85%	103%	77%	91%
74	5.67	7.59	6.18	5.62	109%	81%	99%	74%	91%
75	6.65	8.89	6.87	6.24	103%	77%	94%	70%	91%
76	7.81	9.86	7.53	6.85	96%	76%	88%	69%	91%
77	9.17	10.94	10.67	9.69	116%	97%	106%	89%	91%
78	10.21	12.15	10.95	9.95	107%	90%	97%	82%	91%
79	11.36	13.50	13.71	12.45	121%	102%	110%	92%	91%
80	12.66	14.99	16.46	12.20	130%	110%	96%	81%	74%
81	14.12	16.75	19.22	17.47	136%	115%	124%	104%	91%
82	15.75	18.71	21.86	19.86	139%	117%	126%	106%	91%
83	17.68	20.89	29.64	26.93	168%	142%	152%	129%	91%
84	19.86	23.37	30.54	27.75	154%	131%	140%	119%	91%
85	22.34	26.13	34.17	31.05	153%	131%	139%	119%	91%
86	25.15	27.62	37.25	30.04	148%	135%	119%	109%	81%
87	28.34	29.19	40.60	35.69	143%	139%	126%	122%	88%
88	30.27	30.81	44.26	30.04	146%	144%	99%	97%	68%
89	32.34	32.68	48.24	27.64	149%	148%	85%	85%	57%
90	34.57	34.98	52.58	56.04	152%	150%	162%	160%	107%
91	36.96	35.13	57.31	50.93	155%	163%	138%	145%	89%
92	39.93	35.32	62.47	42.71	156%	177%	107%	121%	68%
93	40.56	35.53	68.09	0.00	168%	192%	0%	0%	0%
94	41.20	36.00	74.22	112.69	180%	206%	274%	313%	152%
95	41.84	36.50	80.90	42.26	193%	222%	101%	116%	52%
96	42.50	37.48	88.18	48.30	208%	235%	114%	129%	55%
97	43.16	38.29	96.12	0.00	223%	251%	0%	0%	0%
98	44.48	38.97	104.77	0.00	236%	269%	0%	0%	0%
99	45.85	39.56	114.20	0.00	249%	289%	0%	0%	0%
100	47.26	39.68	124.48	0.00	263%	314%	0%	0%	0%

Claim Cost Comparison

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Female
Issue Age: 65
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D	D=C/A	E=C/B	G=D/A	H=D/B	I=D/C
	Original Pricing		Current Assumptions based on Historical Experience	Actual Experience	Best Estimate to Expected		Actual Experience to Expected		Actual Experience to Best Estimate
Attained Age	No Adjustments	Underwriting Adjusted			No Adjustments	Underwriting Adjusted	No Adjustments	Underwriting Adjusted	
65	2.62	0.72	1.57	1.32	60%	218%	50%	184%	84%
66	2.82	1.21	2.13	1.79	75%	176%	64%	148%	84%
67	3.04	1.80	2.30	1.94	76%	128%	64%	108%	84%
68	3.38	2.67	2.87	2.42	85%	107%	71%	90%	84%
69	3.76	3.56	3.10	2.62	83%	87%	70%	73%	84%
70	4.18	4.31	3.77	3.18	90%	88%	76%	74%	84%
71	4.65	5.50	4.46	3.76	96%	81%	81%	68%	84%
72	5.18	6.97	6.25	5.27	121%	90%	102%	76%	84%
73	6.19	8.85	7.91	6.67	128%	89%	108%	75%	84%
74	7.42	10.97	9.42	7.94	127%	86%	107%	72%	84%
75	8.92	13.35	11.09	9.35	124%	83%	105%	70%	84%
76	10.75	15.43	12.10	9.16	113%	78%	85%	59%	76%
77	13.00	17.68	13.12	11.07	101%	74%	85%	63%	84%
78	14.95	20.27	14.32	12.07	96%	71%	81%	60%	84%
79	17.22	23.24	18.29	15.42	106%	79%	90%	66%	84%
80	19.87	26.65	21.22	17.90	107%	80%	90%	67%	84%
81	22.94	30.13	24.90	21.00	109%	83%	92%	70%	84%
82	26.53	34.05	29.67	25.02	112%	87%	94%	73%	84%
83	30.29	38.42	38.21	32.22	126%	99%	106%	84%	84%
84	34.62	43.32	40.49	34.14	117%	93%	99%	79%	84%
85	39.60	48.77	45.77	38.60	116%	94%	97%	79%	84%
86	45.34	52.23	47.50	40.05	105%	91%	88%	77%	84%
87	51.95	55.96	62.19	52.44	120%	111%	101%	94%	84%
88	56.83	59.89	68.41	67.81	120%	114%	119%	113%	99%
89	62.22	64.16	75.25	69.47	121%	117%	112%	108%	92%
90	68.17	68.48	82.77	100.10	121%	121%	147%	146%	121%
91	74.75	68.16	91.05	95.84	122%	134%	128%	141%	105%
92	82.02	68.34	100.15	94.09	122%	147%	115%	138%	94%
93	84.23	68.72	110.17	105.46	131%	160%	125%	153%	96%
94	86.53	69.67	121.19	80.04	140%	174%	92%	115%	66%
95	88.90	70.40	133.30	224.78	150%	189%	253%	319%	169%
96	91.35	70.39	146.63	229.32	161%	208%	251%	326%	156%
97	93.88	70.54	161.30	267.55	172%	229%	285%	379%	166%
98	95.40	70.66	177.43	272.79	186%	251%	286%	386%	154%
99	96.97	70.78	195.17	102.52	201%	276%	106%	145%	53%
100	98.56	70.89	214.69	136.70	218%	303%	139%	193%	64%

Claim Cost Comparison

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Male
Issue Age: 65
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D	D=C/A	E=C/B	G=D/A	H=D/B	I=D/C
	Original Pricing		Current Assumptions based on Historical Experience	Actual Experience	Best Estimate to Expected		Actual Experience to Expected		Actual Experience to Best Estimate
Attained Age	No Adjustments	Underwriting Adjusted			No Adjustments	Underwriting Adjusted	No Adjustments	Underwriting Adjusted	
65	2.10	0.57	1.21	1.10	58%	212%	52%	193%	91%
66	2.26	0.97	1.45	1.32	64%	149%	58%	135%	91%
67	2.43	1.46	1.64	1.49	68%	113%	61%	102%	91%
68	2.70	2.16	1.85	1.37	69%	86%	51%	64%	74%
69	3.00	2.87	2.06	1.88	69%	72%	62%	65%	91%
70	3.34	3.46	2.41	2.19	72%	70%	66%	63%	91%
71	3.72	4.32	3.39	3.08	91%	78%	83%	71%	91%
72	4.13	5.34	4.25	3.86	103%	80%	93%	72%	91%
73	4.84	6.61	5.50	5.00	114%	83%	103%	76%	91%
74	5.67	7.97	6.18	5.62	109%	78%	99%	70%	91%
75	6.65	9.43	6.87	6.24	103%	73%	94%	66%	91%
76	7.81	10.56	7.53	6.85	96%	71%	88%	65%	91%
77	9.17	11.72	10.67	9.69	116%	91%	106%	83%	91%
78	10.21	13.01	10.95	9.95	107%	84%	97%	76%	91%
79	11.36	14.46	13.71	12.45	121%	95%	110%	86%	91%
80	12.66	16.06	16.46	12.20	130%	103%	96%	76%	74%
81	14.12	17.94	19.22	17.47	136%	107%	124%	97%	91%
82	15.75	20.04	21.86	19.86	139%	109%	126%	99%	91%
83	17.68	22.38	29.64	26.93	168%	132%	152%	120%	91%
84	19.86	25.03	30.54	27.75	154%	122%	140%	111%	91%
85	22.34	27.98	34.17	31.05	153%	122%	139%	111%	91%
86	25.15	29.58	37.25	30.04	148%	126%	119%	102%	81%
87	28.34	31.25	40.60	35.69	143%	130%	126%	114%	88%
88	30.27	32.99	44.26	30.04	146%	134%	99%	91%	68%
89	32.34	34.98	48.24	27.64	149%	138%	85%	79%	57%
90	34.57	37.45	52.58	56.04	152%	140%	162%	150%	107%
91	36.96	37.61	57.31	50.93	155%	152%	138%	135%	89%
92	39.93	37.82	62.47	42.71	156%	165%	107%	113%	68%
93	40.56	38.03	68.09	0.00	168%	179%	0%	0%	0%
94	41.20	38.54	74.22	112.69	180%	193%	274%	292%	152%
95	41.84	39.07	80.90	42.26	193%	207%	101%	108%	52%
96	42.50	40.13	88.18	48.30	208%	220%	114%	120%	55%
97	43.16	40.99	96.12	0.00	223%	234%	0%	0%	0%
98	44.48	41.72	104.77	0.00	236%	251%	0%	0%	0%
99	45.85	42.35	114.20	0.00	249%	270%	0%	0%	0%
100	47.26	42.48	124.48	0.00	263%	293%	0%	0%	0%

Claim Cost Comparison

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Female
Issue Age: 70
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D	D=C/A	E=C/B	G=D/A	H=D/B	I=D/C
	Original Pricing		Current Assumptions based on		Best Estimate to Expected		Actual Experience to Expected		
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	Actual Experience	No Adjustments	Underwriting Adjusted	No Adjustments	Underwriting Adjusted	Actual Experience to Best Estimate
70	4.18	1.90	3.77	3.18	90%	198%	76%	167%	84%
71	4.65	2.85	4.46	3.76	96%	157%	81%	132%	84%
72	5.18	4.15	6.25	5.27	121%	151%	102%	127%	84%
73	6.19	5.90	7.91	6.67	128%	134%	108%	113%	84%
74	7.42	7.77	9.42	7.94	127%	121%	107%	102%	84%
75	8.92	10.31	11.09	9.35	124%	107%	105%	91%	84%
76	10.75	13.06	12.10	9.16	113%	93%	85%	70%	76%
77	13.00	16.28	13.12	11.07	101%	81%	85%	68%	84%
78	14.95	20.24	14.32	12.07	96%	71%	81%	60%	84%
79	17.22	24.05	18.29	15.42	106%	76%	90%	64%	84%
80	19.87	27.57	21.22	17.90	107%	77%	90%	65%	84%
81	22.94	31.16	24.90	21.00	109%	80%	92%	67%	84%
82	26.53	35.21	29.67	25.02	112%	84%	94%	71%	84%
83	30.29	39.72	38.21	32.22	126%	96%	106%	81%	84%
84	34.62	44.78	40.49	34.14	117%	90%	99%	76%	84%
85	39.60	50.41	45.77	38.60	116%	91%	97%	77%	84%
86	45.34	53.97	47.50	40.05	105%	88%	88%	74%	84%
87	51.95	57.83	62.19	52.44	120%	108%	101%	91%	84%
88	56.83	61.87	68.41	67.81	120%	111%	119%	110%	99%
89	62.22	66.28	75.25	69.47	121%	114%	112%	105%	92%
90	68.17	70.74	82.77	100.10	121%	117%	147%	142%	121%
91	74.75	70.40	91.05	95.84	122%	129%	128%	136%	105%
92	82.02	70.58	100.15	94.09	122%	142%	115%	133%	94%
93	84.23	70.97	110.17	105.46	131%	155%	125%	149%	96%
94	86.53	71.94	121.19	80.04	140%	168%	92%	111%	66%
95	88.90	72.69	133.30	224.78	150%	183%	253%	309%	169%
96	91.35	72.68	146.63	229.32	161%	202%	251%	316%	156%
97	93.88	72.83	161.30	267.55	172%	221%	285%	367%	166%
98	95.40	72.96	177.43	272.79	186%	243%	286%	374%	154%
99	96.97	73.09	195.17	102.52	201%	267%	106%	140%	53%
100	98.56	73.20	214.69	136.70	218%	293%	139%	187%	64%

Claim Cost Comparison

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Male
Issue Age: 70
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D	D=C/A	E=C/B	G=D/A	H=D/B	I=D/C
	Original Pricing		Current Assumptions based on Historical Experience	Actual Experience	Best Estimate to Expected		Actual Experience to Expected		Actual Experience to Best Estimate
Attained Age	No Adjustments	Underwriting Adjusted			No Adjustments	Underwriting Adjusted	No Adjustments	Underwriting Adjusted	
70	3.34	1.53	2.41	2.19	72%	158%	66%	143%	91%
71	3.72	2.21	3.39	3.08	91%	153%	83%	139%	91%
72	4.13	3.11	4.25	3.86	103%	137%	93%	124%	91%
73	4.84	4.27	5.50	5.00	114%	129%	103%	117%	91%
74	5.67	5.42	6.18	5.62	109%	114%	99%	104%	91%
75	6.65	6.92	6.87	6.24	103%	99%	94%	90%	91%
76	7.81	8.49	7.53	6.85	96%	89%	88%	81%	91%
77	9.17	10.25	10.67	9.69	116%	104%	106%	95%	91%
78	10.21	12.34	10.95	9.95	107%	89%	97%	81%	91%
79	11.36	14.22	13.71	12.45	121%	96%	110%	88%	91%
80	12.66	15.80	16.46	12.20	130%	104%	96%	77%	74%
81	14.12	17.64	19.22	17.47	136%	109%	124%	99%	91%
82	15.75	19.70	21.86	19.86	139%	111%	126%	101%	91%
83	17.68	22.00	29.64	26.93	168%	135%	152%	122%	91%
84	19.86	24.60	30.54	27.75	154%	124%	140%	113%	91%
85	22.34	27.50	34.17	31.05	153%	124%	139%	113%	91%
86	25.15	29.06	37.25	30.04	148%	128%	119%	103%	81%
87	28.34	30.70	40.60	35.69	143%	132%	126%	116%	88%
88	30.27	32.41	44.26	30.04	146%	137%	99%	93%	68%
89	32.34	34.37	48.24	27.64	149%	140%	85%	80%	57%
90	34.57	36.79	52.58	56.04	152%	143%	162%	152%	107%
91	36.96	36.94	57.31	50.93	155%	155%	138%	138%	89%
92	39.93	37.15	62.47	42.71	156%	168%	107%	115%	68%
93	40.56	37.36	68.09	0.00	168%	182%	0%	0%	0%
94	41.20	37.86	74.22	112.69	180%	196%	274%	298%	152%
95	41.84	38.38	80.90	42.26	193%	211%	101%	110%	52%
96	42.50	39.42	88.18	48.30	208%	224%	114%	123%	55%
97	43.16	40.27	96.12	0.00	223%	239%	0%	0%	0%
98	44.48	40.99	104.77	0.00	236%	256%	0%	0%	0%
99	45.85	41.60	114.20	0.00	249%	274%	0%	0%	0%
100	47.26	41.73	124.48	0.00	263%	298%	0%	0%	0%

Claim Cost Comparison

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Female
Issue Age: 75
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D	D=C/A	E=C/B	G=D/A	H=D/B	I=D/C
	Original Pricing		Current Assumptions based on		Best Estimate to Expected		Actual Experience to Expected		
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	Actual Experience	No Adjustments	Underwriting Adjusted	No Adjustments	Underwriting Adjusted	Actual Experience to Best Estimate
75	8.92	5.39	11.09	9.35	124%	206%	105%	173%	84%
76	10.75	8.71	12.10	9.16	113%	139%	85%	105%	76%
77	13.00	12.29	13.12	11.07	101%	107%	85%	90%	84%
78	14.95	17.08	14.32	12.07	96%	84%	81%	71%	84%
79	17.22	21.83	18.29	15.42	106%	84%	90%	71%	84%
80	19.87	26.86	21.22	17.90	107%	79%	90%	67%	84%
81	22.94	32.51	24.90	21.00	109%	77%	92%	65%	84%
82	26.53	39.23	29.67	25.02	112%	76%	94%	64%	84%
83	30.29	45.94	38.21	32.22	126%	83%	106%	70%	84%
84	34.62	52.59	40.49	34.14	117%	77%	99%	65%	84%
85	39.60	59.18	45.77	38.60	116%	77%	97%	65%	84%
86	45.34	63.33	47.50	40.05	105%	75%	88%	63%	84%
87	51.95	67.83	62.19	52.44	120%	92%	101%	77%	84%
88	56.83	72.55	68.41	67.81	120%	94%	119%	93%	99%
89	62.22	77.70	75.25	69.47	121%	97%	112%	89%	92%
90	68.17	82.91	82.77	100.10	121%	100%	147%	121%	121%
91	74.75	82.50	91.05	95.84	122%	110%	128%	116%	105%
92	82.02	82.70	100.15	94.09	122%	121%	115%	114%	94%
93	84.23	83.15	110.17	105.46	131%	132%	125%	127%	96%
94	86.53	84.27	121.19	80.04	140%	144%	92%	95%	66%
95	88.90	85.15	133.30	224.78	150%	157%	253%	264%	169%
96	91.35	85.13	146.63	229.32	161%	172%	251%	269%	156%
97	93.88	85.30	161.30	267.55	172%	189%	285%	314%	166%
98	95.40	85.45	177.43	272.79	186%	208%	286%	319%	154%
99	96.97	85.60	195.17	102.52	201%	228%	106%	120%	53%
100	98.56	85.72	214.69	136.70	218%	250%	139%	159%	64%

Claim Cost Comparison

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Male
Issue Age: 75
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D	D=C/A	E=C/B	G=D/A	H=D/B	I=D/C
	Original Pricing		Current Assumptions based on		Best Estimate to Expected		Actual Experience to Expected		
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	Actual Experience	No Adjustments	Underwriting Adjusted	No Adjustments	Underwriting Adjusted	Actual Experience to Best Estimate
75	6.65	3.83	6.87	6.24	103%	179%	94%	163%	91%
76	7.81	5.98	7.53	6.85	96%	126%	88%	115%	91%
77	9.17	8.14	10.67	9.69	116%	131%	106%	119%	91%
78	10.21	10.95	10.95	9.95	107%	100%	97%	91%	91%
79	11.36	13.55	13.71	12.45	121%	101%	110%	92%	91%
80	12.66	16.15	16.46	12.20	130%	102%	96%	76%	74%
81	14.12	19.31	19.22	17.47	136%	100%	124%	90%	91%
82	15.75	23.03	21.86	19.86	139%	95%	126%	86%	91%
83	17.68	26.70	29.64	26.93	168%	111%	152%	101%	91%
84	19.86	30.35	30.54	27.75	154%	101%	140%	91%	91%
85	22.34	33.91	34.17	31.05	153%	101%	139%	92%	91%
86	25.15	35.83	37.25	30.04	148%	104%	119%	84%	81%
87	28.34	37.85	40.60	35.69	143%	107%	126%	94%	88%
88	30.27	39.95	44.26	30.04	146%	111%	99%	75%	68%
89	32.34	42.36	48.24	27.64	149%	114%	85%	65%	57%
90	34.57	45.34	52.58	56.04	152%	116%	162%	124%	107%
91	36.96	45.53	57.31	50.93	155%	126%	138%	112%	89%
92	39.93	45.78	62.47	42.71	156%	136%	107%	93%	68%
93	40.56	46.04	68.09	0.00	168%	148%	0%	0%	0%
94	41.20	46.65	74.22	112.69	180%	159%	274%	242%	152%
95	41.84	47.29	80.90	42.26	193%	171%	101%	89%	52%
96	42.50	48.57	88.18	48.30	208%	182%	114%	99%	55%
97	43.16	49.62	96.12	0.00	223%	194%	0%	0%	0%
98	44.48	50.50	104.77	0.00	236%	207%	0%	0%	0%
99	45.85	51.26	114.20	0.00	249%	223%	0%	0%	0%
100	47.26	51.42	124.48	0.00	263%	242%	0%	0%	0%

Claim Cost Comparison

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Female
Issue Age: 80
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D	D=C/A	E=C/B	G=D/A	H=D/B	I=D/C
	Original Pricing		Current Assumptions based on Historical Experience	Actual Experience	Best Estimate to Expected		Actual Experience to Expected		Actual Experience to Best Estimate
Attained Age	No Adjustments	Underwriting Adjusted			No Adjustments	Underwriting Adjusted	No Adjustments	Underwriting Adjusted	
80	19.87	13.74	21.22	17.90	107%	154%	90%	130%	84%
81	22.94	21.56	24.90	21.00	109%	116%	92%	97%	84%
82	26.53	28.90	29.67	25.02	112%	103%	94%	87%	84%
83	30.29	36.00	38.21	32.22	126%	106%	106%	89%	84%
84	34.62	44.61	40.49	34.14	117%	91%	99%	77%	84%
85	39.60	53.78	45.77	38.60	116%	85%	97%	72%	84%
86	45.34	61.55	47.50	40.05	105%	77%	88%	65%	84%
87	51.95	70.36	62.19	52.44	120%	88%	101%	75%	84%
88	56.83	78.73	68.41	67.81	120%	87%	119%	86%	99%
89	62.22	85.58	75.25	69.47	121%	88%	112%	81%	92%
90	68.17	91.23	82.77	100.10	121%	91%	147%	110%	121%
91	74.75	90.74	91.05	95.84	122%	100%	128%	106%	105%
92	82.02	90.91	100.15	94.09	122%	110%	115%	103%	94%
93	84.23	91.37	110.17	105.46	131%	121%	125%	115%	96%
94	86.53	92.56	121.19	80.04	140%	131%	92%	86%	66%
95	88.90	93.50	133.30	224.78	150%	143%	253%	240%	169%
96	91.35	93.48	146.63	229.32	161%	157%	251%	245%	156%
97	93.88	93.66	161.30	267.55	172%	172%	285%	286%	166%
98	95.40	93.81	177.43	272.79	186%	189%	286%	291%	154%
99	96.97	93.96	195.17	102.52	201%	208%	106%	109%	53%
100	98.56	94.09	214.69	136.70	218%	228%	139%	145%	64%

Claim Cost Comparison

Allianz Life Insurance Company of North America
Policy Form Series: 10-P-Q
Claim Cost Actual to Expected

Gender: Male
Issue Age: 80
Benefit Period: Lifetime
Elimination Period : 90 Days
Home Health Reimbursement: 100% of Nursing Home Daily Benefit
Inflation Protection: None
Marital Status: Single

Total Claim Costs

	A	B	C	D	D=C/A	E=C/B	G=D/A	H=D/B	I=D/C
	Original Pricing		Current Assumptions based on		Best Estimate to Expected		Actual Experience to Expected		
Attained Age	No Adjustments	Underwriting Adjusted	Historical Experience	Actual Experience	No Adjustments	Underwriting Adjusted	No Adjustments	Underwriting Adjusted	Actual Experience to Best Estimate
80	12.66	8.23	16.46	12.20	130%	200%	96%	148%	74%
81	14.12	12.73	19.22	17.47	136%	151%	124%	137%	91%
82	15.75	16.85	21.86	19.86	139%	130%	126%	118%	91%
83	17.68	20.79	29.64	26.93	168%	143%	152%	130%	91%
84	19.86	25.59	30.54	27.75	154%	119%	140%	108%	91%
85	22.34	30.65	34.17	31.05	153%	112%	139%	101%	91%
86	25.15	34.66	37.25	30.04	148%	107%	119%	87%	81%
87	28.34	39.10	40.60	35.69	143%	104%	126%	91%	88%
88	30.27	43.23	44.26	30.04	146%	102%	99%	69%	68%
89	32.34	46.56	48.24	27.64	149%	104%	85%	59%	57%
90	34.57	49.82	52.58	56.04	152%	106%	162%	112%	107%
91	36.96	50.02	57.31	50.93	155%	115%	138%	102%	89%
92	39.93	50.29	62.47	42.71	156%	124%	107%	85%	68%
93	40.56	50.58	68.09	0.00	168%	135%	0%	0%	0%
94	41.20	51.25	74.22	112.69	180%	145%	274%	220%	152%
95	41.84	51.95	80.90	42.26	193%	156%	101%	81%	52%
96	42.50	53.35	88.18	48.30	208%	165%	114%	91%	55%
97	43.16	54.50	96.12	0.00	223%	176%	0%	0%	0%
98	44.48	55.47	104.77	0.00	236%	189%	0%	0%	0%
99	45.85	56.31	114.20	0.00	249%	203%	0%	0%	0%
100	47.26	56.48	124.48	0.00	263%	220%	0%	0%	0%

Actual to Best Estimate Morbidity Assumptions

Allianz Life Insurance Company of North America
Actual to Best Estimate Continuance Rates

	Male						Female					
Month	BOM Exposure	EOM Exposure	Actual Continuance Rates	Actual Cumulative Continuance Rate	Expected Cumulative Continuance Rate	Actual to Expected	BOM Exposure	EOM Exposure	Continuance Rates	Cumulative Continuance Rate	Expected Cumulative Continuance Rate	Actual to Expected
1	176	140	0.795	0.795	0.807	98.5%	388	278	0.716	0.716	0.796	90.1%
2	345	294	0.852	0.678	0.702	96.6%	657	546	0.831	0.595	0.688	86.5%
3	317	276	0.871	0.590	0.634	93.1%	585	522	0.892	0.531	0.630	84.3%
4	942	835	0.886	0.523	0.580	90.2%	1724	1547	0.897	0.477	0.575	83.0%
5	823	772	0.938	0.491	0.548	89.6%	1526	1448	0.949	0.452	0.546	82.8%
6	762	723	0.949	0.466	0.519	89.7%	1427	1354	0.949	0.429	0.520	82.5%
7	729	700	0.960	0.447	0.499	89.6%	1370	1311	0.957	0.411	0.500	82.1%
8	692	668	0.965	0.432	0.481	89.7%	1290	1257	0.974	0.400	0.485	82.5%
9	662	640	0.967	0.417	0.464	90.0%	1240	1205	0.972	0.389	0.472	82.5%
10	629	607	0.965	0.403	0.447	90.0%	1190	1167	0.981	0.381	0.461	82.8%
11	591	575	0.973	0.392	0.433	90.4%	1144	1122	0.981	0.374	0.451	83.0%
12	559	542	0.970	0.380	0.419	90.6%	1103	1082	0.981	0.367	0.441	83.2%
13	531	524	0.987	0.375	0.407	92.2%	1065	1038	0.975	0.358	0.432	82.9%
14	512	502	0.980	0.368	0.395	93.0%	1026	1008	0.982	0.351	0.423	83.1%
15	494	484	0.980	0.360	0.383	94.1%	985	967	0.982	0.345	0.415	83.1%
16	473	455	0.962	0.346	0.371	93.4%	949	930	0.980	0.338	0.407	83.1%
17	444	435	0.980	0.339	0.359	94.6%	918	897	0.977	0.330	0.399	82.9%
18	428	413	0.965	0.327	0.348	94.1%	887	875	0.986	0.326	0.391	83.3%
19	405	396	0.978	0.320	0.338	94.7%	853	842	0.987	0.322	0.385	83.6%
20	387	380	0.982	0.314	0.330	95.3%	824	812	0.985	0.317	0.379	83.6%
21	374	368	0.984	0.309	0.322	96.2%	798	786	0.985	0.312	0.372	83.8%
22	363	355	0.978	0.303	0.312	96.8%	767	749	0.977	0.305	0.365	83.6%
23	350	335	0.957	0.290	0.303	95.5%	740	718	0.970	0.296	0.356	83.2%
24	326	321	0.985	0.285	0.294	97.0%	703	681	0.969	0.287	0.347	82.5%
25	313	309	0.987	0.281	0.287	98.2%	663	655	0.988	0.283	0.340	83.3%
26	302	295	0.977	0.275	0.279	98.5%	638	624	0.978	0.277	0.334	82.8%
27	289	281	0.972	0.267	0.271	98.5%	606	598	0.987	0.273	0.328	83.3%
28	274	270	0.985	0.263	0.264	99.7%	571	559	0.979	0.268	0.322	83.0%
29	265	260	0.981	0.258	0.257	100.7%	544	536	0.985	0.264	0.316	83.4%
30	257	250	0.973	0.251	0.249	101.0%	525	515	0.981	0.259	0.311	83.1%
31	245	239	0.976	0.245	0.241	101.7%	505	501	0.992	0.257	0.306	83.9%
32	233	228	0.979	0.240	0.234	102.5%	492	480	0.976	0.250	0.300	83.5%
33	221	217	0.982	0.236	0.227	103.7%	467	457	0.979	0.245	0.293	83.5%
34	212	206	0.972	0.229	0.221	103.6%	443	436	0.984	0.241	0.287	84.1%
35	205	201	0.980	0.225	0.215	104.5%	426	416	0.977	0.235	0.280	84.1%
36	197	194	0.985	0.221	0.210	105.3%	408	399	0.978	0.230	0.274	84.0%
37	192	188	0.979	0.216	0.205	105.8%	385	383	0.995	0.229	0.270	84.8%
38	183	180	0.984	0.213	0.200	106.7%	364	359	0.986	0.226	0.266	84.9%
39	176	169	0.960	0.204	0.195	105.1%	351	344	0.980	0.221	0.262	84.5%
40	141	140	0.993	0.203	0.190	107.0%	285	283	0.993	0.220	0.258	85.2%
41	138	136	0.986	0.200	0.185	108.2%	278	273	0.982	0.216	0.254	84.9%
42	133	132	0.992	0.199	0.180	110.1%	269	266	0.989	0.213	0.250	85.2%
43	130	127	0.977	0.194	0.176	110.4%	260	256	0.985	0.210	0.247	85.2%
44	123	119	0.967	0.188	0.171	109.5%	248	246	0.992	0.208	0.243	85.8%
45	116	114	0.983	0.184	0.167	110.4%	240	236	0.983	0.205	0.239	85.6%
46	113	112	0.991	0.183	0.163	112.2%	228	228	1.000	0.205	0.236	86.9%
47	111	110	0.991	0.181	0.159	114.1%	221	218	0.986	0.202	0.232	87.0%
48	109	109	1.000	0.181	0.155	117.0%	217	215	0.991	0.200	0.229	87.5%
49	108	106	0.981	0.178	0.151	117.8%	212	210	0.991	0.198	0.226	87.9%
50	105	105	1.000	0.178	0.147	120.8%	203	202	0.995	0.197	0.222	88.8%
51	103	101	0.981	0.174	0.144	121.5%	199	196	0.985	0.194	0.219	88.8%
52	98	96	0.980	0.171	0.140	122.0%	189	186	0.984	0.191	0.216	88.7%
53	96	94	0.979	0.167	0.136	122.6%	182	181	0.995	0.190	0.213	89.5%
54	94	94	1.000	0.167	0.133	125.7%	175	172	0.983	0.187	0.210	89.3%
55	92	92	1.000	0.167	0.130	128.9%	170	169	0.994	0.186	0.206	90.1%
56	91	91	1.000	0.167	0.127	132.2%	165	163	0.988	0.184	0.203	90.3%
57	88	85	0.966	0.162	0.123	131.0%	162	158	0.975	0.179	0.200	89.4%
58	83	79	0.952	0.154	0.120	127.8%	156	155	0.994	0.178	0.198	90.1%
59	79	75	0.949	0.146	0.117	124.5%	152	147	0.967	0.172	0.195	88.4%
60	72	70	0.972	0.142	0.114	124.1%	145	143	0.986	0.170	0.192	88.5%
61	70	65	0.929	0.132	0.112	118.2%	139	138	0.993	0.169	0.189	89.2%
62	62	59	0.952	0.125	0.109	115.3%	134	131	0.978	0.165	0.186	88.4%
63	59	59	1.000	0.125	0.106	118.3%	129	126	0.977	0.161	0.184	87.7%
64	54	53	0.981	0.123	0.103	119.0%	113	112	0.991	0.160	0.181	88.2%
65	52	51	0.981	0.121	0.101	119.7%	108	106	0.981	0.157	0.178	87.8%
66	49	47	0.959	0.116	0.098	117.8%	103	103	1.000	0.157	0.176	89.1%
67	45	44	0.978	0.113	0.096	118.1%	99	98	0.990	0.155	0.173	89.5%
68	42	41	0.976	0.111	0.093	118.2%	96	95	0.990	0.153	0.171	89.8%
69	39	39	1.000	0.111	0.091	121.2%	93	92	0.989	0.152	0.168	90.2%
70	39	36	0.923	0.102	0.089	114.8%	90	88	0.978	0.148	0.166	89.5%
71	35	35	1.000	0.102	0.087	117.7%	87	86	0.989	0.147	0.163	89.7%
72	34	34	1.000	0.102	0.085	120.7%	84	83	0.988	0.145	0.161	89.9%
73	34	31	0.912	0.093	0.082	112.8%	83	81	0.976	0.141	0.159	89.1%
74	30	30	1.000	0.093	0.080	115.7%	76	76	1.000	0.141	0.157	90.3%
75	29	29	1.000	0.093	0.078	118.6%	75	73	0.973	0.138	0.154	89.2%
76	29	29	1.000	0.093	0.076	121.7%	71	70	0.986	0.136	0.152	89.2%
77	28	28	1.000	0.093	0.075	124.8%	68	67	0.985	0.134	0.150	89.2%
78	26	26	1.000	0.093	0.073	127.9%	67	65	0.970	0.130	0.148	87.8%
79	25	25	1.000	0.093	0.071	131.2%	63	63	1.000	0.130	0.146	89.1%
80	25	25	1.000	0.093	0.069	134.5%	62	60	0.968	0.126	0.144	87.4%
81	24	23	0.958	0.089	0.067	132.2%	60	60	1.000	0.126	0.142	88.7%
82	22	21	0.955	0.085	0.066	129.4%	59	59	1.000	0.126	0.140	90.0%
83	21	21	1.000	0.085	0.064	132.7%	55	55	1.000	0.126	0.138	91.3%
84	21	20	0.952	0.081	0.063	129.5%	55	55	1.000	0.126	0.136	92.6%
85	20	18	0.900	0.073	0.061	119.5%	55	54	0.982	0.123	0.134	92.2%
86	17	17	1.000	0.073	0.060	122.6%	50	49	0.980	0.121	0.132	91.6%
87	17	17	1.000	0.073	0.058	125.7%	47	47	1.000	0.121	0.130	93.0%
88	16	16	1.000	0.073	0.057	128.9%	45	45	1.000	0.121	0.128	94.3%
89	14	14	1.000	0.073	0.055	132.1%	44	44	1.000	0.121	0.126	95.6%
90	14	14	1.000	0.073	0.054	135.5%	42	42	1.000	0.121	0.125	97.0%
91	14	14	1.000	0.073	0.053	138.9%	41	40	0.976	0.118	0.123	96.0%
92	13	13	1.000	0.073	0.051	142.4%	39	38	0.974	0.115	0.121	94.9%
93	13	13	1.000	0.073	0.050	146.0%	37	35	0.946	0.109	0.119	91.0%
94	13	13	1.000	0.073	0.049	149.7%	33	31	0.939	0.102	0.118	86.7%
95	13	13	1.000	0.073	0.048	153.5%	28	27	0.964	0.098	0.116	84.8%
96	12	12	1.000	0.073	0.046	157.4%	25	25	1.000	0.098	0.114	86.0%
97	12	12	1.000	0.073	0.045	161.4%	25	24	0.960	0.094	0.113	83.7%
98	12	12	1.000	0.073	0.044	165.4%	24	24	1.000	0.094	0.111	84.9%
99	12	12	1.000	0.073	0.043	169.6%	23	23	1.000	0.094	0.110	86.1%
100	12	11	0.917	0.067	0.042	159.4%	23	22	0.957	0.090	0.108	83.5%
101	11	11	1.000	0.067	0.041	163.4%	22	22	1.000	0.090	0.107	84.7%
102	11	11	1.000	0.067	0.040	167.5%	22	21	0.955	0.086	0.105	82.0%
103	11	11	1.000	0.067	0.039	171.8%	21	21	1.000	0.086	0.104	83.2%
104	11	11	1.000	0.067	0.038	176.1%	21	21	1.000	0.086	0.102	84.3%
105	11	11	1.000	0.067	0.037	180.5%	20	20	1.000	0.086	0.101	85.5%
106	10	10	1.000	0.067	0.036	185.1%	20	20	1.000	0.086	0.099	86.7%
107	10	10	1.000	0.067	0.035	189.7%	19	19	1.000	0.086	0.098	87.9%
108	10	10	1.000	0.067	0.034	194.5%	19	18	0.947	0.082	0.097	84.5%
109	9	9	1.000	0.067	0.034	199.4%	18	18	1.000	0.082	0.095	85.6%
110	9	9	1.000	0.067	0.033	204.4%	18	18	1.000	0.082	0.094	86.8%
111	9	9	1.000	0.067	0.032	209.6%	18	18	1.000	0.082	0.093	88.1%
112	9	9	1.000	0.067	0.031	214.8%	17	16	0.941	0.077	0.092	84.0%
113	9	8	0.889	0.059	0.030	195.8%	16	15	0.938	0.072	0.090	79.9%
114	8	8	1.000	0.059	0.030	200.7%	14	14	1.000	0.072	0.089	81.0%
115	8	8	1.000	0.059	0.029	205.7%	14	14	1.000	0.072	0.088	82.1%
116	7	7	1.000	0.059	0.028	210.9%	13	12	0.923	0.067	0.087	76.9%
117	7	7	1.000	0.059	0.027	216.2%	12	12	1.000	0.067	0.085	77.9%
118	7	7	1.000	0.059	0.027	221.6%	12	12	1.000	0.067	0.084	79.0%
119	7	7	1.000	0.059	0.026	227.2%	12	12	1.000	0.067	0.083	80.1%
120	6	6	1.000	0.059	0.026	232.9%	12	12	1.000	0.067	0.082	81.2%

Actual to Best Estimate Morbidity Assumptions

Allianz Life Insurance Company on North America
Actual to Best Estimate Incidence Rates

	Exposure Months		On Claim Exposure Months		EP Adj Claim Incidence		Actual Incidence Rate		Expected Incidence Rates		Actual to Expected	
Attained Age	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
<60	1,555,602	1,018,823	924	492	106	45	0.0008	0.0005	0.0003	0.0002	289.3%	284.0%
60	266,906	179,815	215	63	21	11	0.0010	0.0007	0.0014	0.0007	67.1%	101.1%
61	291,135	200,713	213	117	34	15	0.0014	0.0009	0.0017	0.0008	82.5%	119.2%
62	309,057	217,600	292	164	37	22	0.0015	0.0012	0.0018	0.0008	82.0%	146.0%
63	323,952	231,371	365	176	29	14	0.0011	0.0007	0.0018	0.0009	58.1%	77.7%
64	332,235	239,275	396	236	37	15	0.0014	0.0008	0.0019	0.0010	71.2%	76.5%
65	339,828	247,258	437	295	56	21	0.0020	0.0010	0.0020	0.0012	98.7%	88.1%
66	341,293	252,464	489	347	39	30	0.0014	0.0014	0.0025	0.0013	55.6%	110.7%
67	338,000	252,546	538	292	70	22	0.0025	0.0010	0.0026	0.0015	94.8%	69.6%
68	328,555	247,062	689	351	67	40	0.0024	0.0019	0.0034	0.0018	72.6%	110.5%
69	312,366	236,217	899	450	82	45	0.0032	0.0023	0.0036	0.0021	88.3%	108.1%
70	293,326	223,082	971	562	78	56	0.0032	0.0030	0.0041	0.0025	78.8%	120.7%
71	273,123	206,874	1,049	515	85	45	0.0037	0.0026	0.0046	0.0031	80.9%	85.2%
72	251,422	189,867	1,091	584	101	59	0.0049	0.0037	0.0061	0.0038	79.7%	99.9%
73	228,679	171,830	1,269	695	139	70	0.0073	0.0049	0.0074	0.0048	98.9%	101.9%
74	205,353	152,917	1,567	800	131	73	0.0077	0.0057	0.0085	0.0061	90.4%	94.4%
75	180,892	133,156	1,734	876	128	83	0.0086	0.0076	0.0095	0.0071	89.9%	106.6%
76	158,479	114,945	2,014	973	145	75	0.0111	0.0079	0.0103	0.0086	108.1%	91.7%
77	136,236	97,527	2,139	972	124	83	0.0111	0.0104	0.0123	0.0105	90.3%	98.8%
78	116,388	81,776	2,163	991	156	89	0.0163	0.0132	0.0136	0.0127	119.9%	104.3%
79	97,474	67,114	2,320	1,052	140	79	0.0177	0.0144	0.0164	0.0158	107.9%	90.8%
80	81,364	54,304	2,190	1,075	154	87	0.0234	0.0196	0.0186	0.0187	125.6%	104.7%
81	65,584	42,437	2,174	977	152	77	0.0288	0.0222	0.0209	0.0240	137.6%	92.8%
82	51,867	31,945	2,133	938	135	78	0.0326	0.0302	0.0227	0.0290	143.5%	104.3%
83	39,897	23,489	1,991	934	124	64	0.0392	0.0341	0.0260	0.0357	150.9%	95.6%
84	30,760	17,433	1,920	786	128	58	0.0534	0.0419	0.0273	0.0387	195.6%	108.2%
85	23,224	12,576	1,876	701	100	40	0.0560	0.0402	0.0296	0.0438	189.2%	91.8%
86	17,079	8,973	1,751	555	82	34	0.0639	0.0489	0.0314	0.0526	203.9%	93.1%
87	12,180	5,914	1,443	409	66	31	0.0737	0.0668	0.0314	0.0643	234.5%	103.9%
88	8,233	3,771	1,106	464	55	34	0.0929	0.1224	0.0306	0.0708	303.7%	172.9%
89	5,516	2,468	889	336	50	16	0.1302	0.0915	0.0280	0.0806	465.1%	113.5%
90	3,739	1,444	674	209	28	12	0.1099	0.1211	0.0237	0.1026	464.0%	118.0%
91	2,471	836	550	156	26	13	0.1652	0.2347	0.0183	0.1171	901.5%	200.4%
92	1,581	453	386	67	16	1	0.1587	0.0456	0.0144	0.1301	1104.2%	35.0%
93	984	188	214	21	7	0	0.1093	0.0000	0.0132	0.1327	828.8%	0.0%
94	647	93	177	1	3	2	0.0760	0.2230	0.0112	0.1497	676.2%	149.0%
95	351	60	96	12	4	2	0.1949	0.3812	0.0133	0.1700	1460.5%	224.2%
>95	454	106	229	9	8	0	0.4259	0.0000	0.0174	0.2748	2451.8%	0.0%

Actual to Best Estimate Morbidity Assumptions

Allianz Life Insurance Company of North America
Actual to Best Estimate Continuance Rates

	Male						Female					
Month	BOM Exposure	EOM Exposure	Actual Continuance Rates	Actual Cumulative Continuance Rate	Expected Cumulative Continuance Rate	Actual to Expected	BOM Exposure	EOM Exposure	Continuance Rates	Cumulative Continuance Rate	Expected Cumulative Continuance Rate	Actual to Expected
1	176	140	0.795	0.795	0.807	98.5%	388	278	0.716	0.716	0.796	90.1%
2	345	294	0.852	0.678	0.702	96.6%	657	546	0.831	0.595	0.688	86.5%
3	317	276	0.871	0.590	0.634	93.1%	585	522	0.892	0.531	0.630	84.3%
4	942	835	0.886	0.523	0.580	90.2%	1724	1547	0.897	0.477	0.575	83.0%
5	823	772	0.938	0.491	0.548	89.6%	1526	1448	0.949	0.452	0.546	82.8%
6	762	723	0.949	0.466	0.519	89.7%	1427	1354	0.949	0.429	0.520	82.5%
7	729	700	0.960	0.447	0.499	89.6%	1370	1311	0.957	0.411	0.500	82.1%
8	692	668	0.965	0.432	0.481	89.7%	1290	1257	0.974	0.400	0.485	82.5%
9	662	640	0.967	0.417	0.464	90.0%	1240	1205	0.972	0.389	0.472	82.5%
10	629	607	0.965	0.403	0.447	90.0%	1190	1167	0.981	0.381	0.461	82.8%
11	591	575	0.973	0.392	0.433	90.4%	1144	1122	0.981	0.374	0.451	83.0%
12	559	542	0.970	0.380	0.419	90.6%	1103	1082	0.981	0.367	0.441	83.2%
13	531	524	0.987	0.375	0.407	92.2%	1065	1038	0.975	0.358	0.432	82.9%
14	512	502	0.980	0.368	0.395	93.0%	1026	1008	0.982	0.351	0.423	83.1%
15	494	484	0.980	0.360	0.383	94.1%	985	967	0.982	0.345	0.415	83.1%
16	473	455	0.962	0.346	0.371	93.4%	949	930	0.980	0.338	0.407	83.1%
17	444	435	0.980	0.339	0.359	94.6%	918	897	0.977	0.330	0.399	82.9%
18	428	413	0.965	0.327	0.348	94.1%	887	875	0.986	0.326	0.391	83.3%
19	405	396	0.978	0.320	0.338	94.7%	853	842	0.987	0.322	0.385	83.6%
20	387	380	0.982	0.314	0.330	95.3%	824	812	0.985	0.317	0.379	83.6%
21	374	368	0.984	0.309	0.322	96.2%	798	786	0.985	0.312	0.372	83.8%
22	363	355	0.978	0.303	0.312	96.8%	767	749	0.977	0.305	0.365	83.6%
23	350	335	0.957	0.290	0.303	95.5%	740	718	0.970	0.296	0.356	83.2%
24	326	321	0.985	0.285	0.294	97.0%	703	681	0.969	0.287	0.347	82.5%
25	313	309	0.987	0.281	0.287	98.2%	663	655	0.988	0.283	0.340	83.3%
26	302	295	0.977	0.275	0.279	98.5%	638	624	0.978	0.277	0.334	82.8%
27	289	281	0.972	0.267	0.271	98.5%	606	598	0.987	0.273	0.328	83.3%
28	274	270	0.985	0.263	0.264	99.7%	571	559	0.979	0.268	0.322	83.0%
29	265	260	0.981	0.258	0.257	100.7%	544	536	0.985	0.264	0.316	83.4%
30	257	250	0.973	0.251	0.249	101.0%	525	515	0.981	0.259	0.311	83.1%
31	245	239	0.976	0.245	0.241	101.7%	505	501	0.992	0.257	0.306	83.9%
32	233	228	0.979	0.240	0.234	102.5%	492	480	0.976	0.250	0.300	83.5%
33	221	217	0.982	0.236	0.227	103.7%	467	457	0.979	0.245	0.293	83.5%
34	212	206	0.972	0.229	0.221	103.6%	443	436	0.984	0.241	0.287	84.1%
35	205	201	0.980	0.225	0.215	104.5%	426	416	0.977	0.235	0.280	84.1%
36	197	194	0.985	0.221	0.210	105.3%	408	399	0.978	0.230	0.274	84.0%
37	192	188	0.979	0.216	0.205	105.8%	385	383	0.995	0.229	0.270	84.8%
38	183	180	0.984	0.213	0.200	106.7%	364	359	0.986	0.226	0.266	84.9%
39	176	169	0.960	0.204	0.195	105.1%	351	344	0.980	0.221	0.262	84.5%
40	141	140	0.993	0.203	0.190	107.0%	285	283	0.993	0.220	0.258	85.2%
41	138	136	0.986	0.200	0.185	108.2%	278	273	0.982	0.216	0.254	84.9%
42	133	132	0.992	0.199	0.180	110.1%	269	266	0.989	0.213	0.250	85.2%
43	130	127	0.977	0.194	0.176	110.4%	260	256	0.985	0.210	0.247	85.2%
44	123	119	0.967	0.188	0.171	109.5%	248	246	0.992	0.208	0.243	85.8%
45	116	114	0.983	0.184	0.167	110.4%	240	236	0.983	0.205	0.239	85.6%
46	113	112	0.991	0.183	0.163	112.2%	228	228	1.000	0.205	0.236	86.9%
47	111	110	0.991	0.181	0.159	114.1%	221	218	0.986	0.202	0.232	87.0%
48	109	109	1.000	0.181	0.155	117.0%	217	215	0.991	0.200	0.229	87.5%
49	108	106	0.981	0.178	0.151	117.8%	212	210	0.991	0.198	0.226	87.9%
50	105	105	1.000	0.178	0.147	120.8%	203	202	0.995	0.197	0.222	88.8%
51	103	101	0.981	0.174	0.144	121.5%	199	196	0.985	0.194	0.219	88.8%
52	98	96	0.980	0.171	0.140	122.0%	189	186	0.984	0.191	0.216	88.7%
53	96	94	0.979	0.167	0.136	122.6%	182	181	0.995	0.190	0.213	89.5%
54	94	94	1.000	0.167	0.133	125.7%	175	172	0.983	0.187	0.210	89.3%
55	92	92	1.000	0.167	0.130	128.9%	170	169	0.994	0.186	0.206	90.1%
56	91	91	1.000	0.167	0.127	132.2%	165	163	0.988	0.184	0.203	90.3%
57	88	85	0.966	0.162	0.123	131.0%	162	158	0.975	0.179	0.200	89.4%
58	83	79	0.952	0.154	0.120	127.8%	156	155	0.994	0.178	0.198	90.1%
59	79	75	0.949	0.146	0.117	124.5%	152	147	0.967	0.172	0.195	88.4%
60	72	70	0.972	0.142	0.114	124.1%	145	143	0.986	0.170	0.192	88.5%
61	70	65	0.929	0.132	0.112	118.2%	139	138	0.993	0.169	0.189	89.2%
62	62	59	0.952	0.125	0.109	115.3%	134	131	0.978	0.165	0.186	88.4%
63	59	59	1.000	0.125	0.106	118.3%	129	126	0.977	0.161	0.184	87.7%
64	54	53	0.981	0.123	0.103	119.0%	113	112	0.991	0.160	0.181	88.2%
65	52	51	0.981	0.121	0.101	119.7%	108	106	0.981	0.157	0.178	87.8%
66	49	47	0.959	0.116	0.098	117.8%	103	103	1.000	0.157	0.176	89.1%
67	45	44	0.978	0.113	0.096	118.1%	99	98	0.990	0.155	0.173	89.5%
68	42	41	0.976	0.111	0.093	118.2%	96	95	0.990	0.153	0.171	89.8%
69	39	39	1.000	0.111	0.091	121.2%	93	92	0.989	0.152	0.168	90.2%
70	39	36	0.923	0.102	0.089	114.8%	90	88	0.978	0.148	0.166	89.5%
71	35	35	1.000	0.102	0.087	117.7%	87	86	0.989	0.147	0.163	89.7%
72	34	34	1.000	0.102	0.085	120.7%	84	83	0.988	0.145	0.161	89.9%
73	34	31	0.912	0.093	0.082	112.8%	83	81	0.976	0.141	0.159	89.1%
74	30	30	1.000	0.093	0.080	115.7%	76	76	1.000	0.141	0.157	90.3%
75	29	29	1.000	0.093	0.078	118.6%	75	73	0.973	0.138	0.154	89.2%
76	29	29	1.000	0.093	0.076	121.7%	71	70	0.986	0.136	0.152	89.2%
77	28	28	1.000	0.093	0.075	124.8%	68	67	0.985	0.134	0.150	89.2%
78	26	26	1.000	0.093	0.073	127.9%	67	65	0.970	0.130	0.148	87.8%
79	25	25	1.000	0.093	0.071	131.2%	63	63	1.000	0.130	0.146	89.1%
80	25	25	1.000	0.093	0.069	134.5%	62	60	0.968	0.126	0.144	87.4%
81	24	23	0.958	0.089	0.067	132.2%	60	60	1.000	0.126	0.142	88.7%
82	22	21	0.955	0.085	0.066	129.4%	59	59	1.000	0.126	0.140	90.0%
83	21	21	1.000	0.085	0.064	132.7%	55	55	1.000	0.126	0.138	91.3%
84	21	20	0.952	0.081	0.063	129.5%	55	55	1.000	0.126	0.136	92.6%
85	20	18	0.900	0.073	0.061	119.5%	55	54	0.982	0.123	0.134	92.2%
86	17	17	1.000	0.073	0.060	122.6%	50	49	0.980	0.121	0.132	91.6%
87	17	17	1.000	0.073	0.058	125.7%	47	47	1.000	0.121	0.130	93.0%
88	16	16	1.000	0.073	0.057	128.9%	45	45	1.000	0.121	0.128	94.3%
89	14	14	1.000	0.073	0.055	132.1%	44	44	1.000	0.121	0.126	95.6%
90	14	14	1.000	0.073	0.054	135.5%	42	42	1.000	0.121	0.125	97.0%
91	14	14	1.000	0.073	0.053	138.9%	41	40	0.976	0.118	0.123	96.0%
92	13	13	1.000	0.073	0.051	142.4%	39	38	0.974	0.115	0.121	94.9%
93	13	13	1.000	0.073	0.050	146.0%	37	35	0.946	0.109	0.119	91.0%
94	13	13	1.000	0.073	0.049	149.7%	33	31	0.939	0.102	0.118	86.7%
95	13	13	1.000	0.073	0.048	153.5%	28	27	0.964	0.098	0.116	84.8%
96	12	12	1.000	0.073	0.046	157.4%	25	25	1.000	0.098	0.114	86.0%
97	12	12	1.000	0.073	0.045	161.4%	25	24	0.960	0.094	0.113	83.7%
98	12	12	1.000	0.073	0.044	165.4%	24	24	1.000	0.094	0.111	84.9%
99	12	12	1.000	0.073	0.043	169.6%	23	23	1.000	0.094	0.110	86.1%
100	12	11	0.917	0.067	0.042	159.4%	23	22	0.957	0.090	0.108	83.5%
101	11	11	1.000	0.067	0.041	163.4%	22	22	1.000	0.090	0.107	84.7%
102	11	11	1.000	0.067	0.040	167.5%	22	21	0.955	0.086	0.105	82.0%
103	11	11	1.000	0.067	0.039	171.8%	21	21	1.000	0.086	0.104	83.2%
104	11	11	1.000	0.067	0.038	176.1%	21	21	1.000	0.086	0.102	84.3%
105	11	11	1.000	0.067	0.037	180.5%	20	20	1.000	0.086	0.101	85.5%
106	10	10	1.000	0.067	0.036	185.1%	20	20	1.000	0.086	0.099	86.7%
107	10	10	1.000	0.067	0.035	189.7%	19	19	1.000	0.086	0.098	87.9%
108	10	10	1.000	0.067	0.034	194.5%	19	18	0.947	0.082	0.097	84.5%
109	9	9	1.000	0.067	0.034	199.4%	18	18	1.000	0.082	0.095	85.6%
110	9	9	1.000	0.067	0.033	204.4%	18	18	1.000	0.082	0.094	86.8%
111	9	9	1.000	0.067	0.032	209.6%	18	18	1.000	0.082	0.093	88.1%
112	9	9	1.000	0.067	0.031	214.8%	17	16	0.941	0.077	0.092	84.0%
113	9	8	0.889	0.059	0.030	195.8%	16	15	0.938	0.072	0.090	79.9%
114	8	8	1.000	0.059	0.030	200.7%	14	14	1.000	0.072	0.089	81.0%
115	8	8	1.000	0.059	0.029	205.7%	14	14	1.000	0.072	0.088	82.1%
116	7	7	1.000	0.059	0.028	210.9%	13	12	0.923	0.067	0.087	76.9%
117	7	7	1.000	0.059	0.027	216.2%	12	12	1.000	0.067	0.085	77.9%
118	7	7	1.000	0.059	0.027	221.6%	12	12	1.000	0.067	0.084	79.0%
119	7	7	1.000	0.059	0.026	227.2%	12	12	1.000	0.067	0.083	80.1%
120	6	6	1.000	0.059	0.026	232.9%	12	12	1.000	0.067	0.082	81.2%

Actual to Best Estimate Morbidity Assumptions

Allianz Life Insurance Company on North America
Actual to Best Estimate Incidence Rates

	Exposure Months		On Claim Exposure Months		EP Adj Claim Incidence		Actual Incidence Rate		Expected Incidence Rates		Actual to Expected	
Attained Age	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
<60	1,555,602	1,018,823	924	492	106	45	0.0008	0.0005	0.0002	0.0002	406.1%	284.0%
60	266,906	179,815	215	63	21	11	0.0010	0.0007	0.0011	0.0007	90.2%	101.1%
61	291,135	200,713	213	117	34	15	0.0014	0.0009	0.0013	0.0008	109.8%	119.2%
62	309,057	217,600	292	164	37	22	0.0015	0.0012	0.0013	0.0008	108.1%	146.0%
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72	251,422	189,867	1,091	584	101	59	0.0049	0.0037	0.0053	0.0038	91.5%	99.9%
73	228,679	171,830	1,269	695	139	70	0.0073	0.0049	0.0066	0.0048	110.5%	101.9%
74	205,353	152,917	1,567	800	131	73	0.0077	0.0057	0.0079	0.0061	97.9%	94.4%
75	180,892	133,156	1,734	876	128	83	0.0086	0.0076	0.0091	0.0071	93.7%	106.6%
76	158,479	114,945	2,014	973	145	75	0.0111	0.0079	0.0103	0.0086	108.0%	91.7%
77	136,236	97,527	2,139	972	124	83	0.0111	0.0104	0.0129	0.0105	85.7%	98.8%
78	116,388	81,776	2,163	991	156	89	0.0163	0.0132	0.0150	0.0127	108.6%	104.3%
79	97,474	67,114	2,320	1,052	140	79	0.0177	0.0144	0.0192	0.0158	92.5%	90.8%
80	81,364	54,304	2,190	1,075	154	87	0.0234	0.0196	0.0233	0.0187	100.1%	104.7%
81	65,584	42,437	2,174	977	152	77	0.0288	0.0222	0.0283	0.0240	101.6%	92.8%
82	51,867	31,945	2,133	938	135	78	0.0326	0.0302	0.0336	0.0290	97.1%	104.3%
83	39,897	23,489	1,991	934	124	64	0.0392	0.0341	0.0420	0.0357	93.4%	95.6%
84	30,760	17,433	1,920	786	128	58	0.0534	0.0419	0.0487	0.0387	109.7%	108.2%
85	23,224	12,576	1,876	701	100	40	0.0560	0.0402	0.0583	0.0438	96.1%	91.8%
86	17,079	8,973	1,751	555	82	34	0.0639	0.0489	0.0672	0.0526	95.2%	93.1%
87	12,180	5,914	1,443	409	66	31	0.0737	0.0668	0.0785	0.0643	94.0%	103.9%
88	8,233	3,771	1,106	464	55	34	0.0929	0.1224	0.0921	0.0708	100.9%	172.9%
89	5,516	2,468	889	336	50	16	0.1302	0.0915	0.0979	0.0806	133.0%	113.5%
90	3,739	1,444	674	209	28	12	0.1099	0.1211	0.1188	0.1026	92.5%	118.0%
91	2,471	836	550	156	26	13	0.1652	0.2347	0.1365	0.1171	121.0%	200.4%
92	1,581	453	386	67	16	1	0.1587	0.0456	0.1431	0.1301	111.0%	35.0%
93	984	188	214	21	7	0	0.1093	0.0000	0.1588	0.1327	68.8%	0.0%
94	647	93	177	1	3	2	0.0760	0.2230	0.1743	0.1497	43.6%	149.0%
95	351	60	96	12	4	2	0.1949	0.3812	0.1901	0.1700	102.5%	224.2%
>95	454	106	229	9	8	0	0.4259	0.0000	0.3074	0.2748	138.6%	0.0%

Reset Form

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

Company Name and NAIC Number: Allianz Life Insurance Company of North America - 90611

SERFF Tracking Number: ALLB-128730838

Effective Date: Upon Approval

(Projected) Number of Insureds Affected: 1,886

New Rates

Average Annual Premium Per Member: N/A

Revised Rates

Average Annual Premium Per Member: 1,930

Average Requested Percentage Rate Change Per Member: 56.25%

Minimum Requested Percentage Rate Change Per Member: 56.25%

Maximum Requested Percentage Rate Change Per Member: 56.25%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
10-P-Q-VA	Generation Protector
10-R1	Generation Protector
10-R2	Generation Protector
10-R3	Generation Protector
10-R4	Generation Protector
10-R5	Generation Protector
10-R6	Generation Protector
10-R7-VA	Generation Protector
10-R8-VA	Generation Protector
10-R9	Generation Protector
10-R10	Generation Protector
10-R11	Generation Protector
10-R12	Generation Protector
10-R13	Generation Protector
10-R14	Generation Protector
10-R15	Generation Protector
10-R16	Generation Protector
10-R17	Generation Protector
10-R18	Generation Protector
10-R19	Generation Protector
10-R20	Generation Protector
10-R21	Generation Protector
10-E-2	Generation Protector

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

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

When Allianz designed the LTC products years ago, we based your initial premium on actuarial assumptions, using the best information available to us at that time. We continually monitor LTC policies and work to balance the needs of our LTC policyholders with the sustainability of the business. LTC insurance rates are affected by many complex factors including interest rates, the number of people who continue coverage, how many of them collect benefits, and for how long.

Based on our actual experience, it's clear we will need to pay substantially more claims that anticipated. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claims costs.

We realize the rate increase is difficult for our policyholders, and assure you that we considered all of our options very carefully before increasing your premium.

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

June 6, 2014

Dear Bob Grissom,

Thank you for your objection. For your convenience, we have included your original questions (in bold) along with our answers below.

1. **The company believes that a 142% rate increase is justified; however, in the "Rate/Rule Schedule" it states that the overall percentage rate change is only 97%. Please reconcile these two statements. (Please note that while the Company states that a 142% rate increase is justified by the 58/85 test, our independent calculation using the data from the Company's projections comes to approximately 120%.)**

   Our company revised the rate request to 100% based on previous communications with the department. Using the 58/85 test our company calculated that a 142% rate increase could be justified. However, in consideration of our policyholders we have limited our request to 100% and implemented across multiple stages.

   The Company is unable to reconcile with the State's independent calculation of 120%. Since we are not able to review the state's assertion, we are unable to certify that 120% is the actuarially justified increase. In light of this, we have updated the overall percentage rate change under the Rate/Rule Schedule tab to reflect 142%. We would like to work with the State of Virginia to reconcile the differences in these two calculations.

2. **The company states that, if approved, it intends to implement a 25% rate increase in 2013 and subsequently file for at least one more rate increase in the future until the Company has achieved the cumulative rate increase that is actuarially justified, which they claim is 142%. The policyholder notification letter should clearly state the company's intention, with the exception that it should also clarify that the currently justified rate increase is 122%, not 142%, and that any future rate increases would be subject to the review and approval of the Bureau of Insurance in Virginia prior to implementation.**

   We are adjusting our requested increased based on the model bulletin adopted by the Senior Issues (B) Task Force on 8/9/2013 (published on 12/18/2013) to reflect the increase that is actuarially justified and allows certification that the need for future rate increases is not anticipated under moderately adverse conditions (please see the actuarial memorandum for certification). We have attached an updated actuarial memorandum that reflects a 100% rate increase implemented in 4 stages spanning 10 years.

Based on our revised request, we have updated the policyholder letter outlining the schedule for future increases.

3. **Please revise the second sentence of the "Premium Increase" section of the policyholder notification letter to state that "The Virginia Bureau of Insurance reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, it was approved."**

   The sentence above can be found in the fifth paragraph of the file titled "VA Group 3 Policyholder Letter – 6.6.2014" under the Supporting Documentation tab.

4. **In addition, the policyholder notification letter needs to be specific as to why claims are greater than anticipated resulting in the initial and proposed subsequent rate increases.**

   An explanation of why claims are greater than anticipated can be found in the second paragraph of the file titled "VA Group 3 Policyholder Letter – 6.6.2014" under the Supporting Documentation tab.

5. **Prior to approval the attached Health Insurance Rate Request Summary will need to be completed, and reviewed by the Bureau. The "brief narrative" should be a consumer friendly summary of the actuarial justification used to support the proposed rate increase.**

   Please see the files titled "Health Insurance Rate Request Summary Part I" under the Supporting Documentation tab for the requested information.

Additional Comments

As noted above, the Company has revised their request to reflect a 100% rate increase implemented in 4 stages. We have included an updated actuarial memorandum under the Supporting Documentation tab that supports the requested increase.

In addition to the updated actuarial memorandum, we have provided an updated policyholder letter that outlines the increase to the policyholder and provides them with options to mitigate the impact of the increase. As noted in our amendment submitted on 8/6/2013, after reviewing the requirements of subsection A of 14VAC5-200-75, it is our understanding that the information required by this regulation is only intended to be given out at the time of application and enrollment. Since the Company is not actively selling or marketing stand-along Long Term Care insurance at the moment, we believe that this regulation is not applicable in this case.

The letter that we have submitted for informational purpose is for the 1st stage of the requested increase and is subject to change at the Company's discretion to better fit the needs of the policyholder at the time of implementation. The letters that will be sent with stages 2 through 4 of the requested increase have not yet been drafted.

Please see the file titled "Rate Increase Change Request Form – 6.6.2014" under the Supporting Documentation tab for the Rate Increase Change Request Form. It has been updated to better explain the Premium Increase Contingent Benefit Upon Lapse Rider. We have withdrawn the original coverage change request form submitted on 8/6/2013 along with the certificate of readability, certificate of compliance and the statement of variability in support of this form. The implementation of this rate

increase spans multiple years, so updates to the coverage change request form may be necessary for future stages of implementation. Therefore, we have uploaded a version for informational purposes under the Supporting Documentation tab. We are not filing this form for approval and the form may or may not be updated at the Company's discretion to better suit the needs of the policyholder. Our company will file this form if requested to do so.

Due to the magnitude of the requested increase and the implementation plan, the Company would be glad to setup a call with the department if it would assist in the review process.

Sincerely,

Ouling Lu, ASA, MAAA
Assistant Actuary
763-765-7735

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

December 19, 2014

Dear Janet Houser,

Thank you for your objection. For your convenience, we have included your original questions (in bold) along with our answers below. The responses included within this document are meant to address both objections submitted on 8/8/2014 as well as the note to filer submitted on 11/13/2014.

1. **The Actuarial memorandum contains only a general statement that the morbidity rates were determined "utilizing Company-specific policy experience enhanced with other industry data as needed." Virginia regulations require a higher level of detail, including tables depicting the assumptions and any supporting studies used to develop the rates, in order to independently validate the reasonableness of these assumptions.**

   The responses for 7 through 14 should address this question based on our call from 11/13/2014.

2. **Please update the historical experience in the projections through at least 12/31/2013.**

   The actuarial memorandum is now updated with the requested information. The projected experience included in the exhibits reflects moderately adverse assumptions as outlined in the actuarial memorandum. The historical exhibits have been updated to include experience for the period of July 2012 to December 2013 as well as being updated to reflect disabled life reserve balances as of 12/31/2013.

3. **Please review the attached NAIC's Executive/Plenary bulletin adopted on December 18, 2013. Although Virginia has not yet adopted this, because there is so much national attention on long term care regulation, we have now added this to our review process. Is this filing consistent or not with its recommendations? Please provide details that support your response. Since this is a proposed increase for post stabilization business to implemented over three years, please be sure to include a response to the following:**

   1. **If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required to include contingent benefit upon lapse at the time of each scheduled increase.**

      All policies currently include the Contingent Benefit Upon Lapse Endorsement. The Company will offer an additional benefit of Premium Increase Contingent Benefit Upon Lapse rider (approved under SERFF Tracking # ALLB-128978105) at each of the four scheduled increases requested. The rider provides similar benefits to the Contingent Benefit Upon Lapse Rider, but is strictly better as it removes the age limitation.

   2. **For policies which have reached their 20th duration the insurer will provide the contingent benefit upon lapse without reference to the table of trigger percentages. For policies that have not reached that point, any percentage value in excess of 100% will be reduced to 100%.**

      All policyholder will be eligible for the Premium Increase Contingent Benefit Upon Lapse for each stages of the rate increase. However, the rider is only available for a limited period of time. Please refer to the rider for specific limitations.

In addition to the two requirements mentioned above, the Company has ensured that we are in compliance with the following (sections have been titled to be consistent with the NAIC's Executive/Plenary Bulletin):

Actuarial Assumptions for Establishing Rate Increase Requests:

In determining the Company's statutory contract reserves, the Company uses the NAIC Life Insurance Valuation Rate for contracts with guarantee duration of more than 20 years. For contracts with coverage effective prior to 2006, this valuation rate is 4.5%. For contracts with coverage effective in 2006 and later, this valuation rate is 4.0%. As we discontinued issuing new business in 2009, the reduction of this rate to 3.5% in 2013 has no impact on the calculation of contract reserves.

As of 12/31/2013, 66.7% of active policies nationwide (58.3% of active Virginia policies) were issued prior to 2006 and are subject to a 4.5% interest rate while the remaining policies are subject to a 4.0% interest rate when determining contract reserves. To simplify the analysis performed and to be consistent with interest rates used to determine the lifetime loss ratio at pricing, the Company has chosen to discount/accumulate all values at 4.5%. By doing so, the Company can justify an increase of 158% under the "58/85" calculation of 14VAC5-200-153. If the Company were to decrease the interest rate by performing an average between 4.0% and 4.5%, the justifiable increase would be larger. Since we are limiting our request to 100%, we feel a 4.5% discount rate is appropriate.

Projected experience included in the exhibits provided are based on assumptions developed using historical experience of the Company's long-term care block as well as industry data where credibility is limited. We have provided an outline of the methodology used in response to question 7 of our submission dated 2/5/2013. The experience exhibits provided in the actuarial memorandum include the following margins for adverse experience compared to the Company's "best estimate" assumptions:

- Decrease for 0.75% to 0.5% ultimate voluntary lapse rate
- Decrease assumed mortality from 80% of the 1994 GAM to 70% of the 1994 GAM
- Increase assumed claim cost uniformly by 5% for all attained ages

Approval of Rate Increases:

To balance the need of our policyholder interest, the Company has chosen to limit their increase to 100% implemented in stages. We believe this methodology of laying out the future rate increase amounts allows the policyholder to make a more informed financial decision. The Company will continue to monitor and provide the State with updated experience projections to allow for modifications, if necessary, to the approved rate action to ensure experience is developing as expected.

Requirement to Administer Contingent Benefit Upon Lapse:

The Company plans to offer the Premium Increase Contingent Benefit Upon Lapse Rider to all policyholders impacted by the rate increase for each stage of the proposed increase.

Policyholder Notification of Premium Increase:

Please see the documents with titles beginning with "VA Group 3 Policyholder Letter…" under the Supporting Documentation tab for the notification letters which include the requirements set forth by the NAIC bulletin. We have provided all versions of the letter for informational purposes only. The company plans to notify the policyholder 60 days prior to the effective date of each rate increase.

4. **Thank you for submitting another version of the policyholder letter. In accordance with the NAIC bulletin as referenced above, please amend the letter to provide clear disclosure addressing the guaranteed renewable nature of the policy/coverage and that the insured should understand that premium rates may increase again in the future. And at the direction of our senior management, we also ask that the reference to The Virginia Bureau of Insurance be changed to the Virginia State Corporation Commission which is more accurate as to the approval process within the state.**

   Please see the documents with titles beginning with "VA Group 3 Policyholder Letter…" under the Supporting Documentation for the requested policyholder letters. The update can be found in the 5th paragraph on the 1st page for the letter corresponding to the 1st stage of the rate increase. The updates have been incorporated into the letter for stages 2 through 4 as well.

5. **Is the Coverage Change Request from attached to the policy if the insured makes any change in the policy? If that is true, the form must be submitted for review and approval.**

   The Coverage Change Request form is not attached to the policy if the insured makes any changes in the policy. Once the completed form is received by the Company, the policy changes are processed and a confirmation letter is provided to the policyholder. Although the form is not attached to the policy, we have submitted a version of the Coverage Change Request form for your approval. The Statement of Variability, Certificate of Readability, and the Certification of Compliance can be found under the Supporting Documentation tab.

6. **Is the policy updated with the use of an endorsement form if the insured make any changes as noted in the policyholder letter? If so, that form must be submitted for review and approval. If such a form is already in use, please provide us with its SERFF tracking number, approval date and form number. If the policy is updated with a new Schedule of Benefits, please provide evidence the policies were approved with such variability.**

   In the event that a policyholder requests any benefit changes to be made to their policy, the Policy Schedule (form number 10-PS-Q) is updated to reflect the benefit changes. The filing was submitted in paper form and approved under Submission No 007 0000020897 on 10/22/2003. An example of the form has been attached to our response.

7. **The company will provide sufficient detailed data regarding the development of the morbidity assumptions, especially at older attained ages, including recent emerging experience as well as details regarding the underlying consultant data and comparisons to the SOA data.**

   We have included a comparison of the Company's incidence rate to the SOA Intercompany study released in June 2011 below. Our incidence rates are significantly lower compared to similar products in the SOA study.

Comprehensive Experience		
Attained Age Cohort	**Allianz**	**SOA Intercompany**
60-64	0.10%	0.28%
65-69	0.19%	0.58%
70-74	0.46%	1.32%
75-79	1.20%	2.96%
80-84	3.18%	6.70%
85-90	6.65%	14.35%
90+	12.00%	20.53%

Facility Only Experience		
Attained Age Cohort	**Allianz**	**SOA Intercompany**
60-64	0.18%	0.09%
65-69	0.29%	0.20%
70-74	0.54%	0.59%
75-79	1.10%	1.50%
80-84	2.75%	3.54%
85-90	6.62%	7.28%
90+	11.70%	12.22%

The incidence rates for older ages are developed using company's own claim experience. In general, this data is credible up to age 75. Older ages are adjusted using data based our consultant's industry experience and is reviewed against the SOA Intercompany study for reasonableness. Please let me know if you have any additional question. I (Ouling Lu) can be reached at 763-765-7735.

8. **The company will provide projected future experience using original pricing assumptions on all filings.**

   Please see the attached exhibit titled "Experience Exhibit - Original Pricing Assumptions". The historical information is based on actual experience and projected experience uses original pricing assumptions.

9. **The company will provide a demonstration that the company's claim reserve assumptions are not overly conservative, including how the reserves have run off versus actual claim payments over the course of several years.**

   Please see the attached exhibit titled "Hindsight Claims Analysis" for the requested information. The exhibit analyzes the sufficiency/deficiency of the claim reserve balances for the previous 5 calendar years. Based on the results provided, the Company's reserve balance has proven to be reasonable in relation to claims paid.

10. **The company will update all exhibits with actual experience through December 31, 2013.**

    Please see the response to question 2 for the requested information.

11. **The company will provide an updated status of state approvals of the rate increase.**

    Please see the exhibit titled "Approvals Grid as of 12/19/2014" for the requested information. We have just received an approval for 100% rate increase in Illinois.

12. **The company will attach a copy of the policy notification of the 100% rate increase and implementation schedule to Supporting Documentation and provide a sample copy of any letter that may be sent out subsequently at each implementation period.**

    Please see the documents with titles beginning with "VA Group 3 Policyholder Letter…" under the Supporting Documentation for the requested policyholder letters.

13. **Any changes to the policy to reduce the impact of the rate increase via a policy endorsement or amendment must be submitted for review and approval.**

    As noted in our response to question 5, we have attached our version of the Coverage Change Request form for the State's approval.

14. **Upon approval of the rate increase, the three year reporting requirement as set forth in 14 VAC5-200-153 D 3 will be reviewed for appropriateness and subject to change.**

    The Company agrees to provide updated experience exhibits as set forth by 14 VAC5-200-153 D 3 annually for the next three years. In addition, the Company will provide updated experience exhibits at the State's request to satisfy the requirements outline above.

POLICY SCHEDULE

This section provides information that is specific to the benefits that you have chosen. Most of these terms are capitalized throughout this Contract to help you easily recognize them.

Policy Benefits	Facility Care Daily Benefit:	$ [100]
	Home and Community Care Daily Benefit:	$ [70]
	Benefit Period:	[5] years
	Maximum Caregiver Training Benefit:	$ [500]
	Maximum Lifetime Benefit:	$ [182,500]
	Elimination Period:	[90] days
[Rider Benefits	Comprehensive Monthly Indemnity Benefit	$ 250]
	[Home and Community Care Monthly Benefit	$ 2,100]
[Cost of Rider	Rider name(s)	$ cost of Rider(s)]
[Endorsement Benefits	[International Coverage Maximum Lifetime Benefit:	$ 51,100]
Cost of Benefits	Annualized cost for this policy without Rider or Endorsement Benefits:	[$ cost of policy]
	[Annualized cost for the Rider and/or Endorsement Benefits:]	[$ cost]
	[Total annualized cost of this policy with Rider and/or Endorsement Benefits:]	[$ cost]
Premium Summary	Mode of Payment:	[annual]
	Total Modal Premium:	$ [1,200]
	Total annual premium if Mode of Payment is:	
	annual	$ [1,200]
	monthly EFT	$ [1,252.80]
	quarterly	$ [1,272]
	semi-annual	$ [1,248]
General Policy Information	Policy Number:	[1234567]
	Insured:	[John Doe]
	Issue Age of Insured (age last birthday):	[50]
	[Insured Spouse:	Jane Doe]
	Effective Date:	[M/D/Y]
	Policy Schedule Date (this Policy Schedule replaces any previously issued Policy Schedule):	[M/D/Y]

Experience Exhibit - Original Pricing Assumptions

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 12/31/2013

Historical and Projected Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,998	$426,814	2.5%
2005	$39,752,811	$1,161,884	2.9%
2006	$62,159,481	$4,125,668	6.6%
2007	$71,296,618	$4,060,210	5.7%
2008	$71,825,589	$6,692,562	9.3%
2009	$70,264,417	$6,893,223	9.8%
2010	$68,533,577	$8,155,474	11.9%
2011	$67,072,605	$9,304,766	13.9%
2012	$66,017,854	$14,946,346	22.6%
2013	$64,805,696	$18,446,432	28.5%
2014	$62,126,675	$13,919,476	22.4%
2015	$59,444,516	$15,872,060	26.7%
2016	$56,761,769	$17,903,756	31.5%
2017	$54,083,028	$20,065,168	37.1%
2018	$51,414,459	$22,432,602	43.6%
2019	$48,762,079	$25,063,335	51.4%
2020	$46,131,046	$27,870,730	60.4%
2021	$43,526,707	$30,814,186	70.8%
2022	$40,955,612	$33,909,431	82.8%
2023	$38,425,175	$37,289,695	97.0%
2024	$35,942,366	$40,971,108	114.0%
2025	$33,513,076	$44,632,245	133.2%
2026	$31,142,950	$48,070,365	154.4%
2027	$28,838,295	$51,262,429	177.8%
2028	$26,605,961	$54,451,459	204.7%
2029	$24,452,362	$57,752,296	236.2%
2030	$22,382,843	$60,696,139	271.2%
2031	$20,402,065	$63,016,324	308.9%
2032	$18,514,610	$64,684,926	349.4%
2033	$16,724,937	$66,129,269	395.4%
2034	$15,036,995	$67,698,414	450.2%
2035	$13,453,464	$68,921,539	512.3%
2036	$11,975,803	$69,532,935	580.6%
2037	$10,604,505	$69,466,698	655.1%
2038	$9,339,350	$69,223,969	741.2%
2039	$8,179,735	$69,060,058	844.3%
2040	$7,123,962	$68,408,273	960.3%
2041	$6,169,183	$66,904,497	1084.5%
2042	$5,311,339	$64,507,168	1214.5%
2043	$4,545,563	$61,708,598	1357.6%
2044	$3,866,964	$58,656,842	1516.9%
2045	$3,270,072	$55,027,744	1682.8%
2046	$2,748,927	$50,734,253	1845.6%
2047	$2,296,930	$46,031,856	2004.1%
2048	$1,907,213	$41,447,666	2173.2%
2049	$1,573,682	$37,276,299	2368.7%
2050+	$4,706,955	$141,827,148	3013.1%

Present Values at 4.5%
Without Rate Increase

	Earned Premium	Incurred Claims	Loss Ratio
Historical*	$734,806,600	$85,135,342	11.6%
Projected Future**	$589,009,791	$794,605,378	134.9%
Lifetime Anticipated	$1,323,816,390	$879,740,720	66.5%

*Historical experience represents actual results through 12/31/2013
**Projected experience represents future results based on original pricing assumptions

Experience Exhibits - Original Pricing Assumptions

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 10-P-Q-VA
As of 12/31/2013

Historical and Projected Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$1,992	$0	0.0%
2004	$613,928	$0	0.0%
2005	$1,805,953	$0	0.0%
2006	$3,418,250	$699	0.0%
2007	$4,132,246	$145,215	3.5%
2008	$4,004,907	$82,092	2.0%
2009	$3,903,159	$6,276	0.2%
2010	$3,817,934	$49,608	1.3%
2011	$3,755,425	$1,102,916	29.4%
2012	$3,705,895	$541,032	14.6%
2013	$3,650,656	$244,304	6.7%
2014	$3,500,593	$763,556	21.8%
2015	$3,350,386	$872,738	26.0%
2016	$3,200,102	$985,531	30.8%
2017	$3,049,963	$1,104,502	36.2%
2018	$2,900,327	$1,234,223	42.6%
2019	$2,751,566	$1,379,047	50.1%
2020	$2,603,975	$1,536,122	59.0%
2021	$2,457,829	$1,701,658	69.2%
2022	$2,313,466	$1,872,108	80.9%
2023	$2,171,312	$2,056,779	94.7%
2024	$2,031,787	$2,261,468	111.3%
2025	$1,895,233	$2,471,932	130.4%
2026	$1,761,946	$2,671,327	151.6%
2027	$1,632,259	$2,848,704	174.5%
2028	$1,506,561	$3,022,658	200.6%
2029	$1,385,237	$3,207,258	231.5%
2030	$1,268,599	$3,381,846	266.6%
2031	$1,156,901	$3,524,745	304.7%
2032	$1,050,391	$3,617,924	344.4%
2033	$949,323	$3,692,038	388.9%
2034	$853,935	$3,777,325	442.3%
2035	$764,392	$3,854,718	504.3%
2036	$680,788	$3,904,109	573.5%
2037	$603,149	$3,899,807	646.6%
2038	$531,462	$3,877,423	729.6%
2039	$465,700	$3,867,871	830.5%
2040	$405,781	$3,844,381	947.4%
2041	$351,563	$3,777,094	1074.4%
2042	$302,823	$3,643,336	1203.1%
2043	$259,283	$3,480,258	1342.3%
2044	$220,667	$3,312,369	1501.1%
2045	$186,673	$3,120,340	1671.6%
2046	$156,982	$2,887,309	1839.3%
2047	$131,225	$2,618,143	1995.2%
2048	$109,006	$2,352,273	2157.9%
2049	$89,975	$2,113,619	2349.1%
2050+	$271,423	$8,177,695	3012.9%

Present Values at 4.5%
Without Rate Increase

	Earned Premium	Incurred Claims	Loss Ratio
Historical*	$40,014,420	$2,423,300	6.1%
Projected Future**	$33,272,714	$44,338,256	133.3%
Lifetime Anticipated	$73,287,134	$46,761,556	63.8%

*Historical experience represents actual results through 12/31/2013

Hindsight Claims Analysis

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series: 10-P-Q

A = Claim Reserve As of 12/31/2008	$10,395,728
B = Claim Reserve As of 12/31/2009 for Claims Incurred Prior to 12/31/2008	$9,753,973
C = 2009 Paid Claims for Claims Incurred prior to 12/31/2008	$3,115,392
D = A - (B + C) = Sufficiency/(Deficiency)	**($2,473,636)**

A = Claim Reserve As of 12/31/2009	$15,037,622
B = Claim Reserve As of 12/31/2010 for Claims Incurred Prior to 12/31/2009	$12,463,905
C = 2010 Paid Claims for Claims Incurred Prior to 12/31/2009	$4,259,706
D = A - (B + C) = Sufficiency/(Deficiency)	**($1,685,990)**

A = Claim Reserve As of 12/31/2010	$21,637,179
B = Claim Reserve As of 12/31/2011 for Claims Incurred Prior to 12/31/2010	$15,511,984
C = 2011 Paid Claims for Claims Incurred Prior to 12/31/2010	$5,797,412
D = A - (B + C) = Sufficiency/(Deficiency)	**$327,783**

A = Claim Reserve As of 12/31/2011	$25,355,653
B = Claim Reserve As of 12/31/2012 for Claims Incurred Prior to 12/31/2011	$18,164,973
C = 2012 Paid Claims for Claims Incurred Prior to 12/31/2011	$7,216,409
D = A - (B + C) = Sufficiency/(Deficiency)	**($25,730)**

A = Claim Reserve As of 12/31/2012	$32,387,940
B = Claim Reserve As of 12/31/2013 for Claims Incurred Prior to 12/31/2012	$25,388,502
C = 2013 Paid Claims for Claims Incurred Prior to 12/31/2012	$9,724,388
D = A - (B + C) = Sufficiency/(Deficiency)	**($2,724,950)**

Hindsight Claims Analysis

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series: 10-P-Q-VA

A = Claim Reserve As of 12/31/2008	$318,627
B = Claim Reserve As of 12/31/2009 for Claims Incurred Prior to 12/31/2008	$122,981
C = 2009 Paid Claims for Claims Incurred prior to 12/31/2008	$41,528
D = A - (B + C) = Sufficiency/(Deficiency)	**$154,118**

A = Claim Reserve As of 12/31/2009	$274,159
B = Claim Reserve As of 12/31/2010 for Claims Incurred Prior to 12/31/2009	$145,991
C = 2010 Paid Claims for Claims Incurred Prior to 12/31/2009	$50,115
D = A - (B + C) = Sufficiency/(Deficiency)	**$78,053**

A = Claim Reserve As of 12/31/2010	$550,253
B = Claim Reserve As of 12/31/2011 for Claims Incurred Prior to 12/31/2010	$84,057
C = 2011 Paid Claims for Claims Incurred Prior to 12/31/2010	$103,443
D = A - (B + C) = Sufficiency/(Deficiency)	**$362,753**

A = Claim Reserve As of 12/31/2011	$1,036,190
B = Claim Reserve As of 12/31/2012 for Claims Incurred Prior to 12/31/2011	$1,216,169
C = 2012 Paid Claims for Claims Incurred Prior to 12/31/2011	$155,504
D = A - (B + C) = Sufficiency/(Deficiency)	**($335,483)**

A = Claim Reserve As of 12/31/2012	$1,364,487
B = Claim Reserve As of 12/31/2013 for Claims Incurred Prior to 12/31/2012	$1,361,875
C = 2013 Paid Claims for Claims Incurred Prior to 12/31/2012	$271,399
D = A - (B + C) = Sufficiency/(Deficiency)	**($268,787)**

Approvals Grid as of 12/19/2014

Allianz Life Insurance Company of North America
Policy Form Series : 10-P-Q

State Name	State Abbreviation	Date Filed	Date Approved/Disapproved	Amount Requested	Amount Approved	Notes
				Generation Protector (10-P-Q)	Generation Protector (10-P-Q)	
Alabama	AL	10/29/2012	12/6/2012	25.0%	20.0%	
Alaska	AK	10/25/2012	11/16/2012	25.0%	25.0%	
Arizona	AZ	2/1/2013	3/27/2013	75.0%	75.0%	Refiled for 75%
Arkansas	AR	Not Filed				
California	CA	Not Filed		no inforce business	no inforce business	
Colorado	CO	5/17/2013	8/1/2013	25.0%	25.0%	Refiled due to timing of implementation
Connecticut	CT	5/20/2014	9/12/2014	25.0%	0.0%	
Delaware	DE	10/29/2012	3/15/2013	20.0%	15.0%	
Dist. of Columbia	DC	Not Filed				
Florida	FL	6/3/2014	11/25/2013	25.0%	7.3%	
Georgia	GA	10/31/2012	2/8/2013	25.0%	15.0%	
Hawaii	HI	10/31/2012	7/19/2013	25.0%	9.5%	
Idaho	ID	11/2/2012	2/21/2013	25.0%	10.0%	
Illinois	IL	11/6/2012	12/8/2014	100.0%	100.0%	Revised request to 100% implemented in four stages
Indiana	IN	Not Filed				
Iowa	IA	11/8/2012	9/10/2013	25.0%	15.0%	
Kansas	KS	10/29/2012	3/29/2013	25.0%	10.0%	
Kentucky	KY	11/7/2012	2/4/2013	25.0%	18.3%	Rate increase by issue age. 18.3% represents weighted average of inforce premium
Louisiana	LA	Not Filed				
Maine (Post RS)*	ME	11/15/2012	1/18/2013	25.0%	25.0%	Implemented over two year. 11.8% year one and 11.8% year two
Maine (Pre RS)**	ME	12/19/2012	4/3/2014	25.0%	23.5%	Implemented over two year. 11.1% year one and 11.1% year two
Maryland	MD	10/29/2012	11/13/2012	15.0%	15.0%	
Massachusetts	MA	Not Filed				
Michigan	MI	10/25/2012	11/26/2012	25.0%	25.0%	
Minnesota	MN	Not Filed				
Mississippi	MS	11/8/2012	3/11/2013	25.0%	25.0%	
Missouri (Post RS)*	MO	5/17/2013	7/16/2013	25.0%	25.0%	
Missouri (Pre RS)**	MO	6/5/2013	7/16/2013	25.0%	25.0%	
Montana	MT	10/25/2012	12/3/2012	25.0%	10.0%	
Nebraska	NE	10/31/2012	6/19/2013	25.0%	10.0%	
Nevada	NV	Not Filed				
New Hampshire	NH	12/7/2012	2/12/2013	25.0%	25.0%	
New Jersey (Post RS)*	NJ	3/20/2013	3/13/2014	25.0%	15.0%	
New Jersey (Pre RS)**	NJ	3/20/2013	3/13/2014	25.0%	15.0%	
New Mexico	NM	11/8/2012	2/13/2013	25.0%	0.0%	
New York	NY	Not Filed		no inforce business	no inforce business	
North Carolina	NC	11/21/2012	6/18/2013	25.0%	25.0%	
North Dakota	ND	10/31/2012	1/9/2013	25.0%	15.0%	
Ohio	OH	11/7/2012	4/23/2013	25.0%	25.0%	
Oklahoma	OK	11/8/2012	1/3/2013	25.0%	25.0%	
Oregon	OR	11/7/2012	3/26/2014	25.0%	25.0%	
Pennsylvania	PA	11/15/2012	2/12/2013	25.0%	20.0%	
Rhode Island	RI	Not Filed				
South Carolina	SC	11/5/2012	2/22/2013	25.0%	20.0%	
South Dakota	SD	11/7/2012	12/26/2012	25.0%	25.0%	
Tennessee	TN	11/7/2012	3/20/2013	25.0%	25.0%	
Texas	TX	5/6/2013	9/24/2013	75.0%	75.0%	Refiled for 75%
Utah	UT	Not Filed				
Vermont	VT	Not Filed				
Virginia	VA	11/7/2012		100.0%		Revised request to 100% implemented in four stages
Washington	WA	11/7/2012	4/12/2013	25.0%	25.0%	
West Virginia	WV	11/16/2012	1/30/2013	25.0%	25.0%	
Wisconsin	WI	11/7/2012	2/6/2013	25.0%	25.0%	
Wyoming	WY	10/23/2012	2/4/2013	25.0%	25.0%	

*Policies issued prior to adoption of the model regulation
**Policies issued on or after adoption of the model regulation

Allianz Life Insurance Company of North America
Statement of Variability
6/23/2015

Variable material is denoted by the use of brackets.
This endorsement will be mailed as a part of the rate increase to reflect years of rate guarantee after the rate increase, along with the modification to the inflation protection rider cancellation. Policyholder may receive the endorsement again to confirm their benefit reduction. In that case, only the benefit reduction message will print.

Policy Endorsement (95440)

Variable	Minimum	Maximum	Current	Effective	Comments
Font	N/A	N/A	Arial	N/A	Font displayed on final forms may vary due to printer configurations. Font sizing and layout will not change. If we opt to use a different font that is not a state-recognized font, we will prepare and submit any required filings at the time of the change.
Address and Phone Number	N/A	N/A	N/A	N/A	
Policy Number	N/A	N/A	N/A	N/A	Policy Specific
Owner	N/A	N/A	N/A	N/A	Policy Specific
Endorsement Effective Date	N/A	N/A	N/A	N/A	Policy Specific
Rate Guarantee Years	0	four	four	Rate increase effective date	Rate guarantee message will not print if not applicable or if there are no rate guarantees. Guarantee will start on the policy anniversary date of the rate increase. In a rate increase that is implemented in multiple stages, the guarantee will start from the effective date of the initial rate increase implementation and not the subsequent or the final stage of the implementation.
Rate Guarantee Years	0	fourth	fourth	Rate increase effective date	Rate guarantee message will not print if not applicable or if there are no rate guarantees. Guarantee will start on the policy anniversary date of the rate increase. In a rate increase that is implemented in multiple stages, the guarantee will start from the effective date of the initial rate increase implementation and not the subsequent or the final stage of the implementation.
Notification days prior to rate increase	75	120	75	Days prior to rate increase effective date	Minimum is 75 days
Schedule Page Replacement				Policy Specific	Print when benefit changes impact policy schedule

Benefit reduction message	N/A	N/A	N/A	Policy Specific	May include, but is not limited to, reduction in facility care daily benefit, home and community care benefit, cancellation of rider, increase in elimination period, and other benefit reductions elected by the policyholder. Message will reflect benefit reduction elected by the policyholder and is policy specific
Inflation Protection Rider	N/A	N/A	N/A	N/A	Policy Specific, inflation protection rider that is currently attached to the policy
Cancellation Provision	N/A	N/A	N/A	N/A	Will be removed if the policy has already been endorsement, or if the endorsement is used for the purpose to reflecting benefit reduction.
Cancellation provision endorsement timeline	120 days	1 year	120 days	this Endorsement Effective Date	Minimum and current is set to 120 days.
Additional Benefit Language					Generation Protector (besides Two Times Compound Plus Rider): returning to the original amounts Generation Protector (Two Times Compound Plus Rider): the Rider not being cancellable Generation Protector II: being forfeited
Cancellation Language				Policy Specific	For Generation Protector (besides Two Times Compound Plus Rider): “if you cancel the Rider, the daily benefits, and, if elected, monthly benefits, will return to the original amounts issued to you” For Generation Protector (Two Times Compound Plus Rider): “once issued, this Rider cannot be Cancelled” For Generation Protector II: “if you cancel the Rider you will forfeit all increases provided under the Rider”
Cancellation Language (Last Sentence)				Policy Specific	Generation Protector: “the daily benefits, and, if elected, monthly benefits, will return to the original amounts issued to you” Generation Protector II: “you will forfeit all increases provided under the Rider”
Name, Title, Signature of Officers	N/A	N/A	N/A	N/A	Name, Title, Signature of Officers may change.

Allianz Life Insurance Company of North America
Statement of Variability
5/18/2016

Variable material is denoted by the use of brackets. This Coverage Change Request Form will be mailed along with the GPR and GP2 Policyholder Notification Letters so that policyholders can make changes to their policy that will lower their premium rates.

Coverage Change Request Form (S2281)

Variable	Minimum	Maximum	Current	Effective	Comments
Font	N/A	N/A	Times New Roman	N/A	Font displayed on final forms may vary due to printer configurations. Font sizing and layout will not change. If we opt to use a different font that is not a state-recognized font, we will prepare and submit any required filings at the time of the change.
Owner First Name Owner Middle Name Owner Last Name Co-Owner First Name Co-Owner Middle Name Co-Owner Last Name Policy Number	N/A	N/A	N/A - Policy Specific	N/A	Policy Specific
Call Center Phone Number	N/A	N/A	800.789.6896	N/A	Phone number for our customer service representatives, which may change
Call Center Open Times	N/A	N/A	8:00 a.m. to 5:00 p.m. CST	N/A	Opening times for our customer service representatives, which may change
Latest Election Date	N/A	N/A	N/A - Policy Specific	N/A	The date until which the options under the Premium Increase Contingent Upon Lapse Rider are available to the policyholder.
Return of Premium Rider	N/A	N/A	or Return of Premium Rider	N/A	Benefit rider that may be available to a policyholder; however, as this benefit is not available in Virginia this benefit rider will not appear in any communication addressed to Virginia policyholders.

Allianz Life Insurance Company of North America
Statement of Variability
6/1/2016

Variable material is denoted by the use of brackets. This Policyholder Letter will be mailed to communicate the effects of the rate increase as well as policyholder options.

GPR Policyholder Letter (S2279-VA)

Variable	Minimum	Maximum	Current	Effective	Comments
Font	N/A	N/A	Times New Roman	N/A	Font displayed on final forms may vary due to printer configurations. Font sizing and layout will not change. If we opt to use a different font that is not a state-recognized font, we will prepare and submit any required filings at the time of the change.
Date Owner First Name Owner Middle Name Owner Last Name Owner Address L1 Owner Address L2 Owner City Owner State Owner Zip Owner Zip Rest Policy Number	N/A	N/A	N/A - Policy Specific	N/A	Policy Specific
Overall Increase %	0%	999%	N/A - Policy Specific	N/A	Aggregate new rate increase for the policy. Note that this will only reflect rate increase percentages approved by the Virginia BOI.
Overall Increase $	$0.00	$999,999.99	N/A - Policy Specific	N/A	Overall dollar increase in premium, which will be [adj'd billing4] – [Billed Premium]
Billed Premium	$0.00	$999,999.99	N/A - Policy Specific	N/A	Current modal premium for the policy
Bill Mode	N/A	N/A	N/A - Policy Specific	N/A	The current Bill Mode of the policy (e.g. Annually, Semi-annually, Quarterly, Monthly, etc).
anniversary1	N/A	N/A	N/A - Policy Specific	N/A	Policy anniversary when phase 1 of the rate increase will be effective following the minimum 75 days of notice of a rate increase.
adj'd billing1	$0.00	$999,999.99	N/A - Policy Specific	N/A	Modal premium after phase 1 of the rate increase.
anniversary2	N/A	N/A	N/A - Policy Specific	N/A	Policy anniversary when phase 2 of the rate increase will be effective following the minimum 75 days of notice of a rate increase.
adj'd billing2	$0.00	$999,999.99	N/A - Policy Specific	N/A	Modal premium after phase 2 of the rate increase
Call Center Phone Number	N/A	N/A	800.789.6896	N/A	Phone number for our customer service representatives, which may change
Return of Premium Rider	N/A	N/A	or Return of Premium Rider	N/A	Benefit rider that may be available to a policyholder; however, as this benefit is not available in Virginia this benefit rider will not appear in any communication addressed to Virginia policyholders.
Call Center Open Times	N/A	N/A	8:00 a.m. to 5:00 p.m. CST	N/A	Opening times for our customer service representatives, which may change

Individual's name	N/A	N/A	Stephen Kennedy	N/A	Name may change
Individual's title	N/A	N/A	Senior Vice President of Operations	N/A	Title may change
cc: Agent First Name Agent Middle Name Agent Last Name	N/A	N/A	N/A - Policy Specific	N/A	If the policyholder does not have an active agent on record, then we will not print these fields. If the policyholder does have an active agent on record, then we will print these fields based on policy-specific data.
Partnership status	N/A	N/A	N/A - Policy Specific	N/A	**If the policy does not have partnership status, then this line will not print.** **If the policy has partnership status, then the following line will print:** **(Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status, which may reduce policyholder protections.)**
COLA Reduction Message	N/A	N/A	N/A - Policy Specific	N/A	If the policy does not have a COLA rider, this entire bullet will not be printed. If the policy does have a COLA rider, the following will be printed (note there is additional variation bracketed below) • Until [COLA Vesting Date], you may cancel the [COLA Rider] while keeping the rider's accrued benefit increase percentages as of the time of cancellation. After the rider is cancelled, the applicable benefit amount(s) will no longer increase. [You also have the option to exchange the [COLA Rider] for [the 4% Lifetime Compound Benefit Increase Rider,] the 3% Lifetime Compound Benefit Increase Rider[, or the Simple Benefit Increase Rider].] Note that this offer is only available if we receive written notice requesting the change before [COLA Vesting Date]. **[Also, [reducing or] cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.]** Note that policyholders could have one of the following riders: 5% Lifetime Compound Benefit Increase Rider 4% Lifetime Compound Benefit Increase Rider 3% Lifetime Compound Benefit Increase Rider Simple Benefit Increase Rider Two Times Compound Benefit Increase Rider Two Times Compound Plus Rider
COLA Vesting Date	N/A	N/A	N/A - Policy Specific	N/A	The date until which the COLA vesting options under COLA Reduction Message are available to the policyholder. (Note: This will only print if COLA Reduction Message prints.)

COLA Rider	N/A	N/A	N/A - Policy Specific	N/A	The current COLA rider attached to the policy. Policyholders could have one of the following riders: 5% Lifetime Compound Benefit Increase Rider 4% Lifetime Compound Benefit Increase Rider 3% Lifetime Compound Benefit Increase Rider Simple Benefit Increase Rider Two Times Compound Benefit Increase Rider Two Times Compound Plus Rider (Note: This will only print if COLA Reduction Message prints.)
COLA Rider Exchange Message	N/A	N/A	N/A - Policy Specific	N/A	If the policy has a 5% Lifetime Compound Benefit Increase Rider, we will print the following message: You also have the option to exchange the 5% Lifetime Compound Benefit Increase Rider for the 4% Lifetime Compound Benefit Increase Rider, the 3% Lifetime Compound Benefit Increase Rider, or the Simple Benefit Increase Rider. If the policy has a 4% Lifetime Compound Benefit Increase Rider, we will print the following message: You also have the option to exchange the 4% Lifetime Compound Benefit Increase Rider for the 3% Lifetime Compound Benefit Increase Rider. If the policy does not have either the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider, then this message will not print.
COLA Partnership status	N/A	N/A	N/A - Policy Specific	N/A	**If the policy either does not have partnership status, or does not have a COLA rider, this message will not print.** **If the policy has partnership status, and either the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider then we will print (note there is additional variation bracketed below)** **Also, reducing or cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.** **If the policy has partnership status, but has a COLA rider apart from the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider then we will print (note there is additional variation bracketed below)** **Also, cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.**

Latest Election Date	N/A	N/A	N/A - Policy Specific	N/A	The date until which the options under the Premium Increase Contingent Upon Lapse Rider are available to the policyholder. As long as the riggers are met, the Premium Increase Contingent Upon Lapse Rider automatically becomes effective if the policy lapses within 120 days of the due date of the premium increase.

Allianz

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

VIRGINIA CERTIFICATION OF COMPLIANCE

The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
95440	Policy Endorsement

Date: 4/5/16

Steve Thiel, Vice President Actuary

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

VIRGINIA CERTIFICATION OF COMPLIANCE

The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
S2279-VA	Policyholder Rate Increase Notification Letter

Date: 4/5/16

Steve Thiel, Vice President Actuary

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

VIRGINIA CERTIFICATION OF COMPLIANCE

The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
S2281	Coverage Change Request Form

Date: 4/5/16

Steve Thiel, Vice President Actuary

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Title of Form Policy Endorsement

Policy Form Number 95440

I hereby certify that the Flesch reading ease score of the above policy form is 52. It contains 23 sentences, 409 words and 663 syllables. The type size of the text of the policy forms is Arial point type, 10 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Signature of an Officer of the Insurer

Steve Thiel Name (Print)

Vice President Actuary Title

4/5/16 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Title of Form Coverage Change Request Form

Policy Form Number S2281

I hereby certify that the Flesch reading ease score of the above policy form is 49. It contains 51 sentences, 640 words and 1,094 syllables. The type size of the text of the policy forms is Times New Roman point type, 12/14 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Signature of an Officer of the Insurer

Steve Thiel Name (Print)

Vice President Actuary Title

5/18/16 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Title of Form Policyholder Rate Increase Notification Letter

Policy Form Number S2279-VA

I hereby certify that the Flesch reading ease score of the above policy form is 50. It contains 161 sentences, 2,462 words and 4,123 syllables. The type size of the text of the policy forms is Times New Roman point type, 12/14 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Signature of an Officer of the Insurer

Steve Thiel Name (Print)

Vice President Actuary Title

6/1/16 Date

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Re: LTC RATE FILING 2012 – Group 3
SERFF Tracking Number: ALLB-128730838

Virginia Bureau of Insurance

April 6, 2016

Dear Elsie Andy and Janet Houser,

Allianz would first like to thank the Bureau for reviewing our filing. We have the following response for the objection letters dated May 29, 2015 and June 1, 2015. We have included the original objections in bold and our responses below them for your convenience.

May 29, 2015 Objection Letter

1. ***One of the variable options is to reduce the benefit period. Please advise the minimum and maximum range for the number of years if the benefit period is reduced.***

   Policies were issued with benefit periods of 2, 3, 4, 5, or 8 years, or lifetime.

   For those policyholders who want to reduce the benefit period, the following options will made available depending on their current benefit period.

   a. Lifetime benefit period can reduce to 2, 3, 4, 5, or 8 year benefit period
   b. 8 year benefit period can reduce to 2, 3, 4, or 5 year benefit period
   c. 5 year benefit period can reduce to 2, 3, or 4 year benefit period
   d. 4 year benefit period can reduce to 2 or 3 year benefit period
   e. 3 year benefit period can reduce to 2 year benefit period
   f. 2 year benefit period cannot reduce

2. ***Please provide us with a copy of policy form 10-P-Q-VA.***

   Enclosed with this letter is a copy of our original Generation Protector filing from 2003, which includes policy form 10-P-Q-VA. Note that policy form 10-P-Q-VA was approved on 10/22/2003.

June 1, 2015 Objection Letter

3. ***The Virginia State Corporation Commission recently adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commission's website at http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748.***

   Because this rate filing remains under review, it is questionable the proposed rate increase would be approved prior to the revised regulations taking effect on policies renewing on or after September 1, 2015. As a result, the company will need to submit for review policyholder notification letters in compliance with the requirements of 14VAC5-200-75, as revised. Because the letters must be "filed", please attach the amended letters to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance and a Readability Certification.

Enclosed with this letter is a revised policyholder notification letter to comply with the requirements listed above. The letter has been attached to the Form Schedule tab in SERFF. A statement of variability, certification of compliance, and readability certification are also enclosed with this letter as required.

Enclosed with this letter is the Coverage Change Request form which is also being filed for approval as we do not believe this form has been approved for use in Virginia. The Coverage Change Request form has been attached to the Form Schedule tab in SERFF. A statement of variability, certification of compliance, and readability certification for the Coverage Change Request form are enclosed with this letter.

Allianz will notify policyholders at least 75 days prior to the effective date of the rate increase in accordance with 14VAC5-200-75 D.

An updated endorsement (form number 95540) is enclosed with this letter and has been attached to the Form Schedule tab in SERFF. A statement of variability, certification of compliance, and readability certification are also enclosed with this letter as required for the updated endorsement.

Due to the complexity that the Supporting Documentation has become on SERFF, we have attempted to make the approval of these forms as simple as possible by removing old policyholder notification letters, statements of variability, readability certifications, and certifications of compliances which are no longer applicable. We hope this will make your review easier.

OnBase Topsheet

Order - chronological (oldest on bottom, newest on top)

OnBase file prepared by:	Tammy Smasal
Date prepared:	21-Oct-04
Line of Business	Long Term Care
Product Name:	Generation Protector
State:	VA

Scanned by:	
Date:	
Verified:	
QR'd	

Check filed forms	Form Numbers:	State specific
X	10-P-Q	-VA
X	10-PS-Q	
X	10-OC-Q	-VA
X	10-A	-VA
X	10-R1	
X	10-R2	
X	10-R3	
X	10-R4	
X	10-R5	
X	10-R6	
X	10-R7	-VA
X	10-R8	-VA
X	10-R9	
X	10-R10	
X	10-R11	
X	10-R12	
X	10-R13	
X	10-R14	
X	10-R15	
X	10-R16	
X	10-R17	
X	10-R18	
X	10-R19	
X	10-R20	
X	10-R21	
X	10-E-1	-VA
X	10-E-2	
X	10-E-3	
X	10-CB	
X	10-CR	

X	
X	Paper Filing

	SERFF filing:
	Print all items
	Ensure that only the latest version of the forms are in the file since the approved forms are not identified

Following must be included in all files:

X	Actuarial Memorandum
X	Outline of Coverage
X	Emails pertaining to the filing
X	Confidential Approval form
N/A	Check (copy) if applicable

N/A	Forms smaller than 1/2 page of a regular page (8 1/2 by 11inches) must be taped to a regular page
X	Staples removed

Comments:

Tammy Smasal

10/23/2003 10:20 AM

To: Barb Quello/allianzlife@AZLIFE, Jill Reeck/allianzlife@AZLIFE, Karen Moessner/allianzlife@AZLIFE, Dan Schneider/allianzlife@AZLIFE

cc: Heidi Boll/allianzlife@AZLIFE, Tim Conklin/allianzlife@AZLIFE, Leah Hammond/allianzlife@AZLIFE, Kris Horstman/allianzlife@AZLIFE, Chris Jansen/allianzlife@AZLIFE, Lisa Koski/allianzlife@AZLIFE, Jason Linn/allianzlife@AZLIFE, Russell Nelson/allianzlife@AZLIFE, Greg Spaeth/allianzlife@AZLIFE, Patty Wuensch/allianzlife@AZLIFE, Dorothy Ellerbroek/allianzlife@AZLIFE, Brian St. Martin/allianzlife@AZLIFE, Kelly Biegler/allianzlife@AZLIFE, Eric Hawkinson/allianzlife@AZLIFE, Martin Kline/allianzlife@AZLIFE, Dan Nitz/allianzlife@AZLIFE, Crissy Oestreich/allianzlife@AZLIFE, Todd Petit/allianzlife@AZLIFE, Lisa Schaub/allianzlife@AZLIFE, Wes Hatlestad/allianzlife@AZLIFE, Sara Ose/allianzlife@AZLIFE, Sandy Manos/allianzlife@AZLIFE, Jack Ponsford/allianzlife@AZLIFE

Subject: Confidential Approval of VA Generation Protector

GOOD NEWS!! We have received the following product approval:

General Information:

Product: Generation Protector

State: Virginia

Approval Date: 10/22/2003

Does Approval Include Advertising: Yes

Total Approvals to Date: 44

Submission & Approval Chart.c

Corporate Marketing Communications:

Personal Worksheet: WS1-VA (suitability required)

VA Personal Worksheet compare.c

Potential Rate Increase Disclosure: PRD-VA

VA Potential Rate Increase Disclosure compare

Outline:

VA 10-OC-Q-VA.do 10-OC-Q-VA Compare.d

Things You Should Know...: generic

Important Notice...: generic

Replacement Form: generic

Add'l State Specific App. Packet Forms: None

Marketing:

Illustration: state-specific

VA Illustration compare.d

Brochure Insert: No

State Variations:

VA-guide.doc

Automation:

VA 10-P-Q-VA.doc

Policy Schedule: generic

Riders and Endorsements: generic, except for Accelerated Premium Rider (10-R7-VA), Shortened Benefit Rider (10-R8-VA), and Contingent Benefit Upon Lapse Endorsement (10-E-1-VA).

Misc. Notes of Interest:

None.

Once you have implemented your piece of this approval, if applicable, please "reply all" indicating such (e.g. app. packet has been created, routed, and received final sign-off; software is complete; ID3 is ready to accommodate indicated state variations; policy and riders are in policy assembly; etc...). If you have any questions, please contact me at X32804.

Long Term Care Insurance

VIRGINIA

Generation Protector

REQUIREMENTS FOR VIRGINIA

All advertisements must be submitted to Compliance for review and approval. Advertisements (that are not "agent only") are required to be submitted to insurance departments by Compliance for approval before they are used.

- Complaint Notice NB 3020N must be included in policy assembly.
- There is a state-specific personal worksheet (WS1-VA). The 45-day notice of premium increase was replaced with 60 days.
- There is a state-specific potential rate increase disclosure (PRD-VA). The 45-day notice of premium increase was replaced with 60 days.
- The tax disclosure language on the face page of the policy and outline was revised to read as follows: "This Contract is intended to qualify for favorable tax treatment. As such, it must meet certain federal standards, in addition to all applicable standards in the state in which this Contract was issued or issued for delivery. If you have any questions regarding the tax qualifications of this Contract, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor."
- The "Renewal Conditions" provision on the face page of the policy, and the "Terms Under Which the Company May Change Premiums" provision in the outline, was revised to indicate that we will notify the insured at least 60 days, rather than 45 days, before their premium changes.
- The "Check Your Application" provision on the face page of the policy, and the "Caution" provision on the face page of the outline, was revised to delete the 30-day timeframe in which the insured must notify us of incorrect responses.
- The "Licensed Health Care Practitioner" definition in the policy and outline was revised to delete the following language: "Neither the Licensed Health Care Practitioner nor any Immediate Family Member of the Licensed Health Care Practitioner can be an owner or in any way control the operation of a Nursing Facility in which you receive care or treatment unless authorized by the Company."
- The "Maintenance or Personal Care Services" definition in the policy and outline was revised to read as follows: "Services provided primarily to give needed assistance to you as a result of your being Chronically Ill. 'Personal care' means the provision of hands-on services (Substantial Assistance) to assist you with the Activities of Daily Living. 'Maintenance' means continual supervision (Substantial Supervision) to protect you from threats to health or safety due to a Severe Cognitive Impairment."
- The "Substantial Assistance" definition in the policy and outline was revised to read as follows: "Hands-on assistance without which you would not be able to safely and completely perform the ADL. Hands-on assistance means the physical assistance (minimal, moderate, maximal) of another person."

- The first bullet under the "Reinstatement due to Chronic Illness" provision under the Policy Administration section in the policy was expanded to include that proof of chronic illness must be certified by a Licensed Health Care Practitioner.

- The following "Payor of Last Resort" provision was added to the policy under the Claim Procedures section: "The Department of Medical Assistance will be the Payor or Last Resort."

- The order of the outline of coverage was revised.

- Section 3. Other insurance information in the application was revised to move the following statement, along with its own response blocks, to the "Agent's Statement": "Agent must list all health insurance including long term care policies sold to the applicant(s) which: are still in force; and were sold in the last five years but are no longer in force."

- The "Medical History - Part I" section of the application was revised to delete the following sentence: If any questions in Part I of the Medical History are answered "Yes," you are not eligible for coverage."

- The signature page of the application was revised to add the following: "The undersigned proposed insured(s) and agent certify that the proposed insured(s) has read, or that the agent has read to the proposed insured(s), the completed application and realizes that any false statement or misrepresentation in this application may result in the loss of coverage under the policy."

- The Accelerated Premium Rider was revised to indicate that the company will notify the insured at least 60 days, rather than 45 days, before the insured's premium changes.

- The Shortened Benefit Rider was revised to add the following to the "Maximum Shortened Benefit Period Amount" definition: "The Maximum Shortened Benefit Period Amount may be adjusted subsequent to being initially granted only as necessary to reflect changes in claims, persistency, and interest as reflected in changes in rates for premium paying contracts approved by the Commissioner of Insurance for the same contract form."

- The Contingent Benefit Upon Lapse Endorsement was revised to add the following to the "Contingent Benefit Upon Lapse" provision: "Benefits paid by the insurer while the policy is in premium paying status and in paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status."

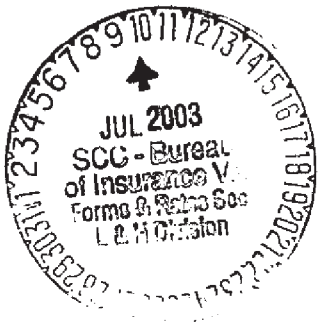
FORMS APPROVED

Form #	Description of Form	Approval Date
10-P-Q-VA	QUALIFIED POLICY	10/22/03
10-PS-Q	QUALIFIED POLICY SCHEDULE PAGE	10/22/03
10-OC-Q-VA	QUALIFIED OUTLINE OF COVERAGE	10/22/03
10-A-VA	APPLICATION	10/22/03
10-R1	3% LIFETIME COMPOUND BENEFIT INCREASE RIDER	10/22/03
10-R2	4% LIFETIME COMPOUND BENEFIT INCREASE RIDER	10/22/03
10-R3	5% LIFETIME COMPOUND BENEFIT INCREASE RIDER	10/22/03
10-R4	TWO TIMES COMPOUND BENEFIT INCREASE RIDER	10/22/03
10-R5	SIMPLE BENEFIT INCREASE RIDER	10/22/03
10-R6	LIMITED PAY RIDER	10/22/03
10-R7-VA	ACCELERATED PREMIUM RIDER	10/22/03
10-R8-VA	SHORTENED BENEFIT RIDER	10/22/03
10-R9	CALENDAR DAY ELIMINATION PERIOD RIDER	10/22/03
10-R10	HOME & COMMUNITY CARE MONTHLY BENEFIT RIDER	10/22/03
10-R11	WAIVER OF HOME & COMMUNITY CARE ELIMINATION PERIOD RIDER	10/22/03
10-R12	HOME & COMMUNITY CARE MONTHLY INDEMNITY BENEFIT RIDER	10/22/03
10-R13	COMPREHENSIVE MONTHLY INDEMNITY BENEFIT RIDER	10/22/03
10-R14	RETURN OF PREMIUM UPON DEATH RIDER	10/22/03
10-R15	FULL RETURN OF PREMIUM UPON DEATH RIDER	10/22/03
10-R16	RESTORATION OF BENEFITS RIDER	10/22/03
10-R17	MARRIED DISCOUNT RIDER	10/22/03
10-R18	SPOUSAL DISCOUNT RIDER	10/22/03
10-R19	SPOUSAL SHARED CARE RIDER	10/22/03
10-R20	SPOUSAL WAIVER OF PREMIUM RIDER	10/22/03
10-R21	SPOUSAL SURVIVORSHIP RIDER	10/22/03
10-E-1-VA	CONTINGENT BENEFIT UPON LAPSE ENDORSEMENT	10/22/03
10-E-2	FACILITY CARE ONLY POLICY ENDORSEMENT	10/22/03
10-E-3	INTERNATIONAL COVERAGE BENEFIT ENDORSEMENT	10/22/03
10-CB	CONSUMER BROCHURE	07/10/03
10-CR	CAMERA READY ADVERTISING	07/10/03
10-M1 & 10-M1(A)	CONSUMER MAILER	09/12/03

Last Updated: 10/23/03 9:29 AM

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

July 7, 2003



Bureau of Insurance
Life & Health Division
Forms and Rates Section
PO Box 1157
Richmond, VA 23218

RE: Allianz Life Insurance Company of North America / NAIC #90611
FEIN #41-1366075
Advertising Material for use with Long Term Care Insurance Policy 10-P-Q-VA, et al
Submitted: May 21, 2003; Submission #: 007 0000020897

10-CB	**Consumer Brochure**
10-CR	**Camera Ready Advertising Piece**

The above referenced long term care advertising materials are being submitted for your review and approval. These forms are new and do not supersede any previously filed forms.

Form 10-CB is a consumer brochure. **Form 10-CR** is a camera-ready advertising piece. Please note, the marketing name of the product is Generation Protector.

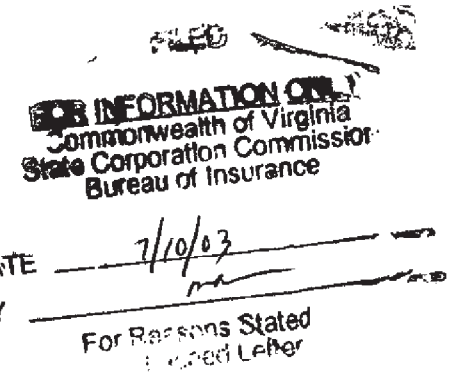
To the best of our knowledge and belief, the above forms conform to all State Insurance Statutes, Regulations and Department requirements.

Please use the enclosed copies to acknowledge approval. Do not hesitate to call me with any questions you may have at 800-328-5601, extension **32804**. Thank you for your consideration.

Sincerely,

Tammy Smasal

Tammy Smasal
Sr. Compliance Analyst
Product/Forms Filing Compliance
E-mail: tammy_smasal@allianzlife.com
Fax: 763/582-6495



10/31/03

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE

P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
http://www.state.va.us/scc

October 28, 2003

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416-1297
Attn: TAMMY SMASAL
SENIOR COMPLIANCE ANALYST

RE: YOUR SUBMISSION DATED AUGUST 21, 2003
Submission No: 007 0000020897
Form No: 10-P-Q-VA, ET AL.

Dear Ms. Smasal:

As indicated in our letter dated 09/30/03, we referred the rate filings for the forms mentioned above to another examiner to continue his review of the rate matters. We have completed our review and the premiums are deemed reasonable in relation to the benefits.

The above captioned forms have been approved for use in the Commonwealth of Virginia effective 10/22/03. Should you have any further questions, please let us know.

Please refer to the Submission Number noted above when corresponding with us, and verify that your company's NAIC number is displayed prominently on all correspondence.

Sincerely,

Elsie B. Andy

Elsie B. Andy
Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No. (804) 371-9072

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Allianz

August 21, 2003

Mr. Robert Grissom, Sr. Insurance Market Examiner
Bureau of Insurance
Life & Health Division
Forms and Rates Section
PO Box 1157
Richmond, VA 23218

RE: Allianz Life Insurance Company of North America/NAIC #90611
Our Submission Dated May 21, 2003
Submission No: 7/20897

Dear Mr. Grissom:

In response to your correspondence dated July 18, 2003, your concerns are restated and addressed below in the order they were presented.

Pursuant to 14 VAC 5-200-77 B 2 b, please provide an explanation for supporting subdivision 2 a of this subsection, including a description of the margin for moderately adverse experience that is included in the premium rates; and a description of the testing of pricing assumptions that was done to support the conclusion that the filed premium rates are sustainable over the life of the form.

In accordance with 14 VAC 5-200-77 B 2 b, the actuarial memorandum has been revised to add a subsection K. under Section X. Actuarial Assumptions. This subsection lists the tests performed for moderately adverse conditions. Premium rates which would apply without the margin for moderately adverse experience would be 8% lower than the premium rates shown in the attachments.

Pursuant to 14 VAC 5-200-77 B 2 e, please provide a complete description of the basis for contract reserves that are anticipated to be held under the form. This should include sufficient detail or sample calculations provided so as to have a complete description of the reserve amounts to be held.

In accordance with 14 VAC 5-200-77 B 2 e, the actuarial memorandum has been revised to add an Attachment 5 and Exhibits 1 and 2. Attachment 5 provides a description of the basis for contract reserves, and Exhibits 1 and 2 provide sample calculations. In addition, Section X.G of the actuarial memorandum has been revised to incorporate language with respect to the attachment and exhibits.

Pursuant to 14 VAC 5-200-77 B 2 f, please provide a statement that the premium rate schedule is not less than the premium rate schedule for existing similar policy forms also available from the insurer except for reasonable differences attributable to benefits. If this can't be provided, please provide a comparison of the premium rate schedules that are currently available with an explanation of the differences.

Please refer to the Actuarial Certification (Section XII) in the actuarial memorandum. The statement that you reference above appears as #7.

Pursuant to 14 VAC 5-200-77 B 3, please be sure that the actuarial memorandum includes a description of the basis on which the long term care insurance premium rates were determined; a description of the basis for the reserves; a summary of the types of policy benefits, renewability, general marketing method, and limits on ages of issuance; a description and a table of each actuarial assumption used. For expenses, please include a percentage of premium dollars per policy and dollars per unit of benefits, if any. Please also include a description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives; the estimated average annual premium per policy, and the average issue age; a statement that includes a description of the types of underwriting used, such as medical underwriting or functional assessment underwriting.

After reviewing all of the items listed above, the actuarial memorandum has been revised to add a subsection L. under Section X. Actuarial Assumptions. This subsection discusses the basis on which premium rates were determined. All of the other points are in the memorandum or have been addressed in your first two concerns above. Please feel free to call me if you need more information with respect to any of the items in the memorandum.

Please use the enclosed copies to acknowledge approval. Do not hesitate to call me with any questions you may have at 800-328-5601, extension **36179**. Thank you for your consideration.

Sincerely,

Martin Kline, F.S.A., M.A.A.A.
Assistant Actuary
E-mail: martin_kline@allianzlife.com

Response to VA 4 points

1) The tests performed for moderately adverse conditions are listed in section X.K of the actuarial memorandum. Premium rates which would apply without the margin for moderately adverse experience would be 8% lower than the premium rates shown in the attachments.
2) A description of the basis for contract reserves is provided in Attachment 5 and sample calculations are provided in Exhibits 1 and 2. Section X.G of the actuarial memorandum has been modified to incorporate these attachments and exhibits.
3) The statement that the premium rate schedule is not less than the premium rate schedule for existing similar policy forms also available from the insurer except for reasonable differences attributable to benefits is provided in the certification of the actuarial memorandum.
4) After reviewing all of the items listed in point 4, section X.L has been added. Section X.L discuses the basis on which premium rates were determined. All of the other points were in the memorandum or have been addressed in points 1 and 2. Please feel free to call me if you need more information about any of the items in the memorandum.

Tammy Smasal

08/20/2003 11:31 AM

To: Crissy Oestreich/allianzlife@AZLIFE
cc: Greg Spaeth/allianzlife@AZLIFE, Karen Moessner/allianzlife@AZLIFE, Sue Kumpula/allianzlife@AZLIFE, Heidi Boll/allianzlife@AZLIFE, Kelly Biegler/allianzlife@AZLIFE, Kris Horstman/allianzlife@AZLIFE
Subject: Urgent - Green Job Request - VA

This email is to notify you of the following job request.

Product Name: Generation Protector
State: VA
Form Number: 10-A-VA

Requested Changes:
Revise Section 3. Other insurance information to move "Agent must list..." paragraph to "Agent's statement" along with its own response blocks. I will bring a mocked-up copy of the application down to you.

Reason: Objection received from DOI

Request Type: Green

Request Key:
Green = Variation must be created, no alternative is possible.
Yellow = Variation must be created - however an alternative may be possible. (ie insert etc) Meeting is necessary to discuss alternatives. If no response is received within 24 hours, this request will be considered Green.
Red = Variation necessary - additional communication necessary, destruction of supply may be necessary. A meeting is necessary to discuss rollout plan. CMC will NOT proceed until further direction is given.

Additional Comments: None

8/1/03

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE

P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
http://www.state.va.us/scc

July 18, 2003

Allianz Life Insurance Company Of North America
1750 Hennepin Avenue
Minneapolis, MN 55403
Attn: Tammy Smasal
Compliance Analyst

Re: Your Submission Dated May 21, 2003
Submission No: 7/20897

Dear Ms. Smasal:

I am responding to the submitted rates in the above referenced submission. Elsie Andy of this Section has previously responded to the form concerns. The rates were reviewed under the new rating methodology in Virginia's long term care regulation. This was done based on a review of the submitted actuarial memorandum.

A review of the submitted actuarial memorandum indicates that they it will need to be modified as indicated below.

Pursuant to 14 VAC 5-200-77 B 2 b, please provide an explanation for supporting subdivision 2 a of this subsection, including a description of the margin for moderately adverse experience that is included in the premium rates; and a description of the testing of pricing assumptions that was done to support the conclusion that the filed premium rates are sustainable over the life of the form.

Pursuant to 14 VAC 5-200-77 B 2 e, please provide a complete description of the basis for contract reserves that are anticipated to be held under the form. This should include sufficient detail or sample calculations provided so as to have a complete depiction of the reserve amounts to be held.

Pursuant to 14 VAC 5-200-77 B 2 f, please provide a statement that the premium rate schedule is not less than the premium rate schedule for existing similar policy forms also available from the insurer except for reasonable differences attributable to benefits. If this can't be provided, please provide a comparison of the premium rate schedules for similar policy forms that are currently available with an explanation of the differences.

Pursuant to 14 VAC 5-200-77 B 3, please be sure that the actuarial memorandum includes a description of the basis on which the long-term care insurance premium rates were determined; a description of the basis for the reserves; a summary of the type of policy benefits, renewability, general marketing method, and limits on ages of issuance; a description and a table of each actuarial assumption used. For expenses, please include a percentage of premium dollars per policy and dollars per unit of benefits, if any. Please also include a description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives; the estimated average annual premium per policy, and the average issue age; a statement that includes a description of the types of underwriting used, such as medical underwriting or functional assessment underwriting.

Please feel free to provide a revised actuarial memorandum by email.

When corresponding with us concerning this submission, please refer to the Submission Number noted above. Please also verify that your company's NAIC number is displayed prominently on all correspondence. Thank you for your courtesy and consideration in this matter.

Yours Truly,

Robert F. Grissom
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No. (804) 371-9152
bgrissom@scc.state.va.us

Rec'd 8/11/03 Sjm

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE

P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
http://www.state.va.us/scc

August 6, 2003

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
1750 HENNEPIN AVENUE
MINNEAPOLIS, MN 55403
Attn: TAMMY SMASAL
COMPLIANCE ANALYST

RE: YOUR SUBMISSION DATED JULY 7, 2003
Submission No: 007 0000021131
Form No: 10-CB, 10-CR

Dear Ms. Smasal:

The above captioned advertising material was received in our office and filed with the Commission on 07/10/03.

Since it is the company's responsibility to ensure that advertising complies with rules and regulations applicable in Virginia, we have not reviewed this filing for approval or disapproval.

We are returning to you one copy stamped, "FILED FOR INFORMATION ONLY".

Yours Truly,

Mary Ann Mason

Mary Ann Mason, FLMI, AIE
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No. (804) 371-9348

Letter ID:R501-D591

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

July 7, 2003

Bureau of Insurance
Life & Health Division
Forms and Rates Section
PO Box 1157
Richmond, VA 23218

RE: Allianz Life Insurance Company of North America / NAIC #90611
FEIN #41-1366075
Advertising Material for use with Long Term Care Insurance Policy 10-P-Q-VA, et al
Submitted: May 21, 2003; Submission #: 007 0000020897

10-CB	**Consumer Brochure**
10-CR	**Camera Ready Advertising Piece**

The above referenced long term care advertising materials are being submitted for your review and approval. These forms are new and do not supersede any previously filed forms.

Form 10-CB is a consumer brochure. **Form 10-CR** is a camera-ready advertising piece. Please note, the marketing name of the product is Generation Protector.

To the best of our knowledge and belief, the above forms conform to all State Insurance Statutes, Regulations and Department requirements.

Please use the enclosed copies to acknowledge approval. Do not hesitate to call me with any questions you may have at 800-328-5601, extension **32804**. Thank you for your consideration.

Sincerely,

TLS

Tammy Smasal
Sr. Compliance Analyst
Product/Forms Filing Compliance
E-mail: tammy_smasal@allianzlife.com
Fax: 763/582-6495

10/2/03

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE

P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
http://www.state.va.us/scc

September 30, 2003

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416-1297
Attn: TAMMY SMASAL
SENIOR COMPLIANCE ANALYST

RE: YOUR SUBMISSION DATED AUGUST 21, 2003
Submission No: 007 0000020897
Form Nos.: 10-P-Q-VA, et al.

Dear Ms. Smasal:

Thank you for the resubmission of the forms mentioned above.

The revisions made to the forms have resolved our previous concerns. As you are aware, the submission cannot be approved until the rates matters have been resolved. We received additional information concerning the rates matters from Mr. Martin Kline. We have forwarded this information to Mr. Robert Grissom to continue his review. We will keep you apprised of any development regarding this review.

Should you need clarification of any of the information contained in this letter, please contact the undersigned. When corresponding with us concerning this submission, please refer to the Submission Number noted above. Please also verify that your company's NAIC number is displayed prominently on all correspondence.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Elsie B. Andy

Elsie B. Andy
Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No. (804) 371-9072

9/30/03

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE

P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
http://www.state.va.us/scc

September 25, 2003

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416-1297
Attn: TAMMY SMASAL
SENIOR COMPLIANCE ANALYST

RE: YOUR SUBMISSION DATED AUGUST 21, 2003
Submission No: 007 0000020897
Form No: 10-P-Q-VA, et al.

Dear Ms. Smasal:

In accordance with § 38.2-316 E of the Code of Virginia, the review period applicable to the above submission is extended for an additional thirty (30) days from 09/25/03.

If you have any questions concerning this action, please contact the undersigned. Written correspondence relating to this submission should include the submission number noted above as well as the company's NAIC number.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Elsie B. Andy

Elsie B. Andy
Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No. (804) 371-9072

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

August 22, 2003

Ms. Elsie Andy, Insurance Market Examiner
Bureau of Insurance
Life & Health Division
Forms and Rates Section
PO Box 1157
Richmond, VA 23218

RE: Allianz Life Insurance Company of North America/NAIC #90611
Our Submission Dated July 7, 2003
Submission No: 007 0000020897
Form Nos: 10-P-Q-VA, et al

Dear Ms. Andy:

In response to your correspondence dated August 8, 2003, your concerns are restated and addressed below in the order they were presented.

...As such, we are requesting that the term "personal care" be defined for conformity with 14 VAC 5-200-50. As a suggestion, our objection would be resolved if the definition of "maintenance or personal care services" were expanded to include that personal care means the provision of hands-on services to assist an individual with activities of daily living.

In accordance with 14 VAC 5-200-50, the "Maintenance or Personal Care Services" definition in the policy has been revised to read as follows: "Services provided primarily to give needed assistance to you as a result of your being Chronically Ill. 'Personal care' means the provision of hands-on services (Substantial Assistance) to assist you with the Activities of Daily Living. 'Maintenance' means continual supervision (Substantial Supervision) to protect you from threats to health or safety due to a Severe Cognitive Impairment." The outline of coverage has been revised in this same manner. Duplicate copies of the revised policy and outline are enclosed.

...Question 1 should be expanded to conform with the requirements of Subdivisions A 2 a and A 2 b of 14 VAC 5-200-110. As a follow-up to my telephone conversations today with Sandy Manos of your office, in order for the response blocks appearing as part of the agent's statements to satisfy the regulatory requirements of both 14 VAC 5-200-110 A and 14 VAC 5-200-110 B, language would have to be added differentiating the applicant's responses from the agent's responses.

In accordance with 14 VAC 5-200-110 B, the following statement, "Agent must list all health insurance including long term care policies sold to the applicant(s) which: are still in force; and were sold in the last five years but are no longer in force," which previously appeared under Section 3. Other insurance information has been moved to the "Agent's statement" on the last page of the application, along with its own response blocks. Duplicate copies of the revised application are enclosed.

To the best of our knowledge and belief, the above forms conform to all State Insurance Statutes, Regulations and Department requirements.

Please use the enclosed copies to acknowledge approval. Do not hesitate to call me with any questions you may have at 800-328-5601, extension **32804**. Thank you for your consideration.

Sincerely,

Tammy Smasal
Sr. Compliance Analyst
Product/Forms Filing Compliance
E-mail: tammy_smasal@allianzlife.com
Fax:763/582-6495

rec'd 8/15/03

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE

P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
http://www.state.va.us/scc

August 8, 2003

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416-1297
Attn: TAMMY SMASAL
SENIOR COMPLIANCE ANALYST

RE: YOUR SUBMISSION DATED July 7, 2003
Submission No: 007 0000020897
Form Nos.: 10-P-Q-VA, et al.

Dear Ms. Smasal:

The above submission, received in this office on 07/11/03, is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Thank you for the resubmission of the forms mentioned above. The revisions to the forms have resolved most of the previous objections but we have two remaining concerns.

We noted your comment regarding the term "maintenance or personal care services"; however, our objection remains. The term "personal care" is introduced by and integral to the term "maintenance or personal care services". As such we are requesting that the term "personal care" be defined for conformity with 14 VAC 5-200-50. As a suggestion, our objection would be resolved if the definition of "maintenance or personal care services" were expanded to include that personal care means the provision of hands-on services to assist an individual with activities of daily living.

Thank you for the clarification regarding the placement of the agent's statements as required by 14 VAC 5-200-110 B. The resolution of our prior concern results in a new concern regarding the first question appearing in Section 3 as it relates to the existence of another long-term care policy in the last 12 months. Question 1 should be expanded to conform with the requirements of Subdivisions A 2 a and A 2 b of 14 VAC 5-200-110. As a follow-up to my telephone conversations today with Sandy Manos of your office, in order for the response blocks appearing as part of the agent's statements

to satisfy the regulatory requirements of both 14 VAC 5-200-110 A and 14 VAC 5-200-110 B, language would have to be added differentiating the applicant's responses from the agent's responses.

We shall be glad to reconsider this submission upon receipt of revised forms to correct the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

When corresponding with us concerning this submission, please refer to the Submission Number noted above. Please also verify that your company's NAIC number is displayed prominently on all correspondence.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Elsie B. Andy

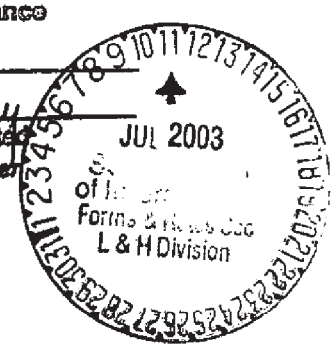
Elsie B. Andy
Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No. (804) 371-9072

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

July 7, 2003

DISAPPROVED

Commonwealth Of Virginia
State Corporation Commission
Bureau Of Insurance
DATE 8/8/03
BY Elsie B. Andy
For Reasons Stated
In Attached Letter



Ms. Elsie Andy, Insurance Market Examiner
Bureau of Insurance
Life & Health Division
Forms and Rates Section
PO Box 1157
Richmond, VA 23218

RE: Our Submission Dated May 21, 2003
Submission No: 007 0000020897
Form Nos: 10-P-Q-VA, et al

Dear Ms. Andy:

In response to your correspondence dated June 20, 2003, your concerns are restated and addressed below in the order they were presented.

The following three comments apply to form 10-P-Q-VA.

The caution statement appearing on the first page of the policy should more closely mirror the language set forth in 14 VAC 5-200-80 C 2. Specifically, the notice should not set a 30-day time frame in which the insured should contact the company in the event that responses in the application are incorrect.

In accordance with 14 VAC 5-200-80 C 2, the "Check Your Application" provision on the face page of the policy has been revised to delete the 30-day time frame in which the applicant must notify the company of incorrect responses. The "Caution" provision on the face page of the outline of coverage has also been revised in this same manner. Duplicate copies of the revised policy and outline are enclosed.

The definition of hands-on assistance appearing within the definition of Substantial Assistance should more closely mirror the language set forth in 14 VAC 5-200-50.

In accordance with 14 VAC 5-200-50, the "Substantial Assistance" definition in the policy and outline of coverage has been revised to read as follows: "Hands-on assistance without which you would not be able to safely and completely perform the ADL. Hands-on assistance means the physical assistance (minimal, moderate, maximal) of another person." Duplicate copies of the revised policy and outline are enclosed.

The policy used the term personal care services. As such, the policy should define the term personal care consistent with the language set forth in 14 VAC 5-200-50.

The policy actually uses the term "Maintenance or Personal Care Services," which is a defined term.

...Please note that the text and the sequence of the text of the standard format for the outline of coverage are mandatory, unless otherwise specifically indicated. Please review the outline of coverage for regulatory conformity.

The outline of coverage has been revised to be consistent with the policy, as noted above. In addition, the sequence of the text has been revised in accordance with 14 VAC 5-200-200. Duplicate copies of the revised outline are enclosed.

The riders state that they are effective on the effective date of the policy. Please advise if the insured has the option to purchase riders after the effective date of the policy.

If an insured wishes to purchase additional riders, a new policy would have to be applied for, meaning a new application would have to be completed, which would require full underwriting, and then, if eligible, a new policy with a new issue age would be issued.

Please advise where the premium for the riders is expressed pursuant to 14 VAC 5-200-70 B.

In accordance with 14 VAC 5-200-70, please refer to the Policy Schedule (page 3, form 10-PS-Q). The premium charge associated with any elected riders will be set forth in the "Cost of Rider" section.

Form 10-R7 should state that the company will notify the insured in writing at least 60 days before changes in premium are effective pursuant to 14 VAC 5-200-75 E.

The Accelerated Premium Rider has been revised to indicate that the company will notify the insured at least 60 days, rather than 45 days, before the insured's premium changes. As a result of this revision, the form number of the rider has been revised to reflect a state-specific form (10-R7-VA). Duplicate copies of the revised rider are enclosed.

Pertaining to form 10-R8, 14 VAC 5-200-185 K 2 is applicable to qualified long term care insurance policies with level premiums. As such, the rider should state that the amount of the benefit may be adjusted subsequent to being initially granted only as necessary to reflect changes in claims, persistency, and interest as reflected in changes in rates for premium paying contracts approved by the commission for the same contract form. If the policy is not a level premium contract, please advise.

The Shortened Benefit Rider has been revised to add the following to the "Maximum Shortened Benefit Period Amount" definition: "The Maximum Shortened Benefit Period Amount may be adjusted subsequent to being initially granted only as necessary to reflect changes in claims, persistency, and interest as reflected in changes in rates for premium paying contracts approved by the Commissioner of Insurance for the same contract form." As a result of this revision, the form number of the rider has been revised to reflect a state-specific form (10-R8-VA). Duplicate copies of the revised rider are enclosed.

Form 10-E-1-VA should state that all benefits paid by the insurer while the policy is in premium paying status and in the paid up status will not exceed the maximum benefits which would be payable if the policy had remained in the premium paying status.

The Contingent Benefit Upon Lapse Endorsement has been revised to add the following to the "Contingent Benefit Upon Lapse" provision: "Benefits paid by the insurer while the policy is in premium paying status and in paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status." Duplicate copies of the revised endorsement are enclosed.

Your readability certification does not contain the number of words, syllable, and sentences as required by 14 VAC 5-110-60. Please include this information in your resubmission.

In accordance with 14 VAC 5-110-60, enclosed are duplicate copies of a readability certification that includes the number of words, syllables, and sentences.

Form WS1-VA should contain the direction (Check One) following the first question appearing in the Questions Related to Your Income section for conformity with 14 VAC 5-200-175 C 2.

In accordance with 14 VAC 5-200-175 C 2, the "Questions Related to Your Income" section of the personal worksheet has been revised to add the direction "Check One" to the first question. Duplicate copies of the revised personal worksheet are enclosed.

...Even though the form (PRD-VA) is neither approved nor disapproved, it should be consistent with regulatory requirements set forth in 14 VAC 5-200-75 D.

Form PRD-VA is consistent with the regulatory requirements set forth in 14 VAC 5-200-75 D.

The following to comments apply to form 10-A-VA.

The first question appearing in the Other insurance information section asks the applicant if he/she had another disability income policy in force in the last 12 months. Please advise how this question applies to a long term care insurance application.

This question appears in order to determine whether our policy will replace another disability income policy, or whether our policy would be duplicative to another disability income policy. Since disability income benefits may be similar to long term care benefits, we would want to know whether we are replacing or duplicating similar coverage.

The application should include statements with respect to the agent as required by 14 VAC 5-200-110 B.

In accordance with 14 VAC 5-200-110 B, please refer to Section 3. Other insurance information of the application (form 10-A-VA). Under question #4 appears the following language: "Agent must list all health insurance including long term care policies sold to the applicant(s) which: are still in force; and were sold in the last five years but are no longer in force."

...Forms filed for informational purposes (advertising materials) should be submitted separately from forms for which formal approval is sought. Upon the receipt of proper filing, we will acknowledge the submission under a separate submission number.

As required, the advertising materials will be submitted under separate cover.

To the best of our knowledge and belief, the above forms conform to all State Insurance Statutes, Regulations and Department requirements.

Please use the enclosed copies to acknowledge approval. Do not hesitate to call me with any questions you may have at 800-328-5601, extension **32804**. Thank you for your consideration.

Sincerely,

Tammy Smasal
Sr. Compliance Analyst
Product/Forms Filing Compliance
E-mail: tammy_smasal@allianzlife.com
Fax:763/582-6495

FORMS FILING COVER SHEET

POLICY FORMS FILED FOR USE AS **QUALIFIED TAX STATUS**

10-P-Q-VA	Long Term Care Insurance Policy
10-PS-Q	Long Term Care Insurance Policy Schedule Page
10-OC-Q-VA	Outline of Coverage for Long Term Care Insurance Policy
10-R1	3% Lifetime Compound Benefit Increase Rider
10-R2	4% Lifetime Compound Benefit Increase Rider
10-R3	5% Lifetime Compound Benefit Increase Rider
10-R4	Two Times Compound Benefit Increase Rider
10-R5	Simple Benefit Increase Rider
10-R6	Limited Pay Rider
10-R7-VA	Accelerated Premium Rider
10-R8-VA	Shortened Benefit Rider
10-R9	Calendar Day Elimination Period Rider
10-R10	Home & Community Care Monthly Benefit Rider
10-R11	Waiver of Home & Community Care Elimination Period Rider
10-R12	Home & Community Care Monthly Indemnity Benefit Rider
10-R13	Comprehensive Monthly Indemnity Benefit Rider
10-R14	Return of Premium Upon Death Rider
10-R15	Full Return of Premium Upon Death Rider
10-R16	Restoration of Benefits Rider
10-R17	Married Discount Rider
10-R18	Spousal Discount Rider
10-R19	Spousal Shared Care Rider
10-R20	Spousal Waiver of Premium Rider
10-R21	Spousal Survivorship Rider
10-E-1-VA	Contingent Benefit Upon Lapse Endorsement
10-E-2	Facility Care Only Policy Endorsement
10-E-3	International Coverage Benefit Endorsement
10-A-VA	Application for Long Term Care Insurance

Allianz

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297
800-328-5601

CERTIFICATE OF READABILITY

POLICY FORM	FLESCH SCORE	Number of: WORDS	SYLLABLES	SENTENCES
10-P-Q-VA	50	8740	14,519	373
10-OC-Q-VA	50	6865	11,460	287
10-R1	69	1363	2038	60
10-R2	70	1378	2053	61
10-R3	69	1362	2035	61
10-R4	68	1415	2124	63
10-R5	72	1307	1911	62
10-R6	81	1187	1644	56
10-R7-VA	77	1268	1797	59
10-R8-VA	75	1286	1835	59
10-R9	78	1165	1647	53
10-R10	82	1095	1516	55
10-R11	74	1305	1881	59
10-R12	77	1284	1842	66
10-R13	77	1259	1821	66
10-R14	80	1161	1615	57
10-R15	79	1143	1613	58
10-R16	78	1131	1615	56
10-R17	82	1181	1610	55
10-R18	81	1222	1668	57
10-R19	75	1422	2029	66
10-R20	79	1265	1782	57
10-R21	79	1204	1696	53
10-E-1-VA	68	1612	2411	69
10-E-2	75	1238	1806	61
10-E-3	50	1670	2840	79
10-A-VA	50	2207	4044	330

It is hereby certified that each policy form listed above meets the minimum reading ease requirements for the state of Virginia.

The Flesch score was calculated using the text of the entire form. ("Text" is as defined by state regulations).

Each form, in my judgment, is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.

Suzanne Pepin

Date: July 8, 2003

Suzanne Pepin
Senior Vice President, Secretary and
Chief Legal Counsel

Dorothy Ellerbroek
07/07/2003 11:48 AM

To: Tammy Smasal/allianzlife@AZLIFE
cc:
Subject: Re: VA GenPro

It would have to be a new policy, ;with new issue age, and a new application w/full underwriting. IF the request for addl coverage is within 60 days, we will more likely use same medical information, and repeat minimal requirements (amend for a statement of good health may be sufficient in some cases).
Dorothy Ellerbroek

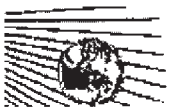
Tammy Smasal

Tammy Smasal
07/07/2003 11:27 AM

To: Dorothy Ellerbroek/allianzlife@AZLIFE
cc:
Subject: Re: VA GenPro

Thanks for the quick response. Just one more question: With respect to adding riders after the effective date of the policy, would the issue age be the same as the "old" policy? Or would the "new" policy have a new issue age? Let me know. Thanks,
Tammy

Dorothy Ellerbroek



Dorothy Ellerbroek
07/07/2003 11:22 AM

To: Tammy Smasal/allianzlife@AZLIFE
cc:
Subject: Re: VA GenPro

You are correct in your understanding on both those questions.

Dorothy Ellerbroek

Tammy Smasal

Tammy Smasal
07/07/2003 10:33 AM

To: Dorothy Ellerbroek/allianzlife@AZLIFE
cc: Cherrie Freeman/allianzlife@AZLIFE
Subject: VA GenPro

Hi Dorothy,
I'm working on an objection letter from VA on our GenPro filing, and the following inquiries are those on which I need your help:

- The riders state that they are effective on the effective date of the policy. Please advise if the insured has the option to purchase riders after the effective date of the policy.

  It's my understanding that in order to purchase additional riders, a whole new policy would have to be issued. Is this correct? If it is, would the issue age be the same as the "old" policy? Or would the "new" policy have a new issue age?

- The first question appearing in the Other insurance information section asks the applicant if he/she had another disability income policy in force in the last 12 months. Please advise how this question applies to a long term care insurance application.

It's my understanding that this question appears in order to determine whether our policy will replace another policy or whether our policy would be duplicative to another policy, and that disability income benefits may be similar to long term care benefits, so we would want to know whether we are replacing or duplicating coverage. Is this correct? If not, please advise why we ask this question.

Let me know if you have any questions. Thanks,
Tammy

Todd Petit
07/07/2003 12:21 PM

To: Tammy Smasal/allianzlife@AZLIFE
cc: Martin Kline/allianzlife@AZLIFE
Subject: Re: VA GenPro

Tammy,

I am fine with both of these changes.

Todd

Tammy Smasal

Tammy Smasal
07/07/2003 11:02 AM

To: Todd Petit/allianzlife@AZLIFE, Martin Kline/allianzlife@AZLIFE
cc:
Subject: VA GenPro

I'm working on an objection letter from VA on our GenPro filing, and the following objections are those on which I need your help:

- Pertaining to form 10-R8, 14 VAC 5-200-185 K 2 is applicable to qualified long term care insurance policies with level premiums. As such, the rider should state that the amount of the benefit may be adjusted subsequent to being initially granted only as necessary to reflect changes in claims, persistency, and interest as reflected in changes in rates for premium paying contracts approved by the commission for the same contract form. If the policy is not a level premium contract, please advise.

This objection is with respect to the Shortened Benefit Rider. Is it okay to add this language to the "Maximum Shortened Benefit Period Amount" definition? Attached is the rider with the language added (in red) so you can see how it looks.

Shortened Benefit Rider VA.d

- Form 10-E-1-VA should state that all benefits paid by the insurer while the policy is in premium paying status and in the paid up status will not exceed the maximum benefits which would be payable if the policy had remained in the premium paying status.

This objection is with respect to the Contingent Benefit Upon Lapse Endorsement. Is it okay to add this language to the "Contingent Benefit Upon Lapse" provision? Attached is the endorsement with the language added (in red) so you can see how it looks.

Contingent Benefit Upon Lapse Endorsement V/

Let me know if you have any questions. Thanks,
Tammy

6/27/03

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE

P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
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http://www.state.va.us/scc

June 20, 2003

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416-1297
Attn: TAMMY SMASAL
SENIOR COMPLIANCE ANALYST

RE: YOUR SUBMISSION DATED MAY 21, 2003
Submission No: 007 0000020897
Form Nos.: 10-P-Q-VA, et al.

Dear Ms. Smasal:

The above submission, received in this office on 05/27/03, is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

The following three comments apply to form 10-P-Q-VA.

The caution statement appearing on the first page of the policy should more closely mirror the language set forth in 14 VAC 5-200-80 C 2. Specifically, the notice should not set a 30-day time frame in which the insured should contact the company in the event that responses in the application are incorrect.

The definition of *hands-on assistance* appearing within the definition of *Substantial Assistance* should more closely mirror the language set forth in 14 VAC 5-200-50.

The policy uses the term *personal care services*. As such, the policy should define the term *personal care* consistent with the language set forth in 14 VAC 5-200-50.

We have neither reviewed nor taken any action on the outline of coverage. Even though the form is neither approved nor disapproved, the outline should be consistent with the policy provisions, statutory requirements, and the regulatory requirements of 14 VAC 5-200-200. Please note that the text and the sequence of text of the standard

format for the outline of coverage are mandatory, unless otherwise specifically indicated. Please review the outline of coverage for regulatory conformity.

The riders state that they are effective on the effective date of the policy. Please advise if the insured has the option to purchase riders after the effective date of the policy.

Please advise where the premium for the riders is expressed pursuant to 14 VAC 5-200-70 B.

Form 10-R7 should state that the company will notify the insured in writing at least 60 days before changes in premium are effective pursuant to 14 VAC 5-200-75 E.

Pertaining to form 10-R8, 14 VAC 5-200-185 K 2 is applicable to qualified long-term care insurance policies with level premiums. As such, the rider should state that *the amount of the benefit may be adjusted subsequent to being initially granted only as necessary to reflect changes in claims, persistency and interest as reflected in changes in rates for premium paying contracts approved by the commission for the same contract form.* If the policy is not a level premium contract, please advise.

Form 10-E-1-VA should state that all benefits paid by the insurer while the policy is in premium paying status and in the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in the premium paying status.

Your readability certification does not contain the number of words, syllables, and sentences as required by 14 VAC 5-110-60. Please include this information in your resubmission.

Form WS1-VA should contain the direction (Check One) following the first question appearing in the Questions Related to Your Income section for conformity with 14 VAC 5-200-175 C 2.

We did not review the Long-Term Care Insurance Potential Rate Increase Disclosure Form. As long as the form is a separate form (meaning not incorporated into another form that requires review), it will not be subject to review for approval or disapproval. Even though the form is neither approved nor disapproved, it should be consistent with regulatory requirements set forth in 14 VAC 5-200-75 D.

The following two comments apply to form 10-A-VA.

The first question appearing in the Other Insurance Information section asks the applicant if he/she had another disability income policy in force in the last 12 months. Please advise how this question applies to a long-term care insurance application.

The application should include statements with respect to the agent as required by 14 VAC 5-200-110 B.

We are returning the advertising materials to be submitted under separate cover for the purposes of filing for informational purposes only. (Forms filed for informational purposes should be submitted separately from forms for which formal approval is sought.) Upon the receipt of proper filing, we will acknowledge the submission under a separate submission number.

The rate filing has been referred to another examiner for review. We will keep you apprised of any developments regarding that review.

Upon subsequent review, other concerns may require attention.

We shall be glad to reconsider this submission upon receipt of revised forms to correct the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

When corresponding with us concerning this submission, please refer to the Submission Number noted above. Please also verify that your company's NAIC number is displayed prominently on all correspondence.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Elsie B. Andy

Elsie B. Andy
Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No. (804) 371-9072

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

DISAPPROVED
Commonwealth Of Virginia
State Corporation Commission
Bureau Of Insurance
DATE 6/20/03
BY
For Reasons Stated
In Attached Letter

May 21, 2003

State Corporation Commission
Bureau of Insurance
PO Box 1157
Richmond, VA 23218

RE: Allianz Life Insurance Company of North America / NAIC 90611 / FEIN #41-1366075
Long Term Care Insurance Policy 10-P-Q-VA, et al

Attached is a list of forms for your review and approval. All forms are new unless otherwise stated and do not supersede any previously filed forms. Our Company's licensed agents will sell all forms on a personal contact basis. Please be advised that we will be using the NAIC Buyer's Guide.

Form 10-P-Q-VA is a guaranteed renewable tax qualified long term care insurance policy. The policy will pay the actual charges incurred, up to the elected facility care daily benefit, for skilled, intermediate and custodial nursing care, while the insured is confined in a nursing facility or an assisted living facility. The policy will also pay the actual expenses incurred up to the home and community care daily benefit (70%, 100%, or 130% of the facility care daily benefit) for covered services such as professional nursing care, care by a home health aide, therapeutic care services, homemaker services, adult day care, and hospice care.

Eligibility for benefits is based on the inability to perform at least 2 out of 6 activities of daily living or severe cognitive impairment. Benefits are payable after the satisfaction of a 7, 30, 60, 90 or 180-day elimination period. Once the elimination period has been satisfied, no future elimination period will be required. Days may be accumulated under separate claims in order to satisfy the elimination period.

The policies will be issued to insureds age 18-84 (age last birthday). The daily benefit amount available ranges from $100 to $500 in increments of $10. The insured may elect a benefit period of 2, 3, 4, 5, or 8 years, or elect a lifetime benefit period

As described in the actuarial memorandum, discounted premiums will be available for endorsed groups, Allianz employees and agents, those who are married, and spousal contracts. Spousal coverage is available for two people who are married, live in the same household, and are both issued contracts. In the case of spousal coverage, each insured has their own individual policy so that all policy benefits, provisions, and eligibility rules will be applied separately for each insured.

Other benefits provided by the policy are as follows:

Bed Reservation Benefit - If the insured is eligible for benefit payments and confined in a nursing facility or an assisted living facility, we will continue to pay benefits if the insured becomes hospitalized or temporarily leaves the facility. This benefit is payable for a maximum of 60 days per calendar year.

Caregiver Training Benefit – If the insured is chronically ill, we will pay the expenses incurred for an informal caregiver to receive training to care for the insured, up to the maximum caregiver training benefit.

Respite Care Benefit – This benefit provides short term care to relieve family or friends who are providing care to the insured in the insured's home. If the insured is chronically ill, we will pay the actual daily charges incurred for each day of facility care, up to the facility care daily benefit elected, or the actual expenses incurred for each day of home and community care, up to the home and community care daily benefit elected. This benefit is payable for a maximum of 30 days per calendar year.

Alternative Plan of Care Benefit – An alternative plan of care is available if agreed to by the insured, the licensed health care practitioner, and the company. Services may include equipment purchases or rentals, permanent or temporary modifications to the insured's home (such as ramps or rails), or care services not normally covered under other benefit provisions.

Nursing Facility Recovery Benefit – If facility care daily benefits have been paid for at least 12 continuous months due to confinement in a nursing facility, and the insured is certified as no longer chronically ill, the contract will be paid-up.

Waiver of Premium Benefit – If the insured is eligible for benefit payments and the elimination period has been satisfied, we will waive each premium that comes due, according to the mode of premium in effect at the time the insured became eligible for benefits. Once the insured is no longer chronically ill, the waiver ends, and the insured is put back on schedule with the previous billing mode. When billing is back on schedule, regular billing resumes.

Care Coordination Advisor Benefit – The insured may choose to receive access to care management professionals who will work with the insured, his or her family, and his or her licensed health care practitioner to determine and monitor care. This includes assessment of the situation of the insured and investigation of available care resources. This service is not required for the insured to obtain benefits under the contract. If used, this service will not accumulate toward the maximum lifetime benefit.

Several optional riders are available for attachment to the policy.

Form 10-R1 is a 3% Lifetime Compound Benefit Increase Rider. This rider provides compound 3% inflation protection. Each year, the facility care daily benefit and home and community care daily benefit will be increased by 3% from the previous year's amount. The monthly indemnity benefit (if the comprehensive monthly indemnity benefit rider is elected) or the home and community care monthly indemnity benefit (if the home and community care monthly indemnity benefit rider is elected) will be increased by 3% from the previous year's amount. The remaining maximum lifetime benefit will be increased by 3%.

Form 10-R2 is a 4% Lifetime Compound Benefit Increase Rider. This rider provides compound 4% inflation protection. Each year, the facility care daily benefit and home and community care daily benefit will be increased by 4% from the previous year's amount. The monthly indemnity benefit (if the comprehensive monthly indemnity benefit rider is elected) or the home and community care monthly indemnity benefit (if the home and community care monthly indemnity benefit rider is elected) will be increased by 4% from the previous year's amount. The remaining maximum lifetime benefit will be increased by 4%.

Form 10-R3 is a 5% Lifetime Compound Benefit Increase Rider. This rider provides compound 5% inflation protection. Each year, the facility care daily benefit and home and community care daily benefit will be increased by 5% from the previous year's amount. The monthly indemnity benefit (if the comprehensive monthly indemnity benefit rider is elected) or the home and community care monthly indemnity benefit (if the home and community care monthly indemnity benefit rider is elected) will be increased by 5% from the previous year's amount. The remaining maximum lifetime benefit will be increased by 5%.

Form 10-R4 is a Two Times Compound Benefit Increase Rider. This rider provides compound 5% inflation protection. Each year, the facility care daily benefit and home and community care daily benefit will be increased by 5% from the previous year's amount. The monthly indemnity benefit (if the comprehensive monthly indemnity benefit rider is elected) or the home and community care monthly indemnity benefit (if the home and community care monthly indemnity benefit rider is elected) will be increased by 5% from the previous year's amount. The remaining maximum lifetime benefit will be increased by 5%.

Form 10-R5 is a Simple Benefit Increase Rider. This rider provides simple 5% inflation protection. Each year, the facility care daily benefit and home and community care daily benefit will be increased by 5% of the original amount issued to you. The monthly indemnity benefit (if the comprehensive monthly indemnity benefit rider is elected) or the home and community care monthly indemnity benefit (if the home and community care monthly indemnity benefit rider is elected) will be increased by 5% of the original amount issued to you. The remaining maximum lifetime benefit will also increase by the same proportion as the increase in the daily benefits.

Form 10-R6 is a Limited Pay Rider. If the insured is age 64 or younger on the policy effective date, once the insured has paid required premiums until the first policy anniversary following his or her 80th birthday, this rider provides a paid-up contract. For an insured age 65 or older on the policy effective date, once the insured has paid required premiums until the first policy anniversary after 15 policy years, this rider provides a paid-up contract.

Form 10-R7 is an Accelerated Premium Rider. If the insured is age 64 or younger on the policy effective date, this rider adjusts the premium to 1.4 times the amount that would have been paid without the rider for the first ten policy years. For policy years eleven through termination, the premium is adjusted to 0.7 times the amount that would have been paid without the rider. For an insured age 65 or older on the policy effective date, this rider adjusts the premium to 1.2 times the amount that would have been paid without the rider for the first ten policy years. For policy years eleven through termination, the premium is adjusted to 0.6 times the amount that would have been paid without the rider.

Form 10-R8 is a Shortened Benefit Rider. If the contract lapses after 3 years due to nonpayment of premium, this rider will continue coverage until the total of benefits paid, including benefits paid before lapse, equals the premiums paid. The benefit would never be less than thirty times the facility care daily benefit in effect at the time of lapse.

Form 10-R9 is a Calendar Day Elimination Period Rider. This rider credits, toward the elimination period, each day that the insured is chronically ill from the first day that the insured receives care.

Form 10-R10 is a Home and Community Care Monthly Benefit Rider. This rider pays the home and community care benefit on a monthly basis rather than on a daily basis.

Form 10-R11 is a Waiver of Home and Community Care Elimination Period Rider. This rider waives the requirement to satisfy the elimination period if the insured is receiving home and community care.

Form 10-R12 is a Home and Community Care Monthly Indemnity Benefit Rider. This rider provides a cash benefit in any month that a home and community care benefit payment is received.

Form 10-R13 is a Comprehensive Monthly Indemnity Benefit Rider. This rider provides a cash benefit in any month that a benefit payment is received.

Form 10-R14 is a Return of Premium Upon Death Rider. This rider returns all premiums paid, less any benefits paid, to the named beneficiary, or to the estate if no beneficiary has been designated, if the contract terminates because of the insured's death.

Form 10-R15 is a Full Return of Premium Upon Death Rider. This rider returns all premiums paid to the named beneficiary, or to the estate if no beneficiary has been designated, if the contract terminates because of the insured's death.

Form 10-R16 is a Restoration of Benefits Rider. If benefits have been paid and deducted from the maximum lifetime benefit, this rider restores the maximum lifetime benefit if, for a period of 180 consecutive days, the contract is in force, the insured is not receiving benefit payments, and the insured is no longer chronically ill. The maximum lifetime benefit may be restored an unlimited number of times.

Form 10-R17 is a Married Discount Rider. This rider provides a premium discount if the insured is married.

Form 10-R18 is a Spousal Discount Rider. This rider provides a premium discount if both the insured and an insured spouse, with whom the insured is living and to whom the insured is married, are issued contracts.

Form 10-R19 is a Spousal Shared Care Rider. This rider allows the insured to access the insured spouse's available benefits, up to the spousal shared care benefit amount, once the insured exhausts his or her maximum lifetime benefit. The spousal shared care benefit amount is calculated as the maximum lifetime benefit, less the total of all claims paid, less 365 times the facility care daily benefit in effect at the time of claim.

Form 10-R20 is a Spousal Waiver of Premium Rider. This rider waives the insured's premium as it comes due if the insured spouse is eligible for benefit payments and has satisfied the elimination period.

Form 10-R21 is a Spousal Survivorship Rider. This rider provides a paid-up contract if both insureds' contracts have been in force for ten policy years and then the insured spouse dies.

Form 10-E-1-VA is a Contingent Benefit Upon Lapse Endorsement. This endorsement will be included in all contracts that do not include the Shortened Benefit Rider. Each time premiums are increased above the level defined by the state as a "substantial premium increase," the insured may choose either a reduction of policy benefits so that premiums are not increased or a conversion of the policy to paid-up status with a shortened benefit period.

Form 10-E-2 is a Facility Care Only Policy Endorsement. This endorsement deletes any reference in the policy to "Home and Community Care," therefore making it a Facility Care Only Policy. This endorsement will only be used if an applicant does not meet our underwriting guidelines for both facility care and home and community care. In order to offer the applicant some level of coverage, we may offer facility care only coverage, thus the need for this endorsement.

Form 10-E-3 is an International Coverage Benefit Endorsement. This endorsement provides benefits if the insured is eligible for benefit payments and requires qualified long term care services while outside the fifty United States, the District of Columbia, or Canada. This endorsement will be attached to all policies.

Form 10-A-VA is the application for long term care insurance.

Form 10-OC-Q-VA is the outline of coverage. The outline of coverage provides a brief description of the important features of the policy and riders.

Form 10-CB is a consumer brochure. **Form 10-CR** is a camera-ready advertising piece. Please note, the marketing name of the product is Generation Protector.

For your information, as required by the Long Term Care Insurance Model Regulation, enclosed is a personal worksheet, **Form WS1-VA**, and a potential rate increase disclosure, **Form PRD-VA**. These forms will be provided upon solicitation and may be used with other products filed in the future.

We have added brackets around all information on the forms that may change in the future and also around information that is variable.

Additional items enclosed relevant to this filing are the Actuarial Memorandum, policy illustration, and other materials required by the Department.

The application and riders may be used with other forms filed in the future.

To the best of our knowledge and belief, the above forms conform to all State Insurance Statutes, Regulations and Department requirements.

Please use the enclosed copies to acknowledge approval. Do not hesitate to call me with any questions you may have at 800-328-5601, extension **32804**. Thank you for your consideration.

Sincerely,

Tammy Smasal
Sr. Compliance Analyst
Product/Forms Filing Compliance
E-mail: tammy_smasal@allianzlife.com
Fax:763/582-6495

FORMS FILING COVER SHEET

POLICY FORMS FILED FOR USE AS **QUALIFIED TAX STATUS**

10-P-Q-VA	Long Term Care Insurance Policy
10-PS-Q	Long Term Care Insurance Policy Schedule Page
10-OC-Q-VA	Outline of Coverage for Long Term Care Insurance Policy
10-R1	3% Lifetime Compound Benefit Increase Rider
10-R2	4% Lifetime Compound Benefit Increase Rider
10-R3	5% Lifetime Compound Benefit Increase Rider
10-R4	Two Times Compound Benefit Increase Rider
10-R5	Simple Benefit Increase Rider
10-R6	Limited Pay Rider
10-R7	Accelerated Premium Rider
10-R8	Shortened Benefit Rider
10-R9	Calendar Day Elimination Period Rider
10-R10	Home & Community Care Monthly Benefit Rider
10-R11	Waiver of Home & Community Care Elimination Period Rider
10-R12	Home & Community Care Monthly Indemnity Benefit Rider
10-R13	Comprehensive Monthly Indemnity Benefit Rider
10-R14	Return of Premium Upon Death Rider
10-R15	Full Return of Premium Upon Death Rider
10-R16	Restoration of Benefits Rider
10-R17	Married Discount Rider
10-R18	Spousal Discount Rider
10-R19	Spousal Shared Care Rider
10-R20	Spousal Waiver of Premium Rider
10-R21	Spousal Survivorship Rider
10-E-1-VA	Contingent Benefit Upon Lapse Endorsement
10-E-2	Facility Care Only Policy Endorsement
10-E-3	International Coverage Benefit Endorsement
10-A-VA	Application for Long Term Care Insurance
10-CB	Consumer Brochure
10-CR	Camera Ready Advertising

Allianz

Allianz Life Insurance Company of North America
[5701 Golden Hills Drive
Minneapolis, MN 55416-1297]
[800/328-5601]

CERTIFICATE OF READABILITY

POLICY FORM	FLESCH SCORE	POLICY FORM	FLESCH SCORE
10-P-Q-VA	50	10-R13	77
10-OC-Q-VA	50	10-R14	80
10-R1	69	10-R15	79
10-R2	70	10-R16	78
10-R3	69	10-R17	82
10-R4	68	10-R18	81
10-R5	72	10-R19	75
10-R6	81	10-R20	79
10-R7	77	10-R21	79
10-R8	75	10-E-1-VA	68
10-R9	78	10-E-2	75
10-R10	82	10-E-3	50
10-R11	74		
10-R12	77	10-A-VA	50

It is hereby certified that each policy form listed above meets the minimum reading ease score required by each of the following states:

CONNECTICUT
FLORIDA
GEORGIA
HAWAII
INDIANA
KENTUCKY
MAINE
MARYLAND
MASSACHUSETTS
MICHIGAN
MINNESOTA
MONTANA
NEBRASKA
NEVADA
NEW HAMPSHIRE
NEW JERSEY
NEW MEXICO
NORTH CAROLINA
NORTH DAKOTA
OHIO
OKLAHOMA
OREGON
SOUTH CAROLINA
SOUTH DAKOTA
TENNESSEE
TEXAS
VERMONT
VIRGINIA
WEST VIRGINIA
WISCONSIN

The Flesch score was calculated using the text of the entire form. ("Text" is as defined by state regulations).

Each form, in my judgment, is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.

Date: May 21, 2003

Vickie Hendrickson
Vickie J. Hendrickson
Assistant Vice President, Compliance

FS.doc

VIRGINIA

CERTIFICATE

RE: Form #: 10-P-Q-VA, et al

The Company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.1 of the Code of Virginia and the regulations promulgated pursuant thereto.

Suzanne Pepin

Date: May 21, 2003

Suzanne Pepin
Senior Vice President, Secretary
and Chief Legal Officer

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE

[illegible]	[illegible]	[illegible]
General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both. (Our system limits the number of characters to 20, including spaces, commas, hyphens, etc.)
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to, State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and NAIC number of the company for which the filing is made.
Forms		
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any policy, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define "Insurance Fraud". Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.
Readability certification	14 VAC 5-110-60	Readability certification is required.

[illegible]	[illegible]	[illegible]
LTC personal suitability worksheet	14 VAC 5-200-175-C 2	The LTC personal suitability worksheet must be submitted with the policy.
Entire consideration	§ 38.2-3500 A 1	The entire consideration is expressed in the policy.
Effective-Termination time	§ 38.2-3500 A 2	The time (clock time) the policy becomes effective or terminates is expressed in the policy.
DMAS Payor of last resort	§ 38.2-3500 A 7	Every accident and health policy must contain a statement indicating the Department of Medical Assistance Services as the payor of last resort.
Definition of eligible family members	§ 38.2-3500 C	
Renewal provision	14 VAC 200-70 A & 14 VAC 5-200-60 A	The regulation specifies the content of the renewability provision. The renewal provision must be either guaranteed renewable or noncancellable.
LTC Caution notice	14 VAC 5-200-80 C 2	Required language.
30-day free look	§ 38.2-5208 A	
Notice to buyer	14 VAC 5-200-170 A 3	Required language.
Policy Provisions		
General		
Entire contract	§ 38.2-3503 1	The provision defines the contents of the entire contract.
Grace period	§ 38.2-3503 3	The provision defines the grace period and length of the various acceptable grace periods.
	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Reinstatement	§ 38.2-3503 4	
	14 VAC 5-200-65 B	The regulation provides for an extended reinstatement period in the event of policy lapse due to cognitive impairment.
Notice of claim	§ 38.2-3503 5	
Claim forms	§ 38.2-3503 6	
Proof of loss	§ 38.2-3503 7	
Time payment of claims	§ 38.2-3503 8	The provision specifies **when** benefits will be paid.
Payment of claims	§ 38.2-3503 9	The provision specifies **to whom** benefits will be paid
Physical examinations and autopsy	§ 38.2-3503 10	
Legal actions	§ 38.2-3503 11	
Change of beneficiary	§ 38.2-3503 12	(For payment to beneficiaries, see Payment of Claims provision-§ 38.2-3503 9.)
Long term care incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE

[illegible]	[illegible]	[illegible]
Age Limit	§ 38.2-3513 A	If the policy establishes an age-limit after which coverage will no longer be effective, and if the date falls within a period for which a premium is accepted by the insurer or the insurer accepts a premium after the date, the coverage provided by the policy will continue in force until the end of the period for which the premium has been accepted.
	§ 38.2-3513 B	If the age of the insured has been misstated and the policy would not have been issued according to the correct age of the insured, the policy would not have become effective or would have ceased prior to the acceptance of the premium, then the liability of the insurer shall be limited to the refund of the premium paid for the period not covered by the policy.
Optional Provisions		
Change of occupation	§ 38.2-3504 1	
Misstatement of age	§ 38.2-3504 2	
Other insurance in this company	§ 38.2-3504 3	
Insurance with other company	§ 38.2-3504 4	
Unpaid premiums	§ 38.2-3504 7	
Conformity with state statutes	§ 38.2-3504 9	Must use "resides" language
Illegal occupation	§ 38.2-3504 10	
Intoxicants and narcotics	§ 38.2-3504 11	
Prohibited Provisions		
	§ 38.2-5203	Specified provisions prohibited in a long-term care policy.
	§ 38.2-5205	Prior institutionalization may not be a requirement to receive benefits.
	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
	§ 38.2-3405 A	No policy shall contain a provision regarding subrogation of any person's right to recovery for personal injuries from a third person.
	§ 38.2-3405 B	Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract. Motor vehicle no-fault law as referred in 14 VAC 5-200-60 B may not be part of a policy exclusion.
	§ 38.2-3405 C	The statute discusses exceptions to exclusions due to benefits payable under workers' compensation.
Minimum standards for home health care	14 VAC 5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.
LTC Policy Requirements		
Duration of benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.
Refund of premium for cancellation or termination of policy	§ 38.2-5202.1	Provides for the termination of the policy by the **insured** and for cancellation of the policy by the **insurer.**

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE

[illegible]	[illegible]	[illegible]
Preexisting condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included labeled as "Preexisting Condition Limitations".
Definitions	14 VAC 5-200-50	Certain terms defined.
UCR defined	14 VAC 5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Limitations and exclusions	14 VAC 5-200-60 B	
	§ 38.2-3504 11	Intoxicants and narcotics
Extension of benefits	14 VAC 5-200-60 C	
Required to offer inflation protection	14 VAC 5-200-100 A	
Signed acceptance for riders and amendments	14 VAC 5-200-70 B	All riders and/or endorsements that added to a policy after the date of issue that reduces, restricts, or eliminates benefits in the policy will require signed acceptance. Also, where a separate premium is charged for a rider or endorsement, the premium will be set forth in the policy, rider, or endorsement.
Disclosures		
	§ 38.2-5207	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.
	§ 38.2-5207 4	A tax-qualified plan must be definitively identified as such.
Rates		
	§ 38.2-5206	
	14 VAC 5-200-150	The regulation specifies the expected loss ratio.
	14 VAC 5-130-60 A and 130-60 B	The regulation specifies rate filing and actuarial memorandum requirements.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at http://www.state.va.us/scc/division/bor/webpages/administ.htm

The Life and Health Division, Forms and Rates Section handles individual long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE

I hereby certify that I have reviewed the attached individual long-term care filing and determined that it is in compliance with the individual long-term care checklist.

Signed: Tammy Smasal

Name (please print): Tammy Smasal

Company Name: Allianz Life Insurance Company of North America

Date: May 21, 2003 Phone No: 800/328-5601 Ext. 32804 FAX No: 763/582-6495

E-Mail Address: tammy_smasal@allianzlife.com

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE APPLICATIONS

[illegible]	[illegible]	[illegible]
General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both. (Our system limits the number of characters to 20, including spaces, commas, hyphens, etc.)
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to, State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and individual NAIC number of the company for which the filing is made.
Forms		
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any policy, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define "Insurance Fraud". Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.

[illegible]	[illegible]	[illegible]
	§ 38.2-305 A 1	Parties to contract must be named. (Provide for name of issuer, applicant(s), policyowner.)
Prohibited statements	§ 38.2-316 D 3	No form should contain any statement or question, which has the potential or capacity to encourage misrepresentation.
Medicaid eligibility	§ 38.2-508.3	Can't use Medicaid status as an insurability factor.
Inquiry for prior adverse underwriting decisions	§ 38.2-611	Any questions regarding prior adverse underwriting decisions must also inquire as to the reason for the adverse underwriting decisions.
Applicant/Agent certification	§ 38.2-3402	Certification by applicant and agent required with signature lines.
Direct Response	14 VAC 5-90-60 C 3	The disclosures contained therein must appear in all direct response applications whenever applicable.
	14 VAC 5-200-65 A 2	Specific provisions for payroll or pension deduction plan.
	14 VAC 5-200-80 B 1	Provides for listing of medications when applicable.
	14 VAC 5-200-80 C 1	Caution notice near applicant's signature.
	14 VAC 5-200-110 A	Questions for applicant.
	14 VAC 5-200-110 B	Statements for agents.
	14 VAC 5-200-175 C 2	Long-term care insurance personal worksheet must accompany application.
Privacy disclosure requirements (when applicable)		
Full notice of information practices	§ 38.2-604 B 1	The notice shall state whether personal information may be collected from persons other than an individual proposed for coverage.
	§ 38.2-604 B 2	The notice must specify the types of personal information that will be collected and the types of sources and investigative techniques that may be used.
	§ 38.2-604 B 3 § 38.2-613	The notice must specify the types of disclosures identified in § 38.2-613 and the circumstances under which disclosures may be used without prior authorization.
	§ 38.2-604 B 4 § 38.2-608 § 38.2-609	The notice must contain a description of the rights established under §§ 38.2-608 and 38.2-609 and the manner in which those rights may be exercised.
	§ 38.2-604 B 5	The notice must disclose that information obtained by the insurance-support organization may be retained by them and disclosed to other persons.
Abbreviated notice of information practices	§ 38.2-604 C 1	Personal information may be collected from persons other than an individual proposed for coverage.
	§ 38.2-604 C 2	Information, as well as other personal or privileged information, in certain circumstances, may be disclosed to third parties without authorization.
	§ 38.2-604 C 3	A right of access and correction exists with respect to all personal information collected.
	§ 38.2-604 C 4 § 38.2-604 B	The notice prescribed in § 38.2-604 B will be furnished to the applicant or policyholder upon request.

[illegible]	[illegible]	[illegible]
Authorization form contents	§ 38.2-606 1	The authorization must be written in plain language.
	§ 38.2-606 2	The authorization must be dated.
	§ 38.2-606 3	The authorization must specify the types of persons authorized to disclose information about the individual.
	§ 38.2-606 4	The authorization must specify the nature of the information authorized to be disclosed.
	§ 38.2-606 5	The authorization must identify the insurance institution and by generic reference representatives of the insurance institution to whom the individual is authorizing information to be disclosed.
	§ 38.2-606 6	The authorization must specify the purpose(s) for which the information is collected.
	§ 38.2-606 7	The authorization must specify the length of time such authorization shall remain valid.
	§ 38.2-606 8	The authorization must advise the individual or a person authorized to act on behalf of the individual that the individual or the individual's authorized representative is entitled to receive a copy of the authorization form.
Investigative consumer reports	§ 38.2-607 A 1	The authorization must state that the individual may request to be interviewed in connection with the preparation of the report.
	§ 38.2-607 A 2	The authorization must state that upon a request, pursuant to § 38.2-608, the individual is entitled to receive a copy of the report.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
http://www.state.va.us/scc/bfs/orfbor/webpages/administrativeltrs.htm

The Life and Health Division, Forms and Rates Section handles individual long-term care applications. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE APPLICATIONS

I hereby certify that I have reviewed the attached individual long-term care application filing and determined that it is in compliance with the individual long-term care checklist.

Signed: Tammy Smasal

Name (please print): Tammy Smasal

Company Name: Allianz Life Insurance Company of North America

Date: May 21, 2003 Phone No: 800/328-5601 Ext. 32804 FAX No: 763/582-6495

E-Mail Address: tammy_smasal@allianzlife.com

Allianz Life Insurance Company of North America
[5701 Golden Hills Drive
Minneapolis, MN 55416-1297
800/729-8505]

Allianz

TAX-QUALIFIED LONG TERM CARE INSURANCE POLICY

This Contract is intended to qualify for favorable federal tax treatment. As such, it must meet certain federal standards, in addition to all applicable standards in the state in which this Contract was issued or issued for delivery. If you have any questions regarding the tax qualifications of this Contract, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

We promise to pay the benefits described in this Contract, subject to all of its provisions. We make this promise and issue this Contract in consideration of the statements made in your signed application and your payment of the initial premium.

Renewal Conditions

THIS QUALIFIED LONG TERM CARE INSURANCE CONTRACT IS GUARANTEED RENEWABLE. To renew this Contract, you must pay the premium due by the premium due date or within the Grace Period or Unintended Lapse Protection extension. We cannot refuse to renew this Contract if the premium is paid on time. Premium rates are guaranteed not to change for the first five Policy Years. After the fifth Policy Year, the Company may change the premium rates for this Contract only if we base the premium change, by Class for everyone in your state, on the experience of this form. Any premium change will occur on the Policy Anniversary. We will notify you in writing at least 60 days before your premium changes.

Thirty Day Review Period

You may return this Contract within 30 days after receiving it if you are dissatisfied for any reason. You may return it to the agent from whom it was purchased or the Company. We will void this Contract and mail a refund of the premium you paid within 10 days of receipt.

Read This Contract Carefully

It is a legal contract between you and the Company.

Notice to Buyer

This Contract may not cover all of the costs associated with long term care incurred by you during the period of coverage. You are advised to carefully review all limitations.

This Contract is Not a Medicare Supplement Contract

If you are eligible for Medicare, you may request the Guide to Health Insurance for People with Medicare available from us.

Check Your Application

Caution – This Contract may not apply when you have a claim! Please read! The issuance of this long term care insurance Contract is based upon your responses to the questions on your application. A copy of your application is attached. If your responses are incorrect or untrue, we may deny benefits or rescind this Contract, subject to the Incontestability provision under the General Policy Provisions section. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your responses are incorrect, write or call us at [5701 Golden Hills Drive, Minneapolis, MN, 55416-1297 or 800/729-8505].

Effective Date

This Contract begins at 12:01 AM on the Effective Date shown on the Policy Schedule. This Contract ends at 12:01 AM according to the terms of this Contract.

Signed for the Company at Its Home Office on the Date of Issue

[ ]
[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[ ]
[Charles Kavitsky]
[President]

GUIDE TO POLICY BENEFITS AND PROVISIONS

A summary of your benefits follows. Please refer to the Policy Schedule for a list of the Riders which provide you with additional benefits.

GENERAL POLICY PROVISIONS

Entire Contract; Changes

The Entire Contract consists of this policy, the attached copy of the application, any attached Endorsements, and any attached Riders. We have issued this Contract in consideration of the application and initial premium. All statements made by you are considered representations and not warranties. Only our President together with our Secretary have the authority to make any changes in this Contract. No agent has authority to change this Contract or waive any of its provisions. Any Rider, Endorsement, or application which modifies, limits, or excludes coverage under this Contract must be in writing and signed by you, the insured, to be valid, except for those modifications required by law.

Incontestability

We issued this Contract based on the information you provided in the application. Any misrepresentation may cause this Contract to be voided or rescinded, or a claim to be denied.

If this Contract has been In Force for less than 6 months, upon a showing of misrepresentation that is material to the acceptance of coverage, we may rescind this Contract or deny an otherwise valid claim on this Contract.

If this Contract has been In Force for at least 6 months, but less than 2 years, upon a showing of misrepresentation that is both material to the acceptance of coverage and that pertains to the condition for which benefits are sought, we may rescind this Contract or deny an otherwise valid claim on this Contract.

After this Contract has been In Force for 2 years, it is not contestable upon the grounds of misrepresentation alone. After 2 years, this Contract may be contested only upon a showing that you knowingly and intentionally misrepresented relevant facts relating to your health.

Conformity with State Laws

Any provision of this Contract which, on its Effective Date, conflicts with the laws of the state in which you reside on that date is amended to conform to the minimum requirements of those laws.

Misstatement of Age

If your age was understated on the application, we will pay only such benefits as the premium paid would have purchased at the correct age. If your age was overstated on the application, we will refund any excess premium paid when we have been notified of this fact. Our liability is limited to refunding premium paid, if according to the correct age, this Contract would not have been issued.

DEFINITIONS

This section provides the meaning of special terms used throughout this Contract. Most of these terms are capitalized throughout this Contract to help you easily recognize them. Provision titles, section titles and terms used on the Policy Schedule are also capitalized for your convenience.

We, Our, Us or the Company

Allianz Life Insurance Company of North America (whether these terms are capitalized or not).

You, Your or Yourself

The person who is insured under this Contract, as shown on the Policy Schedule, and is solely entitled to exercise all rights of this Contract (whether these terms are capitalized or not).

Activities of Daily Living, ADLs

See the Eligibility for the Payment of Benefits section.

Adult Day Care

A program of services that includes:

- care for six or more individuals;
- health-related services;
- Maintenance or Personal Care Services; and
- recreational and social services provided during the day in a community group setting.

The purpose of such a program is to support frail, impaired, elderly, or other disabled adults who are not capable of full-time independent living, but do not require 24-hour institutional care and can benefit from care in a group setting outside the Home.

Assisted Living Facility

A facility licensed or certified with the appropriate state agency to provide the care described below, or, if not licensed or certified, a facility which is engaged primarily in providing ongoing care and related services in one location, and which meets all of the following criteria:

- has at least one trained staff member on duty 24 hours per day;
- provides continuous room and board;
- provides Maintenance or Personal Care Services required by residents due to their inability to perform the Activities of Daily Living or due to a Severe Cognitive Impairment;
- has formal arrangements for the services of a Physician or RN in case of an emergency; and
- has formal procedures in place to manage all medical emergencies and medical needs, including the handling and dispensing of prescription and non-prescription drugs and medical treatments.

Assisted Living Facilities do not include Hospitals or facilities otherwise excluded in this Contract.

Beneficiary

The person or persons or entity named on the application, if any, unless later changed in writing; or the person or persons or entity designated as such in a written notice to us. The Beneficiary, or your estate if no Beneficiary has been designated, will receive any unassigned benefit payments, unearned premium, or any Rider benefits due upon your death.

Benefit Period

The Benefit Period is shown on the Policy Schedule.

DEFINITIONS

Cancel, Cancelled, or Cancellation	The Termination of this Contract, per your written request. Cancellation is effective upon receipt of such request or on such later date specified in the request.
Chronically Ill, Chronic Illness	See the Eligibility for the Payment of Benefits section.
Class	A population segment with similar characteristics such as issue age, underwriting and rating classification, elected benefit options, or Elimination Period.
Contract	This policy, the attached copy of the application, any attached Endorsements, and any attached Riders are the Contract.
Effective Date	The date when coverage starts under this Contract. It is shown on the Policy Schedule. This date determines Policy Anniversaries and Policy Years.
Elimination Period	The period of time that must be satisfied before we will pay you benefits and is the number of days in which you: • must be Chronically Ill; • are receiving care in either a Nursing Facility or Assisted Living Facility, or are receiving Home and Community Care; and • are not receiving Benefit Payments under this Contract. The Elimination Period is shown on the Policy Schedule. Each day of covered services under this Contract counts toward the Elimination Period. The Elimination Period must only be satisfied once in your lifetime.
Endorsement	An attachment to this policy that may provide an additional benefit or amend this Contract.
Facility Care	Care provided to you in a Nursing Facility or an Assisted Living Facility.
Facility Care Daily Benefit	The dollar amount elected by you and shown on the Policy Schedule.
Home	Any place where you reside. A Home is not a Nursing Facility, Assisted Living Facility, Alzheimer's facility, hospice facility, or Hospital.
Home and Community Care	A program of services provided to you through Adult Day Care, Home Health Care, or Hospice Care.
Home and Community Care Daily Benefit	The dollar amount elected by you and shown on the Policy Schedule.
Home Health Aide	A person, other than an RN or nurse, who provides Maintenance or Personal Care Services under the supervision of a Home Health Care Agency. A Home Health Aide must be duly licensed or certified under state law, if any; and acting within the scope of his or her license or certification at the time the treatment or service is performed.

DEFINITIONS

Home Health Care

A program of medical and nonmedical services provided to ill, disabled, or infirm persons in their Home through a Home Health Care Agency. This includes professional nursing care by or under the supervision of an RN or nurse, care by a Home Health Aide, therapeutic care services by or under the supervision of a speech, occupational, physical, or respiratory therapist licensed under state law, if any, or incidental Homemaker Services.

Home Health Care Agency

A Hospital, agency, or other provider licensed, certified, or accredited under state law, if such licensing or accreditation is required, to provide Home Health Care.

Homemaker Services

Services or assistance with activities that are necessary to support your ability to remain in your Home, including assisting you with using the telephone, managing medications, moving about outside, shopping for essentials, preparing meals, doing your laundry, and light housekeeping. Such services must be:

- outlined in the Plan of Care;
- performed by the same individual providing Maintenance or Personal Care Services;
- incidental to the Maintenance or Personal Care Services; and
- provided during the same visit.

Hospital

An institution or facility that is:

- licensed as a Hospital by the proper authority of the state in which it is located; or
- accredited as a Hospital by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or
- operated as a Hospital pursuant to law.

Hospice Care

Services provided in the event that you are diagnosed with a terminal disease. Hospice Care helps you, your primary caregiver and your family member(s) with the physical, social, and spiritual needs brought about by your terminal illness.

Immediate Family Member

Includes your spouse; and your spouse's or your: daughter, daughter-in-law, son, son-in-law, parent, sister, brother, grandparent or grandchild.

In Force

The period between the Effective Date and Termination of this Contract.

Informal Caregiver

Any person designated by you to assist in the proper use and care of a therapeutic device or caregiving procedure. A person who is paid to care for you under this Contract cannot be an Informal Caregiver.

Lapse, Lapses, or Lapsed

Termination of this Contract due to insufficient premium payment. Refer to the Grace Period and Unintended Lapse Protection provisions under the Policy Administration section.

Licensed Health Care Practitioner

A person who is a Physician (as defined in section 1861(r)(1) of the Social Security Act), a Registered Professional Nurse, or a Licensed Social Worker.

The Licensed Health Care Practitioner must not be an Immediate Family Member.

DEFINITIONS

Licensed Social Worker

A person who is licensed by the state, if required, and acting within the scope of his or her professional responsibilities when providing an assessment indicating that you are Chronically Ill.

We will not recognize you or an Immediate Family Member as a Licensed Social Worker for claims that you make to us under this Contract.

Loss of Functional Capacity

The inability to perform the prescribed ADLs without the Substantial Assistance of another person.

Maintenance or Personal Care Services

Services provided primarily to give needed assistance to you as a result of your being Chronically Ill. "Personal care" means the provision of hands-on services (Substantial Assistance) to assist you with the Activities of Daily Living. "Maintenance" means continual supervision (Substantial Supervision) to protect you from threats to health or safety due to a Severe Cognitive Impairment.

Maximum Lifetime Benefit

The total amount we will pay in your lifetime for all benefits (other than the Waiver of Premium Benefit) provided by this Contract. The Maximum Lifetime Benefit is shown on the Policy Schedule. The Maximum Lifetime Benefit is calculated as the Facility Care Daily Benefit times the Benefit Period (in years) times 365.

Medicare

The program under the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 and any later amendments or substitutes thereof.

Nursing Facility

A facility or institution, either separate or a distinct part of another health care facility, other than a Hospital, which is licensed or certified by the appropriate state agency to provide the following such care as described:

- provides an organized, 24-hour program of services consistent with the needs of its residents under the supervision of a Physician;
- provides medical and nursing services, as needed, under the supervision of a Physician or RN; and
- maintains a daily medical record on each patient.

Nursing Facility does not include:

- convalescent homes, board and rest homes, homes for aged, residential care facilities, domiciliary and retired care facilities, or training centers; or
- government or veterans' facilities or any other facility where the patient is not required to pay.

Physician

A person who:

- is licensed to practice medicine and surgery and prescribe and administer drugs;
- is legally qualified as a medical practitioner and required to be recognized, under this Contract for insurance purposes, according to applicable state insurance laws; or
- meets the requirements of section 1861(r)(1) of the Social Security Act.

We will consider a person to be a Physician only when the person is performing tasks that are within the limits of the person's medical license, and such tasks are appropriate to the care of your Chronic Illness. We will not recognize you or an Immediate Family Member as a Physician for claims that you make to us under this Contract.

DEFINITIONS

Plan of Care	A written plan prescribed by a Licensed Health Care Practitioner developed in consultation with you, based upon an assessment indicating that you are Chronically Ill. The Plan of Care should recommend the frequency and type of Qualified Long Term Care Services most suitable to meet your need for Substantial Assistance or Substantial Supervision, and the most appropriate providers for such services. A Plan of Care must be confirmed in writing at least annually, or as often as reasonably necessary when changes to your Chronic Illness necessitate revisions to the Plan of Care to ensure your needs continue to be appropriately met. All Qualified Long Term Care Services covered under this Contract must be consistent with the Plan of Care.
Policy Anniversary	The day and month that corresponds to the day and month of the Effective Date that occurs on the same day and month in a specified year. The Effective Date is shown on the Policy Schedule.
Policy Schedule	The Policy Schedule shows specifics concerning Policy Benefits, Rider Benefits, Endorsement Benefits, Cost of Benefits, Premium Summary, and General Benefit Information.
Policy Year	The period starting on a Policy Anniversary and ending on the day before the next Policy Anniversary. This is prior to Termination of this Contract.
Qualified Long Term Care Services	Necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and Maintenance or Personal Care Services, which are required by a Chronically Ill individual and provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.
Registered Professional Nurse, RN	A duly licensed registered nurse acting within the scope of his or her license at the time the treatment or service is performed. We will not recognize you or an Immediate Family Member as a Registered Professional Nurse for claims that you make to us under this Contract.
Reinstate, Reinstated, or Reinstatement	To restore coverage after this Contract has Lapsed or as described in the Reinstatement provision under the Policy Administration section.
Renewal Premium	The Total Modal Premium due, based on the Mode of Payment, to keep this Contract In Force. The Total Modal Premium and the Mode of Payment are shown on the Policy Schedule.
Respite Care	Short term Maintenance or Personal Care Services to relieve an Informal Caregiver who is providing care to you in your Home.
Rider	An attachment to this policy that provides an additional benefit.
Severe Cognitive Impairment	See the Eligibility for the Payment of Benefits section.
Substantial Assistance	Hands-on assistance without which you would not be able to safely and completely perform the ADL. Hands-on assistance means the physical assistance (minimal, moderate, maximal) of another person.

DEFINITIONS

Substantial Supervision	Requiring continual supervision by another person to protect you or others from threats to health or safety as a result of a Severe Cognitive Impairment. Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations.
Termination, Terminate, Terminates, or Terminated	The date on which coverage under this Contract ends. Refer to the Termination provision under the Policy Administration section.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Benefit Payments

Once you meet the Eligibility for Benefits and Limitations or Conditions on Eligibility for Benefits provisions below, we will pay up to the Facility Care Daily Benefit or Home and Community Care Daily Benefit for actual expenses incurred.

Eligibility for Benefits

To be eligible for the benefits shown on the Policy Schedule and in this Contract, you must be Chronically Ill. You must provide proof of such Chronic Illness as shown in the Claim Procedures section.

Limitations or Conditions on Eligibility for Benefits

To be eligible for Benefit Payments, you must meet the Eligibility for Benefits provision above, in addition to the following:

- this Contract must be In Force;
- you must have satisfied the Elimination Period; and
- you must be receiving Qualified Long Term Care Services pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

Chronically Ill, Chronic Illness

You are Chronically Ill if you have been certified, within the previous 12 months, by a Licensed Health Care Practitioner as:

- being unable to perform without Substantial Assistance at least 2 ADLs and Substantial Assistance is expected to be required for a period of at least 90 continuous days due to a Loss of Functional Capacity; or
- requiring Substantial Supervision to protect yourself from threats to health and safety due to a Severe Cognitive Impairment.

Activities of Daily Living, ADLs

ADLs are the following:

- Bathing. Washing yourself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.
- Continence. The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag.
- Dressing. Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- Eating. Feeding yourself by getting food into your body from a receptacle (such as a plate, cup or table), or by feeding tube or intravenously.
- Toileting. Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- Transferring. Moving into or out of a bed, chair, or wheelchair.

Severe Cognitive Impairment

The deterioration or loss of your intellectual capacity which is confirmed by a Physician and measured by clinical evidence and standardized tests that reliably measure your impairment in:

- short or long term memory;
- orientation as to people (such as who you are), places (such as where you are), or time (such as day, date and year);
- judgement as it relates to safety awareness, which requires supervision or verbal cueing by another person to protect yourself and others; or
- deductive or abstract reasoning.

Coverage is provided for Alzheimer's Disease and forms of senility and irreversible dementia that result in a Severe Cognitive Impairment.

GENERAL BENEFIT INFORMATION

Benefits End

Benefit Payments will end if we do not receive Continued Proof of Loss or on the earliest of:

- the date on which you are no longer Chronically Ill;
- the date this Contract Terminates; or
- the date the certification that you are Chronically Ill from your Licensed Health Care Practitioner expires.

Facility Care Benefit

If you are eligible for Benefit Payments and are confined in a Nursing Facility or an Assisted Living Facility, we will pay up to the Facility Care Daily Benefit for each day of care received in the Nursing Facility or Assisted Living Facility. All benefits paid under the Facility Care Benefit accumulate toward the Maximum Lifetime Benefit.

Home and Community Care Benefit

If you are eligible for Benefit Payments, we will pay up to the Home and Community Care Daily Benefit for covered Home and Community Care (Adult Day Care, Home Health Care, and Hospice Care) you receive, as long as you are not receiving Facility Care Benefits, and are not confined in a Hospital. All benefits paid under the Home and Community Care Benefit accumulate toward the Maximum Lifetime Benefit; however, the maximum daily amount of benefits accumulated will not exceed the Facility Care Daily Benefit amount.

Alternative Plan of Care Benefit

The Alternative Plan of Care Benefit provides benefits for services which may include: equipment purchases or rentals; permanent or temporary modifications to your Home (such as ramps or rails); or care services not normally covered under other benefit provisions in this policy. We reserve the right to make the final decision on any request for the Alternative Plan of Care Benefit.

We will pay the Alternative Plan of Care Benefit if:

- you meet the Eligibility for Benefits provision;
- you, your Licensed Health Care Practitioner, and we agree the Alternative Plan of Care Benefit is: (a) medically acceptable; and (b) the most cost efficient manner in which to provide benefits for your claim under this Contract;
- you have not exhausted the Maximum Lifetime Benefit; and
- you agree that you will not receive payments for any other benefits under this Contract while the Alternative Plan of Care Benefit is being paid, unless otherwise agreed to by you and us.

If the Elimination Period has not been satisfied, the remaining days needed to satisfy the Elimination Period will be multiplied by the Facility Care Daily Benefit and subtracted from the amount payable for the Alternative Plan of Care Benefit. All benefits paid under the Alternative Plan of Care Benefit accumulate toward the Maximum Lifetime Benefit.

Bed Reservation Benefit

If you are eligible for Benefit Payments, we will continue to pay the Facility Care Daily Benefit as if you were still confined in the Nursing Facility or the Assisted Living Facility if you:

- become hospitalized or temporarily leave the Nursing Facility or the Assisted Living Facility; and
- are billed by the Nursing Facility or the Assisted Living Facility to reserve your accommodations.

All benefits paid under the Bed Reservation Benefit accumulate toward the Maximum Lifetime Benefit. This benefit is payable for a maximum of 60 days per calendar year.

Caregiver Training Benefit

If you meet the Eligibility for Benefits provision, we will pay up to the Maximum Caregiver Training Benefit (five times the Facility Care Daily Benefit) shown on the Policy Schedule for expenses incurred for an Informal Caregiver to receive training to take care of you in your Home.

All benefits paid under the Caregiver Training Benefit accumulate toward the Maximum Lifetime Benefit. The Elimination Period does not apply to this benefit and days of caregiver training will not be used to satisfy the Elimination Period.

Respite Care Benefit

If you meet the Eligibility for Benefits provision, we will pay Respite Care Benefits for:

- the actual daily charges you incur for each day of care received in a Nursing Facility or an Assisted Living Facility, up to the Facility Care Daily Benefit; or
- the actual expenses you incur for each day you receive Home and Community Care, up to the Home and Community Care Daily Benefit.

All benefits paid under the Respite Care Benefit accumulate toward the Maximum Lifetime Benefit. The Elimination Period does not apply to this benefit and days of respite care will not be used to satisfy the Elimination Period. The Respite Care Benefit is payable for a maximum of 30 days per calendar year.

Nursing Facility Recovery Benefit

This Contract is paid up if:

- Facility Care Daily Benefits are paid for at least 12 continuous months, due to a confinement in a Nursing Facility; and
- You are no longer Chronically Ill.

Waiver of Premium Benefit

If you are eligible for Benefit Payments and the Elimination Period has been satisfied, we will waive your premium as it comes due.

We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as you continue to be Chronically Ill. Once you recover and are no longer Chronically Ill, you must pay each premium that comes due according to the Mode of Payment currently in effect.

Care Coordination Advisor Benefit

If you choose, we will provide you with access to care management professionals who will work with you, your family member(s), and your Licensed Health Care Practitioner to determine and monitor your care, including assessment of your situation and investigation of available care resources. This may include assistance developing and monitoring a Plan of Care with you, your family member(s), and your Licensed Health Care Practitioner. This service is not required for you to obtain Benefit Payments under this Contract. This service will not accumulate toward the Maximum Lifetime Benefit.

CLAIM PROCEDURES

This section describes our claims process and how to file a claim. We will evaluate your claim based upon the information you provide us and other information we gather about your claim.

Notice of Claim

You, or someone acting on your behalf, must give us Notice of Claim for benefits within 30 days after the date of loss, or as soon as reasonably possible.

Write or call us at the address or telephone number shown on the first page of this policy to notify us of your claim. In order to sufficiently identify you, the written notice should include your name, policy number, and the address to which the Claim Form should be sent. It should be mailed to us at our Home Office, at the address shown on the first page of this policy.

Claim Form

We, upon receipt of Notice of Claim, will send you a Claim Form within 15 days to use in filing the Proof of Loss or if needed to determine Continued Proof of Loss. By completing all the items on the Claim Form and sending the required information to the address on the form, you will help us to expedite the processing of your claim.

If you, or anyone acting on your behalf, do not receive our Claim Form within 15 days of notifying us, you may file the Proof of Loss without our Claim Form by sending us a letter which describes the character and extent of your Chronic Illness within the time limit stated in the below Proof of Loss provision.

Proof of Loss

You will be considered to have provided Proof of Loss when we receive a Claim Form or a letter (as described in the Claim Form provision above) with any applicable statements and bills for covered care services which include the date, nature, and charges for all services.

Proof of Loss for a continuing loss for which we provide periodic payment must be sent to us within 90 days after the end of each period for which we are liable. Proof of Loss for any other loss must be sent to us within 90 days after the date of such loss. If it is not possible to give us timely Proof of Loss, we will not reduce or deny your claim if Proof of Loss is filed as soon as you reasonably can provide the information to us. Unless you are not legally capable, the required Proof of Loss must be given to us no later than one year from the date Proof of Loss would have otherwise been required.

In order to verify that you are eligible for Benefit Payments, one or more of the following, relating to your Chronic Illness, may also be required at our expense:

- a Physician's statement and/or copies of relevant medical records from any Physician or health care provider involved in your care; and
- any other such proof, as we may deem necessary.

Continued Proof of Loss

Once we have verified that you are eligible for Benefit Payments, you must submit statements and bills for covered care services each month. We will request, at least annually or as often as reasonably necessary, a completed supplemental Claim Form, which will include a request for an updated Plan of Care. The information submitted on a monthly basis and the information requested at least annually is subject to the time limits stated in the above Proof of Loss provision. At our expense, we may also require one or more of the following:

- a Physician's statement and/or copies of relevant medical records from any Physician or health care provider involved in your care; and
- any other such proof, as we may deem necessary.

CLAIM PROCEDURES

Time of Payment of Claims

Benefits will be paid immediately after we receive and verify Proof of Loss or Continued Proof of Loss, and will continue until the Maximum Lifetime Benefit is exhausted. If we do not pay benefits upon receipt of written Proof of Loss, we will provide timely notice to you in writing to explain our reasons for not paying the claim, either in whole or in part. The letter will also provide you with a written itemization of any documents or other information needed to process the claim or any portion(s) not paid.

Payment of Claims

All benefits are paid to you or your assignee. Any benefits unpaid at your death will be paid to your Beneficiary.

Overpayment of Claims

If, for any reason, benefits have been overpaid, you have the responsibility to return any overpayments. We have the right to recover by offsetting against any amounts otherwise payable to you under this Contract.

Unpaid Premium

Any premium due and unpaid will be deducted from the claim payment when the claim is paid.

Physical Examination

We, at our expense, have the right to have you examined to determine your Eligibility for Benefits when and as often as reasonably necessary during the pendency of a claim.

We, at our expense, may also require a personal interview with you or an assessment of you, relating to your Chronic Illness, in order to verify that you are eligible for Benefit Payments.

Claim Appeal Procedure

If you believe that our claim decision is in error, you may appeal our decision and we will reconsider your claim. Send us a written request (no special form is required) explaining why you feel we should change our decision. Your written request must be submitted within 60 days, or as soon as reasonably possible, of your receipt of the explanation of benefits of your claim. You may authorize someone else to act for you in this process.

Your written request should include your name and policy number as well as the names, addresses and telephone numbers of any persons or organizations you believe we should contact to learn more about the claim under reconsideration.

Once we have completed our review, we will notify you immediately of our decision. We will pay you any benefits we determine to be due to you as a result of our reconsideration. This notification will be sent to you no later than 30 days after receipt of your written request for appeal. If we require more than 30 days, we will notify you of the reasons for the delay. Our final decision on your appeal does not prevent you from taking further action.

Legal Action

No Legal Action may be brought to recover benefits under this Contract within 60 days after Proof of Loss has been given. No action may be brought more than 3 years after the time Proof of Loss is required to be given.

Payor of Last Resort

The Department of Medical Assistance will be the Payor of Last Resort.

POLICY ADMINISTRATION

This section describes premium payment requirements and Reinstatement of this Contract should it Lapse.

Paying Premiums

Renewal Premiums are due at the beginning of each Mode of Payment interval from the Effective Date. Payments are to be made to us. You may change the Mode of Payment if you notify us.

Grace Period

This Contract has a 30-day Grace Period. This means that if a Renewal Premium is not paid on or before the date it is due, it may be paid during the following 30 days. This Contract will stay In Force during the Grace Period.

Unintended Lapse Protection

You have the right to elect a third party designee for us to notify before this Contract Terminates due to nonpayment of premium.

30 days after the Renewal Premium is due and unpaid, we will mail, by postage paid, first-class US mail, at the end of the Grace Period, a notice to you and your third party designee, if elected, stating that this Contract is about to Lapse. Notice is considered to have been given as of 5 days after the date of mailing. You have an additional 30 days beyond the date this notice was given to pay your premium. During this 30-day extension, this Contract is In Force. To keep this Contract In Force with no gap in coverage, you must pay your premium within this 30-day extension period. If your premium remains unpaid, this Contract will Terminate.

Reinstatement

If this Contract Lapses, you may request to Reinstate this Contract, within 5 months of the date of Lapse, by submitting an application to determine your eligibility for Reinstatement. You will be given a conditional receipt for any premium submitted with the application. If we do not approve your application, we will notify you in writing within 45 days from the date of your application and refund any premium that was submitted with the application. If we do not notify you within 45 days of our approval, this Contract will be Reinstated on the 45th day after the date of the conditional receipt. Your coverage will be Reinstated, subject to evidence of insurability and receipt of all past due and unpaid premiums.

This Contract will be Reinstated as of the last premium due date if we approve your application for Reinstatement and all premiums due are received. The Reinstated Contract will cover only loss due to an injury sustained after the date of Reinstatement and loss due to a sickness that begins more than 10 days after the Reinstatement. In all other aspects, your rights and ours will be the same as before this Contract Terminated, subject to any provisions endorsed or attached in connection with the Reinstatement.

Reinstatement due to Chronic Illness

If this Contract Lapses due to nonpayment of premium due to a Chronic Illness that began before Lapse, you may request to Reinstate this Contract, within 5 months of the date of Lapse, by submitting:

- proof of such Chronic Illness, certified by a Licensed Health Care Practitioner; and
- payment of all past due premiums.

If we Reinstate this Contract after nonpayment of premium due to Chronic Illness:

- the Reinstatement will not require any evidence of insurability.
- there will be no gaps in coverage. Coverage will be a continuation of that provided prior to Reinstatement. This provision does not apply if this Contract has been Terminated due to any reason other than Lapse due to Chronic Illness.
- premium is due from the date of the last premium payment, at the rate which would have been in effect had this Contract remained In Force. Payment must be made within 15 days of our written request to you.

POLICY ADMINISTRATION

Extension of Benefits

Benefit Payments will be paid after Termination if:

- you become Chronically Ill while this Contract is In Force; and
- your Chronic Illness continues without interruption after Termination.

Benefit Payments are limited to the benefits payable under this provision and are subject to all other provisions of this Contract.

Termination

This Contract will Terminate and your coverage will end on the earliest of:

- the date you have exhausted the Maximum Lifetime Benefit;
- the date this Contract Lapses due to nonpayment of premium;
- the date this Contract is Cancelled by you; or
- the date of your death.

Cancellation by Insured

You may Cancel this Contract at any time by delivering or mailing written notice of Cancellation to us. Cancellation will be effective upon receipt of such notice or on such later date as may be specified in such notice. If this Contract is Cancelled, the following provisions do not apply: Grace Period, Unintended Lapse Protection, and Waiver of Premium Benefit. The Cancellation will be without prejudice to any claim originating prior to the effective date of such Cancellation.

Return of Unearned Premium Upon Death

Upon your death, we will return any unearned premium for this Contract to your Beneficiary on a pro-rata basis. We will return this unearned premium within 30 days of receipt of proof of your death.

Return of Unearned Premium Upon Cancellation or Termination

In the event that this Contract is Cancelled by you or Terminated by us, we will return any unearned premium for this Contract to you on a pro-rata basis. We will return this unearned premium within 30 days of the effective date of such Cancellation or Termination.

The effective date of the Cancellation is the later of:

- the date which you request the Cancellation in writing; or
- the date we receive your written request to Cancel this Contract in our Home Office.

Change of Beneficiary

You may change the Beneficiary at any time by giving us written notice. A change will not be effective until recorded by us. Once recorded, the change will apply as of the date the request was signed. We will not be liable for any action taken or payment made before a Beneficiary change is recorded. The Beneficiary's consent is not required to change this Contract or the Beneficiary, unless the designation of the Beneficiary is irrevocable.

Duplicate Contract

If you have misplaced this Contract and wish to request a duplicate copy, you will be assessed a fee of up to $[25].

LIMITATIONS AND EXCLUSIONS

This section tells you under what circumstances benefits are not payable even if you would otherwise qualify for benefits under this Contract.

Limitations and Exclusions

No benefits will be paid for any confinement, care, treatment, or service(s):

- for alcoholism or drug addiction.
- that result from participating in a felony, a riot or an insurrection.
- for which benefits are provided under any state or federal worker's compensation law.
- that result from an act of war, whether declared or not.
- that result from your intentionally self-inflicted injury.
- provided outside the fifty United States, the District of Columbia, or Canada[, except as described in the International Coverage Benefit Endorsement].
- provided to you by an Immediate Family Member.
- for which you have no financial liability or that are provided at no charge in the absence of insurance.
- provided in a government facility (unless otherwise required by law).
- that are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount.

Allianz Life Insurance Company of North America
[5701 Golden Hills Drive
Minneapolis, MN 55416-1297]

[800/729-8505]

TAX-QUALIFIED LONG TERM CARE INSURANCE POLICY

Allianz Life Insurance Company of North America
[Home Office: Minneapolis, MN]
[5701 Golden Hills Drive
Minneapolis, MN 55416-1297
800/729-8505]

OUTLINE OF COVERAGE FOR LONG TERM CARE INSURANCE POLICY FORM 10-P-Q-VA

THE CONTRACT IS INTENDED TO QUALIFY FOR FAVORABLE FEDERAL TAX TREATMENT. As such, it must meet certain federal standards, in addition to all applicable standards in the state in which the Contract was issued or issued for delivery. If you have any questions regarding the tax qualifications of the Contract, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

CAUTION: The Contract may not apply when you have a claim! Please read! The issuance of the long term care insurance Contract is based upon your responses to the questions on your application. A copy of your application will be attached to the policy. If your responses are incorrect or untrue, we may have the right to deny benefits or rescind the Contract, subject to the policy's Incontestability provision. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your responses are incorrect, write or call us at the address or telephone number shown above.

NOTICE TO BUYER: The Contract may not cover all of the costs associated with long term care incurred by you during the period of coverage. You are advised to carefully review all limitations.

The Contract is an individual Contract of insurance.

Purpose of Outline of Coverage - This outline of coverage provides a very brief description of the important features of the Contract. You should compare this outline of coverage to outlines of coverage for other contracts available to you. This is not an insurance contract, but only a summary of coverage. Only the individual Contract contains governing contractual provisions. This means that the Contract sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ THE CONTRACT CAREFULLY!**

Terms Under Which the Contract May Be Returned and Premium Refunded - If you are not satisfied with the Contract, you have 30 days to return it to us or the agent from whom it was purchased for a full refund of any premium you have paid. Upon your death, we will return any unearned premium for the Contract to your Beneficiary, or to your estate if no Beneficiary has been designated, on a pro-rata basis. We will return this unearned premium within 30 days of receipt of proof of your death. If the Contract is Cancelled by you or Terminated by us, after 30 days, any unearned premium will be returned to you on a pro-rata basis. We will return this unearned premium within 30 days of the effective date of such Cancellation or Termination.

This Is Not Medicare Supplement Coverage - If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us. Neither Allianz Life Insurance Company of North America nor its agents represent Medicare, the federal government, or any state government.

Long Term Care Coverage - Contracts of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting,

other than an acute care unit of a Hospital, such as in a Nursing Facility, in the community, or in the Home. The Contract provides coverage for Qualified Long Term Care Services, subject to Contract provisions, limitations, exclusions, and the Elimination Period.

BENEFITS PROVIDED BY THE POLICY

Covered Care - The Contract provides benefits for Qualified Long Term Care Services. This includes Facility Care provided in a Nursing Facility or an Assisted Living Facility and Home and Community Care, which provides benefits for Adult Day Care, Home Health Care, and Hospice Care. Benefits are also provided for Bed Reservation, Caregiver Training, Respite Care, Nursing Facility Recovery, Care Coordination Advisor, and an Alternative Plan of Care.

Elimination Period - This is the period of time that must be satisfied before benefits become payable under the Contract and is the number of days in which you: must be Chronically Ill; are receiving care in either a Nursing Facility or an Assisted Living Facility, or are receiving Home and Community Care; and are not receiving Benefit Payments under the Contract. You may choose an Elimination Period of 7, 30, 60, 90, or 180 days. Once you have satisfied the Elimination Period, no future Elimination Period is required. Days may be accumulated under separate claims in order to satisfy the Elimination Period.

Maximum Lifetime Benefit - This is the total amount we will pay in your lifetime for all benefits (other than the Waiver of Premium Benefit) provided by the Contract. The Maximum Lifetime Benefit is calculated as the Facility Care Daily Benefit times the Benefit Period (in years) times 365. The Facility Care Daily Benefit available ranges from $100 to $500 per day.

Facility Care Benefit - If you are eligible for Benefit Payments and are confined in a Nursing Facility or Assisted Living Facility, we will pay up to the Facility Care Daily Benefit elected on the application for each day of care received in the Nursing Facility or Assisted Living Facility. Benefits paid accumulate toward the Maximum Lifetime Benefit. The Facility Care Daily Benefit and Maximum Lifetime Benefit are shown on the Policy Schedule.

Home and Community Care Benefit - If you are eligible for Benefit Payments, we will pay up to the Home and Community Care Daily Benefit elected on the application for covered Adult Day Care, Home Health Care, and Hospice Care, as long as you are not receiving Facility Care Benefits, and are not confined in a Hospital.

Home Health Care includes professional nursing care by or under the supervision of an RN or nurse; care by a Home Health Aide; therapeutic care services by or under the supervision of a speech, occupational, physical, or respiratory therapist licensed under state law, if any, or incidental Homemaker Services.

Benefits paid accumulate toward the Maximum Lifetime Benefit; however, the maximum daily amount of benefits accumulated will not exceed the Facility Care Daily Benefit amount. The Home and Community Care Daily Benefit and Maximum Lifetime Benefit are shown on the Policy Schedule.

Bed Reservation Benefit - If you are eligible for Benefit Payments, we will continue to pay the Facility Care Daily Benefit as if you were still confined in the Nursing Facility or Assisted Living Facility if you:

- become hospitalized or temporarily leave the Nursing Facility or Assisted Living Facility; and
- are billed by the Nursing Facility or Assisted Living Facility to reserve your accommodations.

Benefits paid accumulate toward the Maximum Lifetime Benefit. This benefit is payable for a maximum of 60 days per calendar year.

Caregiver Training Benefit - If you meet the Eligibility for Benefits provision, we will pay up to the Maximum Caregiver Training Benefit (five times the Facility Care Daily Benefit) shown on the Policy Schedule for expenses incurred for an Informal Caregiver to receive training to take care of you in your Home.

Benefits paid accumulate toward the Maximum Lifetime Benefit. The Elimination Period does not apply to this benefit and days of caregiver training will not be used to satisfy the Elimination Period.

Respite Care Benefit - If you meet the Eligibility for Benefits provision, we will pay the actual daily charges you incur for each day of care received in a Nursing Facility or an Assisted Living Facility, up to the Facility Care Daily Benefit elected, or the actual expenses you incur for each day you receive Home and Community Care, up to the Home and Community Care Daily Benefit elected.

Benefits paid accumulate toward the Maximum Lifetime Benefit. The Elimination Period does not apply to this benefit and days of respite care will not be used to satisfy the Elimination Period. The Respite Care Benefit is payable for a maximum of 30 days per calendar year.

Nursing Facility Recovery Benefit - The Contract is paid up if Facility Care Daily Benefits are paid for at least 12 continuous months, due to a confinement in a Nursing Facility, and you are no longer Chronically Ill.

Care Coordination Advisor Benefit - If you choose, we will provide you with access to care management professionals who will work with you, your family member(s), and your Licensed Health Care Practitioner to determine and monitor your care, including assessment of your situation and investigation of available care resources. This may include assistance developing and monitoring a Plan of Care with you, your family member(s), and your Licensed Health Care Practitioner. This service is not required for you to obtain Benefit Payments under the Contract. This service will not accumulate toward the Maximum Lifetime Benefit.

Alternative Plan of Care Benefit - An Alternative Plan of Care Benefit is available, if agreed to by you, your Licensed Health Care Practitioner, and us.

The Alternative Plan of Care Benefit provides benefits for services which may include: equipment purchases or rentals; permanent or temporary modifications to your Home (such as ramps or rails); or care services not normally covered under other benefit provisions. We reserve the right to make the final decision on any request for the Alternative Plan of Care Benefit.

Benefits paid accumulate toward the Maximum Lifetime Benefit.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Benefit Payments - Once you meet the Eligibility for Benefits and Limitations or Conditions on Eligibility for Benefits provisions, we will pay up to the Facility Care Daily Benefit or Home and Community Care Daily Benefit for actual expenses incurred. The Facility Care Daily Benefit and Home and Community Care Daily Benefit are shown on the Policy Schedule.

Eligibility for Benefits - To be eligible for benefits under the Contract, you must be Chronically Ill. You must provide proof of such Chronic Illness as shown in the Claim Procedures section of the policy.

Limitations or Conditions on Eligibility for Benefits – To be eligible for Benefit Payments, you must meet the Eligibility for Benefits provision in addition to the following:

- the Contract must be In Force;
- you must have satisfied the Elimination Period; and
- you must be receiving Qualified Long Term Care Services pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

IMPORTANT DEFINITIONS

Activities of Daily Living (ADLs) are the following:

- Bathing. Washing yourself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.
- Continence. The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag.

- Dressing. Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- Eating. Feeding yourself by getting food into your body from a receptacle (such as a plate, cup, or table), or by feeding tube or intravenously.
- Toileting. Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- Transferring. Moving into or out of a bed, chair, or wheelchair.

Chronically Ill means you have been certified, within the previous 12 months, by a Licensed Health Care Practitioner as:

- being unable to perform without Substantial Assistance at least 2 ADLs and Substantial Assistance is expected to be required for a period of at least 90 continuous days due to Loss of Functional Capacity; or
- requiring Substantial Supervision to protect yourself from threats to health and safety due to a Severe Cognitive Impairment.

Class means a population segment with similar characteristics such as issue age, underwriting and rating classification, elected benefit options, or Elimination Period.

Licensed Health Care Practitioner is a person who is a Physician (as defined in section 1861(r)(1) of the Social Security Act), a Registered Professional Nurse, or a Licensed Social Worker.

Licensed Social Worker is a person who is:

- licensed by the state, if required; and
- acting within the scope of his or her professional responsibilities when providing an assessment indicating that you are Chronically Ill.

We will not recognize you or an Immediate Family Member as a Licensed Social Worker for claims that you make to us under the Contract.

Loss of Functional Capacity is the inability to perform the prescribed ADLs without the Substantial Assistance of another person.

Maintenance or Personal Care Services are services provided primarily to give needed assistance to you as a result of your being Chronically Ill. "Personal care" means the provision of hands-on services (Substantial Assistance) to assist you with the Activities of Daily Living. "Maintenance" means continual supervision (Substantial Supervision) to protect you from threats to health or safety due to a Severe Cognitive Impairment.

Physician is a person who:

- is licensed to practice medicine and surgery and prescribe and administer drugs;
- is legally qualified as a medical practitioner and required to be recognized as a Physician, under the Contract for insurance purposes, according to applicable state insurance laws; or
- meets the requirements of section 1861(r)(1) of the Social Security Act.

We will consider a person to be a Physician only when the person is performing tasks that are within the limits of the person's medical license, and such tasks are appropriate to the care of your Chronic Illness. We will not recognize you or an Immediate Family Member as a Physician for claims that you make to us under the Contract.

Qualified Long Term Care Services are necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and Maintenance or Personal Care Services, which are required by a Chronically Ill individual and provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

Registered Professional Nurse (RN) is a duly registered nurse acting within the scope of his or her license at the time the treatment or service is performed.

We will not recognize you or an Immediate Family Member as a Registered Professional Nurse for claims that you make to us under the Contract.

Severe Cognitive Impairment is the deterioration or loss of your intellectual capacity which is confirmed by a Physician and measured by clinical evidence and standardized tests that reliably measure your impairment in:

- short or long term memory;
- orientation as to people (such as who you are), places (such as where you are), or time (such as day, date and year);
- judgement as it relates to safety awareness, which requires supervision or verbal cueing by another person to protect yourself and others; or
- deductive or abstract reasoning.

Coverage is provided for Alzheimer's Disease and forms of senility and irreversible dementia that result in a Severe Cognitive Impairment.

Substantial Assistance means hands-on assistance without which you would not be able to safely and completely perform the ADL. Hands-on assistance means the physical assistance (minimal, moderate, maximal) of another person.

Substantial Supervision means requiring continual supervision by another person to protect you or others from threats to health or safety as a result of a Severe Cognitive Impairment. Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations.

LIMITATIONS AND EXCLUSIONS

Limitations and Exclusions - No benefits will be paid for any confinement, care, treatment, or service(s):

- for alcoholism or drug addiction.
- that result from participating in a felony, in a riot, or an insurrection.
- for which benefits are provided under any state or federal worker's compensation law.
- that result from an act of war, whether declared or not.
- that result from your intentionally self-inflicted injury.
- provided outside the fifty United States, the District of Columbia, or Canada [, except as described in the International Coverage Benefit Endorsement].
- provided to you by an Immediate Family Member.
- for which you have no financial liability or that are provided at no charge in the absence of insurance.
- provided in a government facility (unless otherwise required by law).
- that are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount.

THE CONTRACT MAY NOT COVER ALL EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

Relationship of Cost of Care and Benefits - Because the costs of long term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. The benefit levels of the basic Contract will not increase over time. For additional premium, you may purchase one of the optional Inflation Protection Riders described later in this outline.

Terms Under Which the Contract May Be Continued In Force or Discontinued - RENEWABILITY: THE CONTRACT IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of the Contract, to continue the Contract as long as you pay your premiums on time. Allianz Life Insurance Company of North America cannot change any of the terms of the Contract on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

Waiver of Premium - If you are eligible for Benefit Payments and the Elimination Period has been satisfied, we will waive your premium as it comes due. We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as you continue to be Chronically Ill.

Grace Period - Except for the first premium, you will have 30 days after each due date to pay the premium due. If your premium is not paid by the 30th day of the Grace Period, we will notify you and an individual designated by you to receive notice of possible Lapse due to non-payment of premium. You have an additional 30 days beyond the date this notice was given to pay your premium. The Contract remains In Force during the Grace Period, as well as during the additional 30-day notice period beyond the Grace Period.

Terms Under Which the Company May Change Premiums - Premium rates are guaranteed not to change for the first five Policy Years. After the fifth Policy Year, the Company may change the premium rates for the Contract only if we base the premium change, by Class for everyone in your state, on the experience of this form. Any premium change will occur on the Policy Anniversary. We will notify you in writing at least 60 days before your premium changes.

Alzheimer's Disease - Subject to any applicable Elimination Period and Limitations or Exclusions described above, the Contract provides coverage for Alzheimer's Disease and forms of senility and irreversible dementia that result in a Severe Cognitive Impairment.

Counseling and Assistance – The Virginia Insurance Counseling and Assistance Program is available at: Virginia Department for the Aging, 1600 Forest Avenue, Suite 102, Richmond, VA 23229, Aging Services Hotline: 800/552-3402.

PREMIUM WORKSHEET - LONG TERM CARE INSURANCE

ELIMINATION PERIOD: [☐ 7 Days ☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 180 Days]

UNDERWRITING CLASS APPLIED FOR:

☐ Preferred Plus ☐ Preferred ☐ Standard ☐ Select I ☐ Select II

MAXIMUM FACILITY CARE DAILY BENEFIT APPLIED FOR:
(choice of [$100 - $500 in increments of $10]) $_____

MAXIMUM HOME AND COMMUNITY CARE DAILY BENEFIT APPLIED FOR:
(choose percentage of Maximum Facility Care Daily Benefit) ☐ 70% ☐ 100% ☐ 130%

BENEFIT PERIOD APPLIED FOR:[☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years ☐ 8 Years ☐ Lifetime]

OPTIONAL BENEFITS

INFLATION PROTECTION RIDERS:

- ☐ None
- ☐ 3% Lifetime Compound Benefit Increase Rider
- ☐ 4% Lifetime Compound Benefit Increase Rider
- ☐ 5% Lifetime Compound Benefit Increase Rider
- ☐ Two Times Compound Benefit Increase Rider
- ☐ Simple Benefit Increase Rider

NONFORFEITURE BENEFIT RIDER:

- ☐ None
- ☐ Shortened Benefit Rider

RETURN OF PREMIUM RIDERS:

- ☐ Return of Premium Upon Death Rider
- ☐ Full Return of Premium Upon Death Rider

PREMIUM PAYMENT OPTIONS:

- ☐ Continuous Pay
- ☐ Limited Pay Rider
- ☐ Accelerated Premium Rider

MONTHLY INDEMNITY BENEFIT RIDERS:

- ☐ Comprehensive Monthly Indemnity Benefit Rider
  - ☐ $250 ☐ $500 ☐ $750
  - ☐ $1,000 ☐ $1,250 ☐ $1,500
- ☐ Home and Community Care Monthly Indemnity Benefit Rider
  - ☐ $250 ☐ $500 ☐ $750

ADDITIONAL BENEFIT RIDERS:

- ☐ Home and Community Care Monthly Benefit Rider
- ☐ Waiver of Home and Community Care Elimination Period Rider (not available with 180-day Elimination Period)
- ☐ Calendar Day Elimination Period Rider
- ☐ Restoration of Benefits Rider (not available with Lifetime Benefit Period or Spousal Shared Care Rider)
- ☐ Spousal Shared Care Rider (the two insureds' plans must be identical)
- ☐ Spousal Waiver of Premium Rider
- ☐ Spousal Survivorship Rider

PREMIUM SUMMARY INFORMATION

Long Term Care Policy	$_____
Home and Community Care Monthly Indemnity Benefit Rider:	+ _____
Comprehensive Monthly Indemnity Benefit Rider	+ _____
Subtotal:	= _____
Elimination Period Factor:	x _____
Underwriting Rate Class Factor:	x _____
Inflation Protection Rider Factor:	x _____
Nonforfeiture Benefit Rider Factor:	x _____
Return of Premium Rider Factor:	x _____
Spousal Waiver of Premium Rider Factor:	x _____
Spousal Survivorship Rider Factor:	x _____
Spousal Shared Care Rider Factor:	x _____
Calendar Day Elimination Period Rider Factor:	x _____
Home and Community Care Monthly Benefit Rider Factor:	x _____
Waiver of Home and Community Care Elimination Period Rider Factor:	x _____
Restoration of Benefits Rider Factor:	x _____
Premium Payment Option Factor:	x _____
TOTAL ANNUAL PREMIUM:	$_____

PREMIUM PAYMENT MODE: (must elect one)

☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly/PAC x _____

TOTAL MODAL PREMIUM: $_____

ADDITIONAL FEATURES

Medical Underwriting - Your insurability for the Contract will be determined by the answers given in your application and any other authorized medical information we obtain regarding your current state of health.

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE CONTRACT.

[**International Coverage Benefit Endorsement** – If you are eligible for Benefit Payments and require Qualified Long Term Care Services which would otherwise be covered under the Contract while you are outside the fifty United States, the District of Columbia, or Canada, in a designated country as defined in the Visa Waiver Program, we will pay actual expenses up to 70% of the Facility Care Daily Benefit or Home and Community Care Daily Benefit.

Benefits paid accumulate toward the Maximum Lifetime Benefit and the International Coverage Maximum Lifetime Benefit. The International Coverage Maximum Lifetime Benefit is calculated as 70% of the Facility Care Daily Benefit times 730 days.]

Limited Pay Rider - If you were 64 or younger on the Effective Date, once you have paid required premiums until the first Policy Anniversary following your 80th birthday, this Rider will provide you with a paid-up Contract.

If you were 65 or older on the Effective Date, once you have paid required premiums until the first Policy Anniversary after 15 Policy Years, this Rider will provide you with a paid-up Contract.

Accelerated Premium Rider - If you were 64 or younger on the Effective Date, this Rider adjusts the Total Modal Premium payment:

- in the first ten Policy Years, to 1.4 times the premium that would have been paid during those Policy Years without the Rider.
- during the eleventh Policy Year through Termination, to 0.7 times the premium that would have been paid during those Policy Years without the Rider.

If you were 65 or older on the Effective Date, this Rider adjusts the Total Modal Premium payment:

- in the first ten Policy Years, to 1.2 times the premium that would have been paid during those Policy Years without the Rider.
- during the eleventh Policy Year through Termination, to 0.6 times the premium that would have been paid during those Policy Years without the Rider.

Shortened Benefit Rider - For additional premium, this Rider provides a benefit when the Contract has been In Force and premiums have been paid for at least three full Policy Years and Lapses due to nonpayment of premiums. Under the Shortened Benefit Rider, coverage will continue during your lifetime, but benefits will be payable only until the total of benefits paid under the Contract, including benefits paid before the date the Contract Lapses, equals the greater of 30 times the Facility Care Daily Benefit in effect on the date of Lapse or the total of premiums paid under the Contract. Benefits payable under this Rider are subject to the same Contract provisions that would have been in effect had the Contract not Lapsed. However, no further increases will occur under any benefit increase Rider, attached to the policy, after the date the Contract Lapses.

Contingent Benefit Upon Lapse Endorsement – This Endorsement is included in all Contracts that do not include the Shortened Benefit Rider. Each time premiums are increased above the level defined by the state as a "substantial premium increase," the following options will be made available: a reduction of Contract benefits provided by your current coverage so that premiums are not

increased; or a conversion of the Contract to paid-up status with a Shortened Benefit Period.

If you elect a reduction in Contract benefits, benefits will be provided at the level that the current premium payable under the Contract will purchase. This option must be elected within 120 days of a "substantial premium increase."

If you elect to convert the Contract to a paid-up status, the Maximum Lifetime Benefit becomes equal to the greater of the total premiums paid for the policy and any attached Riders or thirty times the Facility Care Daily Benefit in effect on the date of Lapse. Under this option, coverage will continue during your lifetime, but benefits will be payable only until the total of benefits paid under the policy and any attached Riders equals the new Maximum Lifetime Benefit. This option may be elected at any time within 120 days of a "substantial premium increase." If the Contract Lapses for nonpayment of premium during this 120-day period, this option will automatically be provided under the Contract.

Benefits payable under this Endorsement are subject to the same Contract provisions that would have been in effect had the Contract not Lapsed. However, no further increases will occur under any benefit increase Rider, if attached to the policy.

Calendar Day Elimination Period Rider – For additional premium, if you are Chronically Ill, each calendar day beginning with the first day that you receive Qualified Long Term Care Services until you are no longer Chronically Ill will count toward the Elimination Period.

Home and Community Care Monthly Benefit Rider - For additional premium, if you are eligible for Benefit Payments under the Home and Community Care Benefit, we will pay up to the number of days in the month times the Home and Community Care Daily Benefit on a monthly basis for the actual expenses incurred during the month.

Waiver of Home and Community Care Elimination Period Rider – For additional premium, the Elimination Period will be waived while you are Chronically Ill and are receiving Home and Community Care. In addition, each day that you receive Benefit Payments for Home and Community Care will count toward the Elimination Period.

Home and Community Care Monthly Indemnity Benefit Rider - For additional premium, this Rider provides a Home and Community Care Monthly Indemnity Benefit amount in any month that a Home and Community Care benefit payment is received. The Home and Community Care Monthly Indemnity Benefit is not payable if the only benefit of the policy being paid is the Facility Care Benefit or the Alternative Plan of Care Benefit. This Rider pays the lesser of two times the Benefit Period in months or 120 Home and Community Care Monthly Indemnity Benefit payments.

Comprehensive Monthly Indemnity Benefit Rider - For additional premium, this Rider provides a Monthly Indemnity Benefit amount in any month that a benefit payment is received. The Monthly Indemnity Benefit is not payable if the only benefit of the policy being paid is the Alternative Plan of Care Benefit. This Rider pays the lesser of two times the Benefit Period in months or 120 Monthly Indemnity Benefit payments.

Return of Premium Upon Death Rider - For additional premium, this Rider pays a Return of Premium Upon Death Benefit to your Beneficiary if the Contract Terminates because of your death. The Return of Premium Upon Death Benefit is equal to the total of premiums paid for the Contract, reduced by the total of benefits paid. If the total of benefits paid exceeds the total of premiums paid, this Return of Premium Upon Death Benefit will be zero.

Full Return of Premium Upon Death Rider - For additional premium, this Rider pays a Full Return of Premium Upon Death Benefit to your Beneficiary if the Contract Terminates because of your death. The Return of Premium Upon Death Benefit is equal to the total of premiums paid for the Contract.

Restoration of Benefits Rider - For additional premium, if benefits have been paid and deducted from the Maximum Lifetime Benefit, the Maximum Lifetime Benefit will be restored, if for a period of 180 consecutive days:

- the Contract is In Force;

- you are not receiving Benefit Payments; and
- you are no longer Chronically Ill.

The Maximum Lifetime Benefit may be restored an unlimited number of times.

Married Discount Rider - This Rider provides a discount on the premium because you are married. If you are no longer married, you must provide written notice to Cancel this Rider.

Spousal Discount Rider - This Rider provides a discount on the premium because both you and an Insured Spouse, with whom you are living and to whom you are married, were issued Contracts. If you are no longer living with or married to the Insured Spouse, you must provide written notice to Cancel this Rider.

Spousal Shared Care Rider - For additional premium, if you exhaust the Maximum Lifetime Benefit, you may access the Insured Spouse's benefits, upon our receipt of their signed consent, up to their maximum lifetime benefit, less the total of all claims paid, less 365 times the facility care daily benefit.

If the Insured Spouse exhausts their maximum lifetime benefit, the Insured Spouse may access your benefits, upon our receipt of your signed consent, up to the Maximum Lifetime Benefit less the total of all claims paid, less 365 times the Facility Care Daily Benefit.

Spousal Waiver of Premium Rider - For additional premium, if the Insured Spouse is eligible for Benefit Payments and has satisfied the Elimination Period, this Rider will waive your premium as it comes due.

We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as the Insured Spouse's premiums are being waived. Once the Insured Spouse is no longer Chronically Ill or this Rider Terminates, you must pay each premium that comes due according to the Mode of Payment in effect.

Spousal Survivorship Rider - For additional premium, this Rider provides for premiums to be paid up if:

- the Contract is In Force for 10 Policy Years;
- the Insured Spouse's contract is in force for 10 policy years; and
- the Insured Spouse dies.

Inflation Protection Riders - For additional premium, these Riders provide that on each Policy Anniversary, the benefits provided by the Contract will be increased.

The **3%, 4%, and 5% Lifetime Compound Benefit Increase Riders** increase benefits as follows:

- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 3%, 4%, or 5% of the amount in effect on the previous Policy Anniversary.
- the Monthly Indemnity Benefit (if the Comprehensive Monthly Indemnity Benefit Rider is elected) **OR** the Home and Community Care Monthly Indemnity Benefit (if the Home and Community Care Monthly Indemnity Benefit Rider is elected) will be increased by 3%, 4%, or 5% of the amount in effect on the previous Policy Anniversary.
- The remaining Maximum Lifetime Benefit will be increased by 3%, 4%, or 5%.

The annual increases will occur even if benefits are being paid

The **Two Times Compound Benefit Increase Rider** increases benefits as follows:

- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 5% of the amount in effect on the previous Policy Anniversary.
- the Monthly Indemnity Benefit (if the Comprehensive Monthly Indemnity Benefit Rider is elected) **OR** the Home and Community Care Monthly Indemnity Benefit (if the Home and Community Care Monthly Indemnity Benefit Rider is elected) will be increased by 5% of the amount in effect on the previous Policy Anniversary.

- The remaining Maximum Lifetime Benefit will be increased by 5%.

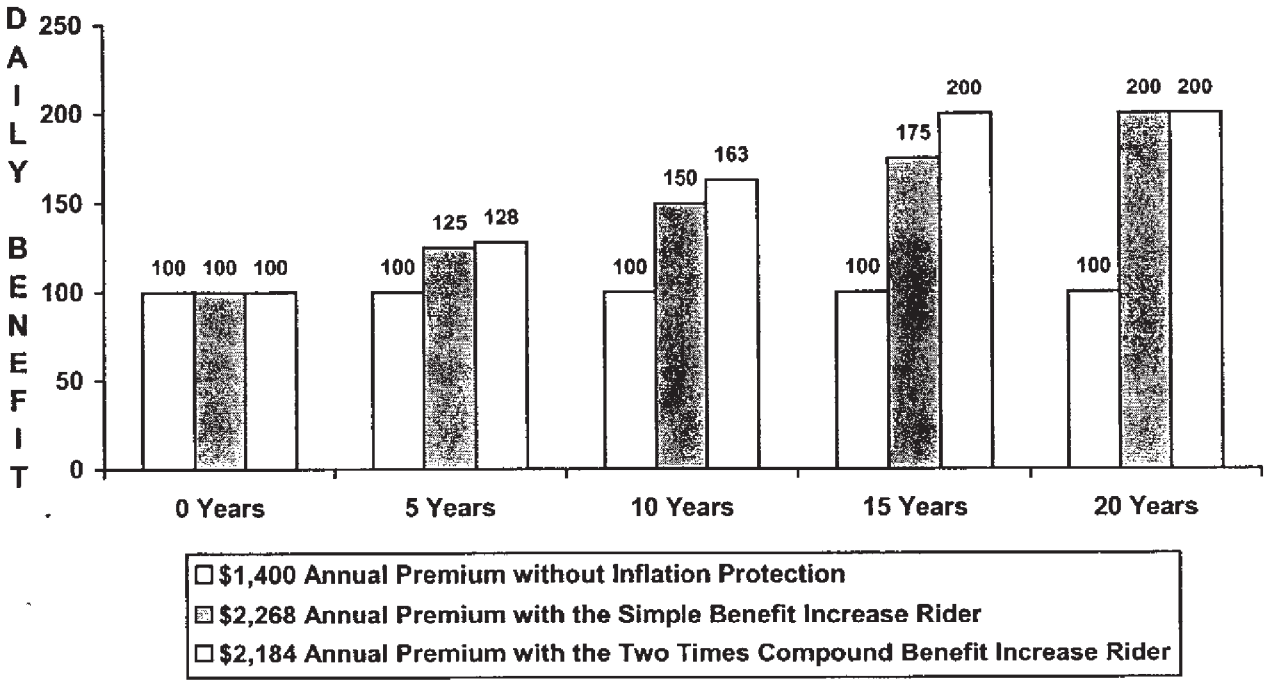
Annual increases will occur each year until the current benefit amount would otherwise exceed two times the original benefit amount.

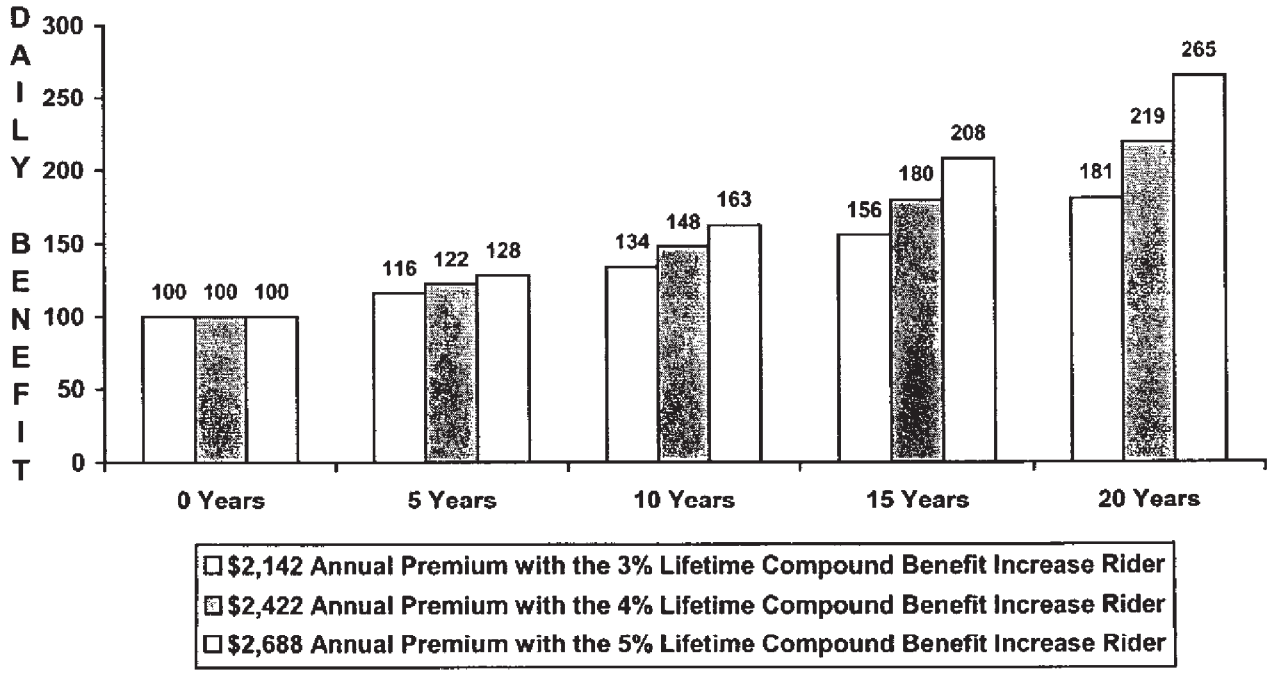
The annual increases will occur even if benefits are being paid.

The **Simple Benefit Increase Rider** increases benefits as follows:

- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 5% of the original amount issued to you.
- the Monthly Indemnity Benefit (if the Comprehensive Monthly Indemnity Benefit Rider is elected) **OR** the Home and Community Care Monthly Indemnity Benefit (if the Home and Community Care Monthly Indemnity Benefit Rider is elected) will be increased by 5% of the of the original amount issued to you.
- The remaining Maximum Lifetime Benefit will also increase by the same proportion as the increase in the daily benefits.

The first graph compares the benefits and premiums between a policy with the Simple Benefit Increase Rider, the Two Times Compound Benefit Increase Rider, and a policy without either one. The second graph compares the benefits and premiums between a policy with the 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders. For purposes of illustration, the sample shown is for a policy with an issue age of 65, a 90-day Elimination Period, a $100 Facility Care Daily Benefit, a $100 Home and Community Care Daily Benefit, a Lifetime Benefit Period, and a Preferred rating classification.





Allianz Life Insurance Company of North America

[Home Office: Minneapolis, MN 55416-1297]

[PO Box 1292]
[Minneapolis, MN 55440-1292]

☐ New application
☐ Existing policy change/reinstatement

Application for Generation Protector™ Long Term Care Insurance

Home Office use only
Allianz Life™ assigned policy number(s)
Primary:
Spouse:

1. Tell us about yourself

Proposed primary insured

First | Middle | Last

Occupation | Social Security number

Residence address

City | State | Zip code

Day phone number | Evening phone number | Best time to call ☐ a.m. ☐ p.m.

Date of birth (mm/dd/yyyy) | Age | Sex ☐ Male ☐ Female | Height ' " | Weight lbs.

Tobacco use
☐ Nonsmoker of cigarettes in past 24 months ☐ Smoker of cigarettes in past 24 months ☐ Other tobacco use

Marital status ☐ Married ☐ Single ☐ Widowed ☐ Divorced | If married, is spouse currently covered? ☐ Yes ☐ No | With whom do you currently live? ☐ Spouse ☐ Alone ☐ Other

Proposed insured spouse

First | Middle | Last

Occupation | Social Security number

Residence address

City | State | Zip code

Day phone number | Evening phone number | Best time to call ☐ a.m. ☐ p.m.

Date of birth (mm/dd/yyyy) | Age | Sex ☐ Male ☐ Female | Height ' " | Weight lbs.

Tobacco use
☐ Nonsmoker of cigarettes in past 24 months ☐ Smoker of cigarettes in past 24 months ☐ Other tobacco use

Return to Home Office

2. Agent information

First	Middle initial	Last
Phone number ( )– –	% Split	Agent number
First	Middle initial	Last
Phone number ( )– –	% Split	Agent number

3. Other insurance information

	Primary insured Yes	Primary insured No	Insured spouse Yes	Insured spouse No
1. Do you have, or, in the past 12 MONTHS did you have, another disability income or long term care insurance policy or certificate in force?	☐	☐	☐	☐
2. Do you intend to replace any of your long term care, medical, or health insurance coverage with this policy? If "Yes," you MUST complete Section 10 (Replacement).	☐	☐	☐	☐
3. In the past 12 MONTHS, have you been declined by another company for a policy providing nursing home care, long term care, or home health care?	☐	☐	☐	☐
4. Are you currently receiving disability income benefits, long term care benefits, or benefits from a state assistance program (Medicaid)?	☐	☐	☐	☐

List details below for any "Yes" answers in questions 1 through 4 above.

☐ Proposed primary insured **☐ Proposed insured spouse**

Status of policy ☐ Lapsed ☐ Applied for ☐ In force	When (mm/dd/yyyy) / /	Type of benefit
Name of company		Policy number
To be replaced by this coverage ☐ Yes ☐ No	Amount of benefit $,	Other ______

☐ Proposed primary insured **☐ Proposed insured spouse**

Status of policy ☐ Lapsed ☐ Applied for ☐ In force	When (mm/dd/yyyy) / /	Type of benefit
Name of company		Policy number
To be replaced by this coverage ☐ Yes ☐ No	Amount of benefit $,	Other ______

☐ Proposed primary insured **☐ Proposed insured spouse**

Status of policy ☐ Lapsed ☐ Applied for ☐ In force	When (mm/dd/yyyy) / /	Type of benefit
Name of company		Policy number
To be replaced by this coverage ☐ Yes ☐ No	Amount of benefit $,	Other ______

Return to Home Office

4. Choose your coverage

Proposed primary insured coverage

Risk class
☐ Preferred Plus ☐ Preferred
☐ Standard ☐ Select I ☐ Select II

Facility Care Daily Benefit *(choose from $100–$500 in increments of $10)*
$ ☐☐☐

Home & Community Care Daily Benefit
☐ 70% ☐ 100% ☐ 130%

Elimination Period
☐ 7 days ☐ 30 days ☐ 60 days
☐ 90 days ☐ 180 days

Benefit Period
☐ 2 years ☐ 3 years ☐ 4 years
☐ 5 years ☐ 8 years ☐ Lifetime

Inflation protection riders *(Must select one)*
☐ None *(see disclaimer below)**
☐ 3% Lifetime Compound Benefit Increase Rider
☐ 4% Lifetime Compound Benefit Increase Rider
☐ 5% Lifetime Compound Benefit Increase Rider
☐ Two Times Compound Benefit Increase Rider
☐ Simple Benefit Increase Rider

Premium payment options *(Must select one)*
☐ Continuous pay
☐ Limited Pay Rider
☐ Accelerated Premium Rider

Additional rider benefits
☐ Home and Community Care Monthly Benefit Rider
☐ Waiver of Home and Community Care Elimination Period Rider (not available with 180 day E.P.)
☐ Calendar Day Elimination Period Rider
☐ Restoration of Benefits Rider (not available with Lifetime Benefit Period or Spousal Shared Care Rider)

Monthly indemnity benefit options
☐ Comprehensive Monthly Indemnity Benefit Rider
☐ $250/mo ☐ $500/mo ☐ $750/mo
☐ $1,000/mo ☐ $1,250/mo ☐ $1,500/mo
☐ Home and Community Care Monthly Indemnity Benefit Rider
☐ $250/mo ☐ $500/mo ☐ $750/mo

Nonforfeiture rider benefits *(Must select one)*
☐ None *(see disclaimer below)***
☐ Shortened Benefit Rider

Return of premium options
☐ Return of Premium Upon Death Rider *(complete beneficiary information below)*
☐ Full Return of Premium Upon Death Rider *(complete beneficiary information below)*

Name of beneficiary
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Relationship
☐☐☐☐☐☐☐☐☐☐

Proposed insured spouse coverage

Spousal rider benefits
☐ Spousal Shared Care Rider (the two insureds' plans must be identical) ☐ Spousal Waiver of Premium Rider ☐ Spousal Survivorship Rider

Risk class
☐ Preferred Plus ☐ Preferred
☐ Standard ☐ Select I ☐ Select II

Facility Care Daily Benefit *(choose from $100–$500 in increments of $10)*
$ ☐☐☐

Home & Community Care Daily Benefit
☐ 70% ☐ 100% ☐ 130%

Elimination Period
☐ 7 days ☐ 30 days ☐ 60 days
☐ 90 days ☐ 180 days

Benefit Period
☐ 2 years ☐ 3 years ☐ 4 years
☐ 5 years ☐ 8 years ☐ Lifetime

Inflation protection riders *(Must select one)*
☐ None *(see disclaimer below)**
☐ 3% Lifetime Compound Benefit Increase Rider
☐ 4% Lifetime Compound Benefit Increase Rider
☐ 5% Lifetime Compound Benefit Increase Rider
☐ Two Times Compound Benefit Increase Rider
☐ Simple Benefit Increase Rider

Premium payment options *(Must select one)*
☐ Continuous pay
☐ Limited Pay Rider
☐ Accelerated Premium Rider

Additional rider benefits
☐ Home and Community Care Monthly Benefit Rider
☐ Waiver of Home and Community Care Elimination Period Rider (not available with 180 day E.P.)
☐ Calendar Day Elimination Period Rider
☐ Restoration of Benefits Rider (not available with Lifetime Benefit Period or Spousal Shared Care Rider)

Monthly indemnity benefit options
☐ Comprehensive Monthly Indemnity Benefit Rider
☐ $250/mo ☐ $500/mo ☐ $750/mo
☐ $1,000/mo ☐ $1,250/mo ☐ $1,500/mo
☐ Home and Community Care Monthly Indemnity Benefit Rider
☐ $250/mo ☐ $500/mo ☐ $750/mo

Nonforfeiture rider benefits *(Must select one)*
☐ None *(see disclaimer below)***
☐ Shortened Benefit Rider

Return of premium options
☐ Return of Premium Upon Death Rider *(complete beneficiary information below)*
☐ Full Return of Premium Upon Death Rider *(complete beneficiary information below)*

Name of beneficiary
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Relationship
☐☐☐☐☐☐☐☐☐☐

***PLEASE READ IF INFLATION PROTECTION IS NOT DESIRED.** By signing this application, I acknowledge by checking "None" that I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of the policy with and without inflation protection. Specifically, I have reviewed the 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders, the Two Times Compound Benefit Increase Rider, and the Simple Benefit Increase Rider, and by checking "None," I acknowledge that I reject inflation protection.

****PLEASE READ IF NONFORFEITURE BENEFIT IS NOT DESIRED.** By signing this application, I acknowledge by checking "None" that I have reviewed the outline of coverage and the nonforfeiture benefit as described therein. Specifically, I have reviewed the Shortened Benefit Rider, and by checking "None," I acknowledge that I reject such nonforfeiture benefit.

Return to Home Office

5. Your premium payment amount

Proposed primary insured

Planned modal premium	Frequency *(Must select one)*
$ ☐☐,☐☐☐.☐☐	☐ Monthly [PAC/EFT] *(submit authorization form and 2 months premium)* ☐ Quarterly ☐ Semiannually ☐ Annually
Total amount submitted with application $ ☐☐,☐☐☐.☐☐	If endorsed group: Group name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Proposed insured spouse

Planned modal premium	Frequency *(Must select one)*
$ ☐☐,☐☐☐.☐☐	☐ Monthly [PAC/EFT] *(submit authorization form and 2 months premium)* ☐ Quarterly ☐ Semiannually ☐ Annually
Total amount submitted with application $ ☐☐,☐☐☐.☐☐	If endorsed group: Group name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

6. Special requests

Proposed primary insured

Date to save age	Special effective date	Other
☐☐/☐☐/☐☐☐☐	☐☐/☐☐/☐☐☐☐	

Proposed insured spouse

Date to save age	Special effective date	Other
☐☐/☐☐/☐☐☐☐	☐☐/☐☐/☐☐☐☐	

7. Payor if other than proposed insured(s)

Full name
☐☐

Relationship to you
☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Billing address
☐☐

City	State	Zip code
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐	☐☐☐☐☐–☐☐☐☐

8. Designation of third party for protection against unintended lapse

I understand that I have the right to designate at least one person, other than myself, to receive notice of possible lapse of this long term care insurance policy for nonpayment of premium. I understand that this notice to my designee will not be given until 30 days after a premium is due and unpaid.
Must select one:

☐ I elect **NOT** to designate any person to receive such notice.

☐ I elect to designate this person to receive such notice:

Proposed primary insured

Full name of third party designee
☐☐

Phone number
(☐☐☐)–☐☐☐–☐☐☐☐

Mailing address
☐☐

City	State	Zip code
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐	☐☐☐☐☐–☐☐☐☐

Return to Home Office

8. Designation of third party for protection against unintended lapse (continued)

I understand that I have the right to designate at least one person, other than myself, to receive notice of possible lapse of this long term care insurance policy for nonpayment of premium. I understand that this notice to my designee will not be given until 30 days after a premium is due and unpaid.

Must select one:

☐ I elect **NOT** to designate any person to receive such notice.

☐ I elect to designate this person to receive such notice:

Proposed insured spouse

Full name of third party designee

Phone number

( ) – –

Mailing address

City | State | Zip code –

9. Medical history - Part I

	Primary Insured YES	Primary Insured NO	Insured Spouse YES	Insured Spouse NO
1. In the past 6 MONTHS – or currently:				
a. Are you receiving disability benefits or worker's compensation?	☐	☐	☐	☐
b. Due to any present or past mental or physical disability, is any person or institution authorized to act on your behalf?	☐	☐	☐	☐
c. Are you dependent on the use of a walker or wheelchair or are you confined to bed or home?	☐	☐	☐	☐
d. Are you using any medical appliance such as a catheter, oxygen equipment, respirator, or dialysis machine?	☐	☐	☐	☐
2. In the past 6 MONTHS, have you required assistance or supervision with, or are you currently limited in any way from performing, any of the following daily activities: eating, bathing, dressing, toileting, bladder or bowel control, or mobility?	☐	☐	☐	☐
3. Have you ever been diagnosed as having or been treated by a member of the medical profession for any of the following:				
a. Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	☐	☐	☐	☐
b. Diabetes treated with insulin or arthritis treated with chronic steroid use or gold?	☐	☐	☐	☐
c. Alzheimer's Disease, Organic Brain Syndrome, senility, confusion, disorientation, recurring memory loss, or dementia?	☐	☐	☐	☐
d. Parkinson's Disease, Multiple Sclerosis, ALS (Lou Gehrig's Disease), or Muscular Dystrophy?	☐	☐	☐	☐
e. Stroke, congestive heart failure, emphysema/COPD with continued smoking, cirrhosis of the liver, or unoperated aneurysm?	☐	☐	☐	☐

9. Medical history - Part II

If any questions in Part II of the Medical History are answered "YES," please provide details on page 7.

	Primary Insured YES	Primary Insured NO	Insured Spouse YES	Insured Spouse NO
1. In the past 10 YEARS, have you received medical advice or treatment for the following conditions?	☐	☐	☐	☐

(If "YES" check all that apply. PI = Proposed Primary Insured. IS = Proposed Insured Spouse.)

PI	IS		PI	IS		PI	IS		PI	IS	
☐	☐	Alcoholism	☐	☐	Cane use	☐	☐	Epilepsy/seizures	☐	☐	Neurological disorder
☐	☐	Angina	☐	☐	Carotid artery disease	☐	☐	Falls	☐	☐	Osteoporosis
☐	☐	Arrhythmia	☐	☐	Chronic bronchitis	☐	☐	Fibromyalgia	☐	☐	Pacemaker
☐	☐	Arteriosclerosis	☐	☐	Circulatory disorder	☐	☐	Fractures	☐	☐	Peripheral vascular disease
☐	☐	Arthritis	☐	☐	COPD/emphysema	☐	☐	Heart attack/disease	☐	☐	Respiratory disorders
☐	☐	Asthma	☐	☐	Coronary artery disease	☐	☐	Hepatitis	☐	☐	Skin ulcers
☐	☐	Auto-Immune Disorder	☐	☐	Crohn's disease or ulcerative colitis	☐	☐	High blood pressure	☐	☐	Spine/Back disorders
☐	☐	Back disorder/surgery	☐	☐	Depression	☐	☐	Joint replacement	☐	☐	Stroke/TIA
☐	☐	Blindness	☐	☐	Diabetes	☐	☐	Lupus	☐	☐	Urinary incontinence
☐	☐	Blood disorders	☐	☐	Drug or substance abuse	☐	☐	Melanoma			
☐	☐	Cancer				☐	☐	Mental/nervous disorder			

Return to Home Office

9. Medical history - Part II (continued)

	Primary Insured YES	Primary Insured NO	Insured Spouse YES	Insured Spouse NO
2. In the past 10 YEARS, have you been treated by a health professional for any condition not named above?	☐	☐	☐	☐
3. In the past 12 MONTHS, have you:				
a. Been confined to a hospital, nursing home, or sanitarium?	☐	☐	☐	☐
b. Received home care services, physical therapy, or rehabilitative therapy?	☐	☐	☐	☐
c. Sought medical advice or treatment for loss of appetite, falling, fainting, problems with balance, dizziness, or deterioration of vision?	☐	☐	☐	☐
d. Had any surgical procedure recommended or scheduled?	☐	☐	☐	☐

9. Medical history - Part III

Physician of proposed primary insured

Physician name

Phone number
( ) -

Mailing address

City | State | Zip code

Medical specialist name

Phone number
( ) -

Mailing address

City | State | Zip code

Physician of proposed insured spouse

Physician name

Phone number
( ) -

Mailing address

City | State | Zip code

Medical specialist name

Phone number
( ) -

Mailing address

City | State | Zip code

Return to Home Office

9. Medical history - Part IV

What medications, prescription and non-prescription, are you currently taking?

Name of medication	Dose	Frequency	Condition(s) for which you are taking it	PI	IS
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

9. Medical history - Part V *(provide details to any questions answered "Yes" in Medical history – Parts I & II)*

Home Office changes to this application

Return to Home Office

10. Replacement (complete only if replacement is involved):

By signing this application, I acknowledge that I have received and read a copy of the Notice to Applicant Regarding Replacement of Individual Accident and Sickness or Long Term Care Insurance. The "Notice to applicant" was delivered to (printed name of proposed insured):

First	Middle	Last

on (date) ☐☐/☐☐/☐☐☐☐

Agent first	Middle	Last

Agent address

City	State	Zip code
		☐☐☐☐☐–☐☐☐☐

11. Proposed insured(s) acknowledgement

I(we) received and completed (if applicable) the following when I(we) applied for this policy:

- ☐ Outline of Coverage
- ☐ Personal Worksheet
- ☐ Potential Rate Increase Disclosure
- ☐ Replacement Notice
- ☐ Long Term Care Shopper's Guide
- ☐ Medicare Notice
- ☐ Authorization for Release of Health Information
- ☐ Authorization for Release of Psychotherapy Notes
- ☐ Disclosure Statement

12. Your agreement and permission

AGREEMENT - The answers given are complete and true to the best of my knowledge and belief. I understand that the Company will rely on my written answers to the questions in this application and that if my answers are not complete and true, my policy may not be valid, subject to the Incontestability provision in the policy. I also understand that the agent cannot determine eligibility for or alter the terms of the proposed policy.

ACKNOWLEDGEMENT - I acknowledge receipt of an Outline of Coverage, Long Term Care Shopper's Guide, Medicare Notice, Potential Rate Increase Disclosure, and Disclosure Statement, which includes the Medical Information Bureau Notice and the Notice of Insurance Information Practices.

CAUTION - If your responses on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your policy, subject to the Incontestability provision in the policy.

The undersigned proposed insured(s) and agent certify that the proposed insured(s) has read, or that the agent has read to the proposed insured(s), the completed application and realizes that any false statement or misrepresentation in this application may result in loss of coverage under the policy.

Signed at city	State

Day	Month	Year

X _____
Proposed primary insured's signature

X _____
Proposed insured spouse's signature

To be answered by licensed resident agent: I certify that the statements of the proposed insured(s) have been correctly recorded in this application. To the best of my knowledge, the insurance applied for in this application ____will not or ____will replace existing insurance.

Agent's signature _____

Agent's phone number (☐☐☐)–☐☐☐–☐☐☐☐

Return to Home Office

Agent's statement

		YES	NO
1.	Did you personally interview the proposed insured(s), ask all the questions and witness the signatures?	☐	☐
2. a.	Did the proposed insured(s) (or their representative) initiate the contact that resulted in this application?	☐	☐
b.	How long have you known the proposed insured(s)? _____		
c.	Are you or your spouse related to the proposed insured(s)? If yes, relationship? _____	☐	☐
3.	Did you notice any impairments with regard to walking, talking or any type of tremor or signs of disorientation? (Please explain in "REMARKS.")	☐	☐
4.	Do you have reason to believe that any information on this application (whether favorable or unfavorable) might be inaccurate or misleading or do you have any information not disclosed in this application regarding the health, habits, or home surroundings of the proposed insured(s) (whether favorable or unfavorable) which might assist in the underwriting decision on this application? (Please explain in "REMARKS.")	☐	☐
5.	Does a Power of Attorney agreement exist for the proposed insured(s)? If "Yes," please explain why this agreement has been established in "REMARKS."	☐	☐

6. Proposed Insured(s) type of dwelling:
☐ Private Home ☐ Apartment ☐ Assisted Living Facility
☐ Nursing Facility ☐ Retirement Home ☐ Other _____

7. Indicate the best time of day to contact the proposed insured(s) by telephone: _____

8. Agent must list all health insurance including long term care policies sold to the applicant(s) which: are still in force; and were sold in the last five years but are no longer in force.

☐ Proposed primary insured ☐ Proposed insured spouse

Status of policy: ☐ Lapsed ☐ Applied for ☐ In force
When (mm/dd/yyyy): __/__/____
Type of benefit: _____
Name of company: _____
Policy number: _____
To be replaced by this coverage: ☐ Yes ☐ No
Amount of benefit: $ ___,___
Other _____

☐ Proposed primary insured ☐ Proposed insured spouse

Status of policy: ☐ Lapsed ☐ Applied for ☐ In force
When (mm/dd/yyyy): __/__/____
Type of benefit: _____
Name of company: _____
Policy number: _____
To be replaced by this coverage: ☐ Yes ☐ No
Amount of benefit: $ ___,___
Other _____

REMARKS:

_____

_____

_____

_____

_____

Return to Home Office

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

3% LIFETIME COMPOUND BENEFIT INCREASE RIDER

This Rider increases your benefits each year to provide some protection against the rising cost of long term care, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition

Remaining Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

Lifetime Compound Benefit Increase

On each Policy Anniversary, the benefits provided by the Contract will be increased as follows:

1. The Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 3% of the amount in effect on the previous Policy Anniversary.
2. The Monthly Indemnity Benefit (if the Comprehensive Monthly Indemnity Benefit Rider is elected) **OR** the Home and Community Care Monthly Indemnity Benefit (if the Home and Community Care Monthly Indemnity Benefit Rider is elected) will be increased by 3% of the amount in effect on the previous Policy Anniversary
3. The Maximum Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary, increased by 3% of the Remaining Lifetime Benefit on the current Policy Anniversary.

The annual increases will occur even if benefits are being paid.

Cancellation

If you cancel this Rider, the daily benefits, and, if elected, monthly benefits, will return to the original amounts issued to you.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[ ]

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[ ]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

4% LIFETIME COMPOUND BENEFIT INCREASE RIDER

This Rider increases your benefits each year to provide some protection against the rising cost of long term care, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition

Remaining Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

Lifetime Compound Benefit Increase

On each Policy Anniversary, the benefits provided by the Contract will be increased as follows:

1. The Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 4% of the amount in effect on the previous Policy Anniversary.
2. The Monthly Indemnity Benefit (if the Comprehensive Monthly Indemnity Benefit Rider is elected) **OR** the Home and Community Care Monthly Indemnity Benefit (if the Home and Community Care Monthly Indemnity Benefit Rider is elected) will be increased by 4% of the amount in effect on the previous Policy Anniversary.
3. The Maximum Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary, increased by 4% of the Remaining Lifetime Benefit on the current Policy Anniversary.

The annual increases will occur even if benefits are being paid.

Cancellation

If you cancel this Rider, the daily benefits, and, if elected, monthly benefits, will return to the original amounts issued to you.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[ ]

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[ ]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

5% LIFETIME COMPOUND BENEFIT INCREASE RIDER

This Rider increases your benefits each year to provide some protection against the rising cost of long term care, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition

Remaining Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

Lifetime Compound Benefit Increase

On each Policy Anniversary, the benefits provided by the Contract will be increased as follows:

1. The Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 5% of the amount in effect on the previous Policy Anniversary.
2. The Monthly Indemnity Benefit (if the Comprehensive Monthly Indemnity Benefit Rider is elected) **OR** the Home and Community Care Monthly Indemnity Benefit (if the Home and Community Care Monthly Indemnity Benefit Rider is elected) will be increased by 5% of the amount in effect on the previous Policy Anniversary.
3. The Maximum Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary, increased by 5% of the Remaining Lifetime Benefit on the current Policy Anniversary.

The annual increases will occur even if benefits are being paid.

Cancellation

If you cancel this Rider, the daily benefits, and, if elected, monthly benefits, will return to the original amounts issued to you.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[ ]

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[ ]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

TWO TIMES COMPOUND BENEFIT INCREASE RIDER

This Rider increases your benefits for a limited number of years to provide some protection against the rising cost of long term care, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition

Daily/Monthly Benefit is the Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (if the Comprehensive Monthly Indemnity Benefit Rider is elected), and Home and Community Care Monthly Indemnity Benefit (if the Home and Community Care Monthly Indemnity Benefit Rider is elected).

Remaining Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

Two Times Compound Benefit Increase

On each Policy Anniversary, the benefits provided by the Contract will increase as follows:

1. The Daily/Monthly Benefit will increase by 5% of the amount in effect on the previous Policy Anniversary.
2. The Maximum Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary, increased by 5% of the Remaining Lifetime Benefit on the current Policy Anniversary.

Annual increases will occur each year until the current Daily/Monthly Benefit would otherwise exceed two times the original Daily/Monthly Benefit. The increase in the year that the current Daily/Monthly Benefit would otherwise exceed two times the original Daily/Monthly Benefit will be less than 5% such that the current Daily/Monthly Benefit will equal two times the original Daily/Monthly Benefit. No increases will occur beyond this time.

The annual increases will occur even if benefits are being paid.

Cancellation

If you cancel this Rider, the Daily/Monthly Benefit will return to the original amounts issued to you.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[ ]

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[ ]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

SIMPLE BENEFIT INCREASE RIDER

This Rider increases your benefits each year to provide some protection against the rising cost of long term care, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition

Remaining Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

Lifetime Simple Benefit Increase

On each Policy Anniversary, the benefits provided by the Contract will be increased as follows:

1. The Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 5% of the original amount issued to you.

2. The Monthly Indemnity Benefit (if the Comprehensive Monthly Indemnity Benefit Rider is elected) **OR** the Home and Community Care Monthly Indemnity Benefit (if the Home and Community Care Monthly Indemnity Benefit Rider is elected) will be increased by 5% of the original amount issued to you.

3. The Remaining Lifetime Benefit will also increase by the same proportion as the increase in the daily benefits.

The annual increases will occur even if benefits are being paid.

Cancellation

If you cancel this Rider, the daily benefits, and, if elected, monthly benefits, will return to the original amounts issued to you.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[ ]

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[ ]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

LIMITED PAY RIDER

This Rider provides you with a paid-up Contract once you have paid the required premium for a specified period of time.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Limited Pay Option

To renew the Contract, you must pay the premium due by the premium due date.

If you were 64 or younger on the Effective Date, once you have paid required premiums until the first Policy Anniversary following your 80th birthday, this Rider will provide you with a paid-up Contract.

If you were 65 or older on the Effective Date, once you have paid required premiums until the first Policy Anniversary after 15 policy years, this Rider will provide you with a paid-up Contract.

The Contract will then automatically be renewed for the rest of your life with no further premium due.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

ACCELERATED PREMIUM RIDER

This Rider allows you to pay a higher premium during the first 10 Policy Years and to pay a lower premium after the 10th Policy Year.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Accelerated Premium Benefit

If you were 64 or younger on the Effective Date, this Rider adjusts the Total Modal Premium payment:

- in the first ten Policy Years, to 1.4 times the premium that would have been paid during those Policy Years without this Rider.
- during the eleventh Policy Year through Termination, to 0.7 times the premium that would have been paid during those Policy Years without this Rider.

If you were 65 or older on the Effective Date, this Rider adjusts the Total Modal Premium payment:

- in the first ten Policy Years, to 1.2 times the premium that would have been paid during those Policy Years without this Rider.
- during the eleventh Policy Year through Termination, to 0.6 times the premium that would have been paid during those Policy Years without this Rider.

Premium rates are guaranteed not to change for the first five Policy Years. After the fifth Policy Year, the Company may change the premium rates for the Contract only if we change the premium rates by Class for everyone in your state with this policy form. The premium change would occur on the Policy Anniversary. We will notify you in writing at least 60 days before your premium changes.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

SHORTENED BENEFIT RIDER

This Rider provides limited benefits even after the Contract Lapses, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definitions

Maximum Shortened Benefit Period Amount is the greater of 30 times the Facility Care Daily Benefit in effect on the date of Lapse or the total of premiums paid under the Contract.

The Maximum Shortened Benefit Period Amount may be adjusted subsequent to being initially granted only as necessary to reflect changes in claims, persistency, and interest as reflected in changes in rates for premium paying contracts approved by the Commissioner of Insurance for the same contract form.

Shortened Benefit

If the Contract has been In Force and premiums have been paid for at least three full Policy Years, and then the Contract Lapses, this Rider will provide a Shortened Benefit equal to the Maximum Shortened Benefit Period Amount.

No further increases will occur under any benefit increase Rider after the date the Contract Lapses. Also, all other Riders will terminate on the date the Contract Lapses, and no further benefits will be payable from those Riders. The Facility Care Daily Benefit or Home and Community Care Daily Benefit payable under this Rider will be the daily benefit amount in effect on the date the Contract Lapses.

Benefits payable under this Rider are subject to the same Elimination Period and all provisions of the Contract that would have been in effect had the Contract not Lapsed.

Under the shortened benefit period, coverage will continue during your lifetime, but benefits will be payable only until the total of benefits paid under the Contract, including benefits paid before the date the Contract Lapses, equals the Maximum Shortened Benefit Period Amount.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[ ]

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[ ]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

CALENDAR DAY ELIMINATION PERIOD RIDER

This Rider credits, toward the Elimination Period, each day that you are Chronically Ill from the first day that you receive care.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Calendar Day Elimination Period Benefit	If you are Chronically Ill, each calendar day beginning with the first day that you receive Qualified Long Term Care Services until you are no longer Chronically Ill will count toward the Elimination Period.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[ ]
[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[ ]
[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

HOME AND COMMUNITY CARE MONTHLY BENEFIT RIDER

This Rider adds flexibility by paying the Home and Community Care Benefit on a monthly basis rather than on a daily basis.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Home and Community Care Monthly Benefit

If you are eligible for Benefit Payments under the Home and Community Care Benefit, we will pay up to the number of days in the month times the Home and Community Care Daily Benefit on a monthly basis for the actual expenses incurred during the month.

All benefits paid under the Home and Community Care Monthly Benefit are subtracted from the Maximum Lifetime Benefit; however, the maximum monthly amount of benefits subtracted will not exceed the number of days in the month times the Facility Care Daily Benefit amount.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[ ]

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[ ]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

WAIVER OF HOME AND COMMUNITY CARE ELIMINATION PERIOD RIDER

This Rider waives the Elimination Period if you are receiving Home and Community Care, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Home and Community Care Waiver of Elimination Period Benefit

The Elimination Period will be waived while you are Chronically Ill and are receiving Home and Community Care. In addition, each day that you receive Benefit Payments for Home and Community Care will count toward the Elimination Period.

You must satisfy the remainder of the Elimination Period, if any, to be eligible for Benefit Payments under the Facility Care Benefit.

If you have fully satisfied the Elimination Period for the Facility Care Benefit, the premium charge for this Rider will cease.

Waiver of Premium Benefit

If you meet the Eligibility for Benefits provision in the policy, we will waive your premium as it comes due beginning with the first premium due after the first day that you receive Home and Community Care.

We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as you continue to be Chronically Ill. Once you recover and are no longer Chronically Ill, you must pay each premium that comes due according to the Mode of Payment currently in effect.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

HOME AND COMMUNITY CARE MONTHLY INDEMNITY BENEFIT RIDER

This Rider provides a cash benefit in any month that a Home and Community Care benefit payment is received, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Home and Community Care Monthly Indemnity Benefit

The Home and Community Care Monthly Indemnity Benefit amount is shown on the Policy Schedule. This amount will be paid in any month that a Home and Community Care benefit payment is received. The Home and Community Care Monthly Indemnity Benefit payments will stop when:

- you no longer satisfy the Benefit Payments provision of the policy;
- you are no longer receiving Home and Community Care benefit payments under the Contract; or
- you have received the lesser of two times the Benefit Period in months or 120 Home and Community Care Monthly Indemnity Benefit payments.

Exclusions

The Monthly Indemnity Benefit is not payable if the only benefit of the policy being paid is the Facility Care Benefit or the Alternative Plan of Care Benefit.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

COMPREHENSIVE MONTHLY INDEMNITY BENEFIT RIDER

This Rider provides a cash benefit in any month that a benefit payment is received, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Monthly Indemnity Benefit

The Monthly Indemnity Benefit amount is shown on the Policy Schedule. This amount will be paid in any month that a benefit payment is received. The Monthly Indemnity benefit payments will stop when:

- you no longer satisfy the Benefit Payments provision of the policy;
- you are no longer receiving benefits from the Contract; or
- you have received the lesser of two times the Benefit Period in months or 120 Monthly Indemnity Benefit payments.

Exclusions

The Monthly Indemnity Benefit is not payable if the only benefit of the policy being paid is the Alternative Plan of Care Benefit.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[ ]

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[ ]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

RETURN OF PREMIUM UPON DEATH RIDER

Upon your death, this Rider returns all premiums paid, less any benefits paid, to your Beneficiary.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Return of Premium Upon Death Benefit

This Rider pays a Return of Premium Upon Death Benefit to your Beneficiary, or to your estate if no Beneficiary has been designated, if the Contract Terminates because of your death.

The Return of Premium Upon Death Benefit is equal to the total of premiums paid for the Contract, reduced by the total of benefits paid. If the total of benefits paid exceeds the total of premiums paid, this Return of Premium Upon Death Benefit will be zero.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

FULL RETURN OF PREMIUM UPON DEATH RIDER

Upon your death, this Rider returns all premiums paid to your Beneficiary.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Full Return of Premium Upon Death Benefit

This Rider pays a Full Return of Premium Upon Death Benefit to your Beneficiary or to your estate if no Beneficiary has been designated, if the Contract Terminates because of your death. The Full Return of Premium Upon Death Benefit is equal to the total of premiums paid for the Contract.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[ ]
[Suzanne J. Pepin]
[Senior Vice President, Secretary

[ ]
[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

RESTORATION OF BENEFITS RIDER

Once you recover, this Rider restores the Maximum Lifetime Benefit, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Restoration of Benefits

If benefits have been paid and deducted from the Maximum Lifetime Benefit, the Maximum Lifetime Benefit will be restored if, for a period of 180 consecutive days:

- the Contract is In Force;
- you are not receiving Benefit Payments; and
- you are no longer Chronically Ill.

The Maximum Lifetime Benefit may be restored an unlimited number of times.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[ ]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[ ]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

MARRIED DISCOUNT RIDER

This Rider provides a premium discount because you are married, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Married Discount Benefit

This Rider provides you with a premium discount because you are married.

The Married Discount Rider will not terminate due to the death of your spouse while the Contract is In Force.

Cancellation

This Rider must be cancelled if you are no longer married (except due to the death of your spouse while the Contract is In Force) by providing written notice of Cancellation to us.

Termination

This Rider will Terminate and coverage under this Rider will end on the earliest of:

- the date of Cancellation of this Rider; or
- the date the Contract Terminates.

Upon Termination of this Rider, the premium will be equal to the rate that you would have been charged for an individual Contract without this Rider at your original issue age and risk class and will not include any Married Discount Benefit.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[ ]

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[ ]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

SPOUSAL DISCOUNT RIDER

This Rider provides a premium discount because both you and your spouse were issued Contracts, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Spousal Discount Benefit

This Rider provides you with a premium discount because both you and an Insured Spouse, with whom you are living and to whom you are married, were issued Contracts.

The Spousal Discount Rider will not terminate due to the death of the Insured Spouse.

Cancellation

This Rider must be cancelled if you are no longer living with or married to the Insured Spouse (except due to the death of the Insured Spouse while the Contract is In Force) by providing written notice of Cancellation to us.

Termination

This Rider will terminate and coverage under this Rider will end on the earliest of:

- the date of Cancellation of this Rider;
- the date the Insured Spouse cancels their Spousal Discount Rider;
- the date the Contract Terminates; or
- the date the Insured Spouse's contract terminates.

Upon Termination of this Rider, the premium will be equal to the rate that you would have been charged for an individual Contract without this Rider at your original issue age and risk class and will not include any Spousal Discount Benefit.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[ ]

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[ ]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

SPOUSAL SHARED CARE RIDER

This Rider allows you to access the available benefits under your spouse's contract once your Maximum Lifetime Benefit has been exhausted, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition

Spousal Shared Care Benefit Amount is equal to the Maximum Lifetime Benefit, less the total of all claims paid, less 365 times the Facility Care Daily Benefit, in effect at the time of claim. This amount will be disclosed on the consent form.

Spousal Shared Care Benefit

If you exhaust the Maximum Lifetime Benefit, you may access the Insured Spouse's benefits, upon our receipt of their signed consent form, up to their spousal shared care benefit amount.

If the Insured Spouse exhausts his/her maximum lifetime benefit, the Insured Spouse may access your benefits, upon our receipt of your signed consent form, up to the Spousal Shared Care Benefit Amount.

Death of Insured Spouse

Upon receipt of proof of death of the Insured Spouse, we will increase the Maximum Lifetime Benefit by the amount of the Insured Spouse's spousal shared care benefit amount, if any. We will provide you with written verification of the new Maximum Lifetime Benefit. Your premium will remain unchanged.

Cancellation

This Rider may be cancelled at any time by either Insured by providing written notice of Cancellation to us.

Termination

This Rider will terminate and coverage under this Rider will end on the earliest of:

- the date of Cancellation of this Rider;
- the date the Insured Spouse cancels their Spousal Shared Care Rider;
- the date of Termination of the Spousal Discount Rider; or
- the date the Insured Spouse's Spousal Discount Rider terminates.

Restoration of Benefits

The optional Restoration of Benefits Rider does not extend to this Rider. If the optional Restoration of Benefits Rider is attached to the Contract, the Maximum Lifetime Benefit will only be restored to the extent that you have accessed benefits under the Contract subject to the provisions of the Restoration of Benefits Rider. Benefits accessed under the Contract by the Insured Spouse will not be restored.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[ ]

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[ ]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

SPOUSAL WAIVER OF PREMIUM RIDER

This Rider waives your premium as it comes due if your spouse's premiums are being waived, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Spousal Waiver Benefit

If the Insured Spouse is eligible for Benefit Payments and has satisfied the Elimination Period, this Rider will waive your premium as it comes due.

We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as the Insured Spouse's premiums are being waived. Once the Insured Spouse is no longer Chronically Ill or this Rider Terminates, you must pay each premium that comes due according to the Mode of Payment in effect.

Cancellation

This Rider may be cancelled at any time by either Insured by providing written notice of Cancellation to us.

Termination

This Rider will terminate and coverage under this Rider will end on the earliest of:

- the date of Cancellation of this Rider;
- the date the Insured Spouse cancels their Spousal Waiver of Premium Rider;
- the date of Termination of the Spousal Discount Rider; or
- the date the Insured Spouse's Spousal Discount Rider terminates.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[ ]

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[ ]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

SPOUSAL SURVIVORSHIP RIDER

This Rider provides you with a paid-up Contract if both your and your spouse's Contract has been In Force for 10 years and then your spouse dies, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Paid Up Survivorship Benefit

The premiums for the Contract will be paid up if:

- the Contract is In Force for 10 Policy Years;
- the Insured Spouse's contract is in force for 10 policy years; and
- the Insured Spouse dies.

Cancellation

This Rider may be cancelled at any time by either Insured by providing written notice of Cancellation to us.

Termination

This Rider will terminate and coverage under this Rider will end on the earliest of:

- the date of Cancellation of this Rider;
- the date the Insured Spouse cancels their Spousal Survivorship Rider;
- the date of Termination of the Spousal Discount Rider; or
- the date the Insured Spouse's Spousal Discount Rider terminates.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[ ]

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[ ]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

CONTINGENT BENEFIT UPON LAPSE ENDORSEMENT

This Endorsement provides benefits if a substantial premium increase occurs, subject to the conditions listed below.

The Company has issued this Endorsement as a part of the policy to which it is attached. This Endorsement is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Endorsement.

Contingent Benefit Upon Lapse

If the Contract has been In Force and premiums have been paid for at least three full Policy Years and we:

(a) Increase the premium rates under the Contract (we will notify you in writing at least 60 days before your premium changes) which results in a cumulative increase of the annual premium equal to or exceeding the percentage of your initial annual premium, as set forth in the Triggers for Substantial Premium Increase Table; then

(b) The following options will become available under the Contract:

1. The Facility Care Daily Benefit shown on the Policy Schedule may be reduced. This may be accomplished by reduction of the Facility Care Daily Benefit (subject to its availability) to provide for an amount that the current premium payable under the Contract will purchase. This will also reduce the Maximum Lifetime Benefit. Reduction of the Facility Care Daily Benefit must be elected within 120 days of a Substantial Premium Increase as described above and will not be subject to evidence of insurability; or
2. The Contract may be converted to a paid-up status with the Shortened Benefit Period described below. This option may be elected at any time within 120 days of a Substantial Premium Increase, as described above. In addition, if the Contract Lapses for nonpayment of premium during this 120-day period, this option will automatically be provided under the Contract.

Benefits paid by the insurer while the policy is in premium paying status and in paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

Shortened Benefit Period

Your coverage will continue and the Facility Care Daily Benefit will be payable based on the Facility Care Daily Benefit shown on the Policy Schedule (and any previous increases due to a benefit increase Rider) in effect on the date of Lapse. No further benefit increases will occur under any benefit increase Rider, if attached to the policy.

The Maximum Lifetime Benefit becomes equal to the greater of: (a) the total of premiums paid for the policy and all Riders; or (b) thirty times the Facility Care Daily Benefit in effect on the date of Lapse. This adjusted benefit amount replaces the Maximum Lifetime Benefit in effect on the date of Lapse. Any benefits paid to you after the Contract Lapses will be subtracted from this new Maximum Lifetime Benefit.

Your coverage under this Endorsement is subject to the same policy benefit provisions, Elimination Period, Limitations and Exclusions, and all other provisions of the policy and attached Riders that were in effect prior to the date of Lapse, except any benefit increase Rider, if attached to the policy.

Triggers for Substantial Premium Increases Table

Issue Age	Percent Increase Over Initial Premium
18-29	200%
30-34	190
35-39	170
40-44	150
45-49	130
50-54	110
55-59	90
60	70
61	66
62	62
63	58
64	54
65	50
66	48
67	46
68	44
69	42
70	40
71	38
72	36
73	34
74	32
75	30
76	28
77	26
78	24
79	22
80	20
81	19
82	18
83	17
84	16

Signed for the Company in Minneapolis, Minnesota and effective on the Effective Date of the policy.

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

FACILITY CARE ONLY POLICY ENDORSEMENT

This Endorsement deletes any reference in the policy to "Home and Community Care," thus making it a Facility Care Only policy.

The Company has issued this Endorsement as a part of the policy to which it is attached. This Endorsement is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Endorsement.

Guide to Policy Benefits and Provisions	The reference to the "Home and Community Care Benefit" is deleted.
Definitions Section	The reference to "Home and Community Care" in the "Elimination Period" definition is deleted. The "Home and Community Care" definition is deleted. The "Home and Community Care Daily Benefit" definition is deleted.
Eligibility for the Payment of Benefits Section	The reference to the "Home and Community Care Daily Benefit" in the "Benefit Payments" provision is deleted.
General Benefit Information Section	The "Home and Community Care Benefit" provision is deleted. The second bullet with respect to "Home and Community Care" and the "Home and Community Care Daily Benefit" in the "Respite Care Benefit" provision is deleted. The references to the "Home and Community Care Daily Benefit" in the "International Coverage Benefit" provision are deleted.
Riders and Endorsements	Any references to "Home and Community Care" in any Riders or Endorsements attached to the policy are deleted.

Signed for the Company in Minneapolis, Minnesota and effective on the Effective Date of the policy.

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

INTERNATIONAL COVERAGE BENEFIT ENDORSEMENT

This Endorsement provides benefits if you are outside the fifty United States, the District of Columbia, or Canada, subject to the conditions listed below.

The Company has issued this Endorsement as a part of the policy to which it is attached. This Endorsement is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Endorsement.

Definitions

International Coverage Maximum Lifetime Benefit is the total amount we will pay in your lifetime for all benefits (other than the Waiver of Premium Benefit) provided under the International Coverage Benefit. The International Coverage Maximum Lifetime Benefit is calculated as 70% of the Facility Care Daily Benefit times 730 days.

International Coverage Remaining Lifetime Benefit on the current Policy Anniversary is the International Coverage Maximum Lifetime Benefit, if any, on the previous Policy Anniversary less the total of all applicable claims paid up to the current Policy Anniversary.

International Coverage Benefit

If you require Qualified Long Term Care Services, which would otherwise be covered under the Contract, while you are outside the fifty United States, the District of Columbia, or Canada, we will pay the International Coverage Benefit if:

- You are in a designated country as defined in the Visa Waiver Program (VWP);
- You are eligible for Benefit Payments;
- You provide us with Proof of Loss and a properly completed Claim Form;
- You provide us with a written certification, completed within the previous 12 months by a similarly accredited Physician or Registered Professional Nurse, verifying that you are Chronically Ill; and
- You provide us with a written Plan of Care.

For Qualified Long Term Care Services received outside the fifty United States, the District of Columbia, or Canada, we will pay actual expenses up to 70% of the Facility Care Daily Benefit or Home and Community Care Daily Benefit.

All benefits paid under the International Coverage Benefit accumulate toward the Maximum Lifetime Benefit and the International Coverage Maximum Lifetime Benefit. No further benefits will be paid under the International Coverage Benefit once the Maximum Lifetime Benefit or the International Coverage Maximum Lifetime Benefit has been exhausted.

All required documentation must be provided to us in English. Any benefits paid will be paid in United States currency.

Under this Endorsement, no benefits will be payable for the following Riders, if attached to the policy: Waiver of Home and Community Care Elimination Period Rider, Calendar Day Elimination Period Rider, Comprehensive Monthly Indemnity Benefit Rider, Home and Community Care Monthly Benefit Rider, Home and Community Care Monthly Indemnity Benefit Rider, Restoration of Benefits Rider, Spousal Shared Care Rider, and Spousal Waiver of Premium Rider.

For a list of designated countries, as defined in the Visa Waiver Program, please write or call us at the address or telephone number shown on the first page of the policy. If the Visa Waiver Program is discontinued, the succeeding, or a similar, program will apply.

Compound Benefit Increase Riders

If there is a compound benefit increase Rider attached to the policy, on each Policy Anniversary, the International Coverage Maximum Lifetime Benefit will be increased as follows:

The International Coverage Maximum Lifetime Benefit on the current Policy Anniversary is the International Coverage Maximum Lifetime Benefit on the previous Policy Anniversary, increased by the applicable percentage of the International Coverage Remaining Lifetime Benefit on the current Policy Anniversary. Any limits or increases specified by the compound benefit increase Rider also apply to increases to the International Coverage Maximum Lifetime Benefit. Once the International Coverage Maximum Lifetime Benefit has been exhausted, no further increases for such benefit will occur.

Simple Benefit Increase Rider

If the Simple Benefit Increase Rider is attached to the policy, on each Policy Anniversary, the International Coverage Maximum Lifetime Benefit will be increased as follows:

The International Coverage Remaining Lifetime Benefit will also increase by the same proportion as the increase in the daily benefits. Once the International Coverage Maximum Lifetime Benefit has been exhausted, no further increases for such benefit will occur.

Signed for the Company in Minneapolis, Minnesota and effective on the Effective Date of the policy.

[ ]

[Suzanne J. Pepin]
[Senior Vice President, Secretary and Chief Legal Officer]

[ ]

[Charles Kavitsky]
[President]

Allianz Life Insurance Company
of North America
[PO Box 1292
Minneapolis, MN 55440-1292]

LONG TERM CARE INSURANCE PERSONAL WORKSHEET

People buy long term care insurance for many reasons. Some don't want to use their own assets to pay for long term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and **ask** you to fill out the rest to help you and the company decide if you should buy this policy.

Premium Information
(to be filled out by agent)

Policy Form Number(s) _____

The premium for the coverage you are considering will be $ [_____] per month, or $ [_____] per year.

Type of Policy: Guaranteed Renewable.

The Company's Right to Increase Premiums: The company has a right to increase premiums on this policy form in the future, provided we base the premium increase, by class, for everyone in your state, on the experience of this policy form. We will notify you in writing at least 60 days before your premium changes.

Rate Increase History
The company has sold long term care insurance since 1988 and has sold this policy since [2003]. The company has never raised its rates for any long term care policy it has sold in this state or any other state.

Questions Related to Your Income
(to be filled out by applicant – proceed to "Disclosure Statement" if you choose not to complete this information)

How will you pay each year's premium? (check one)
☐From my Income ☐From my Savings\Investments ☐My Family will pay

☐Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%?

What is your annual income? (check one) ☐Under $10,000 ☐$[10-20,000] ☐$[20-30,000] ☐$[30-50,000] ☐Over $50,000

How do you expect your income to change over the next 10 years? (check one)
☐No change ☐Increase ☐Decrease

If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? (check one) ☐Yes ☐No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount?
☐From my Income ☐From my Savings\Investments ☐My Family will Pay

The national average annual cost of care in [2001] was [$55,000], but this figure varies across the country.[1] *In ten years the national average cost would be about [$89,589] if costs increase 5% annually.*

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[1] [Long Term Care: Baby Boom Generation Increases Challenge of Financing Needed Services, United States General Accounting Office, March 2001]

What elimination period are you considering?
Number of days _____ .Approximate cost $ _____ for that period of care.

How are you planning to pay for your care during the elimination period? (check one)
☐From my Income ☐From my Savings\Investments ☐My Family will Pay

Questions Related to Your Savings and Investments
(to be filled out by applicant)

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)
☐Under $20,000 ☐$20,000-$30,000 ☐$30,000-$50,000 ☐Over $50,000

How do you expect your assets to change over the next ten years? (check one)
☐Stay about the same ☐Increase ☐Decrease

If you are buying this policy to protect your assets and your assets are less than $30,000, you may wish to consider other options for financing your long term care.

Disclosure Statement
(to be filled out by applicant)

☐ The answers to the questions above describe my financial situation.
Or
☐ I choose not to complete this information. **(If this box is checked, agent and applicant must complete next sections in order for application to be processed.)**

(One of the above boxes, as well as the below box, must be checked.)

PLEASE READ – THE BELOW BOX MUST BE CHECKED
☐ I acknowledge that the carrier and/or its agent (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for this policy may increase in the future.**

Signed: _____
(Applicant) (Date)

☐ I explained to the applicant the importance of completing this information.

Signed: _____
(Agent) (Date)

Agent's Printed Name: _____

In order for us to process your application, please return this signed statement to Allianz Life Insurance Company of North America along with your application.

My agent has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.

Signed: _____
(Applicant) (Date)

The company may contact you to verify your answers.

Allianz Life Insurance Company
of North America
[PO Box 1292
Minneapolis, MN 55440-1292]

Long Term Care Insurance
Potential Rate Increase Disclosure Form

1. **Premium Rate**: The premium rate that is applicable to you and that will be in effect until a request is made and approved for an increase is $[_____].

2. **The premium for this policy will be shown on the schedule page of your policy.**

3. **Rate Schedule Adjustments:** Premium rate adjustments will be effective on the next policy anniversary date.

4. **Potential Rate Revisions:**

   This policy is Guaranteed Renewable. This means that the rates for this product may be increased in the future. Your rates can NOT be increased due to your increasing age or declining health, but your rates may increase based, by class for everyone in your state, on the experience of this policy form. We will notify you in writing at least 60 days before your premium changes.

   If you receive a premium rate or premium rate schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:

   - Pay the increased premium and continue your policy in force as is.
   - Reduce your policy benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
   - Exercise your nonforfeiture option if purchased. (This option is available for purchase for an additional premium.)
   - Exercise your contingent nonforfeiture rights.* (This option may be available if you do not purchase a separate nonforfeiture option.)

***Contingent Nonforfeiture**

If the premium rate for your policy goes up in the future and you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

You will keep some long-term care insurance coverage, if:

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table; and

- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount, will be considered "paid-up" with no further premiums due.

Example:

- You bought the policy at age 65 and paid the $1,000 annual premium for 10 years, so you have paid a total of $10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or $500 for a new annual premium of $1,500, and you decide to lapse the policy (not pay any more premiums).
- Your "paid-up" policy benefits are $10,000 (provided you have at least $10,000 of benefits remaining under your policy.)

Contingent Nonforfeiture
Cumulative Premium Increase Over Initial Premium
that qualifies for Contingent Nonforfeiture

(Percentage increase is cumulative from the date of original issue. It does NOT represent a one-time increase.)

Issue Age	Percent Increase Over Initial Premium
29 and under	200%
30-34	190%
35-39	170%
40-44	150%
45-49	130%
50-54	110%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%

Allianz Life Insurance Company of North America
P.O. Box 1292
Minneapolis, MN 55440-1292
1-800-950-7372

Generation Protector Illustration

A Long Term Care Insurance Policy

Prepared for:
[Mr. Client]
[and]
[Mrs. Client]

Presented by:
[Agent Name]

This illustration is a general description of benefits selected and is not a contract. Please refer to the accompanying Outline of Coverage for details. Specific benefits payable are governed by the policy form for your state. The policy form number illustrated is [10-P-Q-VA].

QUALIFIED TAX STATUS: This illustrates a Long Term Care policy intended to qualify for favorable federal tax treatment. As such, it must meet certain federal standards, in addition to all applicable standards in the state in which this Contract was issued or issued for delivery. If you have any questions regarding the tax qualifications of this Contract, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

GUARANTEED RENEWABLE: The policy is guaranteed renewable for life. Premium rates are subject to change. You may renew the policy for the rest of your life. To renew, just pay the premium due. It must be paid on or before the due date. We cannot refuse to renew the policy if the premium is paid on time. [The policy will be paid-up once you have paid premiums until the later of the first policy anniversary after attained age 80 or 15 policy years.] Premium rates are guaranteed not to change for the first five policy years. After the fifth year, the company may change the premium rates, but only if we base the premium change, by class for everyone in your state, on the experience of this policy form. We will give you at least 60 days written notice at your last address shown on our records before we change your premium rates.

Allianz Life Insurance Company of North America
Generation Protector
Basic Plan

[Mr. Client][Preferred] [Male] Age:[65]
Elimination Period: [90 days] [Total Spousal][Annual] Premium: $[3,990.84]
Needs to be satisfied only once

POLICY BENEFITS SELECTED

Facility Care Daily Benefit	$[100]
Home and Community Care Daily Benefit	$[100]
Benefit Period	[5] years
Maximum Lifetime Benefit	$[182,500]
Elimination Period	[90] days

OPTIONAL BENEFITS SELECTED

Illustrated values include the following additional benefits:

[5% Lifetime Compound Benefit Increase Rider
Each year your Facility Care Daily Benefit and remaining Maximum Lifetime Benefit both increase by 5% of the previous year's amounts.]

[Shortened Benefit Rider
If you lapse your policy after 3 years, coverage will continue until the total of benefits paid equals the greater of the total premiums you paid or thirty times the Facility Care Daily Benefit in effect on the date of the lapse.]

[Restoration of Benefits Rider
Restores the full maximum value of benefits after you recover from an illness and your benefits are not payable for 180 consecutive days.]

PREMIUMS

Comprehensive Care Plan	[$1,030.00]
[5% Lifetime Compound Benefit Increase Rider]	[$947.60]
[Shortened Benefit Rider]	[$514.18]
[Restoration of Benefits Rider]	[$99.67]
TOTAL ANNUAL PREMIUM	[$2,591.45]
[TOTAL ANNUAL PREMIUM LESS SPOUSAL POLICY DISCOUNT]	[$1,814.02]

This is an illustration only, not an offer, contract, or promise of future policy performance.
Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all [4] pages.

[Allianz Life Insurance Company of North America
Generation Protector
Basic Plan

[Mrs. Client][Preferred] [Female] Age:[65]
Elimination Period: [90 days] [Total Spousal][Annual] Premium: $[3.990.84]
Needs to be satisfied only once

POLICY BENEFITS SELECTED

Facility Care Daily Benefit	$[120]
Home and Community Care Daily Benefit	$[120]
Benefit Period	[5] years
Maximum Lifetime Benefit	$[219,000]
Elimination Period	[90] days

OPTIONAL BENEFITS SELECTED

Illustrated values include the following additional benefits:

[5% Lifetime Compound Benefit Increase Rider
Each year your Facility Care Daily Benefit and remaining Maximum Lifetime Benefit both increase by 5% of the previous year's amounts.]

[Shortened Benefit Rider
If you lapse your policy after 3 years, coverage will continue until the total of benefits paid equals the greater of the total premiums you paid or thirty times the Facility Care Daily Benefit in effect on the date of the lapse.]

[Restoration of Benefits Rider
Restores the full maximum value of benefits after you recover from an illness and your benefits are not payable for 180 consecutive days.]

PREMIUMS

Comprehensive Care Plan	[$1,236.00]
[5% Lifetime Compound Benefit Increase Rider]	[$1, 137.12]
[Shortened Benefit Rider]	[$617.01]
[Restoration of Benefits Rider]	[$ 119.61]
TOTAL ANNUAL PREMIUM	[$3,190.74]
[TOTAL ANNUAL PREMIUM LESS SPOUSAL POLICY DISCOUNT]	[$2,176.82]]

This is an illustration only, not an offer, contract, or promise of future policy performance.
Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all [4] pages.

Allianz Life Insurance Company of North America
Generation Protector
Supplement

As we grow older, the risk of needing continued care at home or the possibility of a prolonged Nursing Home stay continues to increase. Long Term Care services range from help with day to day activities (such as bathing or dressing) to more complex services such as Nursing Care.

The need for Long Term Care services may suddenly arise from an accident, major illness, such as stroke or heart attack, or gradually become evident as more and more assistance is needed with the activities of daily living.

The cost for these services can be substantial. Long Term Care Insurance provides the means to help pay for the services needed and maintain your financial and emotional independence.

Your Allianz Life Representative will work with you to select the plan which best meets your needs. Today, you are healthy and active with a good chance to qualify, so why wait?

Still, Long Term Care Insurance may not be suitable for everyone. Carefully examine your own individual needs, health status, retirement objectives and financial resources. A review of your financial assets, the reasons you want to protect them and your ability to pay the premiums will help determine if Long Term Care Insurance is right for you. Your Allianz Life Representative will work with you to select the plan which best meets your needs.

Allianz Life Insurance Company of North America
P.O. Box 1292
Minneapolis, MN 55440-1292
1-800-950-7372

Generation Protector Illustration

A Long Term Care Insurance Policy

Prepared for:
[Mrs. Client]

Presented by:
[Joe Agent]

This illustration is a general description of benefits selected and is not a contract. Please refer to the accompanying Outline of Coverage for details. Specific benefits payable are governed by the policy form for your state. The policy form number illustrated is [10-P-Q-VA]

QUALIFIED TAX STATUS: This illustrates a Long Term Care policy intended to qualify for favorable federal tax treatment. As such, it must meet certain federal standards, in addition to all applicable standards in the state in which this Contract was issued or issued for delivery. If you have any questions regarding the tax qualifications of this Contract, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

GUARANTEED RENEWABLE: The policy is guaranteed renewable for life. Premium rates are subject to change. You may renew the policy for the rest of your life. To renew, just pay the premium due. It must be paid on or before the due date. We cannot refuse to renew the policy if the premium is paid on time. [The policy will be paid-up once you have paid premiums until the later of the first policy anniversary after attained age 80 or 15 policy years.] Premium rates are guaranteed not to change for the first five policy years. After the fifth year, the company may change the premium rates, but only if we base the premium change, by class for everyone in your state, on the experience of this policy form. We will give you at least 60 days written notice at your last address shown on our records before we change your premium rates.

Allianz Life Insurance Company of North America
Generation Protector
Basic Plan

[Mrs. Client] [Preferred] [Female] Age:[60]
Elimination Period: [90] days [Annual] Premium: $[1,607.46]
Needs to be satisfied only once

POLICY BENEFITS SELECTED

Facility Care Daily Benefit	$[120]
Home and Community Care Daily Benefit	$[120]
Benefit Period	[5] years
Maximum Lifetime Benefit	$[219,000]
Elimination Period	[90] days

OPTIONAL BENEFITS SELECTED

Illustrated values include the following additional benefits:

[5% Lifetime Compound Benefit Increase Rider
Each year your Facility Care Daily Benefit and remaining Maximum Lifetime Benefit both increase by 5% of the previous year's amounts.]

[Shortened Benefit Rider
If you lapse your policy after 3 years, coverage will continue until the total of benefits paid equals the greater of the total premiums you paid or thirty times the Facility Care Daily Benefit in effect on the date of the lapse.]

[Restoration of Benefits Rider
Restores the full maximum value of benefits after you recover from an illness and your benefits are not payable for 180 consecutive days.]

[Accelerated Premium Rider
Accelerate premium payments during the first ten policy years, then pay lower premium amount as you mature.]

Allianz Life Insurance Company of North America
Generation Protector
Basic Plan

[Mrs. Client][Preferred] [Female] Age:[60]
Elimination Period: [90] days [Annual] Premium: $[1,607.46]
Needs to be satisfied only once

PREMIUMS (Premium adjustments associated with the Accelerated Premium Rider are included in these figures)

Premium for first ten policy years:	
Comprehensive Care Plan	[$1,192.80]
[5% Lifetime Compound Benefit Increase Rider]	[$1,300.15]
[Shortened Benefit Rider]	[$ 598.31]
[Restoration of Benefits Rider]	[$ 123.65]
TOTAL ANNUAL PREMIUM YEARS 1-10	[$3,214.91]
[TOTAL ANNUAL PREMIUM LESS MARRIED POLICY DISCOUNT	$2,732.67]
Premium for policy years eleven and beyond:	
Comprehensive Care Plan	[$ 596.40]
[Lifetime Compound Benefit Increase Rider]	[$ 650.08]
[Shortened Benefit Rider]	[$ 299.16]
[Restoration of Benefits Rider]	[$ 61.83]
TOTAL ANNUAL PREMIUM YEARS 11+	[$1,607.46]
[TOTAL ANNUAL PREMIUM LESS MARRIED POLICY DISCOUNT	$1,366.34]

Allianz Life Insurance Company of North America
Generation Protector
Supplement

As we grow older, the risk of needing continued care at home or the possibility of a prolonged Nursing Home stay continues to increase. Long Term Care services range from help with day to day activities (such as bathing or dressing) to more complex services such as Nursing Care.

The need for Long Term Care services may suddenly arise from an accident, major illness, such as stroke or heart attack, or gradually become evident as more and more assistance is needed with the activities of daily living.

The cost for these services can be substantial. Long Term Care Insurance provides the means to help pay for the services needed and maintain your financial and emotional independence.

Your Allianz Life Representative will work with you to select the plan which best meets your needs. Today, you are healthy and active with a good chance to qualify, so why wait?

Still, Long Term Care Insurance may not be suitable for everyone. Carefully examine your own individual needs, health status, retirement objectives and financial resources. A review of your financial assets, the reasons you want to protect them and your ability to pay the premiums will help determine if Long Term Care Insurance is right for you. Your Allianz Life Representative will work with you to select the plan which best meets your needs.

Allianz Life Insurance Company of North America
Post Office Box 1292
Minneapolis, Minnesota 55440-1292

ACTUARIAL MEMORANDUM

LONG TERM CARE INSURANCE POLICY AND RIDERS: Series 10-P-Q

I. PURPOSE OF MEMORANDUM

The purpose of this memorandum is to provide actuarial information supporting rates for Allianz' Individual Long Term Care Product and to demonstrate the reasonableness of benefits relative to premiums. This filing is not intended to be used for other purposes.

II. MARKETING METHOD

Sales will be conducted by individual agents, who will sell primarily on an individual policy basis. The majority of policies are expected to be issued to ages 50 – 70.

III. UNDERWRITING METHODOLOGY

Strict underwriting criteria are administered with frequent utilization of medical records, paramedical functional assessments, and personal history interviews.

IV. POLICY INFORMATION

This plan is a Guaranteed Renewable, Tax Qualified, Individual Long Term Care Product. Premiums vary by issue age and are projected to be level for the duration of the policy, unless modified by the Limited Pay Rider or Accelerated Premium Rider. Premium rates are guaranteed for the first five years of the policy.

Several coverage options are available, and are detailed later in this memo:

- Various Maximum Benefit Periods
- Various Daily Benefit Amounts
- Various Elimination Periods
- Facility Care Plan with three Home and Community Care Benefit levels
- Separate rates for Preferred Plus, Perferred, Standard, Class I, and Class II lives
- Separate rates for spousal, married and single lives

In addition, several optional riders are available as described below.

V. ELIGIBILITY CRITERIA

To be eligible for benefits:

- The insured must need substantial assistance to perform at least two out of six activities of daily living (ADLs) for at least 90 consecutive days due to a loss of functional capacity; or

- The insured requires substantial supervision due to a cognitive impairment.

The six ADLs are bathing, continence, dressing, eating, toileting, and transferring.

VI. BENEFIT AMOUNT

Policies are available with a benefit period of 2, 3, 4, 5, or 8 years, or lifetime. The Maximum Lifetime Benefit is a single pool of money calculated as the Facility Care Daily Benefit times 365 times the benefit period (in years). The Facility Care Daily Benefit can vary from $100 to $500, in increments of $10. The Home and Community Care Daily Benefit is 70, 100, or 130% of the Facility Care Daily Benefit.

VII. ELIMINATION PERIOD

Policies are available with an elimination period of 7, 30, 60, 90, or 180 days. Each day of covered services counts toward the elimination period (days need not be consecutive). The elimination period must be satisfied only once for the life of the policy.

VIII. BASE POLICY BENEFITS

A. Facility Care Benefit – Reimbursement of expenses incurred up to the Facility Care Daily Benefit for care provided in a nursing facility or assisted living facility. Benefits paid are deducted from the Maximum Lifetime Benefit.

B. Home and Community Care Benefit – This benefit reimburses expenses incurred up to the Home and Community Care Daily Benefit for adult day care, home care, and hospice care. Home care includes professional nursing care, care by a home health aide, therapeutic care, and homemaker services. Benefits paid are deducted from the Maximum Lifetime Benefit.

C. Alternative Plan of Care Benefit – This benefit provides for services or care not normally covered under other benefit provisions in the policy, for example, equipment purchases or rentals, or modifications to the home. Benefits paid are deducted from the Maximum Lifetime Benefit.

D. Bed Reservation Benefit – If the insured temporarily leaves the care facility, this benefit will continue to pay the Facility Care Benefit as if they were still confined to that facility. This benefit is payable for a maximum of 60 days per calendar year. Benefits paid are deducted from the Maximum Lifetime Benefit.

E. Caregiver Training Benefit – A one time benefit equal to five times the Facility Care Daily Benefit is available to reimburse expenses incurred for an informal caregiver to receive training to take care of the insured at home. The elimination period does not apply to this benefit, and benefits paid are deducted from the Maximum Lifetime Benefit.

F. Respite Care Benefit – This benefit reimburses expenses incurred up to the Facility Care Daily Benefit, or Home and Community Care Daily Benefit, as appropriate, for short term care to relieve an informal care giver. This benefit is available for up to 30 days per calendar year. The elimination period does not apply to this benefit, and benefits paid are deducted from the Maximum Lifetime Benefit.

G. Nursing Facility Recovery Benefit – If Facility Care Benefits are paid for 12 continuous months, and the insured recovers (is no longer chronically ill), the policy becomes paid up.

H. Waiver of Premium Benefit – If the insured is eligible to receive benefits, their premiums will be waived as they come due. This benefit does not reduce the Maximum Lifetime Benefit.

I. Care Coordination Advisor Benefit – The insured may choose to utililize the services of a care coordination advisor to help determine and monitor their care. This service is not required to obtain benefits under the policy, and it will not reduce the Maximum Lifetime Benefit.

IX. OPTIONAL BENEFIT RIDERS

A. NONFORFEITURE BENEFITS:

1. Shortened Benefit Rider - This rider provides the nonforfeiture benefit as adopted by the NAIC. If the policy has been in force for at least three years and lapses due to nonpayment of premiums, coverage will continue but the maximum benefit payable is limited the total premiums paid for the contract, subject to a minimum of thirty times the Facility Care Daily Benefit. No further benefit increases will occur under any inflation protection rider, if attached to the policy.

2. Return of Premium Upon Death Rider – At the death of the insured, this rider pays a benefit equal to the total premium paid less benefits paid.

3. Full Return of Premium Upon Death Rider – At the death of the insured, this rider pays a benefit equal to the total premium paid.

4. Contingent Benefit Upon Lapse – This benefit is provided (without charge) if the Shortened Benefit Rider is not chosen. If the cumulative premium increase is considered substantial, the insured has the option to convert the coverage to a paid-up status with a shortened benefit period.

B. INFLATION PROTECTION (only one benefit in this section may be elected):

1. 3% Lifetime Compound Benefit Increase Rider – This rider increases the daily benefit and remaining lifetime benefit by 3%, compounded annually. Increases are made regardless of claim status.

2. 4% Lifetime Compound Benefit Increase Rider – This rider increases the daily benefit and remaining lifetime benefit by 4%, compounded annually. Increases are made regardless of claim status.

3. 5% Lifetime Compound Benefit Increase Rider – This rider increases the daily benefit and remaining lifetime benefit by 5%, compounded annually. Increases are made regardless of claim status.

4. Two Times Compound Benefit Increase Rider – This rider increases the daily benefit and remaining lifetime benefit by 5%, compounded annually, until the daily benefit equal two times the original daily benefit. Increases are made regardless of claim status.

5. Simple Benefit Increase Rider – This rider increases the daily benefit by 5% of the original amount issued. The remaining lifetime benefit will be increased by the same proportion as the daily benefit. Increases are made regardless of claim status.

C. BASE BENEFIT ENHANCEMENTS:

1. Restoration of Benefits Rider – The Maximum Lifetime Benefit is restored if, for 180 consecutive days, the insured is not receiving benefit payments, is not eligible for benefits, and is no longer chronically ill.

2. Comprehensive Monthly Indemnity Benefit Rider – A monthly indemnity benefit is payable in any month that a benefit payment is received on the base policy (except for Alternative Plan of Care Benefits). This number of benefit payments is limited to the lesser of two times your Benefit Period in months or 120 Monthly Indemnity Benefit payments.

3. Home Care Monthly Indemnity Benefit Rider – A monthly indemnity benefit is payable in in any month that a Home and Community Care benefit payment is received on the base policy (except for Alternative Plan of Care Benefit). This number of benefit payments is limited to the lesser of two times your Benefit Period in months or 120 Home Care Monthly Indemnity Benefit payments.

4. Home and Community Care Monthly Benefit Rider – The Maximum Home and Community Care Benefit will be a monthly limit versus a daily limit. The Maximum monthly benefit equals the number of days in the month times the Home and Community Care Daily Benefit on a monthly basis for the actual expenses incurred during the month.

5. Calendar Day Elimination Period Rider – This rider changes the elimination period from service days to calendar days. Each calendar day beginning with the first day that you receive Qualified Long Term Care Services until you are no longer Chronically Ill will count toward your Elimination Period.

6. Waiver of the Home and Community Care Elimination Period Rider – This rider waives your elimination period while you are receiving Home and Community Care. In addition, each day that you receive Home and Community Care Benefits will count towards your elimination period.

D. PREMIUM PAYMENT OPTIONS:

1. Limited Pay Rider – The policy will become paid up at the later of age 80 or 15 policy years.

2. Accelerated Premium Rider – In the first ten policy years, the insured pays a higher premium than would have been paid without the rider, and in years eleven and beyond, pays a lower premium than would have been paid without the rider.

E. SPOUSAL RIDER BENEFITS:

1. Spousal Discount Rider – A 30% premium discount is provided to both insureds provided they live together, are married, and each purchase a contract.

2. Married Discount Rider - A 15% premium discount is provided to the insured provided the insured is married and lives with his or her spouse.

3. Spousal Shared Care Rider – If the insured exhausted his Maximum Lifetime Benefit, he may access all but one year of the insured spouse's Maximum Lifetime Benefit. Both insured spouses must purchase this rider to receive this benefit. Upon death of one insured spouse, the

remaining lifetime benefits of the spouse less 365 times the facility care daily benefit, if any are transferred to the surviving insured spouse.

4. Spousal Waiver of Premium Rider – If one insured spouse's premiums are being waived, then the other insured's premium is also waived. Both insured spouses must purchase this rider to receive this benefit.

5. Spousal Survivorship Rider – If the insured spouse dies after both their policy and the other insured's policy have been inforce for at least ten years, then the survivor's policy becomes paid up. Both insured spouses must purchase this rider to receive this benefit.

X. ACTUARIAL ASSUMPTIONS

A. Morbidity - Claim costs were provided by Milliman USA based on their internal long term care guidelines. These guidelines have been developed by several Milliman USA offices and reflect actual experience of various carriers, numerous studies of non-insurance data and judgement.

Claim costs are adjusted to reflect:
- Underwriting and issue criteria
- Reduced exposure for insureds already in the nursing home
- Waiver of premium benefits
- Salvage
- Other additional and optional benefits

B. Persistency – Lapse rates vary by COLA option, duration and premium payment pattern. They are based on our own insured experience.

For policies with no inflation protection

Duration	Lifetime Premium	Limited Pay Premium	Accelerated Premium
1	7%	7%	7%
2	5	5	5
3	4	4	4
4	3	3	3
5-9	2.5	2.5	2.5
10	2.5	2.5	2
11	2.5	2	2
12	2.5	1.5	2
13	2.5	1	2
14	2.5	0.5	2
16+	2.5	0*	2

For policies with 5% Lifetime Compound Benefit Increase Rider

Duration	Lifetime Premium	Limited Pay Premium	Accelerated Premium
1	5%	5%	5%
2	3	3	3
3	2	2	2
4	1.5	1.5	1.5
5-9	1.5	1.5	1.5
10	1.5	1.5	1
11	1.5	1.2	1
12	1.5	0.9	1
13	1.5	0.6	1
14	1.5	0.3	1
16+	1.5	0*	1

For policies with 3%, 4% Lifetime Compound Benefit Increase Rider
Or Simple Benefit Increase Rider

Duration	Lifetime Premium	Limited Pay Premium	Accelerated Premium
1	6%	6%	6%
2	4	4	4
3	3	3	3
4	2	2	2
5-9	2	2	2
10	2	2	1.5
11	2	1.6	1.5
12	2	1.2	1.5
13	2	0.8	1.5
14	2	0.4	1.5
16+	2	0*	1.5

* Assume 0% beginning at the later of year 16 or age 81.

C. Mortality - 1994 Group Annuity Reserving Table, with select factors of .5, .6, .7, .8, .9, 1.0 (years 6+), and with future mortality improvements that match morbidity improvements: 1% per year for 8 years for ages 65 and younger. For ages 66 and older, 1% per year for 5 years.

D. Commissions - There are two options:

Issue Age	Year 1	Years 2 - 10	Years 11+
Option 1	99%	12%	6%
Option 2	84%	14%	14%

E. Expenses -

Acquisition (per life):

Age 42	Age 47	Age 52	Age 57	Age 62	Age 67	Age 72	Age 77	Age 82
$550	575	600	625	650	675	700	725	750

Maintenance Expense: $60 all years

Claims Administration: 5% of incurred claims

Premium Tax: 2.5% of premium

F. Investment Income – 6.5% in all years

G. Statutory Reserves - Policy reserves are based on claim costs developed for this plan. A one-year preliminary term method with 1994 GART mortality and 4.5% interest has been used. Lapse rates and selection factors are included in the reserve calculations. A complete description of the Statutory Reserves is located in Attachment 5 and sample calculations are in Exhibits 1 and 2.

This reserve basis is consistent with the current NAIC "Health Insurance Reserves Model Regulation".

A table of anticipated policy reserves is found in Attachment 4.

Claim reserves are based on the claim amount, the 1985 Non Nursing Home Study, and 4.5% interest. The inflation protection riders are incorporated via multiplying the daily benefit in future years.

H. Distribution of Business – The following is the expected distribution of business.

Male	45%
Female	55

2 Year Benefit	2%
3 Year Benefit	16
4 Year Benefit	8
5 Year Benefit	26
8 Year Benefit	6
Lifetime Benefit	42

18-44	3%
45-49	6
50-54	15
55-59	25
60-64	22
65-69	20
70-74	6
75-79	2
80-84	1

I. Average Issue Age – The expected median issue age is 60.

J. Average Annual Premium – The expected average annual individual premium, including riders, is $1,756.

K. The model was run with the moderately adverse conditions listed below and under them the IRR remained at an acceptable level.

- 10% increase in claim costs
- 1% lower lapse rates in all years
- 1% lower return on investment income
- a combination of a 5% increase in claim costs plus a 0.5% lower lapse rates in all years plus a 0.5% lower return on investment income.

L. Premiums were developed using the assumptions detailed in this memo taking into account company profit goals and moderately adverse experience. Both IRR and profit margin were used to measure profitability.

XI. GROSS PREMIUMS AND PREMIUM FACTORS:

This plan is a guaranteed renewable individual long term care product.

Premiums are unisex, vary by issue age, and are guaranteed for the first five years of the policy. Premiums are priced to sufficiently cover anticipated costs, and the premium is reasonably expected to be sustainable over the life of the policy with no future premium increase anticipated. A premium increase may be requested, however, due to deviations in actual experience relative to any pricing assumptions, and any change in premium rates will apply to all policies in the same class.

Policies are issued to ages 18-84 on an age last birthday basis. Gross annual premiums for a Preferred risk, 90-day elimination period are shown in Attachment One. Rider Premiums are listed in Attachments Two and Three.

In addition, the rates are subject to the following adjustments and factors for plan variations:

A. Elimination Period Factors -

7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

B. Risk Classes - Preferred risk premiums are shown in Attachment One. The following factors are applied to the Preferred Risk premiums to obtain premiums for the other risk classes:

Preferred Plus:	0.85
Preferred:	1.00
Standard	1.20
Select I:	1.50
Select II:	1.80

C. Discounts - Premium rates will be discounted when the Company negotiates with an association or employer group (which may include family members) who endorses the product to its employees or members. This discount will be 7% for all ages. In addition, there will be a premium discount of 20% for Allianz employees and their families. There will be a reduction in commissions on policies where these discounts are given.

D. Modal Premium Factors -

0.087 monthly Pre Authorized Check/Electronic Funds Transfer
0.09 monthly List Bill
0.265 quarterly
0.52 semi-annual
1.00 annual

XII. ACTUARIAL CERTIFICATION

I hereby certify that to the best of my knowledge and judgement, the following are true with respect to this filing:

1. The initial rate premium schedule is sufficient to cover anticipated costs under moderately adverse experience and the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases anticipated;

   Premium rates which would apply without the margin for moderately adverse experience would be 8% lower than the premium rates shown in the attachments.

   The pricing assumptions used in developing these rates are based on our own company experience wherever possible. In particular, our persistency and expense assumptions are based on our own experience. We have relied on consultants to develop appropriate claim costs, but have validated these claim costs to other claim cost studies as well as to our own experience.

2. Policy design and coverage provided have been reviewed and taken into consideration;

3. Underwriting and claims adjudication processes have been reviewed and taken into consideration;

4. Contract reserves contain reasonable margins for adverse experience;

5. The net valuation premium for renewal years does not increase;

6. The expected difference between the gross premium and the net valuation premium for renewal years is sufficient to cover expected renewal expenses;

7. The premium rate schedule is not less than the premium rate schedule for any existing similar policy form available from Allianz Life in this state, except for reasonable differences attributable to benefits.

Martin Kline, F.S.A., M.A.A.A.
Assistant Actuary

8-20-03
Date

Base Premium Rates

Attachment 1

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	29	32	34	38	46	27	30	33	35	39	48	30	33	36	39	43	53
41	26	29	32	34	38	46	27	30	33	36	40	48	30	33	36	39	44	53
42	26	29	33	35	39	47	27	30	34	36	40	49	30	34	37	40	44	54
43	27	30	34	36	40	48	28	31	35	37	41	50	31	35	38	41	45	55
44	28	31	34	37	41	49	29	32	35	38	42	51	32	35	39	42	46	56
45	29	32	35	38	42	50	30	33	36	39	43	52	33	36	40	43	48	58
46	29	33	36	39	43	52	30	34	37	40	44	54	33	37	41	44	49	59
47	30	34	37	40	44	53	31	35	38	41	45	55	34	38	42	45	50	60
48	31	35	38	41	45	54	32	36	39	42	46	56	35	39	43	46	51	62
49	32	36	39	42	46	56	33	37	40	43	47	58	36	40	44	47	52	63
50	33	37	40	43	47	57	34	38	41	44	49	59	37	41	45	48	53	65
51	34	38	41	44	48	58	35	39	42	45	50	60	38	42	46	49	55	66
52	35	39	42	45	49	60	36	40	43	46	51	62	39	43	47	50	56	68
53	36	40	43	47	52	63	37	41	45	48	53	65	40	45	49	53	59	71
54	38	42	45	49	54	66	39	43	47	50	56	68	42	47	51	55	61	74
55	40	44	48	51	57	69	41	45	49	53	59	71	44	49	54	58	64	78
56	41	46	50	54	60	72	42	47	52	55	61	74	46	51	56	60	67	81
57	43	48	52	56	62	76	44	49	54	58	64	78	48	54	59	63	70	85
58	46	51	56	60	67	81	47	52	58	62	69	83	51	57	63	67	75	91
59	49	55	60	64	71	86	50	56	62	66	73	89	55	61	67	72	80	97
60	53	58	64	69	76	92	54	60	66	71	79	95	59	65	72	77	86	104
61	56	62	68	73	81	98	57	64	70	75	84	102	62	69	76	82	91	111
62	60	66	73	78	87	104	61	68	75	81	90	109	67	74	82	88	98	119
63	65	72	79	85	94	114	66	74	81	88	97	118	72	80	89	95	106	129
64	71	78	86	92	102	123	72	80	88	95	106	129	78	87	96	104	115	140
65	76	84	93	100	111	134	78	87	96	103	115	140	85	94	104	113	125	152
66	83	92	101	109	121	146	85	94	104	112	125	152	92	102	113	122	136	166
67	90	99	110	118	131	159	92	102	113	122	136	165	100	111	123	133	148	180
68	99	110	121	131	145	176	101	113	125	135	151	183	110	123	136	147	164	199
69	110	121	134	145	161	195	112	124	138	150	167	203	122	135	151	163	182	221
70	121	134	149	161	178	216	124	137	153	166	185	225	135	150	167	181	201	245
71	134	148	164	179	198	239	136	151	169	184	205	249	149	165	185	201	223	271
72	148	163	182	198	219	265	151	167	187	204	227	276	164	182	204	222	248	301
73	163	180	202	220	243	294	167	185	208	226	252	307	182	202	227	247	275	334
74	181	200	224	244	270	327	184	205	230	251	280	341	201	223	251	274	305	372
75	200	221	248	271	300	364	204	227	255	279	311	379	222	247	278	304	339	413
76	221	245	275	300	333	405	226	251	283	310	345	422	246	273	309	337	377	460
77	245	271	304	333	370	450	250	278	314	344	384	469	272	303	342	374	418	511
78	270	298	337	369	411	500	275	306	347	381	426	521	300	333	378	415	464	568
79	297	329	372	410	456	556	303	337	384	422	472	579	331	367	418	460	515	631
80	328	362	412	454	506	617	334	371	425	468	524	643	364	405	463	510	571	701
81	361	399	455	503	561	686	368	409	470	519	581	714	401	446	512	566	634	779
82	398	440	504	558	623	762	406	451	519	575	645	794	442	492	566	627	703	865
83	438	485	557	619	691	846	447	497	574	638	716	882	488	542	626	695	780	961
84	483	534	616	686	766	940	493	548	635	707	794	979	537	597	692	771	866	1,067

Rider Premium Rates and Premium Factors

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70

Rider Premium Rates

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	28	31	34	37	45
41	26	29	31	34	38	46
42	26	29	32	34	38	46
43	27	30	33	35	39	47
44	27	30	34	36	40	49
45	28	31	34	37	41	50
46	29	32	35	38	42	51
47	30	33	36	39	43	52
48	30	34	37	40	44	53
49	31	34	38	41	45	55
50	32	35	39	42	46	56
51	33	36	40	43	47	57
52	33	37	41	44	48	59
53	35	39	43	46	51	61
54	37	41	45	48	53	64
55	38	43	47	50	56	67
56	40	45	49	53	58	71
57	42	47	51	55	61	74
58	45	50	55	59	65	79
59	48	53	58	63	70	85
60	51	57	62	67	75	91
61	54	60	67	72	80	97
62	58	65	71	77	85	103
63	63	70	77	83	93	112
64	68	76	84	90	101	122
65	74	82	91	98	109	133
66	80	89	99	107	119	144
67	87	97	107	116	129	157
68	96	107	119	129	143	174
69	106	118	131	142	158	193
70	117	130	145	158	176	213
71	130	144	161	175	195	236
72	143	159	178	194	216	262
73	158	176	197	215	240	291
74	175	195	219	239	266	324
75	194	215	243	265	296	360
76	214	238	269	294	328	401
77	237	264	298	326	365	446
78	262	291	330	362	404	495
79	288	320	365	401	449	550
80	318	353	403	445	498	611
81	350	389	446	493	552	679
82	386	428	493	547	613	754
83	425	472	546	606	680	838
84	468	520	603	672	754	930

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	13	15	16	18	20	24
41	14	15	17	18	20	24
42	14	15	17	18	20	24
43	14	16	17	18	21	25
44	14	16	18	19	21	26
45	15	16	18	19	22	26
46	15	17	19	20	22	27
47	16	17	19	20	23	27
48	16	18	19	21	23	28
49	16	18	20	21	24	29
50	17	19	20	22	24	29
51	17	19	21	22	25	30
52	18	19	21	23	25	31
53	18	20	22	24	27	32
54	19	21	23	25	28	34
55	20	22	25	26	29	36
56	21	23	26	28	31	37
57	22	25	27	29	32	39
58	24	26	29	31	34	42
59	25	28	31	33	37	45
60	27	30	33	35	39	48
61	29	32	35	38	42	51
62	31	34	37	40	45	54
63	33	37	41	44	49	59
64	36	40	44	48	53	64
65	39	43	48	52	58	70
66	42	47	52	56	63	76
67	46	51	56	61	68	83
68	51	56	63	68	75	91
69	56	62	69	75	83	101
70	62	69	77	83	92	112
71	68	76	85	92	102	124
72	75	84	94	102	114	138
73	83	93	104	113	126	153
74	92	102	115	126	140	171
75	102	113	128	139	156	190
76	113	125	142	155	173	211
77	125	139	157	172	192	235
78	138	153	174	190	213	261
79	152	169	192	211	236	289
80	167	186	212	234	262	322
81	184	205	235	259	291	357
82	203	225	260	288	323	397
83	224	248	287	319	358	441
84	246	274	318	354	397	490

Anticipated Policy Reserves for Active Lives **Attachment 4**

- The following are anticipated statutory policy reserves for the aggregate policy described in section X.G of the memo.

Year	Change Reserve	Total Reserve
1	0	0
2	1,112	1,112
3	1,083	2,195
4	1,063	3,259
5	1,059	4,318
6	1,036	5,354
7	1,010	6,364
8	984	7,348
9	950	8,298
10	915	9,214
11	880	10,093
12	843	10,937
13	802	11,739
14	755	12,494
15	699	13,193
16	634	13,827
17	570	14,397
18	495	14,892
19	409	15,301
20	311	15,612
21	205	15,817
22	125	15,942
23	36	15,978
24	-58	15,920
25	-159	15,761
26	-267	15,494
27	-325	15,168
28	-390	14,779
29	-458	14,321
30	-535	13,786
31	-627	13,159
32	-659	12,499
33	-700	11,799
34	-747	11,052
35	-803	10,250
36	-859	9,391
37	-848	8,543
38	-837	7,706
39	-823	6,883
40	-809	6,074
41	-777	5,297
42	-704	4,593
43	-634	3,959
44	-570	3,390
45	-515	2,875
46	-468	2,407
47	-409	1,998
48	-355	1,642
49	-307	1,335
50	-265	1,070

Attachment 5 – Statutory Reserve

Combined with Exhibit 1 the following information provides a complete description of the contract reserves that will be held under this form.

Valuation Method	One year preliminary term
Valuation Process	Seriatim (Policy by Policy)
Interest Rate	4.5%
Type of Factors	Daily interpolation between terminal reserves
Lapse Rate	The lesser of 8% and 80% of pricing lapse rate for durations 1- 4 The lesser of 4% and 100% of pricing lapse rate for durations 5+
Mortality	1994 Group Annuity Reserving Table, with select factors of .5, .6, .7, .8, .9, 1.0 (years 6+)
Claim Costs	Identical to those used in pricing
Selection Factors	Identical to those used in pricing for both morbidity and mortality

Exhibit 1 and Exhibit 2 use a policyholder with the following characteristics.

Issue Age	62
Gender	Male
Gross Annual Premium	$2,333.76
Benefit Period	5 Year
Nursing Home Daily Benefit	$130
ALF Daily Benefit	$130
Home and Community Care Daily Benefit	$130
Elimination Period	90 days
COLA	5% Lifetime Compound

The total reserve equals the Premium Reserve plus the Contract Reserve. The Premium Reserve is equal to the unearned statutory net valuation premium. The formulas for the Contract Reserve are given below and illustrated in Exhibit 1.

Column Heading on Exhibit 1	Explanation/ Logic
Gross Premium(t)	The Annual Premium paid by the policy holder
Interest	4.5%
Lapse Rate	As described above
Mortality Rate	As described above
Claim Costs	As described above

Discount Factors

Lives(t) — The number of lives remaining at the beginning of duration t. The formula is: if t=1, 1 else $\prod_{k=0}^{t-1}(1-q^{d}_{x+k})(1-q^{w}_{x+k})$.

Interest Discount(t) — $(1+i)^{-(t-1)}$

Claim Discount Adjustment(t) — The number of lives that survive to the ½ year mark of duration t given that they survived to duration (t-1). Linear interpolation is used on the factors. $\left(1+\frac{(1-q^{d}_{x+(t-1)})(1-q^{w}_{x+(t-1)})}{1+i}\right)*.5$

Present Value Discounted to issue

PV_0(Gross Premium(t)) — At duration t = Gross Premium(t) * Lives(t) * Interest Discount(t)

PV_0(Claims Costs(t)) — At duration t = Claims Costs(t)*Lives(t)*Interest Discount(t)* Claim Discount Adjustment(t)

Direct

Renewal Net Premium/ Gross Premium

$$\frac{\sum_{t=2}^{49} PV_0(\text{ClaimCosts}(t))}{\sum_{t=2}^{49} PV_0(\text{GrossPremium}(t))}$$

Net Premium(t) — Net Premium(1) = PV_0(Claims Costs(1))
Net Premium(duration >1) = Renewal Net/Gross * Gross Premium

Reserve(t) — Reserve(1)=0

$$R_t = \frac{(R_{t-1} + NP_t - (CC_t * CDA_t))*(1+i)}{(1-q^{w}_{x+t-1})(1-q^{d}_{x+t-1})}$$

Where
R_t= Reserve(t)
NP_t=Net Premium(t)
CC_t=Claims Costs(t)
CDA_t=Claim Discount Adjustment

A sample calculation of the total reserve is illustrated in Exhibit 2.

Exhibit 1

STATUTORY

DIRECT

Policy Year	Gross Prem	Interest	Lapse Rate	Mortality Rate	Claim Cost	Discount Factors: Lives(t)	IntDisc	Claim Disc Adj	PV Disc'd to Issue: PV_0(Gross Premium(t))	PV_0(Claim Cost(t))	Renewal Net Premium/ Gross Premium	DIRECT Net Premium (Method = 1YPT)	Reserve
1	2,333.76	4.50%	4.00%	0.005074	31.88	1.00000	1.00000	0.95790	2,333.76	30.50			(0.00)
2	2,333.76	4.50%	2.40%	0.006883	55.21	0.95513	0.95694	0.96377	2,133.06	48.64	48.5%	30.50	(0.00)
3	2,333.76	4.50%	1.60%	0.009058	80.26	0.92579	0.91573	0.96655	1,978.50	65.77		1,132.31	1,163.39
4	2,333.76	4.50%	1.20%	0.011628	107.97	0.90273	0.87630	0.96723	1,846.13	82.61		1,132.31	2,377.17
5	2,333.76	4.50%	1.50%	0.014615	132.43	0.88152	0.83856	0.96440	1,725.14	94.41		1,132.31	3,643.87
6	2,333.76	4.50%	1.50%	0.018034	184.40	0.85561	0.80245	0.96279	1,602.32	121.89		1,132.31	5,004.77
7	2,333.76	4.50%	1.50%	0.019859	236.18	0.82758	0.76790	0.96193	1,483.09	144.38		1,132.31	6,436.68
8	2,333.76	4.50%	1.50%	0.021729	297.82	0.79897	0.73483	0.96105	1,370.17	168.04		1,132.31	7,949.00
9	2,333.76	4.50%	1.50%	0.023730	374.62	0.76989	0.70319	0.96011	1,263.44	194.72		1,132.31	9,536.09
10	2,333.76	4.50%	1.50%	0.025951	465.27	0.74035	0.67290	0.95906	1,162.64	222.30		1,132.31	11,204.68
11	2,333.76	4.50%	1.50%	0.028481	559.28	0.71032	0.64393	0.95787	1,067.44	245.03		1,132.31	12,951.17
12	2,333.76	4.50%	1.50%	0.031201	704.23	0.67973	0.61620	0.95659	977.50	282.16		1,132.31	14,794.38
13	2,333.76	4.50%	1.50%	0.034051	868.22	0.64865	0.58966	0.95524	892.63	317.22		1,132.31	16,703.31
14	2,333.76	4.50%	1.50%	0.037211	1,071.48	0.61716	0.56427	0.95375	812.73	355.88		1,132.31	18,678.19
15	2,333.76	4.50%	1.50%	0.040858	1,322.63	0.58528	0.53997	0.95204	737.56	398.01		1,132.31	20,703.45
16	2,333.76	4.50%	1.50%	0.045171	1,633.08	0.55295	0.51672	0.95000	666.80	443.28		1,132.31	22,759.68
17	2,333.76	4.50%	1.50%	0.050211	1,908.05	0.52005	0.49447	0.94763	600.13	464.96		1,132.31	24,822.68
18	2,333.76	4.50%	1.50%	0.055861	2,230.65	0.48653	0.47318	0.94497	537.27	485.31		1,132.31	26,972.04
19	2,333.76	4.50%	1.50%	0.062027	2,613.18	0.45246	0.45280	0.94206	478.13	504.36		1,132.31	29,211.60
20	2,333.76	4.50%	1.50%	0.068615	3,062.16	0.41803	0.43330	0.93895	422.72	520.80		1,132.31	31,536.67
21	2,333.76	4.50%	1.50%	0.075532	3,589.86	0.38351	0.41464	0.93569	371.11	534.15		1,132.31	33,937.20
22	2,333.76	4.50%	1.50%	0.082510	4,227.86	0.34922	0.39679	0.93241	323.38	546.24		1,132.31	36,390.78
23	2,333.76	4.50%	1.50%	0.089613	4,980.56	0.31560	0.37970	0.92906	279.67	554.50		1,132.31	38,830.46
24	2,333.76	4.50%	1.50%	0.097240	5,864.70	0.28301	0.36335	0.92546	239.99	558.13		1,132.31	41,178.06
25	2,333.76	4.50%	1.50%	0.105792	6,919.44	0.25166	0.34770	0.92143	204.21	557.90		1,132.31	43,344.28
26	2,333.76	4.50%	1.50%	0.115671	8,158.78	0.22166	0.33273	0.91678	172.12	551.66		1,132.31	45,203.86
27	2,333.76	4.50%	1.50%	0.126980	9,118.46	0.19308	0.31840	0.91145	143.47	510.94		1,132.31	46,815.32
28	2,333.76	4.50%	1.50%	0.139452	10,187.87	0.16603	0.30469	0.90557	118.06	466.73		1,132.31	47,924.30
29	2,333.76	4.50%	1.50%	0.152931	11,376.01	0.14074	0.29157	0.89922	95.77	419.77		1,132.31	49,104.80
30	2,333.76	4.50%	1.50%	0.167260	12,756.57	0.11743	0.27902	0.89246	76.46	373.01		1,132.31	50,107.64
31	2,333.76	4.50%	1.50%	0.182281	14,448.91	0.09632	0.26700	0.88538	60.02	328.99		1,132.31	50,775.64
32	2,333.76	4.50%	1.50%	0.198392	16,368.03	0.07758	0.25550	0.87779	46.26	287.40		1,132.31	50,748.19
33	2,333.76	4.50%	1.50%	0.215700	18,373.25	0.06126	0.24450	0.86963	34.95	213.25		1,132.31	50,809.24
34	2,333.76	4.50%	1.50%	0.233606	17,432.28	0.04732	0.23397	0.86120	25.84	166.22		1,132.31	51,000.18
35	2,333.76	4.50%	1.50%	0.251510	18,623.68	0.03572	0.22390	0.85276	18.67	127.03		1,132.31	51,384.80
36	2,333.76	4.50%	1.50%	0.268815	19,893.22	0.02634	0.21425	0.84460	13.17	94.81		1,132.31	51,927.55
37	2,333.76	4.50%	1.50%	0.285277	21,454.71	0.01897	0.20503	0.83684	9.08	69.83		1,132.31	52,608.62
38	2,333.76	4.50%	1.50%	0.301298	23,018.83	0.01335	0.19620	0.82929	6.11	50.02		1,132.31	53,120.73
39	2,333.76	4.50%	1.50%	0.317238	24,582.74	0.00919	0.18775	0.82178	4.03	34.86		1,132.31	53,392.79
40	2,333.76	4.50%	1.50%	0.333461	26,152.67	0.00618	0.17967	0.81413	2.59	23.64		1,132.31	53,333.76
41	2,333.76	4.50%	1.50%	0.350330	27,511.44	0.00406	0.17193	0.80618	1.63	15.47		1,132.31	52,802.70
42	2,333.76	4.50%	1.50%	0.368542	28,495.27	0.00260	0.16453	0.79760	1.00	9.71		1,132.31	51,857.23
43	2,333.76	4.50%	1.50%	0.387855	29,542.88	0.00162	0.15744	0.78850	0.59	5.92		1,132.31	50,842.72
44	2,333.76	4.50%	1.50%	0.407224	30,597.07	0.00097	0.15066	0.77937	0.34	3.50		1,132.31	49,706.43
45	2,333.76	4.50%	1.50%	0.425599	31,645.38	0.00057	0.14417	0.77071	0.19	2.00		1,132.31	48,309.12
46	2,333.76	4.50%	1.50%	0.441935	32,663.14	0.00032	0.13796	0.76301	0.10	1.11		1,132.31	46,270.85
47	2,333.76	4.50%	1.50%	0.457553	33,632.38	0.00018	0.13202	0.75565	0.05	0.59		1,132.31	42,737.32
48	2,333.76	4.50%	1.50%	0.473150	33,924.46	0.00009	0.12634	0.74830	0.03	0.30		1,132.31	36,094.73
49	2,333.76	4.50%	1.50%	0.486745	33,666.82	0.00005	0.12090	0.74189	0.01	0.15		1,132.31	23,844.86
												1,132.31	(0.00)

Exhibit 2 - Sample Calculation of the Reserve

Issue Date	2/17/2003
Paid To Date	2/16/2006
Valuation Date	12/31/2005

Annual Premium	$2,333.76
Fraction of year to next anniversary	0.129
V_{t-1}	$1,163.39
V_t	$2,377.17
Contract Reserve (linear interpolation)	$2,220.88
Premium Reserve	$300.51
Total Reserve	$2,521.39

Allianz

You can feel
right at home
with Generation Protector.

A comprehensive, cost-effective solution for your long term care needs

Generation Protector™

Allianz Life Insurance Company of North America

10-CB

We're not going to tell you that you may need long term care insurance.

Hopefully, you've done some research and reached that conclusion by yourself. So you probably already know:

- At least 40% of people over age 65 will need nursing home care some day, and about 10% will stay five or more years.[1]
- The average nursing home stay will cost approximately half a million dollars ($495,560) by the year 2030.[2]

But despite everything you know about the costs – and the risks – you still haven't bought a long term care policy. **Why not?**

You want ***long term care*** insurance that's **more** than just ***nursing home*** insurance.

It's possible you've always believed long term care insurance was simply coverage for nursing home care. At Allianz Life,™ however, long term care insurance starts with nursing home coverage, but that's just the beginning.

It's true!

- Approximately **eight million** Americans are receiving health care in their homes right now. That's **FIVE TIMES** the number of people (approximately 1.5 million)[3] currently in nursing homes.
- The number of people who receive home health care every year is **greater than the population of 39 of the 50 states** (based upon the US Census Bureau's 2002 population projections).

[3] "Long-term Care Trends and Demographics: Implications for Financial Planning," Journal of Financial Service Professionals, September 2000

[1] AARP Web page "Home and Community-Based Long-Term Care," November 2002

[2] ACLI study "Can Aging Baby Boomers Avoid the Nursing Home?" March 2000

Right now, you could be sitting in your future long term care facility.

You may be sitting at your dining room table. Or relaxing in your favorite recliner. Or maybe you couldn't sleep, so you're sitting up in bed, reading. No matter what room you are in, you're right where you belong – at home.

You are in a place where you are comfortable and secure. There's a good chance someone who cares about you is close by.

That's exactly the reason so many people who need long term care get that care at home. It may also be another reason you haven't purchased long term care insurance.

After all, you know you may need coverage for expensive nursing home care. But in your heart, you know you want to stay in your home as long as you can. And how could you ever afford insurance that covers both?

That's the reason **Generation Protector** from Allianz Life™ makes sense.

Generation Protector is different. It focuses on **who**, not **where.**

So Generation Protector isn't just nursing home insurance – or just home health care insurance. It's more.

Generation Protector provides affordably priced coverage that protects you. It pays you whether you need qualified long term care at home, in your community, at an assisted living facility, or in a nursing home.

You can feel right at home with **Generation Protector**[, even if home is overseas].

Generation Protector can offer you a level of protection and peace of mind you haven't found in other long term care insurance policies. [And that protection can follow you if you retire to Canada or overseas* (or move there to be with other family members).

So wherever life leads you,] Generation Protector is an affordable, sensible solution to your long term care needs. And it comes from a company whose strength you can rely on: Allianz Life.

[* The International Coverage Benefit Endorsement applies to designated countries, as defined in the Visa Waiver Program.]

Generation Protector

was created for one reason: to keep you in control of your future long term care, including where you receive it.

The most important benefit **Generation Protector** *offers:*

Freedom of choice.

First, you create your basic Generation Protector policy.

YOU choose the amount of money you will receive:
up to $500 per day.

YOU choose how long you must receive care before the policy's payments begin:
benefits can start after you have received as few as seven days of qualifying care.

YOU choose how long benefits will be paid:
from a specified number of years to as long as you live.

Now, add personalized options for the best home care experience possible.

YOU choose how much you receive for care in the comfort of your home:
get up to 130% of your policy's daily nursing home benefit for home health care, adult day care, or hospice care.

YOU choose to receive up to $1500 per month, above and beyond your basic policy's payments:
use the extra money to pay for a housekeeper, family caregiver, prescriptions – or anything else – during any month you receive a benefit payment.

YOU choose other policy options and riders
that make your Generation Protector coverage a perfect match for your anticipated care needs.

You can't predict the future, but **Generation Protector** *can help you prepare for it.*

Included in your basic coverage is a special Alternative Plan of Care Benefit. It's an alternate way you can use some of your benefit dollars for expenses that may not otherwise be covered under your policy.

You, your physician, and Allianz Life™ can work together to determine solutions for your specific needs. And Generation Protector can provide the money you need to pay for them.

How to Qualify	Qualifying for benefits	After providing proof of loss, you can receive benefits for covered care if you have satisfied your policy's elimination period and: • You are certified unable to perform two of six Activities of Daily Living (ADLs) without substantial assistance, and substantial assistance is expected to be required for at least 90 continuous days; or • You require substantial supervision due to a severe cognitive impairment. A severe cognitive impairment is the deterioration or loss of your intellectual capacity. Note: ADLs include bathing, eating, dressing, toileting, continence, and transferring.
Policy Specifications	Product type	Tax-qualified long term care
	Issue ages	18-84, age last birthday
	Underwriting classes	• Preferred Plus • Preferred • Standard • Select I • Select II
	Facility care daily benefits	$100 to $500, in $10 increments
	Benefit periods	2, 3, 4, 5, or 8 years, or lifetime
	Home and community care daily benefits	70%, 100%, or 130% of facility care daily benefit
	Elimination periods	7, 30, 60, 90, or 180 days of service. Elimination periods must only be satisfied once in your lifetime
	Rate guarantee	5 years
	Waiver of premium	Premiums are waived once you are eligible for benefits
	Recovery benefit	Policy is paid up if you spend 12 months in a nursing facility, recover, and return home
	Bed reservation	60 days per calendar year
	Respite care	30 days per calendar year
	Spousal discount	30% discount for each insured
	Married discount	15% discount
	Alternative plan of care	Coverage for cost-effective alternatives to traditional care
Policy Options	Elimination period options	Home and Community Care Elimination Period Waiver Rider Calendar Day Elimination Period Rider
	Nonforfeiture benefits	Shortened Benefit Rider
	Return of premium benefits	Full Return of Premium Upon Death Rider Return of Premium Upon Death Rider
	Inflation protection benefits	3%, 4%, or 5% Lifetime Compound Benefit Increase Rider; Two Times Compound Benefit Increase Rider; Simple Benefit Increase Rider
	Premium payment	Limited Pay Rider Accelerated Premium Rider
	Indemnity benefits	Comprehensive Monthly Indemnity Benefit Rider • $250/month • $500/month • $750/month • $1,000/month • $1,250/month • $1,500/month Home and Community Care Monthly Indemnity Benefit Rider • $250/month • $500/month • $750/month
	Restoration of benefits	Option to restore the full maximum value of benefits after you recover from illness and benefits are not payable for 180 consecutive days
	Monthly home and community care benefits	Allows you to exceed your daily benefit up to your monthly maximum
	Spousal coverage option	Spousal Shared Care Rider Spousal Waiver of Premium Rider Spousal Survivorship Rider

Exclusions and limitations.

No benefits will be paid for any confinement, care, treatment, or service(s):

- for alcoholism or drug addiction.
- that result from participating in a felony, a riot or an insurrection.
- for which benefits are provided under any state or federal worker's compensation law, or any motor vehicle no-fault law.
- that result from an act of war, whether declared or not.
- that result from your intentionally self-inflicted injury.
- provided outside the fifty United States, the District of Columbia, or Canada[, except as described in the International Coverage Benefit Endorsement].
- provided to you by an Immediate Family Member or someone living in your Home, unless pre-approved by us.
- for which you have no financial liability or that are provided at no charge in the absence of insurance.
- provided in a government facility (unless otherwise required by law).
- that are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount.

[Our top priority is the safety of your money]

[All policies are issued by Allianz Life Insurance Company of North America, a member of the Allianz Group. With over 700 subsidiaries in more than 70 countries, the Allianz Group is one of the world's leading providers of integrated financial services.

Our goal is to provide policyholders with wealth management products that can help meet today's needs and financial objectives, with a product philosophy of offering fair and equitable values on each policy we issue.

Allianz Life™ has consistently been assigned financial strength ratings by Standard & Poor's and A.M. Best that are among the highest available. It is one of a select group of major insurance companies to receive such high ratings.

These independent agency ratings are based on an analysis of financial results and evaluation of management objectives and strategies. The ratings do not indicate approval by the analysts and are subject to change.

Innovative products, exceptional customer service, and sound financial strength make Allianz Life the place to turn to help meet your retirement objectives.]

Policies are issued by Allianz Life Insurance Company of North America (form number 10-P-Q).

Agent name: _____

License number: _____

MO Residents: LTC Buyer's Guide available upon request from the Missouri Department of Insurance (800/726-7390).

Allianz Life Insurance Company
of North America

[PO Box 1292]
[Minneapolis, MN 55440-1292]

[800/950-1962]
[www.allianzlife.com]

Product availability and benefits may vary by state

Right now, you could be sitting in your future long term care facility.

Your home.

You are in a place where you are comfortable and secure. You're right where you belong – at home. That's why so many people who need long term care get that care at home.

And that's the reason you can feel right at home with **Generation Protector**™ long term care coverage.

Generation Protector from Allianz Life™ provides comprehensive coverage that protects you whether you need qualified long term care at home, in your community, at an assisted living facility, or in a nursing home.

Find out more. Call us today!

[Company]
[Agent Name]
[License Number]
[Address]
[Phone Number]

Policies issued by Allianz Life Insurance Company of North America, Minneapolis, MN (form number 10-P-Q)

10-CR (5/2003)

Allianz

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Re: LTC RATE FILING 2012 – Group 3
SERFF Tracking Number: ALLB-128730838

Virginia Bureau of Insurance

April 11, 2016

Dear Janet Houser,

Allianz would first like to thank the Bureau for reviewing our filing. We are providing additional information to assist in the review process. These items are being provided based on our phone call conversation on April 7, 2016.

Attachment 1 to this letter provides an updated state status listing of the Generation Protector policy forms.

Attachment 2 to this letter provides updated nationwide experience as of December 31, 2015. Attachment 2 reflects actual nationwide experience.

The rate increase currently being requested is a 100% rate increase to be implemented in 4 separate stages. The increase will be implemented under the following schedule (please note that the initial implementation date may change):

Anticipated Implementation Date	Increase Amount	Cumulative Increase
9/3/2016	25.0%	25.0%
9/3/2018	20.0%	50.0%
9/3/2021	16.7%	75.0%
9/3/2024	14.3%	100.0%

Policyholders are being offered the ability to maintain the percentage increase in daily benefit from the inflation protection rider if the policyholder elects to reduce or eliminate their inflation protection rider. This offer is being provided in the endorsement filed with this rate filing with form number 95440. Please see the illustrative examples below demonstrating the effect of this endorsement.

Furthermore, policyholders who want to reduce or cancel their COLA rider to reduce the rate increase have the following options. Policyholders always have the option to pay the revised premium and make no benefit changes.

a. 5% LIFETIME COMPOUND BENEFIT INCREASE RIDER can reduce to:
   i. 4% Compound
   ii. 5% Simple
   iii. 3% Compound
   iv. Cancel the rider

b. 4% LIFETIME COMPOUND BENEFIT INCREASE RIDER can reduce to:
   i. 3% Compound
   ii. Cancel the rider

c. All other inflation protection rider:
   i. Cancel the rider

In addition to reducing or eliminating inflation protection, other benefit reduction options are available to insureds. These include a reduction in the daily benefit, reducing the benefit period, increasing elimination period, and dropping optional riders. These options will be made available to policyholders at the time of each rate increase.

Below are some illustrations on daily benefits and premiums that demonstrate how policyholders can reduce the impact of the rate increase.

Illustrative Example for Benefit Reduction

No Benefit Changes

	A	B	C	D	E	F=B*(C or D)	G	H	I = A * (1 + G)
Year	Base Daily Benefit	Base Premium	5% Compound Rider Premium Factor		Cumulative Rate Change	Total Premium	COLA Accumulation	COLA Increase	Daily Benefit Amount
1	100.00	$1,000	2.00		-	2,000	0.0%	0%	100.00
2	100.00	$1,000	2.00		-	2,000	5.0%	5%	105.00
3	100.00	$1,000	2.00		-	2,000	10.3%	5%	110.25
4	100.00	$1,000	2.00		-	2,000	15.8%	5%	115.76
5	100.00	$1,000	2.00		-	2,000	21.6%	5%	121.55
6	100.00	$1,000	2.00		-	2,000	27.6%	5%	127.63
7	100.00	$1,000	2.00		-	2,000	34.0%	5%	134.01
8	100.00	$1,000	2.00		-	2,000	40.7%	5%	140.71
9	100.00	$1,000	2.00		-	2,000	47.7%	5%	147.75
10	100.00	$1,000	2.00		-	2,000	55.1%	5%	155.13
11	100.00	$1,000	2.50		25.0%	2,500	62.9%	5%	162.89
12	100.00	$1,000	2.50		25.0%	2,500	71.0%	5%	171.03
13	100.00	$1,000	3.00		50.0%	3,000	79.6%	5%	179.59
14	100.00	$1,000	3.00		50.0%	3,000	88.6%	5%	188.56
15	100.00	$1,000	3.00		50.0%	3,000	98.0%	5%	197.99
16	100.00	$1,000	3.50		75.0%	3,500	107.9%	5%	207.89
17	100.00	$1,000	3.50		75.0%	3,500	118.3%	5%	218.29
18	100.00	$1,000	3.50		75.0%	3,500	129.2%	5%	229.20
19	100.00	$1,000	4.00		100.0%	4,000	140.7%	5%	240.66
20	100.00	$1,000	4.00		100.0%	4,000	152.7%	5%	252.70

Cancel 5% COLA

	A	B	C	D	E	F=B*(C or D)	G	H	I = A * (1 + G)
Year	Base Daily Benefit	Base Premium	5% Compound Rider Premium Factor		Cumulative Rate Change	Total Premium	COLA Accumulation	COLA Increase	Daily Benefit Amount
1	100.00	$1,000	2.00		-	2,000	0.0%	0%	100.00
2	100.00	$1,000	2.00		-	2,000	5.0%	5%	105.00
3	100.00	$1,000	2.00		-	2,000	10.3%	5%	110.25
4	100.00	$1,000	2.00		-	2,000	15.8%	5%	115.76
5	100.00	$1,000	2.00		-	2,000	21.6%	5%	121.55
6	100.00	$1,000	2.00		-	2,000	27.6%	5%	127.63
7	100.00	$1,000	2.00		-	2,000	34.0%	5%	134.01
8	100.00	$1,000	2.00		-	2,000	40.7%	5%	140.71
9	100.00	$1,000	2.00		-	2,000	47.7%	5%	147.75
10	100.00	$1,000	2.00		-	2,000	55.1%	5%	155.13
11	100.00	$1,000	2.50		25.0%	1,250	55.1%	0%	155.13
12	100.00	$1,000	2.50		25.0%	1,250	55.1%	0%	155.13
13	100.00	$1,000	3.00		50.0%	1,500	55.1%	0%	155.13
14	100.00	$1,000	3.00		50.0%	1,500	55.1%	0%	155.13
15	100.00	$1,000	3.00		50.0%	1,500	55.1%	0%	155.13
16	100.00	$1,000	3.50		75.0%	1,750	55.1%	0%	155.13
17	100.00	$1,000	3.50		75.0%	1,750	55.1%	0%	155.13
18	100.00	$1,000	3.50		75.0%	1,750	55.1%	0%	155.13
19	100.00	$1,000	4.00		100.0%	2,000	55.1%	0%	155.13
20	100.00	$1,000	4.00		100.0%	2,000	55.1%	0%	155.13

Reduce COLA (5% Compound to 3% Compound)

	A	B	C	D	E	F=B*(C or D)	G	H	I = A * (1 + G)
Year	Base Daily Benefit	Base Premium	5% Compound Rider Premium Factor	3% Compound Rider Premium Factor	Cumulative Rate Change	Total Premium	COLA Accumulation	COLA Increase	Daily Benefit Amount
1	100.00	$1,000	2.00	1.60	-	2,000	0.0%	0%	100.00
2	100.00	$1,000	2.00	1.60	-	2,000	5.0%	5%	105.00
3	100.00	$1,000	2.00	1.60	-	2,000	10.3%	5%	110.25
4	100.00	$1,000	2.00	1.60	-	2,000	15.8%	5%	115.76
5	100.00	$1,000	2.00	1.60	-	2,000	21.6%	5%	121.55
6	100.00	$1,000	2.00	1.60	-	2,000	27.6%	5%	127.63
7	100.00	$1,000	2.00	1.60	-	2,000	34.0%	5%	134.01
8	100.00	$1,000	2.00	1.60	-	2,000	40.7%	5%	140.71
9	100.00	$1,000	2.00	1.60	-	2,000	47.7%	5%	147.75
10	100.00	$1,000	2.00	1.60	-	2,000	55.1%	5%	155.13
11	100.00	$1,000	2.50	2.00	25.0%	2,000	59.8%	3%	159.79
12	100.00	$1,000	2.50	2.00	25.0%	2,000	64.6%	3%	164.58
13	100.00	$1,000	3.00	2.40	50.0%	2,400	69.5%	3%	169.52
14	100.00	$1,000	3.00	2.40	50.0%	2,400	74.6%	3%	174.60
15	100.00	$1,000	3.00	2.40	50.0%	2,400	79.8%	3%	179.84
16	100.00	$1,000	3.50	2.80	75.0%	2,800	85.2%	3%	185.24
17	100.00	$1,000	3.50	2.80	75.0%	2,800	90.8%	3%	190.79
18	100.00	$1,000	3.50	2.80	75.0%	2,800	96.5%	3%	196.52
19	100.00	$1,000	4.00	3.20	100.0%	3,200	102.4%	3%	202.41
20	100.00	$1,000	4.00	3.20	100.0%	3,200	108.5%	3%	208.49

Reduce COLA (5% Compound to 5% Simple)

	A	B	C	D	E	F=B*(C or D)	G	H	I = A * (1 + G)
Year	Base Daily Benefit	Base Premium	5% Compound Rider Premium Factor	5% Simple Rider Premium Factor	Cumulative Rate Change	Total Premium	COLA Accumulation	COLA Increase	Daily Benefit Amount
1	100.00	$1,000	2.00	1.50	-	2,000	0.0%	0%	100.00
2	100.00	$1,000	2.00	1.50	-	2,000	5.0%	5%	105.00
3	100.00	$1,000	2.00	1.50	-	2,000	10.3%	5%	110.25
4	100.00	$1,000	2.00	1.50	-	2,000	15.8%	5%	115.76
5	100.00	$1,000	2.00	1.50	-	2,000	21.6%	5%	121.55
6	100.00	$1,000	2.00	1.50	-	2,000	27.6%	5%	127.63
7	100.00	$1,000	2.00	1.50	-	2,000	34.0%	5%	134.01
8	100.00	$1,000	2.00	1.50	-	2,000	40.7%	5%	140.71
9	100.00	$1,000	2.00	1.50	-	2,000	47.7%	5%	147.75
10	100.00	$1,000	2.00	1.50	-	2,000	55.1%	5%	155.13
11	100.00	$1,000	2.50	1.88	25.0%	1,875	60.1%	$5	160.13
12	100.00	$1,000	2.50	1.88	25.0%	1,875	65.1%	$5	165.13
13	100.00	$1,000	3.00	2.25	50.0%	2,250	70.1%	$5	170.13
14	100.00	$1,000	3.00	2.25	50.0%	2,250	75.1%	$5	175.13
15	100.00	$1,000	3.00	2.25	50.0%	2,250	80.1%	$5	180.13
16	100.00	$1,000	3.50	2.63	75.0%	2,625	85.1%	$5	185.13
17	100.00	$1,000	3.50	2.63	75.0%	2,625	90.1%	$5	190.13
18	100.00	$1,000	3.50	2.63	75.0%	2,625	95.1%	$5	195.13
19	100.00	$1,000	4.00	3.00	100.0%	3,000	100.1%	$5	200.13
20	100.00	$1,000	4.00	3.00	100.0%	3,000	105.1%	$5	205.13

Reduce Daily Benefits and COLA (5% Compound to 3% Compound)

	A	B	C	D	E	F=B*(C or D)	G	H	I = A * (1 + G)
Year	Base Daily Benefit	Base Premium	5% Compound Rider Premium Factor	3% Compound Rider Premium Factor	Cumulative Rate Change	Total Premium	COLA Accumulation	COLA Increase	Daily Benefit Amount
1	100.00	$1,000	2.00	1.60	-	2,000	0.0%	0%	100.00
2	100.00	$1,000	2.00	1.60	-	2,000	5.0%	5%	105.00
3	100.00	$1,000	2.00	1.60	-	2,000	10.3%	5%	110.25
4	100.00	$1,000	2.00	1.60	-	2,000	15.8%	5%	115.76
5	100.00	$1,000	2.00	1.60	-	2,000	21.6%	5%	121.55
6	100.00	$1,000	2.00	1.60	-	2,000	27.6%	5%	127.63
7	100.00	$1,000	2.00	1.60	-	2,000	34.0%	5%	134.01
8	100.00	$1,000	2.00	1.60	-	2,000	40.7%	5%	140.71

9	100.00	$1,000	2.00	1.60	-	2,000	47.7%	5%	147.75
10	100.00	$1,000	2.00	1.60	-	2,000	55.1%	5%	155.13
11	50.00	$500	2.50	2.00	25.0%	1,000	59.8%	3%	79.89
12	50.00	$500	2.50	2.00	25.0%	1,000	64.6%	3%	82.29
13	50.00	$500	3.00	2.40	50.0%	1,200	69.5%	3%	84.76
14	50.00	$500	3.00	2.40	50.0%	1,200	74.6%	3%	87.30
15	50.00	$500	3.00	2.40	50.0%	1,200	79.8%	3%	89.92
16	50.00	$500	3.50	2.80	75.0%	1,400	85.2%	3%	92.62
17	50.00	$500	3.50	2.80	75.0%	1,400	90.8%	3%	95.40
18	50.00	$500	3.50	2.80	75.0%	1,400	96.5%	3%	98.26
19	50.00	$500	4.00	3.20	100.0%	1,600	102.4%	3%	101.21
20	50.00	$500	4.00	3.20	100.0%	1,600	108.5%	3%	104.24

Reduce Daily Benefits and COLA (5% Compound to 5% Simple)

	A	B	C	D	E	F=B*(C or D)	G	H	I = A * (1 + G)
Year	Base Daily Benefit	Base Premium	5% Compound Rider Premium Factor	5% Simple Rider Premium Factor	Cumulative Rate Change	Total Premium	COLA Accumulation	COLA Increase	Daily Benefit Amount
1	100.00	$1,000	2.00	1.50	-	2,000	0.0%	0%	100.00
2	100.00	$1,000	2.00	1.50	-	2,000	5.0%	5%	105.00
3	100.00	$1,000	2.00	1.50	-	2,000	10.3%	5%	110.25
4	100.00	$1,000	2.00	1.50	-	2,000	15.8%	5%	115.76
5	100.00	$1,000	2.00	1.50	-	2,000	21.6%	5%	121.55
6	100.00	$1,000	2.00	1.50	-	2,000	27.6%	5%	127.63
7	100.00	$1,000	2.00	1.50	-	2,000	34.0%	5%	134.01
8	100.00	$1,000	2.00	1.50	-	2,000	40.7%	5%	140.71
9	100.00	$1,000	2.00	1.50	-	2,000	47.7%	5%	147.75
10	100.00	$1,000	2.00	1.50	-	2,000	55.1%	5%	155.13
11	50.00	$500	2.50	1.88	25.0%	938	60.1%	$2.50	80.07
12	50.00	$500	2.50	1.88	25.0%	938	65.1%	$2.50	82.57
13	50.00	$500	3.00	2.25	50.0%	1,125	70.1%	$2.50	85.07
14	50.00	$500	3.00	2.25	50.0%	1,125	75.1%	$2.50	87.57
15	50.00	$500	3.00	2.25	50.0%	1,125	80.1%	$2.50	90.07
16	50.00	$500	3.50	2.63	75.0%	1,313	85.1%	$2.50	92.57
17	50.00	$500	3.50	2.63	75.0%	1,313	90.1%	$2.50	95.07
18	50.00	$500	3.50	2.63	75.0%	1,313	95.1%	$2.50	97.57
19	50.00	$500	4.00	3.00	100.0%	1,500	100.1%	$2.50	100.07
20	50.00	$500	4.00	3.00	100.0%	1,500	105.1%	$2.50	102.57

Attachment 1
Allianz Life Insurance Company of North America
Status of Filings as of April 6, 2016
Policy Form Series: 10-P-Q

	First Increase				Current Increase				
State	Requested Rate Increase	Date of Submission	Date Approved or Filed	Amount Approved or Filed	Requested Rate Increase	Date of Submission	Date Approved or Filed	Amount Approved or Filed	12/31/2015 In-Force Premium
Alabama	25.0%	10/29/2012	12/6/2012	20.0%	39.0%	10/16/2015	Pending		995,439
Alaska	25.0%	10/25/2012	11/16/2012	25.0%	39.0%	10/21/2015	10/21/2015	39.0%	179,385
Arizona	75.0%	2/1/2013	3/27/2013	75.0%	Not Filing				1,870,630
Arkansas	30.0%	10/16/2015	12/17/2015	25.0%	Not Yet Filed				516,889
Colorado	25.0%	5/17/2013	8/1/2013	25.0%	Not Yet Filed				2,334,705
Connecticut	25.0%	5/20/2014	Disapproved	0.0%	Not Yet Filed				627,780
Delaware	20.0%	10/29/2012	3/15/2013	15.0%	Not Yet Filed				193,482
Dist. of Columbia	Not Yet Filed				TBD				100,012
Florida	25.0%	6/3/2013	11/26/2013	7.3%	Not Yet Filed				2,859,593
Georgia	25.0%	10/31/2012	2/8/2013	15.0%	39.0%	10/16/2015	3/15/2016	12.0%	2,777,279
Hawaii	25.0%	10/31/2012	7/19/2013	9.5%	39.0%	10/16/2015	Pending		942,824
Idaho	25.0%	11/2/2012	2/21/2013	10.0%	39.0%	10/16/2015	12/24/2015	39.0%	371,176
Illinois	100.0%	11/6/2012	12/8/2014	100.0%	Not Filing				2,550,343
Indiana	Not Yet Filed				TBD				589,695
Iowa	25.0%	11/8/2012	9/10/2013	15.0%	39.0%	10/16/2015	Pending		1,665,585
Kansas	25.0%	10/29/2012	3/29/2013	10.0%	39.0%	10/16/2015	Pending		1,136,987
Kentucky	25.0%	11/7/2012	2/4/2013	18.27%	39.0%	10/16/2015	1/18/2016	35.9%	729,891
Louisiana	Not Yet Filed				TBD				543,835
Maine - LR*	25.0%	12/19/2012	4/3/2013	23.5%	39.0%	1/12/2016	Pending		290,057
Maine - RS*	25.0%	11/16/2012	1/18/2013	25.0%	39.0%	1/12/2016	Pending		472,904
Maryland	15.0%	10/29/2012	11/13/2012	15.0%	39.0%	10/16/2015	Pending		1,660,701
Massachusetts	Not Yet Filed				TBD				2,294,985
Michigan	25.0%	10/25/2012	11/26/2012	25.0%	39.0%	10/16/2015	11/6/2015	39.0%	1,398,272
Minnesota	30.0%	2/11/2015	1/22/2016	30.0%	Not Yet Filed				2,598,080
Mississippi	25.0%	11/8/2012	3/11/2013	25.0%	39.0%	10/16/2015	12/16/2015	25.0%	278,305
Missouri - LR*	25.0%	6/4/2013	7/16/2013	25.0%	39.0%	11/16/2015	1/29/2016	39.0%	437,353
Missouri - RS*	25.0%	5/17/2013	9/3/2013	25.0%	39.0%	10/16/2015	1/29/2016	39.0%	1,374,773
Montana	25.0%	10/25/2012	12/3/2012	10.0%	39.0%	10/16/2015	Pending		290,286
Nebraska	25.0%	10/31/2012	6/19/2013	10.0%	39.0%	10/16/2015	12/10/2015	39.0%	1,072,335
Nevada	30.0%	10/16/2015	2/8/2016	30.0%	TBD				196,267
New Hampshire	25.0%	12/7/2012	2/12/2013	25.0%	39.0%	10/16/2015	2/16/2016	39.0%	349,960
New Jersey	25.0%	3/20/2013	3/13/2014	15.0%	39.0%	10/16/2015	Pending		2,132,744
New Mexico	25.0%	11/8/2012	Disapproved	0.0%	Not Filing				467,577
North Carolina	25.0%	11/21/2012	6/18/2013	25.0%	39.0%	10/16/2015	Pending		3,765,402
North Dakota	25.0%	10/31/2012	1/9/2013	15.0%	39.0%	10/16/2015	12/14/2015	15.0%	205,703
Ohio	25.0%	11/7/2012	4/23/2013	25.0%	39.0%	10/16/2015	Pending		2,058,782
Oklahoma	25.0%	11/8/2012	1/3/2013	25.0%	39.0%	10/16/2015	2/22/2016	10.0%	728,115
Oregon	25.0%	11/7/2012	3/26/2014	25.0%	39.0%	10/16/2015	1/28/2016	39.0%	1,226,273
Pennsylvania	25.0%	11/16/2012	2/12/2013	20.0%	39.0%	10/16/2015	3/30/2016	31.5%	3,722,277
Rhode Island	Not Yet Filed				TBD				170,783
South Carolina	25.0%	11/5/2012	2/22/2013	20.0%	39.0%	10/16/2015	2/8/2016	20.0%	882,593
South Dakota	25.0%	11/7/2012	12/26/2012	25.0%	39.0%	10/16/2015	11/13/2015	39.0%	541,436
Tennessee	25.0%	11/7/2012	3/20/2013	25.0%	39.0%	10/16/2015	4/5/2016	39.0%	1,421,012
Texas	75.0%	5/6/2013	9/23/2013	75.0%	Not Filing				8,610,703
Utah	30.0%	10/19/2015	12/15/2015	30.0%	TBD				297,862
Vermont	Not Yet Filed				TBD				289,187
Virginia	100.0%	11/8/2012	Pending		Not Filing				3,562,995
Washington	25.0%	11/8/2012	4/12/2013	25.0%	39.0%	10/19/2015	Pending		5,327,076
West Virginia	25.0%	11/16/2012	1/30/2013	25.0%	39.0%	10/16/2015	2/26/2016	39.0%	167,998
Wisconsin	25.0%	11/7/2012	2/6/2013	25.0%	39.0%	12/17/2015	Pending		1,196,289
Wyoming	25.0%	10/23/2012	2/4/2013	25.0%	39.0%	10/16/2015	2/9/2016	39.0%	209,084

** LR = policies issued prior to the effective date of rate stability in that state.*
RS = policies issued on or after the effective date of rate stability in that state.

Attachment 2

Allianz Life Insurance Company of North America
Nationwide Experience
Policy Form Series : 10-P-Q

Projected Future Experience - No Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$892,037	$0	0.0%
2004	$16,759,295	$490,275	2.9%
2005	$39,704,452	$1,134,954	2.9%
2006	$62,071,100	$4,371,807	7.0%
2007	$71,213,127	$4,401,422	6.2%
2008	$71,749,705	$6,851,225	9.5%
2009	$70,187,401	$6,951,433	9.9%
2010	$68,456,149	$8,541,082	12.5%
2011	$66,997,201	$8,511,132	12.7%
2012	$65,875,822	$13,448,771	20.4%
2013	$64,659,954	$13,612,606	21.1%
2014	$67,172,537	$19,120,897	28.5%
2015	$70,924,315	$24,821,588	35.0%
2016	$69,638,102	$24,134,709	34.7%
2017	$67,400,179	$27,612,557	41.0%
2018	$65,103,972	$31,486,058	48.4%
2019	$62,715,596	$35,746,551	57.0%
2020	$60,242,353	$40,389,295	67.0%
2021	$57,719,641	$45,429,467	78.7%
2022	$55,137,204	$50,864,720	92.3%
2023	$52,479,723	$56,676,199	108.0%
2024	$49,768,661	$62,800,752	126.2%
2025	$47,026,983	$69,190,730	147.1%
2026	$44,264,604	$75,756,987	171.1%
2027	$41,495,662	$82,334,244	198.4%
2028	$38,766,836	$88,852,892	229.2%
2029	$36,092,946	$95,223,347	263.8%
2030	$33,485,994	$101,276,463	302.4%
2031	$30,955,395	$106,854,816	345.2%
2032	$28,493,572	$111,684,795	392.0%
2033	$26,119,238	$115,753,941	443.2%
2034	$23,842,054	$120,248,892	504.4%
2035	$21,664,449	$125,693,675	580.2%
2036	$19,587,793	$132,185,613	674.8%
2037	$17,621,051	$138,631,131	786.7%
2038	$15,775,403	$144,235,898	914.3%
2039	$14,044,579	$148,660,912	1058.5%
2040	$12,439,330	$151,645,426	1219.1%
2041	$10,956,401	$153,123,637	1397.6%
2042	$9,595,161	$153,029,175	1594.9%
2043	$8,353,883	$151,328,924	1811.5%
2044	$7,231,000	$148,147,812	2048.8%
2045	$6,223,332	$143,562,867	2306.8%
2046	$5,323,013	$137,724,618	2587.3%
2047	$4,527,055	$130,817,003	2889.7%
2048	$3,827,393	$123,057,234	3215.2%
2049	$3,217,394	$114,675,376	3564.2%
2050	$2,689,799	$105,912,378	3937.6%
2051	$2,236,021	$96,967,798	4336.6%
2052	$1,848,433	$88,051,042	4763.6%
2053	$1,519,985	$79,339,081	5219.7%
2054	$1,243,591	$70,948,580	5705.1%
2055	$1,012,555	$62,994,611	6221.4%
2056	$820,521	$55,554,669	6770.7%
2057	$661,847	$48,682,837	7355.6%
2058	$531,475	$42,388,350	7975.6%
2059	$424,930	$36,681,943	8632.5%
2060	$338,299	$31,552,518	9326.8%
2061	$268,198	$26,977,480	10058.8%
2062	$211,732	$22,926,782	10828.2%
2063	$166,452	$19,366,411	11634.8%
2064	$130,298	$16,257,612	12477.2%
2065	$101,555	$13,559,231	13351.6%
2066	$78,797	$11,232,245	14254.6%
2067	$60,853	$9,239,166	15182.7%
2068	$46,770	$7,547,181	16136.9%
2069	$35,770	$6,121,899	17114.5%
2070+	$106,417	$22,194,756	20856.3%

Summary of Experience at 4.5%

	Earned Premium	Incurred Claims	Loss Ratio
Historical (YE2015)	$945,623,687	$132,381,137	14.0%
Projected Future (2016 +)	$706,040,107	$1,633,227,816	231.3%
Total Lifetime Anticipated	$1,651,663,794	$1,765,608,953	106.9%

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
[800.789.6896]

Coverage Change Request Form

Policy number [Policy Number]_____

Please use this form to request a change in your long term care insurance coverage. Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with this form.

Please indicate your coverage change selection(s) by checking the options below.
This form must be signed and dated, where indicated, on the back page in order to be processed.
Remember that, if you have state partnership status, cancelling or reducing some optional riders may result in the loss of your state partnership status, which may reduce policyholder protections.

Option B: Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s). I understand if I request either the cancel or exchange options below for the Benefit Increase Rider, to keep the current rider's accrued benefit increase percentages as of the time of cancellation, this form must be received by Allianz on or before [Latest Election Date].

☐ Reduce my Daily (or Monthly) Benefit from $_____ to $_____
☐ Reduce my Benefit Period from _____ to _____
☐ Increase my Elimination Period from _____ days to _____ days
☐ Reduce the following benefit(s) for my policy:
Benefit _____ from _____ reduced to _____

Benefit _____ from _____ reduced to _____

☐ Cancel the following optional rider(s) or benefit(s) from my policy:

_____

_____

☐ Exchange the existing optional _____% Lifetime Compound Benefit Increase Rider currently on my policy for the lower Benefit Increase Rider selected below. Please note this option is only available if you currently have the 4% Lifetime Compound Benefit Increase Rider or the 5% Lifetime Compound Benefit Increase Rider.
☐ 4% Lifetime Compound Benefit Increase Rider
☐ 3% Lifetime Compound Benefit Increase Rider
☐ 5% Simple Benefit Increase Rider (this option is available only if you currently have the 5% Lifetime Compound Benefit Increase Rider)

Option C: Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider with a reduced Maximum Lifetime Benefit or Benefit Amount. I understand if I request this option, this form must be received by Allianz on or before [Latest Election Date].

☐ I wish to exercise the Premium Increase Contingent Benefit Upon Lapse Rider and request a Reduced Paid Up Benefit.
Please note: As this paid-up option starts on the effective date of the premium increase, you must continue coverage to that date by paying the required premiums. No additional premium will be due after that date.

Option D: Convert your contract to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount available through a Non-Forfeiture Rider [or Return of Premium Rider] that may be included with your policy.

☐ I wish to exercise an available option under a Non-Forfeiture [or Return of Premium Rider] benefit on my policy. In doing so, my maximum lifetime benefit amount will be replaced with the amount specified in my rider.

I understand the policy change(s) I selected on this form. I agree that once processed, the policy benefit changes may not be reversed.

[Owner First Name] [Owner Middle Name] [Owner Last Name]	[Co-Owner First Name] [Co-Owner Middle Name] [Co-Owner Last Name]
Policyowner name (printed)	Joint owner name (printed – if applicable)
Signature of policyowner	Date Signed
Signature of joint owner (if applicable)	Date Signed

Please indicate your change selection, sign, date and return this form to:
Allianz Life Insurance Company of North America
ATTN: Policy Administration
PO Box 59060
Minneapolis, MN 55459-0060
Fax: 763.582.6002

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Re: LTC RATE FILING 2012 - Group 3
SERFF Tracking Number: ALLB-128730838

Virginia Bureau of Insurance

April 28, 2016

Dear Janet Houser,

Allianz would first like to thank the Bureau for reviewing our filing. We have the following responses for the objection letter dated April 22, 2016. We have included the original objections in bold and our responses below them for your convenience.

1. ***Question 3 under the Frequently asked questions (FAQ) states the company does not request rate increases in a state when premiums are sufficient to cover the projected cost of the benefits for that particular state. Is this statement correct? Is the company rating premium and experience on a national basis or is Virginia only experience considered credible?***

   Your interpretation of this statement is not what we had intended. Because we now realize that the statement can be misinterpreted, we are removing the sentence entirely.

   To clarify your question, we are pursuing rate increases in states where our projections indicate that premiums are insufficient to cover claims based on national experience.

   An updated readability certification for the policyholder notification letter is also enclosed with this letter for all revisions noted in this letter.

2. ***Please change the reference from Virginia Bureau of Insurance to the Virginia State Corporation Commission.***

   This reference has been updated on the first page of the letter.

3. ***Please include language that advises the insured of the right to a revised premium rate or rate schedule pursuant to 14VAC520075 A 4 b.***

   Note that we have amended the second page of the letter to include the following wording: "For up-to-date information about your current premium and benefit levels, you can request a current policy schedule from Allianz by contacting us at [800.789.6896]."

4. ***The disclosure under Question 4 of the FAQ regarding partnership status must be emphasized since this is a disclosure required by 14VAC520075D 2 c. This may be accomplished by bolding, highlighting, using larger print or any other method that will bring attention to this information.***

   The following sentence has been bolded: "(**Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status, which may reduce policyholder protections.**)"

5. ***Please expand upon the reason for the rate increase. The first question under the FAQ states the increase is due to a combination of factors outlined in question 2. It is not clear, however, what the drivers are of this increase. As a suggestion, the company may wish to state something to the effect that the rate increase is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being***

filed than what was anticipated when the policy was originally priced. Premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims.

We have amended FAQ 2 to include the following verbiage: "Policyholders are using more benefits than our actuaries anticipated when they originally priced our long term care policies. Based on our experience – and new expectations – we need to adjust premiums to ensure adequate funding to pay current and anticipated future claims."

Note that the impact of lower-than-expected mortality and higher-than-expected morbidity would both be to increase the utilization of benefits. We therefore feel that saying "using more benefits than our actuaries anticipated" sufficiently reflects the cause of the rate increase.

6. ***Thank you for providing the updated nationwide experience (Attachment 2); however, this only shows the data with no rate increase; please provide the projection including the rate increases.***

   Attachment 1 to this letter provides the nationwide experience projections with and without the revised rate increase of 56.25%. The after increase projection assumes the first 25% is implemented on each policies anniversary on or after 9/3/2016. The second 25% is implemented 2 years after the first.

   The assumptions and justification of assumptions used in projecting the experience based on the insured population in force as of December 31, 2015 in Attachment 1 can be found in the following SERFF filing tracking #ALLB-130164458 which is a current pending rate filing for the Generation Protector II policy form.

7. ***The Coverage Change Request Form states under Option D that the policy can be paid up through a return of premium rider (ROP). The two ROP riders found in the copies of policy forms submitted with this filing are triggered by the insured's death, not due to an increase in premiums. Please explain how an ROP would be applicable in this situation. If not applicable, please remove this language from the Coverage Change Request and the Frequently Asked Questions section of the letter. Since the Coverage Change Request Form does become a part of the policy, please remove this from the Forms Schedule to Supporting Documentation.***

   We would like to keep the ROP wording, because the Coverage Change Request Form serves as a generic form for different states and products. Certain products do have ROP riders that include a provision for paid-up coverage. Option D notes that the riders *may* be attached to the policy, so we are confident that this extra verbiage will not confuse the policyholder.

   We have moved the Coverage Change Request Form to the Supporting Documentation tab as requested. Due to constraints in SERFF, we do not have a way to completely remove the Coverage Change Request Form from the Form Schedule tab. SERFF requires that a "Form Name" "Form Type" and "Action" be satisfied thus these items have not been updated on the Form Schedule tab.

8. ***The Statement of Variability for the Policy Endorsement regarding the number of notification days prior to a rate increase should be changed to a minimum of 75 days pursuant to 14VAC520075 D.***

   The Statement of Variability for the Policy Endorsement has been updated with a minimum of 75 days. See SOV for Endorsement 95440 VA Specific under Final Statements of Variability of the Supporting Documents tab.

9. ***Will the Contingent Benefit Upon Lapse (CBUL) be offered to all policyholders regardless of the triggers? If that is not the case, the CBUL language must be amended for compliance with revised 14VAC5185 D 3.***

   All policyholders experiencing a rate increase will receive the Premium Increase Contingent Benefit Upon Lapse Rider (PICBUL) along with their Policyholder Notification Letter; the PICBUL was approved in ALLB-128978105. Note that the PICBUL includes the same benefits as the CBUL, but that it is triggered upon *any* rate increase amount. The PICBUL is therefore more generous than the requirements set out in 14VAC5185 D 3, and we do not feel that CBUL requires revision. Note that we will print the Latest Election Date of the PICBUL so that they have the same 120 day election period as the CBUL.

10. ***As we discussed earlier this week, the company intends to revise its rate request proposal from 100% to 56.25% which will be implemented in two stages of 25% two years apart. As a result, the Rate/Rule Schedule should be updated accordingly and the Actuarial Memorandum revised, as appropriate.***

An updated memorandum has been enclosed with this letter reflecting the 56.25% rate increase implemented in two stages of 25% two years apart. The memorandum has been updated to reflect the four year rate guarantee accompanying this rate increase. Please note that the actuarial certification section has been updated due to the request not being able to be actuarial certified under moderately adverse conditions.

The Rate/Rule Schedule tab within SERFF has been updated to reflect the revised 56.25% rate increase.

An updated Long Term Care Insurance Request Summary reflecting the 56.25% rate increase has also been enclosed with this letter.

Enclosed with this letter are revised rate tables reflecting each stage of the rate increase. Please note that the actual rates implemented may vary slightly due to rounding in the implementation algorithm.

Sincerely,

Ouling Lu, FSA, MAAA
763-765-7735
Ouling.Lu@AllianzLife.com

Attachment 1

Allianz Life Insurance Company of North America
Nationwide Experience
Policy Form Series : 10-P-Q
As of 12/31/2015

Historical and Projected Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$892,037	$0	0.0%
2004	$16,759,295	$490,275	2.9%
2005	$39,704,452	$1,134,954	2.9%
2006	$62,071,100	$4,371,807	7.0%
2007	$71,213,127	$4,401,422	6.2%
2008	$71,749,705	$6,851,225	9.5%
2009	$70,187,401	$6,951,433	9.9%
2010	$68,456,149	$8,541,082	12.5%
2011	$66,997,201	$8,511,132	12.7%
2012	$65,875,822	$13,448,771	20.4%
2013	$64,659,954	$13,612,606	21.1%
2014	$67,172,537	$19,120,897	28.5%
2015	$70,924,315	$24,821,588	35.0%
2016	$69,638,102	$24,134,709	34.7%
2017	$67,400,179	$27,612,557	41.0%
2018	$65,103,972	$31,486,058	48.4%
2019	$62,715,596	$35,746,551	57.0%
2020	$60,242,353	$40,389,295	67.0%
2021	$57,719,641	$45,429,467	78.7%
2022	$55,137,204	$50,864,720	92.3%
2023	$52,479,723	$56,676,199	108.0%
2024	$49,768,661	$62,800,752	126.2%
2025	$47,026,983	$69,190,730	147.1%
2026	$44,264,604	$75,756,987	171.1%
2027	$41,495,662	$82,334,244	198.4%
2028	$38,766,836	$88,852,892	229.2%
2029	$36,092,946	$95,223,347	263.8%
2030	$33,485,994	$101,276,463	302.4%
2031	$30,955,395	$106,854,816	345.2%
2032	$28,493,572	$111,684,795	392.0%
2033	$26,119,238	$115,753,941	443.2%
2034	$23,842,054	$120,248,892	504.4%
2035	$21,664,449	$125,693,675	580.2%
2036	$19,587,793	$132,185,613	674.8%
2037	$17,621,051	$138,631,131	786.7%
2038	$15,775,403	$144,235,898	914.3%
2039	$14,044,579	$148,660,912	1058.5%
2040	$12,439,330	$151,645,426	1219.1%
2041	$10,956,401	$153,123,637	1397.6%
2042	$9,595,161	$153,029,175	1594.9%
2043	$8,353,883	$151,328,924	1811.5%
2044	$7,231,000	$148,147,812	2048.8%
2045	$6,223,332	$143,562,867	2306.8%
2046	$5,323,013	$137,724,618	2587.3%
2047	$4,527,055	$130,817,003	2889.7%
2048	$3,827,393	$123,057,234	3215.2%
2049	$3,217,394	$114,675,376	3564.2%
2050	$2,689,799	$105,912,378	3937.6%
2051	$2,236,021	$96,967,798	4336.6%
2052	$1,848,433	$88,051,042	4763.6%
2053	$1,519,985	$79,339,081	5219.7%
2054	$1,243,591	$70,948,580	5705.1%
2055	$1,012,555	$62,994,611	6221.4%
2056	$820,521	$55,554,669	6770.7%
2057	$661,847	$48,682,837	7355.6%
2058	$531,475	$42,388,350	7975.6%
2059	$424,930	$36,681,943	8632.5%
2060	$338,299	$31,552,518	9326.8%
2061	$268,198	$26,977,480	10058.8%
2062	$211,732	$22,926,782	10828.2%
2063	$166,452	$19,366,411	11634.8%
2064	$130,298	$16,257,612	12477.2%
2065	$101,555	$13,559,231	13351.6%
2066	$78,797	$11,232,245	14254.6%
2067	$60,853	$9,239,166	15182.7%
2068	$46,770	$7,547,181	16136.9%
2069	$35,770	$6,121,899	17114.5%
2070+	$106,417	$22,194,756	20856.3%

Summary of Experience at 4.5%

	Earned Premium	Incurred Claims	Loss Ratio
Historical (YE2015)	$945,623,687	$132,381,137	14.0%
Projected Future (2016 +)	$706,040,107	$1,633,227,816	231.3%
Total Lifetime Anticipated	$1,651,663,794	$1,765,608,953	106.9%

Attachment 1

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 12/31/2013

Historical and Projected Future Experience - After 56.25% Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$892,037	$0	0.0%
2004	$16,759,295	$490,275	2.9%
2005	$39,704,452	$1,134,954	2.9%
2006	$62,071,100	$4,371,807	7.0%
2007	$71,213,127	$4,401,422	6.2%
2008	$71,749,705	$6,851,225	9.5%
2009	$70,187,401	$6,951,433	9.9%
2010	$68,456,149	$8,541,082	12.5%
2011	$66,997,201	$8,511,132	12.7%
2012	$65,875,822	$13,448,771	20.4%
2013	$64,659,954	$13,612,606	21.1%
2014	$67,172,537	$19,120,897	28.5%
2015	$70,924,315	$24,821,588	35.0%
2016	$66,768,899	$23,886,117	35.8%
2017	$75,717,569	$27,315,457	36.1%
2018	$74,940,608	$31,148,416	41.6%
2019	$84,174,599	$35,817,858	42.6%
2020	$89,118,225	$40,469,715	45.4%
2021	$85,413,184	$45,344,377	53.1%
2022	$81,575,049	$50,588,709	62.0%
2023	$77,626,261	$56,179,763	72.4%
2024	$73,599,601	$62,053,716	84.3%
2025	$69,531,068	$68,167,027	98.0%
2026	$65,431,795	$74,432,353	113.8%
2027	$61,324,854	$80,687,822	131.6%
2028	$57,279,351	$86,868,490	151.7%
2029	$53,316,545	$92,892,012	174.2%
2030	$49,453,897	$98,593,717	199.4%
2031	$45,705,783	$103,821,905	227.2%
2032	$42,060,373	$108,327,642	257.6%
2033	$38,546,040	$112,097,984	290.8%
2034	$35,177,109	$116,283,014	330.6%
2035	$31,957,260	$121,388,552	379.8%
2036	$28,887,942	$127,510,265	441.4%
2037	$25,981,670	$133,588,451	514.2%
2038	$23,255,642	$138,852,903	597.1%
2039	$20,699,911	$142,986,658	690.8%
2040	$18,330,722	$145,743,450	795.1%
2041	$16,142,870	$147,065,659	911.0%
2042	$14,135,239	$146,896,142	1039.2%
2043	$12,305,102	$145,194,007	1179.9%
2044	$10,650,396	$142,079,122	1334.0%
2045	$9,165,634	$137,627,253	1501.6%
2046	$7,839,277	$131,988,977	1683.7%
2047	$6,666,975	$125,334,812	1879.9%
2048	$5,636,666	$117,867,657	2091.1%
2049	$4,738,533	$109,803,463	2317.2%
2050	$3,961,842	$101,379,104	2558.9%
2051	$3,293,846	$92,782,387	2816.8%
2052	$2,723,282	$84,215,333	3092.4%
2053	$2,240,246	$75,847,722	3385.7%
2054	$1,833,554	$67,789,622	3697.2%
2055	$1,493,366	$60,154,927	4028.1%
2056	$1,210,563	$53,018,879	4379.7%
2057	$976,841	$46,433,558	4753.4%
2058	$784,760	$40,408,408	5149.1%
2059	$627,738	$34,953,438	5568.2%
2060	$500,020	$30,057,762	6011.3%
2061	$396,629	$25,698,703	6479.3%
2062	$313,309	$21,845,968	6972.7%
2063	$246,457	$18,464,584	7492.0%
2064	$193,047	$15,515,307	8037.1%
2065	$150,555	$12,957,232	8606.3%
2066	$116,887	$10,751,941	9198.6%
2067	$90,320	$8,862,319	9812.2%
2068	$69,452	$7,256,435	10448.1%
2069	$53,141	$5,901,383	11105.2%
2070+	$158,215	$21,626,490	13669.0%

Summary of Experience at 4.5%

	Earned Premium	Incurred Claims	Loss Ratio
Historical (YE2015)	$945,623,687	$132,381,137	14.0%
Projected Future (2016 +)	$959,334,616	$1,585,727,520	165.3%
Total Lifetime Anticipated	$1,904,958,303	$1,718,108,656	90.2%

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Re: LTC RATE FILING 2012 - Group 3
SERFF Tracking Number: ALLB-128730838

Virginia Bureau of Insurance

May 18, 2016

Dear Janet Houser,

Allianz would first like to thank the Bureau for reviewing our filing. We have the following responses for the objection letter dated May 12, 2016. We have included the original objections in bold and our responses below them for your convenience.

1. ***We appreciate your explanation regarding the Return of Premium Rider. Because the benefit is not available in Virginia, please remove this benefit or place brackets around the Return of Premium Rider referenced in the policyholder letter, frequently asked questions and Coverage Change Request form and amend the Statement of Variability to indicate this will not appear in communication addressed to Virginia policyholders. We realize the form uses the word "may" but it remained unclear to us and may be potentially misleading to our policyholders. This simply isn't an option that can be chosen in Virginia and should not be included in the policyholder letter or appear available for selection.***

   The policyholder notification letter, frequently asked questions, and coverage change request form have been updated to have the Return of Premium Rider as variable language. The statement of variability for these documents has been updated accordingly.

   The Return of Premium Rider will not appear in any communication addressed to Virginia policyholders.

2. ***Should the option to reduce the benefit period be chosen, please confirm the benefit period will never be reduced than 12 months.***

   If a policyholder elects to reduce their benefit period, their benefit period will never be reduced less than 12 months.

3. ***According to your response, all policyholders will receive a PICBUL rider which indicates the contingent benefit upon lapse option (CBUL) is available upon "any" rate increase now and in the future, correct? How does the insured know this form replaces the CBUL rider 10-E-1-VA which was approved with the policy?***

   Yes, the Premium Increase Contingent Benefit Upon Lapse (PICBUL) rider is available upon any rate increase now and in the future.

   The PICBUL rider is superior in every way to the standard contingent non-forfeiture benefit (10-E-1-VA). There is language currently in the PICBUL that states "If there are any conflicts between this Rider and the Contract, including any attached Benefit increase Rider, the provisions of this Rider will prevail." The Contract refers to the policy/contract in which the PICBUL Rider Schedule identifies. The specific language in the PICBUL rider can be found in the SERFF filing for this rider (SERFF #ALLB-128978105).

   As always a toll free number for policyholders to call is always available if they have any questions regarding the PICBUL Rider or its benefits.

4. ***The letter references the full corporate name of the insurer and later as only Allianz. While we do not have a concern regarding this format, the letter should explain that the corporate name may be referred to as Allianz. Our concern would be resolved if the first sentence of the letter were stated as At Allianz Life Insurance Company of North America (Allianz), our highest priority is fulfilling our commitments to our policyholders."***

   We have added the suggested change to the policyholder letter.

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Re: LTC RATE FILING 2012 - Group 3
SERFF Tracking Number: ALLB-128730838

Virginia Bureau of Insurance

June 1, 2016

Dear Janet Houser,

Allianz would first like to thank the Bureau for reviewing our filing. We have the following responses for the objection letter dated June 1, 2016. We have included the original objections in bold and our responses below them for your convenience.

1. ***We did a quick comparison of the S2279-VA letter to the S2280-VA letter. Although the letters do not need to be exactly the same, as an observation, these are the differences between the two letters that we found that the company may or may not wish to amend:***

   Page 1 - second paragraph, the second sentence of the S2280-VA letter refers to "classes of" our long term care policies; S2279-VA leaves out the words "classes of."

   Frequently asked questions #1 - Again, "classes of" is used in the S2280-VA letter in the second paragraph but not in S2279-VA. Also, the last sentence of that paragraph that begins with "Your class is determined..." does not appear in S2279-Va. This same discrepancy appears in question # 9 as well in S2279-VA but is question 8 in S2280-VA.

   We acknowledge the difference in "classes of" language between the two letters. However as the Bureau has left the decision to Allianz as to whether or not the change is made, we have decided that the change is not material enough to warrant a change and have decided to leave the letter as is. If the Bureau decides that it does feels strongly about the language of "classes of" being in both letters then we will make the necessary revisions.

2. ***The number of insureds on the Rate Summary does not match the number of insured on the Rate/Rule Schedule. Please resolve the discrepancy.***

   The Rate Summary has been updated to correctly the number of insureds as found on the Rate/Rule Schedule tab.

3. ***There is some information on the Statement of Variability that should be rephrased to remove any potential confusion or misunderstanding:***

   The values under for anniversary1 states 3/17/2016 as a minimum and 12/31/2100 as a maximum. In this particular instance, a range would not be applicable. The insured must receive a 75 day notice prior to the rate increase. We suggest the explanation should be stated it is the policy anniversary date following the minimum 75 day notice of a rate increase. This would also apply to anniversary2.

   Because the effect on partnership status is a required disclosure as set forth in 14VAC5-200-75 D 2 c, please highlight, bold or in some other fashion emphasize this language to bring attention to its importance in the letter.

   The latest election date states this is the date which the options under the premium increase contingent upon lapse rider is available. For clarification purposes, the contingent benefit upon lapse benefit rider, if the

triggers are met, automatically becomes effective if the policy lapses within 120 days of the due date of the premium increase as set forth in 14VAC5-200-185 D 3. Please amend the language accordingly.

The statement of variability has been updated for the following:

- Removal of the range of values for the "anniversary1" and "anniversary2" variable
- Additional language was added to specify that the "anniversary1" and "anniversary2" dates will follow the minimum 75 day notice for a rate increase.
- The partnership language in the statement of variability has been bolded.
- Additional language was added for the "Latest Election Date" to clarify when the Premium Increase Contingent Benefit Upon Lapse becomes effective.

In addition to the statement of variability revisions, all partnership language in the policyholder notification letter has been bolded.

4. ***As noted in the Actuarial Certification, the Company is unable to comply with the requirements of 14VAC5-200-153 B, which requires a certification by a qualified actuary that if the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated.***

   In light of this exception, the certification should indicate what rate increase would have been necessary to provide such certification. As a result, we suggest the wording be amended as follows or using words of similar import:

   I certify that, to the best of my knowledge and belief, the rates are not unfairly discriminatory and the gross premiums are not excessive. Based on current analysis, a 100% rate increase would be needed to certify, as required by 14VAC5-200-153 B 2 a, that if the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated. Gross premiums are reasonable in relation to the benefits. I have considered policy design, underwriting and claims adjudication practices. (The sentence regarding the gross premiums is not required language as set forth in 14VAC5-200-153 B 2 and may be removed; otherwise, the sentence needs to indicate premiums are reasonable in relation to the benefits.)

   In addition the Bureau feels this information should be included in the policyholder letter advising that although a 100% rate increase is approvable, the company has agreed to 56.25% with a four year rate guarantee. We realize the letter states that premiums could change in the future as required; however, this additional information will make the insured aware a future rate increase is more likely to occur.

   Enclosed with this letter is an updated actuarial memorandum providing an updated actuarial certification.

   In addition, a revised policyholder notification letter has been enclosed with this letter. The revisions are to notify the policyholder of the 100% rate increase that is approvable under Virginia laws and regulations and to reiterate that future rate increases are likely.

   An updated readability certification has been enclosed with this letter for the revised policyholder notification letter.

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/18/2016	Withdrawn 06/08/2016	Form	Policyholder Rate Increase Notification Letter	06/01/2016	S2279-VA GPR Policyholder Notification Letter.pdf (Superceded)
05/18/2016	Withdrawn 06/08/2016	Supporting Document	Final Statements of Variability	06/01/2016	SOV for Endorsement 95440 VA Specific.pdf SOV for S2279-VA GPR Policyholder Notification Letter.pdf (Superceded) SOV for S2281-Coverage Change Request Form.pdf
05/18/2016	Withdrawn 06/08/2016	Supporting Document	Final Certificates of Readability	06/01/2016	Policy Endorsement 95440_Readability Certification - Signed.pdf S2279-VA GPR Policyholder Notification Letter_Readability Certification - Signed.pdf (Superceded) S2281-Coverage Change Request Form_Readability Certification - Signed.pdf
04/28/2016	Withdrawn 06/08/2016	Form	Policyholder Rate Increase Notification Letter	05/18/2016	S2279-VA GPR Policyholder Notification Letter.pdf (Superceded)
04/28/2016	Withdrawn 06/08/2016	Supporting Document	L&H Actuarial Memorandum	06/01/2016	Act Memo (Generation Protector).pdf (Superceded)
04/28/2016	Withdrawn 06/08/2016	Supporting Document	Health Insurance Rate Request Summary Part I	06/01/2016	Long Term Care Insurance Request Summary Part I.pdf (Superceded)
04/28/2016	Withdrawn 05/27/2016	Supporting Document	Final Certificates of Readability	05/18/2016	Policy Endorsement 95440_Readability Certification - Signed.pdf S2281-Coverage Change Request Form_Readability Certification - Signed.pdf (Superceded) S2279-VA GPR Policyholder Notification Letter_Readability Certification - Signed.pdf (Superceded)

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/26/2016	Withdrawn 05/27/2016	Supporting Document	Final Coverage Change Request Form	05/18/2016	S2281-Coverage Change Request Form.pdf (Superceded)
04/26/2016	Withdrawn 06/08/2016	Supporting Document	Final Statements of Variability	05/18/2016	S2281-Coverage Change Request Form_Statement of Variability.pdf (Superceded) SOV for Endorsement 95440 VA Specific.pdf SOV for S2279-VA GPR Policyholder Notification Letter.pdf (Superceded)
04/04/2016	Withdrawn 04/22/2016	Form	Policyholder Rate Increase Notification Letter	04/28/2016	S2279-VA GPR Policyholder Notification Letter.pdf (Superceded)
04/04/2016	Withdrawn 06/08/2016	Form	Coverage Change Request Form	04/27/2016	S2281-Coverage Change Request Form.pdf (Superceded)
04/04/2016	Withdrawn 05/12/2016	Supporting Document	Final Statements of Variability	04/26/2016	Policy Endorsement 95440_Statement of Variability.pdf (Superceded) S2279-VA GPR Policyholder Notification Letter_Statement of Variability.pdf (Superceded) S2281-Coverage Change Request Form_Statement of Variability.pdf
04/04/2016	Withdrawn 05/12/2016	Supporting Document	Final Certificates of Readability	04/28/2016	Policy Endorsement 95440_Readability Certification - Signed.pdf S2279-VA GPR Policyholder Notification Letter_Readability Certification - Signed.pdf (Superceded) S2281-Coverage Change Request Form_Readability Certification - Signed.pdf
04/04/2016	Withdrawn 06/08/2016	Supporting Document	Coverage Change Request Form 6-6-14	04/28/2016	
05/22/2015	Withdrawn 04/22/2016	Supporting Document	Coverage Change Endorsement SOV	04/04/2016	SOV for Endorsement.pdf (Superceded)
05/22/2015	Withdrawn 04/22/2016	Form	Coverage Change Endorsement	04/04/2016	Policy Endorsement 95440.pdf (Superceded)

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/22/2015	Withdrawn 06/08/2016	Rate	Generation Protector	04/28/2016	VA Generation Protector Proposed Rates - Phase 1 (25% increase).pdf (Superceded) VA Generation Protector Proposed Rates - Phase 2 (20% increase).pdf (Superceded) VA Generation Protector Proposed Rates - Phase 3 (16.7% increase).pdf (Superceded) VA Generation Protector Proposed Rates - Phase 4 (14.3% increase).pdf (Superceded) Form Numbers and Description of Benefits.pdf
01/27/2015	Withdrawn 05/12/2016	Supporting Document	Health Insurance Rate Request Summary Part I	04/28/2016	Health Insurance Rate Request Summary Part I.pdf (Superceded)
01/27/2015	Withdrawn 04/22/2016	Supporting Document	VA Policyholder Notification Letter 1-27-2015	04/04/2016	VA Group 3 Policyholder Letter - 1st Stage - 1.27.2015.pdf (Superceded) VA Group 3 Policyholder Letter - 2nd Stage - 1.27.2015.pdf (Superceded) VA Group 3 Policyholder Letter - 3rd Stage - 1.27.2015.pdf (Superceded) VA Group 3 Policyholder Letter - 4th Stage - 1.27.2015.pdf (Superceded)
01/27/2015	Withdrawn 04/22/2016	Rate	Generation Protector	05/22/2015	VA Generation Protector Proposed Rates - Phase 1 (25% increase).pdf VA Generation Protector Proposed Rates - Phase 2 (20% increase).pdf VA Generation Protector Proposed Rates - Phase 3 (16.7% increase).pdf VA Generation Protector Proposed Rates - Phase 4 (14.3% increase).pdf Form Numbers and Description of Benefits.pdf
12/20/2014	Withdrawn 05/12/2016	Supporting Document	L&H Actuarial Memorandum	04/28/2016	Act Memo (Generation Protector) VA.pdf (Superceded)
12/20/2014	Withdrawn 05/12/2016	Supporting Document	Coverage Change Request Form 6-6-14	04/04/2016	

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/20/2014	Withdrawn 04/22/2016	Supporting Document	Certificate of Readability	04/04/2016	Certificate of Readability.pdf (Superceded)
12/20/2014	Withdrawn 05/12/2016	Supporting Document	Certificate of Compliance	04/04/2016	Certification of Compliance.pdf (Superceded)
12/20/2014	Withdrawn 04/22/2016	Supporting Document	Statement of Variability	04/04/2016	Statement of Variability.pdf (Superceded)
12/20/2014	Withdrawn 04/22/2016	Form	Coverage Change Request Form	05/22/2015	S2233-VA GP3 Coverage Change Request Form.pdf (Superceded)
12/20/2014	Withdrawn 04/22/2016	Supporting Document	VA Policyholder Notification Letter 12-19-2014	04/04/2016	VA Group 3 Policyholder Letter - 1st Stage - 12.19.2014.pdf (Superceded) VA Group 3 Policyholder Letter - 2nd Stage - 12.19.2014.pdf (Superceded) VA Group 3 Policyholder Letter - 3rd Stage - 12.19.2014.pdf (Superceded) VA Group 3 Policyholder Letter - 4th Stage - 12.19.2014.pdf (Superceded)
06/06/2014	Withdrawn 01/23/2015	Supporting Document	Certificate of Readability	12/20/2014	
06/06/2014	Withdrawn 01/23/2015	Supporting Document	Certificate of Compliance	12/20/2014	
06/06/2014	Withdrawn 01/23/2015	Supporting Document	Statement of Variability	12/20/2014	
06/06/2014	Withdrawn 05/12/2016	Supporting Document	Health Insurance Rate Request Summary Part I	01/27/2015	Health Insurance Rate Request Summary Part I.pdf (Superceded)
06/06/2014	Withdrawn 01/23/2015	Supporting Document	Coverage Change Request Form 6-6-14	12/20/2014	Rate Increase Change Request Form - 6.6.2014.pdf (Superceded)
06/06/2014	Withdrawn 04/22/2016	Supporting Document	VA Policyholder Notification Letter 6-6-14	04/04/2016	VA Group 3 Policyholder Letter - 6.6.2014.pdf (Superceded)
06/06/2014	Withdrawn 01/23/2015	Supporting Document	L&H Actuarial Memorandum	12/20/2014	Act Memo (Generation Protector) VA.pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 06/08/2016	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)

State:	*Virginia*	***Filing Company:***	*Allianz Life Insurance Company of North America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*LTC RATE FILING 2012 - GROUP 3*		
Project Name/Number:	*LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*		

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Rate	Generation Protector	01/27/2015	VA Generation Protector Proposed Rates (100% increase).pdf (Superceded)
06/06/2014	Withdrawn 04/27/2015	Form	Withdrawn	12/20/2014	
08/06/2013	Withdrawn 01/23/2015	Supporting Document	Certificate of Readability	06/06/2014	Certificate of Readability.pdf (Superceded)
08/06/2013	Withdrawn 01/23/2015	Supporting Document	Certificate of Compliance	06/06/2014	Certification of Compliance.pdf (Superceded)
08/06/2013	Withdrawn 04/22/2016	Supporting Document	Policyholder Notification Letter	04/04/2016	MLTC-1019-VA Policyholder Notification Letter.pdf (Superceded)
08/06/2013	Withdrawn 01/23/2015	Supporting Document	Statement of Variability	06/06/2014	Statement of Variability.pdf (Superceded)
08/06/2013	Withdrawn 04/27/2015	Form	Rate Increase Change Request	06/06/2014	S2233 Rate Increase Change Request.pdf (Superceded)
05/16/2013	Withdrawn 01/23/2015	Supporting Document	L&H Actuarial Memorandum	06/06/2014	Act Memo (Generation Protector) VA.pdf (Superceded)

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/16/2013	Withdrawn 05/12/2016	Supporting Document	VA Policyholder Notification Letter	04/04/2016	VA Policyholder Notification Letter.pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
05/07/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
03/15/2013	Withdrawn 01/23/2015	Supporting Document	L&H Actuarial Memorandum	05/16/2013	Act Memo (Generation Protector) VA.pdf (Superceded)
02/05/2013	Withdrawn 01/23/2015	Supporting Document	L&H Actuarial Memorandum	03/15/2013	Actuarial Memorandum (Generation Protector) - Updated.pdf (Superceded)
02/05/2013	Withdrawn 04/22/2016	Supporting Document	Coverage Change Request Form	04/04/2016	Claim Reserve Methodology.pdf (Superceded)

State: *Virginia* **Filing Company:** *Allianz Life Insurance Company of North America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *LTC RATE FILING 2012 - GROUP 3*
Project Name/Number: *LTC RATE FILING 2012 - GROUP 3/LTC RATE FILING 2012 - GROUP 3*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/05/2013	Withdrawn 05/12/2016	Supporting Document	Form Numbers and Description of Benefits	01/27/2015	Form Numbers and Description of Benefits.pdf (Superceded)
02/05/2013	Withdrawn 05/12/2016	Supporting Document	Policyholder Letter	04/04/2016	Rate Increase Policyholder Letter.pdf (Superceded)
02/05/2013	Withdrawn 04/27/2015	Rate	Generation Protector	06/06/2014	VA Generation Protector Proposed Rates (25% increase).pdf (Superceded)
10/16/2012	Withdrawn 04/27/2015	Rate	Generation Protector	02/05/2013	VA Generation Protector Current Rates.pdf (Superceded) VA Generation Protector Proposed Rates (25% increase).pdf
10/16/2012	Withdrawn 01/23/2015	Supporting Document	L&H Actuarial Memorandum	02/05/2013	Act Memo (Generation Protector) VA.pdf (Superceded)

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
[800.789.6896]

Allianz

[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]
Important notice of increase in your long term care insurance premium with time-sensitive options

Dear [Owner First Name] [Owner Last Name],

At Allianz Life Insurance Company of North America (Allianz), our highest priority is fulfilling our commitments to our policyholders. To this end, we periodically compare the initial premium projections we made on our long term care policies to our actual claims experience. During a recent review we determined that we need to increase the premium rates on our long term care policies.

We want you to know that we took this decision very seriously and weighed several options before filing a [Overall Increase %] premium rate increase. We assure you that this premium increase applies to our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity.

We also want you to know that the Virginia State Corporation Commission reviewed this rate increase and found it to be compliant with applicable Virginia laws and regulations. You can review this and all premium-rate filings online at www.scc.virginia.gov/BOI.

Your premium increase

To help ease the impact of this rate increase, we'll implement the [Overall Increase $] premium increase in stages according to the schedule outlined below. The scheduled increases will be effective with your first bill on or after each policy anniversary noted in the table below. We'll send you a notification letter similar to this one for each scheduled increase.

Based on your current benefits, the initial premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing1] [Bill Mode]. Below is the full schedule of increases:

Effective date of rate increase	Percent of rate increase	Billed premium after rate increase
[anniversary1]	[rate increase 1]%	[**adj'd billing1**] [**Bill Mode**]
[anniversary2]	[rate increase 2]%	[**adj'd billing2**] [**Bill Mode**]

Please note that recent changes to your policy may not be reflected in the table above. For up-to-date information about your current premium and benefit levels, you can request a current policy schedule from Allianz by contacting us at [800.789.6896]. Please also be aware that premium rates could change again in the future. In the event of a future rate increase, you'll have options similar to those we describe in the next section.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we're offering the flexibility to choose among the following options, which we discuss in more detail in the enclosed Frequently Asked Questions (FAQs):

- ☐ **A. Maintain your current benefit amounts** by paying the increased premium.
- ☐ **B. Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s)**.
- ☐ **C. Elect the paid-up option** in the attached Premium Increase Contingent Benefit Upon Lapse Rider with a reduced Maximum Lifetime Benefit or Benefit Amount.
- ☐ **D. Convert your contract to paid-up coverage** with a reduced Maximum Lifetime Benefit or Benefit Amount available through a Non-Forfeiture Rider [or Return of Premium Rider] that may be included with your policy.

If you wish to elect options B, C, or D, please complete the enclosed coverage change request form and return it to us. **Please be aware that the options listed above may not be of equal value and some may have time limitations. For more details, please see Question 4 in the attached FAQs.** We encourage you to contact us or your financial professional to help determine which may be suitable for your needs.

We're here to help

Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

[Individual's name]
[Individual's title]

NOTE: This letter is not a bill. Please retain a copy of this letter with your policy for future reference.

Enclosed: Coverage Change Request Form
Premium Increase Contingent Benefit Upon Lapse Rider
Premium Increase Contingent Benefit Upon Lapse Rider Schedule
Benefit Change Endorsement

[cc:] [Agent First Name] [Agent Middle Name] [Agent Last Name]

Guarantees are backed by the financial strength of Allianz Life Insurance Company of North America.

Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive, Minneapolis, MN 55416-1297. [800.789.6896]

Frequently asked questions

1. Why are rates increasing?

When Allianz designed its long term care (LTC) insurance products several years ago, we based your initial premium on actuarial assumptions, which used the best information available to us at that time. Since then we've continually monitored our LTC policies to compare those initial projections against our actual claim experience. During a recent review we determined that, due to a combination of factors we outline below, we need to increase the premium rates on our long term care policies.

We realize the rate increase is difficult for our policyholders, and assure you that we considered all of our options very carefully before increasing your premium. We also want to reassure you that this premium increase applies to our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity.

2. How was the rate increase amount determined?

LTC insurance rates are affected by many complex factors including the rising cost of health care, interest rates, the number of people who continue coverage, how many policyholders collect benefits, and for how long. Policyholders are using more benefits than our actuaries anticipated when they originally priced our long term care policies. Based on our experience – and new expectations – we need to adjust premiums to ensure adequate funding to pay current and anticipated future claims.

Once we determine that a proposed premium rate increase is necessary, we submit the information along with supporting data through an approval process with your state's insurance regulators. The state provides an independent perspective that is crucial in establishing an increase amount that balances the needs of our policyholders and our company. Ultimately, the state approves an increase that considers all of the factors noted above.

3. Did my state approve my rate increase?

Yes. When we submit a rate increase request to a state, the submission includes an actuarial justification discussing the reasonableness of the relationship between premiums charged and expected benefit payments. Each state conducts its own review of the submission and determines whether the state-specific rate increase is warranted, and in what amount. This process is designed to prevent premiums in one state being increased to cover insufficient premiums in another state.

4. What are my options?

To help ease the impact of this rate increase, we're offering our policyholders several options. Please see the enclosed Coverage Change Request form for more details:

A. **Maintain your current benefit amounts** by paying the increased premium.

B. **Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s)** that may fully or partially offset the premium increase. [**(Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status, which may reduce policyholder protections.)**]

- Reduce benefit amounts and/or benefit periods, or increase your Elimination Period. Please note: Benefit amounts or periods must not be less than any minimum policy requirements.
- Cancel optional riders that you purchased with your policy. Please refer to the specific riders attached to your policy for additional details regarding the rider terms. [
- **Until [COLA Vesting Date]**, you may cancel the [COLA Rider] while keeping the rider's accrued benefit increase percentages as of the time of cancellation. After the rider is cancelled, the applicable benefit amount(s) will no longer increase. [You also have the

option to exchange the [COLA Rider] for [the 4% Lifetime Compound Benefit Increase Rider,] the 3% Lifetime Compound Benefit Increase Rider[, or the Simple Benefit Increase Rider].] **Note that this offer is only available if we receive written notice requesting the change before [COLA Vesting Date].** [Also, [reducing or] cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.]]

C. **Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the specific rider attached to your policy for details. **Please note that we must receive your request prior to [Latest Election Date]**. There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue paying premiums up to that policy anniversary date.

D. **Convert your contract to paid-up coverage** with a reduced Maximum Lifetime Benefit or Benefit Amount by electing options through a Non-Forfeiture Rider [or Return of Premium Rider] that may be included with your policy. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.

Please note that the options listed above may not be of equal value. We encourage you to contact us or your financial professional to help determine which may be suitable for your needs.

5. When is the premium increase effective?

Please see the enclosed Premium Increase Contingent Benefit Upon Lapse Rider Schedule.

6. How much time do I have to make a decision?

Some of the options available to you are time-sensitive. Please note any dates listed in Question 4, What are my options, listed above. We would advise that you make a decision prior to your upcoming policy anniversary on [anniversary1].

7. The letter states that "premium rates could change again in the future." What does this mean?

It is possible there will be additional rate increases in the future. An increase will only occur if we can demonstrate additional premium amounts are needed to sustain the policies, and then the increase would need to be filed with state insurance regulators for approval.

Keep in mind that the rate increase will not change your policy's benefits. As long as you continue paying full premiums, your policy will remain in effect and unchanged. Note that your benefits would decrease if you make changes to your policy, such as by reducing your benefits, or by electing reduced paid-up coverage.

8. Why is my premium increase being phased in over several years?

In accordance with the requirements of the state where your policy was issued for delivery, the increase is being phased in over the period of years indicated in the letter.

9. I've never filed a claim. Why am I getting a rate increase?

This premium increase applies to our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity.

10. I am currently on claim. Am I affected by this rate increase?

If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium yet. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage. If your policy does not provide for a Waiver of Premium benefit, you will be required to pay the increased premium.

11. Will policies with a 10-pay rider be impacted?

The increase will impact only the remaining premiums in your 10-year premium paying period. Once the policy is fully paid-up, the policyholder has no further premium obligations.

12. What if I use EFT or an automatic online (or third-party) accounts to pay my premium?

Please make sure that your premium payments are updated for your new premium rate. Otherwise your policy could lapse if we don't receive the full premium amount. Below are some additional considerations for the payment of your new premiums.

- **If you pay your premiums with an EFT** from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.
  - If you scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.
  - If you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.
  - If you choose the Reduced Paid Up Option, no further premium payments will be due after your anniversary date and the EFT draft will be discontinued at that time.
- **If you pay your premiums using automatic online (or third-party) accounts**, please update them for your new payment amount**.**

13. If I wish to cancel my policy, what steps do I take?

We encourage you to keep this important coverage. There may be options available for you to reduce your benefits in order to keep your premium at approximately the same amount as before the premium increase. You may also be able to exercise an option which would provide a paid up policy with a shortened benefit period. We encourage you to consult with your family, your insurance agent, or financial advisor before making a decision to reduce or cancel your coverage. If you choose to cancel your policy, we will be happy to do so upon receipt of your signed and dated request.

14. Whom can I contact with questions?

Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with the change request form. We value the trust you've placed in us, and we're here to help.

Allianz Life Insurance Company of North America
Statement of Variability
5/18/2016

Variable material is denoted by the use of brackets. This Policyholder Letter will be mailed to communicate the effects of the rate increase as well as policyholder options.

GPR Policyholder Letter (S2279-VA)

Variable	Minimum	Maximum	Current	Effective	Comments
Font	N/A	N/A	Times New Roman	N/A	Font displayed on final forms may vary due to printer configurations. Font sizing and layout will not change. If we opt to use a different font that is not a state-recognized font, we will prepare and submit any required filings at the time of the change.
Date Owner First Name Owner Middle Name Owner Last Name Owner Address L1 Owner Address L2 Owner City Owner State Owner Zip Owner Zip Rest Policy Number	N/A	N/A	N/A - Policy Specific	N/A	Policy Specific
Overall Increase %	0%	999%	N/A - Policy Specific	N/A	Aggregate new rate increase for the policy. Note that this will only reflect rate increase percentages approved by the Virginia BOI.
Overall Increase $	$0.00	$999,999.99	N/A - Policy Specific	N/A	Overall dollar increase in premium, which will be [adj'd billing4] – [Billed Premium]
Billed Premium	$0.00	$999,999.99	N/A - Policy Specific	N/A	Current modal premium for the policy
Bill Mode	N/A	N/A	N/A - Policy Specific	N/A	The current Bill Mode of the policy (e.g. Annually, Semi-annually, Quarterly, Monthly, etc).
anniversary1	3/17/2016	12/31/2100	N/A - Policy Specific	N/A	Policy anniversary when phase 1 of the rate increase will be effective
adj'd billing1	$0.00	$999,999.99	N/A - Policy Specific	N/A	Modal premium after phase 1 of the rate increase.
anniversary2	3/17/2016	12/31/2100	N/A - Policy Specific	N/A	Policy anniversary when phase 2 of the rate increase will be effective
adj'd billing2	$0.00	$999,999.99	N/A - Policy Specific	N/A	Modal premium after phase 2 of the rate increase
Call Center Phone Number	N/A	N/A	800.789.6896	N/A	Phone number for our customer service representatives, which may change

Return of Premium Rider	N/A	N/A	or Return of Premium Rider	N/A	Benefit rider that may be available to a policyholder; however, as this benefit is not available in Virginia this benefit rider will not appear in any communication addressed to Virginia policyholders.
Call Center Open Times	N/A	N/A	8:00 a.m. to 5:00 p.m. CST	N/A	Opening times for our customer service representatives, which may change
Individual's name	N/A	N/A	Stephen Kennedy	N/A	Name may change
Individual's title	N/A	N/A	Senior Vice President of Operations	N/A	Title may change
cc: Agent First Name Agent Middle Name Agent Last Name	N/A	N/A	N/A - Policy Specific	N/A	If the policyholder does not have an active agent on record, then we will not print these fields. If the policyholder does have an active agent on record, then we will print these fields based on policy-specific data.
Partnership status	N/A	N/A	N/A - Policy Specific	N/A	If the policy does not have partnership status, then this line will not print. If the policy has partnership status, then the following line will print: (Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status, which may reduce policyholder protections.)
COLA Reduction Message	N/A	N/A	N/A - Policy Specific	N/A	If the policy does not have a COLA rider, this entire bullet will not be printed. If the policy does have a COLA rider, the following will be printed (note there is additional variation bracketed below) • Until [COLA Vesting Date], you may cancel the [COLA Rider] while keeping the rider's accrued benefit increase percentages as of the time of cancellation. After the rider is cancelled, the applicable benefit amount(s) will no longer increase. [You also have the option to exchange the [COLA Rider] for [the 4% Lifetime Compound Benefit Increase Rider,] the 3% Lifetime Compound Benefit Increase Rider[, or the Simple Benefit Increase Rider].] Note that this offer is only available if we receive written notice requesting the change before [COLA Vesting Date]. [Also, [reducing or] cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.] Note that policyholders could have one of the following riders: 5% Lifetime Compound Benefit Increase Rider 4% Lifetime Compound Benefit Increase Rider 3% Lifetime Compound Benefit Increase Rider Simple Benefit Increase Rider Two Times Compound Benefit Increase Rider Two Times Compound Plus Rider
COLA Vesting Date	N/A	N/A	N/A - Policy Specific	N/A	The date until which the COLA vesting options under COLA Reduction Message are available to the policyholder. (Note: This will only print if COLA Reduction Message prints.)

COLA Rider	N/A	N/A	N/A - Policy Specific	N/A	The current COLA rider attached to the policy. Policyholders could have one of the following riders: 5% Lifetime Compound Benefit Increase Rider 4% Lifetime Compound Benefit Increase Rider 3% Lifetime Compound Benefit Increase Rider Simple Benefit Increase Rider Two Times Compound Benefit Increase Rider Two Times Compound Plus Rider (Note: This will only print if COLA Reduction Message prints.)
COLA Rider Exchange Message	N/A	N/A	N/A - Policy Specific	N/A	If the policy has a 5% Lifetime Compound Benefit Increase Rider, we will print the following message: You also have the option to exchange the 5% Lifetime Compound Benefit Increase Rider for the 4% Lifetime Compound Benefit Increase Rider, the 3% Lifetime Compound Benefit Increase Rider, or the Simple Benefit Increase Rider. If the policy has a 4% Lifetime Compound Benefit Increase Rider, we will print the following message: You also have the option to exchange the 4% Lifetime Compound Benefit Increase Rider for the 3% Lifetime Compound Benefit Increase Rider. If the policy does not have either the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider, then this message will not print.
COLA Partnership status	N/A	N/A	N/A - Policy Specific	N/A	If the policy either does not have partnership status, or does not have a COLA rider, this message will not print. If the policy has partnership status, and either the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider then we will print (note there is additional variation bracketed below) Also, reducing or cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections. If the policy has partnership status, but has a COLA rider apart from the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider then we will print (note there is additional variation bracketed below) Also, cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.
Latest Election Date	N/A	N/A	N/A - Policy Specific	N/A	The date until which the options under the Premium Increase Contingent Upon Lapse Rider are available to the policyholder.

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Title of Form Policyholder Rate Increase Notification Letter

Policy Form Number S2279-VA

I hereby certify that the Flesch reading ease score of the above policy form is 50. It contains 158 sentences, 2,407 words and 4,025 syllables. The type size of the text of the policy forms is Times New Roman point type, 12/14 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Signature of an Officer of the Insurer

Steve Thiel Name (Print)

Vice President Actuary Title

5/18/16 Date

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
[800.789.6896]

Allianz

[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]
Important notice of increase in your long term care insurance premium with time-sensitive options

Dear [Owner First Name] [Owner Last Name],

At Allianz Life Insurance Company of North America, our highest priority is fulfilling our commitments to our policyholders. To this end, we periodically compare the initial premium projections we made on our long term care policies to our actual claims experience. During a recent review we determined that we need to increase the premium rates on our long term care policies.

We want you to know that we took this decision very seriously and weighed several options before filing a [Overall Increase %] premium rate increase. We assure you that this premium increase applies to our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity.

We also want you to know that the Virginia State Corporation Commission reviewed this rate increase and found it to be compliant with applicable Virginia laws and regulations. You can review this and all premium-rate filings online at www.scc.virginia.gov/BOI.

Your premium increase

To help ease the impact of this rate increase, we'll implement the [Overall Increase $] premium increase in stages according to the schedule outlined below. The scheduled increases will be effective with your first bill on or after each policy anniversary noted in the table below. We'll send you a notification letter similar to this one for each scheduled increase.

Based on your current benefits, the initial premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing1] [Bill Mode]. Below is the full schedule of increases:

Effective date of rate increase	Percent of rate increase	Billed premium after rate increase
[anniversary1]	[rate increase 1]%	[**adj'd billing1**] [**Bill Mode**]
[anniversary2]	[rate increase 2]%	[**adj'd billing2**] [**Bill Mode**]

Please note that recent changes to your policy may not be reflected in the table above. For up-to-date information about your current premium and benefit levels, you can request a current policy schedule from Allianz by contacting us at [800.789.6896]. Please also be aware that premium rates could change again in the future. In the event of a future rate increase, you'll have options similar to those we describe in the next section.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we're offering the flexibility to choose among the following options, which we discuss in more detail in the enclosed Frequently Asked Questions (FAQs):

- ☐ **A. Maintain your current benefit amounts** by paying the increased premium.
- ☐ **B. Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s)**.
- ☐ **C. Elect the paid-up option** in the attached Premium Increase Contingent Benefit Upon Lapse Rider with a reduced Maximum Lifetime Benefit or Benefit Amount.
- ☐ **D. Convert your contract to paid-up coverage** with a reduced Maximum Lifetime Benefit or Benefit Amount available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy.

If you wish to elect options B, C, or D, please complete the enclosed coverage change request form and return it to us. **Please be aware that the options listed above may not be of equal value and some may have time limitations. For more details, please see Question 4 in the attached FAQs.** We encourage you to contact us or your financial professional to help determine which may be suitable for your needs.

We're here to help

Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

[Individual's name]
[Individual's title]

NOTE: This letter is not a bill. Please retain a copy of this letter with your policy for future reference.

Enclosed: Coverage Change Request Form
Premium Increase Contingent Benefit Upon Lapse Rider
Premium Increase Contingent Benefit Upon Lapse Rider Schedule
Benefit Change Endorsement

[cc:] [Agent First Name] [Agent Middle Name] [Agent Last Name]

Guarantees are backed by the financial strength of Allianz Life Insurance Company of North America.

Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive, Minneapolis, MN 55416-1297. [800.789.6896]

Frequently asked questions

1. Why are rates increasing?

When Allianz designed its long term care (LTC) insurance products several years ago, we based your initial premium on actuarial assumptions, which used the best information available to us at that time. Since then we've continually monitored our LTC policies to compare those initial projections against our actual claim experience. During a recent review we determined that, due to a combination of factors we outline below, we need to increase the premium rates on our long term care policies.

We realize the rate increase is difficult for our policyholders, and assure you that we considered all of our options very carefully before increasing your premium. We also want to reassure you that this premium increase applies to our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity.

2. How was the rate increase amount determined?

LTC insurance rates are affected by many complex factors including the rising cost of health care, interest rates, the number of people who continue coverage, how many policyholders collect benefits, and for how long. Policyholders are using more benefits than our actuaries anticipated when they originally priced our long term care policies. Based on our experience – and new expectations – we need to adjust premiums to ensure adequate funding to pay current and anticipated future claims.

Once we determine that a proposed premium rate increase is necessary, we submit the information along with supporting data through an approval process with your state's insurance regulators. The state provides an independent perspective that is crucial in establishing an increase amount that balances the needs of our policyholders and our company. Ultimately, the state approves an increase that considers all of the factors noted above.

3. Did my state approve my rate increase?

Yes. When we submit a rate increase request to a state, the submission includes an actuarial justification discussing the reasonableness of the relationship between premiums charged and expected benefit payments. Each state conducts its own review of the submission and determines whether the state-specific rate increase is warranted, and in what amount. This process is designed to prevent premiums in one state being increased to cover insufficient premiums in another state.

4. What are my options?

To help ease the impact of this rate increase, we're offering our policyholders several options. Please see the enclosed Coverage Change Request form for more details:

A. **Maintain your current benefit amounts** by paying the increased premium.

B. **Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s)** that may fully or partially offset the premium increase. [**(Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status, which may reduce policyholder protections.)**]

- Reduce benefit amounts and/or benefit periods, or increase your Elimination Period. Please note: Benefit amounts or periods must not be less than any minimum policy requirements.
- Cancel optional riders that you purchased with your policy. Please refer to the specific riders attached to your policy for additional details regarding the rider terms. [
- **Until [COLA Vesting Date]**, you may cancel the [COLA Rider] while keeping the rider's accrued benefit increase percentages as of the time of cancellation. After the rider is cancelled, the applicable benefit amount(s) will no longer increase. [You also have the

option to exchange the [COLA Rider] for [the 4% Lifetime Compound Benefit Increase Rider,] the 3% Lifetime Compound Benefit Increase Rider[, or the Simple Benefit Increase Rider].] **Note that this offer is only available if we receive written notice requesting the change before [COLA Vesting Date].** [Also, [reducing or] cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.]]

C. **Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the specific rider attached to your policy for details. **Please note that we must receive your request prior to [Latest Election Date]**. There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue paying premiums up to that policy anniversary date.

D. **Convert your contract to paid-up coverage** with a reduced Maximum Lifetime Benefit or Benefit Amount by electing options through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.

Please note that the options listed above may not be of equal value. We encourage you to contact us or your financial professional to help determine which may be suitable for your needs.

5. When is the premium increase effective?

Please see the enclosed Premium Increase Contingent Benefit Upon Lapse Rider Schedule.

6. How much time do I have to make a decision?

Some of the options available to you are time-sensitive. Please note any dates listed in Question 4, What are my options, listed above. We would advise that you make a decision prior to your upcoming policy anniversary on [anniversary1].

7. The letter states that "premium rates could change again in the future." What does this mean?

It is possible there will be additional rate increases in the future. An increase will only occur if we can demonstrate additional premium amounts are needed to sustain the policies, and then the increase would need to be filed with state insurance regulators for approval.

Keep in mind that the rate increase will not change your policy's benefits. As long as you continue paying full premiums, your policy will remain in effect and unchanged. Note that your benefits would decrease if you make changes to your policy, such as by reducing your benefits, or by electing reduced paid-up coverage.

8. Why is my premium increase being phased in over several years?

In accordance with the requirements of the state where your policy was issued for delivery, the increase is being phased in over the period of years indicated in the letter.

9. I've never filed a claim. Why am I getting a rate increase?

This premium increase applies to our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity.

10. I am currently on claim. Am I affected by this rate increase?

If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium yet. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage. If your policy does not provide for a Waiver of Premium benefit, you will be required to pay the increased premium.

11. Will policies with a 10-pay rider be impacted?

The increase will impact only the remaining premiums in your 10-year premium paying period. Once the policy is fully paid-up, the policyholder has no further premium obligations.

12. What if I use EFT or an automatic online (or third-party) accounts to pay my premium?

Please make sure that your premium payments are updated for your new premium rate. Otherwise your policy could lapse if we don't receive the full premium amount. Below are some additional considerations for the payment of your new premiums.

- **If you pay your premiums with an EFT** from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.
  - If you scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.
  - If you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.
  - If you choose the Reduced Paid Up Option, no further premium payments will be due after your anniversary date and the EFT draft will be discontinued at that time.
- **If you pay your premiums using automatic online (or third-party) accounts**, please update them for your new payment amount**.**

13. If I wish to cancel my policy, what steps do I take?

We encourage you to keep this important coverage. There may be options available for you to reduce your benefits in order to keep your premium at approximately the same amount as before the premium increase. You may also be able to exercise an option which would provide a paid up policy with a shortened benefit period. We encourage you to consult with your family, your insurance agent, or financial advisor before making a decision to reduce or cancel your coverage. If you choose to cancel your policy, we will be happy to do so upon receipt of your signed and dated request.

14. Whom can I contact with questions?

Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with the change request form. We value the trust you've placed in us, and we're here to help.

Allianz Life Insurance Company of North America

Home Office:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Actuarial Memorandum for 56.25% Premium Rate Increase
on Individual Long-Term Care Insurance Policy Forms:
10-P-Q-VA
Benefit Increase Riders:
10-R1, 10-R2, 10-R3, 10-R4, 10-R5
Other Riders:
10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2

I. Purpose of Filing

The purpose of this rate filing is to support and request a 56.25% rate increase to be implemented in 2 separate stages on the long-term care insurance policy forms and riders listed above. This rate increase will have a four year rate guarantee for the policyholder. The four year rate guarantee will begin at the time of the first rate increase. This filing may not be appropriate for other purposes.

The projections included in this filing are produced applying "moderately adverse" actuarial assumptions. These moderately adverse assumptions modify "best estimate" assumptions and include lowering the assumed ultimate (durations seven and above) voluntary lapse rate from 0.75% to 0.50%, lowering the assumed mortality from 80% of 1994 GAM to 70% of 1994 GAM and increasing the assumed claim costs by 5% for all attained ages. The "58/85" calculation of 50 IAC 2012.112 c) 2) applied to the historical experience and "moderately adverse" projected results of this filing produces a justified premium rate increase of 158%.

Our company intends to balance the need of the policyholder while complying with Virginia's Premium Rate Schedule Increases regulation (14VAC5-200-153). Therefore, while a 158% rate increase is justified, we feel that a 100% rate increase would be sufficient under moderately adverse conditions. However based on recent discussions with the Virginia State Corporation Commission, a cumulative rate increase of 56.25%, implemented as two separate stages, is being requested at this time. Our company is also offering a free Premium Increase Contingent Benefit Upon Lapse Rider (SERFF Tracking Number ALLB-128978105) that is eligible to all policyholders affected by this rate increase.

The Company is requesting to implement this increase under the following schedule:
(please note that the initial implementation date may change)

Anticipated Implementation Date	Increase Amount	Cumulative Increase
9/3/2016	25.0%	25.0%
9/3/2018	25.0%	56.25%

The Company no longer issues long-term care insurance policies.

II. Policyholder Options to mitigate impact of Premium Rate Increase

Assuming that the proposed rate increase becomes effective, policyholders will have the following options for each of the scheduled rate increases:

Policyholder Options to Reduce Benefits
Policyholders have the option to modify their policy benefits to mitigate the impact of the proposed rate increase. As examples, the options include, but are not limited to the following:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit, or
3. Increase their elimination period

Non-forfeiture Offers
In addition, the Company will give the policyholder the option to accept a non-forfeiture benefit if they meet the trigger for a substantial premium increase. Acceptance of the non-forfeiture benefit will provide the policyholder with a paid-up policy, with no future premiums required. Under this paid-up policy, the maximum benefit amount is equal to the greater of the sum of premiums paid or 30 times their daily benefit, and the daily benefit amount is equal to the policyholder's current daily benefit amount. Upon acceptance of this offer, the policyholder's current coverage is terminated. This offer would be made to all policyholders.

III. Scope of Filing

This filing applies to active policies issued in this state for the policy forms listed above. These policy forms are no longer being marketed. Nationwide, policies were issued from November, 2003 through September, 2009. **Exhibit 1** provides a distribution by state of the number of active lives and annualized premium in force as of 12/31/2013 under these policy forms.

IV. Premium Rate Increase Justification

A rate increase is necessary at this time because Company experience on its Long Term Care Insurance business indicates that the premium rates for these policy forms are inadequate. The premium rate increases helps to remediate the inadequacy of the current premiums and help to reduce any further losses.

Although the rate increase in this filing is not calculated to achieve a targeted loss ratio or return the company to profitability, this filing demonstrates that, even after implementation of the requested rate increase, both the projected future loss ratio and the lifetime anticipated loss ratio for these forms are higher than the required minimum loss ratio and therefore benefits are reasonable in relation to premiums. The required minimum loss ratio for these policy forms is as follows:

Type of Coverage:	Long Term Care Insurance
Renewal Clause:	Guaranteed Renewable
Required Minimum Loss Ratio:	60%

The projections included in the filing are produced by applying "moderately adverse" assumptions as outlined in section I. The "58/85" calculation of Section 14VAC5-200-153 Premium Rate Schedule Increases applied to the historical experience and projected results of this filing produces a justified premium rate increase of 158% based on the following calculation:

Following the format of Section (C)(2) of *14VAC5-200-153*, the "58/85" calculation is as follows (all dollar values in millions):

a) The accumulated value of the initial earned premium is $734.8. 58% of this value is $426.2.
b) The accumulated value of prior premium rate schedule increases is $0.0 . (no prior rate increases) 58% of this value is $0.0.
c) The present value of future projected initial earned premiums is $744.2. 58% of this value is $431.6.
d) The present value of future projected premiums not in c) above is calculated as follows:
    a. A rate increase of 158% produces additional premium (present value) of $1,175.8. This is calculated as 1.58 * ($744.2) = $1,175.8.
    b. 85% of this value is $999.4.
e) The accumulated value of past incurred claims is $85.1 (from Exhibit 2). The present value of future projected incurred claims is $1,777.5 (from Exhibit 4). (Both of these values exclude active life reserves.) The sum of these two values is $1,862.6.
f) The sum of a, b, c and d is $426.2 + $0.0 + $431.6 + $999.4 = $1,857.2. This is less than the value of e) or $1,862.6. Thus, a 158% rate increase is justified according to this "58/85" calculation.

V. Actuarial Assumptions

A. Interest: A 4.5% annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to present values.

B.(1). "Best Estimate" Policy Termination Rates: The projected future experience uses 80% of the gender-distinct 1994 GAM table for mortality, along with an ultimate lapse rate of 0.75%. Voluntary lapses by duration are as follows:

Duration	Lapse Rate
1	7.00 %
2	3.40 %
3	2.20 %
4	1.50 %
5	1.00 %
6	0.90 %

7	0.75 %	(for all durations 7 and above)

B.(2). "Moderately Adverse" Policy Termination Rates: The projected future experience uses 70% of the gender-distinct 1994 GAM table for mortality, along with an ultimate lapse rate of 0.50%. Voluntary lapses by duration are as follows:

Duration	Lapse Rate	
1	7.00 %	
2	3.40 %	
3	2.20 %	
4	1.50 %	
5	1.00 %	
6	0.90 %	
7	0.50 %	(for all durations 7 and above)

C.(1). "Best Estimate" Morbidity Rates: Attained age claim costs used in projecting future experience and the cost of the Waiver of Premium benefit for this form have been developed utilizing Company-specific policy experience enhanced with other industry data as needed. Claim costs vary by joint policy status (joint vs. single), gender and level of home health care (70%, 100% or 130%) with adjustments for elimination periods and riders.

C.(2). "Moderately Adverse" Morbidity Rates: Identical to "Best Estimate" morbidity rates with a 5% increase for adverse deviation.

D. Claim Reserves: The incurred claims shown in the nationwide historical experience include pending claim reserves and IBNR.

E. Rate Increase History: There are no prior rate increases on this policy form.

F. Effective Date:

- Policyholders will receive notice of the approved rate increase at least 75 days prior to the effective date of their increase.

- The approved rate increase will be effective on the policyholder's anniversary.

- All policyholders have a five year premium rate guarantee and the rate increase will not be implemented prior to the policyholder's fifth policy anniversary. This no longer applies as all policies are beyond this initial rate guarantee.

- The Company anticipates that the implementation of the rate increase will begin in 2016. For actuarial modeling, we have assumed that the rate increase becomes effective on the policyholder's first anniversary on or after September 3, 2016.

In terms of the impact on calendar year earned premium, the rate increase is 5% effective in 2016, 74% in 2017 and 100% effective in 2018. The remaining rate increase will impact calendar year earned premium in a similar fashion during the three years following implementation.

G. Premium Profile: please see **Exhibit 1** for lives and premium for policies issued in this state.

VI. Historical and Projected Future Experience

Exhibit 2 presents the nationwide experience since inception by "incurred year," or "loss year," for these policy forms and riders as of 12/31/2013.

Future experience has been projected for 2014 every year thereafter, as presented in **Exhibit 3** and **Exhibit 4**. Exhibit 3 includes the impact on future earned premium of the proposed premium rate increase (claims are also impacted by the rate increase, as waiver of premium and survivorship costs increase). All projected experience beyond 2060 is included in 2060+. In these exhibits, please note that the paid claims have been discounted with interest from the claim payment date back to the incurred date of the claim.

The annualized premium in force nationwide as of 12/31/2013 is $64,595,297.

The present values of earned premium and incurred claims, discounted at 4.5% after application of the proposed rate increase, are summarized below. The lifetime anticipated loss ratio is defined as the present value of the historical and projected future claims divided by the present value of the historical and projected future earned premiums.

12/31/2013 Present Values after Nationwide Proposed Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$ 734,806,600	$ 85,135,342	11.6%
Projected Future	$ 1,195,114,415	$1,811,196,231	151.6%
Lifetime Anticipated	$1,929,921,014	$1,896,331,573	98.3%

Exhibits 5-7 correspond to **Exhibits 2-4** but for Virginia only experience.

VII. Data Reliance

Ouling Lu, ASA, MAAA relied upon data as provided by LifeCare Assurance Company and our consultant John Timmerberg in performing this analysis. This data has been reviewed for reasonableness and consistency.

VIII. Actuarial Certification

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

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with the provisions of 14VAC5-200-153 and that it complies with applicable Actuarial Standards of Practice.

I certify that, to the best of my knowledge and belief, the rates are not unfairly discriminatory and the gross premiums are not excessive. The proposed premium rate increase is not sufficient to prevent further rate actions by the company and the gross premiums are not reasonable in relation to the benefits.

I have considered policy design, underwriting and claims adjudication practices.

Ouling Lu, FSA, MAAA
Assistant Actuary

5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Phone: (763) 765-7735
Email: Ouling.Lu@AllianzLife.com

April 26, 2016

Exhibit 1

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 12/31/2013

Issue State	Lives	Premium
AK	70	$158,975
AL	543	$921,310
AR	320	$545,969
AZ	813	$1,499,680
CA	0	$0
CO	1,116	$2,026,128
CT	235	$659,285
DC	52	$103,817
DE	108	$177,097
FL	1,366	$2,848,797
GA	1,394	$2,601,293
HI	425	$891,600
IA	903	$1,547,777
ID	194	$364,767
IL	1,473	$2,630,247
IN	325	$618,274
KS	675	$1,101,302
KY	393	$665,056
LA	363	$569,540
MA	976	$2,425,396
MD	765	$1,546,008
ME	327	$660,619
MI	703	$1,306,493
MN	1,586	$2,681,480
MO	930	$1,583,370
MS	155	$252,894
MT	150	$282,121
NC	1,830	$3,307,447
ND	108	$179,981
NE	551	$1,036,081
NH	172	$326,951
NJ	785	$2,035,808
NM	263	$477,074
NV	124	$228,988
OH	1,043	$1,812,572
OK	379	$633,287
OR	595	$1,093,474
PA	1,720	$3,392,733
RI	91	$183,956
SC	480	$854,288
SD	258	$451,092
TN	750	$1,269,780
TX	3,654	$6,309,241
UT	182	$306,285
VA	1,886	$3,640,910
VT	152	$300,716
WA	2,489	$4,709,318
WI	572	$1,058,702
WV	84	$145,283
WY	79	$172,037
Total	34,607	$64,595,297

Exhibit 2

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 12/31/2013

Historical Experience by Loss Year

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,998	$426,814	2.5%
2005	$39,752,811	$1,161,884	2.9%
2006	$62,159,481	$4,125,668	6.6%
2007	$71,296,618	$4,060,210	5.7%
2008	$71,825,589	$6,692,562	9.3%
2009	$70,264,417	$6,893,223	9.8%
2010	$68,533,577	$8,155,474	11.9%
2011	$67,072,605	$9,304,766	13.9%
2012	$66,017,854	$14,946,346	22.6%
2013	$64,805,696	$18,446,432	28.5%
Total	$599,382,570	$74,213,379	12.4%

Historical Experience by Duration

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	$79,258,884	$1,522,738	1.9%
2	$75,607,324	$2,829,883	3.7%
3	$73,254,354	$4,960,578	6.8%
4	$71,153,838	$6,576,028	9.2%
5	$69,311,866	$8,480,516	12.2%
6	$67,453,848	$8,420,660	12.5%
7	$63,931,056	$11,851,754	18.5%
8	$53,232,008	$12,141,328	22.8%
9	$32,477,242	$12,033,295	37.1%
10	$13,021,297	$4,962,073	38.1%
11	$680,852	$434,526	63.8%
Total	$599,382,570	$74,213,379	12.4%

Present Values at 4.5%

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$734,806,600	$85,135,342	11.6%

Exhibit 3

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 12/31/2013

Historical and Projected Future Experience - After 56.25% Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,998	$426,814	2.5%
2005	$39,752,811	$1,161,884	2.9%
2006	$62,159,481	$4,125,668	6.6%
2007	$71,296,618	$4,060,210	5.7%
2008	$71,825,589	$6,692,562	9.3%
2009	$70,264,417	$6,893,223	9.8%
2010	$68,533,577	$8,155,474	11.9%
2011	$67,072,605	$9,304,766	13.9%
2012	$66,017,854	$14,946,346	22.6%
2013	$64,805,696	$18,446,432	28.5%
2014	$63,778,341	$13,308,174	20.9%
2015	$61,993,297	$15,585,685	25.1%
2016	$60,837,180	$18,187,730	29.9%
2017	$69,132,854	$20,955,191	30.3%
2018	$72,378,867	$24,053,372	33.2%
2019	$77,282,041	$27,903,337	36.1%
2020	$82,095,730	$31,836,562	38.8%
2021	$79,010,561	$36,096,160	45.7%
2022	$75,833,829	$40,802,523	53.8%
2023	$72,588,406	$45,996,154	63.4%
2024	$69,295,948	$51,653,338	74.5%
2025	$65,982,955	$57,838,479	87.7%
2026	$62,646,495	$64,503,076	103.0%
2027	$59,274,940	$71,556,888	120.7%
2028	$55,904,998	$78,928,357	141.2%
2029	$52,548,159	$86,640,705	164.9%
2030	$49,219,938	$94,661,357	192.3%
2031	$45,936,531	$102,746,946	223.7%
2032	$42,686,912	$110,459,421	258.8%
2033	$39,499,323	$117,877,596	298.4%
2034	$36,398,461	$124,862,750	343.0%
2035	$33,390,149	$131,293,438	393.2%
2036	$30,477,499	$136,826,741	448.9%
2037	$27,680,118	$141,432,875	511.0%
2038	$25,018,604	$144,973,341	579.5%
2039	$22,486,823	$147,450,878	655.7%
2040	$20,105,901	$148,748,995	739.8%
2041	$17,878,374	$148,734,215	831.9%
2042	$15,806,958	$147,432,046	932.7%
2043	$13,894,089	$144,958,975	1043.3%
2044	$12,141,762	$141,404,000	1164.6%
2045	$10,549,670	$136,711,129	1295.9%
2046	$9,110,344	$131,023,434	1438.2%
2047	$7,822,859	$124,523,482	1591.8%
2048	$6,678,185	$117,289,779	1756.3%
2049	$5,668,742	$109,371,204	1929.4%
2050	$4,785,717	$101,106,071	2112.7%
2051	$4,017,601	$92,666,490	2306.5%
2052	$3,354,102	$84,339,492	2514.5%
2053	$2,785,748	$76,103,511	2731.9%
2054	$2,302,155	$68,184,677	2961.8%
2055	$1,893,426	$60,668,494	3204.2%
2056	$1,549,918	$53,623,401	3459.8%
2057	$1,262,916	$47,081,414	3728.0%
2058	$1,024,462	$41,076,440	4009.6%
2059	$827,401	$35,638,810	4307.3%
2060+	$3,141,499	$188,579,334	6002.8%
Total	$2,179,363,359	$4,211,909,846	193.3%

Present Value at 4.5%
With Rate Increase

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$734,806,600	$85,135,342	11.6%
Projected Future	$963,317,255	$1,419,679,336	147.4%
Lifetime Anticipated	$1,698,123,855	$1,504,814,678	88.6%

Exhibit 4

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 12/31/2013

Historical and Projected Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,998	$426,814	2.5%
2005	$39,752,811	$1,161,884	2.9%
2006	$62,159,481	$4,125,668	6.6%
2007	$71,296,618	$4,060,210	5.7%
2008	$71,825,589	$6,692,562	9.3%
2009	$70,264,417	$6,893,223	9.8%
2010	$68,533,577	$8,155,474	11.9%
2011	$67,072,605	$9,304,766	13.9%
2012	$66,017,854	$14,946,346	22.6%
2013	$64,805,696	$18,446,432	28.5%
2014	$63,918,816	$13,826,140	21.6%
2015	$62,434,996	$16,214,547	26.0%
2016	$60,884,076	$18,963,585	31.1%
2017	$59,344,957	$21,986,843	37.0%
2018	$57,766,279	$25,400,169	44.0%
2019	$56,114,759	$29,279,251	52.2%
2020	$54,396,118	$33,633,317	61.8%
2021	$52,636,835	$38,543,009	73.2%
2022	$50,831,221	$44,024,277	86.6%
2023	$48,964,583	$50,136,285	102.4%
2024	$47,049,699	$56,867,199	120.9%
2025	$45,102,934	$64,302,946	142.6%
2026	$43,120,867	$72,406,581	167.9%
2027	$41,094,149	$81,092,614	197.3%
2028	$39,046,342	$90,296,123	231.3%
2029	$36,984,002	$100,055,979	270.5%
2030	$34,916,727	$110,350,832	316.0%
2031	$32,854,846	$120,914,634	368.0%
2032	$30,789,961	$131,254,246	426.3%
2033	$28,740,977	$141,459,558	492.2%
2034	$26,724,749	$151,364,251	566.4%
2035	$24,745,440	$160,814,872	649.9%
2036	$22,805,542	$169,393,393	742.8%
2037	$20,919,407	$177,034,638	846.3%
2038	$19,102,312	$183,540,321	960.8%
2039	$17,351,333	$188,873,612	1088.5%
2040	$15,683,108	$192,843,922	1229.6%
2041	$14,101,333	$195,238,977	1384.5%
2042	$12,610,202	$196,027,503	1554.5%
2043	$11,213,910	$195,279,477	1741.4%
2044	$9,916,559	$193,039,453	1946.6%
2045	$8,720,684	$189,181,913	2169.3%
2046	$7,623,728	$183,832,346	2411.3%
2047	$6,627,755	$177,167,399	2673.1%
2048	$5,728,876	$169,212,069	2953.7%
2049	$4,924,105	$159,992,298	3249.2%
2050	$4,209,293	$149,948,695	3562.3%
2051	$3,578,025	$139,320,278	3893.8%
2052	$3,024,462	$128,501,342	4248.7%
2053	$2,543,045	$117,495,661	4620.3%
2054	$2,127,260	$106,638,932	5013.0%
2055	$1,770,630	$96,092,243	5427.0%
2056	$1,466,577	$85,988,650	5863.2%
2057	$1,208,961	$76,419,045	6321.1%
2058	$991,982	$67,460,478	6800.6%
2059	$810,280	$59,205,852	7306.8%
2060+	$3,242,280	$334,725,754	10323.8%
Total	$1,800,147,552	$5,579,854,888	310.0%

Present Values at 4.5%
Without Rate Increase

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$734,806,600	$85,135,342	11.6%
Projected Future	$744,163,228	$1,777,513,532	238.9%
Lifetime Anticipated	$1,478,969,828	$1,862,648,874	125.9%

Exhibit 5

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 10-P-Q-VA
As of 12/31/2013

Historical Experience by Loss Year

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$1,992	$0	0.0%
2004	$613,928	$0	0.0%
2005	$1,805,953	$0	0.0%
2006	$3,418,250	$699	0.0%
2007	$4,132,246	$145,215	3.5%
2008	$4,004,907	$82,092	2.0%
2009	$3,903,159	$6,276	0.2%
2010	$3,817,934	$49,608	1.3%
2011	$3,755,425	$1,102,916	29.4%
2012	$3,705,895	$541,032	14.6%
2013	$3,650,656	$244,304	6.7%
Total	$32,810,345	$2,172,141	6.6%

Historical Experience by Duration

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	$4,346,106	$0	0.0%
2	$4,181,358	$699	0.0%
3	$4,045,127	$224,283	5.5%
4	$3,932,806	$0	0.0%
5	$3,849,432	$302,700	7.9%
6	$3,790,419	$69,761	1.8%
7	$3,727,656	$805,965	21.6%
8	$2,980,452	$62,905	2.1%
9	$1,480,623	$576,117	38.9%
10	$475,393	$129,711	27.3%
11	$974	$0	0.0%
Total	$32,810,345	$2,172,141	6.6%

Present Values at 4.5%

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$40,014,420	$2,423,300	6.1%

Exhibit 6

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 10-P-Q-VA
As of 12/31/2013

Historical and Projected Future Experience - After 56.25% Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$1,992	$0	0.0%
2004	$613,928	$0	0.0%
2005	$1,805,953	$0	0.0%
2006	$3,418,250	$699	0.0%
2007	$4,132,246	$145,215	3.5%
2008	$4,004,907	$82,092	2.0%
2009	$3,903,159	$6,276	0.2%
2010	$3,817,934	$49,608	1.3%
2011	$3,755,425	$1,102,916	29.4%
2012	$3,705,895	$541,032	14.6%
2013	$3,650,656	$244,304	6.7%
2014	$3,606,711	$481,504	13.4%
2015	$3,530,339	$578,785	16.4%
2016	$3,477,431	$695,993	20.0%
2017	$3,954,677	$814,826	20.6%
2018	$4,189,657	$937,531	22.4%
2019	$4,491,050	$1,094,777	24.4%
2020	$4,846,603	$1,262,693	26.1%
2021	$4,715,713	$1,450,571	30.8%
2022	$4,578,043	$1,667,091	36.4%
2023	$4,436,583	$1,903,822	42.9%
2024	$4,291,419	$2,167,843	50.5%
2025	$4,142,667	$2,463,534	59.5%
2026	$3,990,492	$2,803,829	70.3%
2027	$3,835,116	$3,181,080	82.9%
2028	$3,676,815	$3,597,288	97.8%
2029	$3,515,919	$4,061,013	115.5%
2030	$3,351,390	$4,590,519	137.0%
2031	$3,184,555	$5,145,579	161.6%
2032	$3,014,710	$5,729,038	190.0%
2033	$2,845,070	$6,311,372	221.8%
2034	$2,678,755	$6,940,837	259.1%
2035	$2,512,447	$7,573,479	301.4%
2036	$2,345,557	$8,196,667	349.5%
2037	$2,182,762	$8,776,871	402.1%
2038	$2,023,447	$9,334,411	461.3%
2039	$1,867,644	$9,855,205	527.7%
2040	$1,716,074	$10,329,709	601.9%
2041	$1,569,445	$10,708,893	682.3%
2042	$1,428,423	$11,008,968	770.7%
2043	$1,293,614	$11,244,121	869.2%
2044	$1,165,550	$11,409,238	978.9%
2045	$1,044,680	$11,466,269	1097.6%
2046	$931,362	$11,412,667	1225.4%
2047	$825,850	$11,282,866	1366.2%
2048	$728,287	$11,054,697	1517.9%
2049	$638,708	$10,742,357	1681.9%
2050	$557,034	$10,334,259	1855.2%
2051	$483,089	$9,870,566	2043.2%
2052	$416,609	$9,341,691	2242.3%
2053	$357,259	$8,780,289	2457.7%
2054	$304,638	$8,173,846	2683.1%
2055	$258,300	$7,564,008	2928.4%
2056	$217,766	$6,959,733	3196.0%
2057	$182,545	$6,347,714	3477.3%
2058	$152,149	$5,734,075	3768.7%
2059	$126,094	$5,147,047	4081.9%
2060+	$529,925	$31,716,929	5985.2%
Total	$139,023,318	$324,418,240	233.4%

Present Value at 4.5%
With Rate Increase

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$40,014,420	$2,423,300	6.1%
Projected Future	$61,007,864	$91,781,038	150.4%
Lifetime Anticipated	$101,022,284	$94,204,337	93.3%

Exhibit 7

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 10-P-Q-VA
As of 12/31/2013

Historical and Projected Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$1,992	$0	0.0%
2004	$613,928	$0	0.0%
2005	$1,805,953	$0	0.0%
2006	$3,418,250	$699	0.0%
2007	$4,132,246	$145,215	3.5%
2008	$4,004,907	$82,092	2.0%
2009	$3,903,159	$6,276	0.2%
2010	$3,817,934	$49,608	1.3%
2011	$3,755,425	$1,102,916	29.4%
2012	$3,705,895	$541,032	14.6%
2013	$3,650,656	$244,304	6.7%
2014	$3,613,400	$491,515	13.6%
2015	$3,551,320	$585,923	16.5%
2016	$3,472,786	$697,864	20.1%
2017	$3,394,357	$818,703	24.1%
2018	$3,329,720	$948,922	28.5%
2019	$3,262,313	$1,105,570	33.9%
2020	$3,192,076	$1,287,628	40.3%
2021	$3,118,961	$1,498,299	48.0%
2022	$3,042,937	$1,743,550	57.3%
2023	$2,963,991	$2,014,892	68.0%
2024	$2,882,123	$2,320,788	80.5%
2025	$2,797,349	$2,667,073	95.3%
2026	$2,709,713	$3,068,987	113.3%
2027	$2,619,296	$3,519,148	134.4%
2028	$2,526,210	$4,020,777	159.2%
2029	$2,430,606	$4,585,339	188.7%
2030	$2,331,681	$5,234,513	224.5%
2031	$2,230,271	$5,924,465	265.6%
2032	$2,125,806	$6,659,903	313.3%
2033	$2,020,423	$7,407,672	366.6%
2034	$1,916,231	$8,224,878	429.2%
2035	$1,810,872	$9,061,369	500.4%
2036	$1,703,878	$9,902,924	581.2%
2037	$1,598,461	$10,710,119	670.0%
2038	$1,494,173	$11,505,844	770.0%
2039	$1,391,022	$12,272,116	882.2%
2040	$1,289,513	$12,995,614	1007.8%
2041	$1,190,159	$13,617,096	1144.1%
2042	$1,093,459	$14,155,179	1294.5%
2043	$999,894	$14,622,259	1462.4%
2044	$909,908	$15,007,734	1649.4%
2045	$823,905	$15,261,796	1852.4%
2046	$742,240	$15,377,836	2071.8%
2047	$665,207	$15,394,329	2314.2%
2048	$593,032	$15,272,847	2575.4%
2049	$525,873	$15,025,962	2857.3%
2050	$463,811	$14,636,729	3155.8%
2051	$406,855	$14,152,751	3478.6%
2052	$354,944	$13,559,159	3820.1%
2053	$307,959	$12,898,068	4188.2%
2054	$265,723	$12,154,985	4574.3%
2055	$228,013	$11,386,035	4993.6%
2056	$194,567	$10,605,114	5450.6%
2057	$165,101	$9,794,163	5932.2%
2058	$139,314	$8,959,949	6431.5%
2059	$116,901	$8,143,974	6966.6%
2060+	$522,090	$54,220,154	10385.2%
Total	$112,338,788	$437,692,658	389.6%

Present Values at 4.5%
Without Rate Increase

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$40,014,420	$2,423,300	6.1%
Projected Future	$46,403,606	$116,365,948	250.8%
Lifetime Anticipated	$86,418,025	$118,789,248	137.5%

Reset Form

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

Company Name and NAIC Number: Allianz Life Insurance Company of North America - 90611

SERFF Tracking Number: ALLB-128730838

Effective Date: Upon Approval

(Projected) Number of Insureds Affected: 1,915

New Rates

Average Annual Premium Per Member: N/A

Revised Rates

Average Annual Premium Per Member: 1,939

Average Requested Percentage Rate Change Per Member: 56.25%

Minimum Requested Percentage Rate Change Per Member: 56.25%

Maximum Requested Percentage Rate Change Per Member: 56.25%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
10-P-Q-VA	Generation Protector
10-R1	Generation Protector
10-R2	Generation Protector
10-R3	Generation Protector
10-R4	Generation Protector
10-R5	Generation Protector
10-R6	Generation Protector
10-R7-VA	Generation Protector
10-R8-VA	Generation Protector
10-R9	Generation Protector
10-R10	Generation Protector
10-R11	Generation Protector
10-R12	Generation Protector
10-R13	Generation Protector
10-R14	Generation Protector
10-R15	Generation Protector
10-R16	Generation Protector
10-R17	Generation Protector
10-R18	Generation Protector
10-R19	Generation Protector
10-R20	Generation Protector
10-R21	Generation Protector
10-E-2	Generation Protector

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

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

When Allianz designed the LTC products years ago, we based your initial premium on actuarial assumptions, using the best information available to us at that time. We continually monitor LTC policies and work to balance the needs of our LTC policyholders with the sustainability of the business. LTC insurance rates are affected by many complex factors including interest rates, the number of people who continue coverage, how many of them collect benefits, and for how long.

Based on our actual experience, it's clear we will need to pay substantially more claims that anticipated. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claims costs.

We realize the rate increase is difficult for our policyholders, and assure you that we considered all of our options very carefully before increasing your premium.

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Title of Form Coverage Change Request Form

Policy Form Number S2281

I hereby certify that the Flesch reading ease score of the above policy form is 49. It contains 51 sentences, 640 words and 1,094 syllables. The type size of the text of the policy forms is Times New Roman point type, 12/14 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Signature of an Officer of the Insurer

Steve Thiel Name (Print)

Vice President Actuary Title

6/5/16 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Title of Form Policyholder Rate Increase Notification Letter

Policy Form Number S2279-VA

I hereby certify that the Flesch reading ease score of the above policy form is 50. It contains 158 sentences, 2,406 words and 4,022 syllables. The type size of the text of the policy forms is Times New Roman point type, 12/14 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Signature of an Officer of the Insurer

Steve Thiel Name (Print)

Vice President Actuary Title

4/28/16 Date

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
[800.789.6896]

Coverage Change Request Form

Policy number [Policy Number]_____

Please use this form to request a change in your long term care insurance coverage. Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with this form.

Please indicate your coverage change selection(s) by checking the options below.
This form must be signed and dated, where indicated, on the back page in order to be processed.

Remember that, if you have state partnership status, cancelling or reducing some optional riders may result in the loss of your state partnership status, which may reduce policyholder protections.

Option B: Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s). I understand if I request either the cancel or exchange options below for the Benefit Increase Rider, to keep the current rider's accrued benefit increase percentages as of the time of cancellation, this form must be received by Allianz on or before [Latest Election Date].

☐ Reduce my Daily (or Monthly) Benefit from $_____ to $_____
☐ Reduce my Benefit Period from _____ to _____
☐ Increase my Elimination Period from _____ days to _____ days
☐ Reduce the following benefit(s) for my policy:
Benefit _____ from _____ reduced to _____

Benefit _____ from _____ reduced to _____

☐ Cancel the following optional rider(s) or benefit(s) from my policy:

_____

_____

☐ Exchange the existing optional _____% Lifetime Compound Benefit Increase Rider currently on my policy for the lower Benefit Increase Rider selected below. Please note this option is only available if you currently have the 4% Lifetime Compound Benefit Increase Rider or the 5% Lifetime Compound Benefit Increase Rider.
☐ 4% Lifetime Compound Benefit Increase Rider
☐ 3% Lifetime Compound Benefit Increase Rider
☐ 5% Simple Benefit Increase Rider (this option is available only if you currently have the 5% Lifetime Compound Benefit Increase Rider)

Option C: Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider with a reduced Maximum Lifetime Benefit or Benefit Amount. I understand if I request this option, this form must be received by Allianz on or before [Latest Election Date].

☐ I wish to exercise the Premium Increase Contingent Benefit Upon Lapse Rider and request a Reduced Paid Up Benefit.
Please note: As this paid-up option starts on the effective date of the premium increase, you must continue coverage to that date by paying the required premiums. No additional premium will be due after that date.

Option D: Convert your contract to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy.

☐ I wish to exercise an available option under a Non-Forfeiture or Return of Premium Rider benefit on my policy. In doing so, my maximum lifetime benefit amount will be replaced with the amount specified in my rider.

I understand the policy change(s) I selected on this form. I agree that once processed, the policy benefit changes may not be reversed.

[Owner First Name] [Owner Middle Name] [Owner Last Name]	[Co-Owner First Name] [Co-Owner Middle Name] [Co-Owner Last Name]
Policyowner name (printed)	Joint owner name (printed – if applicable)
Signature of policyowner	Date Signed
Signature of joint owner (if applicable)	Date Signed

Please indicate your change selection, sign, date and return this form to:
Allianz Life Insurance Company of North America
ATTN: Policy Administration
PO Box 59060
Minneapolis, MN 55459-0060
Fax: 763.582.6002

Allianz Life Insurance Company of North America
Statement of Variability
3/17/2016

Variable material is denoted by the use of brackets. This Coverage Change Request Form will be mailed along with the GPR and GP2 Policyholder Notification Letters so that policyholders can make changes to their policy that will lower their premium rates.

Coverage Change Request Form (S2281)

Variable	Minimum	Maximum	Current	Effective	Comments
Font	N/A	N/A	Times New Roman	N/A	Font displayed on final forms may vary due to printer configurations. Font sizing and layout will not change. If we opt to use a different font that is not a state-recognized font, we will prepare and submit any required filings at the time of the change.
Owner First Name Owner Middle Name Owner Last Name Co-Owner First Name Co-Owner Middle Name Co-Owner Last Name Policy Number	N/A	N/A	N/A - Policy Specific	N/A	Policy Specific
Call Center Phone Number	N/A	N/A	800.789.6896	N/A	Phone number for our customer service representatives, which may change
Call Center Open Times	N/A	N/A	8:00 a.m. to 5:00 p.m. CST	N/A	Opening times for our customer service representatives, which may change
Latest Election Date	N/A	N/A	N/A - Policy Specific	N/A	The date until which the options under the Premium Increase Contingent Upon Lapse Rider are available to the policyholder.

Allianz Life Insurance Company of North America
Statement of Variability
3/17/2016

Variable material is denoted by the use of brackets. This Policyholder Letter will be mailed to communicate the effects of the rate increase as well as policyholder options.

GPR Policyholder Letter (S2279-VA)

Variable	Minimum	Maximum	Current	Effective	Comments
Font	N/A	N/A	Times New Roman	N/A	Font displayed on final forms may vary due to printer configurations. Font sizing and layout will not change. If we opt to use a different font that is not a state-recognized font, we will prepare and submit any required filings at the time of the change.
Date Owner First Name Owner Middle Name Owner Last Name Owner Address L1 Owner Address L2 Owner City Owner State Owner Zip Owner Zip Rest Policy Number	N/A	N/A	N/A - Policy Specific	N/A	Policy Specific
Overall Increase %	0%	999%	N/A - Policy Specific	N/A	Aggregate new rate increase for the policy. Note that this will only reflect rate increase percentages approved by the Virginia BOI.
Overall Increase $	$0.00	$999,999.99	N/A - Policy Specific	N/A	Overall dollar increase in premium, which will be [adj'd billing4] – [Billed Premium]
Billed Premium	$0.00	$999,999.99	N/A - Policy Specific	N/A	Current modal premium for the policy
Bill Mode	N/A	N/A	N/A - Policy Specific	N/A	The current Bill Mode of the policy (e.g. Annually, Semi-annually, Quarterly, Monthly, etc).
anniversary1	3/17/2016	12/31/2100	N/A - Policy Specific	N/A	Policy anniversary when phase 1 of the rate increase will be effective
adj'd billing1	$0.00	$999,999.99	N/A - Policy Specific	N/A	Modal premium after phase 1 of the rate increase.
anniversary2	3/17/2016	12/31/2100	N/A - Policy Specific	N/A	Policy anniversary when phase 2 of the rate increase will be effective
adj'd billing2	$0.00	$999,999.99	N/A - Policy Specific	N/A	Modal premium after phase 2 of the rate increase
Call Center Phone Number	N/A	N/A	800.789.6896	N/A	Phone number for our customer service representatives, which may change

Call Center Open Times	N/A	N/A	8:00 a.m. to 5:00 p.m. CST	N/A	Opening times for our customer service representatives, which may change
Individual's name	N/A	N/A	Stephen Kennedy	N/A	Name may change
Individual's title	N/A	N/A	Senior Vice President of Operations	N/A	Title may change
cc: Agent First Name Agent Middle Name Agent Last Name	N/A	N/A	N/A - Policy Specific	N/A	If the policyholder does not have an active agent on record, then we will not print these fields. If the policyholder does have an active agent on record, then we will print these fields based on policy-specific data.
Partnership status	N/A	N/A	N/A - Policy Specific	N/A	If the policy does not have partnership status, then this line will not print. If the policy has partnership status, then the following line will print: (Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status, which may reduce policyholder protections.)
COLA Reduction Message	N/A	N/A	N/A - Policy Specific	N/A	If the policy does not have a COLA rider, this entire bullet will not be printed. If the policy does have a COLA rider, the following will be printed (note there is additional variation bracketed below) • Until [COLA Vesting Date], you may cancel the [COLA Rider] while keeping the rider's accrued benefit increase percentages as of the time of cancellation. After the rider is cancelled, the applicable benefit amount(s) will no longer increase. [You also have the option to exchange the [COLA Rider] for [the 4% Lifetime Compound Benefit Increase Rider,] the 3% Lifetime Compound Benefit Increase Rider[, or the Simple Benefit Increase Rider].] Note that this offer is only available if we receive written notice requesting the change before [COLA Vesting Date]. [Also, [reducing or] cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.] Note that policyholders could have one of the following riders: 5% Lifetime Compound Benefit Increase Rider 4% Lifetime Compound Benefit Increase Rider 3% Lifetime Compound Benefit Increase Rider Simple Benefit Increase Rider Two Times Compound Benefit Increase Rider Two Times Compound Plus Rider
COLA Vesting Date	N/A	N/A	N/A - Policy Specific	N/A	The date until which the COLA vesting options under COLA Reduction Message are available to the policyholder. (Note: This will only print if COLA Reduction Message prints.)

COLA Rider	N/A	N/A	N/A - Policy Specific	N/A	The current COLA rider attached to the policy. Policyholders could have one of the following riders: 5% Lifetime Compound Benefit Increase Rider 4% Lifetime Compound Benefit Increase Rider 3% Lifetime Compound Benefit Increase Rider Simple Benefit Increase Rider Two Times Compound Benefit Increase Rider Two Times Compound Plus Rider (Note: This will only print if COLA Reduction Message prints.)
COLA Rider Exchange Message	N/A	N/A	N/A - Policy Specific	N/A	If the policy has a 5% Lifetime Compound Benefit Increase Rider, we will print the following message: You also have the option to exchange the 5% Lifetime Compound Benefit Increase Rider for the 4% Lifetime Compound Benefit Increase Rider, the 3% Lifetime Compound Benefit Increase Rider, or the Simple Benefit Increase Rider. If the policy has a 4% Lifetime Compound Benefit Increase Rider, we will print the following message: You also have the option to exchange the 4% Lifetime Compound Benefit Increase Rider for the 3% Lifetime Compound Benefit Increase Rider. If the policy does not have either the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider, then this message will not print.
COLA Partnership status	N/A	N/A	N/A - Policy Specific	N/A	If the policy either does not have partnership status, or does not have a COLA rider, this message will not print. If the policy has partnership status, and either the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider then we will print (note there is additional variation bracketed below) Also, reducing or cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections. If the policy has partnership status, but has a COLA rider apart from the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider then we will print (note there is additional variation bracketed below) Also, cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.
Latest Election Date	N/A	N/A	N/A - Policy Specific	N/A	The date until which the options under the Premium Increase Contingent Upon Lapse Rider are available to the policyholder.

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
[800.789.6896]

[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]
Important notice of increase in your long term care insurance premium with time-sensitive options

Dear [Owner First Name] [Owner Last Name],

At Allianz Life Insurance Company of North America, our highest priority is fulfilling our commitments to our policyholders. To this end, we periodically compare the initial premium projections we made on our long term care policies to our actual claims experience. During a recent review we determined that we need to increase the premium rates on our long term care policies.

We want you to know that we took this decision very seriously and weighed several options before filing a [Overall Increase %] premium rate increase. We assure you that this premium increase applies to our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity.

We also want you to know that the Virginia Bureau of Insurance reviewed this rate increase and found it to be compliant with applicable Virginia laws and regulations. You can review this and all premium-rate filings online at www.scc.virginia.gov/BOI.

Your premium increase

To help ease the impact of this rate increase, we'll implement the [Overall Increase $] premium increase in stages according to the schedule outlined below. The scheduled increases will be effective with your first bill on or after each policy anniversary noted in the table below. We'll send you a notification letter similar to this one for each scheduled increase.

Based on your current benefits, the initial premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing1] [Bill Mode]. Below is the full schedule of increases:

Effective date of rate increase	Percent of rate increase	Billed premium after rate increase
[anniversary1]	[rate increase 1]%	[**adj'd billing1**] [**Bill Mode**]
[anniversary2]	[rate increase 2]%	[**adj'd billing2**] [**Bill Mode**]
[anniversary3]	[rate increase 3]%	[**adj'd billing3**] [**Bill Mode**]
[anniversary4]	[rate increase 4]%	[**adj'd billing4**] [**Bill Mode**]

Please note that recent changes to your policy may not be reflected in the table above. For the most up-to-date information, please request a current policy schedule from Allianz. Please also be aware that premium rates could change again in the future. In the event of a future rate increase, you'll have options similar to those we describe in the next section.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we're offering the flexibility to choose among the following options, which we discuss in more detail in the enclosed Frequently Asked Questions (FAQs):

- ☐ **A. Maintain your current benefit amounts** by paying the increased premium.
- ☐ **B. Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s)**.
- ☐ **C. Elect the paid-up option** in the attached Premium Increase Contingent Benefit Upon Lapse Rider with a reduced Maximum Lifetime Benefit or Benefit Amount.
- ☐ **D. Convert your contract to paid-up coverage** with a reduced Maximum Lifetime Benefit or Benefit Amount available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy.

If you wish to elect options B, C, or D, please complete the enclosed coverage change request form and return it to us. **Please be aware that the options listed above may not be of equal value and some may have time limitations. For more details, please see Question 4 in the attached FAQs.** We encourage you to contact us or your financial professional to help determine which may be suitable for your needs.

We're here to help

Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

[Individual's name]
[Individual's title]

NOTE: This letter is not a bill. Please retain a copy of this letter with your policy for future reference.

Enclosed: Coverage Change Request Form
Premium Increase Contingent Benefit Upon Lapse Rider
Premium Increase Contingent Benefit Upon Lapse Rider Schedule
Benefit Change Endorsement

[cc:] [Agent First Name] [Agent Middle Name] [Agent Last Name]

Guarantees are backed by the financial strength of Allianz Life Insurance Company of North America.

Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive, Minneapolis, MN 55416-1297. [800.789.6896]

Frequently asked questions

1. Why are rates increasing?

When Allianz designed its long term care (LTC) insurance products several years ago, we based your initial premium on actuarial assumptions, which used the best information available to us at that time. Since then we've continually monitored our LTC policies to compare those initial projections against our actual claim experience. During a recent review we determined that, due to a combination of factors we outline below, we need to increase the premium rates on our long term care policies.

We realize the rate increase is difficult for our policyholders, and assure you that we considered all of our options very carefully before increasing your premium. We also want to reassure you that this premium increase applies to our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity.

2. How was the rate increase amount determined?

LTC insurance rates are affected by many complex factors including the rising cost of health care, interest rates, the number of people who continue coverage, how many policyholders collect benefits, and for how long.

Once we determine that a proposed premium rate increase is necessary, we submit the information along with supporting data through an approval process with your state's insurance regulators. The state provides an independent perspective that is crucial in establishing an increase amount that balances the needs of our policyholders and our company. Ultimately, the state approves an increase that considers all of the factors noted above.

3. Did my state approve my rate increase?

Yes. When we submit a rate increase request to a state, the submission includes an actuarial justification discussing the reasonableness of the relationship between premiums charged and expected benefit payments. Each state conducts its own review of the submission and determines whether the state-specific rate increase is warranted, and in what amount. This process is designed to prevent premiums in one state being increased to cover insufficient premiums in another state. We also want you to know that we do not request rate increases in a state when premiums are sufficient to cover the projected cost of the benefits for that particular state.

4. What are my options?

To help ease the impact of this rate increase, we're offering our policyholders several options. Please see the enclosed Coverage Change Request form for more details:

A. **Maintain your current benefit amounts** by paying the increased premium.

B. **Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s)** that may fully or partially offset the premium increase. [(Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status that, which may reduce policyholder protections.)]

- Reduce benefit amounts and/or benefit periods, or increase your Elimination Period. Please note: Benefit amounts or periods must not be less than any minimum policy requirements.
- Cancel optional riders that you purchased with your policy. Please refer to the specific riders attached to your policy for additional details regarding the rider terms. [
- **Until [COLA Vesting Date]**, you may cancel the [COLA Rider] while keeping the rider's accrued benefit increase percentages as of the time of cancellation. After the rider is cancelled, the applicable benefit amount(s) will no longer increase. [You also have the

option to exchange the [COLA Rider] for [the 4% Lifetime Compound Benefit Increase Rider,] the 3% Lifetime Compound Benefit Increase Rider[, or the Simple Benefit Increase Rider].] **Note that this offer is only available if we receive written notice requesting the change before [COLA Vesting Date].** [Also, [reducing or] cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.]]

C. **Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the specific rider attached to your policy for details. **Please note that we must receive your request prior to [Latest Election Date]**. There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue paying premiums up to that policy anniversary date.

D. **Convert your contract to paid-up coverage** with a reduced Maximum Lifetime Benefit or Benefit Amount by electing options through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.

Please note that the options listed above may not be of equal value. We encourage you to contact us or your financial professional to help determine which may be suitable for your needs.

5. When is the premium increase effective?

Please see the enclosed Premium Increase Contingent Benefit Upon Lapse Rider Schedule.

6. How much time do I have to make a decision?

Some of the options available to you are time-sensitive. Please note any dates listed in Question 4, What are my options, listed above. We would advise that you make a decision prior to your upcoming policy anniversary on [anniversary1].

7. The letter states that "premium rates could change again in the future." What does this mean?

It is possible there will be additional rate increases in the future. An increase will only occur if we can demonstrate additional premium amounts are needed to sustain the policies, and then the increase would need to be filed with state insurance regulators for approval.

Keep in mind that the rate increase will not change your policy's benefits. As long as you continue paying full premiums, your policy will remain in effect and unchanged. Note that your benefits would decrease if you make changes to your policy, such as by reducing your benefits, or by electing reduced paid-up coverage.

8. Why is my premium increase being phased in over several years?

In accordance with the requirements of the state where your policy was issued for delivery, the increase is being phased in over the period of years indicated in the letter.

9. I've never filed a claim. Why am I getting a rate increase?

This premium increase applies to our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity.

10. I am currently on claim. Am I affected by this rate increase?

If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium yet. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage. If your policy does not provide for a Waiver of Premium benefit, you will be required to pay the increased premium.

11. Will policies with a 10-pay rider be impacted?

The increase will impact only the remaining premiums in your 10-year premium paying period. Once the policy is fully paid-up, the policyholder has no further premium obligations.

12. What if I use EFT or an automatic online (or third-party) accounts to pay my premium?

Please make sure that your premium payments are updated for your new premium rate. Otherwise your policy could lapse if we don't receive the full premium amount. Below are some additional considerations for the payment of your new premiums.

- **If you pay your premiums with an EFT** from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.
  - If you scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.
  - If you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.
  - If you choose the Reduced Paid Up Option, no further premium payments will be due after your anniversary date and the EFT draft will be discontinued at that time.
- **If you pay your premiums using automatic online (or third-party) accounts**, please update them for your new payment amount**.**

13. If I wish to cancel my policy, what steps do I take?

We encourage you to keep this important coverage. There may be options available for you to reduce your benefits in order to keep your premium at approximately the same amount as before the premium increase. You may also be able to exercise an option which would provide a paid up policy with a shortened benefit period. We encourage you to consult with your family, your insurance agent, or financial advisor before making a decision to reduce or cancel your coverage. If you choose to cancel your policy, we will be happy to do so upon receipt of your signed and dated request.

14. Whom can I contact with questions?

Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with the change request form. We value the trust you've placed in us, and we're here to help.

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
[800.789.6896]

Coverage Change Request Form

Policy number [Policy Number]_____

Please use this form to request a change in your long term care insurance coverage. Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with this form.

Please indicate your coverage change selection(s) by checking the options below.
This form must be signed and dated, where indicated, on the back page in order to be processed.

Remember that, if you have state partnership status, cancelling or reducing some optional riders may result in the loss of your state partnership status, which may reduce policyholder protections.

Option B: Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s). I understand if I request either the cancel or exchange options below for the Benefit Increase Rider, to keep the current rider's accrued benefit increase percentages as of the time of cancellation, this form must be received by Allianz on or before [Latest Election Date].

☐ Reduce my Daily (or Monthly) Benefit from $_____ to $_____
☐ Reduce my Benefit Period from _____ to _____
☐ Increase my Elimination Period from _____ days to _____ days
☐ Reduce the following benefit(s) for my policy:
Benefit _____ from _____ reduced to _____

Benefit _____ from _____ reduced to _____

☐ Cancel the following optional rider(s) or benefit(s) from my policy:

_____

_____

☐ Exchange the existing optional _____% Lifetime Compound Benefit Increase Rider currently on my policy for the lower Benefit Increase Rider selected below. Please note this option is only available if you currently have the 4% Lifetime Compound Benefit Increase Rider or the 5% Lifetime Compound Benefit Increase Rider.
☐ 4% Lifetime Compound Benefit Increase Rider
☐ 3% Lifetime Compound Benefit Increase Rider
☐ 5% Simple Benefit Increase Rider (this option is available only if you currently have the 5% Lifetime Compound Benefit Increase Rider)

Option C: Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider with a reduced Maximum Lifetime Benefit or Benefit Amount. I understand if I request this option, this form must be received by Allianz on or before [Latest Election Date].

☐ I wish to exercise the Premium Increase Contingent Benefit Upon Lapse Rider and request a Reduced Paid Up Benefit.
Please note: As this paid-up option starts on the effective date of the premium increase, you must continue coverage to that date by paying the required premiums. No additional premium will be due after that date.

Option D: Convert your contract to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy.

☐ I wish to exercise an available option under a Non-Forfeiture or Return of Premium Rider benefit on my policy. In doing so, my maximum lifetime benefit amount will be replaced with the amount specified in my rider.

I understand the policy change(s) I selected on this form. I agree that once processed, the policy benefit changes may not be reversed.

[Owner First Name] [Owner Middle Name] [Owner Last Name]	[Co-Owner First Name] [Co-Owner Middle Name] [Co-Owner Last Name]
Policyowner name (printed)	Joint owner name (printed – if applicable)
Signature of policyowner	Date Signed
Signature of joint owner (if applicable)	Date Signed

Please indicate your change selection, sign, date and return this form to:
Allianz Life Insurance Company of North America
ATTN: Policy Administration
PO Box 59060
Minneapolis, MN 55459-0060
Fax: 763.582.6002

Allianz Life Insurance Company of North America
Statement of Variability
6/23/2015

Variable material is denoted by the use of brackets.
This endorsement will be mailed as a part of the rate increase to reflect years of rate guarantee after the rate increase, along with the modification to the inflation protection rider cancellation. Policyholder may receive the endorsement again to confirm their benefit reduction. In that case, only the benefit reduction message will print.

Policy Endorsement (95440)

Variable	Minimum	Maximum	Current	Effective	Comments
Font	N/A	N/A	Arial	N/A	Font displayed on final forms may vary due to printer configurations. Font sizing and layout will not change. If we opt to use a different font that is not a state-recognized font, we will prepare and submit any required filings at the time of the change.
Address and Phone Number	N/A	N/A	N/A	N/A	
Policy Number	N/A	N/A	N/A	N/A	Policy Specific
Owner	N/A	N/A	N/A	N/A	Policy Specific
Endorsement Effective Date	N/A	N/A	N/A	N/A	Policy Specific
Rate Guarantee Years	0	four	four	Rate increase effective date	Rate guarantee message will not print if not applicable or if there are no rate guarantees. Guarantee will start on the policy anniversary date of the rate increase. In a rate increase that is implemented in multiple stages, the guarantee will start from the effective date of the initial rate increase implementation and not the subsequent or the final stage of the implementation.
Rate Guarantee Years	0	fourth	fourth	Rate increase effective date	Rate guarantee message will not print if not applicable or if there are no rate guarantees. Guarantee will start on the policy anniversary date of the rate increase. In a rate increase that is implemented in multiple stages, the guarantee will start from the effective date of the initial rate increase implementation and not the subsequent or the final stage of the implementation.
Notification days prior to rate increase	45	120	45	Days prior to rate increase effective date	Minimum is 45 days
Schedule Page Replacement				Policy Specific	Print when benefit changes impact policy schedule

Benefit reduction message	N/A	N/A	N/A	Policy Specific	May include, but is not limited to, reduction in facility care daily benefit, home and community care benefit, cancellation of rider, increase in elimination period, and other benefit reductions elected by the policyholder. Message will reflect benefit reduction elected by the policyholder and is policy specific
Inflation Protection Rider	N/A	N/A	N/A	N/A	Policy Specific, inflation protection rider that is currently attached to the policy
Cancellation Provision	N/A	N/A	N/A	N/A	Will be removed if the policy has already been endorsement, or if the endorsement is used for the purpose to reflecting benefit reduction.
Cancellation provision endorsement timeline	120 days	1 year	120 days	this Endorsement Effective Date	Minimum and current is set to 120 days.
Additional Benefit Language					Generation Protector (besides Two Times Compound Plus Rider): returning to the original amounts Generation Protector (Two Times Compound Plus Rider): the Rider not being cancellable Generation Protector II: being forfeited
Cancellation Language				Policy Specific	For Generation Protector (besides Two Times Compound Plus Rider): “if you cancel the Rider, the daily benefits, and, if elected, monthly benefits, will return to the original amounts issued to you” For Generation Protector (Two Times Compound Plus Rider): “once issued, this Rider cannot be Cancelled” For Generation Protector II: “if you cancel the Rider you will forfeit all increases provided under the Rider”
Cancellation Language (Last Sentence)				Policy Specific	Generation Protector: “the daily benefits, and, if elected, monthly benefits, will return to the original amounts issued to you” Generation Protector II: “you will forfeit all increases provided under the Rider”
Name, Title, Signature of Officers	N/A	N/A	N/A	N/A	Name, Title, Signature of Officers may change.

Allianz Life Insurance Company of North America
Statement of Variability
3/17/2016

Variable material is denoted by the use of brackets. This Policyholder Letter will be mailed to communicate the effects of the rate increase as well as policyholder options.

GPR Policyholder Letter (S2279-VA)

Variable	Minimum	Maximum	Current	Effective	Comments
Font	N/A	N/A	Times New Roman	N/A	Font displayed on final forms may vary due to printer configurations. Font sizing and layout will not change. If we opt to use a different font that is not a state-recognized font, we will prepare and submit any required filings at the time of the change.
Date Owner First Name Owner Middle Name Owner Last Name Owner Address L1 Owner Address L2 Owner City Owner State Owner Zip Owner Zip Rest Policy Number	N/A	N/A	N/A - Policy Specific	N/A	Policy Specific
Overall Increase %	0%	999%	N/A - Policy Specific	N/A	Aggregate new rate increase for the policy. Note that this will only reflect rate increase percentages approved by the Virginia BOI.
Overall Increase $	$0.00	$999,999.99	N/A - Policy Specific	N/A	Overall dollar increase in premium, which will be [adj'd billing4] – [Billed Premium]
Billed Premium	$0.00	$999,999.99	N/A - Policy Specific	N/A	Current modal premium for the policy
Bill Mode	N/A	N/A	N/A - Policy Specific	N/A	The current Bill Mode of the policy (e.g. Annually, Semi-annually, Quarterly, Monthly, etc).
anniversary1	3/17/2016	12/31/2100	N/A - Policy Specific	N/A	Policy anniversary when phase 1 of the rate increase will be effective
adj'd billing1	$0.00	$999,999.99	N/A - Policy Specific	N/A	Modal premium after phase 1 of the rate increase.
anniversary2	3/17/2016	12/31/2100	N/A - Policy Specific	N/A	Policy anniversary when phase 2 of the rate increase will be effective
adj'd billing2	$0.00	$999,999.99	N/A - Policy Specific	N/A	Modal premium after phase 2 of the rate increase
anniversary3	3/17/2016	12/31/2100	N/A - Policy Specific	N/A	Policy anniversary when phase 3 of the rate increase will be effective

adj'd billing3	$0.00	$999,999.99	N/A - Policy Specific	N/A	Modal premium after phase 3 of the rate increase
anniversary4	3/17/2016	12/31/2100	N/A - Policy Specific	N/A	Policy anniversary when phase 4 of the rate increase will be effective
adj'd billing4	$0.00	$999,999.99	N/A - Policy Specific	N/A	Modal premium after phase 4 of the rate increase
Call Center Phone Number	N/A	N/A	800.789.6896	N/A	Phone number for our customer service representatives, which may change
Call Center Open Times	N/A	N/A	8:00 a.m. to 5:00 p.m. CST	N/A	Opening times for our customer service representatives, which may change
Individual's name	N/A	N/A	Stephen Kennedy	N/A	Name may change
Individual's title	N/A	N/A	Senior Vice President of Operations	N/A	Title may change
cc: Agent First Name Agent Middle Name Agent Last Name	N/A	N/A	N/A - Policy Specific	N/A	If the policyholder does not have an active agent on record, then we will not print these fields. If the policyholder does have an active agent on record, then we will print these fields based on policy-specific data.
Partnership status	N/A	N/A	N/A - Policy Specific	N/A	If the policy does not have partnership status, then this line will not print. If the policy has partnership status, then the following line will print: (Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status that, which may reduce policyholder protections.)

COLA Reduction Message	N/A	N/A	N/A - Policy Specific	N/A	If the policy does not have a COLA rider, this entire bullet will not be printed. If the policy does have a COLA rider, the following will be printed (note there is additional variation bracketed below) • Until [COLA Vesting Date], you may cancel the [COLA Rider] while keeping the rider's accrued benefit increase percentages as of the time of cancellation. After the rider is cancelled, the applicable benefit amount(s) will no longer increase. [You also have the option to exchange the [COLA Rider] for [the 4% Lifetime Compound Benefit Increase Rider,] the 3% Lifetime Compound Benefit Increase Rider[, or the Simple Benefit Increase Rider].] Note that this offer is only available if we receive written notice requesting the change before [COLA Vesting Date]. [Also, [reducing or] cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.] Note that policyholders could have one of the following riders: 5% Lifetime Compound Benefit Increase Rider 4% Lifetime Compound Benefit Increase Rider 3% Lifetime Compound Benefit Increase Rider Simple Benefit Increase Rider Two Times Compound Benefit Increase Rider Two Times Compound Plus Rider
COLA Vesting Date	N/A	N/A	N/A - Policy Specific	N/A	The date until which the COLA vesting options under COLA Reduction Message are available to the policyholder. (Note: This will only print if COLA Reduction Message prints.)
COLA Rider	N/A	N/A	N/A - Policy Specific	N/A	The current COLA rider attached to the policy. Policyholders could have one of the following riders: 5% Lifetime Compound Benefit Increase Rider 4% Lifetime Compound Benefit Increase Rider 3% Lifetime Compound Benefit Increase Rider Simple Benefit Increase Rider Two Times Compound Benefit Increase Rider Two Times Compound Plus Rider (Note: This will only print if COLA Reduction Message prints.)

COLA Rider Exchange Message	N/A	N/A	N/A - Policy Specific	N/A	If the policy has a 5% Lifetime Compound Benefit Increase Rider, we will print the following message: You also have the option to exchange the 5% Lifetime Compound Benefit Increase Rider for the 4% Lifetime Compound Benefit Increase Rider, the 3% Lifetime Compound Benefit Increase Rider, or the Simple Benefit Increase Rider. If the policy has a 4% Lifetime Compound Benefit Increase Rider, we will print the following message: You also have the option to exchange the 4% Lifetime Compound Benefit Increase Rider for the 3% Lifetime Compound Benefit Increase Rider. If the policy does not have either the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider, then this message will not print.
COLA Partnership status	N/A	N/A	N/A - Policy Specific	N/A	If the policy either does not have partnership status, or does not have a COLA rider, this message will not print. If the policy has partnership status, and either the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider then we will print (note there is additional variation bracketed below) Also, reducing or cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections. If the policy has partnership status, but has a COLA rider apart from the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider then we will print (note there is additional variation bracketed below) Also, cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.
Latest Election Date	N/A	N/A	N/A - Policy Specific	N/A	The date until which the options under the Premium Increase Contingent Upon Lapse Rider are available to the policyholder.

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Title of Form Policyholder Rate Increase Notification Letter

Policy Form Number S2279-VA

I hereby certify that the Flesch reading ease score of the above policy form is 51. It contains 159 sentences, 2,403 words and 3,998 syllables. The type size of the text of the policy forms is Times New Roman point type, 12/14 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Signature of an Officer of the Insurer

Steve Thiel Name (Print)

Vice President Actuary Title

4/5/16 Date

Allianz Life Insurance Company of North America
Statement of Variability
4/9/2013
Rider Form R95369
Rider Schedule Form CS95369

Variable material is denoted by the use of brackets.

Policy Endorsement (95440)

Variable	Minimum	Maximum	Current	Effective	Comments
Font	N/A	N/A	Arial	N/A	Font displayed on final forms may vary due to printer configurations. Font sizing and layout will not change. If we opt to use a different font that is not a state-recognized font, we will prepare and submit any required filings at the time of the change.
Address and Phone Number	N/A	N/A	N/A	N/A	
Policy Number	N/A	N/A	N/A	N/A	Policy Specific
Owner	N/A	N/A	N/A	N/A	Policy Specific
Endorsement Effective Date	N/A	N/A	N/A	N/A	Policy Specific
Policy modification	N/A	N/A	N/A	N/A	Print based on policyholder election to reduce benefits and their updated benefit levels.

RIDER NAME	N/A	N/A	N/A	N/A	3% LIFETIME COMPOUND BENEFIT INCREASE RIDER 4% LIFETIME COMPOUND BENEFIT INCREASE RIDER 5% LIFETIME COMPOUND BENEFIT INCREASE RIDER TWO TIMES COMPOUND BENEFIT INCREASE RIDER SIMPLE BENEFIT INCREASE RIDER LIMITED PAY RIDER ACCELERATED PREMIUM RIDER SHORTENED BENEFIT RIDER CALENDAR DAY ELIMINATION PERIOD RIDER HOME & COMMUNITY CARE MONTHLY BENEFIT RIDER WAIVER OF HOME & COMMUNITY CARE ELIMINATION PERIOD RIDER HOME & COMMUNITY CARE MONTHLY INDEMNITY BENEFIT RIDER COMPREHENSIVE MONTHLY INDEMNITY BENEFIT RIDER RETURN OF PREMIUM UPON DEATH RIDER FULL RETURN OF PREMIUM UPON DEATH RIDER RESTORATION OF BENEFITS RIDER MARRIED DISCOUNT RIDER SPOUSAL DISCOUNT RIDER SPOUSAL SHARED CARE RIDER SPOUSAL WAIVER OF PREMIUM RIDER SPOUSAL SURVIVORSHIP RIDER TWO TIMES COMPOUND PLUS RIDER
Names and signatures of company officers	N/A	N/A	N/A	N/A	If an officer changes, these names and signatures will change and we will prepare and submit all required filings at the time of any change.

Allianz Life Insurance Company
of North America
[PO Box xxxxxx
Minneapolis, MN 55459-0060
800.xxx.xxxx]

POLICY ENDORSEMENT

Policy Number: [XXXXXXXX]

Owner: [John Doe]

Endorsement Effective Date: [12/1/2016]

This Endorsement modifies or changes certain terms of the above reference Policy and shall be incorporated into and become a part of the Policy. Except as stated below, all other provisions set forth in the Policy shall remain unchanged and in full force and effect and this Endorsement shall be subject to all of the provisions, terms, definitions, limitations, exclusions and conditions of the Policy.

This Policy is modified or changed as follows:

[The Facility Care Daily Benefit has been [reduced/increased] to [$XXX.XX]].

[The Home and Community Care Daily Benefit has been [reduced/increased] to [$XXX.XX]].

[The Benefit Period has been [reduced/increased] to [X] [Years]].

[The [RIDER NAME] has been [removed/added] effective [M/D/Y]].

[The Elimination Period has been [reduced/increased] to [XX] [Days]].

[The Home and Community Care Monthly Indemnity Benefit has been [reduced/increased] to [$XXX.XX]].

[Due to your election to exercise your rights under the Premium Increase Contingent Benefit Upon Lapse Rider, your coverage will continue //under a reduced paid up status and your [Maximum Lifetime Benefit] is reduced to [$XXX.XX].]

[The attached revised Policy Schedule shall replace and supersede all previous Policy Schedules issued for this Policy and shall be incorporated into and become a part of the Policy]

[The “Cancellation” provision of your [3% LIFETIME COMPOUND BENEFIT INCREASE RIDER] is deleted in its entirety and replaced with the following:

Cancellation: When the Contract is in force and the premium rate under the Contract is increased by us and not because of an increase in coverage elected by you, then if you cancel this Rider, any previous annual percentage increases applied to the Daily/Monthly Benefit as provided by this Rider will remain in effect. However, no increases will occur beyond the cancellation date.]

This Endorsement shall take effect as of the Endorsement Effective Date indicated above.

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

[ ] [ ]

[Gretchen Cepek]
[Secretary]

[Walter R. White]
[President and CEO]

Base Premium Rates (Proposed - 25% Increase - Phase 1) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase - Phase 1)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase - Phase 1)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 20% Increase - Phase 2) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	39	44	48	51	57	69	41	45	50	53	59	72	45	50	54	59	65	80
41	39	44	48	51	57	69	41	45	50	54	60	72	45	50	54	59	66	80
42	39	44	50	53	59	71	41	45	51	54	60	74	45	51	56	60	66	81
43	41	45	51	54	60	72	42	47	53	56	62	75	47	53	57	62	68	83
44	42	47	51	56	62	74	44	48	53	57	63	77	48	53	59	63	69	84
45	44	48	53	57	63	75	45	50	54	59	65	78	50	54	60	65	72	87
46	44	50	54	59	65	78	45	51	56	60	66	81	50	56	62	66	74	89
47	45	51	56	60	66	80	47	53	57	62	68	83	51	57	63	68	75	90
48	47	53	57	62	68	81	48	54	59	63	69	84	53	59	65	69	77	93
49	48	54	59	63	69	84	50	56	60	65	71	87	54	60	66	71	78	95
50	50	56	60	65	71	86	51	57	62	66	74	89	56	62	68	72	80	98
51	51	57	62	66	72	87	53	59	63	68	75	90	57	63	69	74	83	99
52	53	59	63	68	74	90	54	60	65	69	77	93	59	65	71	75	84	102
53	54	60	65	71	78	95	56	62	68	72	80	98	60	68	74	80	89	107
54	57	63	68	74	81	99	59	65	71	75	84	102	63	71	77	83	92	111
55	60	66	72	77	86	104	62	68	74	80	89	107	66	74	81	87	96	117
56	62	69	75	81	90	108	63	71	78	83	92	111	69	77	84	90	101	122
57	65	72	78	84	93	114	66	74	81	87	96	117	72	81	89	95	105	128
58	69	77	84	90	101	122	71	78	87	93	104	125	77	86	95	101	113	137
59	74	83	90	96	107	129	75	84	93	99	110	134	83	92	101	108	120	146
60	80	87	96	104	114	138	81	90	99	107	119	143	89	98	108	116	129	156
61	84	93	102	110	122	147	86	96	105	113	126	153	93	104	114	123	137	167
62	90	99	110	117	131	156	92	102	113	122	135	164	101	111	123	132	147	179
63	98	108	119	128	141	171	99	111	122	132	146	177	108	120	134	143	159	194
64	107	117	129	138	153	185	108	120	132	143	159	194	117	131	144	156	173	210
65	114	126	140	150	167	201	117	131	144	155	173	210	128	141	156	170	188	228
66	125	138	152	164	182	219	128	141	156	168	188	228	138	153	170	183	204	249
67	135	149	165	177	197	239	138	153	170	183	204	248	150	167	185	200	222	270
68	149	165	182	197	218	264	152	170	188	203	227	275	165	185	204	221	246	299
69	165	182	201	218	242	293	168	186	207	225	251	305	183	203	227	245	273	332
70	182	201	224	242	267	324	186	206	230	249	278	338	203	225	251	272	302	368
71	201	222	246	269	297	359	204	227	254	276	308	374	224	248	278	302	335	407
72	222	245	273	297	329	398	227	251	281	306	341	414	246	273	306	333	372	452
73	245	270	303	330	365	441	251	278	312	339	378	461	273	303	341	371	413	501
74	272	300	336	366	405	491	276	308	345	377	420	512	302	335	377	411	458	558
75	300	332	372	407	450	546	306	341	383	419	467	569	333	371	417	456	509	620
76	332	368	413	450	500	608	339	377	425	465	518	633	369	410	464	506	566	690
77	368	407	456	500	555	675	375	417	471	516	576	704	408	455	513	561	627	767
78	405	447	506	554	617	750	413	459	521	572	639	782	450	500	567	623	696	852
79	446	494	558	615	684	834	455	506	576	633	708	869	497	551	627	690	773	947
80	492	543	618	681	759	926	501	557	638	702	786	965	546	608	695	765	857	1,052
81	542	599	683	755	842	1,029	552	614	705	779	872	1,071	602	669	768	849	951	1,169
82	597	660	756	837	935	1,143	609	677	779	863	968	1,191	663	738	849	941	1,055	1,298
83	657	728	836	929	1,037	1,269	671	746	861	957	1,074	1,323	732	813	939	1,043	1,170	1,442
84	725	801	924	1,029	1,149	1,410	740	822	953	1,061	1,191	1,469	806	896	1,038	1,157	1,299	1,601

Rider Premium Rates and Premium Factors (Proposed - 20% Increase - Phase 2)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 20% Increase - Phase 2)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	39	42	47	51	56	68
41	39	44	47	51	57	69
42	39	44	48	51	57	69
43	41	45	50	53	59	71
44	41	45	51	54	60	74
45	42	47	51	56	62	75
46	44	48	53	57	63	77
47	45	50	54	59	65	78
48	45	51	56	60	66	80
49	47	51	57	62	68	83
50	48	53	59	63	69	84
51	50	54	60	65	71	86
52	50	56	62	66	72	89
53	53	59	65	69	77	92
54	56	62	68	72	80	96
55	57	65	71	75	84	101
56	60	68	74	80	87	107
57	63	71	77	83	92	111
58	68	75	83	89	98	119
59	72	80	87	95	105	128
60	77	86	93	101	113	137
61	81	90	101	108	120	146
62	87	98	107	116	128	155
63	95	105	116	125	140	168
64	102	114	126	135	152	183
65	111	123	137	147	164	200
66	120	134	149	161	179	216
67	131	146	161	174	194	236
68	144	161	179	194	215	261
69	159	177	197	213	237	290
70	176	195	218	237	264	320
71	195	216	242	263	293	354
72	215	239	267	291	324	393
73	237	264	296	323	360	437
74	263	293	329	359	399	486
75	291	323	365	398	444	540
76	321	357	404	441	492	602
77	356	396	447	489	548	669
78	393	437	495	543	606	743
79	432	480	548	602	674	825
80	477	530	605	668	747	917
81	525	584	669	740	828	1,019
82	579	642	740	821	920	1,131
83	638	708	819	909	1,020	1,257
84	702	780	905	1,008	1,131	1,395

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	20	23	24	27	30	36
41	21	23	26	27	30	36
42	21	23	26	27	30	36
43	21	24	26	27	32	38
44	21	24	27	29	32	39
45	23	24	27	29	33	39
46	23	26	29	30	33	41
47	24	26	29	30	35	41
48	24	27	29	32	35	42
49	24	27	30	32	36	44
50	26	29	30	33	36	44
51	26	29	32	33	38	45
52	27	29	32	35	38	47
53	27	30	33	36	41	48
54	29	32	35	38	42	51
55	30	33	38	39	44	54
56	32	35	39	42	47	56
57	33	38	41	44	48	59
58	36	39	44	47	51	63
59	38	42	47	50	56	68
60	41	45	50	53	59	72
61	44	48	53	57	63	77
62	47	51	56	60	68	81
63	50	56	62	66	74	89
64	54	60	66	72	80	96
65	59	65	72	78	87	105
66	63	71	78	84	95	114
67	69	77	84	92	102	125
68	77	84	95	102	113	137
69	84	93	104	113	125	152
70	93	104	116	125	138	168
71	102	114	128	138	153	186
72	113	126	141	153	171	207
73	125	140	156	170	189	230
74	138	153	173	189	210	257
75	153	170	192	209	234	285
76	170	188	213	233	260	317
77	188	209	236	258	288	353
78	207	230	261	285	320	392
79	228	254	288	317	354	434
80	251	279	318	351	393	483
81	276	308	353	389	437	536
82	305	338	390	432	485	596
83	336	372	431	479	537	662
84	369	411	477	531	596	735

Base Premium Rates (Proposed - 16.7% Increase - Phase 3) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	46	51	56	60	67	81	47	53	58	61	68	84	53	58	63	68	75	93
41	46	51	56	60	67	81	47	53	58	63	70	84	53	58	63	68	77	93
42	46	51	58	61	68	82	47	53	60	63	70	86	53	60	65	70	77	95
43	47	53	60	63	70	84	49	54	61	65	72	88	54	61	67	72	79	96
44	49	54	60	65	72	86	51	56	61	67	74	89	56	61	68	74	81	98
45	51	56	61	67	74	88	53	58	63	68	75	91	58	63	70	75	84	102
46	51	58	63	68	75	91	53	60	65	70	77	95	58	65	72	77	86	103
47	53	60	65	70	77	93	54	61	67	72	79	96	60	67	74	79	88	105
48	54	61	67	72	79	95	56	63	68	74	81	98	61	68	75	81	89	109
49	56	63	68	74	81	98	58	65	70	75	82	102	63	70	77	82	91	110
50	58	65	70	75	82	100	60	67	72	77	86	103	65	72	79	84	93	114
51	60	67	72	77	84	102	61	68	74	79	88	105	67	74	81	86	96	116
52	61	68	74	79	86	105	63	70	75	81	89	109	68	75	82	88	98	119
53	63	70	75	82	91	110	65	72	79	84	93	114	70	79	86	93	103	124
54	67	74	79	86	95	116	68	75	82	88	98	119	74	82	89	96	107	130
55	70	77	84	89	100	121	72	79	86	93	103	124	77	86	95	102	112	137
56	72	81	88	95	105	126	74	82	91	96	107	130	81	89	98	105	117	142
57	75	84	91	98	109	133	77	86	95	102	112	137	84	95	103	110	123	149
58	81	89	98	105	117	142	82	91	102	109	121	145	89	100	110	117	131	159
59	86	96	105	112	124	151	88	98	109	116	128	156	96	107	117	126	140	170
60	93	102	112	121	133	161	95	105	116	124	138	166	103	114	126	135	151	182
61	98	109	119	128	142	172	100	112	123	131	147	179	109	121	133	144	159	194
62	105	116	128	137	152	182	107	119	131	142	158	191	117	130	144	154	172	208
63	114	126	138	149	165	200	116	130	142	154	170	207	126	140	156	166	186	226
64	124	137	151	161	179	215	126	140	154	166	186	226	137	152	168	182	201	245
65	133	147	163	175	194	235	137	152	168	180	201	245	149	165	182	198	219	266
66	145	161	177	191	212	256	149	165	182	196	219	266	161	179	198	214	238	291
67	158	173	193	207	229	278	161	179	198	214	238	289	175	194	215	233	259	315
68	173	193	212	229	254	308	177	198	219	236	264	320	193	215	238	257	287	348
69	193	212	235	254	282	341	196	217	242	263	292	355	214	236	264	285	319	387
70	212	235	261	282	312	378	217	240	268	291	324	394	236	263	292	317	352	429
71	235	259	287	313	347	418	238	264	296	322	359	436	261	289	324	352	390	474
72	259	285	319	347	383	464	264	292	327	357	397	483	287	319	357	389	434	527
73	285	315	354	385	425	515	292	324	364	396	441	537	319	354	397	432	481	585
74	317	350	392	427	473	572	322	359	403	439	490	597	352	390	439	480	534	651
75	350	387	434	474	525	637	357	397	446	488	544	663	389	432	487	532	593	723
76	387	429	481	525	583	709	396	439	495	543	604	739	431	478	541	590	660	805
77	429	474	532	583	648	788	438	487	550	602	672	821	476	530	599	655	732	895
78	473	522	590	646	719	875	481	536	607	667	746	912	525	583	662	726	812	994
79	520	576	651	718	798	973	530	590	672	739	826	1,014	579	642	732	805	902	1,105
80	574	634	721	795	886	1,080	585	649	744	819	917	1,126	637	709	810	893	1,000	1,227
81	632	698	796	881	982	1,201	644	716	823	909	1,017	1,250	702	781	896	991	1,110	1,364
82	697	770	882	977	1,091	1,334	711	789	909	1,007	1,129	1,390	774	861	991	1,098	1,231	1,514
83	767	849	975	1,084	1,210	1,481	782	870	1,005	1,117	1,253	1,544	854	949	1,096	1,217	1,365	1,682
84	845	935	1,078	1,201	1,341	1,645	863	959	1,112	1,238	1,390	1,714	940	1,045	1,211	1,350	1,516	1,868

Rider Premium Rates and Premium Factors (Proposed - 16.7% Increase - Phase 3)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 16.7% Increase - Phase 3)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	46	49	54	60	65	79
41	46	51	54	60	67	81
42	46	51	56	60	67	81
43	47	53	58	61	68	82
44	47	53	60	63	70	86
45	49	54	60	65	72	88
46	51	56	61	67	74	89
47	53	58	63	68	75	91
48	53	60	65	70	77	93
49	54	60	67	72	79	96
50	56	61	68	74	81	98
51	58	63	70	75	82	100
52	58	65	72	77	84	103
53	61	68	75	81	89	107
54	65	72	79	84	93	112
55	67	75	82	88	98	117
56	70	79	86	93	102	124
57	74	82	89	96	107	130
58	79	88	96	103	114	138
59	84	93	102	110	123	149
60	89	100	109	117	131	159
61	95	105	117	126	140	170
62	102	114	124	135	149	180
63	110	123	135	145	163	196
64	119	133	147	158	177	214
65	130	144	159	172	191	233
66	140	156	173	187	208	252
67	152	170	187	203	226	275
68	168	187	208	226	250	305
69	186	207	229	249	277	338
70	205	228	254	277	308	373
71	228	252	282	306	341	413
72	250	278	312	340	378	459
73	277	308	345	376	420	509
74	306	341	383	418	466	567
75	340	376	425	464	518	630
76	375	417	471	515	574	702
77	415	462	522	571	639	781
78	459	509	578	634	707	866
79	504	560	639	702	786	963
80	557	618	705	779	872	1,070
81	613	681	781	863	966	1,189
82	676	749	863	958	1,073	1,320
83	744	826	956	1,061	1,190	1,467
84	819	910	1,056	1,176	1,320	1,628

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	23	26	28	32	35	42
41	25	26	30	32	35	42
42	25	26	30	32	35	42
43	25	28	30	32	37	44
44	25	28	32	33	37	46
45	26	28	32	33	39	46
46	26	30	33	35	39	47
47	28	30	33	35	40	47
48	28	32	33	37	40	49
49	28	32	35	37	42	51
50	30	33	35	39	42	51
51	30	33	37	39	44	53
52	32	33	37	40	44	54
53	32	35	39	42	47	56
54	33	37	40	44	49	60
55	35	39	44	46	51	63
56	37	40	46	49	54	65
57	39	44	47	51	56	68
58	42	46	51	54	60	74
59	44	49	54	58	65	79
60	47	53	58	61	68	84
61	51	56	61	67	74	89
62	54	60	65	70	79	95
63	58	65	72	77	86	103
64	63	70	77	84	93	112
65	68	75	84	91	102	123
66	74	82	91	98	110	133
67	81	89	98	107	119	145
68	89	98	110	119	131	159
69	98	109	121	131	145	177
70	109	121	135	145	161	196
71	119	133	149	161	179	217
72	131	147	165	179	200	242
73	145	163	182	198	221	268
74	161	179	201	221	245	299
75	179	198	224	243	273	333
76	198	219	249	271	303	369
77	219	243	275	301	336	411
78	242	268	305	333	373	457
79	266	296	336	369	413	506
80	292	326	371	410	459	564
81	322	359	411	453	509	625
82	355	394	455	504	565	695
83	392	434	502	558	627	772
84	431	480	557	620	695	858

Base Premium Rates (Proposed - 14.3% Increase - Phase 4) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,263
80	656	724	824	908	1,012	1,235	668	742	850	936	1,048	1,287	728	810	926	1,020	1,142	1,403
81	722	798	910	1,006	1,122	1,373	736	818	940	1,038	1,162	1,429	802	892	1,024	1,132	1,269	1,559
82	796	880	1,008	1,116	1,247	1,525	812	902	1,038	1,150	1,291	1,589	884	984	1,132	1,255	1,407	1,731
83	876	970	1,114	1,239	1,383	1,693	894	994	1,148	1,277	1,433	1,765	976	1,084	1,253	1,391	1,561	1,923
84	966	1,068	1,233	1,373	1,533	1,881	986	1,096	1,271	1,415	1,589	1,959	1,074	1,194	1,385	1,543	1,733	2,135

Rider Premium Rates and Premium Factors (Proposed - 14.3% Increase - Phase 4)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 14.3% Increase - Phase 4)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,223
81	700	778	892	986	1,104	1,359
82	772	856	986	1,094	1,227	1,509
83	850	944	1,092	1,212	1,361	1,677
84	936	1,040	1,206	1,345	1,509	1,861

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Reset Form

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

Company Name and NAIC Number: Allianz Life Insurance Company of North America - 90611

SERFF Tracking Number: ALLB-128730838

Effective Date: Upon Approval

(Projected) Number of Insureds Affected: 1,886

New Rates

Average Annual Premium Per Member: N/A

Revised Rates

Average Annual Premium Per Member: 3,861

Average Requested Percentage Rate Change Per Member: 100%

Minimum Requested Percentage Rate Change Per Member: 100%

Maximum Requested Percentage Rate Change Per Member: 100%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
10-P-Q-VA	Generation Protector
10-R1	Generation Protector
10-R2	Generation Protector
10-R3	Generation Protector
10-R4	Generation Protector
10-R5	Generation Protector
10-R6	Generation Protector
10-R7-VA	Generation Protector
10-R8-VA	Generation Protector
10-R9	Generation Protector
10-R10	Generation Protector
10-R11	Generation Protector
10-R12	Generation Protector
10-R13	Generation Protector
10-R14	Generation Protector
10-R15	Generation Protector
10-R16	Generation Protector
10-R17	Generation Protector
10-R18	Generation Protector
10-R19	Generation Protector
10-R20	Generation Protector
10-R21	Generation Protector
10-E-2	Generation Protector

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

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

When Allianz designed the LTC products years ago, we based your initial premium on actuarial assumptions, using the best information available to us at that time. We continually monitor LTC policies and work to balance the needs of our LTC policyholders with the sustainability of the business. LTC insurance rates are affected by many complex factors including interest rates, the number of people who continue coverage, how many of them collect benefits, and for how long.

Based on our actual experience, it's clear we will need to pay substantially more claims that anticipated. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claims costs.

We realize the rate increase is difficult for our policyholders, and assure you that we considered all of our options very carefully before increasing your premium.

[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]
Important notice of increase in your long term care insurance premium with time-sensitive options

Dear policyholder,

At Allianz Life Insurance Company of North America, our highest priority is fulfilling our commitments to our policyholders.

One of the factors that helps us keep our commitments is the premium we collect from policyholders like you. When we issued your policy, we based your premium rates on the information and projections available to us at that time. But based on our actual experience, it's clear we will need to pay substantially more claims than anticipated. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer policy duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claim costs.

In an effort to balance our policyholders' needs with the long-term viability of our policies, we must increase the premium rates on long term care insurance policies, including yours. The possibility of a premium increase is disclosed on the first page of your policy.

Please be assured that our decision to increase premiums is based solely on the total future increased claims we now anticipate. We are not giving anyone preferential treatment, nor do the premium increases in any way reflect an individual policyholder's advance in age or deteriorated health status.

We also want you to know that we took this decision very seriously and weighed several options before filing a [overall increase] premium increase. The Virginia State Corporation Commission reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, it was approved. While the approved premium increase amount is less than the justifiable rate increase amount of [justifiable increase] prescribed by the regulations in the state of Virginia, no future premium increases are anticipated beyond those noted in the table below. However, due to the guaranteed renewable nature of your policy, premium rates may increase again in the future if experience deviates significantly from expectations.

Your premium increase

To ease the impact of this rate increase to you, we'll implement the [overall increase] premium increase in stages according to the schedule outlined below. The scheduled increases will be effective with your first bill or bank draft for premium due on or after each policy anniversary noted in the table below.

Based on your current benefits, the initial premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing] [Bill Mode]. Below is the full schedule of increases:

Effective date of rate increase	% of rate increase	Billed premium after rate increase
[anniversary1]	[rate increase 1]%	[**adj'd billing**] [**Bill Mode**]
[anniversary2]	[rate increase 2]%	[**adj'd billing2**] [**Bill Mode**]
[anniversary3]	[rate increase 3]%	[**adj'd billing3**] [**Bill Mode**]
[anniversary4]	[rate increase 4]%	[**adj'd billing4**] [**Bill Mode**]

We will send you a notification letter similar to this one for each scheduled increase. The notification letter will present the same set of policy options in advance of each scheduled premium increase. Any recent or future changes to your policy may not be reflected in the premium noted above. If no policy changes are requested, the overall impact to your premium will be [overall increase] after the last increase becomes effective.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we are offering the flexibility to choose among the following options:

A. **Maintain your current benefit amounts** by paying the increased premium.
B. **Lessen the impact of the rate increase on your premiums** by reducing benefit amounts and/or benefit periods. A reduction may fully or partially offset the premium increase. **Please note:** benefit amounts must not be less than any minimum policy requirements.
C. **Elect options available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy** and have your contract converted to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.
D. **Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the attached rider for details. There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue coverage to that policy anniversary date. This can only happen if all premiums associated with this period are paid. **Please note**: If you wish to exercise this rider option you must do so on or before the Latest Election Date shown on the attached rider schedule. We'll refund any payments associated with coverage periods starting on or after your anniversary.

If you decide to pay the increased premium and keep your benefits unchanged (option A), you do not need to return the enclosed coverage change request form but please read the considerations below.

If you wish to elect any of the other options (B through D), please complete the coverage change request form and return it to us. **For Option D, we must receive your request prior to [Latest Election Date], the Latest Election Date shown on the Premium Increase Contingent Benefit Upon Lapse Rider Schedule page.**

Special payment considerations

If you pay your premiums with an EFT from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.

> You may have scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary. If that is the case, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.

If you decide to keep your coverage as is, no action is necessary and your EFT draft will increase as described in this notification.

If you do not make a decision by your upcoming anniversary or the scheduled EFT date, and you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.

Or, if you choose the Reduced Paid Up Option, no further premium payments will be due after your anniversary date and the EFT draft will be discontinued at that time.

If you use automatic online (or third-party) accounts to make premium payments, please update them for your new payment amount**.** Otherwise your policy could lapse if we don't receive the full premium amount.

Waiver of Premium: If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage.

We're here to help

Before you make any changes, we strongly encourage you to speak with your licensed agent, or to contact one of our customer service representatives at 800.789.6896 weekdays from 7:00 a.m. to 5:00 p.m CST. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for assistance in completing the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

Policy Administration Department

NOTE: This letter is not a bill. Please retain a copy of this letter with your policy for future reference.

Enclosed: Coverage change request form
Premium Increase Contingent Benefit Upon Lapse Rider
Premium Increase Contingent Benefit Upon Lapse Rider Schedule

cc: [Agent First Name] [Agent Middle Name] [Agent Last Name]

Guarantees are backed by the financial strength of Allianz Life Insurance Company of North America.

Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive, Minneapolis, MN 55416-1297. 800.789.6896

[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]
Important reminder of increase in your long term care insurance premium with time-sensitive options

Dear policyholder,

We contacted you about [# of years since approval] year[s] ago notifying you that the Virginia State Corporation Commission reviewed and approved a total increase of [overall increase] to be implemented in [# of stages] stage[s]. The first increase of [rate increase 1]% became effective [# of years since rate increase 1] year[s] ago. We'd like to remind you that the second increase of [rate increase 2]% will be effective with your first bill or bank draft for premium due on or after your upcoming anniversary noted in the "Your premium increase" section below.

Please be assured that our decision to increase premiums is based solely on the total future increased claims we now anticipate. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer policy duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claim costs. We are not giving anyone preferential treatment, nor do the premium increases in any way reflect an individual policyholder's advance in age or deteriorated health status.

We also want to remind you that we took this decision very seriously and weighed several options before filing a [overall increase] premium increase. The Virginia State Corporation Commission reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, it was approved. While the approved premium increase amount is less than the justifiable rate increase amount of [justifiable increase] prescribed by the regulations in the state of Virginia, no future premium increases are anticipated beyond those noted in the table below. However, due to the guaranteed renewable nature of your policy, premium rates may increase again in the future if experience deviates significantly from expectations.

Your premium increase

To ease the impact of this rate increase to you, we agreed to implement the [overall increase] premium increase in [# of stages] stage[s]. The remaining scheduled increases will be effective with your first bill or bank draft for premium due on or after each policy anniversary noted in the table below.

Based on your current benefits, the current premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing2] [Bill Mode]. Below is the full schedule of remaining increases:

Effective date of rate increase	% of rate increase	Billed premium after rate increase
[anniversary2]	[rate increase 2]%	[**adj'd billing2**] [**Bill Mode**]
[anniversary3]	[rate increase 3]%	[**adj'd billing3**] [**Bill Mode**]
[anniversary4]	[rate increase 4]%	[**adj'd billing4**] [**Bill Mode**]

We will send you a notification letter similar to this one for each scheduled increase. The notification letter will present the same set of policy options in advance of each scheduled premium increase. Any recent or future changes to your policy may not be reflected in the premium noted above. If no policy changes are requested, the overall impact to your premium will be [overall increase] after the last increase becomes effective.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we are offering the flexibility to choose among the following options:

A. **Maintain your current benefit amounts** by paying the increased premium.
B. **Lessen the impact of the rate increase on your premiums** by reducing benefit amounts and/or benefit periods. A reduction may fully or partially offset the premium increase. **Please note:** benefit amounts must not be less than any minimum policy requirements.
C. **Elect options available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy** and have your contract converted to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.
D. **Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the attached rider for details. There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue coverage to that policy anniversary date. This can only happen if all premiums associated with this period are paid. **Please note**: If you wish to exercise this rider option you must do so on or before the Latest Election Date shown on the attached rider schedule. We'll refund any payments associated with coverage periods starting on or after your anniversary.

If you decide to pay the increased premium and keep your benefits unchanged (option A), you do not need to return the enclosed coverage change request form but please read the considerations below.

If you wish to elect any of the other options (B through D), please complete the coverage change request form and return it to us. **For Option D, we must receive your request prior to [Latest Election Date], the Latest Election Date shown on the Premium Increase Contingent Benefit Upon Lapse Rider Schedule page.**

Special payment considerations

If you pay your premiums with an EFT from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.

You may have scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary. If that is the case, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.

If you decide to keep your coverage as is, no action is necessary and your EFT draft will increase as described in this notification.

If you do not make a decision by your upcoming anniversary or the scheduled EFT date, and you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.

Or, if you choose the Reduced Paid Up Option, no further premium payments will be due after your anniversary date and the EFT draft will be discontinued at that time.

If you use automatic online (or third-party) accounts to make premium payments, please update them for your new payment amount**.** Otherwise your policy could lapse if we don't receive the full premium amount.

Waiver of Premium: If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage.

We're here to help

Before you make any changes, we strongly encourage you to speak with your licensed agent, or to contact one of our customer service representatives at 800.789.6896 weekdays from 7:00 a.m. to 5:00 p.m CST. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for assistance in completing the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

Policy Administration Department

NOTE: This letter is not a bill. Please retain a copy of this letter with your policy for future reference.

Enclosed: Coverage change request form
Premium Increase Contingent Benefit Upon Lapse Rider
Premium Increase Contingent Benefit Upon Lapse Rider Schedule

cc: [Agent First Name] [Agent Middle Name] [Agent Last Name]

Guarantees are backed by the financial strength of Allianz Life Insurance Company of North America.

Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive, Minneapolis, MN 55416-1297. 800.789.6896

[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]
Important reminder of increase in your long term care insurance premium with time-sensitive options

Dear policyholder,

We contacted you about [# of years since approval] year[s] ago notifying you that the Virginia State Corporation Commission reviewed and approved a total increase of [overall increase] to be implemented in [# of stages] stage[s]. The second increase of [rate increase 2]% became effective [# of years since rate increase 2] year[s] ago. We'd like to remind you that the third increase of [rate increase 3]% will be effective with your first bill or bank draft for premium due on or after your upcoming anniversary noted in the "Your premium increase" section below.

Please be assured that our decision to increase premiums is based solely on the total future increased claims we now anticipate. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer policy duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claim costs. We are not giving anyone preferential treatment, nor do the premium increases in any way reflect an individual policyholder's advance in age or deteriorated health status.

We also want to remind you that we took this decision very seriously and weighed several options before filing a [overall increase] premium increase. The Virginia State Corporation Commission reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, it was approved. While the approved premium increase amount is less than the justifiable rate increase amount of [justifiable increase] prescribed by the regulations in the state of Virginia, no future premium increases are anticipated beyond those noted in the table below. However, due to the guaranteed renewable nature of your policy, premium rates may increase again in the future if experience deviates significantly from expectations.

Your premium increase

To ease the impact of this rate increase to you, we agreed to implement the [overall increase] premium increase in [# of stages] stage[s]. The remaining scheduled increases will be effective with your first bill or bank draft for premium due on or after each policy anniversary noted in the table below.

Based on your current benefits, the current premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing3] [Bill Mode]. Below is the full schedule of remaining increases:

Effective date of rate increase	% of rate increase	Billed premium after rate increase
[anniversary3]	[rate increase 3]%	[**adj'd billing3**] [**Bill Mode**]
[anniversary4]	[rate increase 4]%	[**adj'd billing4**] [**Bill Mode**]

We will send you a notification letter similar to this one for each scheduled increase. The notification letter will present the same set of policy options in advance of each scheduled premium increase. Any recent or future changes to your policy may not be reflected in the premium noted above. If no policy changes are requested, the overall impact to your premium will be [overall increase] after the last increase becomes effective.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we are offering the flexibility to choose among the following options:

A. **Maintain your current benefit amounts** by paying the increased premium.
B. **Lessen the impact of the rate increase on your premiums** by reducing benefit amounts and/or benefit periods. A reduction may fully or partially offset the premium increase. **Please note:** benefit amounts must not be less than any minimum policy requirements.
C. **Elect options available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy** and have your contract converted to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.
D. **Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the attached rider for details. There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue coverage to that policy anniversary date. This can only happen if all premiums associated with this period are paid. **Please note**: If you wish to exercise this rider option you must do so on or before the Latest Election Date shown on the attached rider schedule. We'll refund any payments associated with coverage periods starting on or after your anniversary.

If you decide to pay the increased premium and keep your benefits unchanged (option A), you do not need to return the enclosed coverage change request form but please read the considerations below.

If you wish to elect any of the other options (B through D), please complete the coverage change request form and return it to us. **For Option D, we must receive your request prior to [Latest Election Date], the Latest Election Date shown on the Premium Increase Contingent Benefit Upon Lapse Rider Schedule page.**

Special payment considerations

If you pay your premiums with an EFT from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.

You may have scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary. If that is the case, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.

If you decide to keep your coverage as is, no action is necessary and your EFT draft will increase as described in this notification.

If you do not make a decision by your upcoming anniversary or the scheduled EFT date, and you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.

Or, if you choose the Reduced Paid Up Option, no further premium payments will be due after your anniversary date and the EFT draft will be discontinued at that time.

If you use automatic online (or third-party) accounts to make premium payments, please update them for your new payment amount**.** Otherwise your policy could lapse if we don't receive the full premium amount.

Waiver of Premium: If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage.

We're here to help

Before you make any changes, we strongly encourage you to speak with your licensed agent, or to contact one of our customer service representatives at 800.789.6896 weekdays from 7:00 a.m. to 5:00 p.m CST. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for assistance in completing the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

Policy Administration Department

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Enclosed: Coverage change request form
Premium Increase Contingent Benefit Upon Lapse Rider
Premium Increase Contingent Benefit Upon Lapse Rider Schedule

cc: [Agent First Name] [Agent Middle Name] [Agent Last Name]

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[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]
Important reminder of increase in your long term care insurance premium with time-sensitive options

Dear policyholder,

We contacted you about [# of years since approval] year[s] ago notifying you that the Virginia State Corporation Commission reviewed and approved a total increase of [overall increase] to be implemented in [# of stages] stage[s]. The third increase of [rate increase 3]% became effective [# of years since rate increase 3] year[s] ago. We'd like to remind you that the fourth increase of [rate increase 4]% will be effective with your first bill or bank draft for premium due on or after your upcoming anniversary noted in the "Your premium increase" section below.

Please be assured that our decision to increase premiums is based solely on the total future increased claims we now anticipate. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer policy duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claim costs. We are not giving anyone preferential treatment, nor do the premium increases in any way reflect an individual policyholder's advance in age or deteriorated health status.

We also want to remind you that we took this decision very seriously and weighed several options before filing a [overall increase] premium increase. The Virginia State Corporation Commission reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, it was approved. While the approved premium increase amount is less than the justifiable rate increase amount of [justifiable increase] prescribed by the regulations in the state of Virginia, no future premium increases are anticipated. However, due to the guaranteed renewable nature of your policy, premium rates may increase again in the future if experience deviates significantly from expectations.

Your premium increase

To ease the impact of this rate increase to you, we agreed to implement the [overall increase] premium increase in [# of stages] stage[s].

Based on your current benefits, the current premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing4] [Bill Mode]. The increase will be effective with your first bill or bank draft for premium due on or after your upcoming anniversary, [Next Policy Anniversary]. Any recent changes to your policy may not be reflected in the premium noted above.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we are offering the flexibility to choose among the following options:

A. **Maintain your current benefit amounts** by paying the increased premium.
B. **Lessen the impact of the rate increase on your premiums** by reducing benefit amounts and/or benefit periods. A reduction may fully or partially offset the premium increase. **Please note:** benefit amounts must not be less than any minimum policy requirements.
C. **Elect options available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy** and have your contract converted to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.
D. **Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the attached rider for details. There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue coverage to that policy anniversary date. This can only happen if all premiums associated with this period are paid. **Please note**: If you wish to exercise this rider option you must do so on or before the Latest Election Date shown on the attached rider schedule. We'll refund any payments associated with coverage periods starting on or after your anniversary.

If you decide to pay the increased premium and keep your benefits unchanged (option A), you do not need to return the enclosed coverage change request form but please read the considerations below.

If you wish to elect any of the other options (B through D), please complete the coverage change request form and return it to us. **For Option D, we must receive your request prior to [Latest Election Date], the Latest Election Date shown on the Premium Increase Contingent Benefit Upon Lapse Rider Schedule page.**

Special payment considerations

If you pay your premiums with an EFT from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.

You may have scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary. If that is the case, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.

If you decide to keep your coverage as is, no action is necessary and your EFT draft will increase as described in this notification.

If you do not make a decision by your upcoming anniversary or the scheduled EFT date, and you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.

Or, if you choose the Reduced Paid Up Option, no further premium payments will be due after your anniversary date and the EFT draft will be discontinued at that time.

If you use automatic online (or third-party) accounts to make premium payments, please update them for your new payment amount**.** Otherwise your policy could lapse if we don't receive the full premium amount.

Waiver of Premium: If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage.

We're here to help

Before you make any changes, we strongly encourage you to speak with your licensed agent, or to contact one of our customer service representatives at 800.789.6896 weekdays from 7:00 a.m. to 5:00 p.m CST. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for assistance in completing the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

Policy Administration Department

NOTE: This letter is not a bill. Please retain a copy of this letter with your policy for future reference.

Enclosed: Coverage change request form
Premium Increase Contingent Benefit Upon Lapse Rider
Premium Increase Contingent Benefit Upon Lapse Rider Schedule

cc: [Agent First Name] [Agent Middle Name] [Agent Last Name]

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Allianz Life Insurance Company of North America

Home Office:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Actuarial Memorandum for 100% Premium Rate Increase
on Individual Long-Term Care Insurance Policy Forms:
10-P-Q-VA
Benefit Increase Riders:
10-R1, 10-R2, 10-R3, 10-R4, 10-R5
Other Riders:
10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2

I. Purpose of Filing

The purpose of this rate filing is to support and request a 100% rate increase to be implemented in 4 separate stages on the long-term care insurance policy forms and riders listed above. This filing may not be appropriate for other purposes.

The projections included in this filing are produced applying "moderately adverse" actuarial assumptions. These moderately adverse assumptions modify "best estimate" assumptions and include lowering the assumed ultimate (durations seven and above) voluntary lapse rate from 0.75% to 0.50%, lowering the assumed mortality from 80% of 1994 GAM to 70% of 1994 GAM and increasing the assumed claim costs by 5% for all attained ages. The "58/85" calculation of 50 IAC 2012.112 c) 2) applied to the historical experience and "moderately adverse" projected results of this filing produces a justified premium rate increase of 158%.

Our company intends to balance the need of the policyholder while complying with Virginia's Premium Rate Schedule Increases regulation (14VAC5-200-153). Therefore, while a 158% rate increase is justified, we feel that a 100% rate increase would be sufficient under moderately adverse conditions. This rate increase will be implemented across 4 separate stages to reduce policyholder impact. Our company is also offering a free Premium Increase Contingent Benefit Upon Lapse Rider (SERFF Tracking Number ALLB-128978105) that is eligible to all policyholders affected by this rate increase.

The Company is requesting to implement this increase under the following schedule:
(please note that the initial implementation date may change)

Anticipated Implementation Date	Increase Amount	Cumulative Increase
7/1/2015	25.0%	25.0%
7/1/2017	20.0%	50.0%
7/1/2020	16.7%	75.0%
7/1/2023	14.3%	100.0%

The Company no longer issues long-term care insurance policies.

II. Policyholder Options to mitigate impact of Premium Rate Increase

Assuming that the proposed rate increase becomes effective, policyholders will have the following options for each of the scheduled rate increases:

Policyholder Options to Reduce Benefits
Policyholders have the option to modify their policy benefits to mitigate the impact of the proposed rate increase. As examples, the options include, but are not limited to the following:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit, or
3. Increase their elimination period

Non-forfeiture Offers
In addition, the Company will give the policyholder the option to accept a non-forfeiture benefit if they meet the trigger for a substantial premium increase. Acceptance of the non-forfeiture benefit will provide the policyholder with a paid-up policy, with no future premiums required. Under this paid-up policy, the maximum benefit amount is equal to the greater of the sum of premiums paid or 30 times their daily benefit, and the daily benefit amount is equal to the policyholder's current daily benefit amount. Upon acceptance of this offer, the policyholder's current coverage is terminated. This offer would be made to all policyholders.

III. Scope of Filing

This filing applies to active policies issued in this state for the policy forms listed above. These policy forms are no longer being marketed. Nationwide, policies were issued from November, 2003 through September, 2009. **Exhibit 1** provides a distribution by state of the number of active lives and annualized premium in force as of 12/31/2013 under these policy forms.

IV. Premium Rate Increase Justification

A rate increase is necessary at this time because Company experience on its Long Term Care Insurance business indicates that the premium rates for these policy forms are inadequate. The premium rate increases helps to remediate the inadequacy of the current premiums and help to reduce any further losses.

Although the rate increase in this filing is not calculated to achieve a targeted loss ratio or return the company to profitability, this filing demonstrates that, even after implementation of the requested rate increase, both the projected future loss ratio and the lifetime anticipated loss ratio for these forms are higher than the required minimum loss ratio and therefore benefits are reasonable in relation to premiums. The required minimum loss ratio for these policy forms is as follows:

Type of Coverage:	Long Term Care Insurance
Renewal Clause:	Guaranteed Renewable
Required Minimum Loss Ratio:	60%

The projections included in the filing are produced by applying "moderately adverse" assumptions as outlined in section I. The "58/85" calculation of Section 14VAC5-200-153 Premium Rate Schedule Increases applied to the historical experience and projected results of this filing produces a justified premium rate increase of 158% based on the following calculation:

Following the format of Section (C)(2) of *14VAC5-200-153*, the "58/85" calculation is as follows (all dollar values in millions):

a) The accumulated value of the initial earned premium is $734.8. 58% of this value is $426.2.
b) The accumulated value of prior premium rate schedule increases is $0.0 . (no prior rate increases) 58% of this value is $0.0.
c) The present value of future projected initial earned premiums is $744.2. 58% of this value is $431.6.
d) The present value of future projected premiums not in c) above is calculated as follows:
    a. A rate increase of 158% produces additional premium (present value) of $1,175.8. This is calculated as 1.58 * ($744.2) = $1,175.8.
    b. 85% of this value is $999.4.
e) The accumulated value of past incurred claims is $85.1 (from Exhibit 2). The present value of future projected incurred claims is $1,777.5 (from Exhibit 4). (Both of these values exclude active life reserves.) The sum of these two values is $1,862.6.
f) The sum of a, b, c and d is $426.2 + $0.0 + $431.6 + $999.4 = $1,857.2. This is less than the value of e) or $1,862.6. Thus, a 158% rate increase is justified according to this "58/85" calculation.

V. Actuarial Assumptions

A. Interest: A 4.5% annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to present values.

B.(1). "Best Estimate" Policy Termination Rates: The projected future experience uses 80% of the gender-distinct 1994 GAM table for mortality, along with an ultimate lapse rate of 0.75%. Voluntary lapses by duration are as follows:

Duration	Lapse Rate
1	7.00 %
2	3.40 %
3	2.20 %
4	1.50 %
5	1.00 %
6	0.90 %
7	0.75 % (for all durations 7 and above)

B.(2). “Moderately Adverse” Policy Termination Rates: The projected future experience uses 70% of the gender-distinct 1994 GAM table for mortality, along with an ultimate lapse rate of 0.50%. Voluntary lapses by duration are as follows:

Duration	Lapse Rate
1	7.00 %
2	3.40 %
3	2.20 %
4	1.50 %
5	1.00 %
6	0.90 %
7	0.50 % (for all durations 7 and above)

C.(1). “Best Estimate” Morbidity Rates: Attained age claim costs used in projecting future experience and the cost of the Waiver of Premium benefit for this form have been developed utilizing Company-specific policy experience enhanced with other industry data as needed. Claim costs vary by joint policy status (joint vs. single), gender and level of home health care (70%, 100% or 130%) with adjustments for elimination periods and riders.

C.(2). “Moderately Adverse” Morbidity Rates: Identical to “Best Estimate” morbidity rates with a 5% increase for adverse deviation.

D. Claim Reserves: The incurred claims shown in the nationwide historical experience include pending claim reserves and IBNR.

E. Rate Increase History: There are no prior rate increases on this policy form.

F. Effective Date:

- Policyholders will receive notice of the approved rate increase at least 60 days prior to the effective date of their increase.

- The approved rate increase will be effective on the policyholder’s anniversary.

- All policyholders have a five year premium rate guarantee and the rate increase will not be implemented prior to the policyholder’s fifth policy anniversary. This no longer applies as all policies are beyond this initial rate guarantee.

- The Company anticipates that the implementation of the rate increase will begin in 2015. For actuarial modeling, we have assumed that the rate increase becomes effective on the policyholder’s first anniversary on or after July 1, 2015.

In terms of the impact on calendar year earned premium, the rate increase is 12% effective in 2015, 85% in 2016 and 100% effective in 2017. The three remaining rate increases will impact calendar year earned premium in a similar fashion during the three years following implementation.

G. Premium Profile: please see **Exhibit 1** for lives and premium for policies issued in this state.

VI. Historical and Projected Future Experience

Exhibit 2 presents the nationwide experience since inception by "incurred year," or "loss year," for these policy forms and riders as of 12/31/2013.

Future experience has been projected for 2014 every year thereafter, as presented in **Exhibit 3** and **Exhibit 4**. Exhibit 3 includes the impact on future earned premium of the proposed premium rate increase (claims are also impacted by the rate increase, as waiver of premium and survivorship costs increase). All projected experience beyond 2060 is included in 2060+. In these exhibits, please note that the paid claims have been discounted with interest from the claim payment date back to the incurred date of the claim.

The annualized premium in force nationwide as of 12/31/2013 is $64,595,297.

The present values of earned premium and incurred claims, discounted at 4.5% after application of the proposed rate increase, are summarized below. The lifetime anticipated loss ratio is defined as the present value of the historical and projected future claims divided by the present value of the historical and projected future earned premiums.

12/31/2013 Present Values after Nationwide Proposed Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$ 734,806,600	$ 85,135,342	11.6%
Projected Future	$ 1,195,114,415	$1,811,196,231	151.6%
Lifetime Anticipated	$1,929,921,014	$1,896,331,573	98.3%

Exhibits 5-7 correspond to **Exhibits 2-4** but for Virginia only experience.

VII. Data Reliance

Ouling Lu, ASA, MAAA relied upon data as provided by LifeCare Assurance Company and our consultant John Timmerberg in performing this analysis. This data has been reviewed for reasonableness and consistency.

VIII. Actuarial Certification

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with the provisions of 14VAC5-200-153 and that it complies with applicable Actuarial Standards of Practice.

I certify that if the requested premium rate schedule increase of 100% is implemented as outlined in Section I and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated.

I have considered policy design, underwriting and claims adjudication practices.

Ouling Lu, ASA, MAAA
Assistant Actuary

5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Phone: (763) 765-7735
Email: Ouling.Lu@AllianzLife.com

December 19, 2014

Exhibit 1

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 12/31/2013

Issue State	Lives	Premium
AK	70	$158,975
AL	543	$921,310
AR	320	$545,969
AZ	813	$1,499,680
CA	0	$0
CO	1,116	$2,026,128
CT	235	$659,285
DC	52	$103,817
DE	108	$177,097
FL	1,366	$2,848,797
GA	1,394	$2,601,293
HI	425	$891,600
IA	903	$1,547,777
ID	194	$364,767
IL	1,473	$2,630,247
IN	325	$618,274
KS	675	$1,101,302
KY	393	$665,056
LA	363	$569,540
MA	976	$2,425,396
MD	765	$1,546,008
ME	327	$660,619
MI	703	$1,306,493
MN	1,586	$2,681,480
MO	930	$1,583,370
MS	155	$252,894
MT	150	$282,121
NC	1,830	$3,307,447
ND	108	$179,981
NE	551	$1,036,081
NH	172	$326,951
NJ	785	$2,035,808
NM	263	$477,074
NV	124	$228,988
OH	1,043	$1,812,572
OK	379	$633,287
OR	595	$1,093,474
PA	1,720	$3,392,733
RI	91	$183,956
SC	480	$854,288
SD	258	$451,092
TN	750	$1,269,780
TX	3,654	$6,309,241
UT	182	$306,285
VA	1,886	$3,640,910
VT	152	$300,716
WA	2,489	$4,709,318
WI	572	$1,058,702
WV	84	$145,283
WY	79	$172,037
Total	34,607	$64,595,297

Exhibit 2

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 12/31/2013

Historical Experience by Loss Year

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,998	$426,814	2.5%
2005	$39,752,811	$1,161,884	2.9%
2006	$62,159,481	$4,125,668	6.6%
2007	$71,296,618	$4,060,210	5.7%
2008	$71,825,589	$6,692,562	9.3%
2009	$70,264,417	$6,893,223	9.8%
2010	$68,533,577	$8,155,474	11.9%
2011	$67,072,605	$9,304,766	13.9%
2012	$66,017,854	$14,946,346	22.6%
2013	$64,805,696	$18,446,432	28.5%
Total	$599,382,570	$74,213,379	12.4%

Historical Experience by Duration

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	$79,258,884	$1,522,738	1.9%
2	$75,607,324	$2,829,883	3.7%
3	$73,254,354	$4,960,578	6.8%
4	$71,153,838	$6,576,028	9.2%
5	$69,311,866	$8,480,516	12.2%
6	$67,453,848	$8,420,660	12.5%
7	$63,931,056	$11,851,754	18.5%
8	$53,232,008	$12,141,328	22.8%
9	$32,477,242	$12,033,295	37.1%
10	$13,021,297	$4,962,073	38.1%
11	$680,852	$434,526	63.8%
Total	$599,382,570	$74,213,379	12.4%

Present Values at 4.5%

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$734,806,600	$85,135,342	11.6%

Exhibit 3

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 12/31/2013

Historical and Projected Future Experience - After 100% Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,998	$426,814	2.5%
2005	$39,752,811	$1,161,884	2.9%
2006	$62,159,481	$4,125,668	6.6%
2007	$71,296,618	$4,060,210	5.7%
2008	$71,825,589	$6,692,562	9.3%
2009	$70,264,417	$6,893,223	9.8%
2010	$68,533,577	$8,155,474	11.9%
2011	$67,072,605	$9,304,766	13.9%
2012	$66,017,854	$14,946,346	22.6%
2013	$64,805,696	$18,446,432	28.5%
2014	$63,918,816	$14,041,796	22.0%
2015	$64,257,354	$16,605,698	25.8%
2016	$73,824,448	$19,686,145	26.7%
2017	$75,907,184	$22,886,603	30.2%
2018	$84,483,118	$26,577,954	31.5%
2019	$84,166,079	$30,576,105	36.3%
2020	$83,184,071	$35,067,594	42.2%
2021	$90,157,724	$40,310,669	44.7%
2022	$88,974,437	$45,925,943	51.6%
2023	$87,140,867	$52,190,578	59.9%
2024	$92,361,499	$59,304,682	64.2%
2025	$90,237,825	$66,870,862	74.1%
2026	$86,277,158	$75,053,308	87.0%
2027	$82,222,056	$83,806,510	101.9%
2028	$78,124,760	$93,063,640	119.1%
2029	$73,998,387	$102,864,285	139.0%
2030	$69,862,139	$113,187,041	162.0%
2031	$65,736,683	$123,763,482	188.3%
2032	$61,605,217	$134,093,016	217.7%
2033	$57,505,565	$144,271,451	250.9%
2034	$53,471,453	$154,132,299	288.3%
2035	$49,511,208	$163,522,981	330.3%
2036	$45,629,819	$172,023,003	377.0%
2037	$41,855,998	$179,570,276	429.0%
2038	$38,220,317	$185,968,354	486.6%
2039	$34,716,921	$191,182,526	550.7%
2040	$31,379,099	$195,023,624	621.5%
2041	$28,214,251	$197,280,664	699.2%
2042	$25,230,763	$197,925,469	784.5%
2043	$22,437,032	$197,030,739	878.1%
2044	$19,841,264	$194,643,748	981.0%
2045	$17,448,533	$190,639,847	1092.6%
2046	$15,253,718	$185,147,207	1213.8%
2047	$13,260,954	$178,344,365	1344.9%
2048	$11,462,458	$170,257,069	1485.3%
2049	$9,852,256	$160,911,758	1633.2%
2050	$8,422,045	$150,751,371	1790.0%
2051	$7,158,990	$140,015,477	1955.8%
2052	$6,051,410	$129,099,414	2133.4%
2053	$5,088,180	$118,006,105	2319.2%
2054	$4,256,267	$107,071,657	2515.6%
2055	$3,542,714	$96,456,744	2722.7%
2056	$2,934,358	$86,293,790	2940.8%
2057	$2,418,915	$76,672,873	3169.7%
2058	$1,984,779	$67,670,297	3409.5%
2059	$1,621,225	$59,378,287	3662.6%
2060+	$6,487,224	$335,421,139	5170.5%
Total	$2,661,080,103	$5,654,801,825	212.5%

Present Value at 4.5%
With Rate Increase

	Earned Premium	Incurred Claims	Loss Ratio
Historical	734,806,600	85,135,342	11.6%
Projected Future	$1,195,114,415	$1,811,196,231	151.6%
Lifetime Anticipated	$1,929,921,014	$1,896,331,573	98.3%

Exhibit 4

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 12/31/2013

Historical and Projected Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,998	$426,814	2.5%
2005	$39,752,811	$1,161,884	2.9%
2006	$62,159,481	$4,125,668	6.6%
2007	$71,296,618	$4,060,210	5.7%
2008	$71,825,589	$6,692,562	9.3%
2009	$70,264,417	$6,893,223	9.8%
2010	$68,533,577	$8,155,474	11.9%
2011	$67,072,605	$9,304,766	13.9%
2012	$66,017,854	$14,946,346	22.6%
2013	$64,805,696	$18,446,432	28.5%
2014	$63,918,816	$13,826,140	21.6%
2015	$62,434,996	$16,214,547	26.0%
2016	$60,884,076	$18,963,585	31.1%
2017	$59,344,957	$21,986,843	37.0%
2018	$57,766,279	$25,400,169	44.0%
2019	$56,114,759	$29,279,251	52.2%
2020	$54,396,118	$33,633,317	61.8%
2021	$52,636,835	$38,543,009	73.2%
2022	$50,831,221	$44,024,277	86.6%
2023	$48,964,583	$50,136,285	102.4%
2024	$47,049,699	$56,867,199	120.9%
2025	$45,102,934	$64,302,946	142.6%
2026	$43,120,867	$72,406,581	167.9%
2027	$41,094,149	$81,092,614	197.3%
2028	$39,046,342	$90,296,123	231.3%
2029	$36,984,002	$100,055,979	270.5%
2030	$34,916,727	$110,350,832	316.0%
2031	$32,854,846	$120,914,634	368.0%
2032	$30,789,961	$131,254,246	426.3%
2033	$28,740,977	$141,459,558	492.2%
2034	$26,724,749	$151,364,251	566.4%
2035	$24,745,440	$160,814,872	649.9%
2036	$22,805,542	$169,393,393	742.8%
2037	$20,919,407	$177,034,638	846.3%
2038	$19,102,312	$183,540,321	960.8%
2039	$17,351,333	$188,873,612	1088.5%
2040	$15,683,108	$192,843,922	1229.6%
2041	$14,101,333	$195,238,977	1384.5%
2042	$12,610,202	$196,027,503	1554.5%
2043	$11,213,910	$195,279,477	1741.4%
2044	$9,916,559	$193,039,453	1946.6%
2045	$8,720,684	$189,181,913	2169.3%
2046	$7,623,728	$183,832,346	2411.3%
2047	$6,627,755	$177,167,399	2673.1%
2048	$5,728,876	$169,212,069	2953.7%
2049	$4,924,105	$159,992,298	3249.2%
2050	$4,209,293	$149,948,695	3562.3%
2051	$3,578,025	$139,320,278	3893.8%
2052	$3,024,462	$128,501,342	4248.7%
2053	$2,543,045	$117,495,661	4620.3%
2054	$2,127,260	$106,638,932	5013.0%
2055	$1,770,630	$96,092,243	5427.0%
2056	$1,466,577	$85,988,650	5863.2%
2057	$1,208,961	$76,419,045	6321.1%
2058	$991,982	$67,460,478	6800.6%
2059	$810,280	$59,205,852	7306.8%
2060+	$3,242,280	$334,725,754	10323.8%
Total	$1,800,147,552	5,579,854,888	310.0%

Present Values at 4.5%
Without Rate Increase

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$734,806,600	$85,135,342	11.6%
Projected Future	$744,163,228	$1,777,513,532	238.9%
Lifetime Anticipated	$1,478,969,828	$1,862,648,874	125.9%

Exhibit 5

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 10-P-Q-VA
As of 12/31/2013

Historical Experience by Loss Year

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$1,992	$0	0.0%
2004	$613,928	$0	0.0%
2005	$1,805,953	$0	0.0%
2006	$3,418,250	$699	0.0%
2007	$4,132,246	$145,215	3.5%
2008	$4,004,907	$82,092	2.0%
2009	$3,903,159	$6,276	0.2%
2010	$3,817,934	$49,608	1.3%
2011	$3,755,425	$1,102,916	29.4%
2012	$3,705,895	$541,032	14.6%
2013	$3,650,656	$244,304	6.7%
Total	$32,810,345	$2,172,141	6.6%

Historical Experience by Duration

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	$4,346,106	$0	0.0%
2	$4,181,358	$699	0.0%
3	$4,045,127	$224,283	5.5%
4	$3,932,806	$0	0.0%
5	$3,849,432	$302,700	7.9%
6	$3,790,419	$69,761	1.8%
7	$3,727,656	$805,965	21.6%
8	$2,980,452	$62,905	2.1%
9	$1,480,623	$576,117	38.9%
10	$475,393	$129,711	27.3%
11	$974	$0	0.0%
Total	$32,810,345	$2,172,141	6.6%

Present Values at 4.5%

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$40,014,420	$2,423,300	6.1%

Exhibit 6

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 10-P-Q-VA
As of 12/31/2013

Projected Future Experience - After 100% Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$1,992	$0	0.0%
2004	$613,928	$0	0.0%
2005	$1,805,953	$0	0.0%
2006	$3,418,250	$699	0.0%
2007	$4,132,246	$145,215	3.5%
2008	$4,004,907	$82,092	2.0%
2009	$3,903,159	$6,276	0.2%
2010	$3,817,934	$49,608	1.3%
2011	$3,755,425	$1,102,916	29.4%
2012	$3,705,895	$541,032	14.6%
2013	$3,650,656	$244,304	6.7%
2014	$3,613,400	$508,717	14.1%
2015	$3,663,598	$617,349	16.9%
2016	$4,207,229	$753,118	17.9%
2017	$4,349,545	$888,393	20.4%
2018	$4,866,535	$1,031,576	21.2%
2019	$4,892,886	$1,196,648	24.5%
2020	$4,889,467	$1,387,960	28.4%
2021	$5,339,506	$1,614,506	30.2%
2022	$5,326,104	$1,869,040	35.1%
2023	$5,282,854	$2,150,002	40.7%
2024	$5,655,510	$2,473,566	43.7%
2025	$5,596,470	$2,828,308	50.5%
2026	$5,421,652	$3,236,915	59.7%
2027	$5,240,743	$3,693,284	70.5%
2028	$5,054,496	$4,200,600	83.1%
2029	$4,863,208	$4,770,506	98.1%
2030	$4,665,277	$5,424,786	116.3%
2031	$4,462,373	$6,118,714	137.1%
2032	$4,253,358	$6,856,854	161.2%
2033	$4,042,506	$7,605,943	188.1%
2034	$3,834,035	$8,423,805	219.7%
2035	$3,623,232	$9,259,611	255.6%
2036	$3,409,156	$10,099,188	296.2%
2037	$3,198,236	$10,902,953	340.9%
2038	$2,989,574	$11,694,099	391.2%
2039	$2,783,187	$12,454,634	447.5%
2040	$2,580,086	$13,171,367	510.5%
2041	$2,381,295	$13,784,921	578.9%
2042	$2,187,817	$14,314,364	654.3%
2043	$2,000,610	$14,772,356	738.4%
2044	$1,820,564	$15,148,395	832.1%
2045	$1,648,486	$15,392,647	933.7%
2046	$1,485,090	$15,498,619	1043.6%
2047	$1,330,960	$15,505,207	1165.0%
2048	$1,186,551	$15,373,819	1295.7%
2049	$1,052,178	$15,117,288	1436.8%
2050	$928,004	$14,718,645	1586.1%
2051	$814,045	$14,225,739	1747.5%
2052	$710,180	$13,623,669	1918.3%
2053	$616,170	$12,954,758	2102.5%
2054	$531,664	$12,204,407	2295.5%
2055	$456,213	$11,428,896	2505.2%
2056	$389,294	$10,642,075	2733.7%
2057	$330,337	$9,825,780	2974.5%
2058	$278,743	$8,986,748	3224.0%
2059	$233,898	$8,166,524	3491.5%
2060+	$1,044,609	$54,316,632	5199.7%
Total	$172,341,273	$443,406,072	257.3%

Present Value at 4.5%
With Rate Increase

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$40,014,420	$2,423,300	6.1%
Projected Future	$75,987,505	$118,797,067	156.3%
Lifetime Anticipated	$116,001,925	$121,220,367	104.5%

Exhibit 7

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 10-P-Q-VA
As of 12/31/2013

Historical and Projected Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$1,992	$0	0.0%
2004	$613,928	$0	0.0%
2005	$1,805,953	$0	0.0%
2006	$3,418,250	$699	0.0%
2007	$4,132,246	$145,215	3.5%
2008	$4,004,907	$82,092	2.0%
2009	$3,903,159	$6,276	0.2%
2010	$3,817,934	$49,608	1.3%
2011	$3,755,425	$1,102,916	29.4%
2012	$3,705,895	$541,032	14.6%
2013	$3,650,656	$244,304	6.7%
2014	$3,613,400	$491,515	13.6%
2015	$3,551,320	$585,923	16.5%
2016	$3,472,786	$697,864	20.1%
2017	$3,394,357	$818,703	24.1%
2018	$3,329,720	$948,922	28.5%
2019	$3,262,313	$1,105,570	33.9%
2020	$3,192,076	$1,287,628	40.3%
2021	$3,118,961	$1,498,299	48.0%
2022	$3,042,937	$1,743,550	57.3%
2023	$2,963,991	$2,014,892	68.0%
2024	$2,882,123	$2,320,788	80.5%
2025	$2,797,349	$2,667,073	95.3%
2026	$2,709,713	$3,068,987	113.3%
2027	$2,619,296	$3,519,148	134.4%
2028	$2,526,210	$4,020,777	159.2%
2029	$2,430,606	$4,585,339	188.7%
2030	$2,331,681	$5,234,513	224.5%
2031	$2,230,271	$5,924,465	265.6%
2032	$2,125,806	$6,659,903	313.3%
2033	$2,020,423	$7,407,672	366.6%
2034	$1,916,231	$8,224,878	429.2%
2035	$1,810,872	$9,061,369	500.4%
2036	$1,703,878	$9,902,924	581.2%
2037	$1,598,461	$10,710,119	670.0%
2038	$1,494,173	$11,505,844	770.0%
2039	$1,391,022	$12,272,116	882.2%
2040	$1,289,513	$12,995,614	1007.8%
2041	$1,190,159	$13,617,096	1144.1%
2042	$1,093,459	$14,155,179	1294.5%
2043	$999,894	$14,622,259	1462.4%
2044	$909,908	$15,007,734	1649.4%
2045	$823,905	$15,261,796	1852.4%
2046	$742,240	$15,377,836	2071.8%
2047	$665,207	$15,394,329	2314.2%
2048	$593,032	$15,272,847	2575.4%
2049	$525,873	$15,025,962	2857.3%
2050	$463,811	$14,636,729	3155.8%
2051	$406,855	$14,152,751	3478.6%
2052	$354,944	$13,559,159	3820.1%
2053	$307,959	$12,898,068	4188.2%
2054	$265,723	$12,154,985	4574.3%
2055	$228,013	$11,386,035	4993.6%
2056	$194,567	$10,605,114	5450.6%
2057	$165,101	$9,794,163	5932.2%
2058	$139,314	$8,959,949	6431.5%
2059	$116,901	$8,143,974	6966.6%
2060+	$522,090	$54,220,154	10385.2%
Total	$112,338,788	437,692,658	389.6%

Present Values at 4.5%
Without Rate Increase

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$40,014,420	$2,423,300	6.1%
Projected Future	$46,403,606	$116,365,948	250.8%
Lifetime Anticipated	$86,418,025	$118,789,248	137.5%

Allianz Life Insurance Company
of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297
800.950.7372

Allianz

CERTIFICATE OF READABILITY

Contract Form	Flesch Score	Sentences	Words	Syllables	Point Type	Point Leaded
S2233-VA GP3	54	33	365	612	12	12/14

I hereby certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

It is hereby certified that the policy forms listed meet the minimum reading ease requirements in your state. The scores reported are based upon the generic versions of each form and do not take into account the specific variations required by your state. The Seven Formulas program by Micro Power & Light Co. provided the Flesch Reading Ease scores reported above.

The Flesch score was calculated using the text of the entire form, including text absent end punctuation. ("Text" is as defined by state regulations).

Each form is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.

Date: December 19, 2014

Todd Petit, Assistant Vice President Actuary

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

VIRGINIA CERTIFICATION OF COMPLIANCE

The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Date: 12/19/2014

Todd Petit, Assistance Vice President Actuary

Allianz Life Insurance Company of North America
Statement of Variability
12/19/2014
Form S2233-VA GP3

Variable material is denoted by the use of brackets.

Form S2233-VA GP3

Page #	Variable	Minimum	Maximum	Current	Effective	Comments
ALL	Font	N/A	N/A	Times New Roman	N/A	Font displayed on final forms may vary due to printer configurations. Font sizing and layout will not change. If we opt to use a different font that is not a state-recognized font, we will prepare and submit any required filings at the time of the change.
1	Policy Number	N/A	N/A	Times New Roman	N/A	Policy specific
1	Policyowner Name (printed)	N/A	N/A	N/A	N/A	Policy specific
1	Joint owner name (printed)	N/A	N/A	N/A	N/A	Policy specific

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
800.789.6896

Coverage Change Request Form

Policy Number [Policy Number]_____

Please use this form to request a change in your long term care insurance coverage. Prior to making any changes, we strongly encourage you to speak with your licensed agent or contact one of our customer service representatives at 800.789.6896. Your agent or customer service representative can provide you with details about the options below and help you determine the impact that any changes to your long term care insurance coverage will have on your benefits and your premium.

Please indicate your choice(s) by checking the options below.

☐ Reduce my Daily (or monthly) Benefit from $_____ to $_____
☐ Reduce my Benefit Period from _____ to _____
☐ Increase my Elimination Period from _____ days to _____ days
☐ Remove the following optional rider(s) from my policy

_____

_____

☐ I wish to exercise an available option under a Non-Forfeiture or Return of Premium Rider benefit on my policy. In doing so, my maximum lifetime benefit amount will be replaced with the amount specified in my Rider.

☐ I wish to exercise the Premium Increase Contingent Benefit Upon Lapse Rider and request a Reduced Paid Up Benefit. **Please note:** As this paid up option starts on the Effective Date of the Premium Increase, you must continue coverage to that date by paying the required premiums. No additional premium will be due after that date

I understand the policy change(s) I selected above. I agree that once processed, the policy benefit changes may not be reversed. I also understand that if the last box is selected, this form must be received by Allianz on or before the Latest Election Date shown on the Premium Increase Contingent Benefit Upon Lapse Rider Schedule page.

[Owner First Name] [Owner Middle Name] [Owner Last Name]
Policyowner name (printed)

[Co-Owner First Name] [Co-Owner Middle Name] [Co-Owner Last Name]
Joint owner name (printed – if applicable)

Signature of policyowner

Date Signed

Signature of joint owner (if applicable)

Date Signed

Please complete and return this form to:
Allianz Life Insurance Company of North America
ATTN: Policy Administration
PO Box 59060
Minneapolis, MN 55459-0060

[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]
Important notice of increase in your long term care insurance premium with time-sensitive options

Dear policyholder,

At Allianz Life Insurance Company of North America, our highest priority is fulfilling our commitments to our policyholders.

One of the factors that helps us keep our commitments is the premium we collect from policyholders like you. When we issued your policy, we based your premium rates on the information and projections available to us at that time. But based on our actual experience, it's clear we will need to pay substantially more claims than anticipated. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer policy duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claim costs.

In an effort to balance our policyholders' needs with the long-term viability of our policies, we must increase the premium rates on long term care insurance policies, including yours. The possibility of a premium increase is disclosed on the first page of your policy.

Please be assured that our decision to increase premiums is based solely on the total future increased claims we now anticipate. We are not giving anyone preferential treatment, nor do the premium increases in any way reflect an individual policyholder's advance in age or deteriorated health status.

We also want you to know that we took this decision very seriously and weighed several options before filing a [overall increase] premium increase. The Virginia Bureau of Insurance reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, it was approved. While the approved premium increase amount is less than the justifiable rate increase amount of [justifiable increase] prescribed by the regulations in the state of Virginia, no future premium increases are anticipated beyond those noted in the table below. However, due to the guaranteed renewable nature of your policy, premium rates may increase again in the future if experience deviates significantly from expectations.

Your premium increase

To ease the impact of this rate increase to you, we'll implement the [overall increase] premium increase in stages according to the schedule outlined below. The scheduled increases will be effective with your first bill or bank draft for premium due on or after each policy anniversary noted in the table below.

Based on your current benefits, the initial premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing] [Bill Mode]. Below is the full schedule of increases:

Effective date of rate increase	% of rate increase	Billed premium after rate increase
[anniversary1]	[rate increase 1]%	[**adj'd billing**] [**Bill Mode**]
[anniversary2]	[rate increase 2]%	[**adj'd billing2**] [**Bill Mode**]
[anniversary3]	[rate increase 3]%	[**adj'd billing3**] [**Bill Mode**]
[anniversary4]	[rate increase 4]%	[**adj'd billing4**] [**Bill Mode**]

We will send you a notification letter similar to this one for each scheduled increase. The notification letter will present the same set of policy options in advance of each scheduled premium increase. Any recent or future changes to your policy may not be reflected in the premium noted above. If no policy changes are requested, the overall impact to your premium will be [overall increase] after the last increase becomes effective.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we are offering the flexibility to choose among the following options:

A. **Maintain your current benefit amounts** by paying the increased premium.
B. **Lessen the impact of the rate increase on your premiums** by reducing benefit amounts and/or benefit periods. A reduction may fully or partially offset the premium increase. **Please note:** benefit amounts must not be less than any minimum policy requirements.
C. **Elect options available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy** and have your contract converted to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.
D. **Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the attached rider for details. There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue coverage to that policy anniversary date. This can only happen if all premiums associated with this period are paid. **Please note**: If you wish to exercise this rider option you must do so on or before the Latest Election Date shown on the attached rider schedule. We'll refund any payments associated with coverage periods starting on or after your anniversary.

If you decide to pay the increased premium and keep your benefits unchanged (option A), you do not need to return the enclosed coverage change request form but please read the considerations below.

If you wish to elect any of the other options (B through D), please complete the coverage change request form and return it to us. **For Option D, we must receive your request prior to [Latest Election Date], the Latest Election Date shown on the Premium Increase Contingent Benefit Upon Lapse Rider Schedule page.**

Special payment considerations

If you pay your premiums with an EFT from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.

You may have scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary. If that is the case, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.

If you decide to keep your coverage as is, no action is necessary and your EFT draft will increase as described in this notification.

If you do not make a decision by your upcoming anniversary or the scheduled EFT date, and you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.

Or, if you choose the Reduced Paid Up Option, no further premium payments will be due after your anniversary date and the EFT draft will be discontinued at that time.

If you use automatic online (or third-party) accounts to make premium payments, please update them for your new payment amount**.** Otherwise your policy could lapse if we don't receive the full premium amount.

Waiver of Premium: If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage.

We're here to help

Before you make any changes, we strongly encourage you to speak with your licensed agent, or to contact one of our customer service representatives at 800.789.6896 weekdays from 7:00 a.m. to 5:00 p.m CST. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for assistance in completing the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

Policy Administration Department

NOTE: This letter is not a bill. Please retain a copy of this letter with your policy for future reference.

Enclosed: Coverage change request form
Premium Increase Contingent Benefit Upon Lapse Rider
Premium Increase Contingent Benefit Upon Lapse Rider Schedule

cc: [Agent First Name] [Agent Middle Name] [Agent Last Name]

Guarantees are backed by the financial strength of Allianz Life Insurance Company of North America.

Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive, Minneapolis, MN 55416-1297. 800.789.6896

[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]
Important reminder of increase in your long term care insurance premium with time-sensitive options

Dear policyholder,

We contacted you about [# of years since approval] year[s] ago notifying you that the Virginia Bureau of Insurance reviewed and approved a total increase of [overall increase] to be implemented in [# of stages] stage[s]. The first increase of [rate increase 1]% became effective [# of years since rate increase 1] year[s] ago. We'd like to remind you that the second increase of [rate increase 2]% will be effective with your first bill or bank draft for premium due on or after your upcoming anniversary noted in the "Your premium increase" section below.

Please be assured that our decision to increase premiums is based solely on the total future increased claims we now anticipate. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer policy duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claim costs. We are not giving anyone preferential treatment, nor do the premium increases in any way reflect an individual policyholder's advance in age or deteriorated health status.

We also want to remind you that we took this decision very seriously and weighed several options before filing a [overall increase] premium increase. The Virginia Bureau of Insurance reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, it was approved. While the approved premium increase amount is less than the justifiable rate increase amount of [justifiable increase] prescribed by the regulations in the state of Virginia, no future premium increases are anticipated beyond those noted in the table below. However, due to the guaranteed renewable nature of your policy, premium rates may increase again in the future if experience deviates significantly from expectations.

Your premium increase

To ease the impact of this rate increase to you, we agreed to implement the [overall increase] premium increase in [# of stages] stage[s]. The remaining scheduled increases will be effective with your first bill or bank draft for premium due on or after each policy anniversary noted in the table below.

Based on your current benefits, the current premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing2] [Bill Mode]. Below is the full schedule of remaining increases:

Effective date of rate increase	% of rate increase	Billed premium after rate increase
[anniversary2]	[rate increase 2]%	[**adj'd billing2**] [**Bill Mode**]
[anniversary3]	[rate increase 3]%	[**adj'd billing3**] [**Bill Mode**]
[anniversary4]	[rate increase 4]%	[**adj'd billing4**] [**Bill Mode**]

We will send you a notification letter similar to this one for each scheduled increase. The notification letter will present the same set of policy options in advance of each scheduled premium increase. Any recent or future changes to your policy may not be reflected in the premium noted above. If no policy changes are requested, the overall impact to your premium will be [overall increase] after the last increase becomes effective.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we are offering the flexibility to choose among the following options:

A. **Maintain your current benefit amounts** by paying the increased premium.
B. **Lessen the impact of the rate increase on your premiums** by reducing benefit amounts and/or benefit periods. A reduction may fully or partially offset the premium increase. **Please note:** benefit amounts must not be less than any minimum policy requirements.
C. **Elect options available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy** and have your contract converted to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.
D. **Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the attached rider for details. There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue coverage to that policy anniversary date. This can only happen if all premiums associated with this period are paid. **Please note**: If you wish to exercise this rider option you must do so on or before the Latest Election Date shown on the attached rider schedule. We'll refund any payments associated with coverage periods starting on or after your anniversary.

If you decide to pay the increased premium and keep your benefits unchanged (option A), you do not need to return the enclosed coverage change request form but please read the considerations below.

If you wish to elect any of the other options (B through D), please complete the coverage change request form and return it to us. **For Option D, we must receive your request prior to [Latest Election Date], the Latest Election Date shown on the Premium Increase Contingent Benefit Upon Lapse Rider Schedule page.**

Special payment considerations

If you pay your premiums with an EFT from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.

You may have scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary. If that is the case, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.

If you decide to keep your coverage as is, no action is necessary and your EFT draft will increase as described in this notification.

If you do not make a decision by your upcoming anniversary or the scheduled EFT date, and you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.

Or, if you choose the Reduced Paid Up Option, no further premium payments will be due after your anniversary date and the EFT draft will be discontinued at that time.

If you use automatic online (or third-party) accounts to make premium payments, please update them for your new payment amount**.** Otherwise your policy could lapse if we don't receive the full premium amount.

Waiver of Premium: If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage.

We're here to help

Before you make any changes, we strongly encourage you to speak with your licensed agent, or to contact one of our customer service representatives at 800.789.6896 weekdays from 7:00 a.m. to 5:00 p.m CST. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for assistance in completing the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

Policy Administration Department

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Enclosed: Coverage change request form
Premium Increase Contingent Benefit Upon Lapse Rider
Premium Increase Contingent Benefit Upon Lapse Rider Schedule

cc: [Agent First Name] [Agent Middle Name] [Agent Last Name]

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[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]
Important reminder of increase in your long term care insurance premium with time-sensitive options

Dear policyholder,

We contacted you about [# of years since approval] year[s] ago notifying you that the Virginia Bureau of Insurance reviewed and approved a total increase of [overall increase] to be implemented in [# of stages] stage[s]. The second increase of [rate increase 2]% became effective [# of years since rate increase 2] year[s] ago. We'd like to remind you that the third increase of [rate increase 3]% will be effective with your first bill or bank draft for premium due on or after your upcoming anniversary noted in the "Your premium increase" section below.

Please be assured that our decision to increase premiums is based solely on the total future increased claims we now anticipate. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer policy duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claim costs. We are not giving anyone preferential treatment, nor do the premium increases in any way reflect an individual policyholder's advance in age or deteriorated health status.

We also want to remind you that we took this decision very seriously and weighed several options before filing a [overall increase] premium increase. The Virginia Bureau of Insurance reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, it was approved. While the approved premium increase amount is less than the justifiable rate increase amount of [justifiable increase] prescribed by the regulations in the state of Virginia, no future premium increases are anticipated beyond those noted in the table below. However, due to the guaranteed renewable nature of your policy, premium rates may increase again in the future if experience deviates significantly from expectations.

Your premium increase

To ease the impact of this rate increase to you, we agreed to implement the [overall increase] premium increase in [# of stages] stage[s]. The remaining scheduled increases will be effective with your first bill or bank draft for premium due on or after each policy anniversary noted in the table below.

Based on your current benefits, the current premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing3] [Bill Mode]. Below is the full schedule of remaining increases:

Effective date of rate increase	% of rate increase	Billed premium after rate increase
[anniversary3]	[rate increase 3]%	[**adj'd billing3**] [**Bill Mode**]
[anniversary4]	[rate increase 4]%	[**adj'd billing4**] [**Bill Mode**]

We will send you a notification letter similar to this one for each scheduled increase. The notification letter will present the same set of policy options in advance of each scheduled premium increase. Any recent or future changes to your policy may not be reflected in the premium noted above. If no policy changes are requested, the overall impact to your premium will be [overall increase] after the last increase becomes effective.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we are offering the flexibility to choose among the following options:

A. **Maintain your current benefit amounts** by paying the increased premium.
B. **Lessen the impact of the rate increase on your premiums** by reducing benefit amounts and/or benefit periods. A reduction may fully or partially offset the premium increase. **Please note:** benefit amounts must not be less than any minimum policy requirements.
C. **Elect options available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy** and have your contract converted to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.
D. **Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the attached rider for details. There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue coverage to that policy anniversary date. This can only happen if all premiums associated with this period are paid. **Please note**: If you wish to exercise this rider option you must do so on or before the Latest Election Date shown on the attached rider schedule. We'll refund any payments associated with coverage periods starting on or after your anniversary.

If you decide to pay the increased premium and keep your benefits unchanged (option A), you do not need to return the enclosed coverage change request form but please read the considerations below.

If you wish to elect any of the other options (B through D), please complete the coverage change request form and return it to us. **For Option D, we must receive your request prior to [Latest Election Date], the Latest Election Date shown on the Premium Increase Contingent Benefit Upon Lapse Rider Schedule page.**

Special payment considerations

If you pay your premiums with an EFT from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.

You may have scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary. If that is the case, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.

If you decide to keep your coverage as is, no action is necessary and your EFT draft will increase as described in this notification.

If you do not make a decision by your upcoming anniversary or the scheduled EFT date, and you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.

Or, if you choose the Reduced Paid Up Option, no further premium payments will be due after your anniversary date and the EFT draft will be discontinued at that time.

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Waiver of Premium: If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage.

We're here to help

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cc: [Agent First Name] [Agent Middle Name] [Agent Last Name]

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[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]
Important reminder of increase in your long term care insurance premium with time-sensitive options

Dear policyholder,

We contacted you about [# of years since approval] year[s] ago notifying you that the Virginia Bureau of Insurance reviewed and approved a total increase of [overall increase] to be implemented in [# of stages] stage[s]. The third increase of [rate increase 3]% became effective [# of years since rate increase 3] year[s] ago. We'd like to remind you that the fourth increase of [rate increase 4]% will be effective with your first bill or bank draft for premium due on or after your upcoming anniversary noted in the "Your premium increase" section below.

Please be assured that our decision to increase premiums is based solely on the total future increased claims we now anticipate. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer policy duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claim costs. We are not giving anyone preferential treatment, nor do the premium increases in any way reflect an individual policyholder's advance in age or deteriorated health status.

We also want to remind you that we took this decision very seriously and weighed several options before filing a [overall increase] premium increase. The Virginia Bureau of Insurance reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, it was approved. While the approved premium increase amount is less than the justifiable rate increase amount of [justifiable increase] prescribed by the regulations in the state of Virginia, no future premium increases are anticipated. However, due to the guaranteed renewable nature of your policy, premium rates may increase again in the future if experience deviates significantly from expectations.

Your premium increase

To ease the impact of this rate increase to you, we agreed to implement the [overall increase] premium increase in [# of stages] stage[s].

Based on your current benefits, the current premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing4] [Bill Mode]. The increase will be effective with your first bill or bank draft for premium due on or after your upcoming anniversary, [Next Policy Anniversary]. Any recent changes to your policy may not be reflected in the premium noted above.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we are offering the flexibility to choose among the following options:

A. **Maintain your current benefit amounts** by paying the increased premium.
B. **Lessen the impact of the rate increase on your premiums** by reducing benefit amounts and/or benefit periods. A reduction may fully or partially offset the premium increase. **Please note:** benefit amounts must not be less than any minimum policy requirements.
C. **Elect options available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy** and have your contract converted to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.
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If you decide to pay the increased premium and keep your benefits unchanged (option A), you do not need to return the enclosed coverage change request form but please read the considerations below.

If you wish to elect any of the other options (B through D), please complete the coverage change request form and return it to us. **For Option D, we must receive your request prior to [Latest Election Date], the Latest Election Date shown on the Premium Increase Contingent Benefit Upon Lapse Rider Schedule page.**

Special payment considerations

If you pay your premiums with an EFT from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.

You may have scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary. If that is the case, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.

If you decide to keep your coverage as is, no action is necessary and your EFT draft will increase as described in this notification.

If you do not make a decision by your upcoming anniversary or the scheduled EFT date, and you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.

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Sincerely,

Policy Administration Department

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Premium Increase Contingent Benefit Upon Lapse Rider Schedule

cc: [Agent First Name] [Agent Middle Name] [Agent Last Name]

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Reset Form

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

Company Name and NAIC Number: Allianz Life Insurance Company of North America - 90611

SERFF Tracking Number: ALLB-128730838

Effective Date: Upon Approval

(Projected) Number of Insureds Affected: 1,915

New Rates

Average Annual Premium Per Member: N/A

Revised Rates

Average Annual Premium Per Member: 1,939

Average Requested Percentage Rate Change Per Member: 100%

Minimum Requested Percentage Rate Change Per Member: 100%

Maximum Requested Percentage Rate Change Per Member: 100%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
10-P-Q-VA	Generation Protector
10-R1	Generation Protector
10-R2	Generation Protector
10-R3	Generation Protector
10-R4	Generation Protector
10-R5	Generation Protector
10-R6	Generation Protector
10-R7-VA	Generation Protector
10-R8-VA	Generation Protector
10-R9	Generation Protector
10-R10	Generation Protector
10-R11	Generation Protector
10-R12	Generation Protector
10-R13	Generation Protector
10-R14	Generation Protector
10-R15	Generation Protector
10-R16	Generation Protector
10-R17	Generation Protector
10-R18	Generation Protector
10-R19	Generation Protector
10-R20	Generation Protector
10-R21	Generation Protector
10-E-2	Generation Protector

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

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

When Allianz designed the LTC products years ago, we based your initial premium on actuarial assumptions, using the best information available to us at that time. We continually monitor LTC policies and work to balance the needs of our LTC policyholders with the sustainability of the business. LTC insurance rates are affected by many complex factors including interest rates, the number of people who continue coverage, how many of them collect benefits, and for how long.

Based on our actual experience, it's clear we will need to pay substantially more claims that anticipated. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claims costs.

We realize the rate increase is difficult for our policyholders, and assure you that we considered all of our options very carefully before increasing your premium.

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
800.789.6896

Coverage Change Request Form

Policy Number [Policy Number]_____

Please use this form to request a change in your long term care insurance coverage. Prior to making any changes, we strongly encourage you to speak with your licensed agent or contact one of our customer service representatives at 800.789.6896. Your agent or customer service representative can provide you with details about the options below and help you determine the impact that any changes to your long term care insurance coverage will have on your benefits and your premium.

Please indicate your choice(s) by checking the options below.

☐ Reduce my Daily (or monthly) Benefit from $_____ to $_____
☐ Reduce my Benefit Period from _____ to _____
☐ Increase my Elimination Period from _____ days to _____ days
☐ Remove the following optional rider(s) from my policy

_____

_____

☐ I wish to exercise an available option under a Non-Forfeiture or Return of Premium Rider benefit on my policy. In doing so, my maximum lifetime benefit amount will be replaced with the amount specified in my Rider.
☐ I wish to exercise the Premium Increase Contingent Benefit Upon Lapse Rider and request a Reduced Paid Up Benefit. **Please note:** As this paid up option starts on the Effective Date of the Premium Increase, you must continue coverage to that date by paying the required premiums. No additional premium will be due after that date

I understand the policy change(s) I selected above. I agree that once processed, the policy benefit changes may not be reversed. I also understand that if the last box is selected, this form must be received by Allianz on or before the Latest Election Date shown on the Premium Increase Contingent Benefit Upon Lapse Rider Schedule page.

[Owner First Name] [Owner Middle Name] [Owner Last Name]	[Co-Owner First Name] [Co-Owner Middle Name] [Co-Owner Last Name]
Policyowner name (printed)	Joint owner name (printed – if applicable)
Signature of policyowner	Date Signed
Signature of joint owner (if applicable)	Date Signed

Please complete and return this form to:

Allianz Life Insurance Company of North America
ATTN: Policy Administration
PO Box 59060
Minneapolis, MN 55459-0060

[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]
Important notice of increase in your long term care insurance premium with time-sensitive options

Dear policyholder,

At Allianz Life Insurance Company of North America, our highest priority is fulfilling our commitments to our policyholders.

One of the factors that helps us keep our commitments is the premium we collect from policyholders like you. When we issued your policy, we based your premium rates on the information and projections available to us at that time. But based on our actual experience, it's clear we will need to pay substantially more claims than anticipated. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer policy duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claim costs.

In an effort to balance our policyholders' needs with the long-term viability of our policies, we must increase the premium rates on long term care insurance policies, including yours. The possibility of a premium increase is disclosed on the first page of your policy.

Please be assured that our decision to increase premiums is based solely on the total future increased claims we now anticipate. We are not giving anyone preferential treatment, nor do the premium increases in any way reflect an individual policyholder's advance in age or deteriorated health status.

We also want you to know that we took this decision very seriously and weighed several options before filing a [overall increase] premium increase. The Virginia Bureau of Insurance reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, it was approved. While the approved premium increase amount is less than the justifiable rate increase amount of [justifiable increase] prescribed by the regulations in the state of Virginia, no future premium increases are anticipated.

Your premium increase

To ease the impact of this rate increase to you, we'll implement the [overall increase] premium increase in stages according to the schedule outlined below. The scheduled increases will be effective with your first bill or bank draft for premium due on or after each policy anniversary noted in the table below.

Based on your current benefits, the initial premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing] [Bill Mode]. Below is the full schedule of increases:

Effective date of rate increase	% of rate increase	Billed premium after rate increase
[anniversary1]	[rate increase 1]%	[**adj'd billing**] [**Bill Mode**]
[anniversary2]	[rate increase 2]%	[**adj'd billing2**] [**Bill Mode**]
[anniversary3]	[rate increase 3]%	[**adj'd billing3**] [**Bill Mode**]
[anniversary4]	[rate increase 4]%	[**adj'd billing4**] [**Bill Mode**]

We will send you a notification letter similar to this one for each scheduled increase. Any recent or future changes to your policy may not be reflected in the premium noted above.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we are offering the flexibility to choose among the following options:

A. **Maintain your current benefit amounts** by paying the increased premium.
B. **Lessen the impact of the rate increase on your premiums** by changing benefit amounts and/or benefit periods. A reduction may fully or partially offset the premium increase. **Please note:** benefit amounts must not be less than any minimum policy requirements.
C. **Elect options available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy** and have your contract converted to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.
D. **Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the attached rider for details. There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue coverage to that policy anniversary date. This can only happen if all premiums associated with this period are paid. **Please note**: If you wish to exercise this rider option you must do so on or before the Latest Election Date shown on the attached rider schedule. We'll refund any payments associated with coverage periods starting on or after your anniversary.

If you decide to pay the increased premium and keep your benefits unchanged (option A), you do not need to return the enclosed coverage change request form but please read the considerations below.

If you wish to elect any of the other options (B through D), please complete the coverage change request form and return it to us. **For Option D, we must receive your request prior to the Latest Election Date shown on the Premium Increase Contingent Benefit Upon Lapse Rider Schedule page.**

Special payment considerations

If you pay your premiums with an EFT from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.

You may have scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary. If that is the case, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.

If you decide to keep your coverage as is, no action is necessary and your EFT draft will increase as described in this notification.

If you do not make a decision by your upcoming anniversary or the scheduled EFT date, and you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.

Or, if you choose the Reduced Paid Up Option, no further premium payments will be due after your anniversary date and the EFT draft will be discontinued at that time.

If you use automatic online (or third-party) accounts to make premium payments, please update them for your new payment amount**.** Otherwise your policy could lapse if we don't receive the full premium amount.

Waiver of Premium: If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage.

We're here to help

Before you make any changes, we strongly encourage you to speak with your licensed agent, or to contact one of our customer service representatives at 800.789.6896 weekdays from 7:00 a.m. to 5:00 p.m C.S.T. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for assistance in completing the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

Policy Administration Department

NOTE: This letter is not a bill. Please retain a copy of this letter with your policy for future reference.

Enclosed: Coverage change request form
Premium Increase Contingent Benefit Upon Lapse Rider
Premium Increase Contingent Benefit Upon Lapse Rider Schedule

cc: [Agent First Name] [Agent Middle Name] [Agent Last Name]

Guarantees are backed by the financial strength of Allianz Life Insurance Company of North America.

Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive, Minneapolis, MN 55416-1297. 800.789.6896

Allianz Life Insurance Company of North America

Home Office:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Actuarial Memorandum for 100% Premium Rate Increase
on Individual Long-Term Care Insurance Policy Forms:
10-P-Q-VA
Benefit Increase Riders:
10-R1, 10-R2, 10-R3, 10-R4, 10-R5
Other Riders:
10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2

I. Purpose of Filing

The purpose of this rate filing is to support and request a 100% rate increase to be implemented in 4 separate stages on the long-term care insurance policy forms and riders listed above. This filing may not be appropriate for other purposes.

The projections included in this filing are produced applying "moderately adverse" actuarial assumptions. These moderately adverse assumptions modify "best estimate" assumptions and include lowering the assumed ultimate (durations seven and above) voluntary lapse rate from 0.75% to 0.50%, lowering the assumed mortality from 80% of 1994 GAM to 70% of 1994 GAM and increasing the assumed claim costs by 5% for all attained ages. The "58/85" calculation of 50 IAC 2012.112 c) 2) applied to the historical experience and "moderately adverse" projected results of this filing produces a justified premium rate increase of 142%

Our company intends to balance the need of the policyholder while complying with Virginia's Premium Rate Schedule Increases regulation (14VAC5-200-153). Therefore, while a 142% rate increase is justified, we feel that a 100% rate increase would be sufficient under moderately adverse conditions. This rate increase will be implemented across 4 separate stages to reduce policyholder impact. Our company is also offering a free Premium Increase Contingent Benefit Upon Lapse Rider (SERFF Tracking Number ALLB-128978105) that is eligible to all policyholders affected by this rate increase.

The Company is requesting to implement this increase under the following schedule:

Anticipated Implementation Date	Increase Amount	Cumulative Increase
1/1/2015	25.0%	25.0%
1/1/2017	20.0%	50.0%
1/1/2020	16.7%	75.0%
1/1/2023	14.3%	100.0%

The Company no longer issues long-term care insurance policies.

II. Policyholder Options to mitigate impact of Premium Rate Increase

Assuming that the proposed rate increase becomes effective, policyholders will have the following options for each of the scheduled rate increases:

Policyholder Options to Reduce Benefits
Policyholders have the option to modify their policy benefits to mitigate the impact of the proposed rate increase. As examples, the options include, but are not limited to the following:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit, or
3. Increase their elimination period

Non-forfeiture Offers
In addition, the Company will give the policyholder the option to accept a non-forfeiture benefit if they meet the trigger for a substantial premium increase. Acceptance of the non-forfeiture benefit will provide the policyholder with a paid-up policy, with no future premiums required. Under this paid-up policy, the maximum benefit amount is equal to the greater of the sum of premiums paid or 30 times their daily benefit, and the daily benefit amount is equal to the policyholder's current daily benefit amount. Upon acceptance of this offer, the policyholder's current coverage is terminated. This offer would be made to all policyholders.

III. Scope of Filing

This filing applies to active policies issued in this state for the policy forms listed above. These policy forms are no longer being marketed. Nationwide, policies were issued from November, 2003 through September, 2009. **Exhibit 1** provides a distribution by state of the number of active lives and annualized premium in force as of 06/30/2012 under these policy forms.

IV. Premium Rate Increase Justification

A rate increase is necessary at this time because Company experience on its Long Term Care Insurance business indicates that the premium rates for these policy forms are inadequate. Premium rate increases that help to remediate poorly performing blocks of business and limit any future losses are important to maintaining the Company's ability to meet policyholder obligations and pay future claims.

Although the rate increase in this filing is not calculated to achieve a targeted loss ratio, this filing demonstrates that, even after implementation of the requested rate increase, both the projected future loss ratio and the lifetime anticipated loss ratio for these forms are higher than the required minimum loss ratio and therefore benefits are reasonable in relation to premiums. The required minimum loss ratio for these policy forms is as follows:

Type of Coverage:	Long Term Care Insurance
Renewal Clause:	Guaranteed Renewable
Required Minimum Loss Ratio:	60%

The projections included in the filing are produced by applying "moderately adverse" assumptions as outlined in section I. The "58/85" calculation of Section 14VAC5-200-153 Premium Rate Schedule Increases applied to the historical experience and projected results of this filing produces a justified premium rate increase of 142% based on the following calculation:

Following the format of Section (C)(2) of *14VAC5-200-153*, the "58/85" calculation is as follows (all dollar values in millions):

a) The accumulated value of the initial earned premium is $593.1. 58% of this value is $344.0.
b) The accumulated value of prior premium rate schedule increases is $0.0 . (no prior rate increases) 58% of this value is $0.0.
c) The present value of future projected initial earned premiums is $774.9. 58% of this value is $449.4.
d) The present value of future projected premiums not in c) above is calculated as follows:
    a. A rate increase of 142% produces additional premium (present value) of $1,100.4. This is calculated as 1.42 * ($774.9) = $1,100.4.
    b. 85% of this value is $935.3.
e) The accumulated value of past incurred claims is $57.1 (from Exhibit 2). The present value of future projected incurred claims is $1,677.3 (from Exhibit 4). (Both of these values exclude active life reserves.) The sum of these two values is $1,734.4.
f) The sum of a, b, c and d is $344.0 + $0.0 + $449.4 + $935.3 = $1,728.8. This is less than the value of e) or $1,734.4. Thus, a 142% rate increase is justified according to this "58/85" calculation.

V. Actuarial Assumptions

A. Interest: A 4.5% annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to present values.

B.(1). "Best Estimate" Policy Termination Rates: The projected future experience uses 80% of the gender-distinct 1994 GAM table for mortality, along with an ultimate lapse rate of 0.75%. Voluntary lapses by duration are as follows:

Duration	Lapse Rate	
1	7.00 %	
2	3.40 %	
3	2.20 %	
4	1.50 %	
5	1.00 %	
6	0.90 %	
7	0.75 %	(for all durations 7 and above)

B.(2). "Moderately Adverse" Policy Termination Rates: The projected future experience uses 70% of the gender-distinct 1994 GAM table for mortality, along with an ultimate lapse rate of 0.50%. Voluntary lapses by duration are as follows:

Duration	Lapse Rate	
1	7.00 %	
2	3.40 %	
3	2.20 %	
4	1.50 %	
5	1.00 %	
6	0.90 %	
7	0.50 %	(for all durations 7 and above)

C.(1). "Best Estimate" Morbidity Rates: Attained age claim costs used in projecting future experience and the cost of the Waiver of Premium benefit for this form have been developed utilizing Company-specific policy experience enhanced with other industry data as needed. Claim costs vary by joint policy status (joint vs. single), gender and level of home health care (70%, 100% or 130%) with adjustments for elimination periods and riders.

C.(2). "Moderately Adverse" Morbidity Rates: Identical to "Best Estimate" morbidity rates with a 5% increase for adverse deviation.

D. Claim Reserves: The incurred claims shown in the nationwide historical experience include pending claim reserves and IBNR.

E. Rate Increase History: There are no prior rate increases on this policy form.

F. Effective Date:

- Policyholders will receive notice of the approved rate increase at least 60 days prior to the effective date of their increase.

- The approved rate increase will be effective on the policyholder's anniversary.

- All policyholders have a five year premium rate guarantee and the rate increase will not be implemented prior to the policyholder's fifth policy anniversary.

- The Company anticipates that the implementation of the rate increase will begin between the 4th quarter 2014 and 1st quarter 2015. For actuarial modeling, we have assumed that the rate increase becomes effective on the policyholder's first anniversary on or after January 1, 2015.

In terms of the impact on calendar year earned premium, the rate increase is 50% effective in 2015 and 100% effective in 2016. The three remaining rate increases will impact calendar year earned premium in a similar fashion during the two years following implementation.

G. Premium Profile: please see **Exhibit 1** for lives and premium for policies issued in this state.

VI. Historical and Projected Future Experience

Exhibit 2 presents the nationwide experience since inception by "incurred year," or "loss year," for these policy forms and riders as of 06/30/2012.

Future experience has been projected for the last six months of 2012 and every year thereafter, as presented in **Exhibit 3** and **Exhibit 4**. Exhibit 3 includes the impact on future earned premium of the proposed premium rate increase (claims are also impacted by the rate increase, as waiver of premium and survivorship costs increase). All projected experience beyond 2060 is included in 2060+. In these exhibits, please note that the paid claims have been discounted with interest from the claim payment date back to the incurred date of the claim.

The annualized premium in force nationwide as of 06/30/2012 is $66,145,792.

The present values of earned premium and incurred claims, discounted at 4.5% after application of the proposed rate increase, are summarized below. The lifetime anticipated loss ratio is defined as the present value of the historical and projected future claims divided by the present value of the historical and projected future earned premiums.

06/30/2012 Present Values after Nationwide Proposed Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$ 593,127,527	$ 57,118,641	9.6%
Projected Future	$ 1,209,686,939	$1,709,025,234	141.3%
Lifetime Anticipated	$1,802,814,466	$1,766,143,874	98.0%

VII. Data Reliance

Ouling Lu, ASA, MAAA relied upon data as provided by LifeCare Assurance Company in completing this analysis. This data has been reviewed for reasonableness and consistency.

VIII. Actuarial Certification

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with the provisions of 14VAC5-200-153 and that it complies with applicable Actuarial Standards of Practice.

I certify that if the requested premium rate schedule increase of 100% is implemented as outlined in Section I and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated.

I have considered policy design, underwriting and claims adjudication practices.

Ouling Lu, ASA, MAAA
Assistant Actuary

5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Phone: (763) 765-7735
Email: Ouling.Lu@AllianzLife.com

June 6, 2014

Exhibit 1

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Issue State	Lives	Premium
AK	70	$159,179
AL	560	$956,622
AR	325	$555,328
AZ	828	$1,543,622
CO	1130	$2,055,666
CT	242	$685,147
DC	54	$107,125
DE	114	$192,320
FL	1399	$2,936,429
GA	1424	$2,657,819
HI	432	$905,440
IA	912	$1,568,612
ID	202	$380,797
IL	1497	$2,680,963
IN	331	$628,970
KS	686	$1,125,875
KY	400	$680,958
LA	365	$581,692
MA	992	$2,471,980
MD	778	$1,592,614
ME	337	$677,980
MI	721	$1,355,336
MN	1612	$2,730,868
MO	955	$1,630,074
MS	158	$262,780
MT	150	$282,121
NC	1872	$3,402,053
ND	109	$185,777
NE	559	$1,049,641
NH	173	$329,629
NJ	808	$2,110,150
NM	264	$478,204
NV	131	$242,698
OH	1066	$1,855,339
OK	387	$659,664
OR	609	$1,121,127
PA	1759	$3,487,641
RI	91	$183,501
SC	493	$875,577
SD	263	$464,278
TN	768	$1,317,468
TX	3723	$6,431,689
UT	186	$317,394
VA	1915	$3,713,613
VT	154	$303,950
WA	2534	$4,803,647
WI	582	$1,085,390
WV	87	$148,988
WY	79	$172,057
Total		$66,145,792

Exhibit 2

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical Experience by Loss Year

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,999	$316,168	1.9%
2005	$39,752,811	$829,665	2.1%
2006	$62,159,481	$4,337,521	7.0%
2007	$71,296,618	$3,557,534	5.0%
2008	$71,825,588	$7,264,603	10.1%
2009	$70,264,418	$7,352,676	10.5%
2010	$68,533,578	$9,694,820	14.1%
2011	$67,072,605	$10,591,896	15.8%
2012 (6 mos.)	$32,938,223	$6,674,870	20.3%
	$501,497,245	$50,619,753	10.1%

Historical Experience by Duration

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	$79,258,884	$1,566,752	2.0%
2	$75,607,325	$1,721,942	2.3%
3	$73,252,304	$5,943,123	8.1%
4	$70,916,300	$6,550,050	9.2%
5	$68,232,125	$9,970,462	14.6%
6	$61,822,942	$8,714,040	14.1%
7	$44,398,227	$9,206,560	20.7%
8	$23,195,674	$5,430,274	23.4%
9	$4,812,097	$1,516,551	31.5%
10	$1,366	$0	0.0%
	$501,497,245	$50,619,753	10.1%

Present Values at 4.5%

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$593,127,527	$57,118,641	9.6%

Exhibit 3

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Projected Future Experience - After 100% Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
7/2012-12/2012	$32,407,882	$5,266,319	16.3%
2013	$63,861,621	$11,807,637	18.5%
2014	$62,499,435	$13,906,581	22.3%
2015	$68,667,665	$16,537,551	24.1%
2016	$74,365,647	$19,533,162	26.3%
2017	$79,790,015	$22,787,998	28.6%
2018	$84,688,220	$26,379,684	31.1%
2019	$82,370,446	$30,329,296	36.8%
2020	$86,488,782	$34,918,667	40.4%
2021	$90,121,767	$40,028,337	44.4%
2022	$87,101,853	$45,581,287	52.3%
2023	$89,858,108	$51,966,049	57.8%
2024	$92,086,528	$58,925,394	64.0%
2025	$88,335,166	$66,425,616	75.2%
2026	$84,452,240	$74,588,938	88.3%
2027	$80,488,315	$83,317,166	103.5%
2028	$76,485,382	$92,555,986	121.0%
2029	$72,448,841	$102,342,217	141.3%
2030	$68,399,774	$112,643,638	164.7%
2031	$64,359,248	$123,207,146	191.4%
2032	$60,314,573	$133,542,253	221.4%
2033	$56,308,762	$143,728,407	255.3%
2034	$52,361,903	$153,595,784	293.3%
2035	$48,484,428	$162,996,914	336.2%
2036	$44,682,542	$171,536,964	383.9%
2037	$40,985,339	$179,120,246	437.0%
2038	$37,424,356	$185,557,152	495.8%
2039	$34,000,222	$190,810,862	561.2%
2040	$30,730,505	$194,728,272	633.7%
2041	$27,630,496	$197,047,451	713.2%
2042	$24,708,373	$197,769,344	800.4%
2043	$21,972,335	$196,941,331	896.3%
2044	$19,430,393	$194,624,910	1001.7%
2045	$17,087,894	$190,700,438	1116.0%
2046	$14,939,049	$185,283,562	1240.3%
2047	$12,987,968	$178,548,508	1374.7%
2048	$11,229,283	$170,532,199	1518.6%
2049	$9,654,238	$161,275,358	1670.5%
2050	$8,253,859	$151,186,285	1831.7%
2051	$7,017,091	$140,527,753	2002.6%
2052	$5,932,487	$129,669,504	2185.8%
2053	$4,989,160	$118,627,229	2377.7%
2054	$4,174,357	$107,725,659	2580.7%
2055	$3,475,401	$97,135,545	2794.9%
2056	$2,879,418	$86,983,337	3020.9%
2057	$2,374,395	$77,378,882	3258.9%
2058	$1,948,986	$68,384,028	3508.7%
2059	$1,592,695	$60,094,890	3773.2%
2060 +	$6,411,673	$344,880,149	5378.9%
Present Value of Future Amount (at 4.5%)	$1,209,686,939	$1,709,025,234	141.3%

Exhibit 4

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical and Project Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,999	$316,168	1.9%
2005	$39,752,811	$829,665	2.1%
2006	$62,159,481	$4,337,521	7.0%
2007	$71,296,618	$3,557,534	5.0%
2008	$71,825,588	$7,264,603	10.1%
2009	$70,264,418	$7,352,676	10.5%
2010	$68,533,578	$9,694,820	14.1%
2011	$67,072,605	$10,591,896	15.8%
2012	$65,346,105	$11,888,725	18.2%
2013	$63,861,621	$11,683,617	18.3%
2014	$62,499,435	$13,684,955	21.9%
2015	$61,065,679	$16,056,665	26.3%
2016	$59,555,953	$18,784,499	31.5%
2017	$58,051,462	$21,787,608	37.5%
2018	$56,509,142	$25,182,110	44.6%
2019	$54,913,631	$29,039,311	52.9%
2020	$53,239,703	$33,367,523	62.7%
2021	$51,523,052	$38,247,677	74.2%
2022	$49,758,271	$43,701,565	87.8%
2023	$47,931,047	$49,781,970	103.9%
2024	$46,055,377	$56,486,007	122.6%
2025	$44,149,449	$63,899,369	144.7%
2026	$42,208,783	$71,984,122	170.5%
2027	$40,227,634	$80,645,467	200.5%
2028	$38,226,989	$89,830,771	235.0%
2029	$36,209,547	$99,576,107	275.0%
2030	$34,185,845	$109,849,827	321.3%
2031	$32,166,412	$120,400,904	374.3%
2032	$30,144,904	$130,745,981	433.7%
2033	$28,142,821	$140,958,597	500.9%
2034	$26,170,202	$150,869,387	576.5%
2035	$24,232,261	$160,329,996	661.6%
2036	$22,332,098	$168,947,385	756.5%
2037	$20,484,256	$176,623,370	862.2%
2038	$18,704,495	$183,166,389	979.3%
2039	$16,993,131	$188,537,613	1109.5%
2040	$15,358,944	$192,582,212	1253.9%
2041	$13,809,576	$195,037,416	1412.3%
2042	$12,349,114	$195,900,908	1586.4%
2043	$10,981,657	$195,217,507	1777.7%
2044	$9,711,208	$193,045,949	1987.9%
2045	$8,540,439	$189,265,726	2216.1%
2046	$7,466,458	$183,989,799	2464.2%
2047	$6,491,318	$177,390,575	2732.7%
2048	$5,612,336	$169,504,167	3020.2%
2049	$4,825,137	$160,370,791	3323.7%
2050	$4,125,235	$150,396,584	3645.8%
2051	$3,507,105	$139,843,653	3987.4%
2052	$2,965,026	$129,080,897	4353.4%
2053	$2,493,556	$118,124,675	4737.2%
2054	$2,086,321	$107,299,511	5143.0%
2055	$1,736,987	$96,776,459	5571.5%
2056	$1,439,118	$86,682,627	6023.3%
2057	$1,186,710	$77,128,626	6499.4%
2058	$974,093	$68,177,099	6999.0%
2059	$796,020	$59,924,762	7528.0%
2060 +	$3,204,521	$344,188,973	10740.7%

Present Values at 4.5%
Without Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$593,127,527	$57,118,641	9.6%
Projected Future	$774,900,005	$1,677,302,364	216.5%
Lifetime Anticipated	$1,368,027,533	$1,734,421,005	126.8%

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Base Premium Rates (Proposed - 100% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	58	64	68	76	92	54	60	66	70	78	96	60	66	72	78	86	106
41	52	58	64	68	76	92	54	60	66	72	80	96	60	66	72	78	88	106
42	52	58	66	70	78	94	54	60	68	72	80	98	60	68	74	80	88	108
43	54	60	68	72	80	96	56	62	70	74	82	100	62	70	76	82	90	110
44	56	62	68	74	82	98	58	64	70	76	84	102	64	70	78	84	92	112
45	58	64	70	76	84	100	60	66	72	78	86	104	66	72	80	86	96	116
46	58	66	72	78	86	104	60	68	74	80	88	108	66	74	82	88	98	118
47	60	68	74	80	88	106	62	70	76	82	90	110	68	76	84	90	100	120
48	62	70	76	82	90	108	64	72	78	84	92	112	70	78	86	92	102	124
49	64	72	78	84	92	112	66	74	80	86	94	116	72	80	88	94	104	126
50	66	74	80	86	94	114	68	76	82	88	98	118	74	82	90	96	106	130
51	68	76	82	88	96	116	70	78	84	90	100	120	76	84	92	98	110	132
52	70	78	84	90	98	120	72	80	86	92	102	124	78	86	94	100	112	136
53	72	80	86	94	104	126	74	82	90	96	106	130	80	90	98	106	118	142
54	76	84	90	98	108	132	78	86	94	100	112	136	84	94	102	110	122	148
55	80	88	96	102	114	138	82	90	98	106	118	142	88	98	108	116	128	156
56	82	92	100	108	120	144	84	94	104	110	122	148	92	102	112	120	134	162
57	86	96	104	112	124	152	88	98	108	116	128	156	96	108	118	126	140	170
58	92	102	112	120	134	162	94	104	116	124	138	166	102	114	126	134	150	182
59	98	110	120	128	142	172	100	112	124	132	146	178	110	122	134	144	160	194
60	106	116	128	138	152	184	108	120	132	142	158	190	118	130	144	154	172	208
61	112	124	136	146	162	196	114	128	140	150	168	204	124	138	152	164	182	222
62	120	132	146	156	174	208	122	136	150	162	180	218	134	148	164	176	196	238
63	130	144	158	170	188	228	132	148	162	176	194	236	144	160	178	190	212	258
64	142	156	172	184	204	246	144	160	176	190	212	258	156	174	192	208	230	280
65	152	168	186	200	222	268	156	174	192	206	230	280	170	188	208	226	250	304
66	166	184	202	218	242	292	170	188	208	224	250	304	184	204	226	244	272	332
67	180	198	220	236	262	318	184	204	226	244	272	330	200	222	246	266	296	360
68	198	220	242	262	290	352	202	226	250	270	302	366	220	246	272	294	328	398
69	220	242	268	290	322	390	224	248	276	300	334	406	244	270	302	326	364	442
70	242	268	298	322	356	432	248	274	306	332	370	450	270	300	334	362	402	490
71	268	296	328	358	396	478	272	302	338	368	410	498	298	330	370	402	446	542
72	296	326	364	396	438	530	302	334	374	408	454	552	328	364	408	444	496	602
73	326	360	404	440	486	588	334	370	416	452	504	614	364	404	454	494	550	668
74	362	400	448	488	540	654	368	410	460	502	560	682	402	446	502	548	610	744
75	400	442	496	542	600	728	408	454	510	558	622	758	444	494	556	608	678	826
76	442	490	550	600	666	810	452	502	566	620	690	844	492	546	618	674	754	920
77	490	542	608	666	740	900	500	556	628	688	768	938	544	606	684	748	836	1,022
78	540	596	674	738	822	1,000	550	612	694	762	852	1,042	600	666	756	830	928	1,136
79	594	658	744	820	912	1,112	606	674	768	844	944	1,158	662	734	836	920	1,030	1,262
80	656	724	824	908	1,012	1,234	668	742	850	936	1,048	1,286	728	810	926	1,020	1,142	1,402
81	722	798	910	1,006	1,122	1,372	736	818	940	1,038	1,162	1,428	802	892	1,024	1,132	1,268	1,558
82	796	880	1,008	1,116	1,246	1,524	812	902	1,038	1,150	1,290	1,588	884	984	1,132	1,254	1,406	1,730
83	876	970	1,114	1,238	1,382	1,692	894	994	1,148	1,276	1,432	1,764	976	1,084	1,252	1,390	1,560	1,922
84	966	1,068	1,232	1,372	1,532	1,880	986	1,096	1,270	1,414	1,588	1,958	1,074	1,194	1,384	1,542	1,732	2,134

Rider Premium Rates and Premium Factors (Proposed - 100% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 100% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	52	56	62	68	74	90
41	52	58	62	68	76	92
42	52	58	64	68	76	92
43	54	60	66	70	78	94
44	54	60	68	72	80	98
45	56	62	68	74	82	100
46	58	64	70	76	84	102
47	60	66	72	78	86	104
48	60	68	74	80	88	106
49	62	68	76	82	90	110
50	64	70	78	84	92	112
51	66	72	80	86	94	114
52	66	74	82	88	96	118
53	70	78	86	92	102	122
54	74	82	90	96	106	128
55	76	86	94	100	112	134
56	80	90	98	106	116	142
57	84	94	102	110	122	148
58	90	100	110	118	130	158
59	96	106	116	126	140	170
60	102	114	124	134	150	182
61	108	120	134	144	160	194
62	116	130	142	154	170	206
63	126	140	154	166	186	224
64	136	152	168	180	202	244
65	148	164	182	196	218	266
66	160	178	198	214	238	288
67	174	194	214	232	258	314
68	192	214	238	258	286	348
69	212	236	262	284	316	386
70	234	260	290	316	352	426
71	260	288	322	350	390	472
72	286	318	356	388	432	524
73	316	352	394	430	480	582
74	350	390	438	478	532	648
75	388	430	486	530	592	720
76	428	476	538	588	656	802
77	474	528	596	652	730	892
78	524	582	660	724	808	990
79	576	640	730	802	898	1,100
80	636	706	806	890	996	1,222
81	700	778	892	986	1,104	1,358
82	772	856	986	1,094	1,226	1,508
83	850	944	1,092	1,212	1,360	1,676
84	936	1,040	1,206	1,344	1,508	1,860

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	30	32	36	40	48
41	28	30	34	36	40	48
42	28	30	34	36	40	48
43	28	32	34	36	42	50
44	28	32	36	38	42	52
45	30	32	36	38	44	52
46	30	34	38	40	44	54
47	32	34	38	40	46	54
48	32	36	38	42	46	56
49	32	36	40	42	48	58
50	34	38	40	44	48	58
51	34	38	42	44	50	60
52	36	38	42	46	50	62
53	36	40	44	48	54	64
54	38	42	46	50	56	68
55	40	44	50	52	58	72
56	42	46	52	56	62	74
57	44	50	54	58	64	78
58	48	52	58	62	68	84
59	50	56	62	66	74	90
60	54	60	66	70	78	96
61	58	64	70	76	84	102
62	62	68	74	80	90	108
63	66	74	82	88	98	118
64	72	80	88	96	106	128
65	78	86	96	104	116	140
66	84	94	104	112	126	152
67	92	102	112	122	136	166
68	102	112	126	136	150	182
69	112	124	138	150	166	202
70	124	138	154	166	184	224
71	136	152	170	184	204	248
72	150	168	188	204	228	276
73	166	186	208	226	252	306
74	184	204	230	252	280	342
75	204	226	256	278	312	380
76	226	250	284	310	346	422
77	250	278	314	344	384	470
78	276	306	348	380	426	522
79	304	338	384	422	472	578
80	334	372	424	468	524	644
81	368	410	470	518	582	714
82	406	450	520	576	646	794
83	448	496	574	638	716	882
84	492	548	636	708	794	980

Allianz Life Insurance Company
of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297
800.950.7372

Allianz

CERTIFICATE OF READABILITY

Contract Form	Flesch Score	Sentences	Words	Syllables	Point Type	Point Leaded
MLTC-1019-VA	54	79	905	1506	12	12/14
S2233	50	31	336	581	12	12/14

I hereby certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

It is hereby certified that the policy forms listed meet the minimum reading ease requirements in your state. The scores reported are based upon the generic versions of each form and do not take into account the specific variations required by your state. The Seven Formulas program by Micro Power & Light Co. provided the Flesch Reading Ease scores reported above.

The Flesch score was calculated using the text of the entire form, including text absent end punctuation. ("Text" is as defined by state regulations).

Each form is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.

Date: July 31, 2013

Todd Petit, Assistant Vice President Actuary

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

VIRGINIA CERTIFICATION OF COMPLIANCE

The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Date: 7/31/2013

Todd Petit, Assistance Vice President Actuary

[Date]

[First Name] [Last Name]
[Address]
[City], [State] [Zip]

[Policy Number]
Important notice of change in your long term care insurance premium with time sensitive options

Dear policyholder,

At Allianz Life Insurance Company of North America, our highest priority is fulfilling our commitments to our policyholders.

One of the factors that helps us keep our commitments is the premium we collect from policyholders like you. When we issued your policy, we based your premium rates on the information and projections available to us at that time. But based on our actual experience, it's clear we will need to pay substantially more claims than anticipated.

Premium increase

In an effort to balance our policyholders' needs with the long-term viability of our policies, we must increase the premium rates on long term care insurance policies, including yours. The possibility of a premium increase is noted on the first page of your policy, which states that after any premium guarantee period, the Company may change the premium rates if the change is based on the experience of the form.

Please know that we took this decision very seriously and weighed several options before filing a [%] premium increase with the [issue state] insurance department, where it has been reviewed and approved. This approved premium increase amount is less than the justifiable rate increase amount prescribed by the regulations in the state of Virginia and for this reason, it is possible that rates may need to be raised again in the future.

Based on your current benefits, your premium will increase from [$XXX.XX] [policy mode] to [$XXX.XX] [policy mode]. The increase will be effective with your first bill on or after your upcoming policy anniversary. Any recent changes to your policy may not be reflected in the premium noted above.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we're giving our policyholders several options:

A. **Maintain your current benefit amounts** by paying the increased premium
B. **Maintain your current premiums** by reducing benefit amounts and/or benefit periods (benefits cannot be less than any minimum benefit amounts)
C. **Blend the above two options**, resulting in a lesser premium increase and lesser reduced benefit amounts
D. **Discontinue paying any further premium** and have your contract converted to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount. See the attached Premium Increase Contingent Benefit Upon Lapse Rider for details. There is no charge for this rider.
E. **Discontinue paying any further premium** and have your contract converted to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount by utilizing a Non-Forfeiture Rider or Return of Premium Rider benefit that may already be on your policy.

If you decide to pay the increased premium and keep your benefits unchanged (option A), no action is required.

If you wish to elect any of the other options (B through E), please complete the attached coverage change request form and return it to us. **For Option D, we must receive your request prior to the latest election date shown on the Premium Increase Contingent Benefit Upon Lapse Rider Schedule page.**

Before you make any changes, we strongly encourage you to speak with your licensed agent, or to contact one of our customer service representatives at 800.789.6896. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments.

Special considerations

If you make authorized monthly payments via electronic funds transfer from your bank account, we will deduct the new premium starting on the date the increase becomes effective as described on the first page. If you use an online (or third-party) account to make premium payments, please update your payment amount prior to this date if you do not want to reduce your benefits or make any other changes.

If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage.

Please be assured that our decision to increase premiums is based solely on the total future increased claims we now anticipate, given our actual experience, and as described on the first page of your policy. We haven't given anyone preferential treatment, nor do the premium increases in any way reflect a policyholder's advance in age or deteriorated health status.

We're here to help

If you would like more information about your options, please contact our client service representatives at 800.789.6896 weekdays from 7:00 a.m. to 5:00 p.m. Central time. You can also contact us or your Allianz agent for assistance in completing the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

Policy Administration Department

NOTE: This letter is not a bill. Please retain a copy of this letter with your policy for future reference.
Enclosed: Service Request form

cc: [Agent first name] [Agent last name]

Guarantees are backed by the financial strength and claims-paying ability of Allianz Life Insurance Company of North America.

Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive, Minneapolis, MN 55416-1297. 800.789.6896

Allianz Life Insurance Company of North America
Statement of Variability
7/31/2013
Form MLTC-1019-2-VA
Form S2233

Variable material is denoted by the use of brackets.

Form MLTC-1019-2-VA

Page #	Variable	Minimum	Maximum	Current	Effective	Comments
ALL	Font	N/A	N/A	Times New Roman	N/A	Font displayed on final forms may vary due to printer configurations. Font sizing and layout will not change. If we opt to use a different font that is not a state-recognized font, we will prepare and submit any required filings at the time of the change.
1	Date	N/A	N/A	N/A	N/A	Displays the date on which the letter is generated.
1	First Name, Last Name	N/A	N/A	Times New Roman	N/A	Policy specific
1	Address City State Zip	N/A	N/A	Times New Roman	N/A	Policy specific
1	Policy Number	N/A	N/A	Times New Roman	N/A	Policy specific
1	%	N/A	N/A	N/A	N/A	Policy specific
1	Issue State	N/A	N/A	Times New Roman	N/A	Policy specific
1	$XXX.XX	N/A	N/A	N/A	N/A	Policy specific
1	$XXX.XX	N/A	N/A	N/A	N/A	Policy specific
1	Policy Mode	N/A	N/A	Times New Roman	N/A	Policy specific
1	Policy Mode	N/A	N/A	Times New Roman	N/A	Policy specific
2	Agent First Name Agent Last Name	N/A	N/A	Times New Roman	N/A	Policy specific

Form S2233

Page #	Variable	Minimum	Maximum	Current	Effective	Comments
ALL	Font	N/A	N/A	Times New Roman	N/A	Font displayed on final forms may vary due to printer configurations. Font sizing and layout will not change. If we opt to use a different font that is not a state-recognized font, we will prepare and submit any required filings at the time of the change.
1	Policy Number	N/A	N/A	Times New Roman	N/A	Policy specific
1	Policyowner Name (printed)	N/A	N/A	N/A	N/A	Policy specific

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
800.789.6896

Policy Number [(autofill)_____]

Please use this form to request a change in your long term care insurance coverage. Prior to making any changes, we strongly encourage you to speak with your licensed agent or contact one of our customer service representatives at 800.789.6896. Your agent or customer service representative can provide you with details about the options below and help you determine the impact that any changes to your long term care insurance coverage will have on your benefits and your premium.

Please indicate your choice(s) by checking the options below.

1. ☐ Reduce my Daily (or monthly) Benefit from $_____ to $_____
2. ☐ Reduce my Benefit Period from _____ to _____
3. ☐ Increase my Elimination Period from _____ days to _____ days
4. ☐ Remove the following options rider(s) from my policy

_____

_____

5. ☐ I wish to discontinue paying premiums and request the Reduced Paid Up Benefit by using the Premium Increase Contingent Benefit Upon Lapse Rider. In doing so, my maximum lifetime benefit amount will be replaced with the amount specified in the Rider.
6. ☐ I wish to discontinue paying premiums and exercise a Non-Forfeiture or Return of Premium Rider benefit on my policy. In doing so, my maximum lifetime benefit amount will be replaced with the amount specified in my Rider.

I understand the policy change(s) I selected above. I agree that any change(s) will become effective on the next Policy Anniversary, and that once processed, the policy benefit changes may not be reversed. I also understand that if option #5 is elected, this form must be received by Allianz on or before the Latest Election Date shown on the Premium Increase Contingent Benefit Upon Lapse Rider Schedule page.

[(autofill)_____] _____
Policyowner name (printed) Joint owner name (printed – if applicable)

_____ _____
Signature of policyowner Date Signed

_____ _____
Signature of joint owner (if applicable) Date Signed

Please complete and return this form to:
Allianz Life Insurance Company of North America
ATTN: Policy Administration
PO Box 59060
Minneapolis, MN 55459-0060

Allianz Life Insurance Company of North America

Home Office:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Actuarial Memorandum for 25% Premium Rate Increase
on Individual Long-Term Care Insurance Policy Forms:
10-P-Q-VA
Benefit Increase Riders:
10-R1, 10-R2, 10-R3, 10-R4, 10-R5
Other Riders:
10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2

I. Purpose of Filing

The purpose of this rate filing is to support and request a 25% rate increase on the long-term care insurance policy forms and riders listed above. This filing may not be appropriate for other purposes.

The projections included in this filing are produced applying "best estimate" actuarial assumptions (assumptions that reasonably reflect actual experience, without a provision for adverse deviation). The "58/85" calculation of Section 20.C.(2) of the Long-Term Care Insurance Model Regulation applied to the historical experience and projected results of this filing produces a justified premium rate increase of 97%. Modifying the actuarial assumptions to include a provision for moderately adverse experience would result in a justified rate increase of 142%.

Although the Company can actuarially justify a rate increase of 142%, it is filing for a 25% rate increase instead in order to balance the needs of our long term care insurance policyholders with the concerns of our shareholders and other policyholders. Regarding the schedule of additional rate increases, the Company plans to file for at least one more rate increase in the future until we have achieved the cumulative rate increase that is actuarially justified, which is 142%. However, our company will forgo future rate increases if a 75% rate increase is approved and implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.

The Company no longer issues long-term care insurance policies.

II. Policyholder Options to mitigate impact of Premium Rate Increase

Assuming that the proposed rate increase becomes effective, policyholders will have the following options:

Policyholder Options to Reduce Benefits
Policyholders have the option to modify their policy benefits to mitigate the impact of the proposed rate increase. As examples, the options include the following:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit,
3. Increase their elimination period, or
4. Drop their inflation rider (for those that have some type of inflation rider).

Non-forfeiture Offers
In addition, the Company will give the policyholder the option to accept a non-forfeiture benefit if they meet the trigger for a substantial premium increase. Acceptance of the non-forfeiture benefit will provide the policyholder with a paid-up policy, with no future premiums required. Under this paid-up policy, the maximum benefit amount is equal to the greater of the sum of premiums paid or 30 times their daily benefit, and the daily benefit amount is equal to the policyholder's current daily benefit amount. Upon acceptance of this offer, the policyholder's current coverage is terminated. This offer would be made to all policyholders.

III. Scope of Filing

This filing applies to active policies issued in this state for the policy forms listed above. These policy forms are no longer being marketed. Nationwide, policies were issued from November, 2003 through September, 2009. **Exhibit 1** provides a distribution by state of the number of active lives and annualized premium in force as of 06/30/2012 under these policy forms.

IV. Premium Rate Increase Justification

A rate increase is necessary at this time because Company experience on its Long Term Care Insurance business indicates that the premium rates for these policy forms are inadequate. Premium rate increases that help to remediate poorly performing blocks of business and limit any future losses are important to maintaining the Company's ability to meet policyholder obligations and pay future claims.

Although the rate increase in this filing is not calculated to achieve a targeted loss ratio, this filing demonstrates that, even after implementation of the requested rate increase, both the projected future loss ratio and the lifetime anticipated loss ratio for these forms are higher than the required minimum loss ratio and therefore benefits are reasonable in relation to premiums. The required minimum loss ratio for these policy forms is as follows:

Type of Coverage:	Long Term Care Insurance
Renewal Clause:	Guaranteed Renewable

The projections included in this filing are produced applying "best estimate" assumptions. The "58/85" calculation of Section 20.C.(2) of the Long-Term Care Insurance Model Regulation applied to the historical experience and projected results of this filing produces a justified

premium rate increase of 97%. Modifying the assumptions to include a provision for moderately adverse experience would result in a justified rate increase substantially larger than 97%.

V. Actuarial Assumptions

A. Interest: A 4.5% annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to present values.

B. Policy Termination Rates: The projected future experience uses 80% of the gender-distinct 1994 GAM table for mortality, along with an ultimate lapse rate of 0.75%. Voluntary lapses by duration are as follows:

Duration	Lapse Rate	
1	7.00 %	
2	3.40 %	
3	2.20 %	
4	1.50 %	
5	1.00 %	
6	0.90 %	
7	0.75 %	(for all durations 7 and above)

C. Morbidity Rates: Attained age claim costs used in projecting future experience and the cost of the Waiver of Premium benefit for this form have been developed utilizing Company-specific policy experience enhanced with other industry data as needed. Claim costs vary by joint policy status (joint vs. single), gender and level of home health care (70%, 100% or 130%) with adjustments for elimination periods and riders.

D. Claim Reserves: The incurred claims shown in the nationwide historical experience include pending claim reserves and IBNR.

E. Rate Increase History: There are no prior rate increases on this policy form.

F. Effective Date:

- Policyholders will receive notice of the approved rate increase at least 60 days prior to the effective date of their increase.

- The approved rate increase will be effective on the policyholder's anniversary.

- All policyholders have a five year premium rate guarantee and the rate increase will not be implemented prior to the policyholder's fifth policy anniversary.

- The Company anticipates that the implementation of the rate increase will begin during the second half of 2013. For actuarial modeling, we have assumed that the rate increase becomes effective on the policyholder's first anniversary on or after October 1, 2013.

In terms of the impact on calendar year earned premium, the rate increase is 4% effective in 2013, 68% effective in 2014 and 100% effective in 2015.

G. Premium Profile: please see **Exhibit 1** for lives and premium for policies issued in this state.

VI. Historical and Projected Future Experience

Exhibit 2 presents the nationwide experience since inception by "incurred year," or "loss year," for these policy forms and riders as of 06/30/2012.

Future experience has been projected for the last six months of 2012 and every year thereafter, as presented in **Exhibit 3** and **Exhibit 4**. Exhibit 3 includes the impact on future earned premium of the proposed premium rate increase (claims are also impacted by the rate increase, as waiver of premium and survivorship costs increase). All projected experience beyond 2060 is included in 2060+. In these exhibits, please note that the paid claims have been discounted with interest from the claim payment date back to the incurred date of the claim.

The annualized premium in force nationwide as of 06/30/2012 is $66,145,792.

The present values of earned premium and incurred claims, discounted at 4.5% after application of the proposed rate increase, are summarized below. The lifetime anticipated loss ratio is defined as the present value of the historical and projected future claims divided by the present value of the historical and projected future earned premiums.

06/30/2012 Present Values after Nationwide Proposed Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$ 593,127,527	$ 57,118,641	9.6%
Projected Future	$ 889,662,122	$1,327,652,963	149.2%
Lifetime Anticipated	$1,482,789,650	$1,384,771,604	93.4%

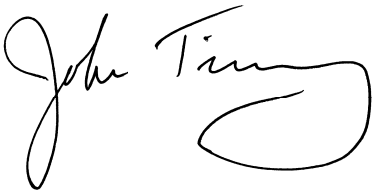
VII. Data Reliance

John L. Timmerberg, ASA, MAAA relied upon data as provided by Allianz Life Insurance Company of North America in completing this analysis. This data has been reviewed for reasonableness and consistency.

VIII. Actuarial Certification

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws and regulations of the state in which it is filed and that it complies with applicable Actuarial Standards of Practice. I further certify that the anticipated loss ratio submitted herein is expected to develop over the period for which the rates are computed to provide coverage and the benefits are reasonable in relation to the premiums charged.

I certify that the Company can actuarially justify a rate increase of 142% but is filing for a 25% rate increase instead in order to balance the needs of our long term care insurance policyholders with the concerns of our shareholders and other policyholders. Regarding the schedule of additional rate increases, the Company plans to file for at least one more rate increase in the future until we have achieved the cumulative rate increase that is actuarially justified, which is 142%. However, the Company will forgo future rate increases if a 75% rate increase is approved and implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized



John Timmerberg, ASA, MAAA

Consulting Actuary
6233 Tennison Court
Indianapolis, IN 46236

Phone: (317) 507-9774
Email: johntimmerberg@gmail.com
May 15, 2013

Exhibit 1

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Issue State	Lives	Premium
AK	70	$159,179
AL	560	$956,622
AR	325	$555,328
AZ	828	$1,543,622
CO	1130	$2,055,666
CT	242	$685,147
DC	54	$107,125
DE	114	$192,320
FL	1399	$2,936,429
GA	1424	$2,657,819
HI	432	$905,440
IA	912	$1,568,612
ID	202	$380,797
IL	1497	$2,680,963
IN	331	$628,970
KS	686	$1,125,875
KY	400	$680,958
LA	365	$581,692
MA	992	$2,471,980
MD	778	$1,592,614
ME	337	$677,980
MI	721	$1,355,336
MN	1612	$2,730,868
MO	955	$1,630,074
MS	158	$262,780
MT	150	$282,121
NC	1872	$3,402,053
ND	109	$185,777
NE	559	$1,049,641
NH	173	$329,629
NJ	808	$2,110,150
NM	264	$478,204
NV	131	$242,698
OH	1066	$1,855,339
OK	387	$659,664
OR	609	$1,121,127
PA	1759	$3,487,641
RI	91	$183,501
SC	493	$875,577
SD	263	$464,278
TN	768	$1,317,468
TX	3723	$6,431,689
UT	186	$317,394
VA	1915	$3,713,613
VT	154	$303,950
WA	2534	$4,803,647
WI	582	$1,085,390
WV	87	$148,988
WY	79	$172,057
Total		$66,145,792

Exhibit 2

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical Experience by Loss Year

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,999	$316,168	1.9%
2005	$39,752,811	$829,665	2.1%
2006	$62,159,481	$4,337,521	7.0%
2007	$71,296,618	$3,557,534	5.0%
2008	$71,825,588	$7,264,603	10.1%
2009	$70,264,418	$7,352,676	10.5%
2010	$68,533,578	$9,694,820	14.1%
2011	$67,072,605	$10,591,896	15.8%
2012 (6 mos.)	$32,938,223	$6,674,870	20.3%
	$501,497,245	$50,619,753	10.1%

Historical Experience by Duration

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	$79,258,884	$1,566,752	2.0%
2	$75,607,325	$1,721,942	2.3%
3	$73,252,304	$5,943,123	8.1%
4	$70,916,300	$6,550,050	9.2%
5	$68,232,125	$9,970,462	14.6%
6	$61,822,942	$8,714,040	14.1%
7	$44,398,227	$9,206,560	20.7%
8	$23,195,674	$5,430,274	23.4%
9	$4,812,097	$1,516,551	31.5%
10	$1,366	$0	0.0%
	$501,497,245	$50,619,753	10.1%

Present Values at 4.5%

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$593,127,527	$57,118,641	9.6%

Exhibit 3

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Projected Future Experience - After 25% Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
7/2012-12/2012	$32,381,297	$4,996,635	15.4%
2013	$64,070,110	$11,152,023	17.4%
2014	$72,788,493	$13,135,918	18.0%
2015	$75,280,744	$15,393,854	20.4%
2016	$73,079,583	$17,915,038	24.5%
2017	$70,865,643	$20,612,597	29.1%
2018	$68,615,612	$23,611,275	34.4%
2019	$66,311,849	$26,983,321	40.7%
2020	$63,926,028	$30,731,054	48.1%
2021	$61,502,952	$34,919,037	56.8%
2022	$59,037,791	$39,556,141	67.0%
2023	$56,515,535	$44,677,562	79.1%
2024	$53,954,822	$50,268,747	93.2%
2025	$51,378,846	$56,393,238	109.8%
2026	$48,783,976	$63,002,426	129.1%
2027	$46,165,117	$69,999,483	151.6%
2028	$43,548,399	$77,324,403	177.6%
2029	$40,938,429	$84,997,333	207.6%
2030	$38,348,668	$92,977,613	242.5%
2031	$35,792,225	$101,036,170	282.3%
2032	$33,262,698	$108,747,376	326.9%
2033	$30,785,551	$116,173,622	377.4%
2034	$28,372,598	$123,173,315	434.1%
2035	$26,029,745	$129,630,125	498.0%
2036	$23,760,203	$135,223,089	569.1%
2037	$21,579,865	$139,893,111	648.3%
2038	$19,505,721	$143,506,484	735.7%
2039	$17,536,526	$146,063,987	832.9%
2040	$15,680,409	$147,476,940	940.5%
2041	$13,943,869	$147,569,851	1058.3%
2042	$12,329,015	$146,391,477	1187.4%
2043	$10,837,751	$144,036,235	1329.0%
2044	$9,471,637	$140,603,922	1484.5%
2045	$8,230,664	$136,042,692	1652.9%
2046	$7,108,592	$130,482,289	1835.6%
2047	$6,104,755	$124,101,377	2032.9%
2048	$5,213,351	$116,984,860	2243.9%
2049	$4,426,916	$109,194,255	2466.6%
2050	$3,738,151	$101,038,467	2702.9%
2051	$3,138,921	$92,708,574	2953.5%
2052	$2,621,213	$84,469,725	3222.5%
2053	$2,177,659	$76,310,951	3504.3%
2054	$1,800,180	$68,453,226	3802.6%
2055	$1,481,076	$60,986,684	4117.7%
2056	$1,212,839	$53,975,990	4450.4%
2057	$988,684	$47,468,991	4801.2%
2058	$802,415	$41,489,473	5170.6%
2059	$648,455	$36,070,588	5562.5%
2060 +	$2,480,575	$194,467,843	7839.6%
Present Value of Future Amount (at 4.5%)	$889,662,122	$1,327,652,963	149.2%

Exhibit 4

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical and Project Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,999	$316,168	1.9%
2005	$39,752,811	$829,665	2.1%
2006	$62,159,481	$4,337,521	7.0%
2007	$71,296,618	$3,557,534	5.0%
2008	$71,825,588	$7,264,603	10.1%
2009	$70,264,418	$7,352,676	10.5%
2010	$68,533,578	$9,694,820	14.1%
2011	$67,072,605	$10,591,896	15.8%
2012	$65,319,520	$11,648,329	17.8%
2013	$63,603,787	$11,091,331	17.4%
2014	$61,960,327	$12,920,317	20.9%
2015	$60,246,968	$15,076,649	25.0%
2016	$58,463,666	$17,534,130	30.0%
2017	$56,692,514	$20,195,206	35.6%
2018	$54,892,489	$23,169,469	42.2%
2019	$53,049,479	$26,520,009	50.0%
2020	$51,140,822	$30,247,690	59.1%
2021	$49,202,362	$34,416,185	69.9%
2022	$47,230,233	$39,034,817	82.6%
2023	$45,212,428	$44,139,249	97.6%
2024	$43,163,857	$49,715,458	115.2%
2025	$41,103,076	$55,826,691	135.8%
2026	$39,027,180	$62,424,789	160.0%
2027	$36,932,093	$69,413,599	187.9%
2028	$34,838,719	$76,733,402	220.3%
2029	$32,750,743	$84,404,095	257.7%
2030	$30,678,934	$92,385,080	301.1%
2031	$28,633,780	$100,447,637	350.8%
2032	$26,610,158	$108,167,549	406.5%
2033	$24,628,441	$115,605,855	469.4%
2034	$22,698,078	$122,620,926	540.2%
2035	$20,823,796	$129,096,146	619.9%
2036	$19,008,163	$134,710,820	708.7%
2037	$17,263,892	$139,405,225	807.5%
2038	$15,604,576	$143,045,159	916.7%
2039	$14,029,221	$145,630,904	1038.1%
2040	$12,544,327	$147,073,356	1172.4%
2041	$11,155,095	$147,196,806	1319.5%
2042	$9,863,212	$146,049,324	1480.7%
2043	$8,670,201	$143,724,798	1657.7%
2044	$7,577,310	$140,322,493	1851.9%
2045	$6,584,531	$135,790,433	2062.3%
2046	$5,686,873	$130,257,910	2290.5%
2047	$4,883,804	$123,903,297	2537.0%
2048	$4,170,681	$116,811,380	2800.8%
2049	$3,541,532	$109,043,659	3079.0%
2050	$2,990,521	$100,908,741	3374.3%
2051	$2,511,137	$92,597,674	3687.5%
2052	$2,096,970	$84,375,541	4023.7%
2053	$1,742,127	$76,231,568	4375.8%
2054	$1,440,144	$68,386,764	4748.6%
2055	$1,184,861	$60,931,378	5142.5%
2056	$970,271	$53,930,245	5558.3%
2057	$790,947	$47,431,385	5996.8%
2058	$641,932	$41,458,753	6458.4%
2059	$518,764	$36,045,632	6948.4%
2060 +	$1,984,457	$194,371,866	9794.7%

Present Values at 4.5%
Without Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$593,127,527	$57,118,641	9.6%
Projected Future	$733,385,908	$1,319,771,535	180.0%
Lifetime Anticipated	$1,326,513,435	$1,376,890,176	103.8%

[Date]

[First Name] [Last Name]
[Address]
[City], [State] [Zip]

[Policy Number]
Notice of change in your long term care insurance premium

Dear Policyholder,

At Allianz Life Insurance Company of North America, our highest priority is fulfilling our commitments to our policyholders. When you purchased your long term care insurance policy, we promised to be there for you. We believe a promise is a promise.

When your policy was issued, we relied upon the information and projections available to us at that time to establish the premium rates for your policy. Analyzing the information we now have available, it is evident the number of claims we will pay is substantially more than originally projected. As a result, it is necessary to increase premiums on long term care insurance policies and your policy is included.

In the interest of balancing the needs of our policyholders with the long-term viability of our policies, [[a [%] premium increase was filed with the insurance department in the state of [state], where it has been reviewed and approved]] or [[the insurance department in the state of [State] has been notified of this [%] premium increase.]] This approved premium increase amount is less than the justifiable rate increase amount prescribed by the regulations in the state of [State] and for this reason, it is possible that rates may need to be raised again in the future.

The possibility of a premium increase is noted on the first page of your policy, which states that after any premium guarantee period, the Company may change the premium rates if the change is based on the experience of the form. Our decision to increase premiums is based solely on the total future increased claims we now anticipate on these policies given our actual experience. No individuals have been given preferential treatment for the premium increases, nor are the increases in premium due to a policyholder's advance in age or deteriorated health status.

Based on your current benefits, your premium will increase from [$XXX.XX] to [$XXX.XX] [policy mode]. The increase will be effective on or after the latter of the next policy anniversary or the next bill date beginning [rate increase effective date]. If recent changes have been made to your policy, they may not be reflected in the premium noted above.

With this premium increase, several options are available to you.

You can:

- Accept the increased premiums and maintain current benefit amounts
- Maintain your current premiums with reduced benefit amounts (benefits cannot be less than any minimum benefit amounts).
- Blend the above two options, resulting in a lesser premium increase and lesser reduced benefit amounts
- Elect reduced paid-up coverage with no future premiums payable under the contingent benefit upon lapse feature or shortened benefit rider, if part of your policy, and eligibility triggers have been met.

If you decide to pay the increased premium in order to keep your benefits unchanged, no further action is required on your part. If you wish to elect one of the other options, please complete the attached coverage change request form and return it to our home office within 30 calendar days of the date of this letter. Prior to making any changes, we strongly encourage you to speak with your licensed agent or contact one of our customer service representatives at 800.789.6896. Your agent or one of our customer service representatives will provide you with details about the options on the coverage change request form and help you determine the impact that changes to your long term care insurance coverage will have on your benefits and premium payments.

If you make authorized monthly payments via electronic funds transfer from your bank account, we will deduct the new premium starting on the date stated above. If you use an online (or third-party) account to make premium payments, be sure to update your payment amount prior to the date stated above.

Please note: if you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium. Once you are no longer in claim status in the future and premiums become payable, the increased premium will be required to maintain your coverage.

If you would like more information about the options available to you or wish to discuss them further, please contact our client service representatives at 800.789.6896 weekdays from 7:00 a.m. to 5:00 p.m. Central time. You can also contact us for assistance in completing the change request form, or you can call your Allianz agent for such assistance. Please retain a copy of this letter with your policy for future reference.

Sincerely,

Policy Administration Department

NOTE: This letter is not a bill.
Enclosed: Service Request form

cc: [Agent first name] [Agent last name]

Guarantees are backed by the financial strength and claims-paying ability of Allianz Life Insurance Company of North America.

Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive, Minneapolis, MN 55416-1297. 800.950.1962

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

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Premium per $250 monthly benefit
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18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
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43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
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47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
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18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
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83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
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83	280	310	359	399	448	551
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Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Allianz Life Insurance Company of North America

Home Office:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Actuarial Memorandum for 25% Premium Rate Increase
on Individual Long-Term Care Insurance Policy Forms:
10-P-Q-VA
Benefit Increase Riders:
10-R1, 10-R2, 10-R3, 10-R4, 10-R5
Other Riders:
10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2

I. Purpose of Filing

The purpose of this rate filing is to support and request a 25% rate increase on the long-term care insurance policy forms and riders listed above. This filing may not be appropriate for other purposes.

The projections included in this filing are produced applying "best estimate" actuarial assumptions (assumptions that reasonably reflect actual experience, without a provision for adverse deviation). The "58/85" calculation of Section 20.C.(2) of the Long-Term Care Insurance Model Regulation applied to the historical experience and projected results of this filing produces a justified premium rate increase of 97%.

Modifying the actuarial assumptions to include a provision for moderately adverse experience would result in a justified rate increase of approximately 142%. These moderately adverse assumptions include lowering the assumed ultimate (durations seven and above) voluntary lapse rate from 0.75% to 0.50%, lowering the assumed mortality from 80% of 1994 GAM to 70% of 1994 and increasing the assumed claim costs by 5% for all attained ages.

The Company prefers not to request a premium rate increase of this magnitude and is filing for a 25% rate increase.

The Company no longer issues long-term care insurance policies.

II. Policyholder Options to mitigate impact of Premium Rate Increase

Assuming that the proposed rate increase becomes effective, policyholders will have the following options:

Policyholder Options to Reduce Benefits
Policyholders have the option to modify their policy benefits to mitigate the impact of the proposed rate increase. As examples, the options include the following:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit,
3. Increase their elimination period, or
4. Drop their inflation rider (for those that have some type of inflation rider).

Non-forfeiture Offers
In addition, the Company will give the policyholder the option to accept a non-forfeiture benefit if they meet the trigger for a substantial premium increase. Acceptance of the non-forfeiture benefit will provide the policyholder with a paid-up policy, with no future premiums required. Under this paid-up policy, the maximum benefit amount is equal to the greater of the sum of premiums paid or 30 times their daily benefit, and the daily benefit amount is equal to the policyholder's current daily benefit amount. Upon acceptance of this offer, the policyholder's current coverage is terminated. This offer would be made to all policyholders.

III. Scope of Filing

This filing applies to active policies issued in this state for the policy forms listed above. These policy forms are no longer being marketed. Nationwide, policies were issued from November, 2003 through September, 2009. **Exhibit 1** provides a distribution by state of the number of active lives and annualized premium in force as of 06/30/2012 under these policy forms.

IV. Premium Rate Increase Justification

A rate increase is necessary at this time because Company experience on its Long Term Care Insurance business indicates that the premium rates for these policy forms are inadequate. Premium rate increases that help to remediate poorly performing blocks of business and limit any future losses are important to maintaining the Company's ability to meet policyholder obligations and pay future claims.

Although the rate increase in this filing is not calculated to achieve a targeted loss ratio, this filing demonstrates that, even after implementation of the requested rate increase, both the projected future loss ratio and the lifetime anticipated loss ratio for these forms are higher than the required minimum loss ratio and therefore benefits are reasonable in relation to premiums. The required minimum loss ratio for these policy forms is as follows:

Type of Coverage:	Long Term Care Insurance
Renewal Clause:	Guaranteed Renewable

The projections included in this filing are produced applying "best estimate" assumptions. The "58/85" calculation of Section 20.C.(2) of the Long-Term Care Insurance Model Regulation applied to the historical experience and projected results of this filing produces a justified premium rate increase of 97%. Modifying the assumptions to include a provision for moderately adverse experience would result in a justified rate increase substantially larger than 97%.

V. Actuarial Assumptions

A. Interest: A 4.5% annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to present values.

B. Policy Termination Rates: The projected future experience uses 80% of the gender-distinct 1994 GAM table for mortality, along with an ultimate lapse rate of 0.75%. Voluntary lapses by duration are as follows:

Duration	Lapse Rate	
1	7.00 %	
2	3.40 %	
3	2.20 %	
4	1.50 %	
5	1.00 %	
6	0.90 %	
7	0.75 %	(for all durations 7 and above)

C. Morbidity Rates: Attained age claim costs used in projecting future experience and the cost of the Waiver of Premium benefit for this form have been developed utilizing Company-specific policy experience enhanced with other industry data as needed. Claim costs vary by joint policy status (joint vs. single), gender and level of home health care (70%, 100% or 130%) with adjustments for elimination periods and riders.

D. Claim Reserves: The incurred claims shown in the nationwide historical experience include pending claim reserves and IBNR.

E. Rate Increase History: There are no prior rate increases on this policy form.

F. Effective Date:

- Policyholders will receive notice of the approved rate increase at least 60 days prior to the effective date of their increase.

- The approved rate increase will be effective on the policyholder's anniversary.

- All policyholders have a five year premium rate guarantee and the rate increase will not be implemented prior to the policyholder's fifth policy anniversary.

- The Company anticipates that the implementation of the rate increase will begin during the second half of 2013. For actuarial modeling, we have assumed that the rate increase becomes effective on the policyholder's first anniversary on or after October 1, 2013.

In terms of the impact on calendar year earned premium, the rate increase is 4% effective in 2013, 68% effective in 2014 and 100% effective in 2015.

G. Premium Profile: please see **Exhibit 1** for lives and premium for policies issued in this state.

VI. Historical and Projected Future Experience

Exhibit 2 presents the nationwide experience since inception by "incurred year," or "loss year," for these policy forms and riders as of 06/30/2012.

Future experience has been projected for the last six months of 2012 and every year thereafter, as presented in **Exhibit 3** and **Exhibit 4**. Exhibit 3 includes the impact on future earned premium of the proposed premium rate increase (claims are also impacted by the rate increase, as waiver of premium and survivorship costs increase). All projected experience beyond 2060 is included in 2060+. In these exhibits, please note that the paid claims have been discounted with interest from the claim payment date back to the incurred date of the claim.

The annualized premium in force nationwide as of 06/30/2012 is $66,145,792.

The present values of earned premium and incurred claims, discounted at 4.5% after application of the proposed rate increase, are summarized below. The lifetime anticipated loss ratio is defined as the present value of the historical and projected future claims divided by the present value of the historical and projected future earned premiums.

06/30/2012 Present Values after Nationwide Proposed Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$ 593,127,527	$ 57,118,641	9.6%
Projected Future	$ 889,662,122	$1,327,652,963	149.2%
Lifetime Anticipated	$1,482,789,650	$1,384,771,604	93.4%

VII. Data Reliance

John L. Timmerberg, ASA, MAAA relied upon data as provided by Allianz Life Insurance Company of North America in completing this analysis. This data has been reviewed for reasonableness and consistency.

VIII. Actuarial Certification

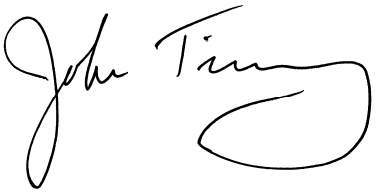
I hereby certify that, to the best of my knowledge, the rate filing submitted herein is in compliance with all applicable laws and regulations of the state in which it is filed and that it complies with applicable Actuarial Standards of Practice.

The projections included in this filing are produced applying "best estimate" actuarial assumptions (assumptions that reasonably reflect actual experience, without a provision for adverse deviation). Modifying the actuarial assumptions to include a provision for moderately adverse experience would result in a justified rate increase of approximately 142%. These moderately adverse assumptions include lowering the assumed ultimate (durations seven and above) voluntary lapse rate from 0.75% to 0.50%, lowering the assumed mortality from 80% of 1994 GAM to 70% of 1994 and increasing the assumed claim costs by 5% for all attained ages.

Although the Company is not requesting a rate increase of 142% as would be actuarially justified under moderately adverse experience, I certify that if a rate increase of that amount was implemented and the underlying assumptions are realized, then no further premium rate schedule increases are anticipated.

The Company prefers not to request a premium rate increase of this magnitude and is filing for a 25% rate increase. Regarding the schedule of additional rate increases that the Company is expecting, currently, and assuming no further deterioration in experience, the Company expects that at least one additional rate increase of 25% filed in three year intervals would allow these policies to meet the Company's revised profit goals.

I have considered policy design, underwriting and claims adjudication practices.



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John Timmerberg, ASA, MAAA

Consulting Actuary
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Indianapolis, IN 46236

Phone: (317) 507-9774
Email: johntimmerberg@gmail.com
March 15, 2013

Exhibit 1

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Issue State	Lives	Premium
AK	70	$159,179
AL	560	$956,622
AR	325	$555,328
AZ	828	$1,543,622
CO	1130	$2,055,666
CT	242	$685,147
DC	54	$107,125
DE	114	$192,320
FL	1399	$2,936,429
GA	1424	$2,657,819
HI	432	$905,440
IA	912	$1,568,612
ID	202	$380,797
IL	1497	$2,680,963
IN	331	$628,970
KS	686	$1,125,875
KY	400	$680,958
LA	365	$581,692
MA	992	$2,471,980
MD	778	$1,592,614
ME	337	$677,980
MI	721	$1,355,336
MN	1612	$2,730,868
MO	955	$1,630,074
MS	158	$262,780
MT	150	$282,121
NC	1872	$3,402,053
ND	109	$185,777
NE	559	$1,049,641
NH	173	$329,629
NJ	808	$2,110,150
NM	264	$478,204
NV	131	$242,698
OH	1066	$1,855,339
OK	387	$659,664
OR	609	$1,121,127
PA	1759	$3,487,641
RI	91	$183,501
SC	493	$875,577
SD	263	$464,278
TN	768	$1,317,468
TX	3723	$6,431,689
UT	186	$317,394
VA	1915	$3,713,613
VT	154	$303,950
WA	2534	$4,803,647
WI	582	$1,085,390
WV	87	$148,988
WY	79	$172,057
Total		$66,145,792

Exhibit 2

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical Experience by Loss Year

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,999	$316,168	1.9%
2005	$39,752,811	$829,665	2.1%
2006	$62,159,481	$4,337,521	7.0%
2007	$71,296,618	$3,557,534	5.0%
2008	$71,825,588	$7,264,603	10.1%
2009	$70,264,418	$7,352,676	10.5%
2010	$68,533,578	$9,694,820	14.1%
2011	$67,072,605	$10,591,896	15.8%
2012 (6 mos.)	$32,938,223	$6,674,870	20.3%
	$501,497,245	$50,619,753	10.1%

Historical Experience by Duration

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	$79,258,884	$1,566,752	2.0%
2	$75,607,325	$1,721,942	2.3%
3	$73,252,304	$5,943,123	8.1%
4	$70,916,300	$6,550,050	9.2%
5	$68,232,125	$9,970,462	14.6%
6	$61,822,942	$8,714,040	14.1%
7	$44,398,227	$9,206,560	20.7%
8	$23,195,674	$5,430,274	23.4%
9	$4,812,097	$1,516,551	31.5%
10	$1,366	$0	0.0%
	$501,497,245	$50,619,753	10.1%

Present Values at 4.5%

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$593,127,527	$57,118,641	9.6%

Exhibit 3

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Projected Future Experience - After 25% Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
7/2012-12/2012	$32,381,297	$4,996,635	15.4%
2013	$64,070,110	$11,152,023	17.4%
2014	$72,788,493	$13,135,918	18.0%
2015	$75,280,744	$15,393,854	20.4%
2016	$73,079,583	$17,915,038	24.5%
2017	$70,865,643	$20,612,597	29.1%
2018	$68,615,612	$23,611,275	34.4%
2019	$66,311,849	$26,983,321	40.7%
2020	$63,926,028	$30,731,054	48.1%
2021	$61,502,952	$34,919,037	56.8%
2022	$59,037,791	$39,556,141	67.0%
2023	$56,515,535	$44,677,562	79.1%
2024	$53,954,822	$50,268,747	93.2%
2025	$51,378,846	$56,393,238	109.8%
2026	$48,783,976	$63,002,426	129.1%
2027	$46,165,117	$69,999,483	151.6%
2028	$43,548,399	$77,324,403	177.6%
2029	$40,938,429	$84,997,333	207.6%
2030	$38,348,668	$92,977,613	242.5%
2031	$35,792,225	$101,036,170	282.3%
2032	$33,262,698	$108,747,376	326.9%
2033	$30,785,551	$116,173,622	377.4%
2034	$28,372,598	$123,173,315	434.1%
2035	$26,029,745	$129,630,125	498.0%
2036	$23,760,203	$135,223,089	569.1%
2037	$21,579,865	$139,893,111	648.3%
2038	$19,505,721	$143,506,484	735.7%
2039	$17,536,526	$146,063,987	832.9%
2040	$15,680,409	$147,476,940	940.5%
2041	$13,943,869	$147,569,851	1058.3%
2042	$12,329,015	$146,391,477	1187.4%
2043	$10,837,751	$144,036,235	1329.0%
2044	$9,471,637	$140,603,922	1484.5%
2045	$8,230,664	$136,042,692	1652.9%
2046	$7,108,592	$130,482,289	1835.6%
2047	$6,104,755	$124,101,377	2032.9%
2048	$5,213,351	$116,984,860	2243.9%
2049	$4,426,916	$109,194,255	2466.6%
2050	$3,738,151	$101,038,467	2702.9%
2051	$3,138,921	$92,708,574	2953.5%
2052	$2,621,213	$84,469,725	3222.5%
2053	$2,177,659	$76,310,951	3504.3%
2054	$1,800,180	$68,453,226	3802.6%
2055	$1,481,076	$60,986,684	4117.7%
2056	$1,212,839	$53,975,990	4450.4%
2057	$988,684	$47,468,991	4801.2%
2058	$802,415	$41,489,473	5170.6%
2059	$648,455	$36,070,588	5562.5%
2060 +	$2,480,575	$194,467,843	7839.6%
Present Value of Future Amount (at 4.5%)	$889,662,122	$1,327,652,963	149.2%

Exhibit 4

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical and Project Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,999	$316,168	1.9%
2005	$39,752,811	$829,665	2.1%
2006	$62,159,481	$4,337,521	7.0%
2007	$71,296,618	$3,557,534	5.0%
2008	$71,825,588	$7,264,603	10.1%
2009	$70,264,418	$7,352,676	10.5%
2010	$68,533,578	$9,694,820	14.1%
2011	$67,072,605	$10,591,896	15.8%
2012	$65,319,520	$11,648,329	17.8%
2013	$63,603,787	$11,091,331	17.4%
2014	$61,960,327	$12,920,317	20.9%
2015	$60,246,968	$15,076,649	25.0%
2016	$58,463,666	$17,534,130	30.0%
2017	$56,692,514	$20,195,206	35.6%
2018	$54,892,489	$23,169,469	42.2%
2019	$53,049,479	$26,520,009	50.0%
2020	$51,140,822	$30,247,690	59.1%
2021	$49,202,362	$34,416,185	69.9%
2022	$47,230,233	$39,034,817	82.6%
2023	$45,212,428	$44,139,249	97.6%
2024	$43,163,857	$49,715,458	115.2%
2025	$41,103,076	$55,826,691	135.8%
2026	$39,027,180	$62,424,789	160.0%
2027	$36,932,093	$69,413,599	187.9%
2028	$34,838,719	$76,733,402	220.3%
2029	$32,750,743	$84,404,095	257.7%
2030	$30,678,934	$92,385,080	301.1%
2031	$28,633,780	$100,447,637	350.8%
2032	$26,610,158	$108,167,549	406.5%
2033	$24,628,441	$115,605,855	469.4%
2034	$22,698,078	$122,620,926	540.2%
2035	$20,823,796	$129,096,146	619.9%
2036	$19,008,163	$134,710,820	708.7%
2037	$17,263,892	$139,405,225	807.5%
2038	$15,604,576	$143,045,159	916.7%
2039	$14,029,221	$145,630,904	1038.1%
2040	$12,544,327	$147,073,356	1172.4%
2041	$11,155,095	$147,196,806	1319.5%
2042	$9,863,212	$146,049,324	1480.7%
2043	$8,670,201	$143,724,798	1657.7%
2044	$7,577,310	$140,322,493	1851.9%
2045	$6,584,531	$135,790,433	2062.3%
2046	$5,686,873	$130,257,910	2290.5%
2047	$4,883,804	$123,903,297	2537.0%
2048	$4,170,681	$116,811,380	2800.8%
2049	$3,541,532	$109,043,659	3079.0%
2050	$2,990,521	$100,908,741	3374.3%
2051	$2,511,137	$92,597,674	3687.5%
2052	$2,096,970	$84,375,541	4023.7%
2053	$1,742,127	$76,231,568	4375.8%
2054	$1,440,144	$68,386,764	4748.6%
2055	$1,184,861	$60,931,378	5142.5%
2056	$970,271	$53,930,245	5558.3%
2057	$790,947	$47,431,385	5996.8%
2058	$641,932	$41,458,753	6458.4%
2059	$518,764	$36,045,632	6948.4%
2060 +	$1,984,457	$194,371,866	9794.7%

Present Values at 4.5%
Without Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$593,127,527	$57,118,641	9.6%
Projected Future	$733,385,908	$1,319,771,535	180.0%
Lifetime Anticipated	$1,326,513,435	$1,376,890,176	103.8%

Allianz Life Insurance Company of North America

Home Office:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Actuarial Memorandum for 25% Premium Rate Increase
on Individual Long-Term Care Insurance Policy Forms:
10-P-Q-VA
Benefit Increase Riders:
10-R1, 10-R2, 10-R3, 10-R4, 10-R5
Other Riders:
10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2

I. Purpose of Filing

The purpose of this rate filing is to support and request a 25% rate increase on the long-term care insurance policy forms and riders listed above. This filing may not be appropriate for other purposes.

The projections included in this filing are produced applying "best estimate" actuarial assumptions (assumptions that reasonably reflect actual experience, without a provision for adverse deviation). The "58/85" calculation of Section 20.C.(2) of the Long-Term Care Insurance Model Regulation applied to the historical experience and projected results of this filing produces a justified premium rate increase of 97%. The Company prefers not to request a premium rate increase of this magnitude and is filing for a 25% rate increase in Virginia. The Company is filing for 25% in other states, unless state-specific limitations apply.

Modifying the actuarial assumptions to include a provision for moderately adverse experience would result in a justified rate increase of approximately 142%. These moderately adverse assumptions include lowering the assumed ultimate (durations seven and above) voluntary lapse rate from 0.75% to 0.50%, lowering the assumed mortality from 80% of 1994 GAM to 70% of 1994 GAM and increasing the assumed claim costs by 5% for all attained ages.

The Company prefers not to request a premium rate increase of this magnitude and is filing for a 25% rate increase. Regarding the schedule of additional rate increases that the Company is expecting, currently, and assuming no further deterioration in experience, the Company believes that one additional 25% increase implemented approximately three years from now would allow these policies to meet the Company's revised profit goals.

The Company no longer issues long-term care insurance policies.

II. Policyholder Options to mitigate impact of Premium Rate Increase

Assuming that the proposed rate increase becomes effective, policyholders will have the following options:

Policyholder Options to Reduce Benefits
Policyholders have the option to modify their policy benefits to mitigate the impact of the proposed rate increase. As examples, the options include the following:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit,
3. Increase their elimination period, or
4. Drop their inflation rider (for those that have some type of inflation rider).

Non-forfeiture Offers
In addition, the Company will give the policyholder the option to accept a non-forfeiture benefit if they meet the trigger for a substantial premium increase. Acceptance of the non-forfeiture benefit will provide the policyholder with a paid-up policy, with no future premiums required. Under this paid-up policy, the maximum benefit amount is equal to the greater of the sum of premiums paid or 30 times their daily benefit, and the daily benefit amount is equal to the policyholder's current daily benefit amount. Upon acceptance of this offer, the policyholder's current coverage is terminated. This offer would be made to all policyholders.

III. Scope of Filing

This filing applies to active policies issued in this state for the policy forms listed above. These policy forms are no longer being marketed. Nationwide, policies were issued from November, 2003 through September, 2009. **Exhibit 1** provides a distribution by state of the number of active lives and annualized premium in force as of 06/30/2012 under these policy forms.

IV. Premium Rate Increase Justification

A rate increase is necessary at this time because Company experience on its Long Term Care Insurance business indicates that the premium rates for these policy forms are inadequate. Premium rate increases that help to remediate poorly performing blocks of business and limit any future losses are important to maintaining the Company's ability to meet policyholder obligations and pay future claims.

Although the rate increase in this filing is not calculated to achieve a targeted loss ratio, this filing demonstrates that, even after implementation of the requested rate increase, both the projected future loss ratio and the lifetime anticipated loss ratio for these forms are higher than the required minimum loss ratio and therefore benefits are reasonable in relation to premiums. The required minimum loss ratio for these policy forms is as follows:

Type of Coverage:	Long Term Care Insurance
Renewal Clause:	Guaranteed Renewable

The projections included in this filing are produced applying "best estimate" assumptions. The "58/85" calculation of Section 20.C.(2) of the Long-Term Care Insurance Model Regulation applied to the historical experience and projected results of this filing produces a justified premium rate increase of 97%. Modifying the assumptions to include a provision for moderately adverse experience would result in a justified rate increase substantially larger than 97%.

V. Actuarial Assumptions

A. Interest: A 4.5% annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to present values.

B. Policy Termination Rates: The projected future experience uses 80% of the gender-distinct 1994 GAM table for mortality, along with an ultimate lapse rate of 0.75%. Voluntary lapses by duration are as follows:

Duration	Lapse Rate	
1	7.00 %	
2	3.40 %	
3	2.20 %	
4	1.50 %	
5	1.00 %	
6	0.90 %	
7	0.75 %	(for all durations 7 and above)

C. Morbidity Rates: Attained age claim costs used in projecting future experience and the cost of the Waiver of Premium benefit for this form have been developed utilizing Company-specific policy experience enhanced with other industry data as needed. Claim costs vary by joint policy status (joint vs. single), gender and level of home health care (70%, 100% or 130%) with adjustments for elimination periods and riders.

D. Claim Reserves: The incurred claims shown in the nationwide historical experience include pending claim reserves and IBNR.

E. Rate Increase History: There are no prior rate increases on this policy form.

F. Effective Date:

- Policyholders will receive notice of the approved rate increase at least 60 days prior to the effective date of their increase.

- The approved rate increase will be effective on the policyholder's anniversary.

- All policyholders have a five year premium rate guarantee and the rate increase will not be implemented prior to the policyholder's fifth policy anniversary.

- The Company anticipates that the implementation of the rate increase will begin during the second half of 2013. For actuarial modeling, we have assumed that the rate increase becomes effective on the policyholder's first anniversary on or after October 1, 2013.

In terms of the impact on calendar year earned premium, the rate increase is 4% effective in 2013, 68% effective in 2014 and 100% effective in 2015.

G. Premium Profile: please see **Exhibit 1** for lives and premium for policies issued in this state.

VI. Historical and Projected Future Experience

Exhibit 2 presents the nationwide experience since inception by "incurred year," or "loss year," for these policy forms and riders as of 06/30/2012.

Future experience has been projected for the last six months of 2012 and every year thereafter, as presented in **Exhibit 3** and **Exhibit 4**. Exhibit 3 includes the impact on future earned premium of the proposed premium rate increase (claims are also impacted by the rate increase, as waiver of premium and survivorship costs increase). All projected experience beyond 2060 is included in 2060+. In these exhibits, please note that the paid claims have been discounted with interest from the claim payment date back to the incurred date of the claim.

The annualized premium in force nationwide as of 06/30/2012 is $66,145,792.

The present values of earned premium and incurred claims, discounted at 4.5% after application of the proposed rate increase, are summarized below. The lifetime anticipated loss ratio is defined as the present value of the historical and projected future claims divided by the present value of the historical and projected future earned premiums.

06/30/2012 Present Values after Nationwide Proposed Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$ 593,127,527	$ 57,118,641	9.6%
Projected Future	$ 889,662,122	$1,327,652,963	149.2%
Lifetime Anticipated	$1,482,789,650	$1,384,771,604	93.4%

Exhibit 5 corresponds to Exhibit 2 but for Virginia-specific experience.

VII. Data Reliance

John L. Timmerberg, ASA, MAAA relied upon data as provided by Allianz Life Insurance Company of North America in completing this analysis. This data has been reviewed for reasonableness and consistency.

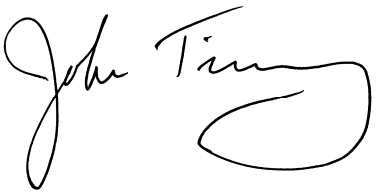
VIII. Actuarial Certification

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws and regulations of the state in which it is filed and that it complies with applicable Actuarial Standards of Practice. I further certify that the anticipated loss ratio submitted herein is expected to develop over the period for which the rates are computed to provide coverage and the benefits are reasonable in relation to the premiums charged.

Although the Company is not requesting a rate increase of 142% as would be actuarially justified under moderately adverse experience, I certify that if a rate increase of that amount was implemented and the underlying assumptions are realized, then no further premium rate schedule increases are anticipated.

The Company prefers not to request a premium rate increase of this magnitude and is filing for a 25% rate increase. Regarding the schedule of additional rate increases that the Company is expecting, currently, and assuming no further deterioration in experience, the Company believes that at least one additional rate increase of 25% filed in three year intervals would allow these policies to meet the Company's revised profit goals.

I have considered policy design, underwriting and claims adjudication practices.



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John Timmerberg, ASA, MAAA

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February 4, 2013

Exhibit 1

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Issue State	Lives	Premium
AK	70	$159,179
AL	560	$956,622
AR	325	$555,328
AZ	828	$1,543,622
CO	1130	$2,055,666
CT	242	$685,147
DC	54	$107,125
DE	114	$192,320
FL	1399	$2,936,429
GA	1424	$2,657,819
HI	432	$905,440
IA	912	$1,568,612
ID	202	$380,797
IL	1497	$2,680,963
IN	331	$628,970
KS	686	$1,125,875
KY	400	$680,958
LA	365	$581,692
MA	992	$2,471,980
MD	778	$1,592,614
ME	337	$677,980
MI	721	$1,355,336
MN	1612	$2,730,868
MO	955	$1,630,074
MS	158	$262,780
MT	150	$282,121
NC	1872	$3,402,053
ND	109	$185,777
NE	559	$1,049,641
NH	173	$329,629
NJ	808	$2,110,150
NM	264	$478,204
NV	131	$242,698
OH	1066	$1,855,339
OK	387	$659,664
OR	609	$1,121,127
PA	1759	$3,487,641
RI	91	$183,501
SC	493	$875,577
SD	263	$464,278
TN	768	$1,317,468
TX	3723	$6,431,689
UT	186	$317,394
VA	1915	$3,713,613
VT	154	$303,950
WA	2534	$4,803,647
WI	582	$1,085,390
WV	87	$148,988
WY	79	$172,057
Total		$66,145,792

Exhibit 2

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical Experience by Loss Year

Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
2003	$886,924	$0	$0	0.0%
2004	$16,766,998	$237,021	$316,168	1.9%
2005	$39,752,811	$711,073	$829,665	2.1%
2006	$62,159,481	$2,850,523	$4,337,521	7.0%
2007	$71,296,618	$2,546,731	$3,557,534	5.0%
2008	$71,825,589	$4,575,304	$7,264,603	10.1%
2009	$70,264,417	$4,667,900	$7,352,678	10.5%
2010	$68,533,577	$4,197,353	$9,694,820	14.1%
2011	$67,072,605	$2,651,536	$10,591,897	15.8%
2012 (6 mos.)	$32,938,222	$416,542	$6,674,870	20.3%
	$501,497,242	$22,853,983	$50,619,756	10.1%

Historical Experience by Duration

Duration	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
1	$79,258,884	$1,042,428	$1,566,753	2.0%
2	$75,607,324	$1,084,093	$1,721,942	2.3%
3	$73,252,303	$4,301,784	$5,943,122	8.1%
4	$70,916,300	$3,858,100	$6,550,051	9.2%
5	$68,232,125	$5,089,913	$9,970,461	14.6%
6	$61,822,942	$3,726,810	$8,714,041	14.1%
7	$44,398,227	$2,607,472	$9,206,561	20.7%
8	$23,195,674	$1,048,006	$5,430,274	23.4%
9	$4,812,097	$95,377	$1,516,551	31.5%
10	$1,366	$0	$0	0.0%
	$501,497,243	$22,853,983	$50,619,755	10.1%

Present Values at 4.5%

	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
Historical	$593,127,524	$26,749,157	$57,118,644	9.6%

Exhibit 3

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Projected Future Experience - After 25% Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
7/2012-12/2012	$32,381,297	$4,996,635	15.4%
2013	$64,070,110	$11,152,023	17.4%
2014	$72,788,493	$13,135,918	18.0%
2015	$75,280,744	$15,393,854	20.4%
2016	$73,079,583	$17,915,038	24.5%
2017	$70,865,643	$20,612,597	29.1%
2018	$68,615,612	$23,611,275	34.4%
2019	$66,311,849	$26,983,321	40.7%
2020	$63,926,028	$30,731,054	48.1%
2021	$61,502,952	$34,919,037	56.8%
2022	$59,037,791	$39,556,141	67.0%
2023	$56,515,535	$44,677,562	79.1%
2024	$53,954,822	$50,268,747	93.2%
2025	$51,378,846	$56,393,238	109.8%
2026	$48,783,976	$63,002,426	129.1%
2027	$46,165,117	$69,999,483	151.6%
2028	$43,548,399	$77,324,403	177.6%
2029	$40,938,429	$84,997,333	207.6%
2030	$38,348,668	$92,977,613	242.5%
2031	$35,792,225	$101,036,170	282.3%
2032	$33,262,698	$108,747,376	326.9%
2033	$30,785,551	$116,173,622	377.4%
2034	$28,372,598	$123,173,315	434.1%
2035	$26,029,745	$129,630,125	498.0%
2036	$23,760,203	$135,223,089	569.1%
2037	$21,579,865	$139,893,111	648.3%
2038	$19,505,721	$143,506,484	735.7%
2039	$17,536,526	$146,063,987	832.9%
2040	$15,680,409	$147,476,940	940.5%
2041	$13,943,869	$147,569,851	1058.3%
2042	$12,329,015	$146,391,477	1187.4%
2043	$10,837,751	$144,036,235	1329.0%
2044	$9,471,637	$140,603,922	1484.5%
2045	$8,230,664	$136,042,692	1652.9%
2046	$7,108,592	$130,482,289	1835.6%
2047	$6,104,755	$124,101,377	2032.9%
2048	$5,213,351	$116,984,860	2243.9%
2049	$4,426,916	$109,194,255	2466.6%
2050	$3,738,151	$101,038,467	2702.9%
2051	$3,138,921	$92,708,574	2953.5%
2052	$2,621,213	$84,469,725	3222.5%
2053	$2,177,659	$76,310,951	3504.3%
2054	$1,800,180	$68,453,226	3802.6%
2055	$1,481,076	$60,986,684	4117.7%
2056	$1,212,839	$53,975,990	4450.4%
2057	$988,684	$47,468,991	4801.2%
2058	$802,415	$41,489,473	5170.6%
2059	$648,455	$36,070,588	5562.5%
2060 +	$2,480,575	$194,467,843	7839.6%
Present Value of Future Amount (at 4.5%)	$889,662,122	$1,327,652,963	149.2%

*Paid Claims are not projected

Exhibit 4

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical and Project Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,998	$316,168	1.9%
2005	$39,752,811	$829,665	2.1%
2006	$62,159,481	$4,337,521	7.0%
2007	$71,296,618	$3,557,534	5.0%
2008	$71,825,589	$7,264,603	10.1%
2009	$70,264,417	$7,352,678	10.5%
2010	$68,533,577	$9,694,820	14.1%
2011	$67,072,605	$10,591,897	15.8%
2012	$65,319,519	$11,648,329	17.8%
2013	$63,603,787	$11,091,331	17.4%
2014	$61,960,327	$12,920,317	20.9%
2015	$60,246,968	$15,076,649	25.0%
2016	$58,463,666	$17,534,130	30.0%
2017	$56,692,514	$20,195,206	35.6%
2018	$54,892,489	$23,169,469	42.2%
2019	$53,049,479	$26,520,009	50.0%
2020	$51,140,822	$30,247,690	59.1%
2021	$49,202,362	$34,416,185	69.9%
2022	$47,230,233	$39,034,817	82.6%
2023	$45,212,428	$44,139,249	97.6%
2024	$43,163,857	$49,715,458	115.2%
2025	$41,103,076	$55,826,691	135.8%
2026	$39,027,180	$62,424,789	160.0%
2027	$36,932,093	$69,413,599	187.9%
2028	$34,838,719	$76,733,402	220.3%
2029	$32,750,743	$84,404,095	257.7%
2030	$30,678,934	$92,385,080	301.1%
2031	$28,633,780	$100,447,637	350.8%
2032	$26,610,158	$108,167,549	406.5%
2033	$24,628,441	$115,605,855	469.4%
2034	$22,698,078	$122,620,926	540.2%
2035	$20,823,796	$129,096,146	619.9%
2036	$19,008,163	$134,710,820	708.7%
2037	$17,263,892	$139,405,225	807.5%
2038	$15,604,576	$143,045,159	916.7%
2039	$14,029,221	$145,630,904	1038.1%
2040	$12,544,327	$147,073,356	1172.4%
2041	$11,155,095	$147,196,806	1319.5%
2042	$9,863,212	$146,049,324	1480.7%
2043	$8,670,201	$143,724,798	1657.7%
2044	$7,577,310	$140,322,493	1851.9%
2045	$6,584,531	$135,790,433	2062.3%
2046	$5,686,873	$130,257,910	2290.5%
2047	$4,883,804	$123,903,297	2537.0%
2048	$4,170,681	$116,811,380	2800.8%
2049	$3,541,532	$109,043,659	3079.0%
2050	$2,990,521	$100,908,741	3374.3%
2051	$2,511,137	$92,597,674	3687.5%
2052	$2,096,970	$84,375,541	4023.7%
2053	$1,742,127	$76,231,568	4375.8%
2054	$1,440,144	$68,386,764	4748.6%
2055	$1,184,861	$60,931,378	5142.5%
2056	$970,271	$53,930,245	5558.3%
2057	$790,947	$47,431,385	5996.8%
2058	$641,932	$41,458,753	6458.4%
2059	$518,764	$36,045,632	6948.4%
2060 +	$1,984,457	$194,371,866	9794.7%

Present Values at 4.5%
Without Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$593,127,524	$57,118,644	9.6%
Projected Future	$733,385,908	$1,319,771,535	180.0%
Lifetime Anticipated	$1,326,513,432	$1,376,890,179	103.8%

*Paid claims are not projected

Exhibit 5

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical Experience by Loss Year

Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
2003	$1,992	$0	$0	0.0%
2004	$613,928	$0	$0	0.0%
2005	$1,805,953	$0	$0	0.0%
2006	$3,418,250	$698	$698	0.0%
2007	$4,132,246	$3,730	$3,730	0.1%
2008	$4,004,907	$161,202	$213,549	5.3%
2009	$3,903,159	$5,587	$5,587	0.1%
2010	$3,817,934	$102,991	$102,991	2.7%
2011	$3,755,425	$96,238	$763,024	20.3%
2012 (6 mos.)	$1,849,188	$3,613	$109,758	5.9%
	$27,302,982	$374,059	$1,199,337	4.4%

Historical Experience by Duration

Duration	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
1	$4,346,106	$0	$0	0.0%
2	$4,181,358	$698	$698	0.0%
3	$4,045,127	$3,730	$56,077	1.4%
4	$3,932,806	$161,202	$161,202	4.1%
5	$3,849,432	$127,672	$298,255	7.7%
6	$3,635,574	$64,500	$379,600	10.4%
7	$2,235,490	$16,257	$173,731	7.8%
8	$955,983	$0	$23,629	2.5%
9	$121,106	$0	$106,145	87.6%
10	$0	$0	$0	0.0%
	$27,302,983	$374,060	$1,199,336	4.4%

Present Values at 4.5%

	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
Historical	$32,128,088	$420,860	$1,287,395	4.0%

Exhibit 6

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 10-P-Q
As of 06/30/2012

Projected Future Experience - After 25% Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
7/2012-12/2012	$1,837,227	$180,755	9.8%
2013	$3,653,443	$403,808	11.1%
2014	$4,169,133	$478,633	11.5%
2015	$4,347,609	$573,191	13.2%
2016	$4,234,741	$683,942	16.2%
2017	$4,120,931	$796,971	19.3%
2018	$4,024,181	$913,623	22.7%
2019	$3,924,350	$1,052,829	26.8%
2020	$3,821,432	$1,213,396	31.8%
2021	$3,715,437	$1,397,529	37.6%
2022	$3,606,400	$1,609,311	44.6%
2023	$3,494,382	$1,841,926	52.7%
2024	$3,379,463	$2,102,027	62.2%
2025	$3,261,749	$2,393,023	73.4%
2026	$3,141,378	$2,729,092	86.9%
2027	$3,018,537	$3,100,941	102.7%
2028	$2,893,453	$3,511,415	121.4%
2029	$2,766,391	$3,969,532	143.5%
2030	$2,636,547	$4,492,297	170.4%
2031	$2,504,961	$5,039,612	201.2%
2032	$2,371,062	$5,616,432	236.9%
2033	$2,237,396	$6,192,082	276.8%
2034	$2,106,423	$6,816,593	323.6%
2035	$1,976,033	$7,443,216	376.7%
2036	$1,845,076	$8,063,757	437.0%
2037	$1,717,041	$8,640,913	503.2%
2038	$1,591,799	$9,198,024	577.8%
2039	$1,469,363	$9,718,930	661.4%
2040	$1,350,292	$10,196,505	755.1%
2041	$1,235,133	$10,574,714	856.2%
2042	$1,124,400	$10,879,563	967.6%
2043	$1,018,561	$11,117,269	1091.5%
2044	$918,024	$11,291,131	1229.9%
2045	$823,134	$11,353,374	1379.3%
2046	$734,167	$11,306,857	1540.1%
2047	$651,319	$11,184,293	1717.2%
2048	$574,700	$10,963,725	1907.7%
2049	$504,337	$10,659,298	2113.5%
2050	$440,170	$10,260,742	2331.1%
2051	$382,059	$9,805,797	2566.6%
2052	$329,798	$9,285,456	2815.5%
2053	$283,124	$8,731,602	3084.0%
2054	$241,727	$8,131,999	3364.1%
2055	$205,255	$7,528,379	3667.8%
2056	$173,337	$6,928,114	3996.9%
2057	$145,588	$6,319,701	4340.8%
2058	$121,625	$5,707,884	4693.0%
2059	$101,070	$5,124,847	5070.6%
2060 +	$437,267	$32,479,742	7427.9%
Present Value of Future Amount (at 4.5%)	$55,778,858	$85,253,266	152.8%

*Paid Claims are not projected

Exhibit 7

Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical and Project Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$1,992	$0	0.0%
2004	$613,928	$0	0.0%
2005	$1,805,953	$0	0.0%
2006	$3,418,250	$698	0.0%
2007	$4,132,246	$3,730	0.1%
2008	$4,004,907	$213,549	5.3%
2009	$3,903,159	$5,587	0.1%
2010	$3,817,934	$102,991	2.7%
2011	$3,755,425	$763,024	20.3%
2012	$3,686,415	$288,322	7.8%
2013	$3,624,709	$398,727	11.0%
2014	$3,554,585	$467,621	13.2%
2015	$3,479,144	$556,168	16.0%
2016	$3,387,793	$660,735	19.5%
2017	$3,296,745	$770,274	23.4%
2018	$3,219,345	$885,463	27.5%
2019	$3,139,480	$1,023,143	32.6%
2020	$3,057,146	$1,182,185	38.7%
2021	$2,972,350	$1,364,796	45.9%
2022	$2,885,120	$1,575,079	54.6%
2023	$2,795,505	$1,806,319	64.6%
2024	$2,703,571	$2,065,137	76.4%
2025	$2,609,399	$2,354,932	90.2%
2026	$2,513,103	$2,689,841	107.0%
2027	$2,414,830	$3,060,684	126.7%
2028	$2,314,762	$3,470,305	149.9%
2029	$2,213,113	$3,927,690	177.5%
2030	$2,109,238	$4,449,820	211.0%
2031	$2,003,969	$4,996,768	249.3%
2032	$1,896,850	$5,573,513	293.8%
2033	$1,789,917	$6,149,399	343.6%
2034	$1,685,139	$6,774,308	402.0%
2035	$1,580,826	$7,401,614	468.2%
2036	$1,476,061	$8,023,092	543.5%
2037	$1,373,633	$8,601,483	626.2%
2038	$1,273,439	$9,160,038	719.3%
2039	$1,175,490	$9,682,591	823.7%
2040	$1,080,234	$10,161,968	940.7%
2041	$988,106	$10,542,173	1066.9%
2042	$899,520	$10,849,110	1206.1%
2043	$814,849	$11,088,939	1360.9%
2044	$734,419	$11,264,930	1533.9%
2045	$658,507	$11,329,320	1720.5%
2046	$587,334	$11,284,947	1921.4%
2047	$521,055	$11,164,444	2142.7%
2048	$459,760	$10,945,880	2380.8%
2049	$403,470	$10,643,354	2638.0%
2050	$352,136	$10,246,616	2909.8%
2051	$305,647	$9,793,360	3204.1%
2052	$263,838	$9,274,590	3515.3%
2053	$226,500	$8,722,162	3850.8%
2054	$193,381	$8,123,865	4201.0%
2055	$164,204	$7,521,409	4580.5%
2056	$138,669	$6,922,178	4991.9%
2057	$116,470	$6,314,691	5421.7%
2058	$97,300	$5,703,697	5862.0%
2059	$80,856	$5,121,370	6333.9%
2060 +	$349,810	$32,465,339	9280.8%

Present Values at 4.5%
Without Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$32,128,088	$1,287,395	4.0%
Projected Future	$45,859,965	$84,692,291	184.7%
Lifetime Anticipated	$77,988,053	$85,979,687	110.2%

*Paid claims are not projected

AZL-LTC Claim Reserve Methodology

The following documents the process of determining claim reserves, IBNR and other claim liabilities (i.e. amounts due but not yet paid) for policies administered by Allianz. The methods and assumptions described here are applied to both GAAP and statutory reporting.

Data

The following parameters are used in the calculation:

1. Date of claim incurral
2. Elimination period (in days)
3. Gender of claimant
4. Age of claimant at incurral
5. Monthly benefit amount
6. Amount of benefits paid to date
7. Valuation interest rate (currently at 4% or 4.5% for both statutory and GAAP)
8. Claim status (active, pending)
9. Provider type (i.e. nursing home, home care)
10. Plan/product code (i.e. Future Select, Generation Protector)
11. Effective date of policy (used to determine COLA benefits if applicable)
12. COLA benefits indicator (i.e. None, Compound, Simple)
13. Annualized premium (used to determine waiver of premium benefits if applicable)

Claim Reserves

At each valuation date, a claim reserve is computed for each active and pending claim case.

For **active claims**, the claim reserve is calculated as the present value of future benefits from the valuation date to the end of the benefit period. Benefit amounts are discounted for interest and claim continuance. Claim continuance is based on an adjusted version of the 1985 National Nursing Home Study ("1985 NNHS") – Table 11. This table is sex-distinct and provides continuance rates through 25 years from claim incurral. Adjustments are based on an industry study of actual LTC claim experience. These adjustments change the average length of stay (ALOS) in the 1985 NNHS to a level consistent with the ALOS in the industry study plus a 10% margin (provision for adverse deviation). For nursing home care, these adjustments decrease the ALOS during the first six months of claim and increase it for the period beyond six months. Overall, the 1985 NNHS lifetime benefit ALOS was increased by 20% to 35%. For home or informal care, the 1985 NNHS lifetime ALOS was decreased by 45% for all ages.

The formula for the claim reserve on active claims is as follows:

Active claim reserve = $\sum [h * B(t) * p(t) * v(t-s)] / p(s)$ for $t = s$ to N where,

s = number of days from the incurral date to the valuation,

$p(t)$ = claim continuance at time t (in days), i.e. the probability of being on claim t days from incurral. For indemnity coverage, $B(t)$ is used in monthly, step-rated fashion in order to reflect the monthly payment pattern of this type of coverage (i.e. Life Select, Alldemnity). In other words, $p(1)$ is used for the 1st through the 30th day, $p(31)$ is used for the 31st through the 60th day, etc.,

h = home care adjustment = 5/7. This is used for home or informal care claims under expense reimbursement coverages (i.e. Future Select, Future Choice, Freedom Care, Generation Protector) and reflects our expectations of benefit utilization (number of days per week x % of maximum benefit reimbursed) under home or informal care. Note that $h=1$ for nursing home care and indemnity claims,

N = number of days from incurral to the end of the benefit period. For nursing home care claims, this is the total of the contract's elimination period and the contract benefit period. For home or informal care claims the contract elimination period and benefit period are adjusted by applying a factor of 7/5 to reflect the utilization in home care payments mentioned above. Note that the benefit period will be handled differently for coverages such as Freedom Care where the benefit period is based on a total dollar amount,

B(t) = benefit payment on day t. Note that B(t) = 0 for t <= elimination period, and for t > benefit period + elimination period,

v(t) = interest discount factor for day t = [1 / (1 + i)] ^ [(t - 1) / 365], where i = annual valuation interest rate.

Waiver of premium claim reserves are calculated similarly with the following exceptions: (1) the WP elimination period is always set to 90 days, which may differ from the facility or home care EP; (2) h is always equal to 1; (3) the benefit period is equal to the premium paying period; and (4) the benefit is equal to the annualized premium divided by 365.

Thus, the formula for the waiver of premium claim reserve is:

Waiver of premium claim reserve = ∑ {[AP(t) / 365] * p(t) * v(t-s)} / p(s) for t = s to P where,

p, v, and s are as defined above, and

AP(t) = annualized gross premium on day t.

Note that the waiver of premium reserve is not held for single pay policies.

For **pending claims**, the claim reserve is determined similar to the above except that the incurral date is substituted for the valuation date i.e. the claim reserve is determined as of the incurral date. In addition, a factor of 80% is applied to reflect the likelihood of approval (i.e. moving from pending to active status). This percentage is conservative, based on industry experience and may be modified depending upon our actual future experience.

Thus, the formula for the claim reserve on pending claims is as follows:

Pending claim reserve = ∑ 0.8 * [AP(t) / 365] * p(t) * v(t) for t = 0 to N.

<u>Incurred But Not Reported (IBNR)</u>

The liability for IBNR claims is determined by applying completion factors to reported claims. The completion percentages were derived from a lag study performed on the LifeCare business which included reported claims from 1994 to 2000. The completion percentages below represent the ratio of the number of cumulative incurred claims reported "m" months from incurral to the total or ultimate number of incurred claims. The LifeCare study produced the following percentages:

Reported Month less Incurred Month (m)	Completion Percentages from LifeCare Lag Study	Percentages Applied in Valuation/Reporting
0	53.5%	50%
1	70.3%	65%
2	79.2%	75%
3	90.1%	90%
4	94.1%	95%
5	99.0%	100%
6+	100.0%	100%

As one can see, based on this study, all claims are generally reported by 6 months from incurral. Due to the potentially large expense involved, these long term claims are typically reported promptly by the claimant.

The completion percentages actually used for financial reporting are simply rounded percentages of the raw percentages from the lag study. In addition, due to the largely judgmental and volatile nature of IBNR, an explicit margin of 20% is included. This percentage may be modified as our own experience becomes more credible.

The IBNR liability is determined as follows:

$IBNR = (1+M) \sum R(0,m) / [1 / c(m) - 1]$ for $m = 0$ to 5 where,

M = explicit margin for adverse deviation
m = duration in months from incurred date to reported date
R(0,m) = claim reserve at incurral for all reported claims m months from incurral date
c(m) = completion percentage in reported duration m

Other Claim Liabilities (Claim Accrual Liability)

The liability for amounts due but not yet paid, typically found in Exhibit 8 of the annual statement, is calculated as the claim amount due to be paid between the claim paid-to date and the valuation date. Note that this liability is calculated for active claims but not for pending claims.

The formula for this liability is:

Claim accrual liability $= \sum h * B(t)$ for $t =$ ptd to s where,

h and B(t) are defined as in the claim reserve section above, and

ptd = claim paid-to date.

Forms Numbers and Description of Benefits

1. Form Numbers:	10-P-Q-VA	Qualified policy (This is the tax-qualified long term care insurance policy)
	10-R1	3% lifetime compound benefit increase rider (This rider increases benefits each year to provide some protection against the rising cost of long term care)
	10-R2	4% lifetime compound benefit increase rider (This rider increases benefits each year to provide some protection against the rising cost of long term care)
	10-R3	5% lifetime compound benefit increase rider (This rider increases benefits each year to provide some protection against the rising cost of long term care)
	10-R4	Two times compound benefit increase rider (This rider increases benefits for a limited number of years to provide some protection against the rising cost of long term care)
	10-R5	Simple benefit increase rider (This rider increases benefits each year to provide some protection against the rising cost of long term care)
	10-R6	Limited pay rider (This rider provides a paid-up contract once required premium has been paid up for a specified period of time)
	10-R7-VA	Accelerated premium rider (This rider allows a higher premium payment during the first 10 policy years and a lower premium payment after the 10th policy year)
	10-R8-VA	Shortened benefit rider (This rider provides limited benefits even after the contract lapses)
	10-R9	Calendar day elimination period rider (This rider credits, toward the elimination period, each day that the insured is chronically ill from the first day that the insured received care)
	10-R10	Home & community care monthly benefit rider (This rider provides a cash benefit in any month that a home and community care benefit payment is received)
	10-R11	Waiver of home & community care elimination period rider (This rider waives the elimination period if the insured is receiving home and community care)
	10-R12	Home & community care monthly indemnity benefit rider (This rider provides a cash benefit in any month that a home and community care benefit payment is received)
	10-R13	Comprehensive monthly indemnity benefit rider (This rider provides a cash benefit in any month that a benefit payment is received)
	10-R14	Return of premium upon death rider (Upon death, this rider returns all premiums paid, less any benefits paid to the insured's beneficiary)
	10-R15	Full return of premium upon death rider (Upon death, this rider returns all premiums paid to your beneficiary)
	10-R16	Restoration of benefits rider (After recovery, this rider restores the maximum lifetime benefit)
	10-R17	Married discount rider (This rider provides a premium discount because for married insureds)
	10-R18	Spousal discount rider (This rider provides a premium discount because both insured and insured's spouse were issued contracts)
	10-R19	Spousal shared care rider (This rider allows access to the available benefits under insured's spouse's contract once maximum lifetime benefit has been exhausted)
	10-R20	Spousal waiver of premium rider (This rider waives the premium as it comes due if the insured's spouse's premiums are being waived)
	10-R21	Spousal survivorship rider (This rider provides a paid-up contract if both the insured and insured's spouse's contract has been in force for 10 years and the insured's spouse dies)
	10-E-2	Facility care only policy endorsement (This endorsement deletes any reference in the policy to "home and community care," thus making it a facility care only policy)
2. Issue age range:	18-84	
3. Attained age or issue age rates:	Issue age rates	
4. Benefit periods:	2, 3, 4, 5, 8, lifetime	
5. Elimination periods:	7, 30, 60, 90, 180	
6. Rate guarantees:	5 Years	
7. Premium classifications:	Preferred Plus, Preferred, Standard, Select I, Select II	
8. Renewal Clause:	Guaranteed Renewable	

[Date]

[First Name] [Last Name]
[Address]
[City], [State] [Zip]

[Policy Number]
Notice of change in your long term care insurance premium

Dear Policyholder,

At Allianz Life Insurance Company of North America, our highest priority is fulfilling our commitments to our policyholders. When you purchased your long term care insurance policy, we promised to be there for you. We believe a promise is a promise.

When your policy was issued, we relied upon the information and projections available to us at that time to establish the premium rates for your policy. Analyzing the information we now have available, it is evident the number of claims we will pay is substantially more than originally projected. As a result, it is necessary to increase premiums on long term care insurance policies and your policy is included.

In the interest of balancing the needs of our policyholders with the long-term viability of our policies, [[a [%] premium increase was filed with the insurance department in the state of [state], where it has been reviewed and approved]] or [[the insurance department in the state of [State] has been notified of this [%] premium increase.]]

The possibility of a premium increase is noted on the first page of your policy, which states that after any premium guarantee period, the Company may change the premium rates if the change is based on the experience of the form. Our decision to increase premiums is based solely on the total future increased claims we now anticipate on these policies given our actual experience. No individuals have been given preferential treatment for the premium increases, nor are the increases in premium due to a policyholder's advance in age or deteriorated health status. It is possible that rates may need to be raised again in the future.

Based on your current benefits, your premium will increase from [$XXX.XX] to [$XXX.XX] [policy mode]. The increase will be effective on or after the latter of the next policy anniversary or the next bill date beginning [rate increase effective date]. If recent changes have been made to your policy, they may not be reflected in the premium noted above.

With this premium increase, several options are available to you.

You can:

- Accept the increased premiums and maintain current benefit amounts
- Maintain your current premiums with reduced benefit amounts (benefits cannot be less than any minimum benefit amounts).
- Blend the above two options, resulting in a lesser premium increase and lesser reduced benefit amounts
- Elect reduced paid-up coverage with no future premiums payable under the contingent benefit upon lapse feature or shortened benefit rider, if part of your policy, and eligibility triggers have been met.

If you decide to pay the increased premium in order to keep your benefits unchanged, no further action is required on your part. If you wish to elect one of the other options, please complete the attached coverage

change request form and return it to our home office within 30 calendar days of the date of this letter. Prior to making any changes, we strongly encourage you to speak with your licensed agent or contact one of our customer service representatives at 800.789.6896. Your agent or one of our customer service representatives will provide you with details about the options on the coverage change request form and help you determine the impact that changes to your long term care insurance coverage will have on your benefits and premium payments.

If you make authorized monthly payments via electronic funds transfer from your bank account, we will deduct the new premium starting on the date stated above. If you use an online (or third-party) account to make premium payments, be sure to update your payment amount prior to the date stated above.

Please note: if you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium. Once you are no longer in claim status in the future and premiums become payable, the increased premium will be required to maintain your coverage.

If you would like more information about the options available to you or wish to discuss them further, please contact our client service representatives at 800.789.6896 weekdays from 7:00 a.m. to 5:00 p.m. Central time. You can also contact us for assistance in completing the change request form, or you can call your Allianz agent for such assistance. Please retain a copy of this letter with your policy for future reference.

Sincerely,

Policy Administration Department

NOTE: This letter is not a bill.
Enclosed: Service Request form

cc: [Agent first name] [Agent last name]

Guarantees are backed by the financial strength and claims-paying ability of Allianz Life Insurance Company of North America.

Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive, Minneapolis, MN 55416-1297. 800.950.1962

Base Premium Rates (Proposed - 25% Increase) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	36	40	43	48	58	34	38	41	44	49	60	38	41	45	49	54	66
41	33	36	40	43	48	58	34	38	41	45	50	60	38	41	45	49	55	66
42	33	36	41	44	49	59	34	38	43	45	50	61	38	43	46	50	55	68
43	34	38	43	45	50	60	35	39	44	46	51	63	39	44	48	51	56	69
44	35	39	43	46	51	61	36	40	44	48	53	64	40	44	49	53	58	70
45	36	40	44	48	53	63	38	41	45	49	54	65	41	45	50	54	60	73
46	36	41	45	49	54	65	38	43	46	50	55	68	41	46	51	55	61	74
47	38	43	46	50	55	66	39	44	48	51	56	69	43	48	53	56	63	75
48	39	44	48	51	56	68	40	45	49	53	58	70	44	49	54	58	64	78
49	40	45	49	53	58	70	41	46	50	54	59	73	45	50	55	59	65	79
50	41	46	50	54	59	71	43	48	51	55	61	74	46	51	56	60	66	81
51	43	48	51	55	60	73	44	49	53	56	63	75	48	53	58	61	69	83
52	44	49	53	56	61	75	45	50	54	58	64	78	49	54	59	63	70	85
53	45	50	54	59	65	79	46	51	56	60	66	81	50	56	61	66	74	89
54	48	53	56	61	68	83	49	54	59	63	70	85	53	59	64	69	76	93
55	50	55	60	64	71	86	51	56	61	66	74	89	55	61	68	73	80	98
56	51	58	63	68	75	90	53	59	65	69	76	93	58	64	70	75	84	101
57	54	60	65	70	78	95	55	61	68	73	80	98	60	68	74	79	88	106
58	58	64	70	75	84	101	59	65	73	78	86	104	64	71	79	84	94	114
59	61	69	75	80	89	108	63	70	78	83	91	111	69	76	84	90	100	121
60	66	73	80	86	95	115	68	75	83	89	99	119	74	81	90	96	108	130
61	70	78	85	91	101	123	71	80	88	94	105	128	78	86	95	103	114	139
62	75	83	91	98	109	130	76	85	94	101	113	136	84	93	103	110	123	149
63	81	90	99	106	118	143	83	93	101	110	121	148	90	100	111	119	133	161
64	89	98	108	115	128	154	90	100	110	119	133	161	98	109	120	130	144	175
65	95	105	116	125	139	168	98	109	120	129	144	175	106	118	130	141	156	190
66	104	115	126	136	151	183	106	118	130	140	156	190	115	128	141	153	170	208
67	113	124	138	148	164	199	115	128	141	153	170	206	125	139	154	166	185	225
68	124	138	151	164	181	220	126	141	156	169	189	229	138	154	170	184	205	249
69	138	151	168	181	201	244	140	155	173	188	209	254	153	169	189	204	228	276
70	151	168	186	201	223	270	155	171	191	208	231	281	169	188	209	226	251	306
71	168	185	205	224	248	299	170	189	211	230	256	311	186	206	231	251	279	339
72	185	204	228	248	274	331	189	209	234	255	284	345	205	228	255	278	310	376
73	204	225	253	275	304	368	209	231	260	283	315	384	228	253	284	309	344	418
74	226	250	280	305	338	409	230	256	288	314	350	426	251	279	314	343	381	465
75	250	276	310	339	375	455	255	284	319	349	389	474	278	309	348	380	424	516
76	276	306	344	375	416	506	283	314	354	388	431	528	308	341	386	421	471	575
77	306	339	380	416	463	563	313	348	393	430	480	586	340	379	428	468	523	639
78	338	373	421	461	514	625	344	383	434	476	533	651	375	416	473	519	580	710
79	371	411	465	513	570	695	379	421	480	528	590	724	414	459	523	575	644	789
80	410	453	515	568	633	771	418	464	531	585	655	804	455	506	579	638	714	876
81	451	499	569	629	701	858	460	511	588	649	726	893	501	558	640	708	793	974
82	498	550	630	698	779	953	508	564	649	719	806	993	553	615	708	784	879	1,081
83	548	606	696	774	864	1,058	559	621	718	798	895	1,103	610	678	783	869	975	1,201
84	604	668	770	858	958	1,175	616	685	794	884	993	1,224	671	746	865	964	1,083	1,334

Rider Premium Rates and Premium Factors (Proposed - 25% Increase)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Proposed - 25% Increase)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	33	35	39	43	46	56
41	33	36	39	43	48	58
42	33	36	40	43	48	58
43	34	38	41	44	49	59
44	34	38	43	45	50	61
45	35	39	43	46	51	63
46	36	40	44	48	53	64
47	38	41	45	49	54	65
48	38	43	46	50	55	66
49	39	43	48	51	56	69
50	40	44	49	53	58	70
51	41	45	50	54	59	71
52	41	46	51	55	60	74
53	44	49	54	58	64	76
54	46	51	56	60	66	80
55	48	54	59	63	70	84
56	50	56	61	66	73	89
57	53	59	64	69	76	93
58	56	63	69	74	81	99
59	60	66	73	79	88	106
60	64	71	78	84	94	114
61	68	75	84	90	100	121
62	73	81	89	96	106	129
63	79	88	96	104	116	140
64	85	95	105	113	126	153
65	93	103	114	123	136	166
66	100	111	124	134	149	180
67	109	121	134	145	161	196
68	120	134	149	161	179	218
69	133	148	164	178	198	241
70	146	163	181	198	220	266
71	163	180	201	219	244	295
72	179	199	223	243	270	328
73	198	220	246	269	300	364
74	219	244	274	299	333	405
75	243	269	304	331	370	450
76	268	298	336	368	410	501
77	296	330	373	408	456	558
78	328	364	413	453	505	619
79	360	400	456	501	561	688
80	398	441	504	556	623	764
81	438	486	558	616	690	849
82	483	535	616	684	766	943
83	531	590	683	758	850	1,048
84	585	650	754	840	943	1,163

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	16	19	20	23	25	30
41	18	19	21	23	25	30
42	18	19	21	23	25	30
43	18	20	21	23	26	31
44	18	20	23	24	26	33
45	19	20	23	24	28	33
46	19	21	24	25	28	34
47	20	21	24	25	29	34
48	20	23	24	26	29	35
49	20	23	25	26	30	36
50	21	24	25	28	30	36
51	21	24	26	28	31	38
52	23	24	26	29	31	39
53	23	25	28	30	34	40
54	24	26	29	31	35	43
55	25	28	31	33	36	45
56	26	29	33	35	39	46
57	28	31	34	36	40	49
58	30	33	36	39	43	53
59	31	35	39	41	46	56
60	34	38	41	44	49	60
61	36	40	44	48	53	64
62	39	43	46	50	56	68
63	41	46	51	55	61	74
64	45	50	55	60	66	80
65	49	54	60	65	73	88
66	53	59	65	70	79	95
67	58	64	70	76	85	104
68	64	70	79	85	94	114
69	70	78	86	94	104	126
70	78	86	96	104	115	140
71	85	95	106	115	128	155
72	94	105	118	128	143	173
73	104	116	130	141	158	191
74	115	128	144	158	175	214
75	128	141	160	174	195	238
76	141	156	178	194	216	264
77	156	174	196	215	240	294
78	173	191	218	238	266	326
79	190	211	240	264	295	361
80	209	233	265	293	328	403
81	230	256	294	324	364	446
82	254	281	325	360	404	496
83	280	310	359	399	448	551
84	308	343	398	443	496	613

Base Premium Rates (Current) **Attachment 1**

Preferred Rate Class, 90 Day Elimination Period
Rates are per $10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	29	32	34	38	46	27	30	33	35	39	48	30	33	36	39	43	53
41	26	29	32	34	38	46	27	30	33	36	40	48	30	33	36	39	44	53
42	26	29	33	35	39	47	27	30	34	36	40	49	30	34	37	40	44	54
43	27	30	34	36	40	48	28	31	35	37	41	50	31	35	38	41	45	55
44	28	31	34	37	41	49	29	32	35	38	42	51	32	35	39	42	46	56
45	29	32	35	38	42	50	30	33	36	39	43	52	33	36	40	43	48	58
46	29	33	36	39	43	52	30	34	37	40	44	54	33	37	41	44	49	59
47	30	34	37	40	44	53	31	35	38	41	45	55	34	38	42	45	50	60
48	31	35	38	41	45	54	32	36	39	42	46	56	35	39	43	46	51	62
49	32	36	39	42	46	56	33	37	40	43	47	58	36	40	44	47	52	63
50	33	37	40	43	47	57	34	38	41	44	49	59	37	41	45	48	53	65
51	34	38	41	44	48	58	35	39	42	45	50	60	38	42	46	49	55	66
52	35	39	42	45	49	60	36	40	43	46	51	62	39	43	47	50	56	68
53	36	40	43	47	52	63	37	41	45	48	53	65	40	45	49	53	59	71
54	38	42	45	49	54	66	39	43	47	50	56	68	42	47	51	55	61	74
55	40	44	48	51	57	69	41	45	49	53	59	71	44	49	54	58	64	78
56	41	46	50	54	60	72	42	47	52	55	61	74	46	51	56	60	67	81
57	43	48	52	56	62	76	44	49	54	58	64	78	48	54	59	63	70	85
58	46	51	56	60	67	81	47	52	58	62	69	83	51	57	63	67	75	91
59	49	55	60	64	71	86	50	56	62	66	73	89	55	61	67	72	80	97
60	53	58	64	69	76	92	54	60	66	71	79	95	59	65	72	77	86	104
61	56	62	68	73	81	98	57	64	70	75	84	102	62	69	76	82	91	111
62	60	66	73	78	87	104	61	68	75	81	90	109	67	74	82	88	98	119
63	65	72	79	85	94	114	66	74	81	88	97	118	72	80	89	95	106	129
64	71	78	86	92	102	123	72	80	88	95	106	129	78	87	96	104	115	140
65	76	84	93	100	111	134	78	87	96	103	115	140	85	94	104	113	125	152
66	83	92	101	109	121	146	85	94	104	112	125	152	92	102	113	122	136	166
67	90	99	110	118	131	159	92	102	113	122	136	165	100	111	123	133	148	180
68	99	110	121	131	145	176	101	113	125	135	151	183	110	123	136	147	164	199
69	110	121	134	145	161	195	112	124	138	150	167	203	122	135	151	163	182	221
70	121	134	149	161	178	216	124	137	153	166	185	225	135	150	167	181	201	245
71	134	148	164	179	198	239	136	151	169	184	205	249	149	165	185	201	223	271
72	148	163	182	198	219	265	151	167	187	204	227	276	164	182	204	222	248	301
73	163	180	202	220	243	294	167	185	208	226	252	307	182	202	227	247	275	334
74	181	200	224	244	270	327	184	205	230	251	280	341	201	223	251	274	305	372
75	200	221	248	271	300	364	204	227	255	279	311	379	222	247	278	304	339	413
76	221	245	275	300	333	405	226	251	283	310	345	422	246	273	309	337	377	460
77	245	271	304	333	370	450	250	278	314	344	384	469	272	303	342	374	418	511
78	270	298	337	369	411	500	275	306	347	381	426	521	300	333	378	415	464	568
79	297	329	372	410	456	556	303	337	384	422	472	579	331	367	418	460	515	631
80	328	362	412	454	506	617	334	371	425	468	524	643	364	405	463	510	571	701
81	361	399	455	503	561	686	368	409	470	519	581	714	401	446	512	566	634	779
82	398	440	504	558	623	762	406	451	519	575	645	794	442	492	566	627	703	865
83	438	485	557	619	691	846	447	497	574	638	716	882	488	542	626	695	780	961
84	483	534	616	686	766	940	493	548	635	707	794	979	537	597	692	771	866	1,067

Rider Premium Rates and Premium Factors (Current)

Attachment 2

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay	Accelerated Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.30	1.49	1.15
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.32	1.51	1.15
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	0.70	1.20	1.34	1.53	1.15
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.35	1.56	1.15
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.37	1.58	1.15
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	0.70	1.21	1.39	1.60	1.15
48	2.49	2.15	1.82	1.76	1.60	1.19	1.40	0.70	1.21	1.41	1.62	1.15
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	0.70	1.22	1.43	1.65	1.15
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	0.70	1.22	1.45	1.67	1.15
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	0.70	1.22	1.47	1.70	1.15
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	0.70	1.22	1.49	1.72	1.15
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	0.70	1.23	1.52	1.76	1.15
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	0.70	1.23	1.56	1.80	1.15
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	0.70	1.23	1.59	1.84	1.15
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	0.70	1.23	1.62	1.89	1.14
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	0.70	1.24	1.66	1.93	1.14
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	0.70	1.24	1.69	1.97	1.14
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	0.70	1.24	1.73	2.01	1.13
60	2.09	1.86	1.63	1.68	1.59	1.32	1.40	0.70	1.24	1.76	2.05	1.13
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	0.70	1.25	1.79	2.10	1.12
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	0.70	1.25	1.83	2.14	1.12
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	0.70	1.25	1.90	2.23	1.12
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	0.70	1.25	1.98	2.33	1.11
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	0.60	1.26	2.06	2.43	1.11
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	0.60	1.26	2.14	2.53	1.10
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	0.60	1.26	2.23	2.64	1.10
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	0.60	1.26	2.36	2.81	1.09
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	0.60	1.27	2.50	3.00	1.09
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	0.60	1.27	2.65	3.19	1.09
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	0.60	1.27	2.80	3.40	1.08
72	1.65	1.53	1.40	1.50	1.49	1.25	1.20	0.60	1.27	2.97	3.62	1.08
73	1.62	1.51	1.38	1.48	1.48	1.23	1.20	0.60	1.28	3.54	4.54	1.08
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	0.60	1.28	4.23	5.71	1.07
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	0.60	1.28	5.06	7.21	1.07
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	0.60	1.28			1.06
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	0.60	1.29			1.06
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	0.60	1.29			1.05
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	0.60	1.29			1.05
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	0.60	1.29			1.05
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	0.60	1.30			1.04
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	0.60	1.30			1.04
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	0.60	1.30			1.04
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	0.60	1.30			1.04

Benefit Period	Restoration of Benefits	Spousal Shared Care
2 year	1.08	1.09
3 year	1.05	1.08
4 year	1.04	1.07
5 year	1.04	1.06
8 year	1.04	1.04
Lifetime	N / A	N / A

Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.

HCC Monthly Benefit	1.06
Spousal Waiver of Premium	1.03
HCC Calendar Day EP	1.02
Waiver of HCC EP	1.12

Elimination Period Factors	
7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

Risk Class Factors	
Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80

Modal Premium Factors	
Annual	1.000
Semi-annual	0.520
Quarterly	0.265
Monthly Bill	0.090
Monthly PAC/EFT	0.087

Discount Factors	
Married	0.85
Spousal	0.70
Facility Care Only Endorsement	0.90

Rider Premium Rates (Current)

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	28	31	34	37	45
41	26	29	31	34	38	46
42	26	29	32	34	38	46
43	27	30	33	35	39	47
44	27	30	34	36	40	49
45	28	31	34	37	41	50
46	29	32	35	38	42	51
47	30	33	36	39	43	52
48	30	34	37	40	44	53
49	31	34	38	41	45	55
50	32	35	39	42	46	56
51	33	36	40	43	47	57
52	33	37	41	44	48	59
53	35	39	43	46	51	61
54	37	41	45	48	53	64
55	38	43	47	50	56	67
56	40	45	49	53	58	71
57	42	47	51	55	61	74
58	45	50	55	59	65	79
59	48	53	58	63	70	85
60	51	57	62	67	75	91
61	54	60	67	72	80	97
62	58	65	71	77	85	103
63	63	70	77	83	93	112
64	68	76	84	90	101	122
65	74	82	91	98	109	133
66	80	89	99	107	119	144
67	87	97	107	116	129	157
68	96	107	119	129	143	174
69	106	118	131	142	158	193
70	117	130	145	158	176	213
71	130	144	161	175	195	236
72	143	159	178	194	216	262
73	158	176	197	215	240	291
74	175	195	219	239	266	324
75	194	215	243	265	296	360
76	214	238	269	294	328	401
77	237	264	298	326	365	446
78	262	291	330	362	404	495
79	288	320	365	401	449	550
80	318	353	403	445	498	611
81	350	389	446	493	552	679
82	386	428	493	547	613	754
83	425	472	546	606	680	838
84	468	520	603	672	754	930

Home and Community Care Monthly Indemnity Benefit Rider

Premium per $250 monthly benefit
Premium added to base premium before any premium factors are applied

Age	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	13	15	16	18	20	24
41	14	15	17	18	20	24
42	14	15	17	18	20	24
43	14	16	17	18	21	25
44	14	16	18	19	21	26
45	15	16	18	19	22	26
46	15	17	19	20	22	27
47	16	17	19	20	23	27
48	16	18	19	21	23	28
49	16	18	20	21	24	29
50	17	19	20	22	24	29
51	17	19	21	22	25	30
52	18	19	21	23	25	31
53	18	20	22	24	27	32
54	19	21	23	25	28	34
55	20	22	25	26	29	36
56	21	23	26	28	31	37
57	22	25	27	29	32	39
58	24	26	29	31	34	42
59	25	28	31	33	37	45
60	27	30	33	35	39	48
61	29	32	35	38	42	51
62	31	34	37	40	45	54
63	33	37	41	44	49	59
64	36	40	44	48	53	64
65	39	43	48	52	58	70
66	42	47	52	56	63	76
67	46	51	56	61	68	83
68	51	56	63	68	75	91
69	56	62	69	75	83	101
70	62	69	77	83	92	112
71	68	76	85	92	102	124
72	75	84	94	102	114	138
73	83	93	104	113	126	153
74	92	102	115	126	140	171
75	102	113	128	139	156	190
76	113	125	142	155	173	211
77	125	139	157	172	192	235
78	138	153	174	190	213	261
79	152	169	192	211	236	289
80	167	186	212	234	262	322
81	184	205	235	259	291	357
82	203	225	260	288	323	397
83	224	248	287	319	358	441
84	246	274	318	354	397	490

Allianz Life Insurance Company of North America

Home Office:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Actuarial Memorandum for 25% Premium Rate Increase
on Individual Long-Term Care Insurance Policy Forms:
10-P-Q-VA
Benefit Increase Riders:
10-R1, 10-R2, 10-R3, 10-R4, 10-R5
Other Riders:
10-R6, 10-R7-VA, 10-R8-VA, 10-R9, 10-R10, 10-R11, 10-R12, 10-R13, 10-R14, 10-R15, 10-R16, 10-R17, 10-R18, 10-R19, 10-R20, 10-R21, 10-E-2

I. Purpose of Filing

The purpose of this rate filing is to support and request a 25% rate increase on the long-term care insurance policy forms and riders listed above. This filing may not be appropriate for other purposes.

The projections included in this filing are produced applying "best estimate" actuarial assumptions (assumptions that reasonably reflect actual experience, without a provision for adverse deviation). The "58/85" calculation of Section 20.C.(2) of the Long-Term Care Insurance Model Regulation applied to the historical experience and projected results of this filing produces a justified premium rate increase of 97%. Modifying the actuarial assumptions to include a provision for moderately adverse experience would result in a justified rate increase substantially larger than 97%. The Company prefers not to request a premium rate increase of this magnitude and is filing for a 25% rate increase.

The Company no longer issues long-term care insurance policies.

II. Policyholder Options to mitigate impact of Premium Rate Increase

Assuming that the proposed rate increase becomes effective, policyholders will have the following options:

Policyholder Options to Reduce Benefits
Policyholders have the option to modify their policy benefits to mitigate the impact of the proposed rate increase. As examples, the options include the following:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit,
3. Increase their elimination period, or
4. Drop their inflation rider (for those that have some type of inflation rider).

Non-forfeiture Offers
In addition, the Company will give the policyholder the option to accept a non-forfeiture benefit if they meet the trigger for a substantial premium increase. Acceptance of the non-forfeiture benefit will provide the policyholder with a paid-up policy, with no future premiums required. Under this paid-up policy, the maximum benefit amount is equal to the greater of the sum of premiums paid or 30 times their daily benefit, and the daily benefit amount is equal to the policyholder's current daily benefit amount. Upon acceptance of this offer, the policyholder's current coverage is terminated. This offer would be made to all policyholders.

III. Scope of Filing

This filing applies to active policies issued in this state for the policy forms listed above. These policy forms are no longer being marketed. Nationwide, policies were issued from November, 2003 through September, 2009. **Exhibit 1** provides a distribution by state of the number of active lives and annualized premium in force as of 06/30/2012 under these policy forms.

IV. Premium Rate Increase Justification

A rate increase is necessary at this time because Company experience on its Long Term Care Insurance business indicates that the premium rates for these policy forms are inadequate. Premium rate increases that help to remediate poorly performing blocks of business and limit any future losses are important to maintaining the Company's ability to meet policyholder obligations and pay future claims.

Although the rate increase in this filing is not calculated to achieve a targeted loss ratio, this filing demonstrates that, even after implementation of the requested rate increase, both the projected future loss ratio and the lifetime anticipated loss ratio for these forms are higher than the required minimum loss ratio and therefore benefits are reasonable in relation to premiums. The required minimum loss ratio for these policy forms is as follows:

Type of Coverage:	Long Term Care Insurance
Renewal Clause:	Guaranteed Renewable

The projections included in this filing are produced applying "best estimate" assumptions. The "58/85" calculation of Section 20.C.(2) of the Long-Term Care Insurance Model Regulation applied to the historical experience and projected results of this filing produces a justified premium rate increase of 97%. Modifying the assumptions to include a provision for moderately adverse experience would result in a justified rate increase substantially larger than 97%.

V. Actuarial Assumptions

A. Interest: A 4.5% annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to present values.

B. Policy Termination Rates: The projected future experience uses 80% of the gender-distinct 1994 GAM table for mortality, along with an ultimate lapse rate of 0.75%. Voluntary lapses by duration are as follows:

Duration	Lapse Rate	
1	7.00 %	
2	3.40 %	
3	2.20 %	
4	1.50 %	
5	1.00 %	
6	0.90 %	
7	0.75 %	(for all durations 7 and above)

C. Morbidity Rates: Attained age claim costs used in projecting future experience and the cost of the Waiver of Premium benefit for this form have been developed utilizing Company-specific policy experience enhanced with other industry data as needed. Claim costs vary by joint policy status (joint vs. single), gender and level of home health care (70%, 100% or 130%) with adjustments for elimination periods and riders.

D. Claim Reserves: The incurred claims shown in the nationwide historical experience include pending claim reserves and IBNR.

E. Rate Increase History: There are no prior rate increases on this policy form.

F. Effective Date:

- Policyholders will receive notice of the approved rate increase at least 60 days prior to the effective date of their increase.

- The approved rate increase will be effective on the policyholder's anniversary.

- All policyholders have a five year premium rate guarantee and the rate increase will not be implemented prior to the policyholder's fifth policy anniversary.

- The Company anticipates that the implementation of the rate increase will begin during the second half of 2013. For actuarial modeling, we have assumed that the rate increase becomes effective on the policyholder's first anniversary on or after October 1, 2013.

In terms of the impact on calendar year earned premium, the rate increase is 4% effective in 2013, 68% effective in 2014 and 100% effective in 2015.

G. Premium Profile: please see **Exhibit 1** for lives and premium for policies issued in this state.

VI. Historical and Projected Future Experience

Exhibit 2 presents the nationwide experience since inception by "incurred year," or "loss year," for these policy forms and riders as of 06/30/2012.

Future experience has been projected for the last six months of 2012 and every year thereafter, as presented in **Exhibit 3** and **Exhibit 4**. Exhibit 3 includes the impact on future earned premium of the proposed premium rate increase (claims are also impacted by the rate increase, as waiver of premium and survivorship costs increase). All projected experience beyond 2060 is included in 2060+. In these exhibits, please note that the paid claims have been discounted with interest from the claim payment date back to the incurred date of the claim.

The annualized premium in force nationwide as of 06/30/2012 is $66,145,792.

The present values of earned premium and incurred claims, discounted at 4.5% after application of the proposed rate increase, are summarized below. The lifetime anticipated loss ratio is defined as the present value of the historical and projected future claims divided by the present value of the historical and projected future earned premiums.

06/30/2012 Present Values after Nationwide Proposed Rate Increase

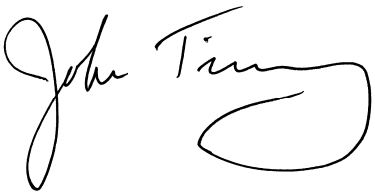
Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$ 593,127,527	$ 57,118,641	9.6%
Projected Future	$ 889,662,122	$1,327,652,963	149.2%
Lifetime Anticipated	$1,482,789,650	$1,384,771,604	93.4%

VII. Data Reliance

John L. Timmerberg, ASA, MAAA relied upon data as provided by Allianz Life Insurance Company of North America in completing this analysis. This data has been reviewed for reasonableness and consistency.

VIII. Actuarial Certification

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws and regulations of the state in which it is filed and that it complies with applicable Actuarial Standards of Practice. I further certify that the anticipated loss ratio submitted herein is expected to develop over the period for which the rates are computed to provide coverage and the benefits are reasonable in relation to the premiums charged.



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John Timmerberg, ASA, MAAA

Consulting Actuary
6233 Tennison Court
Indianapolis, IN 46236

Phone: (317) 507-9774
Email: johntimmerberg@gmail.com
November 9, 2012

Exhibit 1

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Issue State	Lives	Premium
AK	70	$159,179
AL	560	$956,622
AR	325	$555,328
AZ	828	$1,543,622
CO	1130	$2,055,666
CT	242	$685,147
DC	54	$107,125
DE	114	$192,320
FL	1399	$2,936,429
GA	1424	$2,657,819
HI	432	$905,440
IA	912	$1,568,612
ID	202	$380,797
IL	1497	$2,680,963
IN	331	$628,970
KS	686	$1,125,875
KY	400	$680,958
LA	365	$581,692
MA	992	$2,471,980
MD	778	$1,592,614
ME	337	$677,980
MI	721	$1,355,336
MN	1612	$2,730,868
MO	955	$1,630,074
MS	158	$262,780
MT	150	$282,121
NC	1872	$3,402,053
ND	109	$185,777
NE	559	$1,049,641
NH	173	$329,629
NJ	808	$2,110,150
NM	264	$478,204
NV	131	$242,698
OH	1066	$1,855,339
OK	387	$659,664
OR	609	$1,121,127
PA	1759	$3,487,641
RI	91	$183,501
SC	493	$875,577
SD	263	$464,278
TN	768	$1,317,468
TX	3723	$6,431,689
UT	186	$317,394
VA	1915	$3,713,613
VT	154	$303,950
WA	2534	$4,803,647
WI	582	$1,085,390
WV	87	$148,988
WY	79	$172,057
Total		$66,145,792

Exhibit 2

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical Experience by Loss Year

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,999	$316,168	1.9%
2005	$39,752,811	$829,665	2.1%
2006	$62,159,481	$4,337,521	7.0%
2007	$71,296,618	$3,557,534	5.0%
2008	$71,825,588	$7,264,603	10.1%
2009	$70,264,418	$7,352,676	10.5%
2010	$68,533,578	$9,694,820	14.1%
2011	$67,072,605	$10,591,896	15.8%
2012 (6 mos.)	$32,938,223	$6,674,870	20.3%
	$501,497,245	$50,619,753	10.1%

Historical Experience by Duration

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	$79,258,884	$1,566,752	2.0%
2	$75,607,325	$1,721,942	2.3%
3	$73,252,304	$5,943,123	8.1%
4	$70,916,300	$6,550,050	9.2%
5	$68,232,125	$9,970,462	14.6%
6	$61,822,942	$8,714,040	14.1%
7	$44,398,227	$9,206,560	20.7%
8	$23,195,674	$5,430,274	23.4%
9	$4,812,097	$1,516,551	31.5%
10	$1,366	$0	0.0%
	$501,497,245	$50,619,753	10.1%

Present Values at 4.5%

	Earned Premium	Incurred Claims	Loss Ratio
Historical	$593,127,527	$57,118,641	9.6%

Exhibit 3

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Projected Future Experience - After 25% Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
7/2012-12/2012	$32,381,297	$4,996,635	15.4%
2013	$64,070,110	$11,152,023	17.4%
2014	$72,788,493	$13,135,918	18.0%
2015	$75,280,744	$15,393,854	20.4%
2016	$73,079,583	$17,915,038	24.5%
2017	$70,865,643	$20,612,597	29.1%
2018	$68,615,612	$23,611,275	34.4%
2019	$66,311,849	$26,983,321	40.7%
2020	$63,926,028	$30,731,054	48.1%
2021	$61,502,952	$34,919,037	56.8%
2022	$59,037,791	$39,556,141	67.0%
2023	$56,515,535	$44,677,562	79.1%
2024	$53,954,822	$50,268,747	93.2%
2025	$51,378,846	$56,393,238	109.8%
2026	$48,783,976	$63,002,426	129.1%
2027	$46,165,117	$69,999,483	151.6%
2028	$43,548,399	$77,324,403	177.6%
2029	$40,938,429	$84,997,333	207.6%
2030	$38,348,668	$92,977,613	242.5%
2031	$35,792,225	$101,036,170	282.3%
2032	$33,262,698	$108,747,376	326.9%
2033	$30,785,551	$116,173,622	377.4%
2034	$28,372,598	$123,173,315	434.1%
2035	$26,029,745	$129,630,125	498.0%
2036	$23,760,203	$135,223,089	569.1%
2037	$21,579,865	$139,893,111	648.3%
2038	$19,505,721	$143,506,484	735.7%
2039	$17,536,526	$146,063,987	832.9%
2040	$15,680,409	$147,476,940	940.5%
2041	$13,943,869	$147,569,851	1058.3%
2042	$12,329,015	$146,391,477	1187.4%
2043	$10,837,751	$144,036,235	1329.0%
2044	$9,471,637	$140,603,922	1484.5%
2045	$8,230,664	$136,042,692	1652.9%
2046	$7,108,592	$130,482,289	1835.6%
2047	$6,104,755	$124,101,377	2032.9%
2048	$5,213,351	$116,984,860	2243.9%
2049	$4,426,916	$109,194,255	2466.6%
2050	$3,738,151	$101,038,467	2702.9%
2051	$3,138,921	$92,708,574	2953.5%
2052	$2,621,213	$84,469,725	3222.5%
2053	$2,177,659	$76,310,951	3504.3%
2054	$1,800,180	$68,453,226	3802.6%
2055	$1,481,076	$60,986,684	4117.7%
2056	$1,212,839	$53,975,990	4450.4%
2057	$988,684	$47,468,991	4801.2%
2058	$802,415	$41,489,473	5170.6%
2059	$648,455	$36,070,588	5562.5%
2060 +	$2,480,575	$194,467,843	7839.6%
Present Value of Future Amount (at 4.5%)	$889,662,122	$1,327,652,963	149.2%

Exhibit 4

Allianz Life Insurance Company of North America
Nationwide
Policy Form Series : 10-P-Q
As of 06/30/2012

Historical and Project Future Experience Without Rate Increase

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	$886,924	$0	0.0%
2004	$16,766,999	$316,168	1.9%
2005	$39,752,811	$829,665	2.1%
2006	$62,159,481	$4,337,521	7.0%
2007	$71,296,618	$3,557,534	5.0%
2008	$71,825,588	$7,264,603	10.1%
2009	$70,264,418	$7,352,676	10.5%
2010	$68,533,578	$9,694,820	14.1%
2011	$67,072,605	$10,591,896	15.8%
2012	$65,319,520	$11,648,329	17.8%
2013	$63,603,787	$11,091,331	17.4%
2014	$61,960,327	$12,920,317	20.9%
2015	$60,246,968	$15,076,649	25.0%
2016	$58,463,666	$17,534,130	30.0%
2017	$56,692,514	$20,195,206	35.6%
2018	$54,892,489	$23,169,469	42.2%
2019	$53,049,479	$26,520,009	50.0%
2020	$51,140,822	$30,247,690	59.1%
2021	$49,202,362	$34,416,185	69.9%
2022	$47,230,233	$39,034,817	82.6%
2023	$45,212,428	$44,139,249	97.6%
2024	$43,163,857	$49,715,458	115.2%
2025	$41,103,076	$55,826,691	135.8%
2026	$39,027,180	$62,424,789	160.0%
2027	$36,932,093	$69,413,599	187.9%
2028	$34,838,719	$76,733,402	220.3%
2029	$32,750,743	$84,404,095	257.7%
2030	$30,678,934	$92,385,080	301.1%
2031	$28,633,780	$100,447,637	350.8%
2032	$26,610,158	$108,167,549	406.5%
2033	$24,628,441	$115,605,855	469.4%
2034	$22,698,078	$122,620,926	540.2%
2035	$20,823,796	$129,096,146	619.9%
2036	$19,008,163	$134,710,820	708.7%
2037	$17,263,892	$139,405,225	807.5%
2038	$15,604,576	$143,045,159	916.7%
2039	$14,029,221	$145,630,904	1038.1%
2040	$12,544,327	$147,073,356	1172.4%
2041	$11,155,095	$147,196,806	1319.5%
2042	$9,863,212	$146,049,324	1480.7%
2043	$8,670,201	$143,724,798	1657.7%
2044	$7,577,310	$140,322,493	1851.9%
2045	$6,584,531	$135,790,433	2062.3%
2046	$5,686,873	$130,257,910	2290.5%
2047	$4,883,804	$123,903,297	2537.0%
2048	$4,170,681	$116,811,380	2800.8%
2049	$3,541,532	$109,043,659	3079.0%
2050	$2,990,521	$100,908,741	3374.3%
2051	$2,511,137	$92,597,674	3687.5%
2052	$2,096,970	$84,375,541	4023.7%
2053	$1,742,127	$76,231,568	4375.8%
2054	$1,440,144	$68,386,764	4748.6%
2055	$1,184,861	$60,931,378	5142.5%
2056	$970,271	$53,930,245	5558.3%
2057	$790,947	$47,431,385	5996.8%
2058	$641,932	$41,458,753	6458.4%
2059	$518,764	$36,045,632	6948.4%
2060 +	$1,984,457	$194,371,866	9794.7%

Present Values at 4.5%
Without Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	$593,127,527	$57,118,641	9.6%
Projected Future	$733,385,908	$1,319,771,535	180.0%
Lifetime Anticipated	$1,326,513,435	$1,376,890,176	103.8%