

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

### Filing at a Glance

Company: Berkshire Life Insurance Company of America  
Product Name: Care ProVider  
State: Virginia  
TOI: LTC03I Individual Long Term Care  
Sub-TOI: LTC03I.004 Partnership  
Filing Type: Rate  
Date Submitted: 05/08/2014  
SERFF Tr Num: LFCR-129536537  
SERFF Status: Closed-Approved and Filed  
State Tr Num: LFCR-129536537  
State Status: Approved & Filed  
Co Tr Num: VA BG01(06/04) 2014 RATE INCREASE  
  
Implementation: On Approval  
Date Requested:  
Author(s): Scarlett Nazari, Anoush Chngidakyan, Darlene Smith  
Reviewer(s): Janet Houser (primary), Elsie Andy  
Disposition Date: 08/22/2016  
Disposition Status: Approved and Filed  
Implementation Date:

**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 08/22/2016  
State Status Changed: 08/22/2016  
Deemer Date: Created By: Darlene Smith  
Submitted By: Darlene Smith Corresponding Filing Tracking Number:  
State TOI: LTC03I Individual Long Term Care

Filing Description:  
May 8, 2014

Jacqueline K. Cunningham, Commissioner  
Virginia State Corporation Commission  
Bureau of Insurance  
1300 East Main Street  
Richmond, Virginia 23219

Re: Berkshire Life Insurance Company of America  
NAIC No: 71714  
Policy Form: BG01P(06/04)-VA, Guaranteed Renewable Long Term  
Care Policy

Dear Commissioner Cunningham:

This rate filing is submitted on behalf of Berkshire Life Insurance Company of America for your review.

Form BG01P(06/04)-VA is an existing individual policy form providing benefits for confinement in a qualified Nursing Facility, Assisted Living Facility, or Home Health Care. This form was approved in 2004 and issued between 2004 and 2010. It is no longer being marketed in any state.

The company is requesting the approval of a 25% rate increase on the base rates. The details of the rate increases are in the actuarial memorandum. No prior rate increase was requested for this form.

The company will provide several options to the policyholders to reduce the impact of the rate increase:

- Reduce the daily benefits, subject to a minimum of \$20
- Change benefit options to lower the premium
- Offer a paid up option which provides a benefit pool equal to the premiums paid

The following items are included in this submission:

- This cover letter

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- A letter from Berkshire Life Insurance Company of America authorizing us to submit this filing on their behalf
- An actuarial memorandum and rate schedules
- Policyholder Notice of Rate Increase Letter & Coverage Change Request Form
- Plus any other state required form

The contact person for this filing is:

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
 Consulting Actuary  
 21600 Oxnard Street, Suite 1500  
 Woodland Hills, CA 91367  
 800-366-5463 ext. 2232  
 Xiaoyan.Song@LifeCareAssurance.com

Thank you for your assistance in reviewing this filing.

Sincerely,

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
 Consulting Actuary

## Company and Contact

### Filing Contact Information

Julie Storry, Senior Compliance Analyst julie.storry@lifecareassurance.com  
 P.O. Box 4243 818-867-2288 [Phone]  
 Woodland Hills, CA 91365-4243 818-867-2508 [FAX]

### Filing Company Information

(This filing was made by a third party - LCA01)

Berkshire Life Insurance Company of America	CoCode: 71714	State of Domicile: Massachusetts
Long Term Care Administrative Office	Group Code: 429	Company Type:
P.O. Box 4243	Group Name:	State ID Number:
Woodland Hills, CA 91365-4243	FEIN Number: 75-1277524	
(818) 867-2450 ext. [Phone]		

**State:** Virginia

**Filing Company:** Berkshire Life Insurance Company of America

**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership

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## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Janet Houser	08/22/2016	08/22/2016

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Janet Houser	05/03/2016	05/03/2016
Info has been requested from company	Janet Houser	02/23/2016	02/23/2016
Info has been requested from company	Janet Houser	02/23/2016	02/23/2016
Info has been requested from company	Janet Houser	11/23/2015	11/23/2015
Info has been requested from company	Janet Houser	06/01/2015	06/17/2015
Info has been requested from company	Janet Houser	02/27/2015	02/27/2015
Disapproved	Janet Houser	02/05/2015	02/05/2015
Disapproved	Janet Houser	08/19/2014	08/19/2014
Disapproved	Janet Houser	05/13/2014	05/22/2014

### Response Letters

Responded By	Created On	Date Submitted
Darlene Smith	07/27/2016	07/27/2016
Darlene Smith	04/11/2016	04/11/2016
Darlene Smith	04/11/2016	04/11/2016
Darlene Smith	04/11/2016	04/11/2016
Darlene Smith	10/28/2015	10/29/2015
Anoush Chngidakyan	04/20/2015	04/20/2015
Anoush Chngidakyan	04/20/2015	04/20/2015
Darlene Smith	01/22/2015	01/22/2015
Darlene Smith	08/06/2014	08/06/2014

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Policyholder Notice	Darlene Smith	08/02/2016	08/02/2016
Form	Policyholder Notice	Darlene Smith	08/02/2016	08/02/2016
Supporting Document	VA Response Letter 08 02 16	Darlene Smith	08/02/2016	08/02/2016

State: Virginia Filing Company: Berkshire Life Insurance Company of America  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership  
 Product Name: Care ProVider  
 Project Name/Number: /

**Amendments**

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	BG01 2014 rate increase rate tables	Darlene Smith	05/17/2016	05/17/2016
Supporting Document	BG01R-SBN(06/04)-VA	Darlene Smith	11/23/2015	11/23/2015

**Filing Notes**

Subject	Note Type	Created By	Created On	Date Submitted
policyholder letter	Note To Filer	Janet Houser	08/02/2016	08/02/2016
Re: Note To Reviewer 5/17/16	Note To Reviewer	Darlene Smith	05/17/2016	05/17/2016
Rate/Rule Schedule	Note To Filer	Janet Houser	05/17/2016	05/17/2016
RE: 11/23/15 Note To Filer	Note To Reviewer	Darlene Smith	11/23/2015	11/23/2015
Form BG01R-SBN(06/04)-VA	Note To Filer	Janet Houser	11/23/2015	11/23/2015
status request	Note To Filer	Janet Houser	06/01/2015	06/01/2015
Status Request	Note To Reviewer	Darlene Smith	05/26/2015	05/26/2015
RRS	Reviewer Note	Janet Houser	08/22/2016	
policyholder letter	Reviewer Note	Janet Houser	08/08/2014	
Act Review	Reviewer Note	Janet Houser	05/13/2014	

**State:** Virginia  
**TOI/Sub-TOI:** LTC031 Individual Long Term Care/LTC031.004 Partnership  
**Product Name:** Care ProVider  
**Filing Company:** Berkshire Life Insurance Company of America  
**Project Name/Number:** /

## Disposition

Disposition Date: 08/22/2016

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 April 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):
Berkshire Life Insurance Company of America	50.000%	25.000%	\$256,730	175	\$1,026,921	25.000%	25.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Notice	Received & Acknowledged	Yes
Supporting Document	Health Ins Rate Rqst Summary Pt1 with Summary	Received & Acknowledged	Yes
Supporting Document	TPA Authorization Letter	Received & Acknowledged	Yes
Supporting Document	VA Response Letter 05 22 14	Received & Acknowledged	Yes
Supporting Document	Berkshire VA Rate Calculation	Received & Acknowledged	Yes
Supporting Document	BG01 2014 rate increase exhibits	Received & Acknowledged	Yes
Supporting Document	VA Response Letter 08-19-14	Received & Acknowledged	Yes
Supporting Document	Berkshire VA Objection Response Attachments	Received & Acknowledged	Yes
Supporting Document	Berkshire VA Rate B1 and B3	Received & Acknowledged	Yes
Supporting Document	Response Letter 02-05-15	Received & Acknowledged	Yes
Supporting Document	Flesch Certification	Received & Acknowledged	Yes
Supporting Document (revised)	Statement of Variability	Received & Acknowledged	Yes
Supporting Document	VA Objection Response Exhibits	Received & Acknowledged	Yes
Supporting Document	Response Letter 02-27-15	Received & Acknowledged	Yes
Supporting Document	Berkshire VA Objection Response Attachments 061715	Received & Acknowledged	Yes

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	VA Response Letter 06 17 15	Received & Acknowledged	Yes
Supporting Document	BG01R-SBN(06/04)-VA	Received & Acknowledged	Yes
Supporting Document	VA Response Letter 11 23 15	Received & Acknowledged	Yes
Supporting Document	VA Response Letter 05 03 16	Received & Acknowledged	Yes
Supporting Document	BG01(06/04) VA CNF highlighted version	Received & Acknowledged	Yes
Supporting Document	BG01(06/04) VA NF highlighted version	Received & Acknowledged	Yes
Supporting Document	Coverage Change Request Form	Received & Acknowledged	Yes
Supporting Document	VA Response Letter 08 02 16	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	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	Policyholder Notice	Withdrawn	Yes
Supporting Document	Policyholder Notice	Withdrawn	Yes
Supporting Document	Policyholder Notice	Withdrawn	Yes
Supporting Document	Policyholder Notice	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Form	Endorsement	Approved	Yes
Form (revised)	Endorsement	Approved	Yes
Form (revised)	Policyholder Notice	Filed	Yes
Form (revised)	Policyholder Notice	Filed	Yes
Form	Endorsement	Withdrawn	Yes
Form	Policyholder Notice	Withdrawn	Yes
Form	Policyholder Notice	Withdrawn	Yes
Form	Policyholder Notice	Withdrawn	Yes
Form	Policyholder Notice	Withdrawn	Yes
Form	Policyholder Notice	Withdrawn	Yes
Rate (revised)	Moved to Supporting Documentation	Withdrawn	Yes
Rate (revised)	BG01 2014 rate increase rate tables	Approved	Yes
Rate	BG01 2014 rate increase exhibits	Withdrawn	Yes
Rate	BG01 2014 rate increase rate tables	Withdrawn	Yes

**State:** Virginia      **Filing Company:** Berkshire Life Insurance Company of America  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	BG01 2014 rate increase rate tables	Withdrawn	Yes
Rate	BG01 2014 rate increase rate tables	Withdrawn	Yes

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status Info has been requested from company  
Objection Letter Date 05/03/2016  
Submitted Date 05/03/2016  
Respond By Date

Dear Julie Storry,

### Introduction:

Thank you for your response to our concerns regarding the policyholder letters. There are a few concerns that still need to be addressed as follows:

### Objection 1

- Endorsement, BG01E-NF(04/15)-VA (Form)

Comments: The last sentence in the endorsement paragraph conflicts with 14 VAC 5-200-185 E 2 and 14 VAC5-200-185 F and should be deleted. The paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status. The calculation regarding claims should have already been taken into account in determining the reduced benefit available. As the form reads, it would appear this is not the case.

### Objection 2

- Policyholder Notice, BG01(06/04) VA CNF (Form)

- Policyholder Notice, BG01(06/04) VA NF (Form)

Comments: While a red-lined or marked-up form is helpful to our review, the form is not in its final version as required by 14 VAC 5-100-50 3. Please attach the final version of the form to the Form Schedule and attach the red-lined version as supporting documentation.

### Objection 3

- Policyholder Notice, BG01(06/04) VA CNF (Form)

- Policyholder Notice, BG01(06/04) VA NF (Form)

Comments: It appears that the Coverage Change Request Form is designed to be separate from the policyholder notice and is intended to be returned to the company if applicable. 14 VAC 5-100-40 1 provides that each form submitted must have a form number and that form number must distinguish the form from all other forms used by the insurer. For regulatory conformity, any page (or section) that will not remain with the policyholder notice should not bear the same form number as that of the policyholder notice.

If the Coverage Change Form will be attached to the policy, please attach it separately under the Form Schedule with a new form number. If the form will not be attached to the policy, it does not require approval and the form should be moved to Supporting Documentation.

Please revise the wording on the Coverage Change Request Form currently part of Form BG01(06/04) VA CNF from Exercise the Non-Payment Option to Exercise the Contingent Benefit Upon Lapse Option.

### Objection 4

- Policyholder Notice, BG01(06/04) VA CNF (Form)

- Policyholder Notice, BG01(06/04) VA NF (Form)

Comments: The required disclosures are currently stated under the paragraph "Review potential removal of riders." This may be misleading as the insured may think this only applies to riders and not all benefit options. Please capture the disclosures as a separate paragraph either before or after the list of options.

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**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
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**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

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**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
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**Product Name:** Care ProVider  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/23/2016
Submitted Date	02/23/2016
Respond By Date	

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Dear Julie Storry,

**Introduction:**

We apologize for sending a second objection letter today; however, in looking over the policyholder letter, there is language that should now be included in regards to the contingent benefit upon lapse. In accordance with 14VAC5-185 F please state that the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

Also, is there a reason the company does not mention any contractual non-forfeiture benefit in the letter? Our expectation is that any policy containing a non-forfeiture benefit would be exercised in place of the contingent benefit upon lapse.

**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

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**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
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**Product Name:** Care ProVider  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/23/2016
Submitted Date	02/23/2016
Respond By Date	

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Dear Julie Storry,

**Introduction:**

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

Although we have not received a reply to our November 23, 2015 objection letter, we do have an additional question. The proposed policyholder letter includes the potential removal of riders as an option to reduce the impact of the rate increase. In regards to an inflation rider, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?

**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:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status Info has been requested from company  
Objection Letter Date 11/23/2015  
Submitted Date 11/23/2015  
Respond By Date

Dear Julie Storry,

### 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. So that this filing may be approved, please respond to the following concerns and /or questions:

### Objection 1

- Policyholder Notice, BG01(06/04) VA CNF (Form)

Comments: Thank you for providing a revised policyholder letter as requested. For compliance with the revised regulation 14VAC-200-75 D, there are a few items that need to be addressed:

- 1) There are two required disclosures: a) options not of equal value and b) potential loss of partnership benefits. As disclosures, this information should be emphasized to bring more attention to it. The company may wish to bold, highlight, use larger print or some other method to make this information stand out.
- 2) Please include a statement that the insured has a right to a revised premium or rate schedule upon request in accordance with 14VAC5-200-75 A 4b.
- 3) Please state that in the event of future increases, similar options will be made available at that time and that the insured always has the option to change benefits at any time, not just at the time of a rate increase in accordance with 14VAC5-200-75 A 3.
- 4) We need further clarification regarding the Non-Payment Option. Based on the language in the letter, this is a the Contingent Benefit Upon Lapse Option (CBUL) and should be referenced as such to differentiate it from a contractual nonforfeiture benefit. Please be aware that in either case (exercising the CBUL or the nonforefeiture option in the policy), the claim benefits already paid before the date of lapse cannot be deducted from this amount in accordance with 14VAC5-200-185 E. Please remove the last sentence of this option.  
  
In regards to the Contingent Benefit Upon Lapse Option, does the company intend to offer this to all policyholders at the time of a rate increase regardless if the trigger as described in 14VAC5-200-185 D 3 is met or not for that policyholder? Please include in the letter applicable information for those policyholders whose contracts include a nonforfeiture benefit option.
- 5) Please explain why the Coverage Change Request does not include the benefit period or elimination period adjustments as a selection provided in the policyholder letter.

### Objection 2

- Endorsement, BG01E-NF(04/15)-VA (Form)

- Policyholder Notice, BG01(06/04) VA CNF (Form)

Comments: We reviewed your response to Objection 2 in your Response Letter dated 10/28/15, and our previous objection remains. We previously stated, 14 VAC 5-200-185 E 3 provides that the standard nonforfeiture credit will be equal to 100% of the sum of all premiums paid, including the premiums paid prior to any changes in benefits. The insurer may offer additional shortened

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benefit period options as long as the benefits for each duration equal or exceed the standard nonforfeiture credit for that duration. However, the minimum nonforfeiture credit shall not be less than 30 times the daily nursing home benefit at the time of lapse. Calculation of the minimum benefit should not include consideration of claim benefits already paid before the date of lapse. Our objection would be resolved if the following statement were deleted, Claim benefits already paid before the date of lapse would be deducted from this amount.

### **Objection 3**

- Statement of Variability (Supporting Document)
- Policyholder Notice, BG01(06/04) VA CNF (Form)

Comments: Since form BG01(06/04) VA CNF contains variable text, please expand the Statement of Variability to describe the variable fields in this form.

### **Objection 4**

- BG01 2014 rate increase rate tables, [Form BG01P(06/04)-VA, Form BG01R-IP3(06/04), Form BG01R-IP5(06/04), Form BG01R-SBN(06/04)-VA, Form BG01R-ROP(06/04), Form BG01R-IND(06/04)-VA, Form BG01R-PCG(06/04)-VA, Form BG01R-WOP(06/04)-VA, Form BG01R-MTH(06/04), Form BG01R-ROB(06/04), Form BG01R-SVR(06/04)] (Rate)

Comments: The Actuarial Certification states current rates would need an approximate 50% rate increase (rather than the requested 25%) to bring the loss ratio down to a sustainable level 68%. Please amend the Overall Percentage Indicated Change in the Rate/Rule Schedule to reflect 50% rather than 25%.

### **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.

Thank you for your courtesy and consideration in this matter.

Sincerely,  
Janet Houser

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
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## Objection Letter

Objection Letter Status Info has been requested from company  
Objection Letter Date 06/01/2015  
Submitted Date 06/17/2015  
Respond By Date

Dear Julie Storry,

### **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:

1) Please revise Attachment H by including the 25% rate increase in the projected values and updated Attachment Q4 which shows state approvals.

2) In regards to the endorsement form, 14 VAC 5-200-185 E 3 provides that the standard nonforfeiture credit will be equal to 100% of the sum of all premiums paid, including the premiums paid prior to any changes in benefits. The insurer may offer additional shortened benefit period options as long as the benefits for each duration equal or exceed the standard nonforfeiture credit for that duration. However, the minimum nonforfeiture credit shall not be less than 30 times the daily nursing home benefit at the time of lapse. Calculation of the minimum benefit should not include consideration of claim benefits already paid before the date of lapse.

As stated above, the calculation of the standard nonforfeiture and the contingent benefits upon lapse credit is set forth in 14 VAC 5-200-185 E 3. Please advise where the calculation of the minimum benefit is explained to the insured.

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>.

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:

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
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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](http://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 letter 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. The letter will require a form number.

In line with the above, the Bureau feels the explanation for the rate increase should be expanded and incorporate information regarding its claim experience and not only reference lower mortality and policy retention. Explain why the rates of policy lapse and mortality being lower than expected result in a rate increase.

Also, the letter states a 50% rate increase is justifiable. Our actuarial review indicates the justified increase is actually 48.9%. For accuracy purposes, please change the percentage to 48.9% or round up to 49% or include the words "an approximate" 50% rate increase is justified.

**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:** Berkshire Life Insurance Company of America  
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**Product Name:** Care ProVider  
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## Objection Letter

Objection Letter Status Info has been requested from company  
Objection Letter Date 02/27/2015  
Submitted Date 02/27/2015  
Respond By Date

Dear Julie Storry,

**Introduction:**

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

According to previous correspondence, the company indicated policies are amended for benefit changes by using endorsement form BG01E-PS(08/14) - VA and providing the insured an updated Schedule of Benefits. Management at the Virginia Bureau of Insurance has recently directed that a policy must be updated via an endorsement or amendment that effects any changes the policyholder has requested. How is the policy updated if the insured exercises an optional nonforfeiture option or the contingent benefit upon lapse? If the company already has such endorsement forms previously approved for these options, please attach a copy of the form and provide the SERFF tracking number and date of approval. If a new form is needed, please attach the form or forms to this filing for review and approval. A Certification of Compliance pursuant to 14 VAC5-100-40 3 and a readability certification pursuant to 14 VAC5-110-60 would also be needed. If there is any variability, a statement of variability would be required. We apologize for not including this information in our previous objection letter of February 5, 2015. As previously stated, this directive was just recently provided and we wanted to make sure you were aware of such as quickly as possible. If you have any questions or concerns, please contact me at 804-371-9390.

After further review of the policyholder letter, there is still a concern the reason for the rate increase should be more specific. Please clarify in the letter what factors have changed and why that is resulting in a rate increase at this time.

**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:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status Disapproved  
Objection Letter Date 02/05/2015  
Submitted Date 02/05/2015  
Respond By Date

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Dear Julie Storry,

**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:

1. Since this block of business includes limited pay policies, please indicate whether any inforce policies have reached paid-up status. If so, please provide a demonstration that the requested rate increase would meet the requirements of the 58/85 test and the alternate 66/85 test if all paid-up policies are excluded from the projections.
2. Please provide a measure of the credibility of the Company's claim experience and how credibility was factored into the development of the morbidity assumptions.
3. While a data source was provided for the current assumptions for claim length of stay, we could not locate the same for the claim incidence. Please indicate the source of the data used to derive the morbidity assumptions for claim incidence, including any adjustments made to such data to reflect company experience.
4. Please provide a status of rate increase requests in other states with inforce policies.

**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  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

## Objection Letter

Objection Letter Status Disapproved  
Objection Letter Date 08/19/2014  
Submitted Date 08/19/2014  
Respond By Date

Dear Julie Storry,

### **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. Please provide the anticipated lifetime loss ratio at the time of original pricing for this policy form utilizing the original pricing assumptions for morbidity, mortality, lapse and interest, including the original margins for moderately adverse experience. If this ratio exceeds 58%, please supply an alternate demonstration that the requested rate increase would meet the requirements of the 58/85 test if 58% was replaced with the original anticipated lifetime loss ratio as calculated above.

2. The Company has not complied 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. However, the Bureau will waive this requirement if the Company will agree to the following:

a. The Company provides a certification for the entire rate increase needed and provides supporting documentation separately for the amount needed and the amount requested.

b. The Company provides a certification agreeing to notify policyholders of not only the premium rate increase that will be implemented but the amount that would be required to be charged pursuant to the requirements of 14VAC5-200-153 B.

c. The Company provides a certification that it will agree not to seek another rate increase on these forms for a period of at least 36 months.

d. The Company provides a certification that any future rate increase on these forms could not attempt to recover the lost premium between the amount implemented and the increase needed to provide the certification pursuant to 14VAC5-200-153 B. That is, lifetime projections would need to be calculated using historical premiums at a level consistent with an original rate increase at the rate stabilization level (full amount needed to be certified under 14VAC 5-200-153 B) rather than the amount actually implemented.

3. Please change the Rate Action in the Rate/Rule Schedule to "Revised". Please move Attachment B1 and B3 to Supporting Documentation. The only schedule that should appear on this tab are those rates that are being approved on Attachment B2.

4. According to the NAIC Executive /Plenary bulletin, the policyholder letter should clearly disclose the guaranteed renewable nature of the policy and that the insured should understand that premium rates may increase again in the future. We understand the company has indicated it is willing to not implement future increases for three years from the date of implementation if the single increase of the requested amount is approved. For compliance with the bulletin, the company may wish to address this accordingly.

### **Conclusion:**

We shall be glad to reconsider this submission upon receipt of the information 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  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

## Objection Letter

Objection Letter Status Disapproved  
Objection Letter Date 05/13/2014  
Submitted Date 05/22/2014  
Respond By Date

Dear Julie Storry,

### Introduction:

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

A preliminary review of the submitted filing indicates the following concerns and questions. We'll continue our review of the submitted filing upon receipt of the following information:

1. Please provide the actuarial certification required by 14VAC5-200-153 B.2.
2. Please indicate whether the Company is currently offering for sale any similar policies. If so, please supply the information and statements contained in 14VAC5-200-153 B.3.e. and 14VAC5-200-153 B.4.
3. Attached is a NAIC's Executive/Plenary bulletin adopted on December 18, 2013. We have now added this to our review process and ask that the company advise if this filing is consistent or is not consistent with all the recommendations and include details that support your answer. Please be sure to include responses to the following:
  - a) If the Bureau approves a single increase of the requested amount, will the company agree to not implement future rate increases for three years from the date of implementation?
  - b) Please confirm compliance with the requirements to administer the contingent benefit upon lapse regarding the table of trigger percentages.
  - c) Please review the policyholder letter for compliance with the requirements regarding policyholder notification. In addition, the management of the Bureau has directed that policyholder letters should clearly explain why a rate increase is needed and its driving factors. The letter mentions "unanticipated market factors". Please provide more detail in the letter as to what these are.
  - d) If the Coverage Change Request Form is completed, does it become a part of the policy? Is the policy updated by an amendment or endorsement? Please be aware prior to approving the proposed rate increase, forms used to amend existing coverage will need to be filed for review and approval. If forms are not already approved, this can either be done as a separate filing or the company can amend this filing to include it. Any submitted form will need to comply with the filing requirements of Chapter 100 of the Virginia Administrative Code. If the forms are already approved, please provide the form number as approved in Virginia, the SERFF tracking number and date of its approval. If only a revised Schedule of Benefits is sent to the insured, please provide evidence the policy was approved for such variability.
4. Please remove the BG01 2014 Rate increase exhibits from the Rate/Rule Schedule to Supporting Documentation as this exhibit would not be subject to approval. Please revise the BG01 2014 rate increase rate tables to only include the proposed rates which are to be approved. The other information should be moved to supporting documentation. Also, for our purposes, please clarify what column in Attachment B2 corresponds to rider BG10-ROB(06/04) and what riders do the rates apply for the 10-pay, Paid Up at 65, and Limited Pay CIP. Please include an exhibit in Supporting Documentation that illustrates how rates may be calculated. This information may be used by our Consumer Services Department to answer various inquiries from policyholders.

### Conclusion:

**State:** Virginia

**Filing Company:** Berkshire Life Insurance Company of America

**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership

**Product Name:** Care ProVider

**Project Name/Number:** /

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

## 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

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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<sup>1</sup> 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<sup>2</sup> 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<sup>3</sup> 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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<sup>1</sup> A company may provide alternative nonforfeiture benefits in lieu of the benefit required by the contingent benefit upon lapse, if approved by the [Commissioner].

<sup>2</sup> 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.

<sup>3</sup> 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].

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

**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 07/27/2016  
 Submitted Date 07/27/2016

Dear Janet Houser,

### Introduction:

### Response 1

#### Comments:

See revised form and response letter.

### Related Objection 1

Applies To:

- Endorsement, BG01E-NF(04/15)-VA (Form)

Comments: The last sentence in the endorsement paragraph conflicts with 14 VAC 5-200-185 E 2 and 14 VAC5-200-185 F and should be deleted. The paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status. The calculation regarding claims should have already been taken into account in determining the reduced benefit available. As the form reads, it would appear this is not the case.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 05 03 16
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 05 03 16.pdf

State: Virginia Filing Company: Berkshire Life Insurance Company of America  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership  
 Product Name: Care ProVider  
 Project Name/Number: /

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Endorsement	BG01E-NF(04/15)-VA	POLA	Initial			BG01E-NF(04-15)-VA.pdf	Date Submitted: 07/27/2016 By: Darlene Smith
<i>Previous Version</i>								
1	Endorsement	BG01E-NF(04/15)-VA	POLA	Initial			BG01E-NF(04-15)-VA.pdf	Date Submitted: 04/20/2015 By: Anoush Chngidakyan

No Rate/Rule Schedule items changed.

**Response 2**

**Comments:**

See revised forms and response letter. The highlighted versions have been moved to Supporting Documentation.

**Related Objection 2**

Applies To:

- Policyholder Notice, BG01(06/04) VA CNF (Form)
- Policyholder Notice, BG01(06/04) VA NF (Form)

Comments: While a red-lined or marked-up form is helpful to our review, the form is not in its final version as required by 14 VAC 5-100-50 3. Please attach the final version of the form to the Form Schedule and attach the red-lined version as supporting documentation.

**Changed Items:**

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Response Letter 05 03 16
Comments:	
Attachment(s):	VA Response Letter 05 03 16.pdf

SERFF Tracking #:

LFCR-129536537

State Tracking #:

LFCR-129536537

Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

State:

Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:

Care ProVider

Project Name/Number:

/

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	VA Response Letter 05 03 16
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 05 03 16.pdf

<b>Satisfied - Item:</b>	BG01(06/04) VA CNF highlighted version
<b>Comments:</b>	
<b>Attachment(s):</b>	Customer Notice and Election Form - CBUL (VA).pdf

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	VA Response Letter 05 03 16
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 05 03 16.pdf

<b>Satisfied - Item:</b>	BG01(06/04) VA CNF highlighted version
<b>Comments:</b>	
<b>Attachment(s):</b>	Customer Notice and Election Form - CBUL (VA).pdf

<b>Satisfied - Item:</b>	BG01(06/04) VA NF highlighted version
<b>Comments:</b>	
<b>Attachment(s):</b>	Customer Notice and Election Form - NF (VA).pdf

**SERFF Tracking #:**

LFCR-129536537

**State Tracking #:**

LFCR-129536537

**Company Tracking #:**

VA BG01(06/04) 2014 RATE INCREASE

**State:**

Virginia

**Filing Company:**

Berkshire Life Insurance Company of America

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.004 Partnership

**Product Name:**

Care ProVider

**Project Name/Number:**

/

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	VA Response Letter 05 03 16
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 05 03 16.pdf
<b>Satisfied - Item:</b>	BG01(06/04) VA CNF highlighted version
<b>Comments:</b>	
<b>Attachment(s):</b>	Customer Notice and Election Form - CBUL (VA).pdf
<b>Satisfied - Item:</b>	BG01(06/04) VA NF highlighted version
<b>Comments:</b>	
<b>Attachment(s):</b>	Customer Notice and Election Form - NF (VA).pdf
<b>Satisfied - Item:</b>	Coverage Change Request Form
<b>Comments:</b>	
<b>Attachment(s):</b>	Coverage Change Request Form - CBUL (VA).pdf Coverage Change Request Form - NF (VA).pdf

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

## Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notice	BG01(06/04) VA CNF	OTH	Initial			Customer Notice - CBUL (VA).pdf	Date Submitted: 07/27/2016 By: Darlene Smith
<i>Previous Version</i>								
1	<i>Policyholder Notice</i>	<i>BG01(06/04) VA CNF</i>	<i>OTH</i>	<i>Initial</i>			<i>Customer Notice and Election Form - CBUL (VA).pdf</i>	<i>Date Submitted: 04/11/2016 By: Darlene Smith</i>
<i>Previous Version</i>								
1	<i>Policyholder Notice</i>	<i>BG01(06/04) VA CNF</i>	<i>OTH</i>	<i>Initial</i>			<i>Customer Notice and Election Form (VA).pdf</i>	<i>Date Submitted: 10/29/2015 By: Darlene Smith</i>
2	Policyholder Notice	BG01(06/04) VA NF	OTH	Initial			Customer Notice - NF (VA).pdf	Date Submitted: 07/27/2016 By: Darlene Smith
<i>Previous Version</i>								
2	<i>Policyholder Notice</i>	<i>BG01(06/04) VA NF</i>	<i>OTH</i>	<i>Initial</i>			<i>Customer Notice and Election Form - NF (VA).pdf</i>	<i>Date Submitted: 04/11/2016 By: Darlene Smith</i>

No Rate/Rule Schedule items changed.

### Response 3

#### Comments:

See revised forms and response letter. The highlighted versions have been moved to Supporting Documentation.

### Related Objection 3

Applies To:

- Policyholder Notice, BG01(06/04) VA CNF (Form)
- Policyholder Notice, BG01(06/04) VA NF (Form)

**SERFF Tracking #:**

LFCR-129536537

**State Tracking #:**

LFCR-129536537

**Company Tracking #:**

VA BG01(06/04) 2014 RATE INCREASE

**State:**

Virginia

**Filing Company:**

Berkshire Life Insurance Company of America

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.004 Partnership

**Product Name:**

Care ProVider

**Project Name/Number:**

/

*Comments: It appears that the Coverage Change Request Form is designed to be separate from the policyholder notice and is intended to be returned to the company if applicable. 14 VAC 5-100-40 1 provides that each form submitted must have a form number and that form number must distinguish the form from all other forms used by the insurer. For regulatory conformity, any page (or section) that will not remain with the policyholder notice should not bear the same form number as that of the policyholder notice.*

*If the Coverage Change Form will be attached to the policy, please attach it separately under the Form Schedule with a new form number. If the form will not be attached to the policy, it does not require approval and the form should be moved to Supporting Documentation.*

*Please revise the wording on the Coverage Change Request Form currently part of Form BG01(06/04) VA CNF from Exercise the Non-Payment Option to Exercise the Contingent Benefit Upon Lapse Option.*

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 05 03 16
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 05 03 16.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 05 03 16
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 05 03 16.pdf

<b>Satisfied - Item:</b>	BG01(06/04) VA CNF highlighted version
<b>Comments:</b>	
<b>Attachment(s):</b>	Customer Notice and Election Form - CBUL (VA).pdf

SERFF Tracking #:

LFCR-129536537

State Tracking #:

LFCR-129536537

Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

State:

Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:

Care ProVider

Project Name/Number:

/

**Supporting Document Schedule Item Changes**

**Satisfied - Item:** VA Response Letter 05 03 16

**Comments:**

**Attachment(s):** VA Response Letter 05 03 16.pdf

**Satisfied - Item:** BG01(06/04) VA CNF highlighted version

**Comments:**

**Attachment(s):** Customer Notice and Election Form - CBUL (VA).pdf

**Satisfied - Item:** BG01(06/04) VA NF highlighted version

**Comments:**

**Attachment(s):** Customer Notice and Election Form - NF (VA).pdf

**Supporting Document Schedule Item Changes**

**Satisfied - Item:** VA Response Letter 05 03 16

**Comments:**

**Attachment(s):** VA Response Letter 05 03 16.pdf

**Satisfied - Item:** BG01(06/04) VA CNF highlighted version

**Comments:**

**Attachment(s):** Customer Notice and Election Form - CBUL (VA).pdf

**Satisfied - Item:** BG01(06/04) VA NF highlighted version

**Comments:**

**Attachment(s):** Customer Notice and Election Form - NF (VA).pdf

**Satisfied - Item:** Coverage Change Request Form

**Comments:**

**Attachment(s):** Coverage Change Request Form - CBUL (VA).pdf  
Coverage Change Request Form - NF (VA).pdf

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

## Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notice	BG01(06/04) VA CNF	OTH	Initial			Customer Notice - CBUL (VA).pdf	Date Submitted: 07/27/2016 By: Darlene Smith
<i>Previous Version</i>								
1	<i>Policyholder Notice</i>	<i>BG01(06/04) VA CNF</i>	<i>OTH</i>	<i>Initial</i>			<i>Customer Notice and Election Form - CBUL (VA).pdf</i>	<i>Date Submitted: 04/11/2016 By: Darlene Smith</i>
<i>Previous Version</i>								
1	<i>Policyholder Notice</i>	<i>BG01(06/04) VA CNF</i>	<i>OTH</i>	<i>Initial</i>			<i>Customer Notice and Election Form (VA).pdf</i>	<i>Date Submitted: 10/29/2015 By: Darlene Smith</i>
2	Policyholder Notice	BG01(06/04) VA NF	OTH	Initial			Customer Notice - NF (VA).pdf	Date Submitted: 07/27/2016 By: Darlene Smith
<i>Previous Version</i>								
2	<i>Policyholder Notice</i>	<i>BG01(06/04) VA NF</i>	<i>OTH</i>	<i>Initial</i>			<i>Customer Notice and Election Form - NF (VA).pdf</i>	<i>Date Submitted: 04/11/2016 By: Darlene Smith</i>

No Rate/Rule Schedule items changed.

#### Response 4

##### Comments:

See revised forms and response letter.

#### Related Objection 4

Applies To:

- Policyholder Notice, BG01(06/04) VA CNF (Form)
- Policyholder Notice, BG01(06/04) VA NF (Form)

Comments: The required disclosures are currently stated under the paragraph "Review potential removal of riders." This may be misleading as the insured may think this only applies to riders and not all benefit options. Please capture the disclosures as a separate paragraph either before or after the list of options.

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

**Changed Items:****Supporting Document Schedule Item Changes**

Satisfied - Item: VA Response Letter 05 03 16

Comments:

Attachment(s): VA Response Letter 05 03 16.pdf

**Form Schedule Item Changes**

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notice	BG01(06/04) VA CNF	OTH	Initial			Customer Notice - CBUL (VA).pdf	Date Submitted: 07/27/2016 By: Darlene Smith
<i>Previous Version</i>								
1	Policyholder Notice	BG01(06/04) VA CNF	OTH	Initial			Customer Notice and Election Form - CBUL (VA).pdf	Date Submitted: 04/11/2016 By: Darlene Smith
<i>Previous Version</i>								
1	Policyholder Notice	BG01(06/04) VA CNF	OTH	Initial			Customer Notice and Election Form (VA).pdf	Date Submitted: 10/29/2015 By: Darlene Smith
2	Policyholder Notice	BG01(06/04) VA NF	OTH	Initial			Customer Notice - NF (VA).pdf	Date Submitted: 07/27/2016 By: Darlene Smith
<i>Previous Version</i>								
2	Policyholder Notice	BG01(06/04) VA NF	OTH	Initial			Customer Notice and Election Form - NF (VA).pdf	Date Submitted: 04/11/2016 By: Darlene Smith

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you for your assistance.

**SERFF Tracking #:**

LFCR-129536537

**State Tracking #:**

LFCR-129536537

**Company Tracking #:**

VA BG01(06/04) 2014 RATE INCREASE

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**State:**

Virginia

**Filing Company:**

Berkshire Life Insurance Company of America

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.004 Partnership

**Product Name:**

Care ProVider

**Project Name/Number:**

/

Sincerely,

Darlene Smith

State: Virginia Filing Company: Berkshire Life Insurance Company of America  
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership  
Product Name: Care ProVider  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/11/2016  
Submitted Date 04/11/2016

Dear Janet Houser,

**Introduction:**

**Response 1**

**Comments:**

See revised Policyholder Notices and Response Letter submitted with the 11/23/15 objection response.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you for your assistance with this filing.

Sincerely,

Darlene Smith

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**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/11/2016
Submitted Date	04/11/2016

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Dear Janet Houser,

**Introduction:**

**Response 1**

**Comments:**

See Response Letter submitted with the 11/23/15 objection response.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Darlene Smith

SERFF Tracking #:

LFCR-129536537

State Tracking #:

LFCR-129536537

Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

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State:

Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:

Care ProVider

Project Name/Number:

/

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/11/2016
Submitted Date	04/11/2016

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*Dear Janet Houser,*

### **Introduction:**

### **Response 1**

#### **Comments:**

*See revised Policyholder Notices and Response Letter.*

### **Related Objection 1**

*Applies To:*

*- Policyholder Notice, BG01(06/04) VA CNF (Form)*

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

*Comments: Thank you for providing a revised policyholder letter as requested. For compliance with the revised regulation 14VAC-200-75 D, there are a few items that need to be addressed:*

- 1) *There are two required disclosures: a) options not of equal value and b) potential loss of partnership benefits. As disclosures, this information should be emphasized to bring more attention to it. The company may wish to bold, highlight, use larger print or some other method to make this information stand out.*
- 2) *Please include a statement that the insured has a right to a revised premium or rate schedule upon request in accordance with 14VAC5-200-75 A 4b.*
- 3) *Please state that in the event of future increases, similar options will be made available at that time and that the insured always has the option to change benefits at any time, not just at the time of a rate increase in accordance with 14VAC5-200-75 A 3.*
- 4) *We need further clarification regarding the Non-Payment Option. Based on the language in the letter, this is a the Contingent Benefit Upon Lapse Option (CBUL) and should be referenced as such to differentiate it from a contractual nonforfeiture benefit. Please be aware that in either case (exercising the CBUL or the nonforefeiture option in the policy), the claim benefits already paid before the date of lapse cannot be deducted from this amount in accordance with 14VAC5-200-185 E. Please remove the last sentence of this option.*

*In regards to the Contingent Benefit Upon Lapse Option, does the company intend to offer this to all policyholders at the time of a rate increase regardless if the trigger as described in 14VAC5-200-185 D 3 is met or not for that policyholder? Please include in the letter applicable information for those policyholders whose contracts include a nonforfeiture benefit option.*

- 5) *Please explain why the Coverage Change Request does not include the benefit period or elimination period adjustments as a selection provided in the policyholder letter.*

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 11 23 15
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 11 23 15.pdf

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

## Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notice	BG01(06/04) VA CNF	OTH	Initial			Customer Notice and Election Form - CBUL (VA).pdf	Date Submitted: 04/11/2016 By: Darlene Smith
<i>Previous Version</i>								
1	Policyholder Notice	BG01(06/04) VA CNF	OTH	Initial			Customer Notice and Election Form (VA).pdf	Date Submitted: 10/29/2015 By: Darlene Smith
2	Policyholder Notice	BG01(06/04) VA NF	OTH	Initial			Customer Notice and Election Form - NF (VA).pdf	Date Submitted: 04/11/2016 By: Darlene Smith

No Rate/Rule Schedule items changed.

**Response 2****Comments:**

See revised Policyholder Notices and Response Letter.

**Related Objection 2**

Applies To:

- Endorsement, BG01E-NF(04/15)-VA (Form)
- Policyholder Notice, BG01(06/04) VA CNF (Form)

Comments: We reviewed your response to Objection 2 in your Response Letter dated 10/28/15, and our previous objection remains. We previously stated, 14 VAC 5-200-185 E 3 provides that the standard nonforfeiture credit will be equal to 100% of the sum of all premiums paid, including the premiums paid prior to any changes in benefits. The insurer may offer additional shortened benefit period options as long as the benefits for each duration equal or exceed the standard nonforfeiture credit for that duration. However, the minimum nonforfeiture credit shall not be less than 30 times the daily nursing home benefit at the time of lapse. Calculation of the minimum benefit should not include consideration of claim benefits already paid before the date of lapse. Our objection would be resolved if the following statement were deleted, Claim benefits already paid before the date of lapse would be deducted from this amount.

**Changed Items:**

State: Virginia Filing Company: Berkshire Life Insurance Company of America  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership  
 Product Name: Care ProVider  
 Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Response Letter 11 23 15
Comments:	
Attachment(s):	VA Response Letter 11 23 15.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notice	BG01(06/04) VA CNF	OTH	Initial			Customer Notice and Election Form - CBUL (VA).pdf	Date Submitted: 04/11/2016 By: Darlene Smith
<i>Previous Version</i>								
1	Policyholder Notice	BG01(06/04) VA CNF	OTH	Initial			Customer Notice and Election Form (VA).pdf	Date Submitted: 10/29/2015 By: Darlene Smith
2	Policyholder Notice	BG01(06/04) VA NF	OTH	Initial			Customer Notice and Election Form - NF (VA).pdf	Date Submitted: 04/11/2016 By: Darlene Smith

No Rate/Rule Schedule items changed.

**Response 3**

**Comments:**

See revised Policyholder Notices, Statement of Variability and Response Letter.

**Related Objection 3**

Applies To:

- Statement of Variability (Supporting Document)
- Policyholder Notice, BG01(06/04) VA CNF (Form)

Comments: Since form BG01(06/04) VA CNF contains variable text, please expand the Statement of Variability to describe the variable fields in this form.

**Changed Items:**

SERFF Tracking #:

LFCR-129536537

State Tracking #:

LFCR-129536537

Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

State:

Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:

Care ProVider

Project Name/Number:

/

**Supporting Document Schedule Item Changes**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment(s):** BG01 Virginia Statement of Variability.pdf

*Previous Version*

**Satisfied - Item:** *Statement of Variability*

**Comments:**

**Attachment(s):** *BG01 Virginia Statement of Variability.pdf*

**Supporting Document Schedule Item Changes**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment(s):** BG01 Virginia Statement of Variability.pdf

*Previous Version*

**Satisfied - Item:** *Statement of Variability*

**Comments:**

**Attachment(s):** *BG01 Virginia Statement of Variability.pdf*

**Satisfied - Item:** VA Response Letter 11 23 15

**Comments:**

**Attachment(s):** VA Response Letter 11 23 15.pdf

State: Virginia Filing Company: Berkshire Life Insurance Company of America  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership  
 Product Name: Care ProVider  
 Project Name/Number: /

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notice	BG01(06/04) VA CNF	OTH	Initial			Customer Notice and Election Form - CBUL (VA).pdf	Date Submitted: 04/11/2016 By: Darlene Smith
<i>Previous Version</i>								
1	Policyholder Notice	BG01(06/04) VA CNF	OTH	Initial			Customer Notice and Election Form (VA).pdf	Date Submitted: 10/29/2015 By: Darlene Smith
2	Policyholder Notice	BG01(06/04) VA NF	OTH	Initial			Customer Notice and Election Form - NF (VA).pdf	Date Submitted: 04/11/2016 By: Darlene Smith

No Rate/Rule Schedule items changed.

**Response 4**

**Comments:**

See Response Letter. The rate data has been revised through a post-submission update.

**Related Objection 4**

Applies To:

- BG01 2014 rate increase rate tables, [Form BG01P(06/04)-VA, Form BG01R-IP3(06/04), Form BG01R-IP5(06/04), Form BG01R-SBN(06/04)-VA, Form BG01R-ROP(06/04), Form BG01R-IND(06/04)-VA, Form BG01R-PCG(06/04)-VA, Form BG01R-WOP(06/04)-VA, Form BG01R-MTH(06/04), Form BG01R-ROB(06/04), Form BG01R-SVR(06/04)] (Rate)

Comments: The Actuarial Certification states current rates would need an approximate 50% rate increase (rather than the requested 25%) to bring the loss ratio down to a sustainable level 68%. Please amend the Overall Percentage Indicated Change in the Rate/Rule Schedule to reflect 50% rather than 25%.

**Changed Items:**

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Response Letter 11 23 15
Comments:	
Attachment(s):	VA Response Letter 11 23 15.pdf

**SERFF Tracking #:**

LFCR-129536537

**State Tracking #:**

LFCR-129536537

**Company Tracking #:**

VA BG01(06/04) 2014 RATE INCREASE

---

**State:**

Virginia

**Filing Company:**

Berkshire Life Insurance Company of America

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.004 Partnership

**Product Name:**

Care ProVider

**Project Name/Number:**

/

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

*Sincerely,*

*Darlene Smith*

**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 10/28/2015  
 Submitted Date 10/29/2015

Dear Janet Houser,

### Introduction:

### Response 1

#### Comments:

Please see attached revised documents and response letter. The revised Policyholder Notice has been moved to the Form Schedule. Thank you.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo VA 061715.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo VA.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo VA Final.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo with Attachments VA.pdf

State: Virginia Filing Company: Berkshire Life Insurance Company of America  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership  
 Product Name: Care ProVider  
 Project Name/Number: /

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo VA 061715.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo VA.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo VA Final.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo with Attachments VA.pdf</i>

<b>Satisfied - Item:</b>	Policyholder Notice
<b>Comments:</b>	Moved to Form Schedule
<b>Attachment(s):</b>	
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Policyholder Notice</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Customer Notice and Election Form _ VA_.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Policyholder Notice</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Customer Notice and Election Form _ VA_.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Policyholder Notice</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Customer Notice and Election Form _ VA_.pdf</i>
<i>Previous Version</i>	

**State:** Virginia      **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

<b>Satisfied - Item:</b>	<i>Policyholder Notice</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Customer Notice and Election Form.pdf</i>

State: Virginia Filing Company: Berkshire Life Insurance Company of America  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership  
 Product Name: Care ProVider  
 Project Name/Number: /

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo VA 061715.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo VA.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo VA Final.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo with Attachments VA.pdf</i>

<b>Satisfied - Item:</b>	Policyholder Notice
<b>Comments:</b>	Moved to Form Schedule
<b>Attachment(s):</b>	
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Policyholder Notice</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Customer Notice and Election Form _ VA_.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Policyholder Notice</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Customer Notice and Election Form _ VA_.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Policyholder Notice</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Customer Notice and Election Form _ VA_.pdf</i>
<i>Previous Version</i>	

State: Virginia Filing Company: Berkshire Life Insurance Company of America  
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership  
Product Name: Care ProVider  
Project Name/Number: /

Satisfied - Item:	Policyholder Notice
Comments:	
Attachment(s):	Customer Notice and Election Form.pdf

Satisfied - Item:	Berkshire VA Objection Response Attachments 061715
Comments:	
Attachment(s):	Berkshire VA Objection Response Attachments 061715.xlsx

State: Virginia Filing Company: Berkshire Life Insurance Company of America  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership  
 Product Name: Care ProVider  
 Project Name/Number: /

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo VA 061715.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo VA.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo VA Final.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo with Attachments VA.pdf</i>

<b>Satisfied - Item:</b>	Policyholder Notice
<b>Comments:</b>	Moved to Form Schedule
<b>Attachment(s):</b>	
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Policyholder Notice</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Customer Notice and Election Form _ VA_.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Policyholder Notice</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Customer Notice and Election Form _ VA_.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Policyholder Notice</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Customer Notice and Election Form _ VA_.pdf</i>
<i>Previous Version</i>	

**State:** Virginia      **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

<b>Satisfied - Item:</b>	<i>Policyholder Notice</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Customer Notice and Election Form.pdf</i>

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 061715
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 061715.xlsx

<b>Satisfied - Item:</b>	VA Response Letter 06 17 15
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 06 17 15.pdf

*No Rate/Rule Schedule items changed.*

**Conclusion:**

Sincerely,  
Darlene Smith

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 04/20/2015  
 Submitted Date 04/20/2015

Dear Janet Houser,

**Introduction:**

**Response 1**

**Comments:**

Please see attached response letter and documents. Thank you.

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Certification of Compliance
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Cert of Compliance.pdf
<i>Previous Version</i>	
<b>Bypassed - Item:</b>	<i>Certification of Compliance</i>
<b>Bypass Reason:</b>	<i>N/A</i>
<b>Attachment(s):</b>	

SERFF Tracking #:

LFCR-129536537

State Tracking #:

LFCR-129536537

Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

State:

Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:

Care ProVider

Project Name/Number:

/

**Supporting Document Schedule Item Changes**

**Satisfied - Item:** Certification of Compliance

**Comments:**

**Attachment(s):** VA Cert of Compliance.pdf

*Previous Version*

**Bypassed - Item:** *Certification of Compliance*

**Bypass Reason:** *N/A*

**Attachment(s):**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment(s):** VA Flesch Certification 4-2015.pdf

**Supporting Document Schedule Item Changes**

**Satisfied - Item:** Certification of Compliance

**Comments:**

**Attachment(s):** VA Cert of Compliance.pdf

*Previous Version*

**Bypassed - Item:** *Certification of Compliance*

**Bypass Reason:** *N/A*

**Attachment(s):**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment(s):** VA Flesch Certification 4-2015.pdf

**Satisfied - Item:** Response Letter 02-27-15

**Comments:**

**Attachment(s):** VA Response Letter 02 27 15.pdf

SERFF Tracking #:

LFCR-129536537

State Tracking #:

LFCR-129536537

Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

**Supporting Document Schedule Item Changes****Satisfied - Item:** Certification of Compliance**Comments:****Attachment(s):** VA Cert of Compliance.pdf*Previous Version***Bypassed - Item:** *Certification of Compliance***Bypass Reason:** *N/A***Attachment(s):****Satisfied - Item:** Flesch Certification**Comments:****Attachment(s):** VA Flesch Certification 4-2015.pdf**Satisfied - Item:** Response Letter 02-27-15**Comments:****Attachment(s):** VA Response Letter 02 27 15.pdf**Satisfied - Item:** Policyholder Notice**Comments:****Attachment(s):** Customer Notice and Election Form \_VA\_.pdf*Previous Version***Satisfied - Item:** *Policyholder Notice***Comments:****Attachment(s):** *Customer Notice and Election Form \_VA\_.pdf**Previous Version***Satisfied - Item:** *Policyholder Notice***Comments:****Attachment(s):** *Customer Notice and Election Form \_VA\_.pdf**Previous Version***Satisfied - Item:** *Policyholder Notice***Comments:****Attachment(s):** *Customer Notice and Election Form.pdf*

SERFF Tracking #:

LFCR-129536537

State Tracking #:

LFCR-129536537

Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

State:

Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:

Care ProVider

Project Name/Number:

/

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	Certification of Compliance
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Cert of Compliance.pdf
<i>Previous Version</i>	
<b>Bypassed - Item:</b>	<i>Certification of Compliance</i>
<b>Bypass Reason:</b>	<i>N/A</i>
<b>Attachment(s):</b>	

<b>Satisfied - Item:</b>	Flesch Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Flesch Certification 4-2015.pdf

<b>Satisfied - Item:</b>	Response Letter 02-27-15
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 02 27 15.pdf

<b>Satisfied - Item:</b>	Policyholder Notice
<b>Comments:</b>	
<b>Attachment(s):</b>	Customer Notice and Election Form _VA_.pdf

*Previous Version*

<b>Satisfied - Item:</b>	<i>Policyholder Notice</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Customer Notice and Election Form _VA_.pdf</i>

*Previous Version*

<b>Satisfied - Item:</b>	<i>Policyholder Notice</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Customer Notice and Election Form _VA_.pdf</i>

*Previous Version*

<b>Satisfied - Item:</b>	<i>Policyholder Notice</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Customer Notice and Election Form.pdf</i>

SERFF Tracking #:

LFCR-129536537

State Tracking #:

LFCR-129536537

Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

<b>Satisfied - Item:</b>	Statement of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01 Virginia Statement of Variability.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Endorsement	BG01E-BR(04/15)-VA	POLA	Initial			BG01E-BR(04-15)-VA .pdf	Date Submitted: 04/20/2015 By: Anoush Chngidakyan
2	Endorsement	BG01E-NF(04/15)-VA	POLA	Initial			BG01E-NF(04-15)-VA.pdf	Date Submitted: 04/20/2015 By: Anoush Chngidakyan

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Anoush Chngidakyan

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/20/2015
Submitted Date	04/20/2015

Dear Janet Houser,

### Introduction:

### Response 1

#### Comments:

Please see attached response letter. Thank you.

### Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response Letter 02-05-15
Comments:	
Attachment(s):	VA Response Letter 02 05 15.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response Letter 02-05-15
Comments:	
Attachment(s):	VA Response Letter 02 05 15.pdf

Satisfied - Item:	VA Objection Response Exhibits
Comments:	
Attachment(s):	VA Objection Response Exhibits.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,  
Anoush Chngidakyan

**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 01/22/2015  
 Submitted Date 01/22/2015

Dear Janet Houser,

**Introduction:**

**Response 1**

**Comments:**

See attached documents and objection response letter. Thank you.

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 08-19-14
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 08 19 14.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 08-19-14
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 08 19 14.pdf

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments.xlsx

**State:** Virginia      **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 08-19-14
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 08 19 14.pdf
<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments.xlsx
<b>Satisfied - Item:</b>	Berkshire VA Rate B1 and B3
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Rate B1 and B3.pdf

**SERFF Tracking #:**

LFCR-129536537

**State Tracking #:**

LFCR-129536537

**Company Tracking #:**

VA BG01(06/04) 2014 RATE INCREASE

**State:**

Virginia

**Filing Company:**

Berkshire Life Insurance Company of America

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.004 Partnership

**Product Name:**

Care ProVider

**Project Name/Number:**

/

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	VA Response Letter 08-19-14
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 08 19 14.pdf
<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments.xlsx
<b>Satisfied - Item:</b>	Berkshire VA Rate B1 and B3
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Rate B1 and B3.pdf
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo VA.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo VA Final.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo with Attachments VA.pdf</i>

State: Virginia Filing Company: Berkshire Life Insurance Company of America  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership  
 Product Name: Care ProVider  
 Project Name/Number: /

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	VA Response Letter 08-19-14
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 08 19 14.pdf

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments.xlsx

<b>Satisfied - Item:</b>	Berkshire VA Rate B1 and B3
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Rate B1 and B3.pdf

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo VA.pdf

*Previous Version*

<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo VA Final.pdf</i>

*Previous Version*

<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo with Attachments VA.pdf</i>

<b>Satisfied - Item:</b>	Policyholder Notice
<b>Comments:</b>	
<b>Attachment(s):</b>	Customer Notice and Election Form _VA_.pdf

*Previous Version*

<b>Satisfied - Item:</b>	<i>Policyholder Notice</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Customer Notice and Election Form _VA_.pdf</i>

*Previous Version*

<b>Satisfied - Item:</b>	<i>Policyholder Notice</i>
<b>Comments:</b>	

**SERFF Tracking #:** LFCR-129536537      **State Tracking #:** LFCR-129536537      **Company Tracking #:** VA BG01(06/04) 2014 RATE INCREASE

**State:** Virginia      **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

**Attachment(s):** *Customer Notice and Election Form.pdf*

*No Form Schedule items changed.*

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

## Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	BG01 2014 rate increase rate tables	Form BG01P(06/04)-VA, Form BG01R-IP3(06/04), Form BG01R-IP5(06/04), Form BG01R-SBN(06/04)-VA, Form BG01R-ROP(06/04), Form BG01R-IND(06/04)-VA, Form BG01R-PCG(06/04)-VA, Form BG01R-WOP(06/04)-VA, Form BG01R-MTH(06/04), Form BG01R-ROB(06/04), Form BG01R-SVR(06/04)	Revised	Previous State Filing Number: Paper Percent Rate Change Request:	Berkshire VA Rate Table.pdf,	01/22/2015 By: Darlene Smith
<i>Previous Version</i>						
1	<i>BG01 2014 rate increase rate tables</i>	<i>Form BG01P(06/04)-VA, Form BG01R-IP3(06/04), Form BG01R-IP5(06/04), Form BG01R-SBN(06/04)-VA, Form BG01R-ROP(06/04), Form BG01R-IND(06/04)-VA, Form BG01R-PCG(06/04)-VA, Form BG01R-WOP(06/04)-VA, Form BG01R-MTH(06/04), Form BG01R-ROB(06/04), Form BG01R-SVR(06/04)</i>	<i>New</i>		<i>Berkshire VA Rate Tables.pdf,</i>	<i>08/06/2014 By: Darlene Smith</i>
<i>Previous Version</i>						
1	<i>BG01 2014 rate increase rate tables</i>	<i>Form BG01P(06/04)-VA, Form BG01R-IP3(06/04), Form BG01R-IP5(06/04),</i>	<i>New</i>		<i>BG01 2014 rate increase rate tables.pdf,</i>	<i>05/08/2014 By: Darlene Smith</i>

SERFF Tracking #:

LFCR-129536537

State Tracking #:

LFCR-129536537

Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

State:

Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:

Care ProVider

Project Name/Number:

/

**Rate/Rule Schedule Item Changes**

		<p>Form BG01R-SBN(06/04)-VA, Form BG01R-ROP(06/04), Form BG01R-IND(06/04)-VA, Form BG01R-PCG(06/04)-VA, Form BG01R-WOP(06/04)-VA, Form BG01R-MTH(06/04), Form BG01R-ROB(06/04), Form BG01R-SVR(06/04)</p>				
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**Conclusion:**

Sincerely,

Darlene Smith

SERFF Tracking #:

LFCR-129536537

State Tracking #:

LFCR-129536537

Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

State:

Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:

Care ProVider

Project Name/Number:

/

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/06/2014
Submitted Date	08/06/2014

Dear Janet Houser,

### Introduction:

### Response 1

#### Comments:

See attached documents and objection response letter. Thank you.

### Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Response Letter 05 22 14
Comments:	
Attachment(s):	VA Response Letter 05 22 14.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Response Letter 05 22 14
Comments:	
Attachment(s):	VA Response Letter 05 22 14.pdf

Satisfied - Item:	Berkshire VA Rate Calculation
Comments:	
Attachment(s):	Berkshire VA Rate Calculation.xlsx

SERFF Tracking #:

LFCR-129536537

State Tracking #:

LFCR-129536537

Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

State:

Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:

Care ProVider

Project Name/Number:

/

**Supporting Document Schedule Item Changes****Satisfied - Item:** VA Response Letter 05 22 14**Comments:****Attachment(s):** VA Response Letter 05 22 14.pdf**Satisfied - Item:** Berkshire VA Rate Calculation**Comments:****Attachment(s):** Berkshire VA Rate Calculation.xlsx**Satisfied - Item:** BG01 2014 rate increase exhibits**Comments:****Attachment(s):** BG01 2014 rate increase exhibits.pdf**Supporting Document Schedule Item Changes****Satisfied - Item:** VA Response Letter 05 22 14**Comments:****Attachment(s):** VA Response Letter 05 22 14.pdf**Satisfied - Item:** Berkshire VA Rate Calculation**Comments:****Attachment(s):** Berkshire VA Rate Calculation.xlsx**Satisfied - Item:** BG01 2014 rate increase exhibits**Comments:****Attachment(s):** BG01 2014 rate increase exhibits.pdf**Satisfied - Item:** L&H Actuarial Memorandum**Comments:****Attachment(s):** Berkshire Rate Filing Actuarial Memo VA Final.pdf*Previous Version***Satisfied - Item:** *L&H Actuarial Memorandum***Comments:****Attachment(s):** *Berkshire Rate Filing Actuarial Memo with Attachments VA.pdf*

State: Virginia Filing Company: Berkshire Life Insurance Company of America  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership  
 Product Name: Care ProVider  
 Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Response Letter 05 22 14
Comments:	
Attachment(s):	VA Response Letter 05 22 14.pdf
Satisfied - Item:	Berkshire VA Rate Calculation
Comments:	
Attachment(s):	Berkshire VA Rate Calculation.xlsx
Satisfied - Item:	BG01 2014 rate increase exhibits
Comments:	
Attachment(s):	BG01 2014 rate increase exhibits.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Berkshire Rate Filing Actuarial Memo VA Final.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&amp;H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Berkshire Rate Filing Actuarial Memo with Attachments VA.pdf</i>
Satisfied - Item:	Policyholder Notice
Comments:	
Attachment(s):	Customer Notice and Election Form _VA_.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Notice</i>
Comments:	
Attachment(s):	<i>Customer Notice and Election Form.pdf</i>

No Form Schedule items changed.

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

## Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Moved to Supporting Documentation	Form BG01P(06/04)-VA, Form BG01R-IP3(06/04), Form BG01R-IP5(06/04), Form BG01R-SBN(06/04)-VA, Form BG01R-ROP(06/04), Form BG01R-IND(06/04)-VA, Form BG01R-PCG(06/04)-VA, Form BG01R-WOP(06/04)-VA, Form BG01R-MTH(06/04), Form BG01R-ROB(06/04), Form BG01R-SVR(06/04)	Revised	Previous State Filing Number: Paper Percent Rate Change Request:		08/06/2014 By: Darlene Smith
<i>Previous Version</i>						
1	<i>BG01 2014 rate increase exhibits</i>	<i>Form BG01P(06/04)-VA, Form BG01R-IP3(06/04), Form BG01R-IP5(06/04), Form BG01R-SBN(06/04)-VA, Form BG01R-ROP(06/04), Form BG01R-IND(06/04)-VA, Form BG01R-PCG(06/04)-VA, Form BG01R-WOP(06/04)-VA, Form BG01R-MTH(06/04), Form BG01R-ROB(06/04), Form BG01R-SVR(06/04)</i>	<i>Revised</i>	<i>Previous State Filing Number: Paper Percent Rate Change Request:</i>	<i>BG01 2014 rate increase exhibits.pdf,</i>	<i>05/08/2014 By: Darlene Smith</i>
2	BG01 2014 rate increase rate tables	Form BG01P(06/04)-VA, Form BG01R-IP3(06/04), Form BG01R-IP5(06/04), Form BG01R-SBN(06/04)-VA, Form	New		Berkshire VA Rate Tables.pdf,	08/06/2014 By: Darlene Smith

SERFF Tracking #:

LFCR-129536537

State Tracking #:

LFCR-129536537

Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

State:

Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:

Care ProVider

Project Name/Number:

/

**Rate/Rule Schedule Item Changes**

		BG01R-ROP(06/04), Form BG01R- IND(06/04)-VA, Form BG01R-PCG(06/04)- VA, Form BG01R- WOP(06/04)-VA, Form BG01R-MTH(06/04), Form BG01R- ROB(06/04), Form BG01R-SVR(06/04)				
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*Previous Version*

2	<i>BG01 2014 rate increase rate tables</i>	<i>Form BG01P(06/04)- VA, Form BG01R- IP3(06/04), Form BG01R-IP5(06/04), Form BG01R- SBN(06/04)-VA, Form BG01R-ROP(06/04), Form BG01R- IND(06/04)-VA, Form BG01R-PCG(06/04)- VA, Form BG01R- WOP(06/04)-VA, Form BG01R-MTH(06/04), Form BG01R- ROB(06/04), Form BG01R-SVR(06/04)</i>	<i>New</i>		<i>BG01 2014 rate increase rate tables.pdf,</i>	<i>05/08/2014 By: Darlene Smith</i>
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**Conclusion:**

Sincerely,

Darlene Smith

**SERFF Tracking #:**

LFCR-129536537

**State Tracking #:**

LFCR-129536537

**Company Tracking #:**

VA BG01(06/04) 2014 RATE INCREASE

---

**State:**

Virginia

**Filing Company:**

Berkshire Life Insurance Company of America

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.004 Partnership

**Product Name:**

Care ProVider

**Project Name/Number:**

/

## Amendment Letter

Submitted Date:

08/02/2016

Comments:

See revised policyholder notices and response letter, thank you.

Changed Items:

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

## Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notice	BG01(06/04) VA CNF	OTH	Initial			Customer Notice and Election Form - CBUL (VA).pdf	Date Submitted: 08/02/2016 By:
<i>Previous Version</i>								
1	<i>Policyholder Notice</i>	<i>BG01(06/04) VA CNF</i>	<i>OTH</i>	<i>Initial</i>			<i>Customer Notice - CBUL (VA).pdf</i>	<i>Date Submitted: 07/27/2016 By: Darlene Smith</i>
<i>Previous Version</i>								
1	<i>Policyholder Notice</i>	<i>BG01(06/04) VA CNF</i>	<i>OTH</i>	<i>Initial</i>			<i>Customer Notice and Election Form - CBUL (VA).pdf</i>	<i>Date Submitted: 04/11/2016 By: Darlene Smith</i>
<i>Previous Version</i>								
1	<i>Policyholder Notice</i>	<i>BG01(06/04) VA CNF</i>	<i>OTH</i>	<i>Initial</i>			<i>Customer Notice and Election Form (VA).pdf</i>	<i>Date Submitted: 10/29/2015 By: Darlene Smith</i>
2	Policyholder Notice	BG01(06/04) VA NF	OTH	Initial			Customer Notice and Election Form - NF (VA).pdf	Date Submitted: 08/02/2016 By:
<i>Previous Version</i>								
2	<i>Policyholder Notice</i>	<i>BG01(06/04) VA NF</i>	<i>OTH</i>	<i>Initial</i>			<i>Customer Notice - NF (VA).pdf</i>	<i>Date Submitted: 07/27/2016 By: Darlene Smith</i>
<i>Previous Version</i>								
2	<i>Policyholder Notice</i>	<i>BG01(06/04) VA NF</i>	<i>OTH</i>	<i>Initial</i>			<i>Customer Notice and Election Form - NF (VA).pdf</i>	<i>Date Submitted: 04/11/2016 By: Darlene Smith</i>

No Rate Schedule Items Changed.

State: Virginia      Filing Company: Berkshire Life Insurance Company of America  
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership  
Product Name: Care ProVider  
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Response Letter 08 02 16
Comments:	
Attachment(s):	VA Response Letter 08 02 16.pdf

**SERFF Tracking #:**

LFCR-129536537

**State Tracking #:**

LFCR-129536537

**Company Tracking #:**

VA BG01(06/04) 2014 RATE INCREASE

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**State:**

Virginia

**Filing Company:**

Berkshire Life Insurance Company of America

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.004 Partnership

**Product Name:**

Care ProVider

**Project Name/Number:**

/

## Amendment Letter

Submitted Date:

05/17/2016

Comments:

The Percent Rate Change Request under the Rate Action Information column on the Rate/Rule Schedule has been changed to 25% to reflect the percentage of the rate increase being requested at this time, thank you.

Changed Items:

*No Form Schedule Items Changed.*

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

## Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	BG01 2014 rate increase rate tables	Form BG01P(06/04)-VA, Form BG01R-IP3(06/04), Form BG01R-IP5(06/04), Form BG01R-SBN(06/04)-VA, Form BG01R-ROP(06/04), Form BG01R-IND(06/04)-VA, Form BG01R-PCG(06/04)-VA, Form BG01R-WOP(06/04)-VA, Form BG01R-MTH(06/04), Form BG01R-ROB(06/04), Form BG01R-SVR(06/04)	Revised	Previous State Filing Number: Paper Percent Rate Change Request: 25	Berkshire VA Rate Table.pdf,	05/17/2016 By:
<i>Previous Version</i>						
1	<i>BG01 2014 rate increase rate tables</i>	<i>Form BG01P(06/04)-VA, Form BG01R-IP3(06/04), Form BG01R-IP5(06/04), Form BG01R-SBN(06/04)-VA, Form BG01R-ROP(06/04), Form BG01R-IND(06/04)-VA, Form BG01R-PCG(06/04)-VA, Form BG01R-WOP(06/04)-VA, Form BG01R-MTH(06/04), Form BG01R-ROB(06/04), Form BG01R-SVR(06/04)</i>	<i>Revised</i>	<i>Previous State Filing Number: Paper Percent Rate Change Request:</i>	<i>Berkshire VA Rate Table.pdf,</i>	<i>01/22/2015 By: Darlene Smith</i>
<i>Previous Version</i>						
1	<i>BG01 2014 rate increase rate tables</i>	<i>Form BG01P(06/04)-VA, Form BG01R-IP3(06/04), Form BG01R-IP5(06/04),</i>	<i>New</i>		<i>Berkshire VA Rate Tables.pdf,</i>	<i>08/06/2014 By: Darlene Smith</i>

SERFF Tracking #:

LFCR-129536537

State Tracking #:

LFCR-129536537

Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

State:

Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:

Care ProVider

Project Name/Number:

/

Rate/Rule Schedule Item Changes

		Form BG01R-SBN(06/04)-VA, Form BG01R-ROP(06/04), Form BG01R-IND(06/04)-VA, Form BG01R-PCG(06/04)-VA, Form BG01R-WOP(06/04)-VA, Form BG01R-MTH(06/04), Form BG01R-ROB(06/04), Form BG01R-SVR(06/04)				
<i>Previous Version</i>						
1	BG01 2014 rate increase rate tables	Form BG01P(06/04)-VA, Form BG01R-IP3(06/04), Form BG01R-IP5(06/04), Form BG01R-SBN(06/04)-VA, Form BG01R-ROP(06/04), Form BG01R-IND(06/04)-VA, Form BG01R-PCG(06/04)-VA, Form BG01R-WOP(06/04)-VA, Form BG01R-MTH(06/04), Form BG01R-ROB(06/04), Form BG01R-SVR(06/04)	New		BG01 2014 rate increase rate tables.pdf,	05/08/2014 By: Darlene Smith

No Supporting Documents Changed.

State: Virginia Filing Company: Berkshire Life Insurance Company of America  
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership  
Product Name: Care ProVider  
Project Name/Number: /

## Amendment Letter

Submitted Date: 11/23/2015

Comments:

The filing has been amended to include a copy of rider BG01R-SBN(06/04)-VA. Thank you.

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

Supporting Document Schedule Item Changes	
Satisfied - Item:	BG01R-SBN(06/04)-VA
Comments:	
Attachment(s):	BG01R-SBN(06-04)-VA.pdf

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**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

## Note To Filer

**Created By:**

Janet Houser on 08/02/2016 07:29 AM

**Last Edited By:**

Janet Houser

**Submitted On:**

08/02/2016 07:29 AM

**Subject:**

policyholder letter

**Comments:**

Thank you for the changes made in the policyholder letters. When responding to objection 4, a sentence was added following the paragraph on page 2 that begins with Contingent Benefit Upon Lapse Option. Since this information is considered a disclosure, please bold the sentence to emphasize its importance.

Thanks.

Janet Houser  
804-371-9390

State: Virginia

Filing Company: Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

## Note To Reviewer

**Created By:**

Darlene Smith on 05/17/2016 01:40 PM

**Last Edited By:**

Darlene Smith

**Submitted On:**

05/17/2016 04:27 PM

**Subject:**

Re: Note To Reviewer 5/17/16

**Comments:**

The correction has been taken care of on the Rate/Rule Schedule, thank you.

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**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

## Note To Filer

**Created By:**

Janet Houser on 05/17/2016 01:17 PM

**Last Edited By:**

Janet Houser

**Submitted On:**

05/17/2016 01:17 PM

**Subject:**

Rate/Rule Schedule

**Comments:**

We apologize for not bringing this to your attention previously. The Percent Rate Change Request under the Rate Action Information column on the Rate/Rule Schedule should be 25% to reflect the percentage of the rate increase being requested at this time. Please make the appropriate correction.

Janet Houser

State: Virginia

Filing Company: Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

## Note To Reviewer

**Created By:**

Darlene Smith on 11/23/2015 03:27 PM

**Last Edited By:**

Darlene Smith

**Submitted On:**

11/23/2015 04:24 PM

**Subject:**

RE: 11/23/15 Note To Filer

**Comments:**

An Amendment has been created to add rider BG01R-SBN(06/04)-VA as requested. Thank you.

**State:** Virginia

**Filing Company:** Berkshire Life Insurance Company of America

**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership

**Product Name:** Care ProVider

**Project Name/Number:** /

## Note To Filer

**Created By:**

Janet Houser on 11/23/2015 02:26 PM

**Last Edited By:**

Janet Houser

**Submitted On:**

11/23/2015 02:26 PM

**Subject:**

Form BG01R-SBN(06/04)-VA

**Comments:**

Please provide us a copy of the approved rider for review.

**State:** Virginia

**Filing Company:** Berkshire Life Insurance Company of America

**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership

**Product Name:** Care ProVider

**Project Name/Number:** /

## Note To Filer

**Created By:**

Janet Houser on 06/01/2015 12:25 PM

**Last Edited By:**

Janet Houser

**Submitted On:**

06/01/2015 12:25 PM

**Subject:**

status request

**Comments:**

The filing is currently under review and I hope to have an update to you by the end of this week.

Thank you.

Janet

State: Virginia

Filing Company: Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

## Note To Reviewer

**Created By:**

Darlene Smith on 05/26/2015 12:52 PM

**Last Edited By:**

Darlene Smith

**Submitted On:**

05/26/2015 01:20 PM

**Subject:**

Status Request

**Comments:**

Please advise the status of this filing, thank you.

**State:** Virginia

**Filing Company:** Berkshire Life Insurance Company of America

**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership

**Product Name:** Care ProVider

**Project Name/Number:** /

## Reviewer Note

**Created By:**

Janet Houser on 08/22/2016 07:45 AM

**Last Edited By:**

Janet Houser

**Submitted On:**

08/22/2016 07:55 AM

**Subject:**

RRS

**Comments:**

see attached

Long Term Care Insurance Rate Request Summary  
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

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:

Number of Policy Holders Affected :

Plans Affected

(The Form Number and "Product Name")

Form#

"Product Name"(if applicable)

BG01P(06/04)-VA	Care Provider
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Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

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

**Summary of Key Information Used to Determine Rates**  
**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)-VA**

Berkshire Life is requesting the approval of a flat premium rate increase of 25% on the original rates filed with policy form BG01P(06/04)-VA. No prior rate increase was requested for this form.

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

**Long Term Care Insurance Rate Request Summary  
Part 2 –To Be Completed By Bureau of Insurance**

**Company Name and NAIC Number:** Berkshire Life Insurance Company of America NAIC #71714

**SERFF Tracking Number:** LFCR- 129536537

**Disposition:** Approve

**Approval Date:** 8/22/2016

**Revised Rates**

**Average Annual Premium Per Member:** \$7,335

**Average Requested Percentage Rate Change Per Member:** 25%

**Minimum Requested Percentage Rate Change Per Member:** 25%

**Maximum Requested Percentage Rate Change Per Member:** 25%

**Number of Policy Holders Affected:** 175

**Summary of the Bureau of Insurance's review of the rate request:**

Berkshire Life Insurance Company of America (the Company) submitted a rate increase request of 25% after discussion with the Bureau. The primary driver of the rate increase is due to the lapse rates for these policies being lower than expected. The expectation of more lives persisting to the older advanced ages will result in an increase in the expected future claims, and the expected loss ratios would not be sustainable under current premiums. This has resulted in higher loss ratios than assumed in the original pricing and as requested by Virginia law. This is the first rate increase for this block of business.

Since all of the policies were issued after the effective date of the rate stabilization requirements (10/1/2003), the Bureau reviewed this filing pursuant to the requirements of 14VAC5-200-153. This increase applies to the 175 policies in force in Virginia as of 12/31/2013. The Bureau's review, using actuarially accepted and justified assumptions, indicated the proposed rate increase meets the requirements set forth in Virginia law and regulation. Since the filing met the requirements of 14VAC5-200-153 after implementation of the rate increase, approval was recommended.

The company has certified that assuming the current underlying moderately adverse assumptions are realized, the current rates would need an increase of 50% (rather than the requested 25%) to bring the loss ratio down to a sustainable level 68%. The company is willing to implement a lesser increase of 25% now and agrees not to seek another rate increase on this policy form for a period of at least 36 months from the date of implementation.

The Company is offering all policyholders options 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, the termination of 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.***

The filing can be reviewed on the Bureau's webpage under the [Rate/Policy Form Search](http://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx) at: <http://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>.

This document is intended to explain the decision made by the Bureau of Insurance and it is only a summary of the Bureau's review. 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:** Berkshire Life Insurance Company of America

**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership

**Product Name:** Care ProVider

**Project Name/Number:** /

## Reviewer Note

**Created By:**

Janet Houser on 08/08/2014 09:41 AM

**Last Edited By:**

Janet Houser

**Submitted On:**

02/27/2015 09:40 AM

**Subject:**

policyholder letter

**Comments:**

8.8.14 - Consumer Services approves letter

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

## Reviewer Note

**Created By:**

Janet Houser on 05/13/2014 09:30 AM

**Last Edited By:**

Janet Houser

**Submitted On:**

08/22/2016 07:55 AM

**Subject:**

Act Review

**Comments:**

5.13.14 - sent to Shawn Parks; due date 5.27.14

5.20.14 - add'l info needed

8.7.14 - add'l info rec'd; due date 8.21.14

8.15.14 - add'l info needed

1.23.15 - add'l info rec'd; sent to act 1.23.15; due date 2.6.15

2.3.15 - add'l info needed

4.22.15 - info rec'd; sent to act 4.22.15; due date 5.6.15

5.5.15 - recommend approval



SHAWN D. PARKS, FSA, MAAA  
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055  
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

May 20, 2014

Janet Houser  
Life and Health Division  
State Corporation Commission, Bureau of Insurance  
P. O. Box 1157  
Richmond, VA 23218

Subject: **Berkshire Life Insurance Company of America  
SERFF Tracking # LFCR-129536537  
Policy Form BG01P(06/04)-VA**

Dear Janet:

At your request, we have reviewed the filing for the above captioned submission from Berkshire Life Insurance Company of America (the "Company"). This is a filing of revised premium rates for new policyholders pursuant to the requirements of 14VAC5-200-153 for this Individual Long Term Care Insurance plan, written under Policy Form BG01P(06/04)-VA. This block of business is not available for new issues.

### **Recommendation**

After review of the Company's submission, we recommend the Virginia SCC Bureau of Insurance (the "Bureau") DISAPPROVE the request and ask the Company to respond to the following:

- Please provide the actuarial certification required by 14VAC5-200-153 B.2.
- Please indicate whether the Company is currently offering for sale any similar policies. If so, please supply the information and statements contained in 14VAC5-200-153 B.3.e. and 14VAC5-200-153 B.4.

### **Background**

The Company has submitted a revised rate schedule for this block of business based on experienced termination rates "lower than expected, resulting in expected loss ratios which would not be sustainable under the current premiums." The Company is requesting an increase of 25% for all policies, with 175 policies in force in Virginia as of 12/31/2013. This will be the first rate increase on this block of policies.

## **Analysis**

We have reviewed the documentation provided by the Company. This block of policies was issued from 2004 to 2010, therefore all policies are subject to rate stabilization and the filing has been reviewed according to 14VAC5-200-153.

The projections show that the 58/85 test is passed with the total value of incurred claims expected to be 491,596,456 versus the required claims amount of 435,809,424. By our calculation, the maximum rate increase request allowable under the 58/85 test would be 48.9%.

The NAIC's Executive/Plenary bulletin adopted on December 18, 2013 does not have any substantive additional requirements that would apply to this post-rate stability increase request.

The analysis of the increase according to the Optional Rate Review Proposal currently under discussion by the LTC Pricing (B) Subgroup of the NAIC yielded an allowable increase of 9.3%. Since this proposal is still a work in progress and may not fully take into account the unique aspects underlying post-rate stability blocks of business, we do not recommend that the Bureau rely on these results at this time.

While this policy form is no longer available for sale, the Company did not address whether they currently offer any LTC policies for sale. We have therefore asked them to comment on the requirements of the regulations addressing comparison to current LTC rates.

In addition, the Company has not included the certification required by 14VAC5-200-153 B.2. This certification, or some acceptable variation, will need to be included.

## **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,

A handwritten signature in black ink, appearing to read "Shawn D. Parks", with a large, stylized flourish at the end.

Shawn D. Parks, FSA, MAAA



SHAWN D. PARKS, FSA, MAAA  
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055  
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

August 15, 2014

Janet Houser  
Life and Health Division  
State Corporation Commission, Bureau of Insurance  
P. O. Box 1157  
Richmond, VA 23218

Subject: **Berkshire Life Insurance Company of America  
SERFF Tracking # LFCR-129536537  
Policy Form BG01P(06/04)-VA**

Dear Janet:

At your request, we have continued our review of the filing for the above captioned submission from Berkshire Life Insurance Company of America (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 BG01P(06/04)-VA. This block of business is not available for new issues.

### **Recommendation**

After review of the Company's submission, we recommend the Virginia SCC Bureau of Insurance (the "Bureau") disapprove the request and ask the Company to respond to the following:

1. Please provide the anticipated lifetime loss ratio at the time of original pricing for this policy form utilizing the original pricing assumptions for morbidity, mortality, lapse and interest, including the original margins for moderately adverse experience. If this ratio exceeds 58%, please supply an alternate demonstration that the requested rate increase would meet the requirements of the 58/85 test if 58% was replaced with the original anticipated lifetime loss ratio as calculated above.
2. The Company has not complied 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. However, the Bureau will waive this requirement if the Company will agree to the following:
  - a. The Company provides a certification for the entire rate increase needed and provides supporting documentation separately for the amount needed and the amount requested.

- b. The Company provides a certification agreeing to notify policyholders of not only the premium rate increase that will be implemented but the amount that would be required to be charged pursuant to the requirements of 14VAC5-200-153 B.
- c. The Company provides a certification that it will agree not to seek another rate increase on these forms for a period of at least 36 months.
- d. The Company provides a certification that any future rate increase on these forms could not attempt to recover the lost premium between the amount implemented and the increase needed to provide the certification pursuant to 14VAC5-200-153 B. That is, lifetime projections would need to be calculated using historical premiums at a level consistent with an original rate increase at the rate stabilization level (full amount needed to be certified under 14VAC 5-200-153 B) rather than the amount actually implemented.

## **Background**

The Company has submitted a revised rate schedule for this block of business based on experienced termination rates “lower than expected, resulting in expected loss ratios which would not be sustainable under the current premiums.” The Company is requesting an increase of 25% for all policies, with 175 policies in force in Virginia as of 12/31/2013. This will be the first rate increase on this block of policies.

## **Analysis**

We have reviewed the documentation provided by the Company. This block of policies was issued from 2004 to 2010, therefore all policies are subject to rate stabilization and the filing has been reviewed according to 14VAC5-200-153.

The projections show that the 58/85 test is passed with the total value of incurred claims expected to be 491,596,456 versus the required claims amount of 435,809,424. By our calculation, the maximum rate increase request allowable under the 58/85 test would be 48.9%. Following the Bureau’s recent line of questioning based on the recently proposed changes to the Model Regulation, we have asked the Company to provide the original pricing loss ratio and an alternate 58/85 test if this ratio is higher than 58%.

The NAIC’s Executive/Plenary bulletin adopted on December 18, 2013 does not have any substantive additional requirements that would apply to this post-rate stability increase request.

The analysis of the increase according to the Optional Rate Review Proposal currently under discussion by the LTC Pricing (B) Subgroup of the NAIC yielded an allowable increase of 9.3%. Since this proposal is still a work in progress and may not fully take into account the unique aspects underlying post-rate stability blocks of business, we do not recommend that the Bureau rely on these results at this time.

While this policy form is no longer available for sale, the Company did not address whether they currently offer any LTC policies for sale. We therefore asked them to comment on the requirements of the regulations addressing comparison to current LTC rates. In response, the Company indicated that they are no longer offering for sale any LTCI policy forms.

The Company has updated the actuarial certification, but since the Company is not requesting the full amount of the rate increase that is justified under the 58/85 test, they did not use the certification required under 14VAC5-200-153 B.2., but instead have specifically excluded compliance with this section. The Bureau has traditionally required additional certifications when less than the full amount is requested.

### **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



SHAWN D. PARKS, FSA, MAAA  
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055  
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

February 3, 2015

Janet Houser  
Life and Health Division  
State Corporation Commission, Bureau of Insurance  
P. O. Box 1157  
Richmond, VA 23218

Subject: **Additional Data Request for LTC Filing  
Berkshire Life Insurance Company of America  
SERFF Tracking # LFCR-129536537  
Policy Form BG01P(06/04)-VA**

Dear Janet:

After review of the Company's submission, we recommend the Virginia SCC Bureau of Insurance (the "Bureau") **not approve** the filing, but instead ask the Company to respond to the following:

1. Since this block of business includes limited pay policies, please indicate whether any inforce policies have reached paid-up status. If so, please provide a demonstration that the requested rate increase would meet the requirements of the 58/85 test and the alternate 66/85 test if all paid-up policies are excluded from the projections.
2. Please provide a measure of the credibility of the Company's claim experience and how credibility was factored into the development of the morbidity assumptions.
3. While a data source was provided for the current assumptions for claim length of stay, we could not locate the same for the claim incidence. Please indicate the source of the data used to derive the morbidity assumptions for claim incidence, including any adjustments made to such data to reflect company experience.
4. Please provide a status of rate increase requests in other states with inforce policies.

Once these responses have been received, we can continue our review of this filing. If you have any questions, please call me at 803-994-9895.

Sincerely,

A handwritten signature in black ink, appearing to read "Shawn D. Parks", is written over a circular stamp or seal.

Shawn D. Parks, FSA, MAAA



SHAWN D. PARKS, FSA, MAAA  
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055  
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

May 4, 2015

Janet Houser  
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  
Berkshire Life Insurance Company of America  
SERFF Tracking # LFCR-129536537  
Policy Form BG01P(06/04)-VA**

Dear Janet:

At your request, we have reviewed the filing for the above captioned submission from Berkshire Life Insurance Company of America (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. 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".

### **Background**

This will be the first rate increase on this block of policies. The Company has submitted a revised rate schedule for this block of business based on experienced termination rates "lower than expected, resulting in expected loss ratios which would not be sustainable under the current premiums." The Company is requesting an increase of 25% for all policies, with 175 policies in force in Virginia as of 12/31/2013 representing about 2.3% of the total nationwide premium.

This block of policies was issued from 2004 to 2010, therefore all policies are subject to rate stabilization and the filing has been reviewed according to 14VAC5-200-153.

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* – Original pricing claim costs were derived from early data published by the Society of Actuaries in the 1980s-1990s.

The Company derives their claim costs from separate incidence and length of stay assumptions. The best estimate assumptions for incidence are 55%-75% of the original pricing rates, which is favorable. The best estimate assumptions for length of stay are 64%-172% of the original pricing rates, which is obviously mixed but generally unfavorable. The limited experience of the Company is showing 30% actual to expected (A/E) for incidence and 90% A/E for continuance versus original pricing.

The Company is using Florida's definition of credibility which grades from 0% at 200 claims to 100% at 1,000 claims. Since the Company's experience data includes only about 70 claims, they relied on the experience assumptions of the reinsurer of this business which has about 9,000 claims in their database.

One often-referenced industry standard 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). While the Company has only 70 claims in their experience data, the reinsurer's 9,000 claims would be fully credible.

*Mortality* – The Company is using 60% of the 1994 GAM table for ages 80 and younger and grading to 100% at age 90 and older with 20-year selection factors as its current mortality assumption. Originally, they used the 1983 GAM table. The A/E ratio is 18% based on the original assumptions and 55% based on the revised assumptions. To the

extent that the revised A/E is not closer to 100%, the Company may still be underestimating the present value of future claims. If they were to decrease the mortality assumption further, the allowable rate increase would be higher.

*Lapses* – The current best-estimate ultimate lapse rate is assumed to be 0.75%. The actual ultimate lapse rates shown in the historical experience data submitted by the Company in Attachment C range from 0.65% to 0.92% in durations 6+, so the data supports the reasonableness of the ultimate termination assumptions.

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 projections show that the 58/85 test is passed with the total value of incurred claims expected to be 491,596,458 versus the required claims amount of 435,809,424. By our calculation, the maximum rate increase request allowable under the 58/85 test would be 48.9%. Even though the recent changes to the Model Regulation do not apply to existing business, we asked the Company to provide an alternate test based on the higher of the original pricing loss ratio and 58%. The Company reported that their original pricing loss ratio was 66%, which would increase the required claims amount in the calculation to 486,376,002. Even at this level, the requirements are still met with a 25% rate increase. We also asked the Company to remove any limited pay policies which have reached paid-up status since those policies cannot have any premium increases applied at this time.

	<b>Lifetime Claims</b>	<b>Minimum Claims</b>	<b>Pass/Fail</b>
58/85 Test	491,596,458	432,767,843	PASS
66/85	491,596,458	486,376,002	PASS
66/85 w/o limited pay	489,586,562	484,903,442	PASS

The Company indicated that they are no longer offering for sale any LTCI policy forms.

The Company’s actuarial certification includes all of the additional elements that the Bureau requires when a company requests less than the full amount of rate increase that is justified under the 58/85 test.

The NAIC’s Executive/Plenary bulletin adopted on December 18, 2013 does not have any substantive additional actuarial requirements that apply to post-rate stability increase requests.

Summary

The current morbidity assumptions result in claim costs that are better at the younger attained ages but generally higher at the advanced ages. Even though claims experience to date has been less than expected, this experience is not credible. The main driver of the need for a rate increase on this block of business is the decrease in the ultimate lapse rate from 2.0% to 0.75%, which is consistent with lapses experienced by other carriers in the LTCI market. The expectation of more lives persisting to the older advanced ages results in an increase in the expected future claims.

While this block of business is still relatively young, almost half of the present value of total premiums has already been collected. Consistent with the goals of rate stability, it is in the best interests of both the Company and the policyholders to adjust premiums in a timely manner when the margins for adverse experience are exhausted to avoid higher increases if action is deferred.

**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:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

## Post Submission Update Request Processed On 04/12/2016

**Status:** Allowed  
**Created By:** Darlene Smith  
**Processed By:** Janet Houser  
**Comments:**

### Company Rate Information:

Company Name: Berkshire Life Insurance Company of America

Field Name	Requested Change	Prior Value
Overall % Indicated Change	50.000%	25.000%

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

## 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 08/22/2016	Endorsement	BG01E-BR(04/15)-VA	POLA	Initial			BG01E-BR(04-15)-VA .pdf
2	Approved 08/22/2016	Endorsement	BG01E-NF(04/15)-VA	POLA	Initial			BG01E-NF(04-15)-VA.pdf
3	Filed 08/22/2016	Policyholder Notice	BG01(06/04) VA CNF	OTH	Initial			Customer Notice and Election Form - CBUL (VA).pdf
4	Filed 08/22/2016	Policyholder Notice	BG01(06/04) VA NF	OTH	Initial			Customer Notice and Election Form - NF (VA).pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

**Berkshire Life Insurance Company of America**

Home Office: Pittsfield, Massachusetts  
Long Term Care Administrative Office  
Post Office Box 4243  
Woodland Hills, CA 91365-4243  
888-505-8743

**ENDORSEMENT**

This endorsement is attached to and made a part of Policy No. [ ] effective [ ].  
Your election to decrease the benefits of your Long Term Care Policy due to the premium increase has been exercised. [ ]. This change will not alter any other conditions, provisions or limitations under your Policy.

**Executed for the Company at its Home Office in Pittsfield, Massachusetts.**



Sean Quinn  
Secretary



Gordon Dinsmore  
President

**Berkshire Life Insurance Company of America**

Home Office: Pittsfield, Massachusetts  
Long Term Care Administrative Office  
Post Office Box 4243  
Woodland Hills, CA 91365-4243  
888-505-8743

**ENDORSEMENT**

This endorsement is attached to and made a part of Policy No. [            ] effective [            ].  
The Contingent Benefit Upon Lapse Option of your Long Term Care Policy that was provided to you at the  
time of your premium increase has been exercised. No further premium is due. The Policy will continue under  
its current terms, but benefits payable will be limited to [\$            ]. No further increases will occur under  
any benefit increase rider, if attached to the Policy.

**Executed for the Company at its Home Office in Pittsfield, Massachusetts.**



Sean Quinn  
Secretary



Gordon Dinsmore  
President



Berkshire Life  
Insurance Company of America

### Notice of Premium Rate Increase

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

Re: Berkshire Life Insurance Company of America (“Berkshire Life”) Long-Term Care Insurance Policy  
POLICY NUMBER

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as how long policyholders keep their policy in force and other relevant assumptions. Because individuals are living longer and keeping their policies in force longer, more claims are being filed than the company anticipated when the policy was originally priced. As a result, premiums need to be adjusted to provide sufficient funds to pay current and future claims. The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase from [\$xxx.xx to \$yyy.yy], beginning with the premium payment that is due [Month XX, 20YY]. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. In order to lessen the impact of this rate increase on our customers, Berkshire Life has sought state approval for a 25% rate increase, even though an approximate 50% rate increase is justified. Berkshire Life has agreed to not implement any future rate increases for three years from the date of implementation. The rate increase request was reviewed by Virginia’s 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](http://www.scc.virginia.gov/BOI). We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Some of these options may not be of equal value. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from [\$xxx.xx to \$yyy.yy], your [modal] premium would be [\$zzz.zz]. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care

benefits, that daily benefit is reduced accordingly.

- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.
- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- **Contingent Benefit Upon Lapse Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Berkshire Life is offering a Contingent Benefit Upon Lapse option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date. 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 premium paying status.

**All reduction options are not of equal value. In the case of a partnership policy, some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.**

In the event of future rate increases, similar options will be made available at the time. You also have the option to reduce benefits at any time not just at the time of a rate increase. You have the right to a revised premium or rate schedule upon request.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by [Month XX, 20YY]. In doing so, you will ensure your requested changes are processed prior to [Month XX, 20YY], the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Gordon Dinsmore  
President  
Berkshire Life Insurance Company of America

Enclosure



Berkshire Life  
Insurance Company of America

### Notice of Premium Rate Increase

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

Re: Berkshire Life Insurance Company of America (“Berkshire Life”) Long-Term Care Insurance Policy  
POLICY NUMBER

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Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. In order to lessen the impact of this rate increase on our customers, Berkshire Life has sought state approval for a 25% rate increase, even though an approximate 50% rate increase is justified. Berkshire Life has agreed to not implement any future rate increases for three years from the date of implementation. The rate increase request was reviewed by Virginia’s 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](http://www.scc.virginia.gov/BOI). We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

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- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.
- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- **Nonforfeiture Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, you may elect to exercise the nonforfeiture option provided by your policy. Under this option, if you choose not to pay any future premiums, your policy would lapse but coverage would continue according to the terms of your nonforfeiture rider. This option will automatically be provided if your policy lapses for non-payment of premium. 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 premium paying status.

**All reduction options are not of equal value. In the case of a partnership policy, some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.**

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If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Gordon Dinsmore  
President  
Berkshire Life Insurance Company of America  
Enclosure

SERFF Tracking #:

LFCR-129536537

State Tracking #:

LFCR-129536537

Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

State: Virginia

Filing Company: Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

### Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing: Paper

### 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):
Berkshire Life Insurance Company of America	50.000%	25.000%	\$256,730	175	\$1,026,921	25.000%	25.000%

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Moved to Supporting Documentation	Form BG01P(06/04)-VA, Form BG01R-IP3(06/04), Form BG01R-IP5(06/04), Form BG01R-SBN(06/04)-VA, Form BG01R-ROP(06/04), Form BG01R-IND(06/04)-VA, Form BG01R-PCG(06/04)-VA, Form BG01R-WOP(06/04)-VA, Form BG01R-MTH(06/04), Form BG01R-ROB(06/04), Form BG01R-SVR(06/04)	Revised	Previous State Filing Number: Paper Percent Rate Change Request:	
2		BG01 2014 rate increase rate tables	Form BG01P(06/04)-VA, Form BG01R-IP3(06/04), Form BG01R-IP5(06/04), Form BG01R-SBN(06/04)-VA, Form BG01R-ROP(06/04), Form BG01R-IND(06/04)-VA, Form BG01R-PCG(06/04)-VA, Form BG01R-WOP(06/04)-VA, Form BG01R-MTH(06/04), Form BG01R-ROB(06/04), Form BG01R-SVR(06/04)	Revised	Previous State Filing Number: Paper Percent Rate Change Request: 25	Berkshire VA Rate Table.pdf,

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA

Attachment B2  
Rates and Factors After Proposed Increase  
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT		PREMIUM AND RIDER FACTORS									
	Facility Care Service	Comprehensive Care	Compound Inflation		Return Of Premium	SBP Nonforf	10-Pay	Paid Up at 65	Limited Pay CIP		HCSS Waiver	Paid Up Survivor
			5%	3%					5%	3%		
40	40.00	50.00	3.500	2.170	1.224	1.243	2.098	1.259	5.635	3.494	1.037	1.400
41	42.00	52.50	3.450	2.140	1.233	1.249	2.048	1.262	5.481	3.400	1.040	1.400
42	44.00	55.00	3.400	2.110	1.242	1.254	1.998	1.266	5.328	3.306	1.042	1.400
43	46.21	57.50	3.350	2.070	1.251	1.260	1.983	1.270	5.174	3.197	1.045	1.400
44	48.43	60.00	3.300	2.030	1.260	1.265	1.967	1.273	5.020	3.088	1.047	1.400
45	49.63	61.25	3.250	1.990	1.269	1.271	1.952	1.277	4.867	2.980	1.050	1.400
46	51.86	63.75	3.150	1.980	1.278	1.276	1.937	1.325	4.573	2.912	1.052	1.400
47	54.08	66.25	3.050	1.970	1.287	1.282	1.922	1.373	4.297	2.845	1.055	1.400
48	57.43	70.00	2.950	1.960	1.296	1.287	1.903	1.421	4.034	2.778	1.057	1.400
49	60.78	73.75	2.850	1.950	1.305	1.293	1.884	1.469	3.863	2.710	1.060	1.400
50	65.17	78.75	2.750	1.940	1.314	1.298	1.865	1.517	3.746	2.643	1.062	1.400
51	68.52	82.50	2.700	1.910	1.323	1.304	1.846	1.565	3.651	2.583	1.065	1.400
52	71.87	86.25	2.650	1.890	1.332	1.309	1.826	1.613	3.555	2.536	1.067	1.400
53	76.86	91.25	2.600	1.870	1.341	1.315	1.803	1.661	3.519	2.531	1.070	1.400
54	82.90	97.50	2.550	1.850	1.350	1.320	1.780	1.709	3.473	2.519	1.072	1.400
55	87.88	102.50	2.500	1.830	1.368	1.326	1.757	1.757	3.420	2.504	1.075	1.400
56	93.93	108.75	2.450	1.810	1.386	1.331	1.733	1.733	3.246	2.398	1.077	1.400
57	98.91	113.75	2.400	1.790	1.404	1.337	1.710	1.710	3.086	2.301	1.080	1.400
58	108.36	123.75	2.350	1.770	1.422	1.342	1.684	1.684	2.938	2.213	1.082	1.400
59	116.71	132.50	2.300	1.750	1.440	1.348	1.657	1.657	2.837	2.159	1.085	1.400
60	126.17	142.50	2.250	1.730	1.458	1.353	1.631	1.631	2.738	2.105	1.087	1.400
61	134.51	151.25	2.200	1.710	1.476	1.359	1.604	1.604	2.695	2.095	1.090	1.400
62	143.97	161.25	2.150	1.690	1.494	1.364	1.578	1.578	2.634	2.071	1.092	1.400
63	160.41	178.75	2.100	1.670	1.512	1.370	1.548	1.548	2.533	2.014	1.095	1.400
64	177.97	197.50	2.050	1.650	1.530	1.375	1.518	1.518	2.466	1.985	1.097	1.400
65	194.41	215.00	2.000	1.630	1.539	1.386	1.489	1.489	2.391	1.949	1.100	1.400
66	211.97	233.75	1.950	1.610	1.548	1.397	1.459	1.459	2.321	1.917	1.102	1.390
67	228.41	251.25	1.900	1.590	1.557	1.408	1.429	1.429	2.247	1.880	1.105	1.380
68	257.95	283.75	1.850	1.570	1.566	1.419	1.401	1.401	2.188	1.857	1.107	1.370
69	287.50	316.25	1.800	1.550	1.575	1.430	1.373	1.373	2.125	1.830	1.110	1.360
70	315.91	347.50	1.750	1.530	1.584	1.441	1.345	1.345	2.059	1.800	1.112	1.350
71	345.45	380.00	1.720	1.510	1.593	1.452	1.317	1.317	1.996	1.753	1.115	1.340
72	375.00	412.50	1.690	1.490	1.602	1.463	1.289	1.289	1.934	1.705	1.117	1.330
73	428.41	471.25	1.660	1.470	1.611	1.474	1.267	1.267	1.873	1.658	1.120	1.320
74	480.68	528.75	1.630	1.450	1.620	1.485	1.244	1.244	1.811	1.611	1.122	1.310
75	534.08	587.50	1.600	1.430	1.629	1.491	1.221	1.221	1.800	1.609	1.125	1.300
76	586.36	645.00	1.580	1.420	1.638	1.496	1.198	1.198	1.770	1.591	1.127	1.300
77	639.77	703.75	1.560	1.410	1.647	1.502	1.176	1.176	1.740	1.572	1.130	1.300
78	718.18	790.00	1.540	1.400	1.656	1.507	1.154	1.154	1.710	1.554	1.132	1.300
79	797.72	877.50	1.520	1.390	1.665	1.513	1.132	1.132	1.680	1.536	1.135	1.300
80	876.13	963.75	1.500	1.380	1.674	1.518	1.111	1.111	1.650	1.518	1.137	1.300
81	955.68	1,051.25	1.490	1.370	1.683	1.524	1.089	1.089	1.630	1.499	1.140	1.300
82	1,034.08	1,137.50	1.480	1.360	1.692	1.529	1.067	1.067	1.610	1.479	1.142	1.300
83	1,119.31	1,231.25	1.470	1.350	1.701	1.535	1.046	1.046	1.590	1.460	1.145	1.300
84	1,211.36	1,332.50	1.460	1.340	1.710	1.540	1.026	1.026	1.570	1.441	1.147	1.300

Factors:

Elim Period :	0 Day	1.30	Benefit Period:	Lifetime	1.00	Risk Classes :		Restoration of Benefits:	
	30 Day	1.15		5 Year	0.82	Preferred Plus	0.80	5 Years	1.034
	90 Day	1.00		4 Year	0.71	Preferred	1.00	4 Years	1.051
	180 Day	0.90		3 Year	0.60	Standard	1.25	3 Years	1.063

Indemnity Benefit Factor (BG01R-IND):	1.12
Personal Caregiver Rider (BG01R-PCG) :	2.00
Monthly Benefit Rider: (BG01R-MTH):	1.15

Joint Coverage - Premiums for joint rate combinations are calculated as 130% of the base policy premium of the older insured, multiplied by the following factors:

2 Preferred Plus - .800	2 Preferred - 1.000
1 Pref Plus /1 Pref - .900	1 Pref/ 1 Stand - 1.125
1 Pref Plus/ 1 Stand 1.025	2 Standard - 1.250

Modal Premium Factors: PAC/EFT - 0.088 Quarterly- 0.27 Semi-Annual - 0.52

Direct Marketing Discount: All Ages: 10%

**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** Care ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Certification of Compliance
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Cert of Compliance.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	10/30/2015

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo VA 061715.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	08/22/2016

<b>Satisfied - Item:</b>	Policyholder Notice
<b>Comments:</b>	Moved to Form Schedule
<b>Attachment(s):</b>	
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	10/30/2015

<b>Satisfied - Item:</b>	Health Ins Rate Rqst Summary Pt1 with Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	Health Ins Rate Rqst Summary Pt1 with Summary.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	08/19/2014

<b>Satisfied - Item:</b>	TPA Authorization Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	Authorization eff 2.18.2014.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	08/19/2014

<b>Satisfied - Item:</b>	VA Response Letter 05 22 14
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 05 22 14.pdf
<b>Item Status:</b>	Received & Acknowledged

SERFF Tracking #:

LFCR-129536537

State Tracking #:

LFCR-129536537

Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

<b>Status Date:</b>	08/19/2014
<b>Satisfied - Item:</b>	Berkshire VA Rate Calculation
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Rate Calculation.xlsx
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	08/19/2014
<b>Satisfied - Item:</b>	BG01 2014 rate increase exhibits
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01 2014 rate increase exhibits.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	08/19/2014
<b>Satisfied - Item:</b>	VA Response Letter 08-19-14
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 08 19 14.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/05/2015
<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments.xlsx
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/05/2015
<b>Satisfied - Item:</b>	Berkshire VA Rate B1 and B3
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Rate B1 and B3.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/05/2015
<b>Satisfied - Item:</b>	Response Letter 02-05-15
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 02 05 15.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	10/30/2015

SERFF Tracking #:

LFCR-129536537

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Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

<b>Satisfied - Item:</b>	Flesch Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Flesch Certification 4-2015.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/23/2015

<b>Satisfied - Item:</b>	Statement of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01 Virginia Statement of Variability.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	08/22/2016

<b>Satisfied - Item:</b>	VA Objection Response Exhibits
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Objection Response Exhibits.xlsx
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	10/30/2015

<b>Satisfied - Item:</b>	Response Letter 02-27-15
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 02 27 15.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	10/30/2015

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 061715
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 061715.xlsx
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	10/30/2015

<b>Satisfied - Item:</b>	VA Response Letter 06 17 15
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 06 17 15.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	10/30/2015

**SERFF Tracking #:**

LFCR-129536537

**State Tracking #:**

LFCR-129536537

**Company Tracking #:**

VA BG01(06/04) 2014 RATE INCREASE

**State:**

Virginia

**Filing Company:**

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**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.004 Partnership

**Product Name:**

Care ProVider

**Project Name/Number:**

/

<b>Satisfied - Item:</b>	BG01R-SBN(06/04)-VA
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01R-SBN(06-04)-VA.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	08/22/2016

<b>Satisfied - Item:</b>	VA Response Letter 11 23 15
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 11 23 15.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	08/22/2016

<b>Satisfied - Item:</b>	VA Response Letter 05 03 16
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 05 03 16.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	08/22/2016

<b>Satisfied - Item:</b>	BG01(06/04) VA CNF highlighted version
<b>Comments:</b>	
<b>Attachment(s):</b>	Customer Notice and Election Form - CBUL (VA).pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	08/22/2016

<b>Satisfied - Item:</b>	BG01(06/04) VA NF highlighted version
<b>Comments:</b>	
<b>Attachment(s):</b>	Customer Notice and Election Form - NF (VA).pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	08/22/2016

<b>Satisfied - Item:</b>	Coverage Change Request Form
<b>Comments:</b>	
<b>Attachment(s):</b>	Coverage Change Request Form - CBUL (VA).pdf Coverage Change Request Form - NF (VA).pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	08/22/2016

State: Virginia Filing Company: Berkshire Life Insurance Company of America  
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership  
Product Name: Care ProVider  
Project Name/Number: /

Satisfied - Item:	VA Response Letter 08 02 16
Comments:	
Attachment(s):	VA Response Letter 08 02 16.pdf
Item Status:	Received & Acknowledged
Status Date:	08/22/2016

SERFF Tracking #:

LFCR-129536537

State Tracking #:

LFCR-129536537

Company Tracking #:

VA BG01(06/04) 2014 RATE INCREASE

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State:

Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:

Care ProVider

Project Name/Number:

/

***Attachment Berkshire VA Rate Calculation.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Berkshire VA Objection Response Attachments.xlsx is not a PDF document and cannot be reproduced here.***

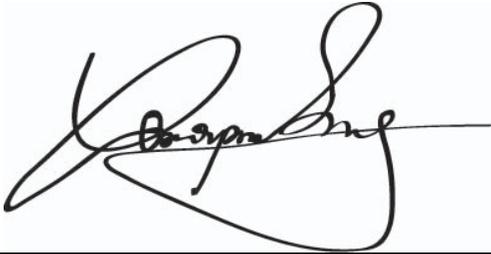
***Attachment VA Objection Response Exhibits.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Berkshire VA Objection Response Attachments 061715.xlsx is not a PDF document and cannot be reproduced here.***

Submitted By: Berkshire Life Insurance Company of America

CERTIFICATION

The company has reviewed the enclosed policy form(s) and certified 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.

A handwritten signature in black ink, appearing to read 'Xiaoyan Song', is written over a horizontal line. The signature is stylized and cursive.

Name: Xiaoyan Song

Title : Consulting Actuary

Date: 04/03/2015

**Berkshire Life Insurance Company of America**

**Home Office: Pittsfield, Massachusetts  
Company NAIC No. 71714  
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<b>Long Term Care Insurance Policy:</b>	<b>Form BG01P(06/04)-VA</b>
<b>Compound 3% Inflation Protection Rider:</b>	<b>Form BG01R-IP3(06/04)</b>
<b>Compound 5% Inflation Protection Rider:</b>	<b>Form BG01R-IP5(06/04)</b>
<b>Shortened Benefit Period Nonforfeiture Rider:</b>	<b>Form BG01R-SBN(06/04)-VA</b>
<b>Return of Premium Rider:</b>	<b>Form BG01R-ROP(06/04)</b>
<b>Indemnity Benefit Rider:</b>	<b>Form BG01R-IND(06/04)-VA</b>
<b>Personal Caregiver Rider:</b>	<b>Form BG01R-PCG(06/04)-VA</b>
<b>Waiver of Premium Rider:</b>	<b>Form BG01R-WOP(06/04)-VA</b>
<b>Monthly Benefit Rider:</b>	<b>Form BG01R-MTH(06/04)</b>
<b>Restoration of Benefits Rider:</b>	<b>Form BG01R-ROB(06/04)</b>
<b>Paid-Up Survivor Benefit Rider:</b>	<b>Form BG01R-SVR(06/04)</b>

These form and riders were issued in Virginia from 2004 through 2010. The above form and riders are no longer being marketed.

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**Actuarial Memorandum Exhibits**

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**1. Purpose of Filing**

This actuarial memorandum has been prepared for the purpose of documenting a proposed rate increase and demonstrating that the rates meet the requirements in the statutes of Virginia. It may not be suitable for other purposes.

**2. Requested Rate Increase**

The company is requesting an increase, which does not vary by policy form or issue age. Experience termination rates for inforce policies and policies in claim status are lower than expected, resulting in expected loss ratios which would not be sustainable under the current premiums. No prior rate increase was requested for this form.

The base rate increase is 25% for all policies. The new premium for any contract is equal to the product of the contract's current premium and one plus the base premium increase percentage.

Rate increase impact exhibits are in attachment A.

**3. Premiums**

Premiums are unisex, level, lifetime, and limited pay. Premiums vary by issue age, initial daily benefit, benefit period, elimination period, risk class, individual vs. joint coverage and the riders selected.

Please see attachments B1-B3 for rates:

- B1 BG01P(06/04)-VA current rates
- B2 BG01P(06/04)-VA proposed rates
- B3 BG01P(06/04)-VA proposed increase

**4. Description of Benefits**

BASE POLICY BENEFITS PER (\$10.00) UNIT OF COVERAGE

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- a. FCS - Actual expenses incurred up to \$10.00 per day for FCS (qualified long term care services, including skilled, intermediate and custodial care) while confined in a qualified nursing facility or assisted living facility and maintenance or personal care performed in an assisted living facility. Benefits paid are deducted from the benefit amount.
- b. HCCS - This optional benefit must be selected by the insured to be covered under the policy. Actual expenses incurred up to \$10.00 per day. Coverage is provided for home health care (services performed through a home health care agency or independent home health caregiver, including care by a professional nurse, therapist, dietician or home health aide, and homemaker services) respite care, adult day care, hospice services and caregiver training. The caregiver training benefit payable is a maximum lifetime benefit equal to five times the daily benefit selected. Additionally, the policy provides for an emergency response system benefit payable on a reimbursement basis at \$50 per month (in addition to daily benefit payable for HCCS). Benefits paid are deducted from the benefit amount.
- c. Facility Bed Reservation Benefit - Actual FCS expenses incurred up to \$10.00 per day to reserve a bed in a nursing facility or assisted living facility during a temporary absence from the facility. Benefit is payable up to 30 days per calendar year. Benefits paid are deducted from the benefit amount.
- d. Respite Care - Actual expenses incurred up to \$10.00 per day for FCS or HCCS (if covered) payable as short term care to relieve primary caregiver. Benefit is payable up to 30 days per calendar year. Benefits paid are deducted from the benefit amount.
- e. Alternative Plan of Care Benefit - Provides for qualified long term care services not specifically shown as being available under the policy, if agreed upon by the insured, licensed health care practitioner and the company, which may include equipment purchases or rentals; permanent or temporary modifications to the insured's residence (such as ramps or rails) or care services not normally covered under the HCCS. The alternative plan of care is not available for providing HCCS on policies providing FCS benefits only. The maximum lifetime alternative plan of care payable under the policy is equal to 50 times the daily benefit selected. The alternative plan of care benefit amount agreed upon, divided by the daily benefit selected, equals the number of subsequent days for which additional benefits will not be payable for HCCS or FCS.

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- f. Optional Personal Care Advisor, accessible through toll-free telephone number if requested, is available to insured to provide assistance with any questions about their coverage. The cost of these services is not deducted from the benefit amount.
- g. Optional Care Coordination, at the insured's option a toll-free number is accessible to arrange with the company for contact to be made by a care coordinator. If the insured wishes, an RN will be available to assist with assessment and coordination of appropriate care and services. The cost of these services is not deducted from the benefit amount.
- h. Waiver of Premium is provided after confinement in a nursing facility or an assisted living facility for a period of 90 days or the insured has received home and community care services (if covered on the policy) for a period of 90 days (regardless of the number of visits in a day). Premiums already paid, but not earned will be refunded on a pro-rata basis, including premium paid during the 90 day period above.

**OPTIONAL BENEFIT RIDERS**

- a. Compound 3% and 5% Inflation Protection Riders (IP3) (IP5) – These riders provide that on each policy anniversary, we will increase the daily benefit and benefit amount payable under the policy. The Compound 3% and 5% Inflation Protection Riders increase the daily benefit respectively by 3% or 5% of the previous year's dollar amount. The remaining benefit amount is also increased by 3% or 5%. Under these riders, the daily benefit and benefit amount will continue to increase annually while the insured is receiving benefits under the policy.
- b. Shortened Benefit Period Nonforfeiture Rider (SBP) - This rider provides the nonforfeiture credit 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 and benefits will be payable based on the daily benefit in effect on the date of lapse. No further benefit increases will occur under any inflation protection rider, if attached to the policy. The new benefit amount becomes equal to the greater of: (a) the total of premiums paid for the policy and riders; or (b) 30 times the daily benefit in effect on the date of lapse. Any benefits paid after lapse will be deducted from this new benefit amount.
- c. Return of Premium Rider (ROP) - This rider provides a return of premium benefit (equal to premium paid) with a claims offset in the event that the policy lapses due to death of the insured (last to die under joint coverage).

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- d. Indemnity Benefit Rider (IND) - This rider provides that all benefits covered under the policy will be payable on an indemnity basis at the full daily benefit selected, regardless of actual expenses incurred. This rider is not available if either the Personal Caregiver Rider or Monthly Benefit Rider is purchased.
- e. Personal Caregiver Rider (PCG) - The rider will pay the full daily benefit for services covered under the policy when HCCS is selected, regardless of the actual expenses incurred by the insured. This applies to each benefit for which the insured qualifies. In addition, a personal caregiver benefit is payable for HCCS. This benefit will be equal to the full daily benefit selected for HCCS, regardless of the actual charges incurred. Further, the benefit is payable to the insured regardless of who provides the HCCS, including any nonprofessional caregiver, any unpaid family member, or friends. Benefits paid are subtracted from the benefit amount. The rider is only available to insureds in the preferred plus risk class. The rider is not available with a FCS only policy, IND Rider, Monthly Benefit Rider, 10 year and paid-up at age 65 payment options.
- f. Waiver of Premium (WOP) – This rider provides that all premiums will be waived after receiving 90 days of HCCS (regardless of the number of visits per day). Premiums paid, but not earned will be refunded on a pro-rata basis, including premium paid during the 90 day period above.
- g. Monthly Benefit Rider (MTH) - This rider changes all HCCS benefits from a daily basis to a monthly maximum up to thirty-one (31) times the daily benefit during a calendar month. Not available with IND Rider or PCG Rider. Either 3% or 5% Compound Inflation Protection must also be purchased.
- h. Restoration of Benefits Rider (ROB) – This rider is available with benefit periods other than lifetime. If the policy remains in force and claims paid during a single claim period have not exceeded the benefit amount and the insured is not eligible for payment of benefits for 180 consecutive days, the benefit amount payable will be restored. Restoration of Benefits is subject to a maximum of twice the benefit amount selected.
- i. Paid-Up Survivor Benefit Rider (SRV) – A joint coverage policy to which this rider is attached will be paid-up and no further premium payments due after both of the following have occurred: the end of the 10th policy year; the date of the death of either insured. In the event one insured dies prior to the end of the 10th policy year, the remaining insured will pay the individual premium rate that would have been charged at the original issue age and risk class for the balance of the 10 year period, after which the policy becomes paid-up. Available with lifetime payment plans only.

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**5. Marketing Method**

This policy form was marketed by individual agents who primarily sell on an individual basis.

**6. Underwriting Description**

This policy form was fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

**7. Renewability**

These policies are guaranteed renewable for life.

**8. Applicability**

This filing is applicable to all in force policies issued in Virginia on the above referenced form. Since these form and riders are no longer being sold, the rate increase will only apply to in force policies.

**9. Actuarial Assumptions**

**a. Lapse and rate increase impact**

Attachment C includes a comparison of pricing, experience, and best estimate voluntary lapse rates.

50% of the premium increase is assumed to occur in 2015, 50% in 2016.

An extra 3% of the policyholders with a rate increase are assumed to lapse.

11% of the policyholders with a rate increase are assumed to keep their premium level and reduce their benefit proportionally.

**b. Mortality**

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Attachment D1 includes a comparison of pricing, experience and best estimate mortality.

Best estimate: Attained age mortality is 60% of the 1994 Group Annuity Mortality Table for ages 80 and younger and grade to 100% of the 1994 Group Annuity Mortality Table at age 90 and older, with duration selection factors, shown in attachment D2.

**c. Claims**

Attachment E1.1 compares best estimate with original pricing ultimate unisex incidence rates. It also includes inforce adjustment factors.

**Inforce Adjustment Factors** are used to account for the fact that inforce counts are not reduced by claim incidence. The factor applied to the incidence varies by attained age and duration of the policy.

Attachment E2.1 shows the comparison of actual and expected (original pricing) incidence.

Attachment E1.2 includes the comparison of best estimate and original pricing length of stay for lifetime benefit period, 90 day elimination period policies with and without 5% Compound COLA. The best estimate claim length of stay is based on SOA LTC Intercompany Study 2007 Report and reinsurer's experience.

Attachment E2.2 shows the actual to expected (original pricing) claim length of stay.

**Pricing Claim Costs** for skilled, intermediate aid Facility Care Benefits are derived from The Reports of the Society of Actuaries based on the 1985 National Nursing Home Survey Utilization Data in Transactions, Society of Actuaries, 1988-89-90 Reports; and the Long Term Care Intercompany Study: 1984-1991 Experience in Transactions, Society of Actuaries, 1993-94 Reports. Claim costs factors shown in the original actuarial memorandum are applied to the inforce lives and represent the expected cost per life of incurred benefits.

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Claim costs for Home and Community Based Care are decreasing percentages of Facility Care claim costs derived from information provided by a reinsurer.

Claim costs for the Shortened Benefit Period Nonforfeiture Rider and the Full Nonforfeiture Rider are developed by using mortality rates and nonforfeiture benefits appropriate at each duration.

For the Benefit Increase Riders, the foregoing claim costs are compounded by 5% or 3% each duration based on compound interest rider purchased to obtain the actual claim costs by duration.

Claim costs were adjusted to accommodate the Waiver of Premium, which is treated as an increment of the daily benefit.

Joint claim cost factors:

Pricing:	130% of the individual claim costs
Best Estimates:	72% of the claim costs of each insured

Underwriting selection factors:

Pricing:	10%, 20%, 40%, 60%, 80%, 100% durations 6 & later
Best estimates:	10%, 20%, 40%, 60%, 80%, 100% durations 6 & later

**d. Interest**

Pricing:	4.5%
Best Estimate:	4.5%

**e. Expenses**

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate and that renewal commission rates will apply to the increased premium.

**10. Issue Age Range**

The issue ages are from 40 to 84 on an age nearest birthday basis, except for endorsed groups where the issue age

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range is 18 to 84.

**11. Claim Liability and Reserves**

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2013 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve (IBNR) balances as of December 31, 2013 have been allocated to a calendar year of incurral and included in historic incurred claims. Paid claims have been discounted to the incurral date and included in historical incurred claims. Claim Reserves are calculated for active and pending claimants as present value of benefit payments discounted by interest and terminations. The IBNR is based on lag factors which are applied to the claim reserves and survivor payments based on the difference between the incurral date and the valuation date.

**12. Trend Assumptions**

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

**13. Past and Future Policy Experience**

Projections based on rate increase are shown as follows:

Nationwide experience and projections without proposed rate increase by calendar year:

All Pay Types: Attachment F1

Virginia experience and projections without proposed rate increase by calendar year:

All Pay Types: Attachment G1

A future annual loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums.

A lifetime loss ratio as of December 31, 2013 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at 4.5%.

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Projections based on rate increase are shown as follows:

Nationwide experience and projections with proposed rate increase by calendar year:

All Pay Types: Attachment F2

Virginia experience and projections with proposed rate increase by calendar year:

All Pay Types: Attachment G2

Earned premiums and incurred claims for projection years 2014 through 2054 are developed from an asset share model representing actual contracts in force as of December 31, 2013. The assumptions described above for morbidity, voluntary lapse and mortality are used to project life years, earned premiums and incurred claims.

**14. Analysis Performed**

The initial premium schedule was based on pricing assumptions deemed appropriate when the initial rate schedule was developed.

As part of the in-force management of the business, LifeCare Assurance Company and the reinsurer on the business monitor the performance of the business by completing periodic actual-to-expected analysis for mortality, claim incidence, and claim length of stay. A study of actual voluntary lapse rates is performed periodically. The findings from these analyses were used in projecting the inforce business to determine the effect of experience on the projected lifetime loss ratio.

Attachments C, D1, E2.1 and E2.2 compare experience results with expected assumptions. Attachments H and I compare historical and projected (based on best estimate assumptions) lifetime cumulative loss ratios with pricing expected cumulative loss ratios.

Nationwide historical and projected lifetime cumulative loss ratio compared with pricing expected cumulative loss ratio:

All Pay Types: Attachment H

**Berkshire Life Insurance Company of America**

**Home Office: Pittsfield, Massachusetts  
Company NAIC No. 71714  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

January 2015

Virginia historical and projected lifetime cumulative loss ratio compared with pricing expected cumulative loss ratio:

All Pay Types: Attachment I

In order to analyze the change in expectation from the original pricing assumptions, the cumulative loss ratios are discounted back to duration 1 in exhibits H and I. The actual/best estimate cumulative loss ratio is discounted by 4.5% (best estimate assumption) and the pricing expected cumulative loss ratio is discounted by 4.5% (original pricing assumption).

Because of the low termination rates, a significantly greater risk exposure is expected in the later durations, which is reflected in the nationwide lifetime 132% actual to expected cumulative loss ratio in exhibit H.

**15. Loss Ratio Requirement Compliance Demonstration**

Past experience and best estimates are used in the following projections:

Without proposed rate increase (Nationwide, Virginia):

Attachment F1: Nationwide

Attachment G1: Virginia

With proposed rate increase (Nationwide, Virginia):

Attachment F2: Nationwide

Attachment G2: Virginia

In all projections the accumulated lifetime loss ratios exceed the minimum loss ratio of 60%.

Attachment K provides a demonstration that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

- a. Accumulated value of the initial earned premium times 58%,
- b. 85% of the accumulated value of prior premium rate schedule increases,

**Berkshire Life Insurance Company of America**

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**Actuarial Memorandum**

January 2015

- c. Present value of future projected initial earned premiums times 58%, and
- d. 85% of the present value of future projected premiums in excess of the projected initial earned premiums.

Present and accumulated values in the lifetime projections in Attachment K are determined at 4.5%, the maximum valuation interest rate for contract reserves applicable to long-term care business issued in the years in which the applicable business of this filing were issued.

**16. Proposed Effective Date**

This rate increase will apply to policies on their policy anniversary date following a 75-day policyholder notification period.

**17. Nationwide Distribution of Business as of December 31, 2013 (Based on Policy Count and Premium)**

As of December 31, 2013, the number of policies in force that will be affected by this increase, by policy form and in aggregate is shown in the following attachments:

Nationwide distribution:	Attachment J1
Virginia distribution:	Attachment J2

**Berkshire Life Insurance Company of America**

**Home Office: Pittsfield, Massachusetts  
Company NAIC No. 71714  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

January 2015

**18. 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 qualification standards for preparing health rate filings.

I believe this rate filing is in compliance with the applicable laws of the State of Virginia and with the rules of the Department. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

The data used to develop this actuarial memorandum was provided by LifeCare Assurance Company, the administrator of the policies, and Employers Reassurance Corporation, a reinsurer of the business. I have reviewed the data for reasonableness.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Policy design, underwriting, and claims adjudication practices have been taken into consideration. Furthermore, the actuarial assumptions are appropriate and the gross premiums bear reasonable relationship to the benefits.

Assuming the current underlying moderately adverse assumptions are realized, the current rates would need an approximate 50% rate increase (rather than the requested 25%) to bring the loss ratio down to a sustainable level 68%. The company is willing to implement a lesser increase of 25% now and agrees not to seek another rate increase on this policy form for a period of at least 36 months from the date of implementation if the single increase of the requested amount is approved. Policyholders will be notified of not only the 25% rate increase, but also the approximate 50% rate increase that would be required to be charged pursuant to the requirements of 14VAC5-200-153 B. Any future rate increases will not attempt to recover the lost premium between the amount implemented and the increase needed to provide the certification pursuant to 14VAC5-200-153 B.



Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary

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

Reset Form

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)
BG01P(06/04)-VA	Care Provider

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

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

**Summary of Key Information Used to Determine Rates**  
**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)-VA**

Berkshire Life is requesting the approval of a flat premium rate increase of 25% on the original rates filed with policy form BG01P(06/04)-VA. No prior rate increase was requested for this form.

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



February 18, 2014

Re: **BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA- NAIC # 71714**

To Whom It May Concern:

This letter will serve as the Company's authorization for LifeCare Assurance Company (Long Term Care Administrators) to submit for review and approval Long Term Care rate increase filings pertaining to the LTC Care ProVider product, policy form BGOIP (06/04), on behalf of Berkshire Life Insurance Company of America from today through December 31, 2014.

Sincerely,

Gordon Dinsmore  
President

Berkshire Life Insurance Company of America

August 6, 2014

Janet Houser  
Bureau of Insurance  
Tyler Building, 1300 E. Main St.  
Richmond, Virginia 23219

**RE: BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**

**FORM NUMBER(S): BG01P(06/04)-VA, ET AL**

**TRACKING NUMBER: LFCR-129536537**

**PLEASE REFER TO THIS FILE NUMBER WHEN CORRESPONDING**

Dear Ms. Houser:

Thank you for reviewing our filing. This is a response to your letter dated May 22, 2014 for the above referenced filing.

**Objection 1**

**“Please provide the actuarial certification required by 14VAC5-200-153 B.2.”**

A revision has been added to the last paragraph of the actuarial certification. Please see the attached revised Actuarial Memorandum: *Berkshire Rate Filing Actuarial Memo VA Final*.

**Objection 2**

**“Please indicate whether the Company is currently offering for sale any similar policies. If so, please supply the information and statements contained in 14VAC5-200-153 B.3.e. and 14VAC5-200-153 B.4.)”**

No new business is currently being sold.

**Objection 3**

**“Attached is a NAIC’s Executive/Plenary bulletin adopted on December 18, 2013. We have now added this to our review process and ask that the company advise if this filing is consistent or is not consistent with all the recommendations and include details that support your answer. Please be sure to include responses to the following:**

- a) If the Bureau approves a single increase of the requested amount, will the company agree to not implement future rate increases for three years from the date of implementation?**

If the Bureau approves a single increase of the requested amount, the company agrees to not implement future rate increases for three years from the date of implementation.

- b) **Please confirm compliance with the requirements to administer the contingent benefit upon lapse regarding the table of trigger percentages.**

We confirm compliance with the requirements to administer the contingent benefit upon lapse.

- c) **Please review the policyholder letter for compliance with the requirements regarding policyholder notification. In addition, the management of the Bureau has directed that policyholder letters should clearly explain why a rate increase is needed and its driving factors. The letter mentions "unanticipated market factors". Please provide more detail in the letter as to what these are."**

A more detailed explanation has been added to the first paragraph of the policyholder letter. The revised policyholder letter is attached under the file name: *Customer Notice and Election Form (VA)*.

- d) **"If the Coverage Change Request Form is completed, does it become a part of the policy? Is the policy updated by an amendment or endorsement? Please be aware prior to approving the proposed rate increase, forms used to amend existing coverage will need to be filed for review and approval. If forms are not already approved, this can either be done as a separate filing or the company can amend this filing to include it. Any submitted form will need to comply with the filing requirements of Chapter 100 of the Virginia Administrative Code. If the forms are already approved, please provide the form number as approved in Virginia, the SERFF tracking number and date of its approval. If only a revised Schedule of Benefits is sent to the insured, please provide evidence the policy was approved for such variability."**

Yes, an endorsement has been filed under a separate filing for your review and approval under SERFF Tracking number LFCR-129667784..

#### **Objection 4**

**"Please remove the BG01 2014 Rate increase exhibits from the Rate/Rule Schedule to Supporting Documentation as this exhibit would not be subject to approval. Please revise the BG01 2014 rate increase rate tables to only include the proposed rates which are to be approved. The other information should be moved to supporting documentation. Also, for our purposes, please clarify what column in Attachment B2 corresponds to rider BG10-ROB (06/04) and what riders do the rates apply for the 10-pay, Paid Up at 65, and Limited Pay CIP. Please include an exhibit in Supporting Documentation that illustrates how rates**

**may be calculated. This information may be used by our Consumer Services Department to answer various inquiries from policyholders.”**

The exhibits have been moved from Rate/Rule Schedule to Supporting Documentation tab. The rate increase tables that only include the proposed rates which are to be approved are shown in the attached file: *Berkshire VA Rate Tables*.

The factors that correspond to the rider BG01-ROB(06/04) are located under the “Restoration of Benefits” section underneath the rate tables.

There are no separate rider forms for the Limited Pay CIP, but there are factors that apply to the rates for the Limited Pay (10-Pay or Paid up at 65) CIP. The corresponding factors shown in the rate tables are applied to the base rates based on issue age.

An exhibit that illustrates how rates may be calculated is shown in attachment Q1 in the attached file: *Berkshire VA Rate Calculation*.

Sincerely,

A handwritten signature in black ink, appearing to read 'Xiaoyan Song', with a long horizontal flourish extending to the right.

Xiaoyan Song, FSA, MAAA, FLMI, LTCF  
Consulting Actuary  
818-867-2232  
Xiaoyan.Song@LifeCareAssurance.com

**Berkshire Life Insurance Company of America  
Rate Increase Impact Exhibit**

**Attachment A**

<b>Virginia</b>	<b>BG01P(06/04)-VA</b>			
	<b>Cost of Living Adjustment</b>			<b>Total</b>
	<b>None</b>	<b>Compound 5%</b>	<b>Compound 3%</b>	
<b>Number of Policies</b>	12	125	38	175
<b>Current Premium</b>	\$41,590	\$836,796	\$148,535	1,026,921
<b>Current Average Premium</b>	\$3,466	\$6,694	\$3,909	5,868
<b>New Premium</b>	\$51,987	\$1,045,995	\$185,669	1,283,651
<b>New Average Premium</b>	\$4,332	\$8,368	\$4,886	7,335
<b>Average Rate Increase</b>	25.00%	25.00%	25.00%	25.00%

<b>Nationwide</b>	<b>BG01P(06/04)</b>			
	<b>Cost of Living Adjustment</b>			<b>Total</b>
	<b>None</b>	<b>Compound 5%</b>	<b>Compound 3%</b>	
<b>Number of Policies</b>	960	4,455	2,089	7,504
<b>Current Premium</b>	\$3,372,841	\$31,358,362	\$10,246,336	44,977,539
<b>Current Average Premium</b>	\$3,513	\$7,039	\$4,905	5,994
<b>New Premium</b>	\$4,216,051	\$39,197,953	\$12,807,920	56,221,924
<b>New Average Premium</b>	\$4,392	\$8,799	\$6,131	7,492
<b>Average Rate Increase</b>	25.00%	25.00%	25.00%	25.00%

<b>Virginia</b>	<b>BG01P(06/04)-VA</b>			
	<b>Payment Period</b>			<b>Total</b>
	<b>Lifetime Pay</b>	<b>10 Pay</b>	<b>Paid up at 65</b>	
<b>Number of Policies</b>	109	62	4	175
<b>Current Premium</b>	\$407,620	\$608,991	\$10,310	1,026,921
<b>Current Average Premium</b>	\$3,740	\$9,822	\$2,577	5,868
<b>New Premium</b>	\$509,526	\$761,239	\$12,887	1,283,651
<b>New Average Premium</b>	\$4,675	\$12,278	\$3,222	7,335
<b>Average Rate Increase</b>	25.00%	25.00%	25.00%	25.00%

<b>Nationwide</b>	<b>BG01P(06/04)</b>			
	<b>Payment Period</b>			<b>Total</b>
	<b>Lifetime Pay</b>	<b>10 Pay</b>	<b>Paid up at 65</b>	
<b>Number of Policies</b>	4,254	3,087	163	7,504
<b>Current Premium</b>	\$16,937,365	\$27,121,625	\$918,549	44,977,539
<b>Current Average Premium</b>	\$3,982	\$8,786	\$5,635	5,994
<b>New Premium</b>	\$21,171,706	\$33,902,032	\$1,148,186	56,221,924
<b>New Average Premium</b>	\$4,977	\$10,982	\$7,044	7,492
<b>Average Rate Increase</b>	25.00%	25.00%	25.00%	25.00%

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA

Attachment B1  
Rates and Factors Before Proposed Increase  
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT		PREMIUM AND RIDER FACTORS									
	Facility Care Service	Comprehensive Care	Compound Inflation		Return Of Premium	SBP Nonforf	10-Pay	Paid Up at 65	Limited Pay CIP		HCCS Waiver	Paid Up Survivor
			5%	3%					5%	3%		
40	32.00	40.00	3.500	2.170	1.224	1.243	2.098	1.259	5.635	3.494	1.037	1.400
41	33.60	42.00	3.450	2.140	1.233	1.249	2.048	1.262	5.481	3.400	1.040	1.400
42	35.20	44.00	3.400	2.110	1.242	1.254	1.998	1.266	5.328	3.306	1.042	1.400
43	36.97	46.00	3.350	2.070	1.251	1.260	1.983	1.270	5.174	3.197	1.045	1.400
44	38.75	48.00	3.300	2.030	1.260	1.265	1.967	1.273	5.020	3.088	1.047	1.400
45	39.71	49.00	3.250	1.990	1.269	1.271	1.952	1.277	4.867	2.980	1.050	1.400
46	41.49	51.00	3.150	1.980	1.278	1.276	1.937	1.325	4.573	2.912	1.052	1.400
47	43.27	53.00	3.050	1.970	1.287	1.282	1.922	1.373	4.297	2.845	1.055	1.400
48	45.95	56.00	2.950	1.960	1.296	1.287	1.903	1.421	4.034	2.778	1.057	1.400
49	48.63	59.00	2.850	1.950	1.305	1.293	1.884	1.469	3.863	2.710	1.060	1.400
50	52.14	63.00	2.750	1.940	1.314	1.298	1.865	1.517	3.746	2.643	1.062	1.400
51	54.82	66.00	2.700	1.910	1.323	1.304	1.846	1.565	3.651	2.583	1.065	1.400
52	57.50	69.00	2.650	1.890	1.332	1.309	1.826	1.613	3.555	2.536	1.067	1.400
53	61.49	73.00	2.600	1.870	1.341	1.315	1.803	1.661	3.519	2.531	1.070	1.400
54	66.32	78.00	2.550	1.850	1.350	1.320	1.780	1.709	3.473	2.519	1.072	1.400
55	70.31	82.00	2.500	1.830	1.368	1.326	1.757	1.757	3.420	2.504	1.075	1.400
56	75.15	87.00	2.450	1.810	1.386	1.331	1.733		3.246	2.398	1.077	1.400
57	79.13	91.00	2.400	1.790	1.404	1.337	1.710		3.086	2.301	1.080	1.400
58	86.69	99.00	2.350	1.770	1.422	1.342	1.684		2.938	2.213	1.082	1.400
59	93.37	106.00	2.300	1.750	1.440	1.348	1.657		2.837	2.159	1.085	1.400
60	100.94	114.00	2.250	1.730	1.458	1.353	1.631		2.738	2.105	1.087	1.400
61	107.61	121.00	2.200	1.710	1.476	1.359	1.604		2.695	2.095	1.090	1.400
62	115.18	129.00	2.150	1.690	1.494	1.364	1.578		2.634	2.071	1.092	1.400
63	128.33	143.00	2.100	1.670	1.512	1.370	1.548		2.533	2.014	1.095	1.400
64	142.38	158.00	2.050	1.650	1.530	1.375	1.518		2.466	1.985	1.097	1.400
65	155.53	172.00	2.000	1.630	1.539	1.386	1.489		2.391	1.949	1.100	1.400
66	169.58	187.00	1.950	1.610	1.548	1.397	1.459		2.321	1.917	1.102	1.390
67	182.73	201.00	1.900	1.590	1.557	1.408	1.429		2.247	1.880	1.105	1.380
68	206.36	227.00	1.850	1.570	1.566	1.419	1.401		2.188	1.857	1.107	1.370
69	230.00	253.00	1.800	1.550	1.575	1.430	1.373		2.125	1.830	1.110	1.360
70	252.73	278.00	1.750	1.530	1.584	1.441	1.345		2.059	1.800	1.112	1.350
71	276.36	304.00	1.720	1.510	1.593	1.452	1.317		1.996	1.753	1.115	1.340
72	300.00	330.00	1.690	1.490	1.602	1.463	1.289		1.934	1.705	1.117	1.330
73	342.73	377.00	1.660	1.470	1.611	1.474	1.267		1.873	1.658	1.120	1.320
74	384.55	423.00	1.630	1.450	1.620	1.485	1.244		1.811	1.611	1.122	1.310
75	427.27	470.00	1.600	1.430	1.629	1.491	1.221		1.800	1.609	1.125	1.300
76	469.09	516.00	1.580	1.420	1.638	1.496	1.198		1.770	1.591	1.127	1.300
77	511.82	563.00	1.560	1.410	1.647	1.502	1.176		1.740	1.572	1.130	1.300
78	574.55	632.00	1.540	1.400	1.656	1.507	1.154		1.710	1.554	1.132	1.300
79	638.18	702.00	1.520	1.390	1.665	1.513	1.132		1.680	1.536	1.135	1.300
80	700.91	771.00	1.500	1.380	1.674	1.518	1.111		1.650	1.518	1.137	1.300
81	764.55	841.00	1.490	1.370	1.683	1.524	1.089		1.630	1.499	1.140	1.300
82	827.27	910.00	1.480	1.360	1.692	1.529	1.067		1.610	1.479	1.142	1.300
83	895.45	985.00	1.470	1.350	1.701	1.535	1.046		1.590	1.460	1.145	1.300
84	969.09	1,066.00	1.460	1.340	1.710	1.540	1.026		1.570	1.441	1.147	1.300

Factors:

Elim Period :	0 Day	1.30	Benefit Period:	Lifetime	1.00	Risk Classes :		Restoration of Benefits:	
	30 Day	1.15		5 Year	0.82	Preferred Plus	0.80	5 Years	1.034
	90 Day	1.00		4 Year	0.71	Preferred	1.00	4 Years	1.051
	180 Day	0.90		3 Year	0.60	Standard	1.25	3 Years	1.063

Indemnity Benefit Factor (BG01R-IND):	1.12
Personal Caregiver Rider (BG01R-PCG) :	2.00
Monthly Benefit Rider: (BG01R-MTH):	1.15

Joint Coverage - Premiums for joint rate combinations are calculated as 130% of the base policy premium of the older insured, multiplied by the following factors:	
2 Preferred Plus - .800	2 Preferred - 1.000
1 Pref Plus /1 Pref - .900	1 Pref/ 1 Stand - 1.125
1 Pref Plus/ 1 Stand 1.025	2 Standard - 1.250

Modal Premium Factors: PAC/EFT - 0.088	Quarterly- 0.27	Semi-Annual - 0.52
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Direct Marketing Discount:	All Ages: 10%
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Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA

Attachment B2  
Rates and Factors After Proposed Increase  
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT		PREMIUM AND RIDER FACTORS									
	Facility Care Service	Comprehensive Care	Compound Inflation		Return Of Premium	SBP Nonforf	10-Pay	Paid Up at 65	Limited Pay CIP		HCSS Waiver	Paid Up Survivor
			5%	3%					5%	3%		
40	40.00	50.00	3.500	2.170	1.224	1.243	2.098	1.259	5.635	3.494	1.037	1.400
41	42.00	52.50	3.450	2.140	1.233	1.249	2.048	1.262	5.481	3.400	1.040	1.400
42	44.00	55.00	3.400	2.110	1.242	1.254	1.998	1.266	5.328	3.306	1.042	1.400
43	46.21	57.50	3.350	2.070	1.251	1.260	1.983	1.270	5.174	3.197	1.045	1.400
44	48.43	60.00	3.300	2.030	1.260	1.265	1.967	1.273	5.020	3.088	1.047	1.400
45	49.63	61.25	3.250	1.990	1.269	1.271	1.952	1.277	4.867	2.980	1.050	1.400
46	51.86	63.75	3.150	1.980	1.278	1.276	1.937	1.325	4.573	2.912	1.052	1.400
47	54.08	66.25	3.050	1.970	1.287	1.282	1.922	1.373	4.297	2.845	1.055	1.400
48	57.43	70.00	2.950	1.960	1.296	1.287	1.903	1.421	4.034	2.778	1.057	1.400
49	60.78	73.75	2.850	1.950	1.305	1.293	1.884	1.469	3.863	2.710	1.060	1.400
50	65.17	78.75	2.750	1.940	1.314	1.298	1.865	1.517	3.746	2.643	1.062	1.400
51	68.52	82.50	2.700	1.910	1.323	1.304	1.846	1.565	3.651	2.583	1.065	1.400
52	71.87	86.25	2.650	1.890	1.332	1.309	1.826	1.613	3.555	2.536	1.067	1.400
53	76.86	91.25	2.600	1.870	1.341	1.315	1.803	1.661	3.519	2.531	1.070	1.400
54	82.90	97.50	2.550	1.850	1.350	1.320	1.780	1.709	3.473	2.519	1.072	1.400
55	87.88	102.50	2.500	1.830	1.368	1.326	1.757	1.757	3.420	2.504	1.075	1.400
56	93.93	108.75	2.450	1.810	1.386	1.331	1.733	1.733	3.246	2.398	1.077	1.400
57	98.91	113.75	2.400	1.790	1.404	1.337	1.710	1.710	3.086	2.301	1.080	1.400
58	108.36	123.75	2.350	1.770	1.422	1.342	1.684	1.684	2.938	2.213	1.082	1.400
59	116.71	132.50	2.300	1.750	1.440	1.348	1.657	1.657	2.837	2.159	1.085	1.400
60	126.17	142.50	2.250	1.730	1.458	1.353	1.631	1.631	2.738	2.105	1.087	1.400
61	134.51	151.25	2.200	1.710	1.476	1.359	1.604	1.604	2.695	2.095	1.090	1.400
62	143.97	161.25	2.150	1.690	1.494	1.364	1.578	1.578	2.634	2.071	1.092	1.400
63	160.41	178.75	2.100	1.670	1.512	1.370	1.548	1.548	2.533	2.014	1.095	1.400
64	177.97	197.50	2.050	1.650	1.530	1.375	1.518	1.518	2.466	1.985	1.097	1.400
65	194.41	215.00	2.000	1.630	1.539	1.386	1.489	1.489	2.391	1.949	1.100	1.400
66	211.97	233.75	1.950	1.610	1.548	1.397	1.459	1.459	2.321	1.917	1.102	1.390
67	228.41	251.25	1.900	1.590	1.557	1.408	1.429	1.429	2.247	1.880	1.105	1.380
68	257.95	283.75	1.850	1.570	1.566	1.419	1.401	1.401	2.188	1.857	1.107	1.370
69	287.50	316.25	1.800	1.550	1.575	1.430	1.373	1.373	2.125	1.830	1.110	1.360
70	315.91	347.50	1.750	1.530	1.584	1.441	1.345	1.345	2.059	1.800	1.112	1.350
71	345.45	380.00	1.720	1.510	1.593	1.452	1.317	1.317	1.996	1.753	1.115	1.340
72	375.00	412.50	1.690	1.490	1.602	1.463	1.289	1.289	1.934	1.705	1.117	1.330
73	428.41	471.25	1.660	1.470	1.611	1.474	1.267	1.267	1.873	1.658	1.120	1.320
74	480.68	528.75	1.630	1.450	1.620	1.485	1.244	1.244	1.811	1.611	1.122	1.310
75	534.08	587.50	1.600	1.430	1.629	1.491	1.221	1.221	1.800	1.609	1.125	1.300
76	586.36	645.00	1.580	1.420	1.638	1.496	1.198	1.198	1.770	1.591	1.127	1.300
77	639.77	703.75	1.560	1.410	1.647	1.502	1.176	1.176	1.740	1.572	1.130	1.300
78	718.18	790.00	1.540	1.400	1.656	1.507	1.154	1.154	1.710	1.554	1.132	1.300
79	797.72	877.50	1.520	1.390	1.665	1.513	1.132	1.132	1.680	1.536	1.135	1.300
80	876.13	963.75	1.500	1.380	1.674	1.518	1.111	1.111	1.650	1.518	1.137	1.300
81	955.68	1,051.25	1.490	1.370	1.683	1.524	1.089	1.089	1.630	1.499	1.140	1.300
82	1,034.08	1,137.50	1.480	1.360	1.692	1.529	1.067	1.067	1.610	1.479	1.142	1.300
83	1,119.31	1,231.25	1.470	1.350	1.701	1.535	1.046	1.046	1.590	1.460	1.145	1.300
84	1,211.36	1,332.50	1.460	1.340	1.710	1.540	1.026	1.026	1.570	1.441	1.147	1.300

Factors:

Elim Period :	0 Day	1.30	Benefit Period:	Lifetime	1.00	Risk Classes :		Restoration of Benefits:	
	30 Day	1.15		5 Year	0.82	Preferred Plus	0.80	5 Years	1.034
	90 Day	1.00		4 Year	0.71	Preferred	1.00	4 Years	1.051
	180 Day	0.90		3 Year	0.60	Standard	1.25	3 Years	1.063

Indemnity Benefit Factor (BG01R-IND):	1.12
Personal Caregiver Rider (BG01R-PCG) :	2.00
Monthly Benefit Rider: (BG01R-MTH):	1.15

Joint Coverage - Premiums for joint rate combinations are calculated as 130% of the base policy premium of the older insured, multiplied by the following factors:

2 Preferred Plus - .800	2 Preferred - 1.000
1 Pref Plus /1 Pref - .900	1 Pref/ 1 Stand - 1.125
1 Pref Plus/ 1 Stand 1.025	2 Standard - 1.250

Modal Premium Factors: PAC/EFT - 0.088 Quarterly- 0.27 Semi-Annual - 0.52

Direct Marketing Discount: All Ages: 10%

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA

Attachment B3  
Proposed Increase Percentages

Lifetime		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
48	25%	25%
49	25%	25%
50	25%	25%
51	25%	25%
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72	25%	25%
73	25%	25%
74	25%	25%
75	25%	25%
76	25%	25%
77	25%	25%
78	25%	25%
79	25%	25%
80	25%	25%
81	25%	25%
82	25%	25%
83	25%	25%
84	25%	25%

10-Pay		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
48	25%	25%
49	25%	25%
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73	25%	25%
74	25%	25%
75	25%	25%
76	25%	25%
77	25%	25%
78	25%	25%
79	25%	25%
80	25%	25%
81	25%	25%
82	25%	25%
83	25%	25%
84	25%	25%

Paid Up at 65		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
48	25%	25%
49	25%	25%
50	25%	25%
51	25%	25%
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**Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)**

**Attachment C  
Lapse Rates**

Duration	Expected Lapse Rates			Best Estimate Lapse Rates		Combined Lapse Rates*		
	Lifetime	10 Pay	Paid Up at 65**	Lifetime	Limited	Actual	Expected	A/E
1	7.00%	2.00%	2.00%	3.75%	2.00%	3.15%	5.02%	0.63
2	4.00%	2.00%	2.00%	2.75%	1.50%	3.38%	3.19%	1.06
3	3.00%	2.00%	2.00%	2.00%	1.00%	2.45%	2.58%	0.95
4	2.50%	2.00%	2.00%	1.50%	0.75%	1.62%	2.28%	0.71
5	2.00%	1.50%	2.00%	1.00%	0.50%	1.36%	1.78%	0.77
6	1.50%	1.50%	2.00%	0.75%	0.25%	0.92%	1.50%	0.61
7	1.25%	1.50%	2.00%	0.75%	0.00%	0.68%	1.35%	0.50
8	1.00%	0.00%	2.00%	0.75%	0.00%	0.65%	0.65%	0.99
9	1.00%	0.00%	2.00%	0.75%	0.00%	0.74%	0.69%	1.07
10	1.00%	0.00%	2.00%	0.75%	0.00%	0.00%	0.70%	0.00
11	1.25%	0.00%	2.00%	0.75%	0.00%			
12	1.50%	0.00%	2.00%	0.75%	0.00%			
13	2.00%	0.00%	2.00%	0.75%	0.00%			
14	2.00%	0.00%	2.00%	0.75%	0.00%			
15	2.00%	0.00%	2.00%	0.75%	0.00%			
16	2.00%	0.00%	2.00%	0.75%	0.00%			
17	2.00%	0.00%	2.00%	0.75%	0.00%			
18	2.00%	0.00%	2.00%	0.75%	0.00%			
19	2.00%	0.00%	2.00%	0.75%	0.00%			
20	2.00%	0.00%	2.00%	0.75%	0.00%			
21+	2.00%	0.00%	2.00%	0.75%	0.00%			
Average						2.33%	2.94%	0.79

\* Based on the actual exposure.

\*\* Paid Up at 65 lapse rate = 0% after premium paying duration

**Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)**

**Attachment D1  
Mortality**

Duration	Exposure	Actual Mortality	Expected Mortality*	Best Estimate**	Actual to Expected
1	18,936	8	98	22	0.08
2	17,779	18	101	27	0.18
3	14,813	21	93	29	0.22
4	11,828	15	82	29	0.18
5	8,882	11	69	27	0.16
6	6,297	11	54	23	0.20
7	3,959	10	38	17	0.26
8	1,855	8	21	10	0.38
9	543	1	7	3	0.14
10	5	0	0	0	0.00
Average	84,897	103	564	188	0.18

\* Expected: Pricing assumptions -1983 GAM

\*\* Best estimate: see actuarial memorandum 9b

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)**

**Attachment D2**  
**Mortality Selection Factors**

Policy Duration	Selection Factors
1	0.30
2	0.35
3	0.40
4	0.45
5	0.49
6	0.53
7	0.56
8	0.59
9	0.62
10	0.65
11	0.68
12	0.71
13	0.74
14	0.77
15	0.80
16	0.82
17	0.84
18	0.88
19	0.92
20	0.96
21	1.00

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)**

**Attachment E1.1**  
**Incidence Rates Per 100**

Best Estimate				Original Pricing*		Ratio of Best Estimate to Original Pricing		Inforce Adjustment Factor**
Attained Age	Unisex			Attained Age	Unisex	Attained Age	Unisex	Unisex
	Nursing Care	Home and Community Based Care	Assisted Living Facility					
40	<b>0.0096</b>	<b>0.0120</b>	<b>0.0029</b>	40	<b>0.0175</b>	40	55%	<b>0.9993</b>
41	0.0104	0.0130	0.0031	41	0.0190	41	55%	0.9992
42	0.0113	0.0141	0.0034	42	0.0206	42	55%	0.9992
43	0.0122	0.0153	0.0037	43	0.0223	43	55%	0.9991
44	0.0133	0.0166	0.0040	44	0.0242	44	55%	0.9991
45	0.0144	0.0180	0.0043	45	0.0263	45	55%	0.9990
46	0.0156	0.0195	0.0047	46	0.0285	46	55%	0.9989
47	0.0169	0.0212	0.0051	47	0.0309	47	55%	0.9988
48	0.0184	0.0230	0.0055	48	0.0335	48	55%	0.9987
49	0.0199	0.0249	0.0060	49	0.0363	49	55%	0.9986
50	<b>0.0216</b>	<b>0.0270</b>	<b>0.0065</b>	50	<b>0.0394</b>	50	55%	<b>0.9984</b>
51	0.0239	0.0299	0.0072	51	0.0437	51	55%	0.9983
52	0.0265	0.0332	0.0080	52	0.0484	52	55%	0.9981
53	0.0294	0.0368	0.0088	53	0.0537	53	55%	0.9979
54	0.0326	0.0407	0.0098	54	0.0595	54	55%	0.9977
55	0.0361	0.0451	0.0108	55	0.0659	55	55%	0.9975
56	0.0400	0.0500	0.0120	56	0.0731	56	55%	0.9972
57	0.0444	0.0555	0.0133	57	0.0810	57	55%	0.9969
58	0.0492	0.0564	0.0143	58	0.0897	58	55%	0.9966
59	0.0545	0.0556	0.0158	59	0.0995	59	55%	0.9963
60	<b>0.0604</b>	<b>0.0559</b>	<b>0.0169</b>	60	<b>0.1102</b>	60	55%	<b>0.9958</b>
61	0.0717	0.0603	0.0194	61	0.1308	61	55%	0.9954
62	0.0851	0.0659	0.0230	62	0.1553	62	55%	0.9949
63	0.1010	0.0716	0.0263	63	0.1843	63	55%	0.9943
64	0.1199	0.0734	0.0312	64	0.2188	64	55%	0.9937
65	0.1423	0.0775	0.0356	65	0.2597	65	55%	0.9930
66	0.1689	0.0824	0.0405	66	0.3082	66	55%	0.9922
67	0.2005	0.0864	0.0481	67	0.3658	67	55%	0.9913
68	0.2379	0.0911	0.0547	68	0.4342	68	55%	0.9902
69	0.2824	0.0918	0.0650	69	0.5154	69	55%	0.9889
70	<b>0.3352</b>	<b>0.0962</b>	<b>0.0737</b>	70	<b>0.6117</b>	70	55%	<b>0.9873</b>
71	0.3969	0.0992	0.0873	71	0.7243	71	55%	0.9854
72	0.4699	0.1137	0.0987	72	0.8575	72	55%	0.9831
73	0.5563	0.1196	0.1168	73	1.0153	73	55%	0.9802
74	0.6587	0.1298	0.1317	74	1.2021	74	55%	0.9767
75	0.7799	0.1318	0.1560	75	1.4233	75	55%	0.9724
76	0.9233	0.1394	0.1754	76	1.6851	76	55%	0.9674
77	1.0932	0.1454	0.2077	77	1.9951	77	55%	0.9613
78	1.2943	0.1488	0.2459	78	2.3622	78	55%	0.9542
79	1.5325	0.1793	0.2758	79	2.7967	79	55%	0.9459
80	<b>1.8144</b>	<b>0.1796</b>	<b>0.3266</b>	80	<b>3.3113</b>	80	55%	<b>0.9364</b>
81	2.0128	0.1832	0.3422	81	3.6281	81	55%	0.9255
82	2.2326	0.1853	0.3795	82	3.9752	82	56%	0.9132
83	2.4760	0.1609	0.4209	83	4.3554	83	57%	0.8994
84	2.7456	0.1840	0.4393	84	4.7721	84	58%	0.8844
85	3.0441	0.1796	0.4871	85	5.2287	85	58%	0.8678
86	3.3745	0.2092	0.5062	86	5.7289	86	59%	0.8500
87	3.7404	0.2020	0.5611	87	6.2769	87	60%	0.8310
88	4.1453	0.1907	0.6218	88	6.8775	88	60%	0.8106
89	4.5935	0.2205	0.6431	89	7.5354	89	61%	0.7894
90	<b>5.0895</b>	<b>0.2036</b>	<b>0.7125</b>	90	<b>8.2563</b>	90	62%	<b>0.7683</b>
91	5.5293	0.2322	0.7741	91	8.8712	91	62%	0.7467
92	6.0064	0.2643	0.7808	92	9.5319	92	63%	0.7246
93	6.5239	0.2349	0.8481	93	10.2418	93	64%	0.7020
94	7.0851	0.2763	0.9211	94	11.0046	94	64%	0.6789
95	7.6938	0.3154	1.0002	95	11.8242	95	65%	0.6572
96	8.3538	0.3592	1.0025	96	12.7048	96	66%	0.6357
97	9.0695	0.4172	1.0883	97	13.6510	97	66%	0.6152
98	9.8295	0.4574	1.1435	98	14.1970	98	67%	0.6000
99	10.0118	0.6107	1.1013	99	14.7649	99	68%	0.6000
100	<b>10.5175</b>	<b>0.6731</b>	<b>1.1569</b>	100	<b>15.3555</b>	100	68%	<b>0.6000</b>
101	10.9413	0.7221	1.2035	101	15.8162	101	69%	0.6000
102	11.2154	0.7739	1.2337	102	16.0534	102	70%	0.6000
103	11.4952	0.9311	1.1495	103	16.2942	103	71%	0.6000
104	11.7810	0.9896	1.1781	104	16.5386	104	71%	0.6000
105	12.0726	1.0503	1.2073	105	16.7867	105	72%	0.6000
106	12.3704	1.1010	1.2370	106	17.0385	106	73%	0.6000
107	12.6744	1.1660	1.2674	107	17.2941	107	73%	0.6000
108	12.9848	1.2336	1.2985	108	17.5535	108	74%	0.6000
109	13.3016	1.2903	1.3302	109	17.8168	109	75%	0.6000
110	13.6250	1.3625	1.3625	110	18.0841	110	75%	0.6000

\* Unisex rates based on 30% Male and 70% Female

\*\* Adjustment factors to account for the fact that claim incidence is not reflected in the inforce count. See actuarial memorandum section 9.c "Inforce Adjustment Factors"

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)

Attachment E1.2  
Length of Stay Per \$1 of Daily Benefit

Best Estimate Length of Stay*			Original Pricing Length of Stay**			Best Estimate / Original Pricing		
Attained Age	No COLA	5% Compound COLA	Attained Age	No COLA	5% Compound COLA	Attained Age	No COLA	5% Compound COLA
40	1,025.65	1,170.13	40	795.55	942.53	40	129%	124%
41	948.35	1,082.16	41	781.39	928.85	41	121%	117%
42	878.10	1,002.52	42	768.45	916.99	42	114%	109%
43	814.37	930.61	43	756.79	907.16	43	108%	103%
44	756.69	865.92	44	746.54	899.71	44	101%	96%
45	704.68	808.07	45	737.88	895.14	45	96%	90%
46	658.03	756.75	46	731.09	894.24	46	90%	85%
47	616.52	711.82	47	726.61	898.25	47	85%	79%
48	580.03	673.31	48	725.13	909.06	48	80%	74%
49	548.58	641.48	49	727.75	929.72	49	75%	69%
50	522.41	617.00	50	736.17	965.08	50	71%	64%
51	515.57	603.21	51	724.87	942.46	51	71%	64%
52	511.31	595.95	52	714.35	921.50	52	72%	65%
53	507.58	589.59	53	704.56	902.06	53	72%	65%
54	504.30	584.00	54	695.45	884.05	54	73%	66%
55	501.41	579.06	55	686.98	867.34	55	73%	67%
56	498.86	574.69	56	679.11	851.86	56	73%	67%
57	496.62	570.81	57	671.78	837.49	57	74%	68%
58	494.64	567.36	58	664.97	824.18	58	74%	69%
59	492.90	564.30	59	658.65	811.84	59	75%	70%
60	491.37	561.57	60	652.78	800.40	60	75%	70%
61	502.87	574.38	61	626.32	758.75	61	80%	76%
62	514.86	587.87	62	602.77	722.78	62	85%	81%
63	527.30	601.92	63	581.42	690.78	63	91%	87%
64	540.18	616.51	64	561.93	662.12	64	96%	93%
65	553.50	631.64	65	544.06	636.28	65	102%	99%
66	567.28	647.32	66	527.57	612.83	66	108%	106%
67	581.51	663.56	67	512.30	591.44	67	114%	112%
68	596.21	680.37	68	498.09	571.83	68	120%	119%
69	611.39	697.75	69	484.82	553.76	69	126%	126%
70	627.07	715.73	70	472.38	537.03	70	133%	133%
71	633.72	721.87	71	464.69	526.10	71	136%	137%
72	640.71	728.47	72	457.64	516.19	72	140%	141%
73	648.01	735.44	73	451.15	507.16	73	144%	145%
74	655.62	742.78	74	445.17	498.90	74	147%	149%
75	663.53	750.47	75	439.65	491.34	75	151%	153%
76	671.75	758.53	76	434.55	484.39	76	155%	157%
77	680.28	766.94	77	429.82	478.01	77	158%	160%
78	689.12	775.71	78	425.45	472.13	78	162%	164%
79	698.26	784.85	79	421.39	466.70	79	166%	168%
80	707.72	794.34	80	417.62	461.68	80	169%	172%
81	693.07	774.19	81	412.96	454.35	81	168%	170%
82	680.50	757.06	82	410.07	450.23	82	166%	168%
83	669.46	742.07	83	407.50	446.59	83	164%	166%
84	659.71	728.85	84	405.18	443.33	84	163%	164%
85	651.06	717.13	85	403.08	440.38	85	162%	163%
86	643.36	706.70	86	401.15	437.69	86	160%	161%
87	636.49	697.39	87	399.37	435.21	87	159%	160%
88	630.35	689.05	88	397.72	432.91	88	158%	159%
89	624.85	681.57	89	396.18	430.77	89	158%	158%
90	619.93	674.85	90	394.75	428.77	90	157%	157%
91	589.92	640.57	91	385.97	419.15	91	153%	153%
92	562.50	609.50	92	377.58	409.98	92	149%	149%
93	537.18	580.90	93	369.53	401.19	93	145%	145%
94	513.73	554.50	94	361.81	392.76	94	142%	141%
95	491.96	530.06	95	354.40	384.68	95	139%	138%
96	471.73	507.41	96	347.28	376.93	96	136%	135%
97	452.88	486.35	97	340.45	369.49	97	133%	132%
98	435.30	466.75	98	333.90	362.36	98	130%	129%
99	418.87	448.48	99	327.61	355.53	99	128%	126%
100	403.51	431.42	100	321.78	349.31	100	125%	124%
101	403.51	431.42	101	285.45	297.08	101	141%	145%
102	403.51	431.42	102	285.45	297.08	102	141%	145%
103	403.51	431.42	103	285.45	297.08	103	141%	145%
104	403.51	431.42	104	285.45	297.08	104	141%	145%
105	403.51	431.42	105	285.45	297.08	105	141%	145%
106	403.51	431.42	106	285.45	297.08	106	141%	145%
107	403.51	431.42	107	285.45	297.08	107	141%	145%
108	403.51	431.42	108	285.45	297.08	108	141%	145%
109	403.51	431.42	109	285.45	297.08	109	141%	145%
110	403.51	431.42	110	285.45	297.08	110	141%	145%

\* Based on SOA LTC Intercompany Study 2007 Report and reinsurer's experiences. 4.5% interest. Lifetime Benefits, 90 Day Elimination Period, 30% Male, 70% Female.

\*\* 1985 National Nursing Home Survey table 11, linearly interpolated between age group. 4.5% interest. Lifetime Benefits, 90 Day Elimination Period, 30% Male, 70% Female.

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)**

**Attachment E2.1**  
**Actual to Expected Incidence Rates**

Duration	Exposure	Actual	Expected*	Actual to Expected*
1	18,935	3	34	0.09
2	17,779	2	35	0.06
3	14,810	12	33	0.36
4	11,822	10	30	0.34
5	8,869	11	25	0.43
6	6,277	12	20	0.60
7	3,945	5	14	0.35
8	1,850	3	8	0.37
9	540	2	3	0.72
10	5	0	0	0.00
Average	84,832	60	202	0.30

\* Expected: Pricing assumptions, see actuarial memorandum section 9c, "**Pricing Claim Costs**"

**Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)**

**Attachment E2.2  
Actual to Expected Claim Termination**

Duration	Exposure	Actual	Expected*	Actual to Expected
1st quarter	2	1	1	1.24
2nd quarter	13	6	3	2.24
3rd quarter	7	1	1	1.18
4th quarter	6	0	0	0.00
2	19	3	6	0.54
3	9	0	2	0.00
4	4	2	2	1.22
5	0	0	0	
6	0	0	0	
Total	60	13	14	0.90

\* Expected: Pricing continuance - 1985 NHS Survey Table 11, Unisex

**Berkshire Life Insurance Company of America**  
**Nationwide Experience Projection without Proposed Rate Increase**  
**Policy Form: BG01P(06/04)**

**Attachment F1**

Calendar Year	Without Interest					With Interest			Cumulative					at: Year End 2013	4.50% Factor 1.0450	
	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims [1]	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio			
Historical Experience	2004	163,433	0	0.0%	0	0.0%	248,281	0	0	248,281	0	0.0%	0	0.0%	9.5	1.5192
	2005	3,332,517	0	0.0%	0	0.0%	4,844,632	0	0	5,092,914	0	0.0%	0	0.0%	8.5	1.4537
	2006	9,299,375	0	0.0%	0	0.0%	12,936,772	0	0	18,029,686	0	0.0%	0	0.0%	7.5	1.3911
	2007	18,505,477	5,606	0.0%	325,486	1.8%	24,635,205	7,463	433,299	42,664,891	7,463	0.0%	433,299	1.0%	6.5	1.3312
	2008	27,747,900	45,246	0.2%	88,469	0.3%	35,348,396	57,639	112,702	78,013,287	65,102	0.1%	546,002	0.7%	5.5	1.2739
	2009	36,847,300	130,617	0.4%	210,119	0.6%	44,918,886	159,230	256,146	122,932,173	224,332	0.2%	802,148	0.7%	4.5	1.2191
	2010	43,801,244	324,847	0.7%	1,854,867	4.2%	51,096,771	378,953	2,163,814	174,028,944	603,285	0.3%	2,965,961	1.7%	3.5	1.1666
	2011	47,332,109	389,721	0.8%	713,457	1.5%	52,838,026	435,055	796,451	226,866,971	1,038,340	0.5%	3,762,412	1.7%	2.5	1.1163
	2012	47,452,966	675,699	1.4%	2,455,157	5.2%	50,691,810	721,818	2,622,730	277,558,781	1,760,158	0.6%	6,385,142	2.3%	1.5	1.0683
	2013	46,636,000	1,067,477	2.3%	2,609,785	5.6%	47,673,764	1,091,231	2,667,859	325,232,544	2,851,389	0.9%	9,053,001	2.8%	0.5	1.0223
Projected Future Experience	2014	45,858,715	1,799,573	3.9%	2,946,642	6.4%	44,860,462	1,760,400	2,882,500	370,093,006	4,611,789	1.2%	11,935,501	3.2%	-0.5	0.9782
	2015	44,340,890	2,966,761	6.7%	3,569,703	8.1%	41,507,824	2,777,206	3,341,624	411,600,830	7,388,995	1.8%	15,277,125	3.7%	-1.5	0.9361
	2016	40,527,404	3,644,096	9.0%	4,215,187	10.4%	36,304,299	3,264,367	3,775,949	447,905,130	10,653,363	2.4%	19,053,074	4.3%	-2.5	0.8958
	2017	35,231,753	4,293,052	12.2%	4,921,582	14.0%	30,201,411	3,680,096	4,218,885	478,106,541	14,333,458	3.0%	23,271,959	4.9%	-3.5	0.8572
	2018	29,789,456	4,990,624	16.8%	5,738,492	19.3%	24,436,515	4,093,846	4,707,328	502,543,056	18,427,305	3.7%	27,979,287	5.6%	-4.5	0.8203
	2019	23,195,500	5,903,629	25.5%	6,697,793	28.9%	18,208,079	4,634,250	5,257,655	520,751,135	23,061,555	4.4%	33,236,943	6.4%	-5.5	0.7850
	2020	18,627,559	6,924,409	37.2%	7,819,448	42.0%	13,992,653	5,201,478	5,873,815	534,743,788	28,263,033	5.3%	39,110,757	7.3%	-6.5	0.7512
	2021	16,440,780	8,122,228	49.4%	9,133,966	55.6%	11,818,170	5,838,523	6,565,794	546,561,958	34,101,556	6.2%	45,676,551	8.4%	-7.5	0.7188
	2022	15,964,413	9,497,513	59.5%	10,665,860	66.8%	10,981,571	6,533,132	7,336,812	557,543,529	40,634,658	7.3%	53,013,363	9.5%	-8.5	0.6879
	2023	15,556,336	11,055,788	71.1%	12,411,238	79.8%	10,240,061	7,277,545	8,169,780	567,783,590	47,912,234	8.4%	61,183,143	10.8%	-9.5	0.6583
	2024	15,157,736	12,875,653	84.9%	14,380,255	94.9%	9,548,019	8,110,511	9,058,276	577,331,609	56,022,744	9.7%	70,241,419	12.2%	-10.5	0.6299
	2025	14,763,638	14,961,498	101.3%	16,580,557	112.3%	8,899,304	9,018,571	9,994,516	586,230,913	65,041,315	11.1%	80,235,935	13.7%	-11.5	0.6028
	2026	14,349,864	17,322,298	120.7%	19,024,576	132.6%	8,277,404	9,991,987	10,973,909	594,508,317	75,033,302	12.6%	91,209,844	15.3%	-12.5	0.5768
	2027	13,899,061	19,968,504	143.7%	21,704,154	156.2%	7,672,123	11,022,386	11,980,445	602,180,440	86,055,688	14.3%	103,190,289	17.1%	-13.5	0.5520
	2028	13,455,426	22,890,909	170.1%	24,572,904	182.6%	7,107,408	12,091,406	12,979,868	609,287,848	98,147,095	16.1%	116,170,157	19.1%	-14.5	0.5282
	2029	12,980,620	26,080,854	200.9%	27,633,608	212.9%	6,561,346	13,183,153	13,968,028	615,849,194	111,330,248	18.1%	130,138,185	21.1%	-15.5	0.5055
	2030	12,488,882	29,524,453	236.4%	30,859,159	247.1%	6,040,944	14,281,146	14,926,751	621,890,137	125,611,394	20.2%	145,064,936	23.3%	-16.5	0.4837
	2031	11,987,563	33,186,646	276.8%	34,201,778	285.3%	5,548,759	15,361,311	15,831,191	627,438,896	140,972,705	22.5%	160,896,127	25.6%	-17.5	0.4629
	2032	11,464,542	37,031,325	323.0%	37,641,036	328.3%	5,078,148	16,402,796	16,672,863	632,517,044	157,375,501	24.9%	177,568,991	28.1%	-18.5	0.4429
	2033	10,927,897	41,011,657	375.3%	41,124,046	376.3%	4,632,004	17,383,597	17,431,236	637,149,048	174,759,099	27.4%	195,000,226	30.6%	-19.5	0.4239
	2034	10,359,327	45,070,084	435.1%	44,598,819	430.5%	4,201,918	18,281,188	18,090,035	641,350,966	193,040,286	30.1%	213,090,261	33.2%	-20.5	0.4056
	2035	9,783,352	49,142,333	502.3%	48,010,233	490.7%	3,797,409	19,074,604	18,635,179	645,148,375	212,114,890	32.9%	231,725,440	35.9%	-21.5	0.3882
	2036	9,194,842	53,159,225	578.1%	51,296,307	557.9%	3,415,291	19,745,226	19,053,272	648,563,666	231,860,116	35.7%	250,778,712	38.7%	-22.5	0.3714
	2037	8,604,109	57,051,636	663.1%	54,411,164	632.4%	3,058,251	20,278,474	19,339,943	651,621,917	252,138,590	38.7%	270,118,655	41.5%	-23.5	0.3554
	2038	8,007,561	60,750,601	758.7%	57,244,662	714.9%	2,723,649	20,663,385	19,470,893	654,345,566	272,801,975	41.7%	289,589,548	44.3%	-24.5	0.3401
	2039	7,410,112	64,145,939	865.7%	59,688,756	805.5%	2,411,900	20,878,715	19,427,957	656,757,466	293,680,690	44.7%	309,017,505	47.1%	-25.5	0.3255
	2040	6,816,577	67,141,677	985.0%	61,717,118	905.4%	2,123,169	20,912,718	19,223,123	658,880,635	314,593,408	47.7%	328,240,628	49.8%	-26.5	0.3115
	2041	6,231,999	69,641,467	1117.5%	63,269,100	1015.2%	1,857,502	20,757,255	18,857,915	660,738,138	335,350,663	50.8%	347,098,542	52.5%	-27.5	0.2981
	2042	5,661,613	71,566,380	1264.1%	64,297,221	1135.7%	1,614,827	20,412,433	18,339,096	662,352,965	355,763,096	53.7%	365,437,638	55.2%	-28.5	0.2852
	2043	5,110,270	72,882,894	1426.2%	64,804,979	1268.1%	1,394,804	19,892,760	17,687,962	663,747,769	375,655,856	56.6%	383,125,600	57.7%	-29.5	0.2729
	2044	4,582,556	73,575,840	1605.6%	64,795,010	1413.9%	1,196,908	19,217,123	16,923,676	664,944,677	394,872,979	59.4%	400,049,276	60.2%	-30.5	0.2612
	2045	4,082,215	73,634,803	1803.8%	64,257,135	1574.1%	1,020,311	18,404,329	16,060,469	665,964,989	413,277,308	62.1%	416,109,745	62.5%	-31.5	0.2499
	2046	3,612,207	73,098,623	2023.7%	63,224,693	1750.3%	863,959	17,483,556	15,121,932	666,828,948	430,760,863	64.6%	431,231,677	64.7%	-32.5	0.2392
	2047	3,174,855	71,979,364	2267.2%	61,740,496	1944.7%	726,655	16,474,501	14,131,048	667,555,603	447,235,364	67.0%	445,362,726	66.7%	-33.5	0.2289
	2048	2,771,647	70,296,891	2536.3%	59,834,156	2158.8%	607,052	15,396,574	13,105,004	668,162,655	462,631,939	69.2%	458,467,729	68.6%	-34.5	0.2190
	2049	2,403,399	68,086,083	2832.9%	57,490,718	2392.1%	503,730	14,270,199	12,049,511	668,666,385	476,902,138	71.3%	470,517,240	70.4%	-35.5	0.2096
	2050	2,070,273	65,397,200	3158.9%	54,809,758	2647.5%	415,225	13,116,397	10,992,925	669,081,609	490,018,535	73.2%	481,510,166	72.0%	-36.5	0.2006
	2051	1,771,757	62,302,113	3516.4%	51,870,423	2927.6%	340,050	11,957,541	9,955,404	669,421,659	501,976,076	75.0%	491,465,570	73.4%	-37.5	0.1919
	2052	1,506,609	58,888,663	3908.7%	48,712,378	3233.2%	276,709	10,815,697	8,946,685	669,698,369	512,791,773	76.6%	500,412,255	74.7%	-38.5	0.1837
	2053	1,273,172	55,233,462	4338.3%	45,411,296	3566.8%	223,766	9,707,531	7,981,241	669,922,134	522,499,304	78.0%	508,393,496	75.9%	-39.5	0.1758
	2054	1,069,394	51,421,485	4808.5%	42,027,157	3930.0%	179,857	8,648,382	7,068,386	670,101,992	531,147,686	79.3%	515,461,882	76.9%	-40.5	0.1682
Past Future Lifetime		281,118,321	2,639,213	0.9%	8,257,340	2.9%	325,232,544	2,851,389	9,053,001	325,232,544	2,851,389	0.9%	9,053,001	2.8%		
		522,505,880	1,648,518,229	315.5%	1,519,353,561	290.8%	344,869,447	528,296,297	506,408,880	344,869,447	528,296,297	153.2%	506,408,880	146.8%		
		803,624,201	1,651,157,442	205.5%	1,527,610,901	190.1%	670,101,992	531,147,686	515,461,882	670,101,992	531,147,686	79.3%	515,461,882	76.9%		

[1] Projected Incurred Claims: best estimate claim continuance based on combination of SOA LTC Intercompany Study 2007 Report and reinsurer's experiences, discounted at 4.5% - best estimate incidence shown in Attachment E1.1.

**Berkshire Life Insurance Company of America**  
**Nationwide Experience Projection with Proposed Rate Increase**  
**Policy Form: BG01P(06/04)**

**Attachment F2**

Calendar Year	Without Interest				With Interest			Cumulative					at: Year End 2013	4.50% Factor 1.0450	
	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims [1]	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]			Loss Ratio
2004	163,433	0	0.0%	0	0.0%	248,281	0	0	248,281	0	0.0%	0	0.0%	9.5	1.5192
2005	3,332,517	0	0.0%	0	0.0%	4,844,632	0	0	5,092,914	0	0.0%	0	0.0%	8.5	1.4537
2006	9,299,375	0	0.0%	0	0.0%	12,936,772	0	0	18,029,686	0	0.0%	0	0.0%	7.5	1.3911
2007	18,505,477	5,606	0.0%	325,486	1.8%	24,635,205	7,463	433,299	42,664,891	7,463	0.0%	433,299	1.0%	6.5	1.3312
2008	27,747,900	45,246	0.2%	88,469	0.3%	35,348,396	57,639	112,702	78,013,287	65,102	0.1%	546,002	0.7%	5.5	1.2739
2009	36,847,300	130,617	0.4%	210,119	0.6%	44,918,886	159,230	256,146	122,932,173	224,332	0.2%	802,148	0.7%	4.5	1.2191
2010	43,801,244	324,847	0.7%	1,854,867	4.2%	51,096,771	378,953	2,163,814	174,028,944	603,285	0.3%	2,965,961	1.7%	3.5	1.1666
2011	47,332,109	389,721	0.8%	713,457	1.5%	52,838,026	435,055	796,451	226,866,971	1,038,340	0.5%	3,762,412	1.7%	2.5	1.1163
2012	47,452,966	675,699	1.4%	2,455,157	5.2%	50,691,810	721,818	2,622,730	277,558,781	1,760,158	0.6%	6,385,142	2.3%	1.5	1.0683
2013	46,636,000	1,067,477	2.3%	2,609,785	5.6%	47,673,764	1,091,231	2,667,859	325,232,544	2,851,389	0.9%	9,053,001	2.8%	0.5	1.0223
2014	45,858,715	1,799,573	3.9%	2,946,642	6.4%	44,860,462	1,760,400	2,882,500	370,093,006	4,611,789	1.2%	11,935,501	3.2%	-0.5	0.9782
2015	48,460,713	2,938,441	6.1%	3,514,630	7.3%	45,364,420	2,750,696	3,290,071	415,457,426	7,362,485	1.8%	15,225,572	3.7%	-1.5	0.9361
2016	48,058,409	3,556,747	7.4%	4,077,058	8.5%	43,050,546	3,186,121	3,652,214	458,507,972	10,548,606	2.3%	18,877,785	4.1%	-2.5	0.8958
2017	41,778,694	4,172,513	10.0%	4,749,539	11.4%	35,813,589	3,576,767	4,071,406	494,321,560	14,125,373	2.9%	22,949,192	4.6%	-3.5	0.8572
2018	35,325,082	4,832,446	13.7%	5,524,985	15.6%	28,977,430	3,964,092	4,532,187	523,298,991	18,089,465	3.5%	27,481,378	5.3%	-4.5	0.8203
2019	27,505,803	5,701,493	20.7%	6,434,893	23.4%	21,591,595	4,475,577	5,051,284	544,890,586	22,565,042	4.1%	32,532,662	6.0%	-5.5	0.7850
2020	22,089,025	6,670,643	30.2%	7,499,620	34.0%	16,592,837	5,010,854	5,633,565	561,483,424	27,575,896	4.9%	38,166,228	6.8%	-6.5	0.7512
2021	19,495,887	7,808,502	40.1%	8,749,900	44.9%	14,014,281	5,613,007	6,289,714	575,497,705	33,188,903	5.8%	44,455,941	7.7%	-7.5	0.7188
2022	18,931,000	9,115,491	48.2%	10,210,330	53.9%	13,022,222	6,270,347	7,023,463	588,519,926	39,459,250	6.7%	51,479,404	8.7%	-8.5	0.6879
2023	18,447,092	10,596,197	57.4%	11,873,830	64.4%	12,142,920	6,975,017	7,816,028	600,662,847	46,434,267	7.7%	59,295,432	9.9%	-9.5	0.6583
2024	17,974,423	12,327,736	68.6%	13,749,427	76.5%	11,322,280	7,765,372	8,660,910	611,985,127	54,199,639	8.9%	67,956,342	11.1%	-10.5	0.6299
2025	17,507,091	14,312,956	81.8%	15,844,406	90.5%	10,553,017	8,627,640	9,550,775	622,538,144	62,827,279	10.1%	77,507,118	12.5%	-11.5	0.6028
2026	17,016,427	16,559,591	97.3%	18,170,400	106.8%	9,815,553	9,552,037	10,481,197	632,353,697	72,379,316	11.4%	87,988,314	13.9%	-12.5	0.5768
2027	16,481,854	19,077,425	115.7%	20,719,524	125.7%	9,097,795	10,530,520	11,436,940	641,451,492	82,909,836	12.9%	99,425,254	15.5%	-13.5	0.5520
2028	15,955,781	21,857,434	137.0%	23,447,449	147.0%	8,428,142	11,545,506	12,385,381	649,879,634	94,455,342	14.5%	111,810,635	17.2%	-14.5	0.5282
2029	15,392,743	24,891,162	161.7%	26,356,875	171.2%	7,780,608	12,581,797	13,322,675	657,660,242	107,037,138	16.3%	125,133,310	19.0%	-15.5	0.5055
2030	14,809,629	28,165,180	190.2%	29,421,965	198.7%	7,163,502	13,623,658	14,231,572	664,823,744	120,660,797	18.1%	139,364,882	21.0%	-16.5	0.4837
2031	14,215,159	31,645,932	222.6%	32,597,244	229.3%	6,579,857	14,648,151	15,088,491	671,403,600	135,308,948	20.2%	154,453,373	23.0%	-17.5	0.4629
2032	13,594,940	35,298,927	259.6%	35,863,302	263.8%	6,021,795	15,635,441	15,885,427	677,425,395	150,944,389	22.3%	170,338,801	25.1%	-18.5	0.4429
2033	12,958,573	39,079,579	301.6%	39,169,794	302.3%	5,492,746	16,564,648	16,602,887	682,918,141	167,509,037	24.5%	186,941,688	27.4%	-19.5	0.4239
2034	12,284,348	42,933,102	349.5%	42,467,276	345.7%	4,982,739	17,414,392	17,225,445	687,900,880	184,923,429	26.9%	204,167,133	29.7%	-20.5	0.4056
2035	11,601,343	46,798,322	403.4%	45,703,487	393.9%	4,503,063	18,164,775	17,739,815	692,403,943	203,088,204	29.3%	221,906,948	32.0%	-21.5	0.3882
2036	10,903,473	50,609,622	464.2%	48,819,505	447.7%	4,049,937	18,798,213	18,133,299	696,453,881	221,886,417	31.9%	240,040,248	34.5%	-22.5	0.3714
2037	10,202,967	54,301,208	532.2%	51,771,835	507.4%	3,626,550	19,360,860	18,401,818	700,080,431	241,187,277	34.5%	258,442,066	36.9%	-23.5	0.3554
2038	9,495,566	57,807,534	608.8%	54,455,972	573.5%	3,229,771	19,662,346	18,522,363	703,310,202	260,849,622	37.1%	276,964,429	39.4%	-24.5	0.3401
2039	8,787,096	61,024,380	694.5%	56,769,461	646.1%	2,860,092	19,862,686	18,477,762	706,170,294	280,712,308	39.8%	295,442,191	41.8%	-25.5	0.3255
2040	8,083,267	63,860,980	790.0%	58,687,471	726.0%	2,517,707	19,890,875	18,279,474	708,688,001	300,603,183	42.4%	313,721,665	44.3%	-26.5	0.3115
2041	7,390,060	66,225,712	896.1%	60,152,593	814.0%	2,202,673	19,739,159	17,929,012	710,890,674	320,342,342	45.1%	331,650,677	46.7%	-27.5	0.2981
2042	6,713,683	68,043,841	1013.5%	61,119,981	910.4%	1,914,902	19,407,721	17,432,872	712,805,576	339,750,063	47.7%	349,083,549	49.0%	-28.5	0.2852
2043	6,059,885	69,283,826	1143.3%	61,593,150	1016.4%	1,653,994	18,910,425	16,811,321	714,459,569	358,660,488	50.2%	365,894,870	51.2%	-29.5	0.2729
2044	5,434,110	69,931,562	1286.9%	61,574,822	1133.1%	1,419,324	18,265,282	16,082,602	715,878,893	376,925,770	52.7%	381,977,472	53.4%	-30.5	0.2612
2045	4,840,793	69,977,353	1445.6%	61,055,526	1261.3%	1,209,911	17,490,183	15,260,256	717,088,804	394,415,953	55.0%	397,237,728	55.4%	-31.5	0.2499
2046	4,283,446	69,458,302	1621.6%	60,067,047	1402.3%	1,024,504	16,612,872	14,366,694	718,113,309	411,028,825	57.2%	411,604,422	57.3%	-32.5	0.2392
2047	3,764,823	68,386,111	1816.4%	58,650,182	1557.8%	861,686	15,652,084	13,423,743	718,974,994	426,680,910	59.3%	425,028,165	59.1%	-33.5	0.2289
2048	3,286,688	66,779,757	2031.8%	56,833,171	1729.2%	719,857	14,626,244	12,447,722	719,694,852	441,307,154	61.3%	437,475,887	60.8%	-34.5	0.2190
2049	2,850,011	64,672,490	2269.2%	54,601,901	1915.8%	597,335	13,554,742	11,444,042	720,292,187	454,861,896	63.1%	448,919,929	62.3%	-35.5	0.2096
2050	2,454,982	62,112,160	2530.0%	52,050,923	2120.2%	492,384	12,457,532	10,439,599	720,784,571	467,319,429	64.8%	459,359,529	63.7%	-36.5	0.2006
2051	2,100,993	59,167,052	2816.1%	49,255,430	2344.4%	403,240	11,355,834	9,453,513	721,187,811	478,675,263	66.4%	468,813,042	65.0%	-37.5	0.1919
2052	1,786,575	55,920,614	3130.0%	46,253,086	2588.9%	328,129	10,270,575	8,495,003	721,515,939	488,945,838	67.8%	477,308,045	66.2%	-38.5	0.1837
2053	1,509,760	52,445,567	3473.8%	43,115,662	2855.8%	265,347	9,217,546	7,577,773	721,781,286	498,163,383	69.0%	484,885,818	67.2%	-39.5	0.1758
2054	1,268,114	48,822,541	3850.0%	39,900,074	3146.4%	213,279	8,211,275	6,710,640	721,994,566	506,374,659	70.1%	491,596,458	68.1%	-40.5	0.1682
Past	281,118,321	2,639,213	0.9%	8,257,340	2.9%	325,232,544	2,851,389	9,053,001	325,232,544	2,851,389	0.9%	9,053,001	2.8%		
Future	606,959,017	1,568,970,003	258.5%	1,445,820,369	238.2%	396,762,021	503,523,269	482,543,456	396,762,021	503,523,269	126.9%	482,543,456	121.6%		
Lifetime	888,077,338	1,571,609,216	177.0%	1,454,077,710	163.7%	721,994,566	506,374,659	491,596,458	721,994,566	506,374,659	70.1%	491,596,458	68.1%		

[1] Projected Incurred Claims: best estimate claim continuance based on combination of SOA LTC Intercompany Study 2007 Report and reinsurer's experiences, discounted at 4.5% - best estimate incidence shown in Attachment E1.1.  
[2] Proposed rate increase: 25%; projection includes a 3% shock lapse rate, a 11% benefit reduction, 50% of the rate increase implemented in 2015 and the rest in 2016.

**Berkshire Life Insurance Company of America**  
**Virginia Experience Projection without proposed Rate Increase**  
**Policy Form: BG01P(06/04)-VA**

**Attachment G1**

Calendar Year	Without Interest					With Interest			Cumulative					at: Year End 2013	4.50% Factor 1.0450
	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims [1]	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio		
2004	0	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0	0.0%	9.5	1.5192
2005	65,426	0	0.0%	0	0.0%	95,113	0	0	95,113	0	0.0%	0	0.0%	8.5	1.4537
2006	300,459	0	0.0%	0	0.0%	417,982	0	0	513,095	0	0.0%	0	0.0%	7.5	1.3911
2007	537,740	0	0.0%	0	0.0%	715,860	0	0	1,228,955	0	0.0%	0	0.0%	6.5	1.3312
2008	769,936	0	0.0%	0	0.0%	980,831	0	0	2,209,786	0	0.0%	0	0.0%	5.5	1.2739
2009	997,312	0	0.0%	0	0.0%	1,215,778	0	0	3,425,564	0	0.0%	0	0.0%	4.5	1.2191
2010	1,047,866	0	0.0%	0	0.0%	1,222,398	0	0	4,647,962	0	0.0%	0	0.0%	3.5	1.1666
2011	1,038,493	0	0.0%	0	0.0%	1,159,296	0	0	5,807,258	0	0.0%	0	0.0%	2.5	1.1163
2012	1,074,904	0	0.0%	0	0.0%	1,148,270	0	0	6,955,528	0	0.0%	0	0.0%	1.5	1.0683
2013	1,036,711	0	0.0%	196,088	18.9%	1,059,780	0	200,452	8,015,309	0	0.0%	200,452	2.5%	0.5	1.0223
2014	1,049,664	29,966	2.9%	84,240	8.0%	1,026,815	29,314	82,406	9,042,124	29,314	0.3%	282,858	3.1%	-0.5	0.9782
2015	1,021,145	92,376	9.0%	100,072	9.8%	955,901	86,474	93,678	9,998,024	115,788	1.2%	376,536	3.8%	-1.5	0.9361
2016	886,192	109,645	12.4%	116,412	13.1%	793,848	98,220	104,282	10,791,872	214,008	2.0%	480,818	4.5%	-2.5	0.8958
2017	743,295	127,194	17.1%	134,657	18.1%	637,168	109,034	115,431	11,429,041	323,041	2.8%	596,248	5.2%	-3.5	0.8572
2018	586,914	147,052	25.1%	155,630	26.5%	481,450	120,628	127,665	11,910,490	443,669	3.7%	723,913	6.1%	-4.5	0.8203
2019	437,662	168,195	38.4%	180,880	41.3%	343,558	132,030	141,988	12,254,048	575,699	4.7%	865,901	7.1%	-5.5	0.7850
2020	393,777	196,801	50.0%	212,083	53.9%	295,797	147,833	159,313	12,549,845	723,532	5.8%	1,025,214	8.2%	-6.5	0.7512
2021	385,847	230,930	59.9%	248,878	64.5%	277,359	166,000	178,901	12,827,205	889,532	6.9%	1,204,115	9.4%	-7.5	0.7188
2022	377,822	269,321	71.3%	291,443	77.1%	259,896	185,260	200,477	13,087,101	1,074,792	8.2%	1,404,593	10.7%	-8.5	0.6879
2023	370,039	302,273	81.7%	338,031	91.4%	243,581	198,974	222,511	13,330,681	1,273,766	9.6%	1,627,104	12.2%	-9.5	0.6583
2024	361,747	347,350	96.0%	389,019	107.5%	227,868	218,799	245,047	13,558,550	1,492,565	11.0%	1,872,151	13.8%	-10.5	0.6299
2025	352,862	402,401	114.0%	445,308	126.2%	212,700	242,561	268,425	13,771,249	1,735,127	12.6%	2,140,576	15.5%	-11.5	0.6028
2026	343,309	463,422	135.0%	506,349	147.5%	198,030	267,315	292,076	13,969,280	2,002,441	14.3%	2,432,652	17.4%	-12.5	0.5768
2027	333,071	529,922	159.1%	571,261	171.5%	183,852	292,511	315,329	14,153,131	2,294,952	16.2%	2,747,981	19.4%	-13.5	0.5520
2028	322,219	602,552	187.0%	642,379	199.4%	170,202	318,279	339,316	14,323,334	2,613,231	18.2%	3,087,298	21.6%	-14.5	0.5282
2029	309,907	680,166	219.5%	715,389	230.8%	156,650	343,805	361,609	14,479,983	2,957,036	20.4%	3,448,907	23.8%	-15.5	0.5055
2030	294,377	763,047	259.2%	793,029	269.4%	142,392	369,090	383,593	14,622,375	3,326,127	22.7%	3,832,500	26.2%	-16.5	0.4837
2031	281,223	851,092	302.6%	875,442	311.3%	130,172	393,950	405,221	14,752,547	3,720,077	25.2%	4,237,721	28.7%	-17.5	0.4629
2032	268,372	942,432	351.2%	956,792	356.5%	118,874	417,444	423,805	14,871,421	4,137,521	27.8%	4,661,526	31.3%	-18.5	0.4429
2033	253,294	1,036,510	409.2%	1,037,675	409.7%	107,364	439,345	439,839	14,978,784	4,576,866	30.6%	5,101,365	34.1%	-19.5	0.4239
2034	239,068	1,131,383	473.2%	1,117,236	467.3%	96,970	458,908	453,170	15,075,754	5,035,775	33.4%	5,554,535	36.8%	-20.5	0.4056
2035	225,141	1,223,610	543.5%	1,193,737	530.2%	87,388	474,944	463,349	15,163,143	5,510,719	36.3%	6,017,884	39.7%	-21.5	0.3882
2036	211,015	1,313,038	622.2%	1,268,188	601.0%	78,378	487,709	471,050	15,241,521	5,998,428	39.4%	6,488,934	42.6%	-22.5	0.3714
2037	196,793	1,397,216	710.0%	1,336,012	678.9%	69,948	496,628	474,873	15,311,469	6,495,055	42.4%	6,963,807	45.5%	-23.5	0.3554
2038	182,583	1,475,213	808.0%	1,396,448	764.8%	62,103	501,771	474,980	15,373,572	6,996,826	45.5%	7,438,787	48.4%	-24.5	0.3401
2039	168,485	1,548,163	918.9%	1,446,410	858.5%	54,840	503,908	470,789	15,428,412	7,500,734	48.6%	7,909,576	51.3%	-25.5	0.3255
2040	154,619	1,612,046	1042.6%	1,487,411	962.0%	48,160	502,106	463,286	15,476,571	8,002,841	51.7%	8,372,862	54.1%	-26.5	0.3115
2041	141,084	1,664,339	1179.7%	1,519,787	1077.2%	42,051	496,071	452,986	15,518,623	8,498,912	54.8%	8,825,848	56.9%	-27.5	0.2981
2042	127,972	1,702,690	1330.5%	1,536,971	1201.0%	36,501	485,648	438,381	15,555,123	8,984,559	57.8%	9,264,229	59.6%	-28.5	0.2852
2043	115,401	1,724,041	1494.0%	1,541,797	1336.0%	31,498	470,562	420,820	15,586,621	9,455,122	60.7%	9,685,049	62.1%	-29.5	0.2729
2044	103,455	1,729,612	1671.8%	1,533,352	1482.1%	27,021	451,754	400,493	15,613,642	9,906,875	63.5%	10,085,542	64.6%	-30.5	0.2612
2045	92,193	1,721,358	1867.1%	1,511,703	1639.7%	23,043	430,237	377,836	15,636,685	10,337,113	66.1%	10,463,378	66.9%	-31.5	0.2499
2046	81,648	1,699,451	2081.4%	1,476,795	1808.7%	19,528	406,471	353,216	15,656,213	10,743,583	68.6%	10,816,595	69.1%	-32.5	0.2392
2047	71,847	1,665,307	2317.8%	1,430,755	1991.4%	16,444	381,152	327,468	15,672,657	11,124,736	71.0%	11,144,063	71.1%	-33.5	0.2289
2048	62,807	1,618,345	2576.7%	1,371,509	2183.7%	13,756	354,453	300,391	15,686,413	11,479,189	73.2%	11,444,454	73.0%	-34.5	0.2190
2049	54,528	1,555,889	2853.4%	1,302,377	2388.5%	11,428	326,100	272,966	15,697,842	11,805,289	75.2%	11,717,420	74.6%	-35.5	0.2096
2050	47,006	1,480,818	3150.3%	1,227,861	2612.2%	9,428	297,000	246,266	15,707,270	12,102,289	77.0%	11,963,686	76.2%	-36.5	0.2006
2051	40,218	1,396,106	3471.3%	1,147,861	2854.1%	7,719	267,952	220,307	15,714,988	12,370,241	78.7%	12,183,993	77.5%	-37.5	0.1919
2052	34,142	1,304,284	3820.2%	1,063,150	3113.9%	6,271	239,549	195,262	15,721,259	12,609,791	80.2%	12,379,255	78.7%	-38.5	0.1837
2053	28,743	1,211,444	4214.7%	978,145	3403.0%	5,052	212,917	171,913	15,726,311	12,822,708	81.5%	12,551,168	79.8%	-39.5	0.1758
2054	23,987	1,118,010	4660.9%	892,480	3720.7%	4,034	188,034	150,103	15,730,345	13,010,741	82.7%	12,701,271	80.7%	-40.5	0.1682
Past	6,868,847	0	0.0%	196,088	2.9%	8,015,309	0	200,452	8,015,309	0	0.0%	200,452	2.5%		
Future	11,775,473	39,585,010	336.2%	36,574,954	310.6%	7,715,037	13,010,741	12,500,820	7,715,037	13,010,741	168.6%	12,500,820	162.0%		
Lifetime	18,644,320	39,585,010	212.3%	36,771,043	197.2%	15,730,345	13,010,741	12,701,271	15,730,345	13,010,741	82.7%	12,701,271	80.7%		

[1] Projected Incurred Claims: best estimate claim continuance based on combination of SOA LTC Intercompany Study 2007 Report and reinsurer's experiences, discounted at 4.5% - best estimate incidence shown in Attachment E1.1.

**Berkshire Life Insurance Company of America**  
**Virginia Experience Projection with proposed Rate Increase**  
**Policy Form: BG01P(06/04)-VA**

**Attachment G2**

Calendar Year	Without Interest					With Interest			Cumulative					at: Year End 2013	4.50% Factor 1.0450
	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims [1]	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio		
2004	0	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0	0.0%	9.5	1.5192
2005	65,426	0	0.0%	0	0.0%	95,113	0	0	95,113	0	0.0%	0	0.0%	8.5	1.4537
2006	300,459	0	0.0%	0	0.0%	417,982	0	0	513,095	0	0.0%	0	0.0%	7.5	1.3911
2007	537,740	0	0.0%	0	0.0%	715,860	0	0	1,228,955	0	0.0%	0	0.0%	6.5	1.3312
2008	769,936	0	0.0%	0	0.0%	980,831	0	0	2,209,786	0	0.0%	0	0.0%	5.5	1.2739
2009	997,312	0	0.0%	0	0.0%	1,215,778	0	0	3,425,564	0	0.0%	0	0.0%	4.5	1.2191
2010	1,047,866	0	0.0%	0	0.0%	1,222,398	0	0	4,647,962	0	0.0%	0	0.0%	3.5	1.1666
2011	1,038,493	0	0.0%	0	0.0%	1,159,296	0	0	5,807,258	0	0.0%	0	0.0%	2.5	1.1163
2012	1,074,904	0	0.0%	0	0.0%	1,148,270	0	0	6,955,528	0	0.0%	0	0.0%	1.5	1.0683
2013	1,036,711	0	0.0%	196,088	18.9%	1,059,780	0	200,452	8,015,309	0	0.0%	200,452	2.5%	0.5	1.0223
2014	1,049,664	29,966	2.9%	84,240	8.0%	1,026,815	29,314	82,406	9,042,124	29,314	0.3%	282,858	3.1%	-0.5	0.9782
2015	1,116,022	91,623	8.2%	98,612	8.8%	1,044,716	85,769	92,311	10,086,840	115,083	1.1%	375,169	3.7%	-1.5	0.9361
2016	1,050,869	107,293	10.2%	112,634	10.7%	941,365	96,113	100,897	11,028,204	211,196	1.9%	476,066	4.3%	-2.5	0.8958
2017	881,418	123,879	14.1%	129,773	14.7%	755,570	106,192	111,244	11,783,775	317,388	2.7%	587,310	5.0%	-3.5	0.8572
2018	695,977	142,581	20.5%	149,348	21.5%	570,915	116,960	122,511	12,354,690	434,348	3.5%	709,821	5.7%	-4.5	0.8203
2019	518,991	162,382	31.3%	173,117	33.4%	407,399	127,467	135,894	12,762,089	561,814	4.4%	845,715	6.6%	-5.5	0.7850
2020	466,951	189,500	40.6%	202,840	43.4%	350,764	142,349	152,369	13,112,853	704,163	5.4%	998,085	7.6%	-6.5	0.7512
2021	457,547	221,955	48.5%	237,928	52.0%	328,900	159,548	171,031	13,441,752	863,712	6.4%	1,169,115	8.7%	-7.5	0.7188
2022	448,031	258,449	57.7%	278,505	62.2%	308,191	177,781	191,578	13,749,943	1,041,493	7.6%	1,360,693	9.9%	-8.5	0.6879
2023	438,801	289,278	65.9%	322,898	73.6%	288,844	190,419	212,550	14,038,787	1,231,913	8.8%	1,573,243	11.2%	-9.5	0.6583
2024	428,969	331,977	77.4%	371,464	86.6%	270,212	209,116	233,989	14,308,999	1,441,028	10.1%	1,807,232	12.6%	-10.5	0.6299
2025	418,432	384,367	91.9%	425,054	101.6%	252,225	231,691	256,216	14,561,224	1,672,719	11.5%	2,063,448	14.2%	-11.5	0.6028
2026	407,105	442,438	108.7%	483,139	118.7%	234,829	255,211	278,688	14,796,054	1,927,930	13.0%	2,342,136	15.8%	-12.5	0.5768
2027	394,964	505,712	128.0%	544,876	138.0%	218,016	279,147	300,765	15,014,069	2,207,077	14.7%	2,642,901	17.6%	-13.5	0.5520
2028	382,096	574,806	150.4%	612,503	160.3%	201,830	303,623	323,536	15,215,899	2,510,700	16.5%	2,966,437	19.5%	-14.5	0.5282
2029	367,496	648,619	176.5%	681,904	185.6%	185,759	327,859	344,684	15,401,659	2,838,560	18.4%	3,311,120	21.5%	-15.5	0.5055
2030	349,080	727,416	208.4%	755,683	216.5%	168,852	351,855	365,528	15,570,510	3,190,415	20.5%	3,676,649	23.6%	-16.5	0.4837
2031	333,481	811,100	243.2%	833,984	250.1%	154,361	375,439	386,031	15,724,871	3,565,854	22.7%	4,062,680	25.8%	-17.5	0.4629
2032	318,243	897,889	282.1%	911,250	286.3%	140,964	397,715	403,632	15,865,835	3,963,569	25.0%	4,466,313	28.2%	-18.5	0.4429
2033	300,362	987,252	328.7%	988,036	328.9%	127,314	418,466	418,799	15,993,149	4,382,035	27.4%	4,885,111	30.5%	-19.5	0.4239
2034	283,493	1,077,338	380.0%	1,063,540	375.2%	114,989	436,986	431,390	16,108,139	4,819,021	29.9%	5,316,501	33.0%	-20.5	0.4056
2035	266,977	1,164,870	436.3%	1,136,113	425.5%	103,627	452,145	440,983	16,211,766	5,271,166	32.5%	5,757,483	35.5%	-21.5	0.3882
2036	250,226	1,249,710	499.4%	1,206,711	482.2%	92,943	464,187	448,215	16,304,709	5,735,353	35.2%	6,205,699	38.1%	-22.5	0.3714
2037	233,362	1,329,530	569.7%	1,270,986	544.6%	82,947	472,569	451,760	16,387,655	6,207,922	37.9%	6,657,459	40.6%	-23.5	0.3554
2038	216,511	1,403,453	648.2%	1,328,229	613.5%	73,643	477,363	451,777	16,461,298	6,685,285	40.6%	7,109,235	43.2%	-24.5	0.3401
2039	199,793	1,472,568	737.0%	1,375,506	688.5%	65,030	479,303	447,710	16,526,329	7,164,588	43.4%	7,556,946	45.7%	-25.5	0.3255
2040	183,352	1,533,054	836.1%	1,414,254	771.3%	57,109	477,503	440,500	16,583,437	7,642,090	46.1%	7,997,446	48.2%	-26.5	0.3115
2041	167,301	1,582,515	945.9%	1,444,804	863.6%	49,865	471,683	430,637	16,633,303	8,113,773	48.8%	8,428,082	50.7%	-27.5	0.2981
2042	151,752	1,618,718	1066.7%	1,460,915	962.7%	43,283	461,697	416,688	16,676,586	8,575,470	51.4%	8,844,770	53.0%	-28.5	0.2852
2043	136,845	1,638,762	1197.5%	1,465,286	1070.8%	37,351	447,286	399,937	16,713,937	9,022,756	54.0%	9,244,707	55.3%	-29.5	0.2729
2044	122,680	1,643,815	1339.9%	1,457,058	1187.7%	32,042	429,345	380,566	16,745,979	9,452,100	56.4%	9,625,273	57.5%	-30.5	0.2612
2045	109,324	1,635,744	1496.2%	1,436,304	1313.8%	27,325	408,839	358,991	16,773,304	9,860,939	58.8%	9,984,264	59.5%	-31.5	0.2499
2046	96,820	1,614,717	1667.8%	1,402,971	1449.1%	23,157	386,204	335,559	16,796,461	10,247,143	61.0%	10,319,823	61.4%	-32.5	0.2392
2047	85,198	1,582,086	1857.0%	1,359,082	1595.2%	19,500	362,105	311,064	16,815,961	10,609,248	63.1%	10,630,887	63.2%	-33.5	0.2289
2048	74,479	1,537,306	2064.1%	1,302,671	1749.1%	16,312	336,704	285,314	16,832,273	10,945,952	65.0%	10,916,201	64.9%	-34.5	0.2190
2049	64,660	1,477,830	2285.5%	1,236,893	1912.9%	13,552	309,739	259,241	16,845,826	11,255,692	66.8%	11,175,442	66.3%	-35.5	0.2096
2050	55,740	1,406,390	2523.1%	1,166,018	2091.9%	11,180	282,073	233,862	16,857,765	11,537,765	68.4%	11,409,305	67.7%	-36.5	0.2006
2051	47,692	1,325,815	2780.0%	1,089,955	2285.4%	9,153	254,461	209,193	16,866,158	11,792,226	69.9%	11,618,498	68.9%	-37.5	0.1919
2052	40,486	1,238,511	3059.1%	1,009,439	2493.3%	7,436	227,469	185,397	16,873,594	12,019,695	71.2%	11,803,895	70.0%	-38.5	0.1837
2053	34,085	1,150,262	3374.7%	928,661	2724.6%	5,991	202,164	163,216	16,879,585	12,221,859	72.4%	11,967,111	70.9%	-39.5	0.1758
2054	28,444	1,061,472	3731.8%	847,272	2978.7%	4,784	178,525	142,499	16,884,369	12,400,384	73.4%	12,109,611	71.7%	-40.5	0.1682
Past	6,868,847	0	0.0%	196,088	2.9%	8,015,309	0	200,452	8,015,309	0	0.0%	200,452	2.5%		
Future	13,673,719	37,672,951	275.5%	34,800,455	254.5%	8,869,060	12,400,384	11,909,159	8,869,060	12,400,384	139.8%	11,909,159	134.3%		
Lifetime	20,542,566	37,672,951	183.4%	34,996,544	170.4%	16,884,369	12,400,384	12,109,611	16,884,369	12,400,384	73.4%	12,109,611	71.7%		

[1] Projected Incurred Claims: best estimate claim continuance based on combination of SOA LTC Intercompany Study 2007 Report and reinsurer's experiences, discounted at 4.5% - best estimate incidence shown in Attachment E1.1.  
[2] Proposed rate increase: 25%; projection includes a 3% shock lapse rate, a 11% benefit reduction, 50% of the rate increase implemented in 2015 and the rest in 2016.

**Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)**

**Attachment H  
Durational Lifetime Loss Ratio Exhibit - Projected and Historical Experience  
Nationwide**

Policy Duration	Earned Premium*	Incurred Claims	Policyholder Count	Claim Count	Actual and Best Estimate	Actual and Best Estimate	Expected Cumulative	Actual and Best Estimate to Expected
					Durational Loss Ratio	Cumulative Loss Ratio	Loss Ratio	Cumulative Loss Ratio
1	47,021,275	12,899	13,573	2	0.03%	0.03%	1.19%	0.02
2	47,099,195	18,745	13,051	2	0.04%	0.03%	1.90%	0.02
3	46,841,513	1,285,265	12,651	13	2.74%	0.88%	3.15%	0.28
4	46,784,485	1,322,327	12,422	11	2.83%	1.32%	4.71%	0.28
5	46,820,784	2,429,733	12,229	15	5.19%	2.00%	6.52%	0.31
6	46,944,500	1,919,071	12,097	21	4.09%	2.30%	8.60%	0.27
7	46,638,300	3,248,519	12,003	20	6.97%	2.86%	10.41%	0.27
8	46,327,416	4,258,274	11,899	25	9.19%	3.51%	12.08%	0.29
9	45,894,788	4,078,714	11,801	30	8.89%	3.98%	13.69%	0.29
10	45,315,354	4,891,689	11,697	34	10.79%	4.50%	15.26%	0.29
11	17,993,401	5,585,092	11,585	39	31.04%	5.25%	16.88%	0.31
12	17,182,282	6,552,897	11,464	44	38.14%	6.09%	18.52%	0.33
13	16,807,834	7,703,570	11,334	49	45.83%	7.00%	20.18%	0.35
14	16,432,419	9,042,331	11,194	55	55.03%	8.02%	21.86%	0.37
15	16,043,921	10,584,801	11,043	61	65.97%	9.15%	23.54%	0.39
16	15,649,141	12,346,877	10,881	68	78.90%	10.39%	25.24%	0.41
17	15,235,811	14,342,806	10,706	75	94.14%	11.75%	26.97%	0.44
18	14,805,942	16,594,924	10,515	83	112.08%	13.25%	28.70%	0.46
19	14,394,776	19,088,992	10,305	91	132.61%	14.88%	30.45%	0.49
20	13,966,056	21,804,402	10,075	99	156.12%	16.65%	32.19%	0.52
21	13,515,624	24,722,918	9,823	107	182.92%	18.56%	33.93%	0.55
22	13,052,243	27,831,235	9,555	114	213.23%	20.61%	35.66%	0.58
23	12,568,057	31,131,004	9,271	122	247.70%	22.78%	37.37%	0.61
24	12,056,192	34,582,488	8,972	129	286.84%	25.08%	39.06%	0.64
25	11,540,320	38,122,277	8,656	136	330.34%	27.50%	40.70%	0.68
26	11,000,097	41,696,391	8,324	142	379.05%	30.02%	42.29%	0.71
27	10,429,922	45,279,315	7,976	147	434.13%	32.63%	43.84%	0.74
28	9,860,225	48,817,525	7,613	151	495.10%	35.32%	45.32%	0.78
29	9,276,396	52,219,024	7,238	154	562.92%	38.07%	46.74%	0.81
30	8,681,278	55,397,477	6,850	156	638.13%	40.86%	48.08%	0.85
31	8,079,032	58,288,067	6,454	157	721.47%	43.66%	49.33%	0.88
32	7,474,630	60,836,211	6,051	157	813.90%	46.45%	50.52%	0.92
33	6,873,345	62,942,969	5,645	155	915.75%	49.22%	51.61%	0.95
34	6,280,479	64,556,521	5,239	152	1027.89%	51.94%	52.62%	0.99
35	5,701,415	65,625,149	4,836	148	1151.03%	54.59%	53.55%	1.02
36	5,141,301	66,119,885	4,440	143	1286.05%	57.14%	54.39%	1.05
37	4,604,892	66,075,127	4,054	137	1434.89%	59.58%	55.15%	1.08
38	4,096,093	65,490,625	3,680	130	1598.86%	61.90%	55.83%	1.11
39	3,618,081	64,390,646	3,321	123	1779.69%	64.09%	56.44%	1.14
40	3,173,359	62,780,037	2,980	115	1978.35%	66.13%	56.98%	1.16
41	2,763,733	60,715,530	2,658	106	2196.87%	68.02%	57.45%	1.18
42	2,389,975	58,260,227	2,357	98	2437.69%	69.76%	57.86%	1.21
43	2,052,253	55,435,710	2,077	89	2701.21%	71.35%	58.22%	1.23
44	1,750,059	52,313,997	1,820	81	2989.27%	72.79%	58.52%	1.24
45	1,482,167	48,975,362	1,585	73	3304.31%	74.07%	58.78%	1.26
46	1,246,825	45,477,937	1,372	65	3647.50%	75.22%	59.00%	1.27
47	1,041,920	41,927,514	1,180	58	4024.06%	76.23%	59.19%	1.29
48	865,051	38,371,106	1,010	51	4435.71%	77.12%	59.34%	1.30
49	713,642	34,887,572	859	44	4888.67%	77.90%	59.47%	1.31
50	585,074	31,502,717	726	38	5384.39%	78.56%	59.58%	1.32
<b>Grand Total</b>	<b>806,112,870</b>	<b>1,651,884,490</b>	<b>379,148</b>	<b>4,314</b>	<b>204.92%</b>	<b>78.56%</b>	<b>59.58%</b>	<b>1.32</b>

\* UPR, DUE and ADV Prem as of calendar year end

**Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA**

**Attachment I  
Durational Lifetime Loss Ratio Exhibit - Projected and Historical Experience  
Virginia**

Policy Duration	Earned Premium*	Incurred Claims	Policyholder Count	Claim Count	Actual and Best Estimate	Actual and Best Estimate	Expected Cumulative	Actual and Best Estimate to Expected
					Durational Loss Ratio	Cumulative Loss Ratio	Loss Ratio	Cumulative Loss Ratio
1	1,016,662	0	317	0	0.00%	0.00%	1.19%	-
2	1,031,645	0	303	0	0.00%	0.00%	1.90%	-
3	1,038,133	0	295	0	0.00%	0.00%	3.15%	-
4	1,049,220	0	290	0	0.00%	0.00%	4.71%	-
5	1,042,184	198,917	286	0	19.09%	3.44%	6.52%	0.53
6	1,063,141	16,398	284	0	1.54%	3.14%	8.60%	0.37
7	1,061,877	37,636	283	0	3.54%	3.18%	10.41%	0.31
8	1,055,493	67,288	281	1	6.38%	3.51%	12.08%	0.29
9	1,048,090	101,335	278	1	9.67%	4.07%	13.69%	0.30
10	1,033,488	123,120	275	1	11.91%	4.68%	15.26%	0.31
11	426,359	137,650	272	1	32.29%	5.51%	16.88%	0.33
12	405,310	160,918	269	1	39.70%	6.42%	18.52%	0.35
13	398,985	188,970	266	1	47.36%	7.42%	20.18%	0.37
14	392,321	222,160	262	1	56.63%	8.52%	21.86%	0.39
15	385,291	260,998	258	2	67.74%	9.75%	23.54%	0.41
16	377,873	305,067	254	2	80.73%	11.10%	25.24%	0.44
17	368,585	353,662	249	2	95.95%	12.58%	26.97%	0.47
18	360,172	408,300	244	2	113.36%	14.20%	28.70%	0.49
19	351,259	467,434	239	2	133.07%	15.95%	30.45%	0.52
20	341,652	532,027	233	2	155.72%	17.84%	32.19%	0.55
21	329,324	602,430	226	3	182.93%	19.88%	33.93%	0.59
22	318,200	676,466	219	3	212.59%	22.05%	35.66%	0.62
23	303,980	756,307	212	3	248.80%	24.36%	37.37%	0.65
24	291,933	838,019	205	3	287.06%	26.80%	39.06%	0.69
25	277,268	923,796	197	3	333.18%	29.37%	40.70%	0.72
26	264,546	1,008,626	188	3	381.27%	32.03%	42.29%	0.76
27	251,373	1,090,115	180	3	433.66%	34.78%	43.84%	0.79
28	237,806	1,172,789	171	4	493.17%	37.61%	45.32%	0.83
29	223,916	1,250,866	162	4	558.63%	40.48%	46.74%	0.87
30	209,796	1,325,813	153	4	631.95%	43.39%	48.08%	0.90
31	195,540	1,397,408	143	4	714.64%	46.33%	49.33%	0.94
32	181,259	1,457,663	134	4	804.19%	49.25%	50.52%	0.98
33	167,064	1,508,478	124	4	902.94%	52.15%	51.61%	1.01
34	153,075	1,546,625	115	4	1010.37%	55.00%	52.62%	1.05
35	139,443	1,574,507	105	3	1129.14%	57.77%	53.55%	1.08
36	126,274	1,584,318	96	3	1254.67%	60.44%	54.39%	1.11
37	113,669	1,577,700	87	3	1387.98%	62.99%	55.15%	1.14
38	101,712	1,559,144	79	3	1532.90%	65.40%	55.83%	1.17
39	90,452	1,524,424	71	3	1685.34%	67.66%	56.44%	1.20
40	79,918	1,479,940	63	3	1851.81%	69.76%	56.98%	1.22
41	70,131	1,425,289	56	2	2032.33%	71.70%	57.45%	1.25
42	61,104	1,358,913	49	2	2223.94%	73.47%	57.86%	1.27
43	52,852	1,284,906	42	2	2431.14%	75.07%	58.22%	1.29
44	45,364	1,202,873	37	2	2651.60%	76.51%	58.52%	1.31
45	38,617	1,118,227	31	2	2895.67%	77.79%	58.78%	1.32
46	32,582	1,026,577	27	1	3150.74%	78.92%	59.00%	1.34
47	27,237	931,538	23	1	3420.18%	79.90%	59.19%	1.35
48	22,543	838,162	19	1	3718.11%	80.75%	59.34%	1.36
49	18,467	746,485	16	1	4042.24%	81.47%	59.47%	1.37
50	14,968	658,722	13	1	4400.82%	82.08%	59.58%	1.38
<b>Grand Total</b>	<b>18,688,152</b>	<b>39,029,005</b>	<b>8,682</b>	<b>100</b>	<b>208.84%</b>	<b>82.08%</b>	<b>59.58%</b>	<b>1.38</b>

\* UPR, DUE and ADV Prem as of calendar year end

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)**

**Attachment J1**  
**Nationwide Policy and Premium Distribution**

	<b>Policies</b>	<b>Premium</b>	<b>% of Policies</b>	<b>% of Premium</b>
<b>Base</b>				
Comprehensive	7,434	44,731,908	99%	99%
Facility Only	70	245,631	1%	1%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>COLA Options</b>				
No COLA	960	3,372,841	13%	7%
Compound COLA 5%	4,455	31,358,362	59%	70%
Compound COLA 3%	2,089	10,246,336	28%	23%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Nonforfeiture Options</b>				
None	7,353	43,749,657	98%	97%
SBP NFO	32	194,687	0%	0%
Full ROP & SBP	3	40,201	0%	0%
Limited ROP	116	992,994	2%	2%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Pay Period</b>				
10 Pay	3,087	27,121,625	41%	60%
Lifetime	4,254	16,937,365	57%	38%
Paid up at Age 65	163	918,549	2%	2%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Joint/Single Life</b>				
Joint	4,538	31,657,985	60%	70%
Single	2,966	13,319,555	40%	30%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Billing Mode</b>				
Annual	3,589	24,876,190	48%	55%
Semi-Annual	331	1,948,770	4%	4%
Quarterly	687	4,193,562	9%	9%
Monthly	2,897	13,959,018	39%	31%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Elimination Period</b>				
0	56	411,129	1%	1%
30	649	4,311,952	9%	10%
60	278	1,248,475	4%	3%
90	6,146	36,893,405	82%	82%
180	375	2,112,579	5%	5%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Benefit Period</b>				
3 Year / 3 Year	604	2,096,984	8%	5%
4 Year / 4 Year	339	1,382,018	5%	3%
5 Year / 5 Year	923	4,327,222	12%	10%
Lifetime / 5 Year	1	5,537	0%	0%
Lifetime / Lifetime	5,637	37,165,778	75%	83%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Issue Age Cohort</b>				
22	11	45,907	0%	0%
27	20	70,639	0%	0%
32	79	481,099	1%	1%
37	217	1,296,450	3%	3%
42	561	3,175,237	7%	7%
47	1,281	7,186,447	17%	16%
52	1,839	10,879,250	25%	24%
57	2,005	12,014,320	27%	27%
62	1,104	7,102,703	15%	16%
67	286	1,979,507	4%	4%
72	79	558,105	1%	1%
77	22	187,877	0%	0%
82	0	0	0%	0%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA

Attachment J2  
Virginia Policy and Premium Distribution

	Policies	Premium	% of Policies	% of Premium
<b>Base</b>				
Comprehensive	172	1,019,802	98%	99%
Facility Only	3	7,119	2%	1%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>COLA Options</b>				
No COLA	12	41,590	7%	4%
Compound COLA 5%	125	836,796	71%	81%
Compound COLA 3%	38	148,535	22%	14%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Nonforfeiture Options</b>				
None	170	999,965	97%	97%
SBP NFO	3	15,613	2%	2%
Full ROP & SBP	0	0	0%	0%
Limited ROP	2	11,343	1%	1%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Pay Period</b>				
10 Pay	62	608,991	35%	59%
Lifetime	109	407,620	62%	40%
Paid up at Age 65	4	10,310	2%	1%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Joint/Single Life</b>				
Joint	109	762,126	62%	74%
Single	66	264,795	38%	26%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Billing Mode</b>				
Annual	75	568,594	43%	55%
Semi-Annual	5	20,317	3%	2%
Quarterly	14	69,176	8%	7%
Monthly	81	368,834	46%	36%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Elimination Period</b>				
0	1	18,578	1%	2%
30	8	33,780	5%	3%
60	0	0	0%	0%
90	156	918,100	89%	89%
180	10	56,463	6%	5%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Benefit Period</b>				
3 Year / 3 Year	14	40,907	8%	4%
4 Year / 4 Year	8	19,511	5%	2%
5 Year / 5 Year	27	108,571	15%	11%
Lifetime / 5 Year	0	0	0%	0%
Lifetime / Lifetime	126	857,932	72%	84%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Issue Age Cohort</b>				
22	0	0	0%	0%
27	0	0	0%	0%
32	1	14,872	1%	1%
37	4	16,863	2%	2%
42	15	53,056	9%	5%
47	29	151,366	17%	15%
52	40	229,010	23%	22%
57	45	294,885	26%	29%
62	30	185,836	17%	18%
67	7	48,488	4%	5%
72	3	25,862	2%	3%
77	1	6,681	1%	1%
82	0	0	0%	0%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>

**Berkshire Life Insurance Company of America**  
**Demonstration that Lifetime Incurred Claims with Requested Rate Increases are**  
**Not Less than Lifetime Earned Premium with Prescribed Factors**  
**Policy Form: BG01P(06/04)**  
**Attachment K**

1 Accumulated value of initial earned premium	325,232,544	x	58%	188,634,876
2a Accumulated value of earned premium	325,232,544			
2b Accumulated value of prior premium rate schedule increases (2a-1)	-	x	85%	-
3 Present value of future projected initial earned premium	344,869,447	x	58%	200,024,279
4a Present value of future projected premium	396,762,021			
4b Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	51,892,574	x	85%	44,108,688
<b>5 Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b</b>				<b>432,767,843</b>
6a Accumulated value of incurred claims without the inclusion of active life reserves				9,053,001
6b Present value of future projected incurred claims without the inclusion of active life reserves				482,543,456
<b>7 Lifetime Incurred Claims with Rate Increase: Sum 6a and 6b</b>				<b>491,596,458</b>
				<b>TRUE</b>

Note: Present and accumulated values in the lifetime projections in Attachment K are determined at the maximum valuation interest rate of 4.5%

c

January 13, 2015

Janet Houser  
Bureau of Insurance  
Tyler Building, 1300 E. Main St.  
Richmond, Virginia 23219

**RE: BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**

**FORM NUMBER(S): BG01P(06/04)-VA, ET AL**

**TRACKING NUMBER: LFCR-129536537**

**PLEASE REFER TO THIS FILE NUMBER WHEN CORRESPONDING**

Dear Ms. Houser:

Thank you for reviewing our filing. This is a response to your letter dated August 19, 2014 for the above referenced filing.

**Objection 1**

**“Please provide the anticipated lifetime loss ratio at the time of original pricing for this policy form utilizing the original pricing assumptions for morbidity, mortality, lapse and interest, including the original margins for moderately adverse experience. If this ratio exceeds 58%, please supply an alternate demonstration that the requested rate increase would meet the requirements of the 58/85 test if 58% was replaced with the original anticipated lifetime loss ratio as calculated above.”**

The anticipated lifetime loss ratio at the time of original pricing for this policy form utilizing the original pricing assumptions for morbidity, mortality, lapse and interest, including the original margins for moderately adverse experience morbidity (110% of pricing) is 66%. Since this ratio exceeds 58%, an alternate demonstration that the requested rate increase would meet the requirements of the new loss ratio test 66/85 is shown in the attached file: *Berkshire VA Objection Response Attachments*. Attachments Q1.1 and Q1.2 are the nationwide experience projections without and with the proposed 25% rate increase, respectively, using current best estimate assumptions. Attachment Q1.3 is an alternate demonstration of the new loss ratio test 66/85.

**Objection 2**

**“The Company has not complied 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. However, the Bureau will waive this requirement if the Company will agree to the following:

- a. The Company provides a certification for the entire rate increase needed and provides supporting documentation separately for the amount needed and the amount requested.
- b. The Company provides a certification agreeing to notify policyholders of not only the premium rate increase that will be implemented but the amount that would be required to be charged pursuant to the requirements of 14VAC5-200-153 B.
- c. The Company provides a certification that it will agree not to seek another rate increase on these forms for a period of at least 36 months.
- d. The Company provides a certification that any future rate increase on these forms could not attempt to recover the lost premium between the amount implemented and the increase needed to provide the certification pursuant to 14VAC5-200-153 B. That is, lifetime projections would need to be calculated using historical premiums at a level consistent with an original rate increase at the rate stabilization level (full amount needed to be certified under 14VAC 5-200-153 B) rather than the amount actually implemented.”

Please see Section 18: Actuarial Certification of the attached file *Berkshire Rate Filing Actuarial Memo VA* for the revised certification required by Objection 2 a, b, c, and d. Please see attached file *Berkshire VA Objection Response Attachments* for supporting documentation for the rate increase amount needed and the amount requested required by Objection 2a. Nationwide projections using current best estimate assumptions with moderately adverse experience morbidity (110% of pricing) with the requested 25% increase, and needed 50% increase, are shown in Attachments Q2.1 and Q2.2, respectively, in this attached file. And please refer to paragraph 2 on the first page of the attached file *Customer Notice and Election Form (VA)* for a revised policyholder notification letter according to Objection 2b.

### **Objection 3**

**“Please change the Rate Action in the Rate/Rule Schedule to "Revised". Please move Attachment B1 and B3 to Supporting Documentation. The only schedule that should appear on this tab are those rates that are being approved on Attachment B2.”**

The Rate Action in the Rate/Rule Schedule has been changed to “Revised.” Attachments B1 and B3 have been moved to Supporting Documentation.

### **Objection 4**

**“According to the NAIC Executive /Plenary bulletin, the policyholder letter should clearly disclose the guaranteed renewable nature of the policy and that the insured should**

**understand that premium rates may increase again in the future. We understand the company has indicated it is willing to not implement future increases for three years from the date of implementation if the single increase of the requested amount is approved. For compliance with the bulletin, the company may wish to address this accordingly.”**

Please see paragraph 2 on the first page of the attached file: *Customer Notice and Election Form (VA)* for compliance with the bulletin.

Sincerely,

A handwritten signature in black ink, appearing to read 'Xiaoyan Song', with a long horizontal flourish extending to the right.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
818-867-2232  
Xiaoyan.Song@LifeCareAssurance.com

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA

Attachment B1  
Rates and Factors Before Proposed Increase  
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT		PREMIUM AND RIDER FACTORS									
	Facility Care Service	Comprehensive Care	Compound Inflation		Return Of Premium	SBP Nonforf	10-Pay	Paid Up at 65	Limited Pay CIP		HCCS Waiver	Paid Up Survivor
			5%	3%					5%	3%		
40	32.00	40.00	3.500	2.170	1.224	1.243	2.098	1.259	5.635	3.494	1.037	1.400
41	33.60	42.00	3.450	2.140	1.233	1.249	2.048	1.262	5.481	3.400	1.040	1.400
42	35.20	44.00	3.400	2.110	1.242	1.254	1.998	1.266	5.328	3.306	1.042	1.400
43	36.97	46.00	3.350	2.070	1.251	1.260	1.983	1.270	5.174	3.197	1.045	1.400
44	38.75	48.00	3.300	2.030	1.260	1.265	1.967	1.273	5.020	3.088	1.047	1.400
45	39.71	49.00	3.250	1.990	1.269	1.271	1.952	1.277	4.867	2.980	1.050	1.400
46	41.49	51.00	3.150	1.980	1.278	1.276	1.937	1.325	4.573	2.912	1.052	1.400
47	43.27	53.00	3.050	1.970	1.287	1.282	1.922	1.373	4.297	2.845	1.055	1.400
48	45.95	56.00	2.950	1.960	1.296	1.287	1.903	1.421	4.034	2.778	1.057	1.400
49	48.63	59.00	2.850	1.950	1.305	1.293	1.884	1.469	3.863	2.710	1.060	1.400
50	52.14	63.00	2.750	1.940	1.314	1.298	1.865	1.517	3.746	2.643	1.062	1.400
51	54.82	66.00	2.700	1.910	1.323	1.304	1.846	1.565	3.651	2.583	1.065	1.400
52	57.50	69.00	2.650	1.890	1.332	1.309	1.826	1.613	3.555	2.536	1.067	1.400
53	61.49	73.00	2.600	1.870	1.341	1.315	1.803	1.661	3.519	2.531	1.070	1.400
54	66.32	78.00	2.550	1.850	1.350	1.320	1.780	1.709	3.473	2.519	1.072	1.400
55	70.31	82.00	2.500	1.830	1.368	1.326	1.757	1.757	3.420	2.504	1.075	1.400
56	75.15	87.00	2.450	1.810	1.386	1.331	1.733		3.246	2.398	1.077	1.400
57	79.13	91.00	2.400	1.790	1.404	1.337	1.710		3.086	2.301	1.080	1.400
58	86.69	99.00	2.350	1.770	1.422	1.342	1.684		2.938	2.213	1.082	1.400
59	93.37	106.00	2.300	1.750	1.440	1.348	1.657		2.837	2.159	1.085	1.400
60	100.94	114.00	2.250	1.730	1.458	1.353	1.631		2.738	2.105	1.087	1.400
61	107.61	121.00	2.200	1.710	1.476	1.359	1.604		2.695	2.095	1.090	1.400
62	115.18	129.00	2.150	1.690	1.494	1.364	1.578		2.634	2.071	1.092	1.400
63	128.33	143.00	2.100	1.670	1.512	1.370	1.548		2.533	2.014	1.095	1.400
64	142.38	158.00	2.050	1.650	1.530	1.375	1.518		2.466	1.985	1.097	1.400
65	155.53	172.00	2.000	1.630	1.539	1.386	1.489		2.391	1.949	1.100	1.400
66	169.58	187.00	1.950	1.610	1.548	1.397	1.459		2.321	1.917	1.102	1.390
67	182.73	201.00	1.900	1.590	1.557	1.408	1.429		2.247	1.880	1.105	1.380
68	206.36	227.00	1.850	1.570	1.566	1.419	1.401		2.188	1.857	1.107	1.370
69	230.00	253.00	1.800	1.550	1.575	1.430	1.373		2.125	1.830	1.110	1.360
70	252.73	278.00	1.750	1.530	1.584	1.441	1.345		2.059	1.800	1.112	1.350
71	276.36	304.00	1.720	1.510	1.593	1.452	1.317		1.996	1.753	1.115	1.340
72	300.00	330.00	1.690	1.490	1.602	1.463	1.289		1.934	1.705	1.117	1.330
73	342.73	377.00	1.660	1.470	1.611	1.474	1.267		1.873	1.658	1.120	1.320
74	384.55	423.00	1.630	1.450	1.620	1.485	1.244		1.811	1.611	1.122	1.310
75	427.27	470.00	1.600	1.430	1.629	1.491	1.221		1.800	1.609	1.125	1.300
76	469.09	516.00	1.580	1.420	1.638	1.496	1.198		1.770	1.591	1.127	1.300
77	511.82	563.00	1.560	1.410	1.647	1.502	1.176		1.740	1.572	1.130	1.300
78	574.55	632.00	1.540	1.400	1.656	1.507	1.154		1.710	1.554	1.132	1.300
79	638.18	702.00	1.520	1.390	1.665	1.513	1.132		1.680	1.536	1.135	1.300
80	700.91	771.00	1.500	1.380	1.674	1.518	1.111		1.650	1.518	1.137	1.300
81	764.55	841.00	1.490	1.370	1.683	1.524	1.089		1.630	1.499	1.140	1.300
82	827.27	910.00	1.480	1.360	1.692	1.529	1.067		1.610	1.479	1.142	1.300
83	895.45	985.00	1.470	1.350	1.701	1.535	1.046		1.590	1.460	1.145	1.300
84	969.09	1,066.00	1.460	1.340	1.710	1.540	1.026		1.570	1.441	1.147	1.300

Factors:

Elim Period :	0 Day	1.30	Benefit Period:	Lifetime	1.00	Risk Classes :		Restoration of Benefits:	
	30 Day	1.15		5 Year	0.82	Preferred Plus	0.80	5 Years	1.034
	90 Day	1.00		4 Year	0.71	Preferred	1.00	4 Years	1.051
	180 Day	0.90		3 Year	0.60	Standard	1.25	3 Years	1.063

Indemnity Benefit Factor (BG01R-IND):	1.12
Personal Caregiver Rider (BG01R-PCG) :	2.00
Monthly Benefit Rider: (BG01R-MTH):	1.15

Joint Coverage - Premiums for joint rate combinations are calculated as 130% of the base policy premium of the older insured, multiplied by the following factors:	
2 Preferred Plus - .800	2 Preferred - 1.000
1 Pref Plus /1 Pref - .900	1 Pref/ 1 Stand - 1.125
1 Pref Plus/ 1 Stand 1.025	2 Standard - 1.250

Modal Premium Factors: PAC/EFT - 0.088 Quarterly- 0.27 Semi-Annual - 0.52

Direct Marketing Discount: All Ages: 10%

Berkshire Life Insurance Company of America  
 Policy Form: BG01P(06/04)-VA

Attachment B3  
 Proposed Increase Percentages

Lifetime		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
48	25%	25%
49	25%	25%
50	25%	25%
51	25%	25%
52	25%	25%
53	25%	25%
54	25%	25%
55	25%	25%
56	25%	25%
57	25%	25%
58	25%	25%
59	25%	25%
60	25%	25%
61	25%	25%
62	25%	25%
63	25%	25%
64	25%	25%
65	25%	25%
66	25%	25%
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68	25%	25%
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79	25%	25%
80	25%	25%
81	25%	25%
82	25%	25%
83	25%	25%
84	25%	25%

10-Pay		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
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79	25%	25%
80	25%	25%
81	25%	25%
82	25%	25%
83	25%	25%
84	25%	25%

Paid Up at 65		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
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April 17, 2015

Janet Houser  
Bureau of Insurance  
Tyler Building, 1300 E. Main St.  
Richmond, Virginia 23219

**RE: BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**

**FORM NUMBER(S): BG01P(06/04)-VA, ET AL**

**TRACKING NUMBER: LFCR-129536537**

**PLEASE REFER TO THIS FILE NUMBER WHEN CORRESPONDING**

Dear Ms. Houser:

Thank you for reviewing our filing. This is a response to your letter of February 5<sup>th</sup> 2015 for the above referenced filing.

**From the February 5<sup>th</sup> 2015 correspondence:**

**Objection 1**

**“Since this block of business includes limited pay policies, please indicate whether any inforce policies have reached paid-up status. If so, please provide a demonstration that the requested rate increase would meet the requirements of the 58/85 test and the alternate 66/85 test if all paid-up policies are excluded from the projections.”**

This block of business has been inforce for a sufficient period of time for some limited policies to become paid up. As such, an updated version of exhibit K from the original filing has been prepared excluding paid up policies from both the historical and projection periods. The exhibit has been prepared with the **stricter** 66/85 criteria. Please reference exhibit Q1 in the attached file *VA Objection Response Exhibits*.

**Objection 2**

**“Please provide a measure of the credibility of the Company’s claim experience and how credibility was factored into the development of the morbidity assumptions.”**

We are using the number of claims as the basis for judging the credibility of experience. The credibility standard required by the state of Florida regulation is that 1000 accumulated claims shall be assigned 100 percent credibility while 200 accumulated claims shall be assigned 0 percent credibility.

Regarding Berkshire Life’s own experience, the company has about 70 claims as of 2013. Judged by the credibility criteria above, the company’s own experience is not credible for.

Since this block of business is 90% ceded to a reinsurer, where other blocks of business have been similarly underwritten and administered, the combined experience from the reinsurer is used to support the choice of current best estimate morbidity assumptions. The reinsurer's data on which our assumptions are drawn contains over 9000 claims. Therefore we believe this experience is fully credible in terms of morbidity. Additionally, we monitor how closely our experience follow other individual blocks of similar long term care policies, as well as industry wide trends on a regular basis.

### **Objection 3**

**“While a data source was provided for the current assumptions for claim length of stay, we could not locate the same for the claim incidence. Please indicate the source of the data used to derive the morbidity assumptions for claim incidence, including any adjustments made to such data to reflect company experience.”**

As above, the company's own claim experience has not been fully developed yet since the majority policies are still in their early durations. And this block is 90% reinsured, the reinsurer's combined experience for similarly underwritten and administered LTC products has been studied on a regular quarterly basis in addition to company's own experience. The actual claim incidence is compared with original pricing incidence assumption and the outcome is used to derive best estimate incidence. So far we have a favorable incidence experience as you can find out from Attachment E1.1 of actuarial memorandum that the ratio of best estimate incidence to original pricing is flat 55% for attained age 40-80, increasing to 75% at attained age 110. In summary, the best estimate claim incidence rates are lower than original pricing incidence rates, and do not contribute to the need for a rate increase. We will continue monitoring actual claim experience to determine whether this observed incidence experience is an on-going trend.

### **Objection 4**

**“Please provide a status of rate increase requests in other states with inforce policies.”**

A current status of all other rate increases is shown as Q4 in the attached file *VA Objection Response Exhibits*.

### **From the February 27<sup>th</sup> 2015 correspondence:**

#### **Objection 1**

**“According to previous correspondence, the company indicated policies are amended for benefit changes by using endorsement form BG01E-PS(08/14) - VA and providing the insured an updated Schedule of Benefits. Management at the Virginia Bureau of Insurance has recently directed that a policy must be updated via an endorsement or amendment that effects any changes the policyholder has requested. How is the policy updated if the insured exercises an optional nonforfeiture option or the contingent benefit upon lapse? If the company already has such endorsement forms previously approved for these options,**

**please attach a copy of the form and provide the SERFF tracking number and date of approval. If a new form is needed, please attach the form or forms to this filing for review and approval. A Certification of Compliance pursuant to 14 VAC5-100-40 3 and a readability certification pursuant to 14 VAC5-110-60 would also be needed. If there is any variability, a statement of variability would be required.”**

We have reviewed your requirements for endorsements and amendments to VA policies. To comply with the DOI’s regulations, please find the following forms and supporting documentation attached to this filing.

Forms:	<i>BG01E-BR(04-15)-VA</i> <i>BG01E-NF(04-15)-VA</i>
Certification of Compliance:	<i>VA Cert of Compliance</i>
Readability Certification:	<i>VA Flesch Certification 4-2015</i>
Statement of Variability:	<i>BG01 Virginia Statement of Variability</i>

*BG01E-BR(04-15)-VA* is the endorsement form that will be used to effect any changes the policyholder has requested. *BG01E-NF(04-15)-VA* will be used in conjunction with a Nonforfeiture Benefit. Please refer to the Non-Payment Option that is in the customer Notice of Premium Rate Increase and Coverage Change Request Form. If the policyholder discontinues further payment of premiums on the policy and instead of the policy lapsing and providing no future coverage, the policy will continue under its current terms, except the maximum amount of benefits payable under the policy will be limited to an amount equal to the premiums that had been paid into the policy, or 30 times the daily benefit on the premium rate increase effective date, whichever is greater. Claim benefits already paid before the date of lapse would be deducted from this amount. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if the policy lapses for non-payment of premium within 120 days of the rate premium increase effective date. The statement of variability indicates that the 3rd bracket on the form will show the Nonforfeiture Benefit Amount.

## **Objection 2**

**“After further review of the policyholder letter, there is still a concern the reason for the rate increase should be more specific. Please clarify in the letter what factors have changed and why that is resulting in a rate increase at this time.”**

The appropriate revisions have been made to the first paragraph of the customer Notice of Premium Rate Increase and Coverage Change Request Form, and it has been attached for your review as *Customer Notice and Election Form (VA)*.

Sincerely,

A handwritten signature in black ink, appearing to read 'Xiaoyan Song', with a long horizontal stroke extending to the right.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
818-867-2232  
Xiaoyan.Song@LifeCareAssurance.com



FLESCH SCALE CALCULATIONS

Form	Words	Syllables	Sentences
BG01P(06/04)-VA + BG01E-BR(04/15)-VA	4310	6476	214
BG01P(06/04)-VA + BG01E-NF(04/15)-VA	4350	6538	217

## Statement of Variability for Endorsements

### Endorsement form BG01E-BR (04/15)-VA variations:

Bracket #1 – The policy number will appear which varies by policyholder

Bracket #2 – The effective date of the change will appear which varies by policyholder

Bracket #3 – The change/benefit reduction will appear which varies by policyholder. The variations are the following:

[The 0 Days Elimination Period has been changed to 30 Days.]

[The 0 Days Elimination Period has been changed to 90 Days.]

[The 0 Days Elimination Period has been changed to 180 Days.]

[The 30 Days Elimination Period has been changed to 90 Days.]

[The 30 Days Elimination Period has been changed to 180 Days.]

[The 90 Days Elimination Period has been changed to 180 Days.]

[The Daily Benefit Amount has been reduced to \$XX.XX.]

[The Lifetime Benefit Period has been reduced to 5 Years.]

[The Lifetime Benefit Period has been reduced to 4 Years.]

[The Lifetime Benefit Period has been reduced to 3 Years.]

[The 5 Years Benefit Period has been reduced to 4 Years.]

[The 5 Years Benefit Period has been reduced to 3 Years.]

[The 4 Years Benefit Period has been reduced to 3 Years.]

[The Compound 5% Inflation Protection Rider has been deleted from your Policy.]

[The Compound 5% Inflation Protection Rider has been changed to Compound 3% Inflation Protection Rider.]

[The Compound 3% Inflation Protection Rider has been deleted from your Policy.]

[The Indemnity Benefit Rider has been deleted from your Policy.]

[The Personal Caregiver Rider has been deleted from your Policy.]

[The Monthly Benefit Rider has been deleted from your Policy.]

[The Shortened Benefit Period Nonforfeiture Rider has been deleted from your Policy.]

[The Return of Premium Rider has been deleted from your Policy.]

[The Waiver of Premium Rider has been deleted from your Policy.]

[The Restoration of Benefits Rider has been deleted from your Policy.]

[The Paid-Up Survivor Benefit Rider has been deleted from your Policy.]

### Endorsement form BG01E-NF (04/15)-VA variations:

Bracket #1 – The policy number will appear which will vary by policyholder.

Bracket #2 – The effective date of the change will appear which varies by policyholder.

Bracket #3 – The Nonforfeiture Benefit Amount will appear which will vary by policyholder.

## **Notice of Premium Rate Increase**

### **First Paragraph:**

[Month XX, 20YY] – This date will vary based on the policyholder’s anniversary date.

[modal] – The modal will be semi-annually, quarterly, monthly based on policyholder selection.

[\$xxx.xx to \$yyy.yy] – The first number is the current premium amount. The second number is the new premium amount.

[Month XX, 20YY] – This date will vary based on the policyholder’s anniversary date.

### **Third Paragraph, 1<sup>st</sup> Bullet-Point:**

[\$xxx.xx to \$yyy.yy] – The first number is the current daily maximum benefit. The second number is the new daily maximum benefit which will vary depending on policyholder selection.

[modal] – The modal will be semi-annually, quarterly, monthly based on policyholder selection.

[\$zzz.zz] – This is the new premium amount if option one of the “Coverage Change Request Form” is selected based on current policyholder benefits.

### **Seventh Paragraph:**

[Month XX, 20YY] – This date will vary based on the policyholder’s anniversary date.

[Month XX, 20YY] – Same as above.

[Month XX, 20YY] – Same as above.

## **Coverage Change Request Form**

### **Second Paragraph:**

[Month XX, 20YY] – This date will vary based on the policyholder’s anniversary date.

[Month XX, 20YY] – Same as above.

### **Fifth Paragraph, 1<sup>st</sup> Bullet-Point:**

[\$xxx.xx to \$yyy.yy] – The first number is the current daily maximum benefit. The second number is the new daily maximum benefit which will vary depending on policyholder selection

[modal] – The modal will be semi-annually, quarterly, monthly based on policyholder selection.

[\$zzz.zz] – This is the new premium amount if option one is selected based on current policyholder benefits.

[Month XX, 20YY] – This date will vary based on policyholder’s anniversary date.

April 17, 2015

Janet Houser  
Bureau of Insurance  
Tyler Building, 1300 E. Main St.  
Richmond, Virginia 23219

**RE: BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**

**FORM NUMBER(S): BG01P(06/04)-VA, ET AL**

**TRACKING NUMBER: LFCR-129536537**

**PLEASE REFER TO THIS FILE NUMBER WHEN CORRESPONDING**

Dear Ms. Houser:

Thank you for reviewing our filing. This is a response to your letter of February 5<sup>th</sup> 2015 for the above referenced filing.

**From the February 5<sup>th</sup> 2015 correspondence:**

**Objection 1**

**“Since this block of business includes limited pay policies, please indicate whether any inforce policies have reached paid-up status. If so, please provide a demonstration that the requested rate increase would meet the requirements of the 58/85 test and the alternate 66/85 test if all paid-up policies are excluded from the projections.”**

This block of business has been inforce for a sufficient period of time for some limited policies to become paid up. As such, an updated version of exhibit K from the original filing has been prepared excluding paid up policies from both the historical and projection periods. The exhibit has been prepared with the **stricter** 66/85 criteria. Please reference exhibit Q1 in the attached file *VA Objection Response Exhibits*.

**Objection 2**

**“Please provide a measure of the credibility of the Company’s claim experience and how credibility was factored into the development of the morbidity assumptions.”**

We are using the number of claims as the basis for judging the credibility of experience. The credibility standard required by the state of Florida regulation is that 1000 accumulated claims shall be assigned 100 percent credibility while 200 accumulated claims shall be assigned 0 percent credibility.

Regarding Berkshire Life’s own experience, the company has about 70 claims as of 2013. Judged by the credibility criteria above, the company’s own experience is not credible for.

Since this block of business is 90% ceded to a reinsurer, where other blocks of business have been similarly underwritten and administered, the combined experience from the reinsurer is used to support the choice of current best estimate morbidity assumptions. The reinsurer's data on which our assumptions are drawn contains over 9000 claims. Therefore we believe this experience is fully credible in terms of morbidity. Additionally, we monitor how closely our experience follow other individual blocks of similar long term care policies, as well as industry wide trends on a regular basis.

### **Objection 3**

**“While a data source was provided for the current assumptions for claim length of stay, we could not locate the same for the claim incidence. Please indicate the source of the data used to derive the morbidity assumptions for claim incidence, including any adjustments made to such data to reflect company experience.”**

As above, the company's own claim experience has not been fully developed yet since the majority policies are still in their early durations. And this block is 90% reinsured, the reinsurer's combined experience for similarly underwritten and administered LTC products has been studied on a regular quarterly basis in addition to company's own experience. The actual claim incidence is compared with original pricing incidence assumption and the outcome is used to derive best estimate incidence. So far we have a favorable incidence experience as you can find out from Attachment E1.1 of actuarial memorandum that the ratio of best estimate incidence to original pricing is flat 55% for attained age 40-80, increasing to 75% at attained age 110. In summary, the best estimate claim incidence rates are lower than original pricing incidence rates, and do not contribute to the need for a rate increase. We will continue monitoring actual claim experience to determine whether this observed incidence experience is an on-going trend.

### **Objection 4**

**“Please provide a status of rate increase requests in other states with inforce policies.”**

A current status of all other rate increases is shown as Q4 in the attached file *VA Objection Response Exhibits*.

### **From the February 27<sup>th</sup> 2015 correspondence:**

#### **Objection 1**

**“According to previous correspondence, the company indicated policies are amended for benefit changes by using endorsement form BG01E-PS(08/14) - VA and providing the insured an updated Schedule of Benefits. Management at the Virginia Bureau of Insurance has recently directed that a policy must be updated via an endorsement or amendment that effects any changes the policyholder has requested. How is the policy updated if the insured exercises an optional nonforfeiture option or the contingent benefit upon lapse? If the company already has such endorsement forms previously approved for these options,**

**please attach a copy of the form and provide the SERFF tracking number and date of approval. If a new form is needed, please attach the form or forms to this filing for review and approval. A Certification of Compliance pursuant to 14 VAC5-100-40 3 and a readability certification pursuant to 14 VAC5-110-60 would also be needed. If there is any variability, a statement of variability would be required.”**

We have reviewed your requirements for endorsements and amendments to VA policies. To comply with the DOI’s regulations, please find the following forms and supporting documentation attached to this filing.

Forms:	<i>BG01E-BR(04-15)-VA</i> <i>BG01E-NF(04-15)-VA</i>
Certification of Compliance:	<i>VA Cert of Compliance</i>
Readability Certification:	<i>VA Flesch Certification 4-2015</i>
Statement of Variability:	<i>BG01 Virginia Statement of Variability</i>

*BG01E-BR(04-15)-VA* is the endorsement form that will be used to effect any changes the policyholder has requested. *BG01E-NF(04-15)-VA* will be used in conjunction with a Nonforfeiture Benefit. Please refer to the Non-Payment Option that is in the customer Notice of Premium Rate Increase and Coverage Change Request Form. If the policyholder discontinues further payment of premiums on the policy and instead of the policy lapsing and providing no future coverage, the policy will continue under its current terms, except the maximum amount of benefits payable under the policy will be limited to an amount equal to the premiums that had been paid into the policy, or 30 times the daily benefit on the premium rate increase effective date, whichever is greater. Claim benefits already paid before the date of lapse would be deducted from this amount. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if the policy lapses for non-payment of premium within 120 days of the rate premium increase effective date. The statement of variability indicates that the 3rd bracket on the form will show the Nonforfeiture Benefit Amount.

## **Objection 2**

**“After further review of the policyholder letter, there is still a concern the reason for the rate increase should be more specific. Please clarify in the letter what factors have changed and why that is resulting in a rate increase at this time.”**

The appropriate revisions have been made to the first paragraph of the customer Notice of Premium Rate Increase and Coverage Change Request Form, and it has been attached for your review as *Customer Notice and Election Form (VA)*.

Sincerely,

A handwritten signature in black ink, appearing to read 'Xiaoyan Song', with a long horizontal stroke extending to the right.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
818-867-2232  
Xiaoyan.Song@LifeCareAssurance.com

October 28, 2015

Janet Houser  
Bureau of Insurance  
Tyler Building, 1300 E. Main St.  
Richmond, Virginia 23219

**RE: BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**  
**FORM NUMBER(S): BG01P(06/04)-VA, ET AL**  
**TRACKING NUMBER: LFCR-129536537**  
**PLEASE REFER TO THIS FILE NUMBER WHEN CORRESPONDING**

Dear Ms. Houser:

Thank you for reviewing our filing. This is a response to your letter of June 17, 2015 for the above referenced filing.

### **Objection 1**

**“Please revise Attachment H by including the 25% rate increase in the projected values and updated Attachment Q4 which shows state approvals.”**

The revised Attachment H and updated Attachment Q4 are shown as Attachments Q1.1 & Q1.2, respectively, in the attached file: *Berkshire VA Objection Response Attachments 061715*.

Attachment Q1.2 includes the filing status for the 2<sup>nd</sup> increase. The purpose of the 2<sup>nd</sup> increase is to receive the remaining increase amount for states that have not approved the full 25% rate increase that was initially proposed in the 1<sup>st</sup> increase.

### **Objection 2**

**“In regards to the endorsement form, 14 VAC 5-200-185 E 3 provides that the standard nonforfeiture credit will be equal to 100% of the sum of all premiums paid, including the premiums paid prior to any changes in benefits. The insurer may offer additional shortened benefit period options as long as the benefits for each duration equal or exceed the standard nonforfeiture credit for that duration. However, the minimum nonforfeiture credit shall not be less than 30 times the daily nursing home benefit at the time of lapse. Calculation of the minimum benefit should not include consideration of claim benefits already paid before the date of lapse.**

**As stated above, the calculation of the standard nonforfeiture and the contingent benefits upon lapse credit is set forth in 14 VAC 5-200-185 E 3. Please advise where the calculation of the minimum benefit is explained to the insured.”**

The calculation of the minimum benefit is explained to the insured under the bullet point “Non-Payment Option” on page 2 of the policyholder notification letter attached as file: *Customer Notice and election Form (VA)*.

### **Objection 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>.**

**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;**
  - 4. And 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](http://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 attached the amended letter to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 15 of the Virginia Administrative Code including a Certification of Compliance. The letter will require a form number.**

**In line with the above, the Bureau feels the explanation for the rate increase should be expanded and incorporate information regarding its claim experience and not only reference lower mortality and policy retention. Explain why the rates of policy lapse and mortality being lower than expected result in a rate increase.**

**Also, the letter states a 50% rate increase is justifiable. Our actuarial review indicates the justified increase is actually 48.9%. For accuracy purposes, please change the percentage to 48.9% or round up to 49% or include the words "an approximate" 50% rate increase is justified."**

We agree to abide by the new regulations. Please see the revised policyholder notification letter attached with this response (with revisions highlighted in yellow) shown as attached file: *Customer Notice and Election Form (VA)*. Please see the updated last paragraph of the actuarial certification; it includes the words "an approximate" 50% rate increase where applicable. Please also see page 14, section 16 of the revised actuarial memorandum; it has been updated to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase shown as attached file: *Berkshire Filing Actuarial Memo VA 061715*.

Sincerely,



Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
818-867-2232  
Xiaoyan.Song@LifeCareAssurance.com

**Berkshire Life Insurance Company of America**

Home Office: Pittsfield, Massachusetts  
Long Term Care Administrative Office  
Post Office Box 4243  
Woodland Hills, CA 91365-4243  
888-505-8743

**SHORTENED BENEFIT PERIOD NONFORFEITURE RIDER**

**READ THIS RIDER CAREFULLY. It is a part of a legal contract between you and us.**

This rider is part of the Policy. The Effective Date for this rider is shown on the Policy Schedule of the attached Policy. It is issued in consideration of your application and premium paid by you for this rider. All definitions, provisions, Limitations and Exclusions of the Policy apply to this rider unless changed by this rider.

**Shortened Benefit Period**

If the Policy has been in force for 3 or more years and the Policy lapses for nonpayment of premium as described under the Grace Period and Unintentional Lapse provisions of the Policy:

- Your coverage will continue as paid up insurance and benefits will be payable based on the Daily Benefit shown on the Policy Schedule (and any previous increases due to an Inflation Protection Rider) in effect on the date of lapse. No further benefit increases will occur under any Inflation Protection Rider, if attached to the Policy.
- The new Benefit Amount becomes equal to the greater of: (a) the total of premiums paid for the Policy and all riders; or (b) 30 times the Daily Benefit in effect on the date of lapse. This new Benefit Amount replaces the Benefit Amount in effect on the date of lapse. Any benefits paid to you after the Policy lapses will be subtracted from this new Benefit Amount. All benefits we pay 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 premium paying status.
- Your coverage under this rider is subject to the same Policy benefit provisions, Elimination Period, Limitations and Exclusions and all other provisions of the Policy and riders that were in effect prior to Policy lapse, except any Inflation Protection Rider, if attached to the Policy.

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 change in rates for premium paying contracts for the same contract form.

**Free Look Period For 30 Days**

If you are not satisfied with this rider, you may return it to us or any authorized agent or agency within 30 days from the date you receive it. We will then refund any premium you have paid for this rider and this rider will be considered never to have been in effect.

**Executed for the Company at its Home Office in Pittsfield, Massachusetts.**



David L. Kalib  
Secretary



Joan Bancroft  
President

April 6, 2016

Janet Houser  
Bureau of Insurance  
Tyler Building, 1300 E. Main St.  
Richmond, Virginia 23219

**RE: BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**  
**FORM NUMBER(S): BG01P(06/04)-VA, ET AL**  
**TRACKING NUMBER: LFCR-129536537**

Dear Ms. Houser:

Thank you for reviewing our filing. This is a response to your letters of November 23, 2015 & February 23, 2016 for the above referenced filing.

**From 11/23/2016 Objection:**

**Objection 1**

- **BG01(06/04) VA CNF, Other, Policyholder Notice (Form)**

**Comments:**

**Thanks for providing a revised policyholder letter as requested. For compliance with the revised regulation 14VAC-200-75 D, there are a few items that need to be addressed:**

- 1. There are two required disclosures: a) options not of equal value and b) potential loss of partnership benefits. As disclosures, this information should be emphasized to bring more attention to it. The company may wish to bold, highlight, or use larger print or some other method to make this information stand out.**
- 2. Please include a statement that the insured has a right to a revised premium or rate schedule upon request in accordance with 14VAC5-200-75 A 4b.**
- 3. Please state that in the event of future increases, similar options will be made available at that time and that the insured always has the option to change benefits at any time, not just at the time of a rate increase in accordance with 14VAC5-200-75 A 3.**
- 4. We need further clarification regarding the Non-Payment Option. Based on the language in the letter, this is the Contingent Benefit Upon Lapse Option (CBUL) and should be referenced as such to differentiate it from a contractual nonforfeiture benefit. Please be aware that in either case (exercising the CBUL or the nonforfeiture option in the policy), the claim benefits already paid before the date of lapse cannot be deducted**

**from this amount in accordance with 14VAC5-200-185 E. Please remove the last sentence of this option.**

**In regards to the Contingent Benefit Upon Lapse Option, does the company intend to offer this to all policyholders at the time of a rate increase regardless if the trigger as described in 14VAC-200-185 D 3 is met or not for that policyholder? Please include in the letter applicable information for those policyholders whose contracts include a nonforfeiture benefit option.**

**5. Please explain why the Coverage Change Request does not include the benefit period or elimination period adjustments as a selection provided in the policyholder letter.**

Please see the attached files for two versions of policyholder notification letter:

- *Customer Notice and Election Form – NF (VA)*
- *Customer Notice and Election Form - CBUL (VA)*

The “NF” customer notice is for the policies with the standard nonforfeiture option; The “CBUL” customer notice is for the policies who will be offered the contingent benefit upon lapse option at the time of a rate increase.

- For item 1, the changes are highlighted in the “Review potential removal of riders” bullet-point on page 2.
- For item 2, the changes are highlighted in the last sentence of the paragraph immediately after the bullet-points, on page 2.
- For item 3, the changes are highlighted in the first two sentences of the paragraph immediately after the bullet-points, on page 2.
- For item 4, the last sentence of this option has been removed.  
Yes, in regards to the Contingent Benefit Upon Lapse Option, the company intends to offer this to all policyholders at the time of a rate increase regardless if the trigger as described in 14VAC-200-185 D 3 is met or not for that policyholder. The policyholder letter for whose contract includes a nonforfeiture benefit option is attached as *Customer Notice and Election Form – NF (VA)*.
- For item 5, we’ve added language to the Coverage Change Request Form for the benefit period / elimination period adjustments. Please see the language highlighted on the Coverage Change Request Form.

**Objection 2**

- **BG01E-NF(04/15)-VA, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Endorsement (Form)**
- **BG01(06/04) VA CNF, Other, Policyholder Notice (Form)**

**Comments:**

We reviewed your response to **Objection 2** in your **Response Letter** dated 10/28/15, and our previous objection remains. We previously stated, ‘14 VAC 5-200-185 E 3 provides that the standard nonforfeiture credit will be equal to 100% of the sum of all premiums paid, including the premiums paid prior to any changes in benefits. The insurer may offer additional shortened benefit period options as long as the benefits for each duration equal or exceed the standard nonforfeiture credit for that duration. However, the minimum nonforfeiture credit shall not be less than 30 times the daily nursing home benefit at the time of lapse. Calculation of the minimum benefit should not include consideration of claim benefits already paid before the date of lapse.’ Our objection would be resolved if the following statement were deleted, ‘Claim benefits already paid before the date of lapse would be deducted from this amount.’

As requested, the statement “Claim Benefits already paid before the date of lapse would be deducted from this amount.” has been removed from the policyholder letter.

### **Objection 3**

- **Statement of Variability (Supporting Document)**
- **BG01(06/04) VA CNF, Other, Policyholder Notice (Form)**

#### **Comments:**

Since form BG01(06/04) VA CNF contains variable text, please expand the Statement of Variability to describe the variable fields in this form.

The Statement of Variability to describe the variable fields in this form have been expanded. Please find the attached file: *BG01 Virginia Statement of Variability*.

### **Objection 4**

- **BG01 2014 rate increase rate tables (Rate)**

#### **Comments:**

The Actuarial Certification states current rates would need an approximate 50% rate increase (rather than the requested 25%) to bring the loss ratio down to a sustainable level 68%. Please amend the Overall Percentage Indicated Change in the Rate/Rule Schedule to reflect 50% rather than 25%.

The Overall Percentage Indicated Change in the Rate/Rule Schedule now reflects 50% rather than 25%.

**From 02/23/2016 Objection:**

**Objection 5**

**The proposed policyholder letter includes the potential removal of riders as an option to reduce the impact of the rate increase. In regards to an inflation rider, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in a no rate increase, commonly referred to as a landing spot?**

At the time of issue, policyholders were given the inflation protection options of compound 5%, compound 3%, and no inflation protection. The policyholder will only be able to reduce the inflation protection to a lower percentage or remove the inflation protection rider based on those percentages (compound 5%, compound 3%, or no inflation protection).

The target is to reduce the premium in such a manner as to keep the premium after the increase at a similar level as before the increase. In addition, policyholders may also choose to reduce their daily benefit, reduce their benefit period, increase their elimination period, remove certain riders, or a combination of those. The policyholders may discuss the options available by contacting our customer service representatives. Actuarial equivalence is not a goal of the benefit reduction options. Because of the discrepancy between the assumptions used to price the product and best estimate assumptions, any benefit reduction to offset a rate increase would not be actuarially equivalent.

**Objection 6**

**In accordance with 14VAC5-185 F please state that the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.**

The statement has been added as the last sentence of the “Contingent Benefit Upon Lapse Option” & “Nonforfeiture Option” descriptions on page 2 of the attached files: *Customer Notice and Election Form – CBUL (VA)* & *Customer Notice and Election Form – NF (VA)*, respectively.

**Objection 7**

**Also, is there a reason the company does not mention any contractual non-forfeiture benefit in the letter? Our expectation is that any policy containing a non-forfeiture benefit would be exercised in place of the contingent benefit upon lapse.**

A different version of policyholder letter will be sent to policies that have a contractual non-forfeiture benefit. Please see the standard nonforfeiture option version of policyholder letter attached as file: *Customer Notice and Election Form - NF (VA)*.

Sincerely,

A handwritten signature in black ink, appearing to read 'Xiaoyan Song', written over a light gray rectangular background.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
818-867-2232  
Xiaoyan.Song@LifeCareAssurance.com

July 25, 2016

Janet Houser  
Bureau of Insurance  
Tyler Building, 1300 E. Main St.  
Richmond, Virginia 23219

**RE: BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**  
**FORM NUMBER(S): BG01P(06/04)-VA, ET AL**  
**TRACKING NUMBER: LFCR-129536537**

Dear Ms. Houser:

Thank you for reviewing our filing. This is a response to your letter dated May 3, 2016 for the above referenced filing.

### **Objection 1**

- **BG01E-NF(04/15)-VA, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Endorsement (Form)**

#### **Comments:**

**“The last sentence in the endorsement paragraph conflicts with 14 VAC 5-200-185 E 2 and 14 VAC5-200-185 F and should be deleted. The paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status. The calculation regarding claims should have already been taken into account in determining the reduced benefit available. As the form reads, it would appear this is not the case.”**

The last sentence in the endorsement paragraph has been removed. The 2<sup>nd</sup> sentence has been revised to use the wording “Contingent Benefit Upon Lapse” instead of “Non-Payment Option.” Please find the attached file: *BG01E-NF(04-15)-VA*.

### **Objection 2**

- **BG01(06/04) VA CNF, Other, Policyholder Notice (Form)**
- **BG01(06/04) VA NF, Other, Policyholder Notice (Form)**

#### **Comments:**

**“While a red-lined or marked-up form is helpful to our review, the form is not in its final version as required by 14 VAC 5-100-50 3. Please attach the final version of the form to the Form Schedule and attach the red-lined version as supporting documentation.”**

The final versions of the forms have been attached as:

- *Customer Notice – CBUL (VA)*
- *Coverage Change Request Form – CBUL (VA),*
- *Customer Notice – NF (VA)*
- *Coverage Change Request Form – NF (VA)*

Please note that the changes requested in objection 3 and 4 below have also been addressed in the customer notice and coverage change request form.

### **Objection 3**

- **BG01(06/04) VA CNF, Other, Policyholder Notice (Form)**
- **BG01(06/04) VA NF, Other, Policyholder Notice (Form)**

### **Comments:**

**“It appears that the Coverage Change Request Form is designed to be separate from the policyholder notice and is intended to be returned to the company if applicable. 14 VAC 5-100-40 1 provides that each form submitted must have a form number and that form number must distinguish the form from all other forms used by the insurer. For regulatory conformity, any page (or section) that will not remain with the policyholder notice should not bear the same form number as that of the policyholder notice.**

**If the Coverage Change Form will be attached to the policy, please attach it separately under the Form Schedule with a new form number. If the form will not be attached to the policy, it does not require approval and the form should be moved to Supporting Documentation.**

**Please revise the wording on the Coverage Change Request Form currently part of Form BG01(06/04) VA CNF from Exercise the Non-Payment Option to Exercise the Contingent Benefit Upon Lapse Option.”**

The Coverage Change Forms will not be attached to the policy, and therefore, have been moved to Supporting Documentation.

The wording on the Coverage Change Request Forms has been revised accordingly. The form numbers have been removed from the Coverage Change Request Forms. Please find the attached files: *Coverage Change Request Form – CBUL (VA)* & *Coverage Change Request Form – NF (VA)*.

#### **Objection 4**

- **BG01(06/04) VA CNF, Other, Policyholder Notice (Form)**
- **BG01(06/04) VA NF, Other, Policyholder Notice (Form)**

#### **Comments:**

**“The required disclosures are currently stated under the paragraph “Review potential removal of riders.” This may be misleading as the insured may think this only applies to riders and not all benefit options. Please capture the disclosures as a separate paragraph either before or after the list of options.”**

The relevant required disclosures have been captured as a separate paragraph after the list of options. Please find the attached files: *Customer Notice – CBUL (VA) & Customer Notice – NF (VA)*.

Sincerely,

A handwritten signature in black ink, appearing to read 'Xiaoyan Song', with a long horizontal flourish extending to the right.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
818-867-2232  
Xiaoyan.Song@LifeCareAssurance.com



Berkshire Life  
Insurance Company of America

### Notice of Premium Rate Increase

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

Re: Berkshire Life Insurance Company of America (“Berkshire Life”) Long-Term Care Insurance Policy  
POLICY NUMBER

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as how long policyholders keep their policy in force and other relevant assumptions. Because individuals are living longer and keeping their policies in force longer, more claims are being filed than the company anticipated when the policy was originally priced. As a result, premiums need to be adjusted to provide sufficient funds to pay current and future claims. The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase from [\$xxx.xx to \$yyy.yy], beginning with the premium payment that is due [Month XX, 20YY]. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. In order to lessen the impact of this rate increase on our customers, Berkshire Life has sought state approval for a 25% rate increase, even though an approximate 50% rate increase is justified. Berkshire Life has agreed to not implement any future rate increases for three years from the date of implementation. The rate increase request was reviewed by Virginia’s 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](http://www.scc.virginia.gov/BOI). We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Some of these options may not be of equal value. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from [\$xxx.xx to \$yyy.yy], your [modal] premium would be [\$zzz.zz]. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.
- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs. **All reduction options are not of equal value. In the case of a partnership policy, some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.**
- **Contingent Benefit Upon Lapse Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Berkshire Life is offering a **Contingent Benefit Upon Lapse** option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date. **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 premium paying status.**

**In the event of future rate increases, similar options will be made available at the time. You also have the option to reduce benefits at any time not just at the time of a rate increase. You have the right to a revised premium or rate schedule upon request.**

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by [Month XX, 20YY]. In doing so, you will ensure your requested changes are processed prior to [Month XX, 20YY], the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Gordon Dinsmore  
 President  
 Berkshire Life Insurance Company of America

Enclosure



Berkshire Life  
Insurance Company of America

**Coverage Change Request Form**

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Berkshire Life Insurance Company of America  
Long-Term Care Administrative Office  
P.O. Box 4243  
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by [Month XX, 20YY]. If your Coverage Change Request Form is not received by [Month XX, 20YY], your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you will not be able to increase coverage under your policy in the future.

**If you wish to discuss other options, such as reduction of benefit period or increase in your elimination period, please contact your agent or our office at 888-505-8743.**

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

- Reduce my current daily benefit amount from [\$xxx.xx to \$yyy.yy], which will result in a [modal] premium of [\$zzz.zz] beginning with the premium payment that is due [Month XX, 20YY]. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- Exercise the Non-Payment Option.

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date Signed



Berkshire Life  
Insurance Company of America

### Notice of Premium Rate Increase

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

Re: Berkshire Life Insurance Company of America (“Berkshire Life”) Long-Term Care Insurance Policy  
POLICY NUMBER

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as how long policyholders keep their policy in force and other relevant assumptions. Because individuals are living longer and keeping their policies in force longer, more claims are being filed than the company anticipated when the policy was originally priced. As a result, premiums need to be adjusted to provide sufficient funds to pay current and future claims. The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase from [\$xxx.xx to \$yyy.yy], beginning with the premium payment that is due [Month XX, 20YY]. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. In order to lessen the impact of this rate increase on our customers, Berkshire Life has sought state approval for a 25% rate increase, even though an approximate 50% rate increase is justified. Berkshire Life has agreed to not implement any future rate increases for three years from the date of implementation. The rate increase request was reviewed by Virginia’s 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](http://www.scc.virginia.gov/BOI). We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Some of these options may not be of equal value. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from \$xxx.xx to \$yyy.yy, your [modal] premium would be \$zzz.zz. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.
- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs. **All reduction options are not of equal value. In the case of a partnership policy, some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.**
- **Nonforfeiture Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, you may elect to exercise the nonforfeiture option provided by your policy. Under this option, if you choose not to pay any future premiums, your policy would lapse but coverage would continue according to the terms of your nonforfeiture rider. This option will automatically be provided if your policy lapses for non-payment of premium. **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 premium paying status.**

**In the event of future rate increases, similar options will be made available at the time. You also have the option to reduce benefits at any time not just at the time of a rate increase. You have the right to a revised premium or rate schedule upon request.**

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by [Month XX, 20YY]. In doing so, you will ensure your requested changes are processed prior to [Month XX, 20YY], the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Gordon Dinsmore  
 President  
 Berkshire Life Insurance Company of America  
 Enclosure

BG01(06/04) VA NF



Berkshire Life  
Insurance Company of America

**Coverage Change Request Form**

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Berkshire Life Insurance Company of America  
Long-Term Care Administrative Office  
P.O. Box 4243  
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by [Month XX, 20YY]. If your Coverage Change Request Form is not received by [Month XX, 20YY], your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you will not be able to increase coverage under your policy in the future.

**If you wish to discuss other options, such as reduction of benefit period or increase in your elimination period, please contact your agent or our office at 888-505-8743.**

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

- o Reduce my current daily benefit amount from [\$xxx.xx to \$yyy.yy], which will result in a [modal] premium of [\$zzz.zz] beginning with the premium payment that is due [Month XX, 20YY]. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- o Exercise the Nonforfeiture Option provided by my policy.

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date Signed

BG01(06/04) VA NF



Berkshire Life  
Insurance Company of America

**Coverage Change Request Form**

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Berkshire Life Insurance Company of America  
Long-Term Care Administrative Office  
P.O. Box 4243  
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by [Month XX, 20YY]. If your Coverage Change Request Form is not received by [Month XX, 20YY], your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you will not be able to increase coverage under your policy in the future.

**If you wish to discuss other options, such as reduction of benefit period or increase in your elimination period, please contact your agent or our office at 888-505-8743.**

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

- o Reduce my current daily benefit amount from [\$xxx.xx to \$yyy.yy], which will result in a [modal] premium of [\$zzz.zz] beginning with the premium payment that is due [Month XX, 20YY]. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- o Exercise the Contingent Benefit Upon Lapse Option.

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date Signed



Berkshire Life  
Insurance Company of America

**Coverage Change Request Form**

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Berkshire Life Insurance Company of America  
Long-Term Care Administrative Office  
P.O. Box 4243  
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by [Month XX, 20YY]. If your Coverage Change Request Form is not received by [Month XX, 20YY], your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you will not be able to increase coverage under your policy in the future.

**If you wish to discuss other options, such as reduction of benefit period or increase in your elimination period, please contact your agent or our office at 888-505-8743.**

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

- o Reduce my current daily benefit amount from [\$xxx.xx to \$yyy.yy], which will result in a [modal] premium of [\$zzz.zz] beginning with the premium payment that is due [Month XX, 20YY]. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- o Exercise the Nonforfeiture Option provided by my policy.

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date Signed

August 2, 2016

Janet Houser  
Bureau of Insurance  
Tyler Building, 1300 E. Main St.  
Richmond, Virginia 23219

**RE: BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**  
**FORM NUMBER(S): BG01P(06/04)-VA, ET AL**  
**TRACKING NUMBER: LFCR-129536537**

Dear Ms. Houser:

Thank you for reviewing our filing. This is a response to your letter dated August 2, 2016 for the above referenced filing.

**Objection 1**

**“Thank you for the changes made in the policyholder letters. When responding to objection 4, a sentence was added following the paragraph on page 2 that begins with Contingent Benefit Upon Lapse Option. Since this information is considered a disclosure, please bold the sentence to emphasize its importance.”**

The relevant disclosures have been bolded. Please find the attached files: *Customer Notice – CBUL (VA) & Customer Notice – NF (VA)*.

Sincerely,



Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
818-867-2232  
Xiaoyan.Song@LifeCareAssurance.com

State: Virginia

Filing Company:

Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: Care ProVider

Project Name/Number: /

## 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)
07/27/2016	Withdrawn 08/22/2016	Form	Policyholder Notice	08/02/2016	Customer Notice - CBUL (VA).pdf (Superseded)
07/27/2016	Withdrawn 08/22/2016	Form	Policyholder Notice	08/02/2016	Customer Notice - NF (VA).pdf (Superseded)
04/11/2016	Withdrawn 08/22/2016	Form	Policyholder Notice	07/27/2016	Customer Notice and Election Form - CBUL (VA).pdf (Superseded)
04/11/2016	Withdrawn 08/22/2016	Form	Policyholder Notice	07/27/2016	Customer Notice and Election Form - NF (VA).pdf (Superseded)
10/29/2015	Withdrawn 08/22/2016	Form	Policyholder Notice	04/11/2016	Customer Notice and Election Form (VA).pdf (Superseded)
04/20/2015	Withdrawn 10/30/2015	Supporting Document	Policyholder Notice	10/29/2015	Customer Notice and Election Form _VA_.pdf (Superseded)
04/20/2015	Withdrawn 08/22/2016	Supporting Document	Statement of Variability	04/11/2016	BG01 Virginia Statement of Variability.pdf (Superseded)
04/20/2015	Withdrawn 08/22/2016	Form	Endorsement	07/27/2016	BG01E-NF(04-15)-VA.pdf (Superseded)
01/22/2015	Withdrawn 10/30/2015	Supporting Document	Policyholder Notice	04/20/2015	Customer Notice and Election Form _VA_.pdf (Superseded)
01/22/2015	Withdrawn 10/30/2015	Supporting Document	L&H Actuarial Memorandum	10/28/2015	Berkshire Rate Filing Actuarial Memo VA.pdf (Superseded)
01/22/2015	Withdrawn 08/22/2016	Rate	BG01 2014 rate increase rate tables	05/17/2016	Berkshire VA Rate Table.pdf
08/06/2014	Withdrawn 11/18/2015	Rate	BG01 2014 rate increase rate tables	01/22/2015	Berkshire VA Rate Tables.pdf (Superseded)
08/06/2014	Withdrawn 10/30/2015	Supporting Document	L&H Actuarial Memorandum	01/22/2015	Berkshire Rate Filing Actuarial Memo VA Final.pdf (Superseded)
08/06/2014	Withdrawn 02/05/2015	Supporting Document	Policyholder Notice	01/22/2015	Customer Notice and Election Form _VA_.pdf (Superseded)
05/08/2014	Withdrawn 02/05/2015	Supporting Document	Policyholder Notice	08/06/2014	Customer Notice and Election Form.pdf (Superseded)
05/08/2014	Withdrawn 08/19/2014	Rate	BG01 2014 rate increase rate tables	08/06/2014	BG01 2014 rate increase rate tables.pdf (Superseded)

**SERFF Tracking #:**

LFCR-129536537

**State Tracking #:**

LFCR-129536537

**Company Tracking #:**

VA BG01(06/04) 2014 RATE INCREASE

**State:**

Virginia

**Filing Company:**

Berkshire Life Insurance Company of America

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.004 Partnership

**Product Name:**

Care ProVider

**Project Name/Number:**

/

<b>Creation Date</b>	<b>Schedule Item Status</b>	<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Replacement Creation Date</b>	<b>Attached Document(s)</b>
05/08/2014	Withdrawn 08/19/2014	Rate	BG01 2014 rate increase exhibits	08/06/2014	BG01 2014 rate increase exhibits.pdf (Superseded)
05/08/2014	Withdrawn 10/30/2015	Supporting Document	Certification of Compliance	04/20/2015	
05/08/2014	Withdrawn 10/30/2015	Supporting Document	L&H Actuarial Memorandum	08/06/2014	Berkshire Rate Filing Actuarial Memo with Attachments VA.pdf (Superseded)



Berkshire Life  
Insurance Company of America

### Notice of Premium Rate Increase

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

Re: Berkshire Life Insurance Company of America (“Berkshire Life”) Long-Term Care Insurance Policy  
POLICY NUMBER

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as how long policyholders keep their policy in force and other relevant assumptions. Because individuals are living longer and keeping their policies in force longer, more claims are being filed than the company anticipated when the policy was originally priced. As a result, premiums need to be adjusted to provide sufficient funds to pay current and future claims. The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase from [\$xxx.xx to \$yyy.yy], beginning with the premium payment that is due [Month XX, 20YY]. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. In order to lessen the impact of this rate increase on our customers, Berkshire Life has sought state approval for a 25% rate increase, even though an approximate 50% rate increase is justified. Berkshire Life has agreed to not implement any future rate increases for three years from the date of implementation. The rate increase request was reviewed by Virginia’s 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](http://www.scc.virginia.gov/BOI). We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Some of these options may not be of equal value. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from [\$xxx.xx to \$yyy.yy], your [modal] premium would be [\$zzz.zz]. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care

benefits, that daily benefit is reduced accordingly.

- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.
- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- **Contingent Benefit Upon Lapse Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Berkshire Life is offering a Contingent Benefit Upon Lapse option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date. 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 premium paying status.

All reduction options are not of equal value. In the case of a partnership policy, some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.

In the event of future rate increases, similar options will be made available at the time. You also have the option to reduce benefits at any time not just at the time of a rate increase. You have the right to a revised premium or rate schedule upon request.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by [Month XX, 20YY]. In doing so, you will ensure your requested changes are processed prior to [Month XX, 20YY], the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Gordon Dinsmore  
President  
Berkshire Life Insurance Company of America

Enclosure



Berkshire Life  
Insurance Company of America

### Notice of Premium Rate Increase

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

Re: Berkshire Life Insurance Company of America (“Berkshire Life”) Long-Term Care Insurance Policy  
POLICY NUMBER

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as how long policyholders keep their policy in force and other relevant assumptions. Because individuals are living longer and keeping their policies in force longer, more claims are being filed than the company anticipated when the policy was originally priced. As a result, premiums need to be adjusted to provide sufficient funds to pay current and future claims. The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase from [\$xxx.xx to \$yyy.yy], beginning with the premium payment that is due [Month XX, 20YY]. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. In order to lessen the impact of this rate increase on our customers, Berkshire Life has sought state approval for a 25% rate increase, even though an approximate 50% rate increase is justified. Berkshire Life has agreed to not implement any future rate increases for three years from the date of implementation. The rate increase request was reviewed by Virginia’s 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](http://www.scc.virginia.gov/BOI). We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Some of these options may not be of equal value. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from \$xxx.xx to \$yyy.yy, your [modal] premium would be \$zzz.zz. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.
- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- **Nonforfeiture Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, you may elect to exercise the nonforfeiture option provided by your policy. Under this option, if you choose not to pay any future premiums, your policy would lapse but coverage would continue according to the terms of your nonforfeiture rider. This option will automatically be provided if your policy lapses for non-payment of premium. 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 premium paying status.

All reduction options are not of equal value. In the case of a partnership policy, some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.

In the event of future rate increases, similar options will be made available at the time. You also have the option to reduce benefits at any time not just at the time of a rate increase. You have the right to a revised premium or rate schedule upon request.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

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If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Gordon Dinsmore  
President  
Berkshire Life Insurance Company of America  
Enclosure



Berkshire Life  
Insurance Company of America

### Notice of Premium Rate Increase

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

Re: Berkshire Life Insurance Company of America (“Berkshire Life”) Long-Term Care Insurance Policy  
POLICY NUMBER

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as how long policyholders keep their policy in force and other relevant assumptions. Because individuals are living longer and keeping their policies in force longer, more claims are being filed than the company anticipated when the policy was originally priced. As a result, premiums need to be adjusted to provide sufficient funds to pay current and future claims. The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase from [\$xxx.xx to \$yyy.yy], beginning with the premium payment that is due [Month XX, 20YY]. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

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- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs. **All reduction options are not of equal value. In the case of a partnership policy, some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.**
- **Contingent Benefit Upon Lapse Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Berkshire Life is offering a **Contingent Benefit Upon Lapse** option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date. **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 premium paying status.**

**In the event of future rate increases, similar options will be made available at the time. You also have the option to reduce benefits at any time not just at the time of a rate increase. You have the right to a revised premium or rate schedule upon request.**

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

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Sincerely,

Gordon Dinsmore  
 President  
 Berkshire Life Insurance Company of America

Enclosure



Berkshire Life  
Insurance Company of America

**Coverage Change Request Form**

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Berkshire Life Insurance Company of America  
Long-Term Care Administrative Office  
P.O. Box 4243  
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by [Month XX, 20YY]. If your Coverage Change Request Form is not received by [Month XX, 20YY], your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you will not be able to increase coverage under your policy in the future.

**If you wish to discuss other options, such as reduction of benefit period or increase in your elimination period, please contact your agent or our office at 888-505-8743.**

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

- Reduce my current daily benefit amount from [\$xxx.xx to \$yyy.yy], which will result in a [modal] premium of [\$zzz.zz] beginning with the premium payment that is due [Month XX, 20YY]. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- Exercise the Non-Payment Option.

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date Signed



Berkshire Life  
Insurance Company of America

### Notice of Premium Rate Increase

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

Re: Berkshire Life Insurance Company of America (“Berkshire Life”) Long-Term Care Insurance Policy  
POLICY NUMBER

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**In the event of future rate increases, similar options will be made available at the time. You also have the option to reduce benefits at any time not just at the time of a rate increase. You have the right to a revised premium or rate schedule upon request.**

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Sincerely,

Gordon Dinsmore  
 President  
 Berkshire Life Insurance Company of America  
 Enclosure

BG01(06/04) VA NF



Berkshire Life  
Insurance Company of America

**Coverage Change Request Form**

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

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Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

- o Reduce my current daily benefit amount from [\$xxx.xx to \$yyy.yy], which will result in a [modal] premium of [\$zzz.zz] beginning with the premium payment that is due [Month XX, 20YY]. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- o Exercise the Nonforfeiture Option provided by my policy.

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date Signed

BG01(06/04) VA NF



Berkshire Life  
Insurance Company of America

### Notice of Premium Rate Increase

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

Re: Berkshire Life Insurance Company of America (“Berkshire Life”) Long-Term Care Insurance Policy  
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Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as how long policyholders keep their policy in force and other relevant assumptions. Because individuals are living longer and keeping their policies in force longer, more claims are being filed than the company anticipated when the policy was originally priced. As a result, premiums need to be adjusted to provide sufficient funds to pay current and future claims. The premium for your long-term care insurance policy will increase effective Month XX, 20YY, your next policy anniversary date. As a result, your [modal] premium payment will increase from \$xxx.xx to \$yyy.yy, beginning with the premium payment that is due Month XX, 20YY. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. In order to lessen the impact of this rate increase on our customers, Berkshire Life has sought state approval for a 25% rate increase, even though an approximate 50% rate increase is justified. Berkshire Life has agreed to not implement any future rate increases for three years from the date of implementation. The rate increase request was reviewed by Virginia’s 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](http://www.scc.virginia.gov/BOI). We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Some of these options may not be of equal value. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.



Berkshire Life  
Insurance Company of America

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from \$xxx.xx to \$yyy.yy, your [modal] premium would be \$zzz.zz. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly. Other terms of your policy will remain unchanged.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.
- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs. **In the case of a partnership policy, some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.**
- **Non-Payment Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Berkshire Life is offering a non-payment option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date. Claim benefits already paid before the date of lapse would be deducted from this amount.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by Month XX, 20YY. In doing so, you will ensure your requested changes are processed prior to Month XX, 20YY, the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to Month XX, 20YY, your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Gordon Dinsmore  
President  
Berkshire Life Insurance Company of America

Enclosure

BG01(06/04) VA CNF



Berkshire Life  
Insurance Company of America

**Coverage Change Request Form**

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Berkshire Life Insurance Company of America  
Long-Term Care Administrative Office  
P.O. Box 4243  
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by Month XX, 20YY. If your Coverage Change Request Form is not received by Month XX, 20YY, your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you will not be able to increase coverage under your policy in the future.

**If you wish to discuss other options, please contact your agent or our office at 888-505-8743.**

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

- o Reduce my current daily benefit amount from \$xxx.xx to \$yyy.yy, which will result in a [modal] premium of \$zzz.zz beginning with the premium payment that is due Month XX, 20YY. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly. Other terms of your policy will remain unchanged.
- o Exercise the Non-Payment Option.

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date Signed

BG01(06/04) VA CNF



**Berkshire Life  
Insurance Company of America**

### **Notice of Premium Rate Increase**

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

Re: Berkshire Life Insurance Company of America (“Berkshire Life”) Long-Term Care Insurance Policy  
POLICY NUMBER

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as how long policyholders keep their policy in force. Because the rates of policy lapse and mortality are much lower than expected, more policyholders have retained their policy and a premium increase is necessary. The premium for your long-term care insurance policy will increase effective Month XX, 20YY, your next policy anniversary date. As a result, your [modal] premium payment will increase from \$xxx.xx to \$yyy.yy, beginning with the premium payment that is due Month XX, 20YY. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. In order to lessen the impact of this rate increase on our customers, Berkshire Life has sought state approval for a 25% rate increase, even though a 50% rate increase is justified. Berkshire Life has agreed to not implement any future rate increases for three years from the date of implementation. We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from \$xxx.xx to \$yyy.yy, your [modal] premium would be \$zzz.zz. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly. Other terms of your policy will remain unchanged.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time

Long Term Care Administrative Office

Post Office Box 4243 • Woodland Hills, CA 91365-4243 • Telephone: 888-505-8743 • Fax: 818-887-4595

*Berkshire Life Insurance Company of America, Pittsfield, MA, is a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY*



**Berkshire Life  
Insurance Company of America**

after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.

- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- **Non-Payment Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Berkshire Life is offering a non-payment option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date. Claim benefits already paid before the date of lapse would be deducted from this amount.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by Month XX, 20YY. In doing so, you will ensure your requested changes are processed prior to Month XX, 20YY, the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to Month XX, 20YY, your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Gordon Dinsmore  
President  
Berkshire Life Insurance Company of America

Enclosure



Berkshire Life  
Insurance Company of America

### Coverage Change Request Form

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Berkshire Life Insurance Company of America  
Long-Term Care Administrative Office  
P.O. Box 4243  
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by Month XX, 20YY. If your Coverage Change Request Form is not received by Month XX, 20YY, your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you will not be able to increase coverage under your policy in the future.

**If you wish to discuss other options, please contact your agent or our office at 888-505-8743.**

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

- Reduce my current daily benefit amount from \$xxx.xx to \$yyy.yy, which will result in a [modal] premium of \$zzz.zz beginning with the premium payment that is due Month XX, 20YY. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly. Other terms of your policy will remain unchanged.
- Exercise the Non-Payment Option.

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date Signed

## **Statement of Variability for Endorsements**

### **Endorsement form BG01E-BR (04/15)-VA variations:**

Bracket #1 – The Policy number will appear which varies by policyholder

Bracket #2 – The Effective date of the change will appear which varies by policyholder

Bracket #3 – The change/benefit reduction will appear which varies by policyholder. The variations are the following:

[The 0 Days Elimination Period has been changed to 30 Days.]

[The 0 Days Elimination Period has been changed to 90 Days.]

[The 0 Days Elimination Period has been changed to 180 Days.]

[The 30 Days Elimination Period has been changed to 90 Days.]

[The 30 Days Elimination Period has been changed to 180 Days.]

[The 90 Days Elimination Period has been changed to 180 Days.]

[The Daily Benefit Amount has been reduced to \$XX.XX.]

[The Lifetime Benefit Period has been reduced to 5 Years.]

[The Lifetime Benefit Period has been reduced to 4 Years.]

[The Lifetime Benefit Period has been reduced to 3 Years.]

[The 5 Years Benefit Period has been reduced to 4 Years.]

[The 5 Years Benefit Period has been reduced to 3 Years.]

[The 4 Years Benefit Period has been reduced to 3 Years.]

[The Compound 5% Inflation Protection Rider has been deleted from your Policy.]

[The Compound 5% Inflation Protection Rider has been changed to Compound 3% Inflation Protection Rider.]

[The Compound 3% Inflation Protection Rider has been deleted from your Policy].

[The Indemnity Benefit Rider has been deleted from your Policy.]

[The Personal Caregiver Rider has been deleted from your Policy.]

[The Monthly Benefit Rider has been deleted from your Policy.]

[The Shortened Benefit Period Nonforfeiture Rider has been deleted from your Policy.]

[The Return of Premium Rider has been deleted from your Policy.]

[The Waiver of Premium Rider has been deleted from your Policy.]

[The Restoration of Benefits Rider has been deleted from your Policy.]

[The Paid-Up Survivor Benefit Rider has been deleted from your Policy.]

### **Endorsement form BG01E-NF (04/15)-VA variations:**

Bracket #1 – The Policy number will appear which will vary by policyholder.

Bracket #2 – The effective date of the change will appear which varies by policyholder.

Bracket #3 – The Nonforfeiture Benefit Amount will appear which will vary by policyholder.

**Berkshire Life Insurance Company of America**

Home Office: Pittsfield, Massachusetts  
Long Term Care Administrative Office  
Post Office Box 4243  
Woodland Hills, CA 91365-4243  
888-505-8743

**ENDORSEMENT**

This endorsement is attached to and made a part of Policy No. [            ] effective [            ].  
The Non-Payment Option of your Long Term Care Policy that was provided to you at the time of your premium increase has been exercised. No further premium is due. The Policy will continue under its current terms, but benefits payable will be limited to [ \$            ]. No further increases will occur under any benefit increase rider, if attached to the Policy. Claim benefits already paid before the date of lapse would be deducted from this amount.

**Executed for the Company at its Home Office in Pittsfield, Massachusetts.**



Sean Quinn  
Secretary



Gordon Dinsmore  
President

## Notice of Premium Rate Increase

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

Re: Berkshire Life Insurance Company of America (“Berkshire Life”) Long-Term Care Insurance Policy  
POLICY NUMBER

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as interest rates, how long policyholders keep their policy in force and other assumptions. Since several factors have changed, a premium increase is necessary. The premium for your long-term care insurance policy will increase effective Month XX, 20YY, your next policy anniversary date. As a result, your [modal] premium payment will increase from \$xxx.xx to \$yyy.yy, beginning with the premium payment that is due Month XX, 20YY. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. In order to lessen the impact of this rate increase on our customers, Berkshire Life has sought state approval for a 25% rate increase, even though a 50% rate increase is justified. Berkshire Life has agreed to not implement any future rate increases for three years from the date of implementation. We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from \$xxx.xx to \$yyy.yy, your [modal] premium would be \$zzz.zz. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly. Other terms of your policy will remain unchanged.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments.

Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.

- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- **Non-Payment Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Berkshire Life is offering a non-payment option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date. Claim benefits already paid before the date of lapse would be deducted from this amount.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by Month XX, 20YY. In doing so, you will ensure your requested changes are processed prior to Month XX, 20YY, the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to Month XX, 20YY, your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Gordon Dinsmore  
President  
Berkshire Life Insurance Company of America

Enclosure



Berkshire Life  
Insurance Company of America

### Coverage Change Request Form

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Berkshire Life Insurance Company of America  
Long-Term Care Administrative Office  
P.O. Box 4243  
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by Month XX, 20YY. If your Coverage Change Request Form is not received by Month XX, 20YY, your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you will not be able to increase coverage under your policy in the future.

**If you wish to discuss other options, please contact your agent or our office at 888-505-8743.**

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

- Reduce my current daily benefit amount from \$xxx.xx to \$yyy.yy, which will result in a [modal] premium of \$zzz.zz beginning with the premium payment that is due Month XX, 20YY. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly. Other terms of your policy will remain unchanged.
- Exercise the Non-Payment Option.

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date Signed

**Berkshire Life Insurance Company of America**

**Home Office: Pittsfield, Massachusetts  
Company NAIC No. 71714  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

January 2015

<b>Long Term Care Insurance Policy:</b>	<b>Form BG01P(06/04)-VA</b>
<b>Compound 3% Inflation Protection Rider:</b>	<b>Form BG01R-IP3(06/04)</b>
<b>Compound 5% Inflation Protection Rider:</b>	<b>Form BG01R-IP5(06/04)</b>
<b>Shortened Benefit Period Nonforeiture Rider:</b>	<b>Form BG01R-SBN(06/04)-VA</b>
<b>Return of Premium Rider:</b>	<b>Form BG01R-ROP(06/04)</b>
<b>Indemnity Benefit Rider:</b>	<b>Form BG01R-IND(06/04)-VA</b>
<b>Personal Caregiver Rider:</b>	<b>Form BG01R-PCG(06/04)-VA</b>
<b>Waiver of Premium Rider:</b>	<b>Form BG01R-WOP(06/04)-VA</b>
<b>Monthly Benefit Rider:</b>	<b>Form BG01R-MTH(06/04)</b>
<b>Restoration of Benefits Rider:</b>	<b>Form BG01R-ROB(06/04)</b>
<b>Paid-Up Survivor Benefit Rider:</b>	<b>Form BG01R-SVR(06/04)</b>

These form and riders were issued in Virginia from 2004 through 2010. The above form and riders are no longer being marketed.

**Berkshire Life Insurance Company of America**

**Home Office: Pittsfield, Massachusetts  
Company NAIC No. 71714  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

January 2015

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**Berkshire Life Insurance Company of America**

**Home Office: Pittsfield, Massachusetts  
Company NAIC No. 71714  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

January 2015

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**Berkshire Life Insurance Company of America**

**Home Office: Pittsfield, Massachusetts  
Company NAIC No. 71714  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

January 2015

**1. Purpose of Filing**

This actuarial memorandum has been prepared for the purpose of documenting a proposed rate increase and demonstrating that the rates meet the requirements in the statutes of Virginia. It may not be suitable for other purposes.

**2. Requested Rate Increase**

The company is requesting an increase, which does not vary by policy form or issue age. Experience termination rates for inforce policies and policies in claim status are lower than expected, resulting in expected loss ratios which would not be sustainable under the current premiums. No prior rate increase was requested for this form.

The base rate increase is 25% for all policies. The new premium for any contract is equal to the product of the contract's current premium and one plus the base premium increase percentage.

Rate increase impact exhibits are in attachment A.

**3. Premiums**

Premiums are unisex, level, lifetime, and limited pay. Premiums vary by issue age, initial daily benefit, benefit period, elimination period, risk class, individual vs. joint coverage and the riders selected.

Please see attachments B1-B3 for rates:

- B1 BG01P(06/04)-VA current rates
- B2 BG01P(06/04)-VA proposed rates
- B3 BG01P(06/04)-VA proposed increase

**4. Description of Benefits**

BASE POLICY BENEFITS PER (\$10.00) UNIT OF COVERAGE

**Berkshire Life Insurance Company of America**

**Home Office: Pittsfield, Massachusetts  
Company NAIC No. 71714  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

January 2015

- a. FCS - Actual expenses incurred up to \$10.00 per day for FCS (qualified long term care services, including skilled, intermediate and custodial care) while confined in a qualified nursing facility or assisted living facility and maintenance or personal care performed in an assisted living facility. Benefits paid are deducted from the benefit amount.
- b. HCCS - This optional benefit must be selected by the insured to be covered under the policy. Actual expenses incurred up to \$10.00 per day. Coverage is provided for home health care (services performed through a home health care agency or independent home health caregiver, including care by a professional nurse, therapist, dietician or home health aide, and homemaker services) respite care, adult day care, hospice services and caregiver training. The caregiver training benefit payable is a maximum lifetime benefit equal to five times the daily benefit selected. Additionally, the policy provides for an emergency response system benefit payable on a reimbursement basis at \$50 per month (in addition to daily benefit payable for HCCS). Benefits paid are deducted from the benefit amount.
- c. Facility Bed Reservation Benefit - Actual FCS expenses incurred up to \$10.00 per day to reserve a bed in a nursing facility or assisted living facility during a temporary absence from the facility. Benefit is payable up to 30 days per calendar year. Benefits paid are deducted from the benefit amount.
- d. Respite Care - Actual expenses incurred up to \$10.00 per day for FCS or HCCS (if covered) payable as short term care to relieve primary caregiver. Benefit is payable up to 30 days per calendar year. Benefits paid are deducted from the benefit amount.
- e. Alternative Plan of Care Benefit - Provides for qualified long term care services not specifically shown as being available under the policy, if agreed upon by the insured, licensed health care practitioner and the company, which may include equipment purchases or rentals; permanent or temporary modifications to the insured's residence (such as ramps or rails) or care services not normally covered under the HCCS. The alternative plan of care is not available for providing HCCS on policies providing FCS benefits only. The maximum lifetime alternative plan of care payable under the policy is equal to 50 times the daily benefit selected. The alternative plan of care benefit amount agreed upon, divided by the daily benefit selected, equals the number of subsequent days for which additional benefits will not be payable for HCCS or FCS.

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- f. Optional Personal Care Advisor, accessible through toll-free telephone number if requested, is available to insured to provide assistance with any questions about their coverage. The cost of these services is not deducted from the benefit amount.
- g. Optional Care Coordination, at the insured's option a toll-free number is accessible to arrange with the company for contact to be made by a care coordinator. If the insured wishes, an RN will be available to assist with assessment and coordination of appropriate care and services. The cost of these services is not deducted from the benefit amount.
- h. Waiver of Premium is provided after confinement in a nursing facility or an assisted living facility for a period of 90 days or the insured has received home and community care services (if covered on the policy) for a period of 90 days (regardless of the number of visits in a day). Premiums already paid, but not earned will be refunded on a pro-rata basis, including premium paid during the 90 day period above.

**OPTIONAL BENEFIT RIDERS**

- a. Compound 3% and 5% Inflation Protection Riders (IP3) (IP5) – These riders provide that on each policy anniversary, we will increase the daily benefit and benefit amount payable under the policy. The Compound 3% and 5% Inflation Protection Riders increase the daily benefit respectively by 3% or 5% of the previous year's dollar amount. The remaining benefit amount is also increased by 3% or 5%. Under these riders, the daily benefit and benefit amount will continue to increase annually while the insured is receiving benefits under the policy.
- b. Shortened Benefit Period Nonforfeiture Rider (SBP) - This rider provides the nonforfeiture credit 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 and benefits will be payable based on the daily benefit in effect on the date of lapse. No further benefit increases will occur under any inflation protection rider, if attached to the policy. The new benefit amount becomes equal to the greater of: (a) the total of premiums paid for the policy and riders; or (b) 30 times the daily benefit in effect on the date of lapse. Any benefits paid after lapse will be deducted from this new benefit amount.
- c. Return of Premium Rider (ROP) - This rider provides a return of premium benefit (equal to premium paid) with a claims offset in the event that the policy lapses due to death of the insured (last to die under joint coverage).

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- d. Indemnity Benefit Rider (IND) - This rider provides that all benefits covered under the policy will be payable on an indemnity basis at the full daily benefit selected, regardless of actual expenses incurred. This rider is not available if either the Personal Caregiver Rider or Monthly Benefit Rider is purchased.
- e. Personal Caregiver Rider (PCG) - The rider will pay the full daily benefit for services covered under the policy when HCCS is selected, regardless of the actual expenses incurred by the insured. This applies to each benefit for which the insured qualifies. In addition, a personal caregiver benefit is payable for HCCS. This benefit will be equal to the full daily benefit selected for HCCS, regardless of the actual charges incurred. Further, the benefit is payable to the insured regardless of who provides the HCCS, including any nonprofessional caregiver, any unpaid family member, or friends. Benefits paid are subtracted from the benefit amount. The rider is only available to insureds in the preferred plus risk class. The rider is not available with a FCS only policy, IND Rider, Monthly Benefit Rider, 10 year and paid-up at age 65 payment options.
- f. Waiver of Premium (WOP) – This rider provides that all premiums will be waived after receiving 90 days of HCCS (regardless of the number of visits per day). Premiums paid, but not earned will be refunded on a pro-rata basis, including premium paid during the 90 day period above.
- g. Monthly Benefit Rider (MTH) - This rider changes all HCCS benefits from a daily basis to a monthly maximum up to thirty-one (31) times the daily benefit during a calendar month. Not available with IND Rider or PCG Rider. Either 3% or 5% Compound Inflation Protection must also be purchased.
- h. Restoration of Benefits Rider (ROB) – This rider is available with benefit periods other than lifetime. If the policy remains in force and claims paid during a single claim period have not exceeded the benefit amount and the insured is not eligible for payment of benefits for 180 consecutive days, the benefit amount payable will be restored. Restoration of Benefits is subject to a maximum of twice the benefit amount selected.
- i. Paid-Up Survivor Benefit Rider (SRV) – A joint coverage policy to which this rider is attached will be paid-up and no further premium payments due after both of the following have occurred: the end of the 10th policy year; the date of the death of either insured. In the event one insured dies prior to the end of the 10th policy year, the remaining insured will pay the individual premium rate that would have been charged at the original issue age and risk class for the balance of the 10 year period, after which the policy becomes paid-up. Available with lifetime payment plans only.

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**5. Marketing Method**

This policy form was marketed by individual agents who primarily sell on an individual basis.

**6. Underwriting Description**

This policy form was fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

**7. Renewability**

These policies are guaranteed renewable for life.

**8. Applicability**

This filing is applicable to all in force policies issued in Virginia on the above referenced form. Since these form and riders are no longer being sold, the rate increase will only apply to in force policies.

**9. Actuarial Assumptions**

**a. Lapse and rate increase impact**

Attachment C includes a comparison of pricing, experience, and best estimate voluntary lapse rates.

50% of the premium increase is assumed to occur in 2015, 50% in 2016.

An extra 3% of the policyholders with a rate increase are assumed to lapse.

11% of the policyholders with a rate increase are assumed to keep their premium level and reduce their benefit proportionally.

**b. Mortality**

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Attachment D1 includes a comparison of pricing, experience and best estimate mortality.

Best estimate: Attained age mortality is 60% of the 1994 Group Annuity Mortality Table for ages 80 and younger and grade to 100% of the 1994 Group Annuity Mortality Table at age 90 and older, with duration selection factors, shown in attachment D2.

**c. Claims**

Attachment E1.1 compares best estimate with original pricing ultimate unisex incidence rates. It also includes inforce adjustment factors.

**Inforce Adjustment Factors** are used to account for the fact that inforce counts are not reduced by claim incidence. The factor applied to the incidence varies by attained age and duration of the policy.

Attachment E2.1 shows the comparison of actual and expected (original pricing) incidence.

Attachment E1.2 includes the comparison of best estimate and original pricing length of stay for lifetime benefit period, 90 day elimination period policies with and without 5% Compound COLA. The best estimate claim length of stay is based on SOA LTC Intercompany Study 2007 Report and reinsurer's experience.

Attachment E2.2 shows the actual to expected (original pricing) claim length of stay.

**Pricing Claim Costs** for skilled, intermediate aid Facility Care Benefits are derived from The Reports of the Society of Actuaries based on the 1985 National Nursing Home Survey Utilization Data in Transactions, Society of Actuaries, 1988-89-90 Reports; and the Long Term Care Intercompany Study: 1984-1991 Experience in Transactions, Society of Actuaries, 1993-94 Reports. Claim costs factors shown in the original actuarial memorandum are applied to the inforce lives and represent the expected cost per life of incurred benefits.

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Claim costs for Home and Community Based Care are decreasing percentages of Facility Care claim costs derived from information provided by a reinsurer.

Claim costs for the Shortened Benefit Period Nonforfeiture Rider and the Full Nonforfeiture Rider are developed by using mortality rates and nonforfeiture benefits appropriate at each duration.

For the Benefit Increase Riders, the foregoing claim costs are compounded by 5% or 3% each duration based on compound interest rider purchased to obtain the actual claim costs by duration.

Claim costs were adjusted to accommodate the Waiver of Premium, which is treated as an increment of the daily benefit.

Joint claim cost factors:

Pricing:	130% of the individual claim costs
Best Estimates:	72% of the claim costs of each insured

Underwriting selection factors:

Pricing:	10%, 20%, 40%, 60%, 80%, 100% durations 6 & later
Best estimates:	10%, 20%, 40%, 60%, 80%, 100% durations 6 & later

**d. Interest**

Pricing:	4.5%
Best Estimate:	4.5%

**e. Expenses**

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate and that renewal commission rates will apply to the increased premium.

**10. Issue Age Range**

The issue ages are from 40 to 84 on an age nearest birthday basis, except for endorsed groups where the issue age

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range is 18 to 84.

**11. Claim Liability and Reserves**

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2013 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve (IBNR) balances as of December 31, 2013 have been allocated to a calendar year of incurral and included in historic incurred claims. Paid claims have been discounted to the incurral date and included in historical incurred claims. Claim Reserves are calculated for active and pending claimants as present value of benefit payments discounted by interest and terminations. The IBNR is based on lag factors which are applied to the claim reserves and survivor payments based on the difference between the incurral date and the valuation date.

**12. Trend Assumptions**

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

**13. Past and Future Policy Experience**

Projections based on rate increase are shown as follows:

Nationwide experience and projections without proposed rate increase by calendar year:

All Pay Types: Attachment F1

Virginia experience and projections without proposed rate increase by calendar year:

All Pay Types: Attachment G1

A future annual loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums.

A lifetime loss ratio as of December 31, 2013 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at 4.5%.

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Projections based on rate increase are shown as follows:

Nationwide experience and projections with proposed rate increase by calendar year:

All Pay Types: Attachment F2

Virginia experience and projections with proposed rate increase by calendar year:

All Pay Types: Attachment G2

Earned premiums and incurred claims for projection years 2014 through 2054 are developed from an asset share model representing actual contracts in force as of December 31, 2013. The assumptions described above for morbidity, voluntary lapse and mortality are used to project life years, earned premiums and incurred claims.

**14. Analysis Performed**

The initial premium schedule was based on pricing assumptions deemed appropriate when the initial rate schedule was developed.

As part of the in-force management of the business, LifeCare Assurance Company and the reinsurer on the business monitor the performance of the business by completing periodic actual-to-expected analysis for mortality, claim incidence, and claim length of stay. A study of actual voluntary lapse rates is performed periodically. The findings from these analyses were used in projecting the inforce business to determine the effect of experience on the projected lifetime loss ratio.

Attachments C, D1, E2.1 and E2.2 compare experience results with expected assumptions. Attachments H and I compare historical and projected (based on best estimate assumptions) lifetime cumulative loss ratios with pricing expected cumulative loss ratios.

Nationwide historical and projected lifetime cumulative loss ratio compared with pricing expected cumulative loss ratio:

All Pay Types: Attachment H

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Virginia historical and projected lifetime cumulative loss ratio compared with pricing expected cumulative loss ratio:

All Pay Types: Attachment I

In order to analyze the change in expectation from the original pricing assumptions, the cumulative loss ratios are discounted back to duration 1 in exhibits H and I. The actual/best estimate cumulative loss ratio is discounted by 4.5% (best estimate assumption) and the pricing expected cumulative loss ratio is discounted by 4.5% (original pricing assumption).

Because of the low termination rates, a significantly greater risk exposure is expected in the later durations, which is reflected in the nationwide lifetime 132% actual to expected cumulative loss ratio in exhibit H.

**15. Loss Ratio Requirement Compliance Demonstration**

Past experience and best estimates are used in the following projections:

Without proposed rate increase (Nationwide, Virginia):

Attachment F1: Nationwide

Attachment G1: Virginia

With proposed rate increase (Nationwide, Virginia):

Attachment F2: Nationwide

Attachment G2: Virginia

In all projections the accumulated lifetime loss ratios exceed the minimum loss ratio of 60%.

Attachment K provides a demonstration that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

- a. Accumulated value of the initial earned premium times 58%,
- b. 85% of the accumulated value of prior premium rate schedule increases,

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- c. Present value of future projected initial earned premiums times 58%, and
- d. 85% of the present value of future projected premiums in excess of the projected initial earned premiums.

Present and accumulated values in the lifetime projections in Attachment K are determined at 4.5%, the maximum valuation interest rate for contract reserves applicable to long-term care business issued in the years in which the applicable business of this filing were issued.

**16. Proposed Effective Date**

This rate increase will apply to policies on their policy anniversary date following a 60-day policyholder notification period.

**17. Nationwide Distribution of Business as of December 31, 2013 (Based on Policy Count and Premium)**

As of December 31, 2013, the number of policies in force that will be affected by this increase, by policy form and in aggregate is shown in the following attachments:

Nationwide distribution:	Attachment J1
Virginia distribution:	Attachment J2

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**18. 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 qualification standards for preparing health rate filings.

I believe this rate filing is in compliance with the applicable laws of the State of Virginia and with the rules of the Department. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

The data used to develop this actuarial memorandum was provided by LifeCare Assurance Company, the administrator of the policies, and Employers Reassurance Corporation, a reinsurer of the business. I have reviewed the data for reasonableness.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Policy design, underwriting, and claims adjudication practices have been taken into consideration. Furthermore, the actuarial assumptions are appropriate and the gross premiums bear reasonable relationship to the benefits.

Assuming the current underlying moderately adverse assumptions are realized, the current rates would need an increase of 50% (rather than the requested 25%) to bring the loss ratio down to a sustainable level 68%. The company is willing to implement a lesser increase of 25% now and agrees not to seek another rate increase on this policy form for a period of at least 36 months from the date of implementation if the single increase of the requested amount is approved. Policyholders will be notified of not only the 25% rate increase, but also the 50% rate increase that would be required to be charged pursuant to the requirements of 14VAC5-200-153 B. Any future rate increases will not attempt to recover the lost premium between the amount implemented and the increase needed to provide the certification pursuant to 14VAC5-200-153 B.



Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA

Attachment B1  
Rates and Factors Before Proposed Increase  
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT		PREMIUM AND RIDER FACTORS									
	Facility Care Service	Comprehensive Care	Compound Inflation		Return Of Premium	SBP Nonforf	10-Pay	Paid Up at 65	Limited Pay CIP		HCCS Waiver	Paid Up Survivor
			5%	3%					5%	3%		
40	32.00	40.00	3.500	2.170	1.224	1.243	2.098	1.259	5.635	3.494	1.037	1.400
41	33.60	42.00	3.450	2.140	1.233	1.249	2.048	1.262	5.481	3.400	1.040	1.400
42	35.20	44.00	3.400	2.110	1.242	1.254	1.998	1.266	5.328	3.306	1.042	1.400
43	36.97	46.00	3.350	2.070	1.251	1.260	1.983	1.270	5.174	3.197	1.045	1.400
44	38.75	48.00	3.300	2.030	1.260	1.265	1.967	1.273	5.020	3.088	1.047	1.400
45	39.71	49.00	3.250	1.990	1.269	1.271	1.952	1.277	4.867	2.980	1.050	1.400
46	41.49	51.00	3.150	1.980	1.278	1.276	1.937	1.325	4.573	2.912	1.052	1.400
47	43.27	53.00	3.050	1.970	1.287	1.282	1.922	1.373	4.297	2.845	1.055	1.400
48	45.95	56.00	2.950	1.960	1.296	1.287	1.903	1.421	4.034	2.778	1.057	1.400
49	48.63	59.00	2.850	1.950	1.305	1.293	1.884	1.469	3.863	2.710	1.060	1.400
50	52.14	63.00	2.750	1.940	1.314	1.298	1.865	1.517	3.746	2.643	1.062	1.400
51	54.82	66.00	2.700	1.910	1.323	1.304	1.846	1.565	3.651	2.583	1.065	1.400
52	57.50	69.00	2.650	1.890	1.332	1.309	1.826	1.613	3.555	2.536	1.067	1.400
53	61.49	73.00	2.600	1.870	1.341	1.315	1.803	1.661	3.519	2.531	1.070	1.400
54	66.32	78.00	2.550	1.850	1.350	1.320	1.780	1.709	3.473	2.519	1.072	1.400
55	70.31	82.00	2.500	1.830	1.368	1.326	1.757	1.757	3.420	2.504	1.075	1.400
56	75.15	87.00	2.450	1.810	1.386	1.331	1.733		3.246	2.398	1.077	1.400
57	79.13	91.00	2.400	1.790	1.404	1.337	1.710		3.086	2.301	1.080	1.400
58	86.69	99.00	2.350	1.770	1.422	1.342	1.684		2.938	2.213	1.082	1.400
59	93.37	106.00	2.300	1.750	1.440	1.348	1.657		2.837	2.159	1.085	1.400
60	100.94	114.00	2.250	1.730	1.458	1.353	1.631		2.738	2.105	1.087	1.400
61	107.61	121.00	2.200	1.710	1.476	1.359	1.604		2.695	2.095	1.090	1.400
62	115.18	129.00	2.150	1.690	1.494	1.364	1.578		2.634	2.071	1.092	1.400
63	128.33	143.00	2.100	1.670	1.512	1.370	1.548		2.533	2.014	1.095	1.400
64	142.38	158.00	2.050	1.650	1.530	1.375	1.518		2.466	1.985	1.097	1.400
65	155.53	172.00	2.000	1.630	1.539	1.386	1.489		2.391	1.949	1.100	1.400
66	169.58	187.00	1.950	1.610	1.548	1.397	1.459		2.321	1.917	1.102	1.390
67	182.73	201.00	1.900	1.590	1.557	1.408	1.429		2.247	1.880	1.105	1.380
68	206.36	227.00	1.850	1.570	1.566	1.419	1.401		2.188	1.857	1.107	1.370
69	230.00	253.00	1.800	1.550	1.575	1.430	1.373		2.125	1.830	1.110	1.360
70	252.73	278.00	1.750	1.530	1.584	1.441	1.345		2.059	1.800	1.112	1.350
71	276.36	304.00	1.720	1.510	1.593	1.452	1.317		1.996	1.753	1.115	1.340
72	300.00	330.00	1.690	1.490	1.602	1.463	1.289		1.934	1.705	1.117	1.330
73	342.73	377.00	1.660	1.470	1.611	1.474	1.267		1.873	1.658	1.120	1.320
74	384.55	423.00	1.630	1.450	1.620	1.485	1.244		1.811	1.611	1.122	1.310
75	427.27	470.00	1.600	1.430	1.629	1.491	1.221		1.800	1.609	1.125	1.300
76	469.09	516.00	1.580	1.420	1.638	1.496	1.198		1.770	1.591	1.127	1.300
77	511.82	563.00	1.560	1.410	1.647	1.502	1.176		1.740	1.572	1.130	1.300
78	574.55	632.00	1.540	1.400	1.656	1.507	1.154		1.710	1.554	1.132	1.300
79	638.18	702.00	1.520	1.390	1.665	1.513	1.132		1.680	1.536	1.135	1.300
80	700.91	771.00	1.500	1.380	1.674	1.518	1.111		1.650	1.518	1.137	1.300
81	764.55	841.00	1.490	1.370	1.683	1.524	1.089		1.630	1.499	1.140	1.300
82	827.27	910.00	1.480	1.360	1.692	1.529	1.067		1.610	1.479	1.142	1.300
83	895.45	985.00	1.470	1.350	1.701	1.535	1.046		1.590	1.460	1.145	1.300
84	969.09	1,066.00	1.460	1.340	1.710	1.540	1.026		1.570	1.441	1.147	1.300

Factors:

Elim Period :	0 Day	1.30	Benefit Period:	Lifetime	1.00	Risk Classes :		Restoration of Benefits:	
	30 Day	1.15		5 Year	0.82	Preferred Plus	0.80	5 Years	1.034
	90 Day	1.00		4 Year	0.71	Preferred	1.00	4 Years	1.051
	180 Day	0.90		3 Year	0.60	Standard	1.25	3 Years	1.063

Indemnity Benefit Factor (BG01R-IND):	1.12
Personal Caregiver Rider (BG01R-PCG) :	2.00
Monthly Benefit Rider: (BG01R-MTH):	1.15

Joint Coverage - Premiums for joint rate combinations are calculated as 130% of the base policy premium of the older insured, multiplied by the following factors:	
2 Preferred Plus - .800	2 Preferred - 1.000
1 Pref Plus /1 Pref - .900	1 Pref/ 1 Stand - 1.125
1 Pref Plus/ 1 Stand 1.025	2 Standard - 1.250

Modal Premium Factors: PAC/EFT - 0.088 Quarterly- 0.27 Semi-Annual - 0.52

Direct Marketing Discount: All Ages: 10%

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Attachment B2  
Rates and Factors After Proposed Increase  
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT		PREMIUM AND RIDER FACTORS									
	Facility Care Service	Comprehensive Care	Compound Inflation		Return Of Premium	SBP Nonforf	10-Pay	Paid Up at 65	Limited Pay CIP		HCSS Waiver	Paid Up Survivor
			5%	3%					5%	3%		
40	40.00	50.00	3.500	2.170	1.224	1.243	2.098	1.259	5.635	3.494	1.037	1.400
41	42.00	52.50	3.450	2.140	1.233	1.249	2.048	1.262	5.481	3.400	1.040	1.400
42	44.00	55.00	3.400	2.110	1.242	1.254	1.998	1.266	5.328	3.306	1.042	1.400
43	46.21	57.50	3.350	2.070	1.251	1.260	1.983	1.270	5.174	3.197	1.045	1.400
44	48.43	60.00	3.300	2.030	1.260	1.265	1.967	1.273	5.020	3.088	1.047	1.400
45	49.63	61.25	3.250	1.990	1.269	1.271	1.952	1.277	4.867	2.980	1.050	1.400
46	51.86	63.75	3.150	1.980	1.278	1.276	1.937	1.325	4.573	2.912	1.052	1.400
47	54.08	66.25	3.050	1.970	1.287	1.282	1.922	1.373	4.297	2.845	1.055	1.400
48	57.43	70.00	2.950	1.960	1.296	1.287	1.903	1.421	4.034	2.778	1.057	1.400
49	60.78	73.75	2.850	1.950	1.305	1.293	1.884	1.469	3.863	2.710	1.060	1.400
50	65.17	78.75	2.750	1.940	1.314	1.298	1.865	1.517	3.746	2.643	1.062	1.400
51	68.52	82.50	2.700	1.910	1.323	1.304	1.846	1.565	3.651	2.583	1.065	1.400
52	71.87	86.25	2.650	1.890	1.332	1.309	1.826	1.613	3.555	2.536	1.067	1.400
53	76.86	91.25	2.600	1.870	1.341	1.315	1.803	1.661	3.519	2.531	1.070	1.400
54	82.90	97.50	2.550	1.850	1.350	1.320	1.780	1.709	3.473	2.519	1.072	1.400
55	87.88	102.50	2.500	1.830	1.368	1.326	1.757	1.757	3.420	2.504	1.075	1.400
56	93.93	108.75	2.450	1.810	1.386	1.331	1.733	1.733	3.246	2.398	1.077	1.400
57	98.91	113.75	2.400	1.790	1.404	1.337	1.710	1.710	3.086	2.301	1.080	1.400
58	108.36	123.75	2.350	1.770	1.422	1.342	1.684	1.684	2.938	2.213	1.082	1.400
59	116.71	132.50	2.300	1.750	1.440	1.348	1.657	1.657	2.837	2.159	1.085	1.400
60	126.17	142.50	2.250	1.730	1.458	1.353	1.631	1.631	2.738	2.105	1.087	1.400
61	134.51	151.25	2.200	1.710	1.476	1.359	1.604	1.604	2.695	2.095	1.090	1.400
62	143.97	161.25	2.150	1.690	1.494	1.364	1.578	1.578	2.634	2.071	1.092	1.400
63	160.41	178.75	2.100	1.670	1.512	1.370	1.548	1.548	2.533	2.014	1.095	1.400
64	177.97	197.50	2.050	1.650	1.530	1.375	1.518	1.518	2.466	1.985	1.097	1.400
65	194.41	215.00	2.000	1.630	1.539	1.386	1.489	1.489	2.391	1.949	1.100	1.400
66	211.97	233.75	1.950	1.610	1.548	1.397	1.459	1.459	2.321	1.917	1.102	1.390
67	228.41	251.25	1.900	1.590	1.557	1.408	1.429	1.429	2.247	1.880	1.105	1.380
68	257.95	283.75	1.850	1.570	1.566	1.419	1.401	1.401	2.188	1.857	1.107	1.370
69	287.50	316.25	1.800	1.550	1.575	1.430	1.373	1.373	2.125	1.830	1.110	1.360
70	315.91	347.50	1.750	1.530	1.584	1.441	1.345	1.345	2.059	1.800	1.112	1.350
71	345.45	380.00	1.720	1.510	1.593	1.452	1.317	1.317	1.996	1.753	1.115	1.340
72	375.00	412.50	1.690	1.490	1.602	1.463	1.289	1.289	1.934	1.705	1.117	1.330
73	428.41	471.25	1.660	1.470	1.611	1.474	1.267	1.267	1.873	1.658	1.120	1.320
74	480.68	528.75	1.630	1.450	1.620	1.485	1.244	1.244	1.811	1.611	1.122	1.310
75	534.08	587.50	1.600	1.430	1.629	1.491	1.221	1.221	1.800	1.609	1.125	1.300
76	586.36	645.00	1.580	1.420	1.638	1.496	1.198	1.198	1.770	1.591	1.127	1.300
77	639.77	703.75	1.560	1.410	1.647	1.502	1.176	1.176	1.740	1.572	1.130	1.300
78	718.18	790.00	1.540	1.400	1.656	1.507	1.154	1.154	1.710	1.554	1.132	1.300
79	797.72	877.50	1.520	1.390	1.665	1.513	1.132	1.132	1.680	1.536	1.135	1.300
80	876.13	963.75	1.500	1.380	1.674	1.518	1.111	1.111	1.650	1.518	1.137	1.300
81	955.68	1,051.25	1.490	1.370	1.683	1.524	1.089	1.089	1.630	1.499	1.140	1.300
82	1,034.08	1,137.50	1.480	1.360	1.692	1.529	1.067	1.067	1.610	1.479	1.142	1.300
83	1,119.31	1,231.25	1.470	1.350	1.701	1.535	1.046	1.046	1.590	1.460	1.145	1.300
84	1,211.36	1,332.50	1.460	1.340	1.710	1.540	1.026	1.026	1.570	1.441	1.147	1.300

Factors:

Elim Period :	0 Day	1.30	Benefit Period:	Lifetime	1.00	Risk Classes :		Restoration of Benefits:	
	30 Day	1.15		5 Year	0.82	Preferred Plus	0.80	5 Years	1.034
	90 Day	1.00		4 Year	0.71	Preferred	1.00	4 Years	1.051
	180 Day	0.90		3 Year	0.60	Standard	1.25	3 Years	1.063

Indemnity Benefit Factor (BG01R-IND):	1.12
Personal Caregiver Rider (BG01R-PCG) :	2.00
Monthly Benefit Rider: (BG01R-MTH):	1.15

Joint Coverage - Premiums for joint rate combinations are calculated as 130% of the base policy premium of the older insured, multiplied by the following factors:

2 Preferred Plus - .800	2 Preferred - 1.000
1 Pref Plus /1 Pref - .900	1 Pref/ 1 Stand - 1.125
1 Pref Plus/ 1 Stand 1.025	2 Standard - 1.250

Modal Premium Factors: PAC/EFT - 0.088 Quarterly- 0.27 Semi-Annual - 0.52

Direct Marketing Discount: All Ages: 10%

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)-VA**

**Attachment B3**  
**Proposed Increase Percentages**

Lifetime		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
48	25%	25%
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75	25%	25%
76	25%	25%
77	25%	25%
78	25%	25%
79	25%	25%
80	25%	25%
81	25%	25%
82	25%	25%
83	25%	25%
84	25%	25%

10-Pay		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
48	25%	25%
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77	25%	25%
78	25%	25%
79	25%	25%
80	25%	25%
81	25%	25%
82	25%	25%
83	25%	25%
84	25%	25%

Paid Up at 65		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
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<b>Long Term Care Insurance Policy:</b>	<b>Form BG01P(06/04)-VA</b>
<b>Compound 3% Inflation Protection Rider:</b>	<b>Form BG01R-IP3(06/04)</b>
<b>Compound 5% Inflation Protection Rider:</b>	<b>Form BG01R-IP5(06/04)</b>
<b>Shortened Benefit Period Nonforeiture Rider:</b>	<b>Form BG01R-SBN(06/04)-VA</b>
<b>Return of Premium Rider:</b>	<b>Form BG01R-ROP(06/04)</b>
<b>Indemnity Benefit Rider:</b>	<b>Form BG01R-IND(06/04)-VA</b>
<b>Personal Caregiver Rider:</b>	<b>Form BG01R-PCG(06/04)-VA</b>
<b>Waiver of Premium Rider:</b>	<b>Form BG01R-WOP(06/04)-VA</b>
<b>Monthly Benefit Rider:</b>	<b>Form BG01R-MTH(06/04)</b>
<b>Restoration of Benefits Rider:</b>	<b>Form BG01R-ROB(06/04)</b>
<b>Paid-Up Survivor Benefit Rider:</b>	<b>Form BG01R-SVR(06/04)</b>

These form and riders were issued in Virginia from 2004 through 2010. The above form and riders are no longer being marketed.

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**Actuarial Memorandum Exhibits**

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**1. Purpose of Filing**

This actuarial memorandum has been prepared for the purpose of documenting a proposed rate increase and demonstrating that the rates meet the requirements in the statutes of Virginia. It may not be suitable for other purposes.

**2. Requested Rate Increase**

The company is requesting an increase, which does not vary by policy form or issue age. Experience termination rates for inforce policies and policies in claim status are lower than expected, resulting in expected loss ratios which would not be sustainable under the current premiums. No prior rate increase was requested for this form.

The base rate increase is 25% for all policies. The new premium for any contract is equal to the product of the contract's current premium and one plus the base premium increase percentage.

Rate increase impact exhibits are in attachment A.

**3. Premiums**

Premiums are unisex, level, lifetime, and limited pay. Premiums vary by issue age, initial daily benefit, benefit period, elimination period, risk class, individual vs. joint coverage and the riders selected.

Please see attachments B1-B3 for rates:

- B1 BG01P(06/04)-VA current rates
- B2 BG01P(06/04)-VA proposed rates
- B3 BG01P(06/04)-VA proposed increase

**4. Description of Benefits**

BASE POLICY BENEFITS PER (\$10.00) UNIT OF COVERAGE

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- a. FCS - Actual expenses incurred up to \$10.00 per day for FCS (qualified long term care services, including skilled, intermediate and custodial care) while confined in a qualified nursing facility or assisted living facility and maintenance or personal care performed in an assisted living facility. Benefits paid are deducted from the benefit amount.
- b. HCCS - This optional benefit must be selected by the insured to be covered under the policy. Actual expenses incurred up to \$10.00 per day. Coverage is provided for home health care (services performed through a home health care agency or independent home health caregiver, including care by a professional nurse, therapist, dietician or home health aide, and homemaker services) respite care, adult day care, hospice services and caregiver training. The caregiver training benefit payable is a maximum lifetime benefit equal to five times the daily benefit selected. Additionally, the policy provides for an emergency response system benefit payable on a reimbursement basis at \$50 per month (in addition to daily benefit payable for HCCS). Benefits paid are deducted from the benefit amount.
- c. Facility Bed Reservation Benefit - Actual FCS expenses incurred up to \$10.00 per day to reserve a bed in a nursing facility or assisted living facility during a temporary absence from the facility. Benefit is payable up to 30 days per calendar year. Benefits paid are deducted from the benefit amount.
- d. Respite Care - Actual expenses incurred up to \$10.00 per day for FCS or HCCS (if covered) payable as short term care to relieve primary caregiver. Benefit is payable up to 30 days per calendar year. Benefits paid are deducted from the benefit amount.
- e. Alternative Plan of Care Benefit - Provides for qualified long term care services not specifically shown as being available under the policy, if agreed upon by the insured, licensed health care practitioner and the company, which may include equipment purchases or rentals; permanent or temporary modifications to the insured's residence (such as ramps or rails) or care services not normally covered under the HCCS. The alternative plan of care is not available for providing HCCS on policies providing FCS benefits only. The maximum lifetime alternative plan of care payable under the policy is equal to 50 times the daily benefit selected. The alternative plan of care benefit amount agreed upon, divided by the daily benefit selected, equals the number of subsequent days for which additional benefits will not be payable for HCCS or FCS.

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- f. Optional Personal Care Advisor, accessible through toll-free telephone number if requested, is available to insured to provide assistance with any questions about their coverage. The cost of these services is not deducted from the benefit amount.
- g. Optional Care Coordination, at the insured's option a toll-free number is accessible to arrange with the company for contact to be made by a care coordinator. If the insured wishes, an RN will be available to assist with assessment and coordination of appropriate care and services. The cost of these services is not deducted from the benefit amount.
- h. Waiver of Premium is provided after confinement in a nursing facility or an assisted living facility for a period of 90 days or the insured has received home and community care services (if covered on the policy) for a period of 90 days (regardless of the number of visits in a day). Premiums already paid, but not earned will be refunded on a pro-rata basis, including premium paid during the 90 day period above.

**OPTIONAL BENEFIT RIDERS**

- a. Compound 3% and 5% Inflation Protection Riders (IP3) (IP5) – These riders provide that on each policy anniversary, we will increase the daily benefit and benefit amount payable under the policy. The Compound 3% and 5% Inflation Protection Riders increase the daily benefit respectively by 3% or 5% of the previous year's dollar amount. The remaining benefit amount is also increased by 3% or 5%. Under these riders, the daily benefit and benefit amount will continue to increase annually while the insured is receiving benefits under the policy.
- b. Shortened Benefit Period Nonforfeiture Rider (SBP) - This rider provides the nonforfeiture credit 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 and benefits will be payable based on the daily benefit in effect on the date of lapse. No further benefit increases will occur under any inflation protection rider, if attached to the policy. The new benefit amount becomes equal to the greater of: (a) the total of premiums paid for the policy and riders; or (b) 30 times the daily benefit in effect on the date of lapse. Any benefits paid after lapse will be deducted from this new benefit amount.
- c. Return of Premium Rider (ROP) - This rider provides a return of premium benefit (equal to premium paid) with a claims offset in the event that the policy lapses due to death of the insured (last to die under joint coverage).

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- d. Indemnity Benefit Rider (IND) - This rider provides that all benefits covered under the policy will be payable on an indemnity basis at the full daily benefit selected, regardless of actual expenses incurred. This rider is not available if either the Personal Caregiver Rider or Monthly Benefit Rider is purchased.
- e. Personal Caregiver Rider (PCG) - The rider will pay the full daily benefit for services covered under the policy when HCCS is selected, regardless of the actual expenses incurred by the insured. This applies to each benefit for which the insured qualifies. In addition, a personal caregiver benefit is payable for HCCS. This benefit will be equal to the full daily benefit selected for HCCS, regardless of the actual charges incurred. Further, the benefit is payable to the insured regardless of who provides the HCCS, including any nonprofessional caregiver, any unpaid family member, or friends. Benefits paid are subtracted from the benefit amount. The rider is only available to insureds in the preferred plus risk class. The rider is not available with a FCS only policy, IND Rider, Monthly Benefit Rider, 10 year and paid-up at age 65 payment options.
- f. Waiver of Premium (WOP) – This rider provides that all premiums will be waived after receiving 90 days of HCCS (regardless of the number of visits per day). Premiums paid, but not earned will be refunded on a pro-rata basis, including premium paid during the 90 day period above.
- g. Monthly Benefit Rider (MTH) - This rider changes all HCCS benefits from a daily basis to a monthly maximum up to thirty-one (31) times the daily benefit during a calendar month. Not available with IND Rider or PCG Rider. Either 3% or 5% Compound Inflation Protection must also be purchased.
- h. Restoration of Benefits Rider (ROB) – This rider is available with benefit periods other than lifetime. If the policy remains in force and claims paid during a single claim period have not exceeded the benefit amount and the insured is not eligible for payment of benefits for 180 consecutive days, the benefit amount payable will be restored. Restoration of Benefits is subject to a maximum of twice the benefit amount selected.
- i. Paid-Up Survivor Benefit Rider (SRV) – A joint coverage policy to which this rider is attached will be paid-up and no further premium payments due after both of the following have occurred: the end of the 10th policy year; the date of the death of either insured. In the event one insured dies prior to the end of the 10th policy year, the remaining insured will pay the individual premium rate that would have been charged at the original issue age and risk class for the balance of the 10 year period, after which the policy becomes paid-up. Available with lifetime payment plans only.

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**5. Marketing Method**

This policy form was marketed by individual agents who primarily sell on an individual basis.

**6. Underwriting Description**

This policy form was fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

**7. Renewability**

These policies are guaranteed renewable for life.

**8. Applicability**

This filing is applicable to all in force policies issued in Virginia on the above referenced form. Since these form and riders are no longer being sold, the rate increase will only apply to in force policies.

**9. Actuarial Assumptions**

**a. Lapse and rate increase impact**

Attachment C includes a comparison of pricing, experience, and best estimate voluntary lapse rates.

50% of the premium increase is assumed to occur in 2015, 50% in 2016.

An extra 3% of the policyholders with a rate increase are assumed to lapse.

11% of the policyholders with a rate increase are assumed to keep their premium level and reduce their benefit proportionally.

**b. Mortality**

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Attachment D1 includes a comparison of pricing, experience and best estimate mortality.

Best estimate: Attained age mortality is 60% of the 1994 Group Annuity Mortality Table for ages 80 and younger and grade to 100% of the 1994 Group Annuity Mortality Table at age 90 and older, with duration selection factors, shown in attachment D2.

**c. Claims**

Attachment E1.1 compares best estimate with original pricing ultimate unisex incidence rates. It also includes inforce adjustment factors.

**Inforce Adjustment Factors** are used to account for the fact that inforce counts are not reduced by claim incidence. The factor applied to the incidence varies by attained age and duration of the policy.

Attachment E2.1 shows the comparison of actual and expected (original pricing) incidence.

Attachment E1.2 includes the comparison of best estimate and original pricing length of stay for lifetime benefit period, 90 day elimination period policies with and without 5% Compound COLA. The best estimate claim length of stay is based on SOA LTC Intercompany Study 2007 Report and reinsurer's experience.

Attachment E2.2 shows the actual to expected (original pricing) claim length of stay.

**Pricing Claim Costs** for skilled, intermediate aid Facility Care Benefits are derived from The Reports of the Society of Actuaries based on the 1985 National Nursing Home Survey Utilization Data in Transactions, Society of Actuaries, 1988-89-90 Reports; and the Long Term Care Intercompany Study: 1984-1991 Experience in Transactions, Society of Actuaries, 1993-94 Reports. Claim costs factors shown in the original actuarial memorandum are applied to the inforce lives and represent the expected cost per life of incurred benefits.

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Claim costs for Home and Community Based Care are decreasing percentages of Facility Care claim costs derived from information provided by a reinsurer.

Claim costs for the Shortened Benefit Period Nonforfeiture Rider and the Full Nonforfeiture Rider are developed by using mortality rates and nonforfeiture benefits appropriate at each duration.

For the Benefit Increase Riders, the foregoing claim costs are compounded by 5% or 3% each duration based on compound interest rider purchased to obtain the actual claim costs by duration.

Claim costs were adjusted to accommodate the Waiver of Premium, which is treated as an increment of the daily benefit.

Joint claim cost factors:

Pricing:	130% of the individual claim costs
Best Estimates:	72% of the claim costs of each insured

Underwriting selection factors:

Pricing:	10%, 20%, 40%, 60%, 80%, 100% durations 6 & later
Best estimates:	10%, 20%, 40%, 60%, 80%, 100% durations 6 & later

**d. Interest**

Pricing:	4.5%
Best Estimate:	4.5%

**e. Expenses**

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate and that renewal commission rates will apply to the increased premium.

**10. Issue Age Range**

The issue ages are from 40 to 84 on an age nearest birthday basis, except for endorsed groups where the issue age

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range is 18 to 84.

**11. Claim Liability and Reserves**

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2013 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve (IBNR) balances as of December 31, 2013 have been allocated to a calendar year of incurral and included in historic incurred claims. Paid claims have been discounted to the incurral date and included in historical incurred claims. Claim Reserves are calculated for active and pending claimants as present value of benefit payments discounted by interest and terminations. The IBNR is based on lag factors which are applied to the claim reserves and survivor payments based on the difference between the incurral date and the valuation date.

**12. Trend Assumptions**

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

**13. Past and Future Policy Experience**

Projections based on rate increase are shown as follows:

Nationwide experience and projections without proposed rate increase by calendar year:

All Pay Types: Attachment F1

Virginia experience and projections without proposed rate increase by calendar year:

All Pay Types: Attachment G1

A future annual loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums.

A lifetime loss ratio as of December 31, 2013 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at 4.5%.

**Berkshire Life Insurance Company of America**

**Home Office: Pittsfield, Massachusetts  
Company NAIC No. 71714  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

July 2014

Projections based on rate increase are shown as follows:

Nationwide experience and projections with proposed rate increase by calendar year:

All Pay Types: Attachment F2

Virginia experience and projections with proposed rate increase by calendar year:

All Pay Types: Attachment G2

Earned premiums and incurred claims for projection years 2014 through 2054 are developed from an asset share model representing actual contracts in force as of December 31, 2013. The assumptions described above for morbidity, voluntary lapse and mortality are used to project life years, earned premiums and incurred claims.

**14. Analysis Performed**

The initial premium schedule was based on pricing assumptions deemed appropriate when the initial rate schedule was developed.

As part of the in-force management of the business, LifeCare Assurance Company and the reinsurer on the business monitor the performance of the business by completing periodic actual-to-expected analysis for mortality, claim incidence, and claim length of stay. A study of actual voluntary lapse rates is performed periodically. The findings from these analyses were used in projecting the inforce business to determine the effect of experience on the projected lifetime loss ratio.

Attachments C, D1, E2.1 and E2.2 compare experience results with expected assumptions. Attachments H and I compare historical and projected (based on best estimate assumptions) lifetime cumulative loss ratios with pricing expected cumulative loss ratios.

Nationwide historical and projected lifetime cumulative loss ratio compared with pricing expected cumulative loss ratio:

All Pay Types: Attachment H

**Berkshire Life Insurance Company of America**

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July 2014

Virginia historical and projected lifetime cumulative loss ratio compared with pricing expected cumulative loss ratio:

All Pay Types: Attachment I

In order to analyze the change in expectation from the original pricing assumptions, the cumulative loss ratios are discounted back to duration 1 in exhibits H and I. The actual/best estimate cumulative loss ratio is discounted by 4.5% (best estimate assumption) and the pricing expected cumulative loss ratio is discounted by 4.5% (original pricing assumption).

Because of the low termination rates, a significantly greater risk exposure is expected in the later durations, which is reflected in the nationwide lifetime 132% actual to expected cumulative loss ratio in exhibit H.

**15. Loss Ratio Requirement Compliance Demonstration**

Past experience and best estimates are used in the following projections:

Without proposed rate increase (Nationwide, Virginia):

Attachment F1: Nationwide

Attachment G1: Virginia

With proposed rate increase (Nationwide, Virginia):

Attachment F2: Nationwide

Attachment G2: Virginia

In all projections the accumulated lifetime loss ratios exceed the minimum loss ratio of 60%.

Attachment K provides a demonstration that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

- a. Accumulated value of the initial earned premium times 58%,
- b. 85% of the accumulated value of prior premium rate schedule increases,

**Berkshire Life Insurance Company of America**

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**Actuarial Memorandum**

July 2014

- c. Present value of future projected initial earned premiums times 58%, and
- d. 85% of the present value of future projected premiums in excess of the projected initial earned premiums.

Present and accumulated values in the lifetime projections in Attachment K are determined at 4.5%, the maximum valuation interest rate for contract reserves applicable to long-term care business issued in the years in which the applicable business of this filing were issued.

**16. Proposed Effective Date**

This rate increase will apply to policies on their policy anniversary date following a 60-day policyholder notification period.

**17. Nationwide Distribution of Business as of December 31, 2013 (Based on Policy Count and Premium)**

As of December 31, 2013, the number of policies in force that will be affected by this increase, by policy form and in aggregate is shown in the following attachments:

Nationwide distribution:	Attachment J1
Virginia distribution:	Attachment J2

**Berkshire Life Insurance Company of America**

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**Actuarial Memorandum**

July 2014

**18. 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 qualification standards for preparing health rate filings.

I believe this rate filing is in compliance with the applicable laws of the State of Virginia and with the rules of the Department. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

The data used to develop this actuarial memorandum was provided by LifeCare Assurance Company, the administrator of the policies, and Employers Reassurance Corporation, a reinsurer of the business. I have reviewed the data for reasonableness.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of Virginia with the following exception: A rate increase larger than 25% would need to be requested in order to certify, as described under long-term care rate stability rules, that no further premium rate schedule increases are anticipated if the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized. In light of this, it is Berkshire Life's preference to help mitigate the impact on policyholders by requesting an increase of only 25% at this time. Policy design, underwriting, and claims adjudication practices have been taken into consideration. Furthermore, the actuarial assumptions are appropriate and the gross premiums bear reasonable relationship to the benefits.



Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary



Berkshire Life  
Insurance Company of America

### Notice of Premium Rate Increase

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

Re: Berkshire Life Insurance Company of America (“Berkshire Life”) Long-Term Care Insurance Policy  
POLICY NUMBER

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as interest rates, how long policyholders keep their policy in force and other assumptions. Since several factors have changed, a premium increase is necessary. The premium for your long-term care insurance policy will increase effective Month XX, 20YY, your next policy anniversary date. As a result, your [modal] premium payment will increase from \$xxx.xx to \$yyy.yy, beginning with the premium payment that is due Month XX, 20YY. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. In order to lessen the impact of this rate increase on our customers, Berkshire Life has sought state approval for the smallest increase necessary. We will continue to monitor experience on policies such as yours and will implement future rate actions only if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from \$xxx.xx to \$yyy.yy, your [modal] premium would be \$zzz.zz. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly. Other terms of your policy will remain unchanged.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.

Long Term Care Administrative Office

Post Office Box 4243 • Woodland Hills, CA 91365-4243 • Telephone: 888-505-8743 • Fax: 818-887-4595

*Berkshire Life Insurance Company of America, Pittsfield, MA, is a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY*

- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- **Non-Payment Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Berkshire Life is offering a non-payment option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date. Claim benefits already paid before the date of lapse would be deducted from this amount.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by Month XX, 20YY. In doing so, you will ensure your requested changes are processed prior to Month XX, 20YY, the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to Month XX, 20YY, your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Gordon Dinsmore  
President  
Berkshire Life Insurance Company of America

Enclosure



Berkshire Life  
Insurance Company of America

### Coverage Change Request Form

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Berkshire Life Insurance Company of America  
Long-Term Care Administrative Office  
P.O. Box 4243  
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by Month XX, 20YY. If your Coverage Change Request Form is not received by Month XX, 20YY, your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you will not be able to increase coverage under your policy in the future.

**If you wish to discuss other options, please contact your agent or our office at 888-505-8743.**

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

- Reduce my current daily benefit amount from \$xxx.xx to \$yyy.yy, which will result in a [modal] premium of \$zzz.zz beginning with the premium payment that is due Month XX, 20YY. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly. Other terms of your policy will remain unchanged.
- Exercise the Non-Payment Option.

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date Signed



Berkshire Life  
Insurance Company of America

### Notice of Premium Rate Increase

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

Re: Berkshire Life Insurance Company of America (“Berkshire Life”) Long-Term Care Insurance Policy  
POLICY NUMBER

Dear Policyholder(s):

The purpose of this letter is to advise you that, due to unanticipated market factors, premiums are being raised on all Berkshire Life long-term care policies like yours. The premium for your long-term care insurance policy will increase effective Month XX, 20YY, your next policy anniversary date. As a result, your [modal] premium payment will increase from \$xxx.xx to \$yyy.yy, beginning with your Month XX, 20YY automatic premium payment. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. In order to lessen the impact of this rate increase on our customers, Berkshire Life has sought state approval for the smallest increase necessary. We will continue to monitor experience on policies such as yours and will implement future rate actions only if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from \$xxx.xx to \$yyy.yy, your [modal] premium would be \$zzz.zz. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly. Other terms of your policy will remain unchanged.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.

Long Term Care Administrative Office

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- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- **Non-Payment Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Berkshire Life is offering a non-payment option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date. Claim benefits already paid before the date of lapse would be deducted from this amount.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

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If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Gordon Dinsmore  
President  
Berkshire Life Insurance Company of America

Enclosure



Berkshire Life  
Insurance Company of America

**Coverage Change Request Form**

OWNER NAME  
ADDRESS  
ADDRESS

POLICY NUMBER

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Berkshire Life Insurance Company of America  
Long-Term Care Administrative Office  
P.O. Box 4243  
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by Month XX, 20YY. If your Coverage Change Request Form is not received by Month XX, 20YY, your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

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**If you wish to discuss other options, please contact your agent or our office at 888-505-8743.**

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

- o Reduce my current daily benefit amount from \$xxx.xx to \$yyy.yy, which will result in a [modal] premium of \$zzz.zz beginning with the premium payment that is due Month XX, 20YY. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly. Other terms of your policy will remain unchanged.
- o Exercise the Non-Payment Option.

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date Signed

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA

Attachment B1  
Rates and Factors Before Proposed Increase  
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT		PREMIUM AND RIDER FACTORS									
	Facility Care Service	Comprehensive Care	Compound Inflation		Return Of Premium	SBP Nonforf	10-Pay	Paid Up at 65	Limited Pay CIP		HCCS Waiver	Paid Up Survivor
			5%	3%					5%	3%		
40	32.00	40.00	3.500	2.170	1.224	1.243	2.098	1.259	5.635	3.494	1.037	1.400
41	33.60	42.00	3.450	2.140	1.233	1.249	2.048	1.262	5.481	3.400	1.040	1.400
42	35.20	44.00	3.400	2.110	1.242	1.254	1.998	1.266	5.328	3.306	1.042	1.400
43	36.97	46.00	3.350	2.070	1.251	1.260	1.983	1.270	5.174	3.197	1.045	1.400
44	38.75	48.00	3.300	2.030	1.260	1.265	1.967	1.273	5.020	3.088	1.047	1.400
45	39.71	49.00	3.250	1.990	1.269	1.271	1.952	1.277	4.867	2.980	1.050	1.400
46	41.49	51.00	3.150	1.980	1.278	1.276	1.937	1.325	4.573	2.912	1.052	1.400
47	43.27	53.00	3.050	1.970	1.287	1.282	1.922	1.373	4.297	2.845	1.055	1.400
48	45.95	56.00	2.950	1.960	1.296	1.287	1.903	1.421	4.034	2.778	1.057	1.400
49	48.63	59.00	2.850	1.950	1.305	1.293	1.884	1.469	3.863	2.710	1.060	1.400
50	52.14	63.00	2.750	1.940	1.314	1.298	1.865	1.517	3.746	2.643	1.062	1.400
51	54.82	66.00	2.700	1.910	1.323	1.304	1.846	1.565	3.651	2.583	1.065	1.400
52	57.50	69.00	2.650	1.890	1.332	1.309	1.826	1.613	3.555	2.536	1.067	1.400
53	61.49	73.00	2.600	1.870	1.341	1.315	1.803	1.661	3.519	2.531	1.070	1.400
54	66.32	78.00	2.550	1.850	1.350	1.320	1.780	1.709	3.473	2.519	1.072	1.400
55	70.31	82.00	2.500	1.830	1.368	1.326	1.757	1.757	3.420	2.504	1.075	1.400
56	75.15	87.00	2.450	1.810	1.386	1.331	1.733		3.246	2.398	1.077	1.400
57	79.13	91.00	2.400	1.790	1.404	1.337	1.710		3.086	2.301	1.080	1.400
58	86.69	99.00	2.350	1.770	1.422	1.342	1.684		2.938	2.213	1.082	1.400
59	93.37	106.00	2.300	1.750	1.440	1.348	1.657		2.837	2.159	1.085	1.400
60	100.94	114.00	2.250	1.730	1.458	1.353	1.631		2.738	2.105	1.087	1.400
61	107.61	121.00	2.200	1.710	1.476	1.359	1.604		2.695	2.095	1.090	1.400
62	115.18	129.00	2.150	1.690	1.494	1.364	1.578		2.634	2.071	1.092	1.400
63	128.33	143.00	2.100	1.670	1.512	1.370	1.548		2.533	2.014	1.095	1.400
64	142.38	158.00	2.050	1.650	1.530	1.375	1.518		2.466	1.985	1.097	1.400
65	155.53	172.00	2.000	1.630	1.539	1.386	1.489		2.391	1.949	1.100	1.400
66	169.58	187.00	1.950	1.610	1.548	1.397	1.459		2.321	1.917	1.102	1.390
67	182.73	201.00	1.900	1.590	1.557	1.408	1.429		2.247	1.880	1.105	1.380
68	206.36	227.00	1.850	1.570	1.566	1.419	1.401		2.188	1.857	1.107	1.370
69	230.00	253.00	1.800	1.550	1.575	1.430	1.373		2.125	1.830	1.110	1.360
70	252.73	278.00	1.750	1.530	1.584	1.441	1.345		2.059	1.800	1.112	1.350
71	276.36	304.00	1.720	1.510	1.593	1.452	1.317		1.996	1.753	1.115	1.340
72	300.00	330.00	1.690	1.490	1.602	1.463	1.289		1.934	1.705	1.117	1.330
73	342.73	377.00	1.660	1.470	1.611	1.474	1.267		1.873	1.658	1.120	1.320
74	384.55	423.00	1.630	1.450	1.620	1.485	1.244		1.811	1.611	1.122	1.310
75	427.27	470.00	1.600	1.430	1.629	1.491	1.221		1.800	1.609	1.125	1.300
76	469.09	516.00	1.580	1.420	1.638	1.496	1.198		1.770	1.591	1.127	1.300
77	511.82	563.00	1.560	1.410	1.647	1.502	1.176		1.740	1.572	1.130	1.300
78	574.55	632.00	1.540	1.400	1.656	1.507	1.154		1.710	1.554	1.132	1.300
79	638.18	702.00	1.520	1.390	1.665	1.513	1.132		1.680	1.536	1.135	1.300
80	700.91	771.00	1.500	1.380	1.674	1.518	1.111		1.650	1.518	1.137	1.300
81	764.55	841.00	1.490	1.370	1.683	1.524	1.089		1.630	1.499	1.140	1.300
82	827.27	910.00	1.480	1.360	1.692	1.529	1.067		1.610	1.479	1.142	1.300
83	895.45	985.00	1.470	1.350	1.701	1.535	1.046		1.590	1.460	1.145	1.300
84	969.09	1,066.00	1.460	1.340	1.710	1.540	1.026		1.570	1.441	1.147	1.300

Factors:

Elim Period :	0 Day	1.30	Benefit Period:	Lifetime	1.00	Risk Classes :		Restoration of Benefits:	
	30 Day	1.15		5 Year	0.82	Preferred Plus	0.80	5 Years	1.034
	90 Day	1.00		4 Year	0.71	Preferred	1.00	4 Years	1.051
	180 Day	0.90		3 Year	0.60	Standard	1.25	3 Years	1.063

Indemnity Benefit Factor (BG01R-IND):	1.12
Personal Caregiver Rider (BG01R-PCG) :	2.00
Monthly Benefit Rider: (BG01R-MTH):	1.15

Joint Coverage - Premiums for joint rate combinations are calculated as 130% of the base policy premium of the older insured, multiplied by the following factors:	
2 Preferred Plus - .800	2 Preferred - 1.000
1 Pref Plus /1 Pref - .900	1 Pref/ 1 Stand - 1.125
1 Pref Plus/ 1 Stand 1.025	2 Standard - 1.250

Modal Premium Factors: PAC/EFT - 0.088	Quarterly- 0.27	Semi-Annual - 0.52
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Direct Marketing Discount:	All Ages: 10%
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Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA

Attachment B2  
Rates and Factors After Proposed Increase  
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT		PREMIUM AND RIDER FACTORS									
	Facility Care Service	Comprehensive Care	Compound Inflation		Return Of Premium	SBP Nonforf	10-Pay	Paid Up at 65	Limited Pay CIP		HCSS Waiver	Paid Up Survivor
			5%	3%					5%	3%		
40	40.00	50.00	3.500	2.170	1.224	1.243	2.098	1.259	5.635	3.494	1.037	1.400
41	42.00	52.50	3.450	2.140	1.233	1.249	2.048	1.262	5.481	3.400	1.040	1.400
42	44.00	55.00	3.400	2.110	1.242	1.254	1.998	1.266	5.328	3.306	1.042	1.400
43	46.21	57.50	3.350	2.070	1.251	1.260	1.983	1.270	5.174	3.197	1.045	1.400
44	48.43	60.00	3.300	2.030	1.260	1.265	1.967	1.273	5.020	3.088	1.047	1.400
45	49.63	61.25	3.250	1.990	1.269	1.271	1.952	1.277	4.867	2.980	1.050	1.400
46	51.86	63.75	3.150	1.980	1.278	1.276	1.937	1.325	4.573	2.912	1.052	1.400
47	54.08	66.25	3.050	1.970	1.287	1.282	1.922	1.373	4.297	2.845	1.055	1.400
48	57.43	70.00	2.950	1.960	1.296	1.287	1.903	1.421	4.034	2.778	1.057	1.400
49	60.78	73.75	2.850	1.950	1.305	1.293	1.884	1.469	3.863	2.710	1.060	1.400
50	65.17	78.75	2.750	1.940	1.314	1.298	1.865	1.517	3.746	2.643	1.062	1.400
51	68.52	82.50	2.700	1.910	1.323	1.304	1.846	1.565	3.651	2.583	1.065	1.400
52	71.87	86.25	2.650	1.890	1.332	1.309	1.826	1.613	3.555	2.536	1.067	1.400
53	76.86	91.25	2.600	1.870	1.341	1.315	1.803	1.661	3.519	2.531	1.070	1.400
54	82.90	97.50	2.550	1.850	1.350	1.320	1.780	1.709	3.473	2.519	1.072	1.400
55	87.88	102.50	2.500	1.830	1.368	1.326	1.757	1.757	3.420	2.504	1.075	1.400
56	93.93	108.75	2.450	1.810	1.386	1.331	1.733	1.733	3.246	2.398	1.077	1.400
57	98.91	113.75	2.400	1.790	1.404	1.337	1.710	1.710	3.086	2.301	1.080	1.400
58	108.36	123.75	2.350	1.770	1.422	1.342	1.684	1.684	2.938	2.213	1.082	1.400
59	116.71	132.50	2.300	1.750	1.440	1.348	1.657	1.657	2.837	2.159	1.085	1.400
60	126.17	142.50	2.250	1.730	1.458	1.353	1.631	1.631	2.738	2.105	1.087	1.400
61	134.51	151.25	2.200	1.710	1.476	1.359	1.604	1.604	2.695	2.095	1.090	1.400
62	143.97	161.25	2.150	1.690	1.494	1.364	1.578	1.578	2.634	2.071	1.092	1.400
63	160.41	178.75	2.100	1.670	1.512	1.370	1.548	1.548	2.533	2.014	1.095	1.400
64	177.97	197.50	2.050	1.650	1.530	1.375	1.518	1.518	2.466	1.985	1.097	1.400
65	194.41	215.00	2.000	1.630	1.539	1.386	1.489	1.489	2.391	1.949	1.100	1.400
66	211.97	233.75	1.950	1.610	1.548	1.397	1.459	1.459	2.321	1.917	1.102	1.390
67	228.41	251.25	1.900	1.590	1.557	1.408	1.429	1.429	2.247	1.880	1.105	1.380
68	257.95	283.75	1.850	1.570	1.566	1.419	1.401	1.401	2.188	1.857	1.107	1.370
69	287.50	316.25	1.800	1.550	1.575	1.430	1.373	1.373	2.125	1.830	1.110	1.360
70	315.91	347.50	1.750	1.530	1.584	1.441	1.345	1.345	2.059	1.800	1.112	1.350
71	345.45	380.00	1.720	1.510	1.593	1.452	1.317	1.317	1.996	1.753	1.115	1.340
72	375.00	412.50	1.690	1.490	1.602	1.463	1.289	1.289	1.934	1.705	1.117	1.330
73	428.41	471.25	1.660	1.470	1.611	1.474	1.267	1.267	1.873	1.658	1.120	1.320
74	480.68	528.75	1.630	1.450	1.620	1.485	1.244	1.244	1.811	1.611	1.122	1.310
75	534.08	587.50	1.600	1.430	1.629	1.491	1.221	1.221	1.800	1.609	1.125	1.300
76	586.36	645.00	1.580	1.420	1.638	1.496	1.198	1.198	1.770	1.591	1.127	1.300
77	639.77	703.75	1.560	1.410	1.647	1.502	1.176	1.176	1.740	1.572	1.130	1.300
78	718.18	790.00	1.540	1.400	1.656	1.507	1.154	1.154	1.710	1.554	1.132	1.300
79	797.72	877.50	1.520	1.390	1.665	1.513	1.132	1.132	1.680	1.536	1.135	1.300
80	876.13	963.75	1.500	1.380	1.674	1.518	1.111	1.111	1.650	1.518	1.137	1.300
81	955.68	1,051.25	1.490	1.370	1.683	1.524	1.089	1.089	1.630	1.499	1.140	1.300
82	1,034.08	1,137.50	1.480	1.360	1.692	1.529	1.067	1.067	1.610	1.479	1.142	1.300
83	1,119.31	1,231.25	1.470	1.350	1.701	1.535	1.046	1.046	1.590	1.460	1.145	1.300
84	1,211.36	1,332.50	1.460	1.340	1.710	1.540	1.026	1.026	1.570	1.441	1.147	1.300

Factors:

Elim Period :	0 Day	1.30	Benefit Period:	Lifetime	1.00	Risk Classes :		Restoration of Benefits:	
	30 Day	1.15		5 Year	0.82	Preferred Plus	0.80	5 Years	1.034
	90 Day	1.00		4 Year	0.71	Preferred	1.00	4 Years	1.051
	180 Day	0.90		3 Year	0.60	Standard	1.25	3 Years	1.063

Indemnity Benefit Factor (BG01R-IND):	1.12
Personal Caregiver Rider (BG01R-PCG) :	2.00
Monthly Benefit Rider: (BG01R-MTH):	1.15

Joint Coverage - Premiums for joint rate combinations are calculated as 130% of the base policy premium of the older insured, multiplied by the following factors:

2 Preferred Plus - .800	2 Preferred - 1.000
1 Pref Plus /1 Pref - .900	1 Pref/ 1 Stand - 1.125
1 Pref Plus/ 1 Stand 1.025	2 Standard - 1.250

Modal Premium Factors: PAC/EFT - 0.088 Quarterly- 0.27 Semi-Annual - 0.52

Direct Marketing Discount: All Ages: 10%

Berkshire Life Insurance Company of America  
 Policy Form: BG01P(06/04)-VA

Attachment B3  
 Proposed Increase Percentages

Lifetime		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
48	25%	25%
49	25%	25%
50	25%	25%
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74	25%	25%
75	25%	25%
76	25%	25%
77	25%	25%
78	25%	25%
79	25%	25%
80	25%	25%
81	25%	25%
82	25%	25%
83	25%	25%
84	25%	25%

10-Pay		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
48	25%	25%
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78	25%	25%
79	25%	25%
80	25%	25%
81	25%	25%
82	25%	25%
83	25%	25%
84	25%	25%

Paid Up at 65		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
48	25%	25%
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**Berkshire Life Insurance Company of America  
Rate Increase Impact Exhibit**

**Attachment A**

<b>Virginia</b>	<b>BG01P(06/04)-VA</b>			
	<b>Cost of Living Adjustment</b>			<b>Total</b>
	<b>None</b>	<b>Compound 5%</b>	<b>Compound 3%</b>	
<b>Number of Policies</b>	12	125	38	175
<b>Current Premium</b>	\$41,590	\$836,796	\$148,535	1,026,921
<b>Current Average Premium</b>	\$3,466	\$6,694	\$3,909	5,868
<b>New Premium</b>	\$51,987	\$1,045,995	\$185,669	1,283,651
<b>New Average Premium</b>	\$4,332	\$8,368	\$4,886	7,335
<b>Average Rate Increase</b>	25.00%	25.00%	25.00%	25.00%

<b>Nationwide</b>	<b>BG01P(06/04)</b>			
	<b>Cost of Living Adjustment</b>			<b>Total</b>
	<b>None</b>	<b>Compound 5%</b>	<b>Compound 3%</b>	
<b>Number of Policies</b>	960	4,455	2,089	7,504
<b>Current Premium</b>	\$3,372,841	\$31,358,362	\$10,246,336	44,977,539
<b>Current Average Premium</b>	\$3,513	\$7,039	\$4,905	5,994
<b>New Premium</b>	\$4,216,051	\$39,197,953	\$12,807,920	56,221,924
<b>New Average Premium</b>	\$4,392	\$8,799	\$6,131	7,492
<b>Average Rate Increase</b>	25.00%	25.00%	25.00%	25.00%

<b>Virginia</b>	<b>BG01P(06/04)-VA</b>			
	<b>Payment Period</b>			<b>Total</b>
	<b>Lifetime Pay</b>	<b>10 Pay</b>	<b>Paid up at 65</b>	
<b>Number of Policies</b>	109	62	4	175
<b>Current Premium</b>	\$407,620	\$608,991	\$10,310	1,026,921
<b>Current Average Premium</b>	\$3,740	\$9,822	\$2,577	5,868
<b>New Premium</b>	\$509,526	\$761,239	\$12,887	1,283,651
<b>New Average Premium</b>	\$4,675	\$12,278	\$3,222	7,335
<b>Average Rate Increase</b>	25.00%	25.00%	25.00%	25.00%

<b>Nationwide</b>	<b>BG01P(06/04)</b>			
	<b>Payment Period</b>			<b>Total</b>
	<b>Lifetime Pay</b>	<b>10 Pay</b>	<b>Paid up at 65</b>	
<b>Number of Policies</b>	4,254	3,087	163	7,504
<b>Current Premium</b>	\$16,937,365	\$27,121,625	\$918,549	44,977,539
<b>Current Average Premium</b>	\$3,982	\$8,786	\$5,635	5,994
<b>New Premium</b>	\$21,171,706	\$33,902,032	\$1,148,186	56,221,924
<b>New Average Premium</b>	\$4,977	\$10,982	\$7,044	7,492
<b>Average Rate Increase</b>	25.00%	25.00%	25.00%	25.00%

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA

Attachment B1  
Rates and Factors Before Proposed Increase  
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT		PREMIUM AND RIDER FACTORS									
	Facility Care Service	Comprehensive Care	Compound Inflation		Return Of Premium	SBP Nonforf	10-Pay	Paid Up at 65	Limited Pay CIP		HCCS Waiver	Paid Up Survivor
			5%	3%					5%	3%		
40	32.00	40.00	3.500	2.170	1.224	1.243	2.098	1.259	5.635	3.494	1.037	1.400
41	33.60	42.00	3.450	2.140	1.233	1.249	2.048	1.262	5.481	3.400	1.040	1.400
42	35.20	44.00	3.400	2.110	1.242	1.254	1.998	1.266	5.328	3.306	1.042	1.400
43	36.97	46.00	3.350	2.070	1.251	1.260	1.983	1.270	5.174	3.197	1.045	1.400
44	38.75	48.00	3.300	2.030	1.260	1.265	1.967	1.273	5.020	3.088	1.047	1.400
45	39.71	49.00	3.250	1.990	1.269	1.271	1.952	1.277	4.867	2.980	1.050	1.400
46	41.49	51.00	3.150	1.980	1.278	1.276	1.937	1.325	4.573	2.912	1.052	1.400
47	43.27	53.00	3.050	1.970	1.287	1.282	1.922	1.373	4.297	2.845	1.055	1.400
48	45.95	56.00	2.950	1.960	1.296	1.287	1.903	1.421	4.034	2.778	1.057	1.400
49	48.63	59.00	2.850	1.950	1.305	1.293	1.884	1.469	3.863	2.710	1.060	1.400
50	52.14	63.00	2.750	1.940	1.314	1.298	1.865	1.517	3.746	2.643	1.062	1.400
51	54.82	66.00	2.700	1.910	1.323	1.304	1.846	1.565	3.651	2.583	1.065	1.400
52	57.50	69.00	2.650	1.890	1.332	1.309	1.826	1.613	3.555	2.536	1.067	1.400
53	61.49	73.00	2.600	1.870	1.341	1.315	1.803	1.661	3.519	2.531	1.070	1.400
54	66.32	78.00	2.550	1.850	1.350	1.320	1.780	1.709	3.473	2.519	1.072	1.400
55	70.31	82.00	2.500	1.830	1.368	1.326	1.757	1.757	3.420	2.504	1.075	1.400
56	75.15	87.00	2.450	1.810	1.386	1.331	1.733		3.246	2.398	1.077	1.400
57	79.13	91.00	2.400	1.790	1.404	1.337	1.710		3.086	2.301	1.080	1.400
58	86.69	99.00	2.350	1.770	1.422	1.342	1.684		2.938	2.213	1.082	1.400
59	93.37	106.00	2.300	1.750	1.440	1.348	1.657		2.837	2.159	1.085	1.400
60	100.94	114.00	2.250	1.730	1.458	1.353	1.631		2.738	2.105	1.087	1.400
61	107.61	121.00	2.200	1.710	1.476	1.359	1.604		2.695	2.095	1.090	1.400
62	115.18	129.00	2.150	1.690	1.494	1.364	1.578		2.634	2.071	1.092	1.400
63	128.33	143.00	2.100	1.670	1.512	1.370	1.548		2.533	2.014	1.095	1.400
64	142.38	158.00	2.050	1.650	1.530	1.375	1.518		2.466	1.985	1.097	1.400
65	155.53	172.00	2.000	1.630	1.539	1.386	1.489		2.391	1.949	1.100	1.400
66	169.58	187.00	1.950	1.610	1.548	1.397	1.459		2.321	1.917	1.102	1.390
67	182.73	201.00	1.900	1.590	1.557	1.408	1.429		2.247	1.880	1.105	1.380
68	206.36	227.00	1.850	1.570	1.566	1.419	1.401		2.188	1.857	1.107	1.370
69	230.00	253.00	1.800	1.550	1.575	1.430	1.373		2.125	1.830	1.110	1.360
70	252.73	278.00	1.750	1.530	1.584	1.441	1.345		2.059	1.800	1.112	1.350
71	276.36	304.00	1.720	1.510	1.593	1.452	1.317		1.996	1.753	1.115	1.340
72	300.00	330.00	1.690	1.490	1.602	1.463	1.289		1.934	1.705	1.117	1.330
73	342.73	377.00	1.660	1.470	1.611	1.474	1.267		1.873	1.658	1.120	1.320
74	384.55	423.00	1.630	1.450	1.620	1.485	1.244		1.811	1.611	1.122	1.310
75	427.27	470.00	1.600	1.430	1.629	1.491	1.221		1.800	1.609	1.125	1.300
76	469.09	516.00	1.580	1.420	1.638	1.496	1.198		1.770	1.591	1.127	1.300
77	511.82	563.00	1.560	1.410	1.647	1.502	1.176		1.740	1.572	1.130	1.300
78	574.55	632.00	1.540	1.400	1.656	1.507	1.154		1.710	1.554	1.132	1.300
79	638.18	702.00	1.520	1.390	1.665	1.513	1.132		1.680	1.536	1.135	1.300
80	700.91	771.00	1.500	1.380	1.674	1.518	1.111		1.650	1.518	1.137	1.300
81	764.55	841.00	1.490	1.370	1.683	1.524	1.089		1.630	1.499	1.140	1.300
82	827.27	910.00	1.480	1.360	1.692	1.529	1.067		1.610	1.479	1.142	1.300
83	895.45	985.00	1.470	1.350	1.701	1.535	1.046		1.590	1.460	1.145	1.300
84	969.09	1,066.00	1.460	1.340	1.710	1.540	1.026		1.570	1.441	1.147	1.300

Factors:

Elim Period :	0 Day	1.30	Benefit Period:	Lifetime	1.00	Risk Classes :		Restoration of Benefits:	
	30 Day	1.15		5 Year	0.82	Preferred Plus	0.80	5 Years	1.034
	90 Day	1.00		4 Year	0.71	Preferred	1.00	4 Years	1.051
	180 Day	0.90		3 Year	0.60	Standard	1.25	3 Years	1.063

Indemnity Benefit Factor (BG01R-IND):	1.12
Personal Caregiver Rider (BG01R-PCG) :	2.00
Monthly Benefit Rider: (BG01R-MTH):	1.15

Joint Coverage - Premiums for joint rate combinations are calculated as 130% of the base policy premium of the older insured, multiplied by the following factors:	
2 Preferred Plus - .800	2 Preferred - 1.000
1 Pref Plus /1 Pref - .900	1 Pref/ 1 Stand - 1.125
1 Pref Plus/ 1 Stand 1.025	2 Standard - 1.250

Modal Premium Factors: PAC/EFT - 0.088	Quarterly- 0.27	Semi-Annual - 0.52
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Direct Marketing Discount:	All Ages: 10%
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Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA

Attachment B2  
Rates and Factors After Proposed Increase  
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT		PREMIUM AND RIDER FACTORS									
	Facility Care Service	Comprehensive Care	Compound Inflation		Return Of Premium	SBP Nonforf	10-Pay	Paid Up at 65	Limited Pay CIP		HCSS Waiver	Paid Up Survivor
			5%	3%					5%	3%		
40	40.00	50.00	3.500	2.170	1.224	1.243	2.098	1.259	5.635	3.494	1.037	1.400
41	42.00	52.50	3.450	2.140	1.233	1.249	2.048	1.262	5.481	3.400	1.040	1.400
42	44.00	55.00	3.400	2.110	1.242	1.254	1.998	1.266	5.328	3.306	1.042	1.400
43	46.21	57.50	3.350	2.070	1.251	1.260	1.983	1.270	5.174	3.197	1.045	1.400
44	48.43	60.00	3.300	2.030	1.260	1.265	1.967	1.273	5.020	3.088	1.047	1.400
45	49.63	61.25	3.250	1.990	1.269	1.271	1.952	1.277	4.867	2.980	1.050	1.400
46	51.86	63.75	3.150	1.980	1.278	1.276	1.937	1.325	4.573	2.912	1.052	1.400
47	54.08	66.25	3.050	1.970	1.287	1.282	1.922	1.373	4.297	2.845	1.055	1.400
48	57.43	70.00	2.950	1.960	1.296	1.287	1.903	1.421	4.034	2.778	1.057	1.400
49	60.78	73.75	2.850	1.950	1.305	1.293	1.884	1.469	3.863	2.710	1.060	1.400
50	65.17	78.75	2.750	1.940	1.314	1.298	1.865	1.517	3.746	2.643	1.062	1.400
51	68.52	82.50	2.700	1.910	1.323	1.304	1.846	1.565	3.651	2.583	1.065	1.400
52	71.87	86.25	2.650	1.890	1.332	1.309	1.826	1.613	3.555	2.536	1.067	1.400
53	76.86	91.25	2.600	1.870	1.341	1.315	1.803	1.661	3.519	2.531	1.070	1.400
54	82.90	97.50	2.550	1.850	1.350	1.320	1.780	1.709	3.473	2.519	1.072	1.400
55	87.88	102.50	2.500	1.830	1.368	1.326	1.757	1.757	3.420	2.504	1.075	1.400
56	93.93	108.75	2.450	1.810	1.386	1.331	1.733	1.733	3.246	2.398	1.077	1.400
57	98.91	113.75	2.400	1.790	1.404	1.337	1.710	1.710	3.086	2.301	1.080	1.400
58	108.36	123.75	2.350	1.770	1.422	1.342	1.684	1.684	2.938	2.213	1.082	1.400
59	116.71	132.50	2.300	1.750	1.440	1.348	1.657	1.657	2.837	2.159	1.085	1.400
60	126.17	142.50	2.250	1.730	1.458	1.353	1.631	1.631	2.738	2.105	1.087	1.400
61	134.51	151.25	2.200	1.710	1.476	1.359	1.604	1.604	2.695	2.095	1.090	1.400
62	143.97	161.25	2.150	1.690	1.494	1.364	1.578	1.578	2.634	2.071	1.092	1.400
63	160.41	178.75	2.100	1.670	1.512	1.370	1.548	1.548	2.533	2.014	1.095	1.400
64	177.97	197.50	2.050	1.650	1.530	1.375	1.518	1.518	2.466	1.985	1.097	1.400
65	194.41	215.00	2.000	1.630	1.539	1.386	1.489	1.489	2.391	1.949	1.100	1.400
66	211.97	233.75	1.950	1.610	1.548	1.397	1.459	1.459	2.321	1.917	1.102	1.390
67	228.41	251.25	1.900	1.590	1.557	1.408	1.429	1.429	2.247	1.880	1.105	1.380
68	257.95	283.75	1.850	1.570	1.566	1.419	1.401	1.401	2.188	1.857	1.107	1.370
69	287.50	316.25	1.800	1.550	1.575	1.430	1.373	1.373	2.125	1.830	1.110	1.360
70	315.91	347.50	1.750	1.530	1.584	1.441	1.345	1.345	2.059	1.800	1.112	1.350
71	345.45	380.00	1.720	1.510	1.593	1.452	1.317	1.317	1.996	1.753	1.115	1.340
72	375.00	412.50	1.690	1.490	1.602	1.463	1.289	1.289	1.934	1.705	1.117	1.330
73	428.41	471.25	1.660	1.470	1.611	1.474	1.267	1.267	1.873	1.658	1.120	1.320
74	480.68	528.75	1.630	1.450	1.620	1.485	1.244	1.244	1.811	1.611	1.122	1.310
75	534.08	587.50	1.600	1.430	1.629	1.491	1.221	1.221	1.800	1.609	1.125	1.300
76	586.36	645.00	1.580	1.420	1.638	1.496	1.198	1.198	1.770	1.591	1.127	1.300
77	639.77	703.75	1.560	1.410	1.647	1.502	1.176	1.176	1.740	1.572	1.130	1.300
78	718.18	790.00	1.540	1.400	1.656	1.507	1.154	1.154	1.710	1.554	1.132	1.300
79	797.72	877.50	1.520	1.390	1.665	1.513	1.132	1.132	1.680	1.536	1.135	1.300
80	876.13	963.75	1.500	1.380	1.674	1.518	1.111	1.111	1.650	1.518	1.137	1.300
81	955.68	1,051.25	1.490	1.370	1.683	1.524	1.089	1.089	1.630	1.499	1.140	1.300
82	1,034.08	1,137.50	1.480	1.360	1.692	1.529	1.067	1.067	1.610	1.479	1.142	1.300
83	1,119.31	1,231.25	1.470	1.350	1.701	1.535	1.046	1.046	1.590	1.460	1.145	1.300
84	1,211.36	1,332.50	1.460	1.340	1.710	1.540	1.026	1.026	1.570	1.441	1.147	1.300

Factors:

Elim Period :	0 Day	1.30	Benefit Period:	Lifetime	1.00	Risk Classes :		Restoration of Benefits:	
	30 Day	1.15		5 Year	0.82	Preferred Plus	0.80	5 Years	1.034
	90 Day	1.00		4 Year	0.71	Preferred	1.00	4 Years	1.051
	180 Day	0.90		3 Year	0.60	Standard	1.25	3 Years	1.063

Indemnity Benefit Factor (BG01R-IND):	1.12
Personal Caregiver Rider (BG01R-PCG) :	2.00
Monthly Benefit Rider: (BG01R-MTH):	1.15

Joint Coverage - Premiums for joint rate combinations are calculated as 130% of the base policy premium of the older insured, multiplied by the following factors:

2 Preferred Plus - .800	2 Preferred - 1.000
1 Pref Plus /1 Pref - .900	1 Pref/ 1 Stand - 1.125
1 Pref Plus/ 1 Stand 1.025	2 Standard - 1.250

Modal Premium Factors: PAC/EFT - 0.088 Quarterly- 0.27 Semi-Annual - 0.52

Direct Marketing Discount: All Ages: 10%

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA

Attachment B3  
Proposed Increase Percentages

Lifetime		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
48	25%	25%
49	25%	25%
50	25%	25%
51	25%	25%
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72	25%	25%
73	25%	25%
74	25%	25%
75	25%	25%
76	25%	25%
77	25%	25%
78	25%	25%
79	25%	25%
80	25%	25%
81	25%	25%
82	25%	25%
83	25%	25%
84	25%	25%

10-Pay		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
48	25%	25%
49	25%	25%
50	25%	25%
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75	25%	25%
76	25%	25%
77	25%	25%
78	25%	25%
79	25%	25%
80	25%	25%
81	25%	25%
82	25%	25%
83	25%	25%
84	25%	25%

Paid Up at 65		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
48	25%	25%
49	25%	25%
50	25%	25%
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**Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)**

**Attachment C  
Lapse Rates**

Duration	Expected Lapse Rates			Best Estimate Lapse Rates		Combined Lapse Rates*		
	Lifetime	10 Pay	Paid Up at 65**	Lifetime	Limited	Actual	Expected	A/E
1	7.00%	2.00%	2.00%	3.75%	2.00%	3.15%	5.02%	0.63
2	4.00%	2.00%	2.00%	2.75%	1.50%	3.38%	3.19%	1.06
3	3.00%	2.00%	2.00%	2.00%	1.00%	2.45%	2.58%	0.95
4	2.50%	2.00%	2.00%	1.50%	0.75%	1.62%	2.28%	0.71
5	2.00%	1.50%	2.00%	1.00%	0.50%	1.36%	1.78%	0.77
6	1.50%	1.50%	2.00%	0.75%	0.25%	0.92%	1.50%	0.61
7	1.25%	1.50%	2.00%	0.75%	0.00%	0.68%	1.35%	0.50
8	1.00%	0.00%	2.00%	0.75%	0.00%	0.65%	0.65%	0.99
9	1.00%	0.00%	2.00%	0.75%	0.00%	0.74%	0.69%	1.07
10	1.00%	0.00%	2.00%	0.75%	0.00%	0.00%	0.70%	0.00
11	1.25%	0.00%	2.00%	0.75%	0.00%			
12	1.50%	0.00%	2.00%	0.75%	0.00%			
13	2.00%	0.00%	2.00%	0.75%	0.00%			
14	2.00%	0.00%	2.00%	0.75%	0.00%			
15	2.00%	0.00%	2.00%	0.75%	0.00%			
16	2.00%	0.00%	2.00%	0.75%	0.00%			
17	2.00%	0.00%	2.00%	0.75%	0.00%			
18	2.00%	0.00%	2.00%	0.75%	0.00%			
19	2.00%	0.00%	2.00%	0.75%	0.00%			
20	2.00%	0.00%	2.00%	0.75%	0.00%			
21+	2.00%	0.00%	2.00%	0.75%	0.00%			
Average						2.33%	2.94%	0.79

\* Based on the actual exposure.

\*\* Paid Up at 65 lapse rate = 0% after premium paying duration

**Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)**

**Attachment D1  
Mortality**

Duration	Exposure	Actual Mortality	Expected Mortality*	Best Estimate**	Actual to Expected
1	18,936	8	98	22	0.08
2	17,779	18	101	27	0.18
3	14,813	21	93	29	0.22
4	11,828	15	82	29	0.18
5	8,882	11	69	27	0.16
6	6,297	11	54	23	0.20
7	3,959	10	38	17	0.26
8	1,855	8	21	10	0.38
9	543	1	7	3	0.14
10	5	0	0	0	0.00
Average	84,897	103	564	188	0.18

\* Expected: Pricing assumptions -1983 GAM

\*\* Best estimate: see actuarial memorandum 9b

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)**

**Attachment D2**  
**Mortality Selection Factors**

Policy Duration	Selection Factors
1	0.30
2	0.35
3	0.40
4	0.45
5	0.49
6	0.53
7	0.56
8	0.59
9	0.62
10	0.65
11	0.68
12	0.71
13	0.74
14	0.77
15	0.80
16	0.82
17	0.84
18	0.88
19	0.92
20	0.96
21	1.00

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)**

**Attachment E1.1**  
**Incidence Rates Per 100**

Best Estimate				Original Pricing*		Ratio of Best Estimate to Original Pricing		Inforce Adjustment Factor**
Attained Age	Unisex			Attained Age	Unisex	Attained Age	Unisex	Unisex
	Nursing Care	Home and Community Based Care	Assisted Living Facility					
40	<b>0.0096</b>	<b>0.0120</b>	<b>0.0029</b>	40	<b>0.0175</b>	40	55%	<b>0.9993</b>
41	0.0104	0.0130	0.0031	41	0.0190	41	55%	0.9992
42	0.0113	0.0141	0.0034	42	0.0206	42	55%	0.9992
43	0.0122	0.0153	0.0037	43	0.0223	43	55%	0.9991
44	0.0133	0.0166	0.0040	44	0.0242	44	55%	0.9991
45	0.0144	0.0180	0.0043	45	0.0263	45	55%	0.9990
46	0.0156	0.0195	0.0047	46	0.0285	46	55%	0.9989
47	0.0169	0.0212	0.0051	47	0.0309	47	55%	0.9988
48	0.0184	0.0230	0.0055	48	0.0335	48	55%	0.9987
49	0.0199	0.0249	0.0060	49	0.0363	49	55%	0.9986
50	<b>0.0216</b>	<b>0.0270</b>	<b>0.0065</b>	50	<b>0.0394</b>	50	55%	<b>0.9984</b>
51	0.0239	0.0299	0.0072	51	0.0437	51	55%	0.9983
52	0.0265	0.0332	0.0080	52	0.0484	52	55%	0.9981
53	0.0294	0.0368	0.0088	53	0.0537	53	55%	0.9979
54	0.0326	0.0407	0.0098	54	0.0595	54	55%	0.9977
55	0.0361	0.0451	0.0108	55	0.0659	55	55%	0.9975
56	0.0400	0.0500	0.0120	56	0.0731	56	55%	0.9972
57	0.0444	0.0555	0.0133	57	0.0810	57	55%	0.9969
58	0.0492	0.0564	0.0143	58	0.0897	58	55%	0.9966
59	0.0545	0.0556	0.0158	59	0.0995	59	55%	0.9963
60	<b>0.0604</b>	<b>0.0559</b>	<b>0.0169</b>	60	<b>0.1102</b>	60	55%	<b>0.9958</b>
61	0.0717	0.0603	0.0194	61	0.1308	61	55%	0.9954
62	0.0851	0.0659	0.0230	62	0.1553	62	55%	0.9949
63	0.1010	0.0716	0.0263	63	0.1843	63	55%	0.9943
64	0.1199	0.0734	0.0312	64	0.2188	64	55%	0.9937
65	0.1423	0.0775	0.0356	65	0.2597	65	55%	0.9930
66	0.1689	0.0824	0.0405	66	0.3082	66	55%	0.9922
67	0.2005	0.0864	0.0481	67	0.3658	67	55%	0.9913
68	0.2379	0.0911	0.0547	68	0.4342	68	55%	0.9902
69	0.2824	0.0918	0.0650	69	0.5154	69	55%	0.9889
70	<b>0.3352</b>	<b>0.0962</b>	<b>0.0737</b>	70	<b>0.6117</b>	70	55%	<b>0.9873</b>
71	0.3969	0.0992	0.0873	71	0.7243	71	55%	0.9854
72	0.4699	0.1137	0.0987	72	0.8575	72	55%	0.9831
73	0.5563	0.1196	0.1168	73	1.0153	73	55%	0.9802
74	0.6587	0.1298	0.1317	74	1.2021	74	55%	0.9767
75	0.7799	0.1318	0.1560	75	1.4233	75	55%	0.9724
76	0.9233	0.1394	0.1754	76	1.6851	76	55%	0.9674
77	1.0932	0.1454	0.2077	77	1.9951	77	55%	0.9613
78	1.2943	0.1488	0.2459	78	2.3622	78	55%	0.9542
79	1.5325	0.1793	0.2758	79	2.7967	79	55%	0.9459
80	<b>1.8144</b>	<b>0.1796</b>	<b>0.3266</b>	80	<b>3.3113</b>	80	55%	<b>0.9364</b>
81	2.0128	0.1832	0.3422	81	3.6281	81	55%	0.9255
82	2.2326	0.1853	0.3795	82	3.9752	82	56%	0.9132
83	2.4760	0.1609	0.4209	83	4.3554	83	57%	0.8994
84	2.7456	0.1840	0.4393	84	4.7721	84	58%	0.8844
85	3.0441	0.1796	0.4871	85	5.2287	85	58%	0.8678
86	3.3745	0.2092	0.5062	86	5.7289	86	59%	0.8500
87	3.7404	0.2020	0.5611	87	6.2769	87	60%	0.8310
88	4.1453	0.1907	0.6218	88	6.8775	88	60%	0.8106
89	4.5935	0.2205	0.6431	89	7.5354	89	61%	0.7894
90	<b>5.0895</b>	<b>0.2036</b>	<b>0.7125</b>	90	<b>8.2563</b>	90	62%	<b>0.7683</b>
91	5.5293	0.2322	0.7741	91	8.8712	91	62%	0.7467
92	6.0064	0.2643	0.7808	92	9.5319	92	63%	0.7246
93	6.5239	0.2349	0.8481	93	10.2418	93	64%	0.7020
94	7.0851	0.2763	0.9211	94	11.0046	94	64%	0.6789
95	7.6938	0.3154	1.0002	95	11.8242	95	65%	0.6572
96	8.3538	0.3592	1.0025	96	12.7048	96	66%	0.6357
97	9.0695	0.4172	1.0883	97	13.6510	97	66%	0.6152
98	9.8295	0.4574	1.1435	98	14.1970	98	67%	0.6000
99	10.0118	0.6107	1.1013	99	14.7649	99	68%	0.6000
100	<b>10.5175</b>	<b>0.6731</b>	<b>1.1569</b>	100	<b>15.3555</b>	100	68%	<b>0.6000</b>
101	10.9413	0.7221	1.2035	101	15.8162	101	69%	0.6000
102	11.2154	0.7739	1.2337	102	16.0534	102	70%	0.6000
103	11.4952	0.9311	1.1495	103	16.2942	103	71%	0.6000
104	11.7810	0.9896	1.1781	104	16.5386	104	71%	0.6000
105	12.0726	1.0503	1.2073	105	16.7867	105	72%	0.6000
106	12.3704	1.1010	1.2370	106	17.0385	106	73%	0.6000
107	12.6744	1.1660	1.2674	107	17.2941	107	73%	0.6000
108	12.9848	1.2336	1.2985	108	17.5535	108	74%	0.6000
109	13.3016	1.2903	1.3302	109	17.8168	109	75%	0.6000
110	13.6250	1.3625	1.3625	110	18.0841	110	75%	0.6000

\* Unisex rates based on 30% Male and 70% Female

\*\* Adjustment factors to account for the fact that claim incidence is not reflected in the inforce count. See actuarial memorandum section 9.c "Inforce Adjustment Factors"

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)

Attachment E1.2  
Length of Stay Per \$1 of Daily Benefit

Best Estimate Length of Stay*			Original Pricing Length of Stay**			Best Estimate / Original Pricing		
Attained Age	No COLA	5% Compound COLA	Attained Age	No COLA	5% Compound COLA	Attained Age	No COLA	5% Compound COLA
40	1,025.65	1,170.13	40	795.55	942.53	40	129%	124%
41	948.35	1,082.16	41	781.39	928.85	41	121%	117%
42	878.10	1,002.52	42	768.45	916.99	42	114%	109%
43	814.37	930.61	43	756.79	907.16	43	108%	103%
44	756.69	865.92	44	746.54	899.71	44	101%	96%
45	704.68	808.07	45	737.88	895.14	45	96%	90%
46	658.03	756.75	46	731.09	894.24	46	90%	85%
47	616.52	711.82	47	726.61	898.25	47	85%	79%
48	580.03	673.31	48	725.13	909.06	48	80%	74%
49	548.58	641.48	49	727.75	929.72	49	75%	69%
50	522.41	617.00	50	736.17	965.08	50	71%	64%
51	515.57	603.21	51	724.87	942.46	51	71%	64%
52	511.31	595.95	52	714.35	921.50	52	72%	65%
53	507.58	589.59	53	704.56	902.06	53	72%	65%
54	504.30	584.00	54	695.45	884.05	54	73%	66%
55	501.41	579.06	55	686.98	867.34	55	73%	67%
56	498.86	574.69	56	679.11	851.86	56	73%	67%
57	496.62	570.81	57	671.78	837.49	57	74%	68%
58	494.64	567.36	58	664.97	824.18	58	74%	69%
59	492.90	564.30	59	658.65	811.84	59	75%	70%
60	491.37	561.57	60	652.78	800.40	60	75%	70%
61	502.87	574.38	61	626.32	758.75	61	80%	76%
62	514.86	587.87	62	602.77	722.78	62	85%	81%
63	527.30	601.92	63	581.42	690.78	63	91%	87%
64	540.18	616.51	64	561.93	662.12	64	96%	93%
65	553.50	631.64	65	544.06	636.28	65	102%	99%
66	567.28	647.32	66	527.57	612.83	66	108%	106%
67	581.51	663.56	67	512.30	591.44	67	114%	112%
68	596.21	680.37	68	498.09	571.83	68	120%	119%
69	611.39	697.75	69	484.82	553.76	69	126%	126%
70	627.07	715.73	70	472.38	537.03	70	133%	133%
71	633.72	721.87	71	464.69	526.10	71	136%	137%
72	640.71	728.47	72	457.64	516.19	72	140%	141%
73	648.01	735.44	73	451.15	507.16	73	144%	145%
74	655.62	742.78	74	445.17	498.90	74	147%	149%
75	663.53	750.47	75	439.65	491.34	75	151%	153%
76	671.75	758.53	76	434.55	484.39	76	155%	157%
77	680.28	766.94	77	429.82	478.01	77	158%	160%
78	689.12	775.71	78	425.45	472.13	78	162%	164%
79	698.26	784.85	79	421.39	466.70	79	166%	168%
80	707.72	794.34	80	417.62	461.68	80	169%	172%
81	693.07	774.19	81	412.96	454.35	81	168%	170%
82	680.50	757.06	82	410.07	450.23	82	166%	168%
83	669.46	742.07	83	407.50	446.59	83	164%	166%
84	659.71	728.85	84	405.18	443.33	84	163%	164%
85	651.06	717.13	85	403.08	440.38	85	162%	163%
86	643.36	706.70	86	401.15	437.69	86	160%	161%
87	636.49	697.39	87	399.37	435.21	87	159%	160%
88	630.35	689.05	88	397.72	432.91	88	158%	159%
89	624.85	681.57	89	396.18	430.77	89	158%	158%
90	619.93	674.85	90	394.75	428.77	90	157%	157%
91	589.92	640.57	91	385.97	419.15	91	153%	153%
92	562.50	609.50	92	377.58	409.98	92	149%	149%
93	537.18	580.90	93	369.53	401.19	93	145%	145%
94	513.73	554.50	94	361.81	392.76	94	142%	141%
95	491.96	530.06	95	354.40	384.68	95	139%	138%
96	471.73	507.41	96	347.28	376.93	96	136%	135%
97	452.88	486.35	97	340.45	369.49	97	133%	132%
98	435.30	466.75	98	333.90	362.36	98	130%	129%
99	418.87	448.48	99	327.61	355.53	99	128%	126%
100	403.51	431.42	100	321.78	349.31	100	125%	124%
101	403.51	431.42	101	285.45	297.08	101	141%	145%
102	403.51	431.42	102	285.45	297.08	102	141%	145%
103	403.51	431.42	103	285.45	297.08	103	141%	145%
104	403.51	431.42	104	285.45	297.08	104	141%	145%
105	403.51	431.42	105	285.45	297.08	105	141%	145%
106	403.51	431.42	106	285.45	297.08	106	141%	145%
107	403.51	431.42	107	285.45	297.08	107	141%	145%
108	403.51	431.42	108	285.45	297.08	108	141%	145%
109	403.51	431.42	109	285.45	297.08	109	141%	145%
110	403.51	431.42	110	285.45	297.08	110	141%	145%

\* Based on SOA LTC Intercompany Study 2007 Report and reinsurer's experiences. 4.5% interest. Lifetime Benefits, 90 Day Elimination Period, 30% Male, 70% Female.

\*\* 1985 National Nursing Home Survey table 11, linearly interpolated between age group. 4.5% interest. Lifetime Benefits, 90 Day Elimination Period, 30% Male, 70% Female.

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)**

**Attachment E2.1**  
**Actual to Expected Incidence Rates**

Duration	Exposure	Actual	Expected*	Actual to Expected*
1	18,935	3	34	0.09
2	17,779	2	35	0.06
3	14,810	12	33	0.36
4	11,822	10	30	0.34
5	8,869	11	25	0.43
6	6,277	12	20	0.60
7	3,945	5	14	0.35
8	1,850	3	8	0.37
9	540	2	3	0.72
10	5	0	0	0.00
Average	84,832	60	202	0.30

\* Expected: Pricing assumptions, see actuarial memorandum section 9c, "**Pricing Claim Costs**"

**Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)**

**Attachment E2.2  
Actual to Expected Claim Termination**

Duration	Exposure	Actual	Expected*	Actual to Expected
1st quarter	2	1	1	1.24
2nd quarter	13	6	3	2.24
3rd quarter	7	1	1	1.18
4th quarter	6	0	0	0.00
2	19	3	6	0.54
3	9	0	2	0.00
4	4	2	2	1.22
5	0	0	0	
6	0	0	0	
Total	60	13	14	0.90

\* Expected: Pricing continuance - 1985 NHS Survey Table 11, Unisex

**Berkshire Life Insurance Company of America**  
**Nationwide Experience Projection without Proposed Rate Increase**  
**Policy Form: BG01P(06/04)**

**Attachment F1**

Calendar Year	Without Interest					With Interest			Cumulative					at: Year End 2013	4.50% Factor 1.0450	
	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims [1]	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio			
Historical Experience	2004	163,433	0	0.0%	0	0.0%	248,281	0	0	248,281	0	0.0%	0	0.0%	9.5	1.5192
	2005	3,332,517	0	0.0%	0	0.0%	4,844,632	0	0	5,092,914	0	0.0%	0	0.0%	8.5	1.4537
	2006	9,299,375	0	0.0%	0	0.0%	12,936,772	0	0	18,029,686	0	0.0%	0	0.0%	7.5	1.3911
	2007	18,505,477	5,606	0.0%	325,486	1.8%	24,635,205	7,463	433,299	42,664,891	7,463	0.0%	433,299	1.0%	6.5	1.3312
	2008	27,747,900	45,246	0.2%	88,469	0.3%	35,348,396	57,639	112,702	78,013,287	65,102	0.1%	546,002	0.7%	5.5	1.2739
	2009	36,847,300	130,617	0.4%	210,119	0.6%	44,918,886	159,230	256,146	122,932,173	224,332	0.2%	802,148	0.7%	4.5	1.2191
	2010	43,801,244	324,847	0.7%	1,854,867	4.2%	51,096,771	378,953	2,163,814	174,028,944	603,285	0.3%	2,965,961	1.7%	3.5	1.1666
	2011	47,332,109	389,721	0.8%	713,457	1.5%	52,838,026	435,055	796,451	226,866,971	1,038,340	0.5%	3,762,412	1.7%	2.5	1.1163
	2012	47,452,966	675,699	1.4%	2,455,157	5.2%	50,691,810	721,818	2,622,730	277,558,781	1,760,158	0.6%	6,385,142	2.3%	1.5	1.0683
	2013	46,636,000	1,067,477	2.3%	2,609,785	5.6%	47,673,764	1,091,231	2,667,859	325,232,544	2,851,389	0.9%	9,053,001	2.8%	0.5	1.0223
Projected Future Experience	2014	45,858,715	1,799,573	3.9%	2,946,642	6.4%	44,860,462	1,760,400	2,882,500	370,093,006	4,611,789	1.2%	11,935,501	3.2%	-0.5	0.9782
	2015	44,340,890	2,966,761	6.7%	3,569,703	8.1%	41,507,824	2,777,206	3,341,624	411,600,830	7,388,995	1.8%	15,277,125	3.7%	-1.5	0.9361
	2016	40,527,404	3,644,096	9.0%	4,215,187	10.4%	36,304,299	3,264,367	3,775,949	447,905,130	10,653,363	2.4%	19,053,074	4.3%	-2.5	0.8958
	2017	35,231,753	4,293,052	12.2%	4,921,582	14.0%	30,201,411	3,680,096	4,218,885	478,106,541	14,333,458	3.0%	23,271,959	4.9%	-3.5	0.8572
	2018	29,789,456	4,990,624	16.8%	5,738,492	19.3%	24,436,515	4,093,846	4,707,328	502,543,056	18,427,305	3.7%	27,979,287	5.6%	-4.5	0.8203
	2019	23,195,500	5,903,629	25.5%	6,697,793	28.9%	18,208,079	4,634,250	5,257,655	520,751,135	23,061,555	4.4%	33,236,943	6.4%	-5.5	0.7850
	2020	18,627,559	6,924,409	37.2%	7,819,448	42.0%	13,992,653	5,201,478	5,873,815	534,743,788	28,263,033	5.3%	39,110,757	7.3%	-6.5	0.7512
	2021	16,440,780	8,122,228	49.4%	9,133,966	55.6%	11,818,170	5,838,523	6,565,794	546,561,958	34,101,556	6.2%	45,676,551	8.4%	-7.5	0.7188
	2022	15,964,413	9,497,513	59.5%	10,665,860	66.8%	10,981,571	6,533,132	7,336,812	557,543,529	40,634,688	7.3%	53,013,363	9.5%	-8.5	0.6879
	2023	15,556,336	11,055,788	71.1%	12,411,238	79.8%	10,240,061	7,277,545	8,169,780	567,783,590	47,912,234	8.4%	61,183,143	10.8%	-9.5	0.6583
	2024	15,157,736	12,875,653	84.9%	14,380,255	94.9%	9,548,019	8,110,511	9,058,276	577,331,609	56,022,744	9.7%	70,241,419	12.2%	-10.5	0.6299
	2025	14,763,638	14,961,498	101.3%	16,580,557	112.3%	8,899,304	9,018,571	9,994,516	586,230,913	65,041,315	11.1%	80,235,935	13.7%	-11.5	0.6028
	2026	14,349,864	17,322,298	120.7%	19,024,576	132.6%	8,277,404	9,991,987	10,973,909	594,508,317	75,033,302	12.6%	91,209,844	15.3%	-12.5	0.5768
	2027	13,899,061	19,968,504	143.7%	21,704,154	156.2%	7,672,123	11,022,386	11,980,445	602,180,440	86,055,688	14.3%	103,190,289	17.1%	-13.5	0.5520
	2028	13,455,426	22,890,909	170.1%	24,572,904	182.6%	7,107,408	12,091,406	12,979,868	609,287,848	98,147,095	16.1%	116,170,157	19.1%	-14.5	0.5282
	2029	12,980,620	26,080,854	200.9%	27,633,608	212.9%	6,561,346	13,183,153	13,968,028	615,849,194	111,330,248	18.1%	130,138,185	21.1%	-15.5	0.5055
	2030	12,488,882	29,524,453	236.4%	30,859,159	247.1%	6,040,944	14,281,146	14,926,751	621,890,137	125,611,394	20.2%	145,064,936	23.3%	-16.5	0.4837
	2031	11,987,563	33,186,646	276.8%	34,201,778	285.3%	5,548,759	15,361,311	15,831,191	627,438,896	140,972,705	22.5%	160,896,127	25.6%	-17.5	0.4629
	2032	11,464,542	37,031,325	323.0%	37,641,036	328.3%	5,078,148	16,402,796	16,672,863	632,517,044	157,375,501	24.9%	177,568,991	28.1%	-18.5	0.4429
	2033	10,927,897	41,011,657	375.3%	41,124,046	376.3%	4,632,004	17,383,597	17,431,236	637,149,048	174,759,099	27.4%	195,000,226	30.6%	-19.5	0.4239
	2034	10,359,327	45,070,084	435.1%	44,598,819	430.5%	4,201,918	18,281,188	18,090,035	641,350,966	193,040,286	30.1%	213,090,261	33.2%	-20.5	0.4056
	2035	9,783,352	49,142,333	502.3%	48,010,233	490.7%	3,797,409	19,074,604	18,635,179	645,148,375	212,114,890	32.9%	231,725,440	35.9%	-21.5	0.3882
	2036	9,194,842	53,159,225	578.1%	51,296,307	557.9%	3,415,291	19,745,226	19,053,272	648,563,666	231,860,116	35.7%	250,778,712	38.7%	-22.5	0.3714
	2037	8,604,109	57,051,636	663.1%	54,411,164	632.4%	3,058,251	20,278,474	19,339,943	651,621,917	252,138,590	38.7%	270,118,655	41.5%	-23.5	0.3554
	2038	8,007,561	60,750,601	758.7%	57,244,662	714.9%	2,723,649	20,663,385	19,470,893	654,345,566	272,801,975	41.7%	289,589,548	44.3%	-24.5	0.3401
	2039	7,410,112	64,145,939	865.7%	59,688,756	805.5%	2,411,900	20,878,715	19,427,957	656,757,466	293,680,690	44.7%	309,017,505	47.1%	-25.5	0.3255
	2040	6,816,577	67,141,677	985.0%	61,717,118	905.4%	2,123,169	20,912,718	19,223,123	658,880,635	314,593,408	47.7%	328,240,628	49.8%	-26.5	0.3115
	2041	6,231,999	69,641,467	1117.5%	63,269,100	1015.2%	1,857,502	20,757,255	18,857,915	660,738,138	335,350,663	50.8%	347,098,542	52.5%	-27.5	0.2981
	2042	5,661,613	71,566,380	1264.1%	64,297,221	1135.7%	1,614,827	20,412,433	18,339,096	662,352,965	355,763,096	53.7%	365,437,638	55.2%	-28.5	0.2852
	2043	5,110,270	72,882,894	1426.2%	64,804,979	1268.1%	1,394,804	19,892,760	17,687,962	663,747,769	375,655,856	56.6%	383,125,600	57.7%	-29.5	0.2729
	2044	4,582,556	73,575,840	1605.6%	64,795,010	1413.9%	1,196,908	19,217,123	16,923,676	664,944,677	394,872,979	59.4%	400,049,276	60.2%	-30.5	0.2612
	2045	4,082,215	73,634,803	1803.8%	64,257,135	1574.1%	1,020,311	18,404,329	16,060,469	665,964,989	413,277,308	62.1%	416,109,745	62.5%	-31.5	0.2499
	2046	3,612,207	73,098,623	2023.7%	63,224,693	1750.3%	863,959	17,483,556	15,121,932	666,828,948	430,760,863	64.6%	431,231,677	64.7%	-32.5	0.2392
	2047	3,174,855	71,979,364	2267.2%	61,740,496	1944.7%	726,655	16,474,501	14,131,048	667,555,603	447,235,364	67.0%	445,362,726	66.7%	-33.5	0.2289
	2048	2,771,647	70,296,891	2536.3%	59,834,156	2158.8%	607,052	15,396,574	13,105,004	668,162,655	462,631,939	69.2%	458,467,729	68.6%	-34.5	0.2190
	2049	2,403,399	68,086,083	2832.9%	57,490,718	2392.1%	503,730	14,270,199	12,049,511	668,666,385	476,902,138	71.3%	470,517,240	70.4%	-35.5	0.2096
	2050	2,070,273	65,397,200	3158.9%	54,809,758	2647.5%	415,225	13,116,397	10,992,925	669,081,609	490,018,535	73.2%	481,510,166	72.0%	-36.5	0.2006
	2051	1,771,757	62,302,113	3516.4%	51,870,423	2927.6%	340,050	11,957,541	9,955,404	669,421,659	501,976,076	75.0%	491,465,570	73.4%	-37.5	0.1919
	2052	1,506,609	58,888,663	3908.7%	48,712,378	3233.2%	276,709	10,815,697	8,946,685	669,698,369	512,791,773	76.6%	500,412,255	74.7%	-38.5	0.1837
	2053	1,273,172	55,233,462	4338.3%	45,411,296	3566.8%	223,766	9,707,531	7,981,241	669,922,134	522,499,304	78.0%	508,393,496	75.9%	-39.5	0.1758
	2054	1,069,394	51,421,485	4808.5%	42,027,157	3930.0%	179,857	8,648,382	7,068,386	670,101,992	531,147,686	79.3%	515,461,882	76.9%	-40.5	0.1682
Past Future Lifetime		281,118,321	2,639,213	0.9%	8,257,340	2.9%	325,232,544	2,851,389	9,053,001	325,232,544	2,851,389	0.9%	9,053,001	2.8%		
		522,505,880	1,648,518,229	315.5%	1,519,353,561	290.8%	344,869,447	528,296,297	506,408,880	344,869,447	528,296,297	153.2%	506,408,880	146.8%		
		803,624,201	1,651,157,442	205.5%	1,527,610,901	190.1%	670,101,992	531,147,686	515,461,882	670,101,992	531,147,686	79.3%	515,461,882	76.9%		

[1] Projected Incurred Claims: best estimate claim continuance based on combination of SOA LTC Intercompany Study 2007 Report and reinsurer's experiences, discounted at 4.5% - best estimate incidence shown in Attachment E1.1.

**Berkshire Life Insurance Company of America**  
**Nationwide Experience Projection with Proposed Rate Increase**  
**Policy Form: BG01P(06/04)**

**Attachment F2**

Calendar Year	Without Interest				With Interest			Cumulative					at: Year End 2013	4.50% Factor 1.0450	
	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims [1]	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]			Loss Ratio
2004	163,433	0	0.0%	0	0.0%	248,281	0	0	248,281	0	0.0%	0	0.0%	9.5	1.5192
2005	3,332,517	0	0.0%	0	0.0%	4,844,632	0	0	5,092,914	0	0.0%	0	0.0%	8.5	1.4537
2006	9,299,375	0	0.0%	0	0.0%	12,936,772	0	0	18,029,686	0	0.0%	0	0.0%	7.5	1.3911
2007	18,505,477	5,606	0.0%	325,486	1.8%	24,635,205	7,463	433,299	42,664,891	7,463	0.0%	433,299	1.0%	6.5	1.3312
2008	27,747,900	45,246	0.2%	88,469	0.3%	35,348,396	57,639	112,702	78,013,287	65,102	0.1%	546,002	0.7%	5.5	1.2739
2009	36,847,300	130,617	0.4%	210,119	0.6%	44,918,886	159,230	256,146	122,932,173	224,332	0.2%	802,148	0.7%	4.5	1.2191
2010	43,801,244	324,847	0.7%	1,854,867	4.2%	51,096,771	378,953	2,163,814	174,028,944	603,285	0.3%	2,965,961	1.7%	3.5	1.1666
2011	47,332,109	389,721	0.8%	713,457	1.5%	52,838,026	435,055	796,451	226,866,971	1,038,340	0.5%	3,762,412	1.7%	2.5	1.1163
2012	47,452,966	675,699	1.4%	2,455,157	5.2%	50,691,810	721,818	2,622,730	277,558,781	1,760,158	0.6%	6,385,142	2.3%	1.5	1.0683
2013	46,636,000	1,067,477	2.3%	2,609,785	5.6%	47,673,764	1,091,231	2,667,859	325,232,544	2,851,389	0.9%	9,053,001	2.8%	0.5	1.0223
2014	45,858,715	1,799,573	3.9%	2,946,642	6.4%	44,860,462	1,760,400	2,882,500	370,093,006	4,611,789	1.2%	11,935,501	3.2%	-0.5	0.9782
2015	48,460,713	2,938,441	6.1%	3,514,630	7.3%	45,364,420	2,750,696	3,290,071	415,457,426	7,362,485	1.8%	15,225,572	3.7%	-1.5	0.9361
2016	48,058,409	3,556,747	7.4%	4,077,058	8.5%	43,050,546	3,186,121	3,652,214	458,507,972	10,548,606	2.3%	18,877,785	4.1%	-2.5	0.8958
2017	41,778,694	4,172,513	10.0%	4,749,539	11.4%	35,813,589	3,576,767	4,071,406	494,321,560	14,125,373	2.9%	22,949,192	4.6%	-3.5	0.8572
2018	35,325,082	4,832,446	13.7%	5,524,985	15.6%	28,977,430	3,964,092	4,532,187	523,298,991	18,089,465	3.5%	27,481,378	5.3%	-4.5	0.8203
2019	27,505,803	5,701,493	20.7%	6,434,893	23.4%	21,591,595	4,475,577	5,051,284	544,890,586	22,565,042	4.1%	32,532,662	6.0%	-5.5	0.7850
2020	22,089,025	6,670,643	30.2%	7,499,620	34.0%	16,592,837	5,010,854	5,633,565	561,483,424	27,575,896	4.9%	38,166,228	6.8%	-6.5	0.7512
2021	19,495,887	7,808,502	40.1%	8,749,900	44.9%	14,014,281	5,613,007	6,289,714	575,497,705	33,188,903	5.8%	44,455,941	7.7%	-7.5	0.7188
2022	18,931,000	9,115,491	48.2%	10,210,330	53.9%	13,022,222	6,270,347	7,023,463	588,519,926	39,459,250	6.7%	51,479,404	8.7%	-8.5	0.6879
2023	18,447,092	10,596,197	57.4%	11,873,830	64.4%	12,142,920	6,975,017	7,816,028	600,662,847	46,434,267	7.7%	59,295,432	9.9%	-9.5	0.6583
2024	17,974,423	12,327,736	68.6%	13,749,427	76.5%	11,322,280	7,765,372	8,660,910	611,985,127	54,199,639	8.9%	67,956,342	11.1%	-10.5	0.6299
2025	17,507,091	14,312,956	81.8%	15,844,406	90.5%	10,553,017	8,627,640	9,550,775	622,538,144	62,827,279	10.1%	77,507,118	12.5%	-11.5	0.6028
2026	17,016,427	16,559,591	97.3%	18,170,400	106.8%	9,815,553	9,552,037	10,481,197	632,353,697	72,379,316	11.4%	87,988,314	13.9%	-12.5	0.5768
2027	16,481,854	19,077,425	115.7%	20,719,524	125.7%	9,097,795	10,530,520	11,436,940	641,451,492	82,909,836	12.9%	99,425,254	15.5%	-13.5	0.5520
2028	15,955,781	21,857,434	137.0%	23,447,449	147.0%	8,428,142	11,545,506	12,385,381	649,879,634	94,455,342	14.5%	111,810,635	17.2%	-14.5	0.5282
2029	15,392,743	24,891,162	161.7%	26,356,875	171.2%	7,780,608	12,581,797	13,322,675	657,660,242	107,037,138	16.3%	125,133,310	19.0%	-15.5	0.5055
2030	14,809,629	28,165,180	190.2%	29,421,965	198.7%	7,163,502	13,623,658	14,231,572	664,823,744	120,660,797	18.1%	139,364,882	21.0%	-16.5	0.4837
2031	14,215,159	31,645,932	222.6%	32,597,244	229.3%	6,579,857	14,648,151	15,088,491	671,403,600	135,308,948	20.2%	154,453,373	23.0%	-17.5	0.4629
2032	13,594,940	35,298,927	259.6%	35,863,302	263.8%	6,021,795	15,635,441	15,885,427	677,425,395	150,944,389	22.3%	170,338,801	25.1%	-18.5	0.4429
2033	12,958,573	39,079,579	301.6%	39,169,794	302.3%	5,492,746	16,564,648	16,602,887	682,918,141	167,509,037	24.5%	186,941,688	27.4%	-19.5	0.4239
2034	12,284,348	42,933,102	349.5%	42,467,276	345.7%	4,982,739	17,414,392	17,225,445	687,900,880	184,923,429	26.9%	204,167,133	29.7%	-20.5	0.4056
2035	11,601,343	46,798,322	403.4%	45,703,487	393.9%	4,503,063	18,164,775	17,739,815	692,403,943	203,088,204	29.3%	221,906,948	32.0%	-21.5	0.3882
2036	10,903,473	50,609,622	464.2%	48,819,505	447.7%	4,049,937	18,798,213	18,133,299	696,453,881	221,886,417	31.9%	240,040,248	34.5%	-22.5	0.3714
2037	10,202,967	54,301,208	532.2%	51,771,835	507.4%	3,626,550	19,360,860	18,401,818	700,080,431	241,187,277	34.5%	258,442,066	36.9%	-23.5	0.3554
2038	9,495,566	57,807,534	608.8%	54,455,972	573.5%	3,229,771	19,662,346	18,522,363	703,310,202	260,849,622	37.1%	276,964,429	39.4%	-24.5	0.3401
2039	8,787,096	61,024,380	694.5%	56,769,461	646.1%	2,860,092	19,862,686	18,477,762	706,170,294	280,712,308	39.8%	295,442,191	41.8%	-25.5	0.3255
2040	8,083,267	63,860,980	790.0%	58,687,471	726.0%	2,517,707	19,890,875	18,279,474	708,688,001	300,603,183	42.4%	313,721,665	44.3%	-26.5	0.3115
2041	7,390,060	66,225,712	896.1%	60,152,593	814.0%	2,202,673	19,739,159	17,929,012	710,890,674	320,342,342	45.1%	331,650,677	46.7%	-27.5	0.2981
2042	6,713,683	68,043,841	1013.5%	61,119,981	910.4%	1,914,902	19,407,721	17,432,872	712,805,576	339,750,063	47.7%	349,083,549	49.0%	-28.5	0.2852
2043	6,059,885	69,283,826	1143.3%	61,593,150	1016.4%	1,653,994	18,910,425	16,811,321	714,459,569	358,660,488	50.2%	365,894,870	51.2%	-29.5	0.2729
2044	5,434,110	69,931,562	1286.9%	61,574,822	1133.1%	1,419,324	18,265,282	16,082,602	715,878,893	376,925,770	52.7%	381,977,472	53.4%	-30.5	0.2612
2045	4,840,793	69,977,353	1445.6%	61,055,526	1261.3%	1,209,911	17,490,183	15,260,256	717,088,804	394,415,953	55.0%	397,237,728	55.4%	-31.5	0.2499
2046	4,283,446	69,458,302	1621.6%	60,067,047	1402.3%	1,024,504	16,612,872	14,366,694	718,113,309	411,028,825	57.2%	411,604,422	57.3%	-32.5	0.2392
2047	3,764,823	68,386,111	1816.4%	58,650,182	1557.8%	861,686	15,652,084	13,423,743	718,974,994	426,680,910	59.3%	425,028,165	59.1%	-33.5	0.2289
2048	3,286,688	66,779,757	2031.8%	56,833,171	1729.2%	719,857	14,626,244	12,447,722	719,694,852	441,307,154	61.3%	437,475,887	60.8%	-34.5	0.2190
2049	2,850,011	64,672,490	2269.2%	54,601,901	1915.8%	597,335	13,554,742	11,444,042	720,292,187	454,861,896	63.1%	448,919,929	62.3%	-35.5	0.2096
2050	2,454,982	62,112,160	2530.0%	52,050,923	2120.2%	492,384	12,457,532	10,439,599	720,784,571	467,319,429	64.8%	459,359,529	63.7%	-36.5	0.2006
2051	2,100,993	59,167,052	2816.1%	49,255,430	2344.4%	403,240	11,355,834	9,453,513	721,187,811	478,675,263	66.4%	468,813,042	65.0%	-37.5	0.1919
2052	1,786,575	55,920,614	3130.0%	46,253,086	2588.9%	328,129	10,270,575	8,495,003	721,515,939	488,945,838	67.8%	477,308,045	66.2%	-38.5	0.1837
2053	1,509,760	52,445,567	3473.8%	43,115,662	2855.8%	265,347	9,217,546	7,577,773	721,781,286	498,163,383	69.0%	484,885,818	67.2%	-39.5	0.1758
2054	1,268,114	48,822,541	3850.0%	39,900,074	3146.4%	213,279	8,211,275	6,710,640	721,994,566	506,374,659	70.1%	491,596,458	68.1%	-40.5	0.1682
Past	281,118,321	2,639,213	0.9%	8,257,340	2.9%	325,232,544	2,851,389	9,053,001	325,232,544	2,851,389	0.9%	9,053,001	2.8%		
Future	606,959,017	1,568,970,003	258.5%	1,445,820,369	238.2%	396,762,021	503,523,269	482,543,456	396,762,021	503,523,269	126.9%	482,543,456	121.6%		
Lifetime	888,077,338	1,571,609,216	177.0%	1,454,077,710	163.7%	721,994,566	506,374,659	491,596,458	721,994,566	506,374,659	70.1%	491,596,458	68.1%		

[1] Projected Incurred Claims: best estimate claim continuance based on combination of SOA LTC Intercompany Study 2007 Report and reinsurer's experiences, discounted at 4.5% - best estimate incidence shown in Attachment E1.1.  
[2] Proposed rate increase: 25%; projection includes a 3% shock lapse rate, a 11% benefit reduction, 50% of the rate increase implemented in 2015 and the rest in 2016.

**Berkshire Life Insurance Company of America**  
**Virginia Experience Projection without proposed Rate Increase**  
**Policy Form: BG01P(06/04)-VA**

**Attachment G1**

Calendar Year	Without Interest					With Interest			Cumulative					at: Year End 2013	4.50% Factor 1.0450
	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims [1]	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio		
2004	0	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0	0.0%	9.5	1.5192
2005	65,426	0	0.0%	0	0.0%	95,113	0	0	95,113	0	0.0%	0	0.0%	8.5	1.4537
2006	300,459	0	0.0%	0	0.0%	417,982	0	0	513,095	0	0.0%	0	0.0%	7.5	1.3911
2007	537,740	0	0.0%	0	0.0%	715,860	0	0	1,228,955	0	0.0%	0	0.0%	6.5	1.3312
2008	769,936	0	0.0%	0	0.0%	980,831	0	0	2,209,786	0	0.0%	0	0.0%	5.5	1.2739
2009	997,312	0	0.0%	0	0.0%	1,215,778	0	0	3,425,564	0	0.0%	0	0.0%	4.5	1.2191
2010	1,047,866	0	0.0%	0	0.0%	1,222,398	0	0	4,647,962	0	0.0%	0	0.0%	3.5	1.1666
2011	1,038,493	0	0.0%	0	0.0%	1,159,296	0	0	5,807,258	0	0.0%	0	0.0%	2.5	1.1163
2012	1,074,904	0	0.0%	0	0.0%	1,148,270	0	0	6,955,528	0	0.0%	0	0.0%	1.5	1.0683
2013	1,036,711	0	0.0%	196,088	18.9%	1,059,780	0	200,452	8,015,309	0	0.0%	200,452	2.5%	0.5	1.0223
2014	1,049,664	29,966	2.9%	84,240	8.0%	1,026,815	29,314	82,406	9,042,124	29,314	0.3%	282,858	3.1%	-0.5	0.9782
2015	1,021,145	92,376	9.0%	100,072	9.8%	955,901	86,474	93,678	9,998,024	115,788	1.2%	376,536	3.8%	-1.5	0.9361
2016	886,192	109,645	12.4%	116,412	13.1%	793,848	98,220	104,282	10,791,872	214,008	2.0%	480,818	4.5%	-2.5	0.8958
2017	743,295	127,194	17.1%	134,657	18.1%	637,168	109,034	115,431	11,429,041	323,041	2.8%	596,248	5.2%	-3.5	0.8572
2018	586,914	147,052	25.1%	155,630	26.5%	481,450	120,628	127,665	11,910,490	443,669	3.7%	723,913	6.1%	-4.5	0.8203
2019	437,662	168,195	38.4%	180,880	41.3%	343,558	132,030	141,988	12,254,048	575,699	4.7%	865,901	7.1%	-5.5	0.7850
2020	393,777	196,801	50.0%	212,083	53.9%	295,797	147,833	159,313	12,549,845	723,532	5.8%	1,025,214	8.2%	-6.5	0.7512
2021	385,847	230,930	59.9%	248,878	64.5%	277,359	166,000	178,901	12,827,205	889,532	6.9%	1,204,115	9.4%	-7.5	0.7188
2022	377,822	269,321	71.3%	291,443	77.1%	259,896	185,260	200,477	13,087,101	1,074,792	8.2%	1,404,593	10.7%	-8.5	0.6879
2023	370,039	302,273	81.7%	338,031	91.4%	243,581	198,974	222,511	13,330,681	1,273,766	9.6%	1,627,104	12.2%	-9.5	0.6583
2024	361,747	347,350	96.0%	389,019	107.5%	227,868	218,799	245,047	13,558,550	1,492,565	11.0%	1,872,151	13.8%	-10.5	0.6299
2025	352,862	402,401	114.0%	445,308	126.2%	212,700	242,561	268,425	13,771,249	1,735,127	12.6%	2,140,576	15.5%	-11.5	0.6028
2026	343,309	463,422	135.0%	506,349	147.5%	198,030	267,315	292,076	13,969,280	2,002,441	14.3%	2,432,652	17.4%	-12.5	0.5768
2027	333,071	529,922	159.1%	571,261	171.5%	183,852	292,511	315,329	14,153,131	2,294,952	16.2%	2,747,981	19.4%	-13.5	0.5520
2028	322,219	602,552	187.0%	642,379	199.4%	170,202	318,279	339,316	14,323,334	2,613,231	18.2%	3,087,298	21.6%	-14.5	0.5282
2029	309,907	680,166	219.5%	715,389	230.8%	156,650	343,805	361,609	14,479,983	2,957,036	20.4%	3,448,907	23.8%	-15.5	0.5055
2030	294,377	763,047	259.2%	793,029	269.4%	142,392	369,090	383,593	14,622,375	3,326,127	22.7%	3,832,500	26.2%	-16.5	0.4837
2031	281,223	851,092	302.6%	875,442	311.3%	130,172	393,950	405,221	14,752,547	3,720,077	25.2%	4,237,721	28.7%	-17.5	0.4629
2032	268,372	942,432	351.2%	956,792	356.5%	118,874	417,444	423,805	14,871,421	4,137,521	27.8%	4,661,526	31.3%	-18.5	0.4429
2033	253,294	1,036,510	409.2%	1,037,675	409.7%	107,364	439,345	439,839	14,978,784	4,576,866	30.6%	5,101,365	34.1%	-19.5	0.4239
2034	239,068	1,131,383	473.2%	1,117,236	467.3%	96,970	458,908	453,170	15,075,754	5,035,775	33.4%	5,554,535	36.8%	-20.5	0.4056
2035	225,141	1,223,610	543.5%	1,193,737	530.2%	87,388	474,944	463,349	15,163,143	5,510,719	36.3%	6,017,884	39.7%	-21.5	0.3882
2036	211,015	1,313,038	622.2%	1,268,188	601.0%	78,378	487,709	471,050	15,241,521	5,998,428	39.4%	6,488,934	42.6%	-22.5	0.3714
2037	196,793	1,397,216	710.0%	1,336,012	678.9%	69,948	496,628	474,873	15,311,469	6,495,055	42.4%	6,963,807	45.5%	-23.5	0.3554
2038	182,583	1,475,213	808.0%	1,396,448	764.8%	62,103	501,771	474,980	15,373,572	6,996,826	45.5%	7,438,787	48.4%	-24.5	0.3401
2039	168,485	1,548,163	918.9%	1,446,410	858.5%	54,840	503,908	470,789	15,428,412	7,500,734	48.6%	7,909,576	51.3%	-25.5	0.3255
2040	154,619	1,612,046	1042.6%	1,487,411	962.0%	48,160	502,106	463,286	15,476,571	8,002,841	51.7%	8,372,862	54.1%	-26.5	0.3115
2041	141,084	1,664,339	1179.7%	1,519,787	1077.2%	42,051	496,071	452,986	15,518,623	8,498,912	54.8%	8,825,848	56.9%	-27.5	0.2981
2042	127,972	1,702,690	1330.5%	1,536,971	1201.0%	36,501	485,648	438,381	15,555,123	8,984,559	57.8%	9,264,229	59.6%	-28.5	0.2852
2043	115,401	1,724,041	1494.0%	1,541,797	1336.0%	31,498	470,562	420,820	15,586,621	9,455,122	60.7%	9,685,049	62.1%	-29.5	0.2729
2044	103,455	1,729,612	1671.8%	1,533,352	1482.1%	27,021	451,754	400,493	15,613,642	9,906,875	63.5%	10,085,542	64.6%	-30.5	0.2612
2045	92,193	1,721,358	1867.1%	1,511,703	1639.7%	23,043	430,237	377,836	15,636,685	10,337,113	66.1%	10,463,378	66.9%	-31.5	0.2499
2046	81,648	1,699,451	2081.4%	1,476,795	1808.7%	19,528	406,471	353,216	15,656,213	10,743,583	68.6%	10,816,595	69.1%	-32.5	0.2392
2047	71,847	1,665,307	2317.8%	1,430,755	1991.4%	16,444	381,152	327,468	15,672,657	11,124,736	71.0%	11,144,063	71.1%	-33.5	0.2289
2048	62,807	1,618,345	2576.7%	1,371,509	2183.7%	13,756	354,453	300,391	15,686,413	11,479,189	73.2%	11,444,454	73.0%	-34.5	0.2190
2049	54,528	1,555,889	2853.4%	1,302,377	2388.5%	11,428	326,100	272,966	15,697,842	11,805,289	75.2%	11,717,420	74.6%	-35.5	0.2096
2050	47,006	1,480,818	3150.3%	1,227,861	2612.2%	9,428	297,000	246,266	15,707,270	12,102,289	77.0%	11,963,686	76.2%	-36.5	0.2006
2051	40,218	1,396,106	3471.3%	1,147,861	2854.1%	7,719	267,952	220,307	15,714,988	12,370,241	78.7%	12,183,993	77.5%	-37.5	0.1919
2052	34,142	1,304,284	3820.2%	1,063,150	3113.9%	6,271	239,549	195,262	15,721,259	12,609,791	80.2%	12,379,255	78.7%	-38.5	0.1837
2053	28,743	1,211,444	4214.7%	978,145	3403.0%	5,052	212,917	171,913	15,726,311	12,822,708	81.5%	12,551,168	79.8%	-39.5	0.1758
2054	23,987	1,118,010	4660.9%	892,480	3720.7%	4,034	188,034	150,103	15,730,345	13,010,741	82.7%	12,701,271	80.7%	-40.5	0.1682
Past	6,868,847	0	0.0%	196,088	2.9%	8,015,309	0	200,452	8,015,309	0	0.0%	200,452	2.5%		
Future	11,775,473	39,585,010	336.2%	36,574,954	310.6%	7,715,037	13,010,741	12,500,820	7,715,037	13,010,741	168.6%	12,500,820	162.0%		
Lifetime	18,644,320	39,585,010	212.3%	36,771,043	197.2%	15,730,345	13,010,741	12,701,271	15,730,345	13,010,741	82.7%	12,701,271	80.7%		

[1] Projected Incurred Claims: best estimate claim continuance based on combination of SOA LTC Intercompany Study 2007 Report and reinsurer's experiences, discounted at 4.5% - best estimate incidence shown in Attachment E1.1.

**Berkshire Life Insurance Company of America**  
**Virginia Experience Projection with proposed Rate Increase**  
**Policy Form: BG01P(06/04)-VA**

**Attachment G2**

Calendar Year	Without Interest					With Interest			Cumulative					at: Year End 2013	4.50% Factor 1.0450
	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims [1]	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio		
2004	0	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0	0.0%	9.5	1.5192
2005	65,426	0	0.0%	0	0.0%	95,113	0	0	95,113	0	0.0%	0	0.0%	8.5	1.4537
2006	300,459	0	0.0%	0	0.0%	417,982	0	0	513,095	0	0.0%	0	0.0%	7.5	1.3911
2007	537,740	0	0.0%	0	0.0%	715,860	0	0	1,228,955	0	0.0%	0	0.0%	6.5	1.3312
2008	769,936	0	0.0%	0	0.0%	980,831	0	0	2,209,786	0	0.0%	0	0.0%	5.5	1.2739
2009	997,312	0	0.0%	0	0.0%	1,215,778	0	0	3,425,564	0	0.0%	0	0.0%	4.5	1.2191
2010	1,047,866	0	0.0%	0	0.0%	1,222,398	0	0	4,647,962	0	0.0%	0	0.0%	3.5	1.1666
2011	1,038,493	0	0.0%	0	0.0%	1,159,296	0	0	5,807,258	0	0.0%	0	0.0%	2.5	1.1163
2012	1,074,904	0	0.0%	0	0.0%	1,148,270	0	0	6,955,528	0	0.0%	0	0.0%	1.5	1.0683
2013	1,036,711	0	0.0%	196,088	18.9%	1,059,780	0	200,452	8,015,309	0	0.0%	200,452	2.5%	0.5	1.0223
2014	1,049,664	29,966	2.9%	84,240	8.0%	1,026,815	29,314	82,406	9,042,124	29,314	0.3%	282,858	3.1%	-0.5	0.9782
2015	1,116,022	91,623	8.2%	98,612	8.8%	1,044,716	85,769	92,311	10,086,840	115,083	1.1%	375,169	3.7%	-1.5	0.9361
2016	1,050,869	107,293	10.2%	112,634	10.7%	941,365	96,113	100,897	11,028,204	211,196	1.9%	476,066	4.3%	-2.5	0.8958
2017	881,418	123,879	14.1%	129,773	14.7%	755,570	106,192	111,244	11,783,775	317,388	2.7%	587,310	5.0%	-3.5	0.8572
2018	695,977	142,581	20.5%	149,348	21.5%	570,915	116,960	122,511	12,354,690	434,348	3.5%	709,821	5.7%	-4.5	0.8203
2019	518,991	162,382	31.3%	173,117	33.4%	407,399	127,467	135,894	12,762,089	561,814	4.4%	845,715	6.6%	-5.5	0.7850
2020	466,951	189,500	40.6%	202,840	43.4%	350,764	142,349	152,369	13,112,853	704,163	5.4%	998,085	7.6%	-6.5	0.7512
2021	457,547	221,955	48.5%	237,928	52.0%	328,900	159,548	171,031	13,441,752	863,712	6.4%	1,169,115	8.7%	-7.5	0.7188
2022	448,031	258,449	57.7%	278,505	62.2%	308,191	177,781	191,578	13,749,943	1,041,493	7.6%	1,360,693	9.9%	-8.5	0.6879
2023	438,801	289,278	65.9%	322,898	73.6%	288,844	190,419	212,550	14,038,787	1,231,913	8.8%	1,573,243	11.2%	-9.5	0.6583
2024	428,969	331,977	77.4%	371,464	86.6%	270,212	209,116	233,989	14,308,999	1,441,028	10.1%	1,807,232	12.6%	-10.5	0.6299
2025	418,432	384,367	91.9%	425,054	101.6%	252,225	231,691	256,216	14,561,224	1,672,719	11.5%	2,063,448	14.2%	-11.5	0.6028
2026	407,105	442,438	108.7%	483,139	118.7%	234,829	255,211	278,688	14,796,054	1,927,930	13.0%	2,342,136	15.8%	-12.5	0.5768
2027	394,964	505,712	128.0%	544,876	138.0%	218,016	279,147	300,765	15,014,069	2,207,077	14.7%	2,642,901	17.6%	-13.5	0.5520
2028	382,096	574,806	150.4%	612,503	160.3%	201,830	303,623	323,536	15,215,899	2,510,700	16.5%	2,966,437	19.5%	-14.5	0.5282
2029	367,496	648,619	176.5%	681,904	185.6%	185,759	327,859	344,684	15,401,659	2,838,560	18.4%	3,311,120	21.5%	-15.5	0.5055
2030	349,080	727,416	208.4%	755,683	216.5%	168,852	351,855	365,528	15,570,510	3,190,415	20.5%	3,676,649	23.6%	-16.5	0.4837
2031	333,481	811,100	243.2%	833,984	250.1%	154,361	375,439	386,031	15,724,871	3,565,854	22.7%	4,062,680	25.8%	-17.5	0.4629
2032	318,243	897,889	282.1%	911,250	286.3%	140,964	397,715	403,632	15,865,835	3,963,569	25.0%	4,466,313	28.2%	-18.5	0.4429
2033	300,362	987,252	328.7%	988,036	328.9%	127,314	418,466	418,799	15,993,149	4,382,035	27.4%	4,885,111	30.5%	-19.5	0.4239
2034	283,493	1,077,338	380.0%	1,063,540	375.2%	114,989	436,986	431,390	16,108,139	4,819,021	29.9%	5,316,501	33.0%	-20.5	0.4056
2035	266,977	1,164,870	436.3%	1,136,113	425.5%	103,627	452,145	440,983	16,211,766	5,271,166	32.5%	5,757,483	35.5%	-21.5	0.3882
2036	250,226	1,249,710	499.4%	1,206,711	482.2%	92,943	464,187	448,215	16,304,709	5,735,353	35.2%	6,205,699	38.1%	-22.5	0.3714
2037	233,362	1,329,530	569.7%	1,270,986	544.6%	82,947	472,569	451,760	16,387,655	6,207,922	37.9%	6,657,459	40.6%	-23.5	0.3554
2038	216,511	1,403,453	648.2%	1,328,229	613.5%	73,643	477,363	451,777	16,461,298	6,685,285	40.6%	7,109,235	43.2%	-24.5	0.3401
2039	199,793	1,472,568	737.0%	1,375,506	688.5%	65,030	479,303	447,710	16,526,329	7,164,588	43.4%	7,556,946	45.7%	-25.5	0.3255
2040	183,352	1,533,054	836.1%	1,414,254	771.3%	57,109	477,503	440,500	16,583,437	7,642,090	46.1%	7,997,446	48.2%	-26.5	0.3115
2041	167,301	1,582,515	945.9%	1,444,804	863.6%	49,865	471,683	430,637	16,633,303	8,113,773	48.8%	8,428,082	50.7%	-27.5	0.2981
2042	151,752	1,618,718	1066.7%	1,460,915	962.7%	43,283	461,697	416,688	16,676,586	8,575,470	51.4%	8,844,770	53.0%	-28.5	0.2852
2043	136,845	1,638,762	1197.5%	1,465,286	1070.8%	37,351	447,286	399,937	16,713,937	9,022,756	54.0%	9,244,707	55.3%	-29.5	0.2729
2044	122,680	1,643,815	1339.9%	1,457,058	1187.7%	32,042	429,345	380,566	16,745,979	9,452,100	56.4%	9,625,273	57.5%	-30.5	0.2612
2045	109,324	1,635,744	1496.2%	1,436,304	1313.8%	27,325	408,839	358,991	16,773,304	9,860,939	58.8%	9,984,264	59.5%	-31.5	0.2499
2046	96,820	1,614,717	1667.8%	1,402,971	1449.1%	23,157	386,204	335,559	16,796,461	10,247,143	61.0%	10,319,823	61.4%	-32.5	0.2392
2047	85,198	1,582,086	1857.0%	1,359,082	1595.2%	19,500	362,105	311,064	16,815,961	10,609,248	63.1%	10,630,887	63.2%	-33.5	0.2289
2048	74,479	1,537,306	2064.1%	1,302,671	1749.1%	16,312	336,704	285,314	16,832,273	10,945,952	65.0%	10,916,201	64.9%	-34.5	0.2190
2049	64,660	1,477,830	2285.5%	1,236,893	1912.9%	13,552	309,739	259,241	16,845,826	11,255,692	66.8%	11,175,442	66.3%	-35.5	0.2096
2050	55,740	1,406,390	2523.1%	1,166,018	2091.9%	11,180	282,073	233,862	16,857,765	11,537,765	68.4%	11,409,305	67.7%	-36.5	0.2006
2051	47,692	1,325,815	2780.0%	1,089,955	2285.4%	9,153	254,461	209,193	16,866,158	11,792,226	69.9%	11,618,498	68.9%	-37.5	0.1919
2052	40,486	1,238,511	3059.1%	1,009,439	2493.3%	7,436	227,469	185,397	16,873,594	12,019,695	71.2%	11,803,895	70.0%	-38.5	0.1837
2053	34,085	1,150,262	3374.7%	928,661	2724.6%	5,991	202,164	163,216	16,879,585	12,221,859	72.4%	11,967,111	70.9%	-39.5	0.1758
2054	28,444	1,061,472	3731.8%	847,272	2978.7%	4,784	178,525	142,499	16,884,369	12,400,384	73.4%	12,109,611	71.7%	-40.5	0.1682
Past	6,868,847	0	0.0%	196,088	2.9%	8,015,309	0	200,452	8,015,309	0	0.0%	200,452	2.5%		
Future	13,673,719	37,672,951	275.5%	34,800,455	254.5%	8,869,060	12,400,384	11,909,159	8,869,060	12,400,384	139.8%	11,909,159	134.3%		
Lifetime	20,542,566	37,672,951	183.4%	34,996,544	170.4%	16,884,369	12,400,384	12,109,611	16,884,369	12,400,384	73.4%	12,109,611	71.7%		

[1] Projected Incurred Claims: best estimate claim continuance based on combination of SOA LTC Intercompany Study 2007 Report and reinsurer's experiences, discounted at 4.5% - best estimate incidence shown in Attachment E1.1.  
[2] Proposed rate increase: 25%; projection includes a 3% shock lapse rate, a 11% benefit reduction, 50% of the rate increase implemented in 2015 and the rest in 2016.

**Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)**

**Attachment H  
Durational Lifetime Loss Ratio Exhibit - Projected and Historical Experience  
Nationwide**

Policy Duration	Earned Premium*	Incurred Claims	Policyholder Count	Claim Count	Actual and Best Estimate	Actual and Best Estimate	Expected Cumulative	Actual and Best Estimate to Expected
					Durational Loss Ratio	Cumulative Loss Ratio	Loss Ratio	Cumulative Loss Ratio
1	47,021,275	12,899	13,573	2	0.03%	0.03%	1.19%	0.02
2	47,099,195	18,745	13,051	2	0.04%	0.03%	1.90%	0.02
3	46,841,513	1,285,265	12,651	13	2.74%	0.88%	3.15%	0.28
4	46,784,485	1,322,327	12,422	11	2.83%	1.32%	4.71%	0.28
5	46,820,784	2,429,733	12,229	15	5.19%	2.00%	6.52%	0.31
6	46,944,500	1,919,071	12,097	21	4.09%	2.30%	8.60%	0.27
7	46,638,300	3,248,519	12,003	20	6.97%	2.86%	10.41%	0.27
8	46,327,416	4,258,274	11,899	25	9.19%	3.51%	12.08%	0.29
9	45,894,788	4,078,714	11,801	30	8.89%	3.98%	13.69%	0.29
10	45,315,354	4,891,689	11,697	34	10.79%	4.50%	15.26%	0.29
11	17,993,401	5,585,092	11,585	39	31.04%	5.25%	16.88%	0.31
12	17,182,282	6,552,897	11,464	44	38.14%	6.09%	18.52%	0.33
13	16,807,834	7,703,570	11,334	49	45.83%	7.00%	20.18%	0.35
14	16,432,419	9,042,331	11,194	55	55.03%	8.02%	21.86%	0.37
15	16,043,921	10,584,801	11,043	61	65.97%	9.15%	23.54%	0.39
16	15,649,141	12,346,877	10,881	68	78.90%	10.39%	25.24%	0.41
17	15,235,811	14,342,806	10,706	75	94.14%	11.75%	26.97%	0.44
18	14,805,942	16,594,924	10,515	83	112.08%	13.25%	28.70%	0.46
19	14,394,776	19,088,992	10,305	91	132.61%	14.88%	30.45%	0.49
20	13,966,056	21,804,402	10,075	99	156.12%	16.65%	32.19%	0.52
21	13,515,624	24,722,918	9,823	107	182.92%	18.56%	33.93%	0.55
22	13,052,243	27,831,235	9,555	114	213.23%	20.61%	35.66%	0.58
23	12,568,057	31,131,004	9,271	122	247.70%	22.78%	37.37%	0.61
24	12,056,192	34,582,488	8,972	129	286.84%	25.08%	39.06%	0.64
25	11,540,320	38,122,277	8,656	136	330.34%	27.50%	40.70%	0.68
26	11,000,097	41,696,391	8,324	142	379.05%	30.02%	42.29%	0.71
27	10,429,922	45,279,315	7,976	147	434.13%	32.63%	43.84%	0.74
28	9,860,225	48,817,525	7,613	151	495.10%	35.32%	45.32%	0.78
29	9,276,396	52,219,024	7,238	154	562.92%	38.07%	46.74%	0.81
30	8,681,278	55,397,477	6,850	156	638.13%	40.86%	48.08%	0.85
31	8,079,032	58,288,067	6,454	157	721.47%	43.66%	49.33%	0.88
32	7,474,630	60,836,211	6,051	157	813.90%	46.45%	50.52%	0.92
33	6,873,345	62,942,969	5,645	155	915.75%	49.22%	51.61%	0.95
34	6,280,479	64,556,521	5,239	152	1027.89%	51.94%	52.62%	0.99
35	5,701,415	65,625,149	4,836	148	1151.03%	54.59%	53.55%	1.02
36	5,141,301	66,119,885	4,440	143	1286.05%	57.14%	54.39%	1.05
37	4,604,892	66,075,127	4,054	137	1434.89%	59.58%	55.15%	1.08
38	4,096,093	65,490,625	3,680	130	1598.86%	61.90%	55.83%	1.11
39	3,618,081	64,390,646	3,321	123	1779.69%	64.09%	56.44%	1.14
40	3,173,359	62,780,037	2,980	115	1978.35%	66.13%	56.98%	1.16
41	2,763,733	60,715,530	2,658	106	2196.87%	68.02%	57.45%	1.18
42	2,389,975	58,260,227	2,357	98	2437.69%	69.76%	57.86%	1.21
43	2,052,253	55,435,710	2,077	89	2701.21%	71.35%	58.22%	1.23
44	1,750,059	52,313,997	1,820	81	2989.27%	72.79%	58.52%	1.24
45	1,482,167	48,975,362	1,585	73	3304.31%	74.07%	58.78%	1.26
46	1,246,825	45,477,937	1,372	65	3647.50%	75.22%	59.00%	1.27
47	1,041,920	41,927,514	1,180	58	4024.06%	76.23%	59.19%	1.29
48	865,051	38,371,106	1,010	51	4435.71%	77.12%	59.34%	1.30
49	713,642	34,887,572	859	44	4888.67%	77.90%	59.47%	1.31
50	585,074	31,502,717	726	38	5384.39%	78.56%	59.58%	1.32
<b>Grand Total</b>	<b>806,112,870</b>	<b>1,651,884,490</b>	<b>379,148</b>	<b>4,314</b>	<b>204.92%</b>	<b>78.56%</b>	<b>59.58%</b>	<b>1.32</b>

\* UPR, DUE and ADV Prem as of calendar year end

**Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA**

**Attachment I  
Durational Lifetime Loss Ratio Exhibit - Projected and Historical Experience  
Virginia**

Policy Duration	Earned Premium*	Incurred Claims	Policyholder Count	Claim Count	Actual and Best Estimate	Actual and Best Estimate	Expected Cumulative	Actual and Best Estimate to Expected
					Durational Loss Ratio	Cumulative Loss Ratio	Loss Ratio	Cumulative Loss Ratio
1	1,016,662	0	317	0	0.00%	0.00%	1.19%	-
2	1,031,645	0	303	0	0.00%	0.00%	1.90%	-
3	1,038,133	0	295	0	0.00%	0.00%	3.15%	-
4	1,049,220	0	290	0	0.00%	0.00%	4.71%	-
5	1,042,184	198,917	286	0	19.09%	3.44%	6.52%	0.53
6	1,063,141	16,398	284	0	1.54%	3.14%	8.60%	0.37
7	1,061,877	37,636	283	0	3.54%	3.18%	10.41%	0.31
8	1,055,493	67,288	281	1	6.38%	3.51%	12.08%	0.29
9	1,048,090	101,335	278	1	9.67%	4.07%	13.69%	0.30
10	1,033,488	123,120	275	1	11.91%	4.68%	15.26%	0.31
11	426,359	137,650	272	1	32.29%	5.51%	16.88%	0.33
12	405,310	160,918	269	1	39.70%	6.42%	18.52%	0.35
13	398,985	188,970	266	1	47.36%	7.42%	20.18%	0.37
14	392,321	222,160	262	1	56.63%	8.52%	21.86%	0.39
15	385,291	260,998	258	2	67.74%	9.75%	23.54%	0.41
16	377,873	305,067	254	2	80.73%	11.10%	25.24%	0.44
17	368,585	353,662	249	2	95.95%	12.58%	26.97%	0.47
18	360,172	408,300	244	2	113.36%	14.20%	28.70%	0.49
19	351,259	467,434	239	2	133.07%	15.95%	30.45%	0.52
20	341,652	532,027	233	2	155.72%	17.84%	32.19%	0.55
21	329,324	602,430	226	3	182.93%	19.88%	33.93%	0.59
22	318,200	676,466	219	3	212.59%	22.05%	35.66%	0.62
23	303,980	756,307	212	3	248.80%	24.36%	37.37%	0.65
24	291,933	838,019	205	3	287.06%	26.80%	39.06%	0.69
25	277,268	923,796	197	3	333.18%	29.37%	40.70%	0.72
26	264,546	1,008,626	188	3	381.27%	32.03%	42.29%	0.76
27	251,373	1,090,115	180	3	433.66%	34.78%	43.84%	0.79
28	237,806	1,172,789	171	4	493.17%	37.61%	45.32%	0.83
29	223,916	1,250,866	162	4	558.63%	40.48%	46.74%	0.87
30	209,796	1,325,813	153	4	631.95%	43.39%	48.08%	0.90
31	195,540	1,397,408	143	4	714.64%	46.33%	49.33%	0.94
32	181,259	1,457,663	134	4	804.19%	49.25%	50.52%	0.98
33	167,064	1,508,478	124	4	902.94%	52.15%	51.61%	1.01
34	153,075	1,546,625	115	4	1010.37%	55.00%	52.62%	1.05
35	139,443	1,574,507	105	3	1129.14%	57.77%	53.55%	1.08
36	126,274	1,584,318	96	3	1254.67%	60.44%	54.39%	1.11
37	113,669	1,577,700	87	3	1387.98%	62.99%	55.15%	1.14
38	101,712	1,559,144	79	3	1532.90%	65.40%	55.83%	1.17
39	90,452	1,524,424	71	3	1685.34%	67.66%	56.44%	1.20
40	79,918	1,479,940	63	3	1851.81%	69.76%	56.98%	1.22
41	70,131	1,425,289	56	2	2032.33%	71.70%	57.45%	1.25
42	61,104	1,358,913	49	2	2223.94%	73.47%	57.86%	1.27
43	52,852	1,284,906	42	2	2431.14%	75.07%	58.22%	1.29
44	45,364	1,202,873	37	2	2651.60%	76.51%	58.52%	1.31
45	38,617	1,118,227	31	2	2895.67%	77.79%	58.78%	1.32
46	32,582	1,026,577	27	1	3150.74%	78.92%	59.00%	1.34
47	27,237	931,538	23	1	3420.18%	79.90%	59.19%	1.35
48	22,543	838,162	19	1	3718.11%	80.75%	59.34%	1.36
49	18,467	746,485	16	1	4042.24%	81.47%	59.47%	1.37
50	14,968	658,722	13	1	4400.82%	82.08%	59.58%	1.38
<b>Grand Total</b>	<b>18,688,152</b>	<b>39,029,005</b>	<b>8,682</b>	<b>100</b>	<b>208.84%</b>	<b>82.08%</b>	<b>59.58%</b>	<b>1.38</b>

\* UPR, DUE and ADV Prem as of calendar year end

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)**

**Attachment J1**  
**Nationwide Policy and Premium Distribution**

	<b>Policies</b>	<b>Premium</b>	<b>% of Policies</b>	<b>% of Premium</b>
<b>Base</b>				
Comprehensive	7,434	44,731,908	99%	99%
Facility Only	70	245,631	1%	1%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>COLA Options</b>				
No COLA	960	3,372,841	13%	7%
Compound COLA 5%	4,455	31,358,362	59%	70%
Compound COLA 3%	2,089	10,246,336	28%	23%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Nonforfeiture Options</b>				
None	7,353	43,749,657	98%	97%
SBP NFO	32	194,687	0%	0%
Full ROP & SBP	3	40,201	0%	0%
Limited ROP	116	992,994	2%	2%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Pay Period</b>				
10 Pay	3,087	27,121,625	41%	60%
Lifetime	4,254	16,937,365	57%	38%
Paid up at Age 65	163	918,549	2%	2%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Joint/Single Life</b>				
Joint	4,538	31,657,985	60%	70%
Single	2,966	13,319,555	40%	30%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Billing Mode</b>				
Annual	3,589	24,876,190	48%	55%
Semi-Annual	331	1,948,770	4%	4%
Quarterly	687	4,193,562	9%	9%
Monthly	2,897	13,959,018	39%	31%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Elimination Period</b>				
0	56	411,129	1%	1%
30	649	4,311,952	9%	10%
60	278	1,248,475	4%	3%
90	6,146	36,893,405	82%	82%
180	375	2,112,579	5%	5%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Benefit Period</b>				
3 Year / 3 Year	604	2,096,984	8%	5%
4 Year / 4 Year	339	1,382,018	5%	3%
5 Year / 5 Year	923	4,327,222	12%	10%
Lifetime / 5 Year	1	5,537	0%	0%
Lifetime / Lifetime	5,637	37,165,778	75%	83%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Issue Age Cohort</b>				
22	11	45,907	0%	0%
27	20	70,639	0%	0%
32	79	481,099	1%	1%
37	217	1,296,450	3%	3%
42	561	3,175,237	7%	7%
47	1,281	7,186,447	17%	16%
52	1,839	10,879,250	25%	24%
57	2,005	12,014,320	27%	27%
62	1,104	7,102,703	15%	16%
67	286	1,979,507	4%	4%
72	79	558,105	1%	1%
77	22	187,877	0%	0%
82	0	0	0%	0%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA

Attachment J2  
Virginia Policy and Premium Distribution

	Policies	Premium	% of Policies	% of Premium
<b>Base</b>				
Comprehensive	172	1,019,802	98%	99%
Facility Only	3	7,119	2%	1%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>COLA Options</b>				
No COLA	12	41,590	7%	4%
Compound COLA 5%	125	836,796	71%	81%
Compound COLA 3%	38	148,535	22%	14%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Nonforfeiture Options</b>				
None	170	999,965	97%	97%
SBP NFO	3	15,613	2%	2%
Full ROP & SBP	0	0	0%	0%
Limited ROP	2	11,343	1%	1%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Pay Period</b>				
10 Pay	62	608,991	35%	59%
Lifetime	109	407,620	62%	40%
Paid up at Age 65	4	10,310	2%	1%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Joint/Single Life</b>				
Joint	109	762,126	62%	74%
Single	66	264,795	38%	26%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Billing Mode</b>				
Annual	75	568,594	43%	55%
Semi-Annual	5	20,317	3%	2%
Quarterly	14	69,176	8%	7%
Monthly	81	368,834	46%	36%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Elimination Period</b>				
0	1	18,578	1%	2%
30	8	33,780	5%	3%
60	0	0	0%	0%
90	156	918,100	89%	89%
180	10	56,463	6%	5%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Benefit Period</b>				
3 Year / 3 Year	14	40,907	8%	4%
4 Year / 4 Year	8	19,511	5%	2%
5 Year / 5 Year	27	108,571	15%	11%
Lifetime / 5 Year	0	0	0%	0%
Lifetime / Lifetime	126	857,932	72%	84%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Issue Age Cohort</b>				
22	0	0	0%	0%
27	0	0	0%	0%
32	1	14,872	1%	1%
37	4	16,863	2%	2%
42	15	53,056	9%	5%
47	29	151,366	17%	15%
52	40	229,010	23%	22%
57	45	294,885	26%	29%
62	30	185,836	17%	18%
67	7	48,488	4%	5%
72	3	25,862	2%	3%
77	1	6,681	1%	1%
82	0	0	0%	0%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>

**Berkshire Life Insurance Company of America**  
**Demonstration that Lifetime Incurred Claims with Requested Rate Increases are**  
**Not Less than Lifetime Earned Premium with Prescribed Factors**  
**Policy Form: BG01P(06/04)**  
**Attachment K**

1 Accumulated value of initial earned premium	325,232,544	x	58%	188,634,876
2a Accumulated value of earned premium	325,232,544			
2b Accumulated value of prior premium rate schedule increases (2a-1)	-	x	85%	-
3 Present value of future projected initial earned premium	344,869,447	x	58%	200,024,279
4a Present value of future projected premium	396,762,021			
4b Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	51,892,574	x	85%	44,108,688
<b>5 Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b</b>				<b>432,767,843</b>
6a Accumulated value of incurred claims without the inclusion of active life reserves				9,053,001
6b Present value of future projected incurred claims without the inclusion of active life reserves				482,543,456
<b>7 Lifetime Incurred Claims with Rate Increase: Sum 6a and 6b</b>				<b>491,596,458</b>
				<b>TRUE</b>

Note: Present and accumulated values in the lifetime projections in Attachment K are determined at the maximum valuation interest rate of 4.5%

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<b>Long Term Care Insurance Policy:</b>	<b>Form BG01P(06/04)-VA</b>
<b>Compound 3% Inflation Protection Rider:</b>	<b>Form BG01R-IP3(06/04)</b>
<b>Compound 5% Inflation Protection Rider:</b>	<b>Form BG01R-IP5(06/04)</b>
<b>Shortened Benefit Period Nonforeiture Rider:</b>	<b>Form BG01R-SBN(06/04)-VA</b>
<b>Return of Premium Rider:</b>	<b>Form BG01R-ROP(06/04)</b>
<b>Indemnity Benefit Rider:</b>	<b>Form BG01R-IND(06/04)-VA</b>
<b>Personal Caregiver Rider:</b>	<b>Form BG01R-PCG(06/04)-VA</b>
<b>Waiver of Premium Rider:</b>	<b>Form BG01R-WOP(06/04)-VA</b>
<b>Monthly Benefit Rider:</b>	<b>Form BG01R-MTH(06/04)</b>
<b>Restoration of Benefits Rider:</b>	<b>Form BG01R-ROB(06/04)</b>
<b>Paid-Up Survivor Benefit Rider:</b>	<b>Form BG01R-SVR(06/04)</b>

These form and riders were issued in Virginia from 2004 through 2010. The above form and riders are no longer being marketed.

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**1. Purpose of Filing**

This actuarial memorandum has been prepared for the purpose of documenting a proposed rate increase and demonstrating that the rates meet the requirements in the statutes of Virginia. It may not be suitable for other purposes.

**2. Requested Rate Increase**

The company is requesting an increase, which does not vary by policy form or issue age. Experience termination rates for inforce policies and policies in claim status are lower than expected, resulting in expected loss ratios which would not be sustainable under the current premiums. No prior rate increase was requested for this form.

The base rate increase is 25% for all policies. The new premium for any contract is equal to the product of the contract's current premium and one plus the base premium increase percentage.

Rate increase impact exhibits are in attachment A.

**3. Premiums**

Premiums are unisex, level, lifetime, and limited pay. Premiums vary by issue age, initial daily benefit, benefit period, elimination period, risk class, individual vs. joint coverage and the riders selected.

Please see attachments B1-B3 for rates:

- B1 BG01P(06/04)-VA current rates
- B2 BG01P(06/04)-VA proposed rates
- B3 BG01P(06/04)-VA proposed increase

**4. Description of Benefits**

BASE POLICY BENEFITS PER (\$10.00) UNIT OF COVERAGE

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- a. FCS - Actual expenses incurred up to \$10.00 per day for FCS (qualified long term care services, including skilled, intermediate and custodial care) while confined in a qualified nursing facility or assisted living facility and maintenance or personal care performed in an assisted living facility. Benefits paid are deducted from the benefit amount.
- b. HCCS - This optional benefit must be selected by the insured to be covered under the policy. Actual expenses incurred up to \$10.00 per day. Coverage is provided for home health care (services performed through a home health care agency or independent home health caregiver, including care by a professional nurse, therapist, dietician or home health aide, and homemaker services) respite care, adult day care, hospice services and caregiver training. The caregiver training benefit payable is a maximum lifetime benefit equal to five times the daily benefit selected. Additionally, the policy provides for an emergency response system benefit payable on a reimbursement basis at \$50 per month (in addition to daily benefit payable for HCCS). Benefits paid are deducted from the benefit amount.
- c. Facility Bed Reservation Benefit - Actual FCS expenses incurred up to \$10.00 per day to reserve a bed in a nursing facility or assisted living facility during a temporary absence from the facility. Benefit is payable up to 30 days per calendar year. Benefits paid are deducted from the benefit amount.
- d. Respite Care - Actual expenses incurred up to \$10.00 per day for FCS or HCCS (if covered) payable as short term care to relieve primary caregiver. Benefit is payable up to 30 days per calendar year. Benefits paid are deducted from the benefit amount.
- e. Alternative Plan of Care Benefit - Provides for qualified long term care services not specifically shown as being available under the policy, if agreed upon by the insured, licensed health care practitioner and the company, which may include equipment purchases or rentals; permanent or temporary modifications to the insured's residence (such as ramps or rails) or care services not normally covered under the HCCS. The alternative plan of care is not available for providing HCCS on policies providing FCS benefits only. The maximum lifetime alternative plan of care payable under the policy is equal to 50 times the daily benefit selected. The alternative plan of care benefit amount agreed upon, divided by the daily benefit selected, equals the number of subsequent days for which additional benefits will not be payable for HCCS or FCS.

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- f. Optional Personal Care Advisor, accessible through toll-free telephone number if requested, is available to insured to provide assistance with any questions about their coverage. The cost of these services is not deducted from the benefit amount.
- g. Optional Care Coordination, at the insured's option a toll-free number is accessible to arrange with the company for contact to be made by a care coordinator. If the insured wishes, an RN will be available to assist with assessment and coordination of appropriate care and services. The cost of these services is not deducted from the benefit amount.
- h. Waiver of Premium is provided after confinement in a nursing facility or an assisted living facility for a period of 90 days or the insured has received home and community care services (if covered on the policy) for a period of 90 days (regardless of the number of visits in a day). Premiums already paid, but not earned will be refunded on a pro-rata basis, including premium paid during the 90 day period above.

**OPTIONAL BENEFIT RIDERS**

- a. Compound 3% and 5% Inflation Protection Riders (IP3) (IP5) – These riders provide that on each policy anniversary, we will increase the daily benefit and benefit amount payable under the policy. The Compound 3% and 5% Inflation Protection Riders increase the daily benefit respectively by 3% or 5% of the previous year's dollar amount. The remaining benefit amount is also increased by 3% or 5%. Under these riders, the daily benefit and benefit amount will continue to increase annually while the insured is receiving benefits under the policy.
- b. Shortened Benefit Period Nonforfeiture Rider (SBP) - This rider provides the nonforfeiture credit 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 and benefits will be payable based on the daily benefit in effect on the date of lapse. No further benefit increases will occur under any inflation protection rider, if attached to the policy. The new benefit amount becomes equal to the greater of: (a) the total of premiums paid for the policy and riders; or (b) 30 times the daily benefit in effect on the date of lapse. Any benefits paid after lapse will be deducted from this new benefit amount.
- c. Return of Premium Rider (ROP) - This rider provides a return of premium benefit (equal to premium paid) with a claims offset in the event that the policy lapses due to death of the insured (last to die under joint coverage).

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- d. Indemnity Benefit Rider (IND) - This rider provides that all benefits covered under the policy will be payable on an indemnity basis at the full daily benefit selected, regardless of actual expenses incurred. This rider is not available if either the Personal Caregiver Rider or Monthly Benefit Rider is purchased.
- e. Personal Caregiver Rider (PCG) - The rider will pay the full daily benefit for services covered under the policy when HCCS is selected, regardless of the actual expenses incurred by the insured. This applies to each benefit for which the insured qualifies. In addition, a personal caregiver benefit is payable for HCCS. This benefit will be equal to the full daily benefit selected for HCCS, regardless of the actual charges incurred. Further, the benefit is payable to the insured regardless of who provides the HCCS, including any nonprofessional caregiver, any unpaid family member, or friends. Benefits paid are subtracted from the benefit amount. The rider is only available to insureds in the preferred plus risk class. The rider is not available with a FCS only policy, IND Rider, Monthly Benefit Rider, 10 year and paid-up at age 65 payment options.
- f. Waiver of Premium (WOP) – This rider provides that all premiums will be waived after receiving 90 days of HCCS (regardless of the number of visits per day). Premiums paid, but not earned will be refunded on a pro-rata basis, including premium paid during the 90 day period above.
- g. Monthly Benefit Rider (MTH) - This rider changes all HCCS benefits from a daily basis to a monthly maximum up to thirty-one (31) times the daily benefit during a calendar month. Not available with IND Rider or PCG Rider. Either 3% or 5% Compound Inflation Protection must also be purchased.
- h. Restoration of Benefits Rider (ROB) – This rider is available with benefit periods other than lifetime. If the policy remains in force and claims paid during a single claim period have not exceeded the benefit amount and the insured is not eligible for payment of benefits for 180 consecutive days, the benefit amount payable will be restored. Restoration of Benefits is subject to a maximum of twice the benefit amount selected.
- i. Paid-Up Survivor Benefit Rider (SRV) – A joint coverage policy to which this rider is attached will be paid-up and no further premium payments due after both of the following have occurred: the end of the 10th policy year; the date of the death of either insured. In the event one insured dies prior to the end of the 10th policy year, the remaining insured will pay the individual premium rate that would have been charged at the original issue age and risk class for the balance of the 10 year period, after which the policy becomes paid-up. Available with lifetime payment plans only.

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**5. Marketing Method**

This policy form was marketed by individual agents who primarily sell on an individual basis.

**6. Underwriting Description**

This policy form was fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

**7. Renewability**

These policies are guaranteed renewable for life.

**8. Applicability**

This filing is applicable to all in force policies issued in Virginia on the above referenced form. Since these form and riders are no longer being sold, the rate increase will only apply to in force policies.

**9. Actuarial Assumptions**

**a. Lapse and rate increase impact**

Attachment C includes a comparison of pricing, experience, and best estimate voluntary lapse rates.

50% of the premium increase is assumed to occur in 2015, 50% in 2016.

An extra 3% of the policyholders with a rate increase are assumed to lapse.

11% of the policyholders with a rate increase are assumed to keep their premium level and reduce their benefit proportionally.

**b. Mortality**

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Attachment D1 includes a comparison of pricing, experience and best estimate mortality.

Best estimate: Attained age mortality is 60% of the 1994 Group Annuity Mortality Table for ages 80 and younger and grade to 100% of the 1994 Group Annuity Mortality Table at age 90 and older, with duration selection factors, shown in attachment D2.

**c. Claims**

Attachment E1.1 compares best estimate with original pricing ultimate unisex incidence rates. It also includes inforce adjustment factors.

**Inforce Adjustment Factors** are used to account for the fact that inforce counts are not reduced by claim incidence. The factor applied to the incidence varies by attained age and duration of the policy.

Attachment E2.1 shows the comparison of actual and expected (original pricing) incidence.

Attachment E1.2 includes the comparison of best estimate and original pricing length of stay for lifetime benefit period, 90 day elimination period policies with and without 5% Compound COLA. The best estimate claim length of stay is based on SOA LTC Intercompany Study 2007 Report and reinsurer's experience.

Attachment E2.2 shows the actual to expected (original pricing) claim length of stay.

**Pricing Claim Costs** for skilled, intermediate aid Facility Care Benefits are derived from The Reports of the Society of Actuaries based on the 1985 National Nursing Home Survey Utilization Data in Transactions, Society of Actuaries, 1988-89-90 Reports; and the Long Term Care Intercompany Study: 1984-1991 Experience in Transactions, Society of Actuaries, 1993-94 Reports. Claim costs factors shown in the original actuarial memorandum are applied to the inforce lives and represent the expected cost per life of incurred benefits.

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Claim costs for Home and Community Based Care are decreasing percentages of Facility Care claim costs derived from information provided by a reinsurer.

Claim costs for the Shortened Benefit Period Nonforfeiture Rider and the Full Nonforfeiture Rider are developed by using mortality rates and nonforfeiture benefits appropriate at each duration.

For the Benefit Increase Riders, the foregoing claim costs are compounded by 5% or 3% each duration based on compound interest rider purchased to obtain the actual claim costs by duration.

Claim costs were adjusted to accommodate the Waiver of Premium, which is treated as an increment of the daily benefit.

Joint claim cost factors:

Pricing:	130% of the individual claim costs
Best Estimates:	72% of the claim costs of each insured

Underwriting selection factors:

Pricing:	10%, 20%, 40%, 60%, 80%, 100% durations 6 & later
Best estimates:	10%, 20%, 40%, 60%, 80%, 100% durations 6 & later

**d. Interest**

Pricing:	4.5%
Best Estimate:	4.5%

**e. Expenses**

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate and that renewal commission rates will apply to the increased premium.

**10. Issue Age Range**

The issue ages are from 40 to 84 on an age nearest birthday basis, except for endorsed groups where the issue age

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range is 18 to 84.

**11. Claim Liability and Reserves**

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2013 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve (IBNR) balances as of December 31, 2013 have been allocated to a calendar year of incurral and included in historic incurred claims. Paid claims have been discounted to the incurral date and included in historical incurred claims. Claim Reserves are calculated for active and pending claimants as present value of benefit payments discounted by interest and terminations. The IBNR is based on lag factors which are applied to the claim reserves and survivor payments based on the difference between the incurral date and the valuation date.

**12. Trend Assumptions**

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

**13. Past and Future Policy Experience**

Projections based on rate increase are shown as follows:

Nationwide experience and projections without proposed rate increase by calendar year:

All Pay Types: Attachment F1

Virginia experience and projections without proposed rate increase by calendar year:

All Pay Types: Attachment G1

A future annual loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums.

A lifetime loss ratio as of December 31, 2013 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at 4.5%.

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Projections based on rate increase are shown as follows:

Nationwide experience and projections with proposed rate increase by calendar year:

All Pay Types: Attachment F2

Virginia experience and projections with proposed rate increase by calendar year:

All Pay Types: Attachment G2

Earned premiums and incurred claims for projection years 2014 through 2054 are developed from an asset share model representing actual contracts in force as of December 31, 2013. The assumptions described above for morbidity, voluntary lapse and mortality are used to project life years, earned premiums and incurred claims.

**14. Analysis Performed**

The initial premium schedule was based on pricing assumptions deemed appropriate when the initial rate schedule was developed.

As part of the in-force management of the business, LifeCare Assurance Company and the reinsurer on the business monitor the performance of the business by completing periodic actual-to-expected analysis for mortality, claim incidence, and claim length of stay. A study of actual voluntary lapse rates is performed periodically. The findings from these analyses were used in projecting the inforce business to determine the effect of experience on the projected lifetime loss ratio.

Attachments C, D1, E2.1 and E2.2 compare experience results with expected assumptions. Attachments H and I compare historical and projected (based on best estimate assumptions) lifetime cumulative loss ratios with pricing expected cumulative loss ratios.

Nationwide historical and projected lifetime cumulative loss ratio compared with pricing expected cumulative loss ratio:

All Pay Types: Attachment H

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Virginia historical and projected lifetime cumulative loss ratio compared with pricing expected cumulative loss ratio:

All Pay Types: Attachment I

In order to analyze the change in expectation from the original pricing assumptions, the cumulative loss ratios are discounted back to duration 1 in exhibits H and I. The actual/best estimate cumulative loss ratio is discounted by 4.5% (best estimate assumption) and the pricing expected cumulative loss ratio is discounted by 4.5% (original pricing assumption).

Because of the low termination rates, a significantly greater risk exposure is expected in the later durations, which is reflected in the nationwide lifetime 132% actual to expected cumulative loss ratio in exhibit H.

**15. Loss Ratio Requirement Compliance Demonstration**

Past experience and best estimates are used in the following projections:

Without proposed rate increase (Nationwide, Virginia):

Attachment F1: Nationwide

Attachment G1: Virginia

With proposed rate increase (Nationwide, Virginia):

Attachment F2: Nationwide

Attachment G2: Virginia

In all projections the accumulated lifetime loss ratios exceed the minimum loss ratio of 60%.

Attachment K provides a demonstration that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

- a. Accumulated value of the initial earned premium times 58%,
- b. 85% of the accumulated value of prior premium rate schedule increases,

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- c. Present value of future projected initial earned premiums times 58%, and
- d. 85% of the present value of future projected premiums in excess of the projected initial earned premiums.

Present and accumulated values in the lifetime projections in Attachment K are determined at 4.5%, the maximum valuation interest rate for contract reserves applicable to long-term care business issued in the years in which the applicable business of this filing were issued.

**16. Proposed Effective Date**

This rate increase will apply to policies on their policy anniversary date following a 60-day policyholder notification period.

**17. Nationwide Distribution of Business as of December 31, 2013 (Based on Policy Count and Premium)**

As of December 31, 2013, the number of policies in force that will be affected by this increase, by policy form and in aggregate is shown in the following attachments:

Nationwide distribution:	Attachment J1
Virginia distribution:	Attachment J2

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**18. 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 qualification standards for preparing health rate filings.

I believe this rate filing is in compliance with the applicable laws of the State of Virginia and with the rules of the Department. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

The data used to develop this actuarial memorandum was provided by LifeCare Assurance Company, the administrator of the policies, and Employers Reassurance Corporation, a reinsurer of the business. I have reviewed the data for reasonableness.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Policy design, underwriting, and claims adjudication practices have been taken into consideration. Furthermore, the actuarial assumptions are appropriate and the gross premiums bear reasonable relationship to the benefits.



Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary

**Berkshire Life Insurance Company of America  
Rate Increase Impact Exhibit**

**Attachment A**

Virginia	BG01P(06/04)-VA			
	Cost of Living Adjustment			Total
	None	Compound 5%	Compound 3%	
<b>Number of Policies</b>	12	125	38	175
<b>Current Premium</b>	\$41,590	\$836,796	\$148,535	1,026,921
<b>Current Average Premium</b>	\$3,466	\$6,694	\$3,909	5,868
<b>New Premium</b>	\$51,987	\$1,045,995	\$185,669	1,283,651
<b>New Average Premium</b>	\$4,332	\$8,368	\$4,886	7,335
<b>Average Rate Increase</b>	25.00%	25.00%	25.00%	25.00%

Nationwide	BG01P(06/04)			
	Cost of Living Adjustment			Total
	None	Compound 5%	Compound 3%	
<b>Number of Policies</b>	960	4,455	2,089	7,504
<b>Current Premium</b>	\$3,372,841	\$31,358,362	\$10,246,336	44,977,539
<b>Current Average Premium</b>	\$3,513	\$7,039	\$4,905	5,994
<b>New Premium</b>	\$4,216,051	\$39,197,953	\$12,807,920	56,221,924
<b>New Average Premium</b>	\$4,392	\$8,799	\$6,131	7,492
<b>Average Rate Increase</b>	25.00%	25.00%	25.00%	25.00%

Virginia	BG01P(06/04)-VA			
	Payment Period			Total
	Lifetime Pay	10 Pay	Paid up at 65	
<b>Number of Policies</b>	109	62	4	175
<b>Current Premium</b>	\$407,620	\$608,991	\$10,310	1,026,921
<b>Current Average Premium</b>	\$3,740	\$9,822	\$2,577	5,868
<b>New Premium</b>	\$509,526	\$761,239	\$12,887	1,283,651
<b>New Average Premium</b>	\$4,675	\$12,278	\$3,222	7,335
<b>Average Rate Increase</b>	25.00%	25.00%	25.00%	25.00%

Nationwide	BG01P(06/04)			
	Payment Period			Total
	Lifetime Pay	10 Pay	Paid up at 65	
<b>Number of Policies</b>	4,254	3,087	163	7,504
<b>Current Premium</b>	\$16,937,365	\$27,121,625	\$918,549	44,977,539
<b>Current Average Premium</b>	\$3,982	\$8,786	\$5,635	5,994
<b>New Premium</b>	\$21,171,706	\$33,902,032	\$1,148,186	56,221,924
<b>New Average Premium</b>	\$4,977	\$10,982	\$7,044	7,492
<b>Average Rate Increase</b>	25.00%	25.00%	25.00%	25.00%

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA

Attachment B1  
Rates and Factors Before Proposed Increase  
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT		PREMIUM AND RIDER FACTORS									
	Facility Care Service	Comprehensive Care	Compound Inflation		Return Of Premium	SBP Nonforf	10-Pay	Paid Up at 65	Limited Pay CIP		HCCS Waiver	Paid Up Survivor
			5%	3%					5%	3%		
40	32.00	40.00	3.500	2.170	1.224	1.243	2.098	1.259	5.635	3.494	1.037	1.400
41	33.60	42.00	3.450	2.140	1.233	1.249	2.048	1.262	5.481	3.400	1.040	1.400
42	35.20	44.00	3.400	2.110	1.242	1.254	1.998	1.266	5.328	3.306	1.042	1.400
43	36.97	46.00	3.350	2.070	1.251	1.260	1.983	1.270	5.174	3.197	1.045	1.400
44	38.75	48.00	3.300	2.030	1.260	1.265	1.967	1.273	5.020	3.088	1.047	1.400
45	<b>39.71</b>	<b>49.00</b>	<b>3.250</b>	<b>1.990</b>	<b>1.269</b>	<b>1.271</b>	<b>1.952</b>	<b>1.277</b>	<b>4.867</b>	<b>2.980</b>	<b>1.050</b>	<b>1.400</b>
46	41.49	51.00	3.150	1.980	1.278	1.276	1.937	1.325	4.573	2.912	1.052	1.400
47	43.27	53.00	3.050	1.970	1.287	1.282	1.922	1.373	4.297	2.845	1.055	1.400
48	45.95	56.00	2.950	1.960	1.296	1.287	1.903	1.421	4.034	2.778	1.057	1.400
49	48.63	59.00	2.850	1.950	1.305	1.293	1.884	1.469	3.863	2.710	1.060	1.400
50	<b>52.14</b>	<b>63.00</b>	<b>2.750</b>	<b>1.940</b>	<b>1.314</b>	<b>1.298</b>	<b>1.865</b>	<b>1.517</b>	<b>3.746</b>	<b>2.643</b>	<b>1.062</b>	<b>1.400</b>
51	54.82	66.00	2.700	1.910	1.323	1.304	1.846	1.565	3.651	2.583	1.065	1.400
52	57.50	69.00	2.650	1.890	1.332	1.309	1.826	1.613	3.555	2.536	1.067	1.400
53	61.49	73.00	2.600	1.870	1.341	1.315	1.803	1.661	3.519	2.531	1.070	1.400
54	66.32	78.00	2.550	1.850	1.350	1.320	1.780	1.709	3.473	2.519	1.072	1.400
55	<b>70.31</b>	<b>82.00</b>	<b>2.500</b>	<b>1.830</b>	<b>1.368</b>	<b>1.326</b>	<b>1.757</b>	<b>1.757</b>	<b>3.420</b>	<b>2.504</b>	<b>1.075</b>	<b>1.400</b>
56	75.15	87.00	2.450	1.810	1.386	1.331	1.733		3.246	2.398	1.077	1.400
57	79.13	91.00	2.400	1.790	1.404	1.337	1.710		3.086	2.301	1.080	1.400
58	86.69	99.00	2.350	1.770	1.422	1.342	1.684		2.938	2.213	1.082	1.400
59	93.37	106.00	2.300	1.750	1.440	1.348	1.657		2.837	2.159	1.085	1.400
60	<b>100.94</b>	<b>114.00</b>	<b>2.250</b>	<b>1.730</b>	<b>1.458</b>	<b>1.353</b>	<b>1.631</b>		<b>2.738</b>	<b>2.105</b>	<b>1.087</b>	<b>1.400</b>
61	107.61	121.00	2.200	1.710	1.476	1.359	1.604		2.695	2.095	1.090	1.400
62	115.18	129.00	2.150	1.690	1.494	1.364	1.578		2.634	2.071	1.092	1.400
63	128.33	143.00	2.100	1.670	1.512	1.370	1.548		2.533	2.014	1.095	1.400
64	142.38	158.00	2.050	1.650	1.530	1.375	1.518		2.466	1.985	1.097	1.400
65	<b>155.53</b>	<b>172.00</b>	<b>2.000</b>	<b>1.630</b>	<b>1.539</b>	<b>1.386</b>	<b>1.489</b>		<b>2.391</b>	<b>1.949</b>	<b>1.100</b>	<b>1.400</b>
66	169.58	187.00	1.950	1.610	1.548	1.397	1.459		2.321	1.917	1.102	1.390
67	182.73	201.00	1.900	1.590	1.557	1.408	1.429		2.247	1.880	1.105	1.380
68	206.36	227.00	1.850	1.570	1.566	1.419	1.401		2.188	1.857	1.107	1.370
69	230.00	253.00	1.800	1.550	1.575	1.430	1.373		2.125	1.830	1.110	1.360
70	<b>252.73</b>	<b>278.00</b>	<b>1.750</b>	<b>1.530</b>	<b>1.584</b>	<b>1.441</b>	<b>1.345</b>		<b>2.059</b>	<b>1.800</b>	<b>1.112</b>	<b>1.350</b>
71	276.36	304.00	1.720	1.510	1.593	1.452	1.317		1.996	1.753	1.115	1.340
72	300.00	330.00	1.690	1.490	1.602	1.463	1.289		1.934	1.705	1.117	1.330
73	342.73	377.00	1.660	1.470	1.611	1.474	1.267		1.873	1.658	1.120	1.320
74	384.55	423.00	1.630	1.450	1.620	1.485	1.244		1.811	1.611	1.122	1.310
75	<b>427.27</b>	<b>470.00</b>	<b>1.600</b>	<b>1.430</b>	<b>1.629</b>	<b>1.491</b>	<b>1.221</b>		<b>1.800</b>	<b>1.609</b>	<b>1.125</b>	<b>1.300</b>
76	469.09	516.00	1.580	1.420	1.638	1.496	1.198		1.770	1.591	1.127	1.300
77	511.82	563.00	1.560	1.410	1.647	1.502	1.176		1.740	1.572	1.130	1.300
78	574.55	632.00	1.540	1.400	1.656	1.507	1.154		1.710	1.554	1.132	1.300
79	638.18	702.00	1.520	1.390	1.665	1.513	1.132		1.680	1.536	1.135	1.300
80	<b>700.91</b>	<b>771.00</b>	<b>1.500</b>	<b>1.380</b>	<b>1.674</b>	<b>1.518</b>	<b>1.111</b>		<b>1.650</b>	<b>1.518</b>	<b>1.137</b>	<b>1.300</b>
81	764.55	841.00	1.490	1.370	1.683	1.524	1.089		1.630	1.499	1.140	1.300
82	827.27	910.00	1.480	1.360	1.692	1.529	1.067		1.610	1.479	1.142	1.300
83	895.45	985.00	1.470	1.350	1.701	1.535	1.046		1.590	1.460	1.145	1.300
84	969.09	1,066.00	1.460	1.340	1.710	1.540	1.026		1.570	1.441	1.147	1.300

Factors:

Elim Period :	0 Day	1.30	Benefit Period:	Lifetime	1.00	Risk Classes :		Restoration of Benefits:	
	30 Day	1.15		5 Year	0.82	Preferred Plus	0.80	5 Years	1.034
	90 Day	1.00		4 Year	0.71	Preferred	1.00	4 Years	1.051
	180 Day	0.90		3 Year	0.60	Standard	1.25	3 Years	1.063

Indemnity Benefit Factor (BG01R-IND):	1.12
Personal Caregiver Rider (BG01R-PCG) :	2.00
Monthly Benefit Rider: (BG01R-MTH):	1.15

Joint Coverage - Premiums for joint rate combinations are calculated as 130% of the base policy premium of the older insured, multiplied by the following factors:	
2 Preferred Plus - .800	2 Preferred - 1.000
1 Pref Plus /1 Pref - .900	1 Pref/ 1 Stand - 1.125
1 Pref Plus/ 1 Stand 1.025	2 Standard - 1.250

Modal Premium Factors: PAC/EFT - 0.088	Quarterly- 0.27	Semi-Annual - 0.52
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Direct Marketing Discount:	All Ages: 10%
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Policy Form: BG01P(06/04)-VA

Attachment B2  
Rates and Factors After Proposed Increase  
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT		PREMIUM AND RIDER FACTORS									
	Facility Care Service	Comprehensive Care	Compound Inflation		Return Of Premium	SBP Nonforf	10-Pay	Paid Up at 65	Limited Pay CIP		HCSS Waiver	Paid Up Survivor
			5%	3%					5%	3%		
40	40.00	50.00	3.500	2.170	1.224	1.243	2.098	1.259	5.635	3.494	1.037	1.400
41	42.00	52.50	3.450	2.140	1.233	1.249	2.048	1.262	5.481	3.400	1.040	1.400
42	44.00	55.00	3.400	2.110	1.242	1.254	1.998	1.266	5.328	3.306	1.042	1.400
43	46.21	57.50	3.350	2.070	1.251	1.260	1.983	1.270	5.174	3.197	1.045	1.400
44	48.43	60.00	3.300	2.030	1.260	1.265	1.967	1.273	5.020	3.088	1.047	1.400
45	49.63	61.25	3.250	1.990	1.269	1.271	1.952	1.277	4.867	2.980	1.050	1.400
46	51.86	63.75	3.150	1.980	1.278	1.276	1.937	1.325	4.573	2.912	1.052	1.400
47	54.08	66.25	3.050	1.970	1.287	1.282	1.922	1.373	4.297	2.845	1.055	1.400
48	57.43	70.00	2.950	1.960	1.296	1.287	1.903	1.421	4.034	2.778	1.057	1.400
49	60.78	73.75	2.850	1.950	1.305	1.293	1.884	1.469	3.863	2.710	1.060	1.400
50	65.17	78.75	2.750	1.940	1.314	1.298	1.865	1.517	3.746	2.643	1.062	1.400
51	68.52	82.50	2.700	1.910	1.323	1.304	1.846	1.565	3.651	2.583	1.065	1.400
52	71.87	86.25	2.650	1.890	1.332	1.309	1.826	1.613	3.555	2.536	1.067	1.400
53	76.86	91.25	2.600	1.870	1.341	1.315	1.803	1.661	3.519	2.531	1.070	1.400
54	82.90	97.50	2.550	1.850	1.350	1.320	1.780	1.709	3.473	2.519	1.072	1.400
55	87.88	102.50	2.500	1.830	1.368	1.326	1.757	1.757	3.420	2.504	1.075	1.400
56	93.93	108.75	2.450	1.810	1.386	1.331	1.733	1.733	3.246	2.398	1.077	1.400
57	98.91	113.75	2.400	1.790	1.404	1.337	1.710	1.710	3.086	2.301	1.080	1.400
58	108.36	123.75	2.350	1.770	1.422	1.342	1.684	1.684	2.938	2.213	1.082	1.400
59	116.71	132.50	2.300	1.750	1.440	1.348	1.657	1.657	2.837	2.159	1.085	1.400
60	126.17	142.50	2.250	1.730	1.458	1.353	1.631	1.631	2.738	2.105	1.087	1.400
61	134.51	151.25	2.200	1.710	1.476	1.359	1.604	1.604	2.695	2.095	1.090	1.400
62	143.97	161.25	2.150	1.690	1.494	1.364	1.578	1.578	2.634	2.071	1.092	1.400
63	160.41	178.75	2.100	1.670	1.512	1.370	1.548	1.548	2.533	2.014	1.095	1.400
64	177.97	197.50	2.050	1.650	1.530	1.375	1.518	1.518	2.466	1.985	1.097	1.400
65	194.41	215.00	2.000	1.630	1.539	1.386	1.489	1.489	2.391	1.949	1.100	1.400
66	211.97	233.75	1.950	1.610	1.548	1.397	1.459	1.459	2.321	1.917	1.102	1.390
67	228.41	251.25	1.900	1.590	1.557	1.408	1.429	1.429	2.247	1.880	1.105	1.380
68	257.95	283.75	1.850	1.570	1.566	1.419	1.401	1.401	2.188	1.857	1.107	1.370
69	287.50	316.25	1.800	1.550	1.575	1.430	1.373	1.373	2.125	1.830	1.110	1.360
70	315.91	347.50	1.750	1.530	1.584	1.441	1.345	1.345	2.059	1.800	1.112	1.350
71	345.45	380.00	1.720	1.510	1.593	1.452	1.317	1.317	1.996	1.753	1.115	1.340
72	375.00	412.50	1.690	1.490	1.602	1.463	1.289	1.289	1.934	1.705	1.117	1.330
73	428.41	471.25	1.660	1.470	1.611	1.474	1.267	1.267	1.873	1.658	1.120	1.320
74	480.68	528.75	1.630	1.450	1.620	1.485	1.244	1.244	1.811	1.611	1.122	1.310
75	534.08	587.50	1.600	1.430	1.629	1.491	1.221	1.221	1.800	1.609	1.125	1.300
76	586.36	645.00	1.580	1.420	1.638	1.496	1.198	1.198	1.770	1.591	1.127	1.300
77	639.77	703.75	1.560	1.410	1.647	1.502	1.176	1.176	1.740	1.572	1.130	1.300
78	718.18	790.00	1.540	1.400	1.656	1.507	1.154	1.154	1.710	1.554	1.132	1.300
79	797.72	877.50	1.520	1.390	1.665	1.513	1.132	1.132	1.680	1.536	1.135	1.300
80	876.13	963.75	1.500	1.380	1.674	1.518	1.111	1.111	1.650	1.518	1.137	1.300
81	955.68	1,051.25	1.490	1.370	1.683	1.524	1.089	1.089	1.630	1.499	1.140	1.300
82	1,034.08	1,137.50	1.480	1.360	1.692	1.529	1.067	1.067	1.610	1.479	1.142	1.300
83	1,119.31	1,231.25	1.470	1.350	1.701	1.535	1.046	1.046	1.590	1.460	1.145	1.300
84	1,211.36	1,332.50	1.460	1.340	1.710	1.540	1.026	1.026	1.570	1.441	1.147	1.300

Factors:

Elim Period :	0 Day	1.30	Benefit Period:	Lifetime	1.00	Risk Classes :		Restoration of Benefits:	
	30 Day	1.15		5 Year	0.82	Preferred Plus	0.80	5 Years	1.034
	90 Day	1.00		4 Year	0.71	Preferred	1.00	4 Years	1.051
	180 Day	0.90		3 Year	0.60	Standard	1.25	3 Years	1.063

Indemnity Benefit Factor (BG01R-IND):	1.12
Personal Caregiver Rider (BG01R-PCG) :	2.00
Monthly Benefit Rider: (BG01R-MTH):	1.15

Joint Coverage - Premiums for joint rate combinations are calculated as 130% of the base policy premium of the older insured, multiplied by the following factors:

2 Preferred Plus - .800	2 Preferred - 1.000
1 Pref Plus /1 Pref - .900	1 Pref/ 1 Stand - 1.125
1 Pref Plus/ 1 Stand 1.025	2 Standard - 1.250

Modal Premium Factors: PAC/EFT - 0.088 Quarterly- 0.27 Semi-Annual - 0.52

Direct Marketing Discount: All Ages: 10%

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA

Attachment B3  
Proposed Increase Percentages

Lifetime		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
48	25%	25%
49	25%	25%
50	25%	25%
51	25%	25%
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73	25%	25%
74	25%	25%
75	25%	25%
76	25%	25%
77	25%	25%
78	25%	25%
79	25%	25%
80	25%	25%
81	25%	25%
82	25%	25%
83	25%	25%
84	25%	25%

10-Pay		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
48	25%	25%
49	25%	25%
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73	25%	25%
74	25%	25%
75	25%	25%
76	25%	25%
77	25%	25%
78	25%	25%
79	25%	25%
80	25%	25%
81	25%	25%
82	25%	25%
83	25%	25%
84	25%	25%

Paid Up at 65		
Issue Age	\$10 FCS	\$10 FCS with HCCS
	BG01P(06/04)-VA	BG01P(06/04)-VA
18-40	25%	25%
41	25%	25%
42	25%	25%
43	25%	25%
44	25%	25%
45	25%	25%
46	25%	25%
47	25%	25%
48	25%	25%
49	25%	25%
50	25%	25%
51	25%	25%
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**Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)**

**Attachment C  
Lapse Rates**

Duration	Expected Lapse Rates			Best Estimate Lapse Rates		Combined Lapse Rates*		
	Lifetime	10 Pay	Paid Up at 65**	Lifetime	Limited	Actual	Expected	A/E
1	7.00%	2.00%	2.00%	3.75%	2.00%	3.15%	5.02%	0.63
2	4.00%	2.00%	2.00%	2.75%	1.50%	3.38%	3.19%	1.06
3	3.00%	2.00%	2.00%	2.00%	1.00%	2.45%	2.58%	0.95
4	2.50%	2.00%	2.00%	1.50%	0.75%	1.62%	2.28%	0.71
5	2.00%	1.50%	2.00%	1.00%	0.50%	1.36%	1.78%	0.77
6	1.50%	1.50%	2.00%	0.75%	0.25%	0.92%	1.50%	0.61
7	1.25%	1.50%	2.00%	0.75%	0.00%	0.68%	1.35%	0.50
8	1.00%	0.00%	2.00%	0.75%	0.00%	0.65%	0.65%	0.99
9	1.00%	0.00%	2.00%	0.75%	0.00%	0.74%	0.69%	1.07
10	1.00%	0.00%	2.00%	0.75%	0.00%	0.00%	0.70%	0.00
11	1.25%	0.00%	2.00%	0.75%	0.00%			
12	1.50%	0.00%	2.00%	0.75%	0.00%			
13	2.00%	0.00%	2.00%	0.75%	0.00%			
14	2.00%	0.00%	2.00%	0.75%	0.00%			
15	2.00%	0.00%	2.00%	0.75%	0.00%			
16	2.00%	0.00%	2.00%	0.75%	0.00%			
17	2.00%	0.00%	2.00%	0.75%	0.00%			
18	2.00%	0.00%	2.00%	0.75%	0.00%			
19	2.00%	0.00%	2.00%	0.75%	0.00%			
20	2.00%	0.00%	2.00%	0.75%	0.00%			
21+	2.00%	0.00%	2.00%	0.75%	0.00%			
Average						2.33%	2.94%	0.79

\* Based on the actual exposure.

\*\* Paid Up at 65 lapse rate = 0% after premium paying duration

**Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)**

**Attachment D1  
Mortality**

Duration	Exposure	Actual Mortality	Expected Mortality*	Best Estimate**	Actual to Expected
1	18,936	8	98	22	0.08
2	17,779	18	101	27	0.18
3	14,813	21	93	29	0.22
4	11,828	15	82	29	0.18
5	8,882	11	69	27	0.16
6	6,297	11	54	23	0.20
7	3,959	10	38	17	0.26
8	1,855	8	21	10	0.38
9	543	1	7	3	0.14
10	5	0	0	0	0.00
Average	84,897	103	564	188	0.18

\* Expected: Pricing assumptions -1983 GAM

\*\* Best estimate: see actuarial memorandum 9b

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)**

**Attachment D2**  
**Mortality Selection Factors**

Policy Duration	Selection Factors
1	0.30
2	0.35
3	0.40
4	0.45
5	0.49
6	0.53
7	0.56
8	0.59
9	0.62
10	0.65
11	0.68
12	0.71
13	0.74
14	0.77
15	0.80
16	0.82
17	0.84
18	0.88
19	0.92
20	0.96
21	1.00

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)**

**Attachment E1.1**  
**Incidence Rates Per 100**

Best Estimate				Original Pricing*		Ratio of Best Estimate to Original Pricing		Inforce Adjustment Factor**
Attained Age	Unisex			Attained Age	Unisex	Attained Age	Unisex	Unisex
	Nursing Care	Home and Community Based Care	Assisted Living Facility					
40	<b>0.0096</b>	<b>0.0120</b>	<b>0.0029</b>	40	<b>0.0175</b>	40	55%	<b>0.9993</b>
41	0.0104	0.0130	0.0031	41	0.0190	41	55%	0.9992
42	0.0113	0.0141	0.0034	42	0.0206	42	55%	0.9992
43	0.0122	0.0153	0.0037	43	0.0223	43	55%	0.9991
44	0.0133	0.0166	0.0040	44	0.0242	44	55%	0.9991
45	0.0144	0.0180	0.0043	45	0.0263	45	55%	0.9990
46	0.0156	0.0195	0.0047	46	0.0285	46	55%	0.9989
47	0.0169	0.0212	0.0051	47	0.0309	47	55%	0.9988
48	0.0184	0.0230	0.0055	48	0.0335	48	55%	0.9987
49	0.0199	0.0249	0.0060	49	0.0363	49	55%	0.9986
50	<b>0.0216</b>	<b>0.0270</b>	<b>0.0065</b>	50	<b>0.0394</b>	50	55%	<b>0.9984</b>
51	0.0239	0.0299	0.0072	51	0.0437	51	55%	0.9983
52	0.0265	0.0332	0.0080	52	0.0484	52	55%	0.9981
53	0.0294	0.0368	0.0088	53	0.0537	53	55%	0.9979
54	0.0326	0.0407	0.0098	54	0.0595	54	55%	0.9977
55	0.0361	0.0451	0.0108	55	0.0659	55	55%	0.9975
56	0.0400	0.0500	0.0120	56	0.0731	56	55%	0.9972
57	0.0444	0.0555	0.0133	57	0.0810	57	55%	0.9969
58	0.0492	0.0564	0.0143	58	0.0897	58	55%	0.9966
59	0.0545	0.0556	0.0158	59	0.0995	59	55%	0.9963
60	<b>0.0604</b>	<b>0.0559</b>	<b>0.0169</b>	60	<b>0.1102</b>	60	55%	<b>0.9958</b>
61	0.0717	0.0603	0.0194	61	0.1308	61	55%	0.9954
62	0.0851	0.0659	0.0230	62	0.1553	62	55%	0.9949
63	0.1010	0.0716	0.0263	63	0.1843	63	55%	0.9943
64	0.1199	0.0734	0.0312	64	0.2188	64	55%	0.9937
65	0.1423	0.0775	0.0356	65	0.2597	65	55%	0.9930
66	0.1689	0.0824	0.0405	66	0.3082	66	55%	0.9922
67	0.2005	0.0864	0.0481	67	0.3658	67	55%	0.9913
68	0.2379	0.0911	0.0547	68	0.4342	68	55%	0.9902
69	0.2824	0.0918	0.0650	69	0.5154	69	55%	0.9889
70	<b>0.3352</b>	<b>0.0962</b>	<b>0.0737</b>	70	<b>0.6117</b>	70	55%	<b>0.9873</b>
71	0.3969	0.0992	0.0873	71	0.7243	71	55%	0.9854
72	0.4699	0.1137	0.0987	72	0.8575	72	55%	0.9831
73	0.5563	0.1196	0.1168	73	1.0153	73	55%	0.9802
74	0.6587	0.1298	0.1317	74	1.2021	74	55%	0.9767
75	0.7799	0.1318	0.1560	75	1.4233	75	55%	0.9724
76	0.9233	0.1394	0.1754	76	1.6851	76	55%	0.9674
77	1.0932	0.1454	0.2077	77	1.9951	77	55%	0.9613
78	1.2943	0.1488	0.2459	78	2.3622	78	55%	0.9542
79	1.5325	0.1793	0.2758	79	2.7967	79	55%	0.9459
80	<b>1.8144</b>	<b>0.1796</b>	<b>0.3266</b>	80	<b>3.3113</b>	80	55%	<b>0.9364</b>
81	2.0128	0.1832	0.3422	81	3.6281	81	55%	0.9255
82	2.2326	0.1853	0.3795	82	3.9752	82	56%	0.9132
83	2.4760	0.1609	0.4209	83	4.3554	83	57%	0.8994
84	2.7456	0.1840	0.4393	84	4.7721	84	58%	0.8844
85	3.0441	0.1796	0.4871	85	5.2287	85	58%	0.8678
86	3.3745	0.2092	0.5062	86	5.7289	86	59%	0.8500
87	3.7404	0.2020	0.5611	87	6.2769	87	60%	0.8310
88	4.1453	0.1907	0.6218	88	6.8775	88	60%	0.8106
89	4.5935	0.2205	0.6431	89	7.5354	89	61%	0.7894
90	<b>5.0895</b>	<b>0.2036</b>	<b>0.7125</b>	90	<b>8.2563</b>	90	62%	<b>0.7683</b>
91	5.5293	0.2322	0.7741	91	8.8712	91	62%	0.7467
92	6.0064	0.2643	0.7808	92	9.5319	92	63%	0.7246
93	6.5239	0.2349	0.8481	93	10.2418	93	64%	0.7020
94	7.0851	0.2763	0.9211	94	11.0046	94	64%	0.6789
95	7.6938	0.3154	1.0002	95	11.8242	95	65%	0.6572
96	8.3538	0.3592	1.0025	96	12.7048	96	66%	0.6357
97	9.0695	0.4172	1.0883	97	13.6510	97	66%	0.6152
98	9.8295	0.4574	1.1435	98	14.1970	98	67%	0.6000
99	10.0118	0.6107	1.1013	99	14.7649	99	68%	0.6000
100	<b>10.5175</b>	<b>0.6731</b>	<b>1.1569</b>	100	<b>15.3555</b>	100	68%	<b>0.6000</b>
101	10.9413	0.7221	1.2035	101	15.8162	101	69%	0.6000
102	11.2154	0.7739	1.2337	102	16.0534	102	70%	0.6000
103	11.4952	0.9311	1.1495	103	16.2942	103	71%	0.6000
104	11.7810	0.9896	1.1781	104	16.5386	104	71%	0.6000
105	12.0726	1.0503	1.2073	105	16.7867	105	72%	0.6000
106	12.3704	1.1010	1.2370	106	17.0385	106	73%	0.6000
107	12.6744	1.1660	1.2674	107	17.2941	107	73%	0.6000
108	12.9848	1.2336	1.2985	108	17.5535	108	74%	0.6000
109	13.3016	1.2903	1.3302	109	17.8168	109	75%	0.6000
110	13.6250	1.3625	1.3625	110	18.0841	110	75%	0.6000

\* Unisex rates based on 30% Male and 70% Female

\*\* Adjustment factors to account for the fact that claim incidence is not reflected in the inforce count. See actuarial memorandum section 9.c "Inforce Adjustment Factors"

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)

Attachment E1.2  
Length of Stay Per \$1 of Daily Benefit

Best Estimate Length of Stay*			Original Pricing Length of Stay**			Best Estimate / Original Pricing		
Attained Age	No COLA	5% Compound COLA	Attained Age	No COLA	5% Compound COLA	Attained Age	No COLA	5% Compound COLA
40	1,025.65	1,170.13	40	795.55	942.53	40	129%	124%
41	948.35	1,082.16	41	781.39	928.85	41	121%	117%
42	878.10	1,002.52	42	768.45	916.99	42	114%	109%
43	814.37	930.61	43	756.79	907.16	43	108%	103%
44	756.69	865.92	44	746.54	899.71	44	101%	96%
45	704.68	808.07	45	737.88	895.14	45	96%	90%
46	658.03	756.75	46	731.09	894.24	46	90%	85%
47	616.52	711.82	47	726.61	898.25	47	85%	79%
48	580.03	673.31	48	725.13	909.06	48	80%	74%
49	548.58	641.48	49	727.75	929.72	49	75%	69%
50	522.41	617.00	50	736.17	965.08	50	71%	64%
51	515.57	603.21	51	724.87	942.46	51	71%	64%
52	511.31	595.95	52	714.35	921.50	52	72%	65%
53	507.58	589.59	53	704.56	902.06	53	72%	65%
54	504.30	584.00	54	695.45	884.05	54	73%	66%
55	501.41	579.06	55	686.98	867.34	55	73%	67%
56	498.86	574.69	56	679.11	851.86	56	73%	67%
57	496.62	570.81	57	671.78	837.49	57	74%	68%
58	494.64	567.36	58	664.97	824.18	58	74%	69%
59	492.90	564.30	59	658.65	811.84	59	75%	70%
60	491.37	561.57	60	652.78	800.40	60	75%	70%
61	502.87	574.38	61	626.32	758.75	61	80%	76%
62	514.86	587.87	62	602.77	722.78	62	85%	81%
63	527.30	601.92	63	581.42	690.78	63	91%	87%
64	540.18	616.51	64	561.93	662.12	64	96%	93%
65	553.50	631.64	65	544.06	636.28	65	102%	99%
66	567.28	647.32	66	527.57	612.83	66	108%	106%
67	581.51	663.56	67	512.30	591.44	67	114%	112%
68	596.21	680.37	68	498.09	571.83	68	120%	119%
69	611.39	697.75	69	484.82	553.76	69	126%	126%
70	627.07	715.73	70	472.38	537.03	70	133%	133%
71	633.72	721.87	71	464.69	526.10	71	136%	137%
72	640.71	728.47	72	457.64	516.19	72	140%	141%
73	648.01	735.44	73	451.15	507.16	73	144%	145%
74	655.62	742.78	74	445.17	498.90	74	147%	149%
75	663.53	750.47	75	439.65	491.34	75	151%	153%
76	671.75	758.53	76	434.55	484.39	76	155%	157%
77	680.28	766.94	77	429.82	478.01	77	158%	160%
78	689.12	775.71	78	425.45	472.13	78	162%	164%
79	698.26	784.85	79	421.39	466.70	79	166%	168%
80	707.72	794.34	80	417.62	461.68	80	169%	172%
81	693.07	774.19	81	412.96	454.35	81	168%	170%
82	680.50	757.06	82	410.07	450.23	82	166%	168%
83	669.46	742.07	83	407.50	446.59	83	164%	166%
84	659.71	728.85	84	405.18	443.33	84	163%	164%
85	651.06	717.13	85	403.08	440.38	85	162%	163%
86	643.36	706.70	86	401.15	437.69	86	160%	161%
87	636.49	697.39	87	399.37	435.21	87	159%	160%
88	630.35	689.05	88	397.72	432.91	88	158%	159%
89	624.85	681.57	89	396.18	430.77	89	158%	158%
90	619.93	674.85	90	394.75	428.77	90	157%	157%
91	589.92	640.57	91	385.97	419.15	91	153%	153%
92	562.50	609.50	92	377.58	409.98	92	149%	149%
93	537.18	580.90	93	369.53	401.19	93	145%	145%
94	513.73	554.50	94	361.81	392.76	94	142%	141%
95	491.96	530.06	95	354.40	384.68	95	139%	138%
96	471.73	507.41	96	347.28	376.93	96	136%	135%
97	452.88	486.35	97	340.45	369.49	97	133%	132%
98	435.30	466.75	98	333.90	362.36	98	130%	129%
99	418.87	448.48	99	327.61	355.53	99	128%	126%
100	403.51	431.42	100	321.78	349.31	100	125%	124%
101	403.51	431.42	101	285.45	297.08	101	141%	145%
102	403.51	431.42	102	285.45	297.08	102	141%	145%
103	403.51	431.42	103	285.45	297.08	103	141%	145%
104	403.51	431.42	104	285.45	297.08	104	141%	145%
105	403.51	431.42	105	285.45	297.08	105	141%	145%
106	403.51	431.42	106	285.45	297.08	106	141%	145%
107	403.51	431.42	107	285.45	297.08	107	141%	145%
108	403.51	431.42	108	285.45	297.08	108	141%	145%
109	403.51	431.42	109	285.45	297.08	109	141%	145%
110	403.51	431.42	110	285.45	297.08	110	141%	145%

\* Based on SOA LTC Intercompany Study 2007 Report and reinsurer's experiences. 4.5% interest. Lifetime Benefits, 90 Day Elimination Period, 30% Male, 70% Female.

\*\* 1985 National Nursing Home Survey table 11, linearly interpolated between age group. 4.5% interest. Lifetime Benefits, 90 Day Elimination Period, 30% Male, 70% Female.

**Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)**

**Attachment E2.1  
Actual to Expected Incidence Rates**

Duration	Exposure	Actual	Expected*	Actual to Expected*
1	18,935	3	34	0.09
2	17,779	2	35	0.06
3	14,810	12	33	0.36
4	11,822	10	30	0.34
5	8,869	11	25	0.43
6	6,277	12	20	0.60
7	3,945	5	14	0.35
8	1,850	3	8	0.37
9	540	2	3	0.72
10	5	0	0	0.00
Average	84,832	60	202	0.30

\* Expected: Pricing assumptions, see actuarial memorandum section 9c, "**Pricing Claim Costs**"

**Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)**

**Attachment E2.2  
Actual to Expected Claim Termination**

Duration	Exposure	Actual	Expected*	Actual to Expected
1st quarter	2	1	1	1.24
2nd quarter	13	6	3	2.24
3rd quarter	7	1	1	1.18
4th quarter	6	0	0	0.00
2	19	3	6	0.54
3	9	0	2	0.00
4	4	2	2	1.22
5	0	0	0	
6	0	0	0	
<b>Total</b>	<b>60</b>	<b>13</b>	<b>14</b>	<b>0.90</b>

\* Expected: Pricing continuance - 1985 NHS Survey Table 11, Unisex

**Berkshire Life Insurance Company of America**  
**Nationwide Experience Projection without Proposed Rate Increase**  
**Policy Form: BG01P(06/04)**

**Attachment F1**

Calendar Year	Without Interest					With Interest			Cumulative					at: Year End 2013	4.50% Factor 1.0450	
	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims [1]	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio			
Historical Experience	2004	163,433	0	0.0%	0	0.0%	248,281	0	0	248,281	0	0.0%	0	0.0%	9.5	1.5192
	2005	3,332,517	0	0.0%	0	0.0%	4,844,632	0	0	5,092,914	0	0.0%	0	0.0%	8.5	1.4537
	2006	9,299,375	0	0.0%	0	0.0%	12,936,772	0	0	18,029,686	0	0.0%	0	0.0%	7.5	1.3911
	2007	18,505,477	5,606	0.0%	325,486	1.8%	24,635,205	7,463	433,299	42,664,891	7,463	0.0%	433,299	1.0%	6.5	1.3312
	2008	27,747,900	45,246	0.2%	88,469	0.3%	35,348,396	57,639	112,702	78,013,287	65,102	0.1%	546,002	0.7%	5.5	1.2739
	2009	36,847,300	130,617	0.4%	210,119	0.6%	44,918,886	159,230	256,146	122,932,173	224,332	0.2%	802,148	0.7%	4.5	1.2191
	2010	43,801,244	324,847	0.7%	1,854,867	4.2%	51,096,771	378,953	2,163,814	174,028,944	603,285	0.3%	2,965,961	1.7%	3.5	1.1666
	2011	47,332,109	389,721	0.8%	713,457	1.5%	52,838,026	435,055	796,451	226,866,971	1,038,340	0.5%	3,762,412	1.7%	2.5	1.1163
	2012	47,452,966	675,699	1.4%	2,455,157	5.2%	50,691,810	721,818	2,622,730	277,558,781	1,760,158	0.6%	6,385,142	2.3%	1.5	1.0683
	2013	46,636,000	1,067,477	2.3%	2,609,785	5.6%	47,673,764	1,091,231	2,667,859	325,232,544	2,851,389	0.9%	9,053,001	2.8%	0.5	1.0223
Projected Future Experience	2014	45,858,715	1,799,573	3.9%	2,946,642	6.4%	44,860,462	1,760,400	2,882,500	370,093,006	4,611,789	1.2%	11,935,501	3.2%	-0.5	0.9782
	2015	44,340,890	2,966,761	6.7%	3,569,703	8.1%	41,507,824	2,777,206	3,341,624	411,600,830	7,388,995	1.8%	15,277,125	3.7%	-1.5	0.9361
	2016	40,527,404	3,644,096	9.0%	4,215,187	10.4%	36,304,299	3,264,367	3,775,949	447,905,130	10,653,363	2.4%	19,053,074	4.3%	-2.5	0.8958
	2017	35,231,753	4,293,052	12.2%	4,921,582	14.0%	30,201,411	3,680,096	4,218,885	478,106,541	14,333,458	3.0%	23,271,959	4.9%	-3.5	0.8572
	2018	29,789,456	4,990,624	16.8%	5,738,492	19.3%	24,436,515	4,093,846	4,707,328	502,543,056	18,427,305	3.7%	27,979,287	5.6%	-4.5	0.8203
	2019	23,195,500	5,903,629	25.5%	6,697,793	28.9%	18,208,079	4,634,250	5,257,655	520,751,135	23,061,555	4.4%	33,236,943	6.4%	-5.5	0.7850
	2020	18,627,559	6,924,409	37.2%	7,819,448	42.0%	13,992,653	5,201,478	5,873,815	534,743,788	28,263,033	5.3%	39,110,757	7.3%	-6.5	0.7512
	2021	16,440,780	8,122,228	49.4%	9,133,966	55.6%	11,818,170	5,838,523	6,565,794	546,561,958	34,101,556	6.2%	45,676,551	8.4%	-7.5	0.7188
	2022	15,964,413	9,497,513	59.5%	10,665,860	66.8%	10,981,571	6,533,132	7,336,812	557,543,529	40,634,658	7.3%	53,013,363	9.5%	-8.5	0.6879
	2023	15,556,336	11,055,788	71.1%	12,411,238	79.8%	10,240,061	7,277,545	8,169,780	567,783,590	47,912,234	8.4%	61,183,143	10.8%	-9.5	0.6583
	2024	15,157,736	12,875,653	84.9%	14,380,255	94.9%	9,548,019	8,110,511	9,058,276	577,331,609	56,022,744	9.7%	70,241,419	12.2%	-10.5	0.6299
	2025	14,763,638	14,961,498	101.3%	16,580,557	112.3%	8,899,304	9,018,571	9,994,516	586,230,913	65,041,315	11.1%	80,235,935	13.7%	-11.5	0.6028
	2026	14,349,864	17,322,298	120.7%	19,024,576	132.6%	8,277,404	9,991,987	10,973,909	594,508,317	75,033,302	12.6%	91,209,844	15.3%	-12.5	0.5768
	2027	13,899,061	19,968,504	143.7%	21,704,154	156.2%	7,672,123	11,022,386	11,980,445	602,180,440	86,055,688	14.3%	103,190,289	17.1%	-13.5	0.5520
	2028	13,455,426	22,890,909	170.1%	24,572,904	182.6%	7,107,408	12,091,406	12,979,868	609,287,848	98,147,095	16.1%	116,170,157	19.1%	-14.5	0.5282
	2029	12,980,620	26,080,854	200.9%	27,633,608	212.9%	6,561,346	13,183,153	13,968,028	615,849,194	111,330,248	18.1%	130,138,185	21.1%	-15.5	0.5055
	2030	12,488,882	29,524,453	236.4%	30,859,159	247.1%	6,040,944	14,281,146	14,926,751	621,890,137	125,611,394	20.2%	145,064,936	23.3%	-16.5	0.4837
	2031	11,987,563	33,186,646	276.8%	34,201,778	285.3%	5,548,759	15,361,311	15,831,191	627,438,896	140,972,705	22.5%	160,896,127	25.6%	-17.5	0.4629
	2032	11,464,542	37,031,325	323.0%	37,641,036	328.3%	5,078,148	16,402,796	16,672,863	632,517,044	157,375,501	24.9%	177,568,991	28.1%	-18.5	0.4429
	2033	10,927,897	41,011,657	375.3%	41,124,046	376.3%	4,632,004	17,383,597	17,431,236	637,149,048	174,759,099	27.4%	195,000,226	30.6%	-19.5	0.4239
	2034	10,359,327	45,070,084	435.1%	44,598,819	430.5%	4,201,918	18,281,188	18,090,035	641,350,966	193,040,286	30.1%	213,090,261	33.2%	-20.5	0.4056
	2035	9,783,352	49,142,333	502.3%	48,010,233	490.7%	3,797,409	19,074,604	18,635,179	645,148,375	212,114,890	32.9%	231,725,440	35.9%	-21.5	0.3882
	2036	9,194,842	53,159,225	578.1%	51,296,307	557.9%	3,415,291	19,745,226	19,053,272	648,563,666	231,860,116	35.7%	250,778,712	38.7%	-22.5	0.3714
	2037	8,604,109	57,051,636	663.1%	54,411,164	632.4%	3,058,251	20,278,474	19,339,943	651,621,917	252,138,590	38.7%	270,118,655	41.5%	-23.5	0.3554
	2038	8,007,561	60,750,601	758.7%	57,244,662	714.9%	2,723,649	20,663,385	19,470,893	654,345,566	272,801,975	41.7%	289,589,548	44.3%	-24.5	0.3401
	2039	7,410,112	64,145,939	865.7%	59,688,756	805.5%	2,411,900	20,878,715	19,427,957	656,757,466	293,680,690	44.7%	309,017,505	47.1%	-25.5	0.3255
	2040	6,816,577	67,141,677	985.0%	61,717,118	905.4%	2,123,169	20,912,718	19,223,123	658,880,635	314,593,408	47.7%	328,240,628	49.8%	-26.5	0.3115
	2041	6,231,999	69,641,467	1117.5%	63,269,100	1015.2%	1,857,502	20,757,255	18,857,915	660,738,138	335,350,663	50.8%	347,098,542	52.5%	-27.5	0.2981
	2042	5,661,613	71,566,380	1264.1%	64,297,221	1135.7%	1,614,827	20,412,433	18,339,096	662,352,965	355,763,096	53.7%	365,437,638	55.2%	-28.5	0.2852
	2043	5,110,270	72,882,894	1426.2%	64,804,979	1268.1%	1,394,804	19,892,760	17,687,962	663,747,769	375,655,856	56.6%	383,125,600	57.7%	-29.5	0.2729
	2044	4,582,556	73,575,840	1605.6%	64,795,010	1413.9%	1,196,908	19,217,123	16,923,676	664,944,677	394,872,979	59.4%	400,049,276	60.2%	-30.5	0.2612
	2045	4,082,215	73,634,803	1803.8%	64,257,135	1574.1%	1,020,311	18,404,329	16,060,469	665,964,989	413,277,308	62.1%	416,109,745	62.5%	-31.5	0.2499
	2046	3,612,207	73,098,623	2023.7%	63,224,693	1750.3%	863,959	17,483,556	15,121,932	666,828,948	430,760,863	64.6%	431,231,677	64.7%	-32.5	0.2392
	2047	3,174,855	71,979,364	2267.2%	61,740,496	1944.7%	726,655	16,374,501	14,131,048	667,555,603	447,235,364	67.0%	445,362,726	66.7%	-33.5	0.2289
	2048	2,771,647	70,296,891	2536.3%	59,834,156	2158.8%	607,052	15,496,574	13,105,004	668,162,655	462,631,939	69.2%	458,467,729	68.6%	-34.5	0.2190
	2049	2,403,399	68,086,083	2832.9%	57,490,718	2392.1%	503,730	14,270,199	12,049,511	668,666,385	476,902,138	71.3%	470,517,240	70.4%	-35.5	0.2096
	2050	2,070,273	65,397,200	3158.9%	54,809,758	2647.5%	415,225	13,116,397	10,992,925	669,081,609	490,018,535	73.2%	481,510,166	72.0%	-36.5	0.2006
	2051	1,771,757	62,302,113	3516.4%	51,870,423	2927.6%	340,050	11,957,541	9,955,404	669,421,659	501,976,076	75.0%	491,465,570	73.4%	-37.5	0.1919
	2052	1,506,609	58,888,663	3908.7%	48,712,378	3233.2%	276,709	10,815,697	8,946,685	669,698,369	512,791,773	76.6%	500,412,255	74.7%	-38.5	0.1837
	2053	1,273,172	55,233,462	4338.3%	45,411,296	3566.8%	223,766	9,707,531	7,981,241	669,922,134	522,499,304	78.0%	508,393,496	75.9%	-39.5	0.1758
	2054	1,069,394	51,421,485	4808.5%	42,027,157	3930.0%	179,857	8,648,382	7,068,386	670,101,992	531,147,686	79.3%	515,461,882	76.9%	-40.5	0.1682
Past Future Lifetime		281,118,321	2,639,213	0.9%	8,257,340	2.9%	325,232,544	2,851,389	9,053,001	325,232,544	2,851,389	0.9%	9,053,001	2.8%		
		522,505,880	1,648,518,229	315.5%	1,519,353,561	290.8%	344,869,447	528,296,297	506,408,880	344,869,447	528,296,297	153.2%	506,408,880	146.8%		
		803,624,201	1,651,157,442	205.5%	1,527,610,901	190.1%	670,101,992	531,147,686	515,461,882	670,101,992	531,147,686	79.3%	515,461,882	76.9%		

[1] Projected Incurred Claims: best estimate claim continuance based on combination of SOA LTC Intercompany Study 2007 Report and reinsurer's experiences, discounted at 4.5% - best estimate incidence shown in Attachment E1.1.

**Berkshire Life Insurance Company of America**  
**Nationwide Experience Projection with Proposed Rate Increase**  
**Policy Form: BG01P(06/04)**

**Attachment F2**

Calendar Year	Without Interest					With Interest			Cumulative					at: Year End 2013	4.50% Factor 1.0450
	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims [1]	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio		
2004	163,433	0	0.0%	0	0.0%	248,281	0	0	248,281	0	0.0%	0	0.0%	9.5	1.5192
2005	3,332,517	0	0.0%	0	0.0%	4,844,632	0	0	5,092,914	0	0.0%	0	0.0%	8.5	1.4537
2006	9,299,375	0	0.0%	0	0.0%	12,936,772	0	0	18,029,686	0	0.0%	0	0.0%	7.5	1.3911
2007	18,505,477	5,606	0.0%	325,486	1.8%	24,635,205	7,463	433,299	42,664,891	7,463	0.0%	433,299	1.0%	6.5	1.3312
2008	27,747,900	45,246	0.2%	88,469	0.3%	35,348,396	57,639	112,702	78,013,287	65,102	0.1%	546,002	0.7%	5.5	1.2739
2009	36,847,300	130,617	0.4%	210,119	0.6%	44,918,886	159,230	256,146	122,932,173	224,332	0.2%	802,148	0.7%	4.5	1.2191
2010	43,801,244	324,847	0.7%	1,854,867	4.2%	51,096,771	378,953	2,163,814	174,028,944	603,285	0.3%	2,965,961	1.7%	3.5	1.1666
2011	47,332,109	389,721	0.8%	713,457	1.5%	52,838,026	435,055	796,451	226,866,971	1,038,340	0.5%	3,762,412	1.7%	2.5	1.1163
2012	47,452,966	675,699	1.4%	2,455,157	5.2%	50,691,810	721,818	2,622,730	277,558,781	1,760,158	0.6%	6,385,142	2.3%	1.5	1.0683
2013	46,636,000	1,067,477	2.3%	2,609,785	5.6%	47,673,764	1,091,231	2,667,859	325,232,544	2,851,389	0.9%	9,053,001	2.8%	0.5	1.0223
2014	45,858,715	1,799,573	3.9%	2,946,642	6.4%	44,860,462	1,760,400	2,882,500	370,093,006	4,611,789	1.2%	11,935,501	3.2%	-0.5	0.9782
2015	48,460,713	2,938,441	6.1%	3,514,630	7.3%	45,364,420	2,750,696	3,290,071	415,457,426	7,362,485	1.8%	15,225,572	3.7%	-1.5	0.9361
2016	48,058,409	3,556,747	7.4%	4,077,058	8.5%	43,050,546	3,186,121	3,652,214	458,507,972	10,548,606	2.3%	18,877,785	4.1%	-2.5	0.8958
2017	41,778,694	4,172,513	10.0%	4,749,539	11.4%	35,813,589	3,576,767	4,071,406	494,321,560	14,125,373	2.9%	22,949,192	4.6%	-3.5	0.8572
2018	35,325,082	4,832,446	13.7%	5,524,985	15.6%	28,977,430	3,964,092	4,532,187	523,298,991	18,089,465	3.5%	27,481,378	5.3%	-4.5	0.8203
2019	27,505,803	5,701,493	20.7%	6,434,893	23.4%	21,591,595	4,475,577	5,051,284	544,890,586	22,565,042	4.1%	32,532,662	6.0%	-5.5	0.7850
2020	22,089,025	6,670,643	30.2%	7,499,620	34.0%	16,592,837	5,010,854	5,633,565	561,483,424	27,575,896	4.9%	38,166,228	6.8%	-6.5	0.7512
2021	19,495,887	7,808,502	40.1%	8,749,900	44.9%	14,014,281	5,613,007	6,289,714	575,497,705	33,188,903	5.8%	44,455,941	7.7%	-7.5	0.7188
2022	18,931,000	9,115,491	48.2%	10,210,330	53.9%	13,022,222	6,270,347	7,023,463	588,519,926	39,459,250	6.7%	51,479,404	8.7%	-8.5	0.6879
2023	18,447,092	10,596,197	57.4%	11,873,830	64.4%	12,142,920	6,975,017	7,816,028	600,662,847	46,434,267	7.7%	59,295,432	9.9%	-9.5	0.6583
2024	17,974,423	12,327,736	68.6%	13,749,427	76.5%	11,322,280	7,765,372	8,660,910	611,985,127	54,199,639	8.9%	67,956,342	11.1%	-10.5	0.6299
2025	17,507,091	14,312,956	81.8%	15,844,406	90.5%	10,553,017	8,627,640	9,550,775	622,538,144	62,827,279	10.1%	77,507,118	12.5%	-11.5	0.6028
2026	17,016,427	16,559,591	97.3%	18,170,400	106.8%	9,815,553	9,552,037	10,481,197	632,353,697	72,379,316	11.4%	87,988,314	13.9%	-12.5	0.5768
2027	16,481,854	19,077,425	115.7%	20,719,524	125.7%	9,097,795	10,530,520	11,436,940	641,451,492	82,909,836	12.9%	99,425,254	15.5%	-13.5	0.5520
2028	15,955,781	21,857,434	137.0%	23,447,449	147.0%	8,428,142	11,545,506	12,385,381	649,879,634	94,455,342	14.5%	111,810,635	17.2%	-14.5	0.5282
2029	15,392,743	24,891,162	161.7%	26,356,875	171.2%	7,780,608	12,581,797	13,322,675	657,660,242	107,037,138	16.3%	125,133,310	19.0%	-15.5	0.5055
2030	14,809,629	28,165,180	190.2%	29,421,965	198.7%	7,163,502	13,623,658	14,231,572	664,823,744	120,660,797	18.1%	139,364,882	21.0%	-16.5	0.4837
2031	14,215,159	31,645,932	222.6%	32,597,244	229.3%	6,579,857	14,648,151	15,088,491	671,403,600	135,308,948	20.2%	154,453,373	23.0%	-17.5	0.4629
2032	13,594,940	35,298,927	259.6%	35,863,302	263.8%	6,021,795	15,635,441	15,885,427	677,425,395	150,944,389	22.3%	170,338,801	25.1%	-18.5	0.4429
2033	12,958,573	39,079,579	301.6%	39,169,794	302.3%	5,492,746	16,564,648	16,602,887	682,918,141	167,509,037	24.5%	186,941,688	27.4%	-19.5	0.4239
2034	12,284,348	42,933,102	349.5%	42,467,276	345.7%	4,982,739	17,414,392	17,225,445	687,900,880	184,923,429	26.9%	204,167,133	29.7%	-20.5	0.4056
2035	11,601,343	46,798,322	403.4%	45,703,487	393.9%	4,503,063	18,164,775	17,739,815	692,403,943	203,088,204	29.3%	221,906,948	32.0%	-21.5	0.3882
2036	10,903,473	50,609,622	464.2%	48,819,505	447.7%	4,049,937	18,798,213	18,133,299	696,453,881	221,886,417	31.9%	240,040,248	34.5%	-22.5	0.3714
2037	10,202,967	54,301,208	532.2%	51,771,835	507.4%	3,626,550	19,360,860	18,401,818	700,080,431	241,187,277	34.5%	258,442,066	36.9%	-23.5	0.3554
2038	9,495,566	57,807,534	608.8%	54,455,972	573.5%	3,229,771	19,662,346	18,522,363	703,310,202	260,849,622	37.1%	276,964,429	39.4%	-24.5	0.3401
2039	8,787,096	61,024,380	694.5%	56,769,461	646.1%	2,860,092	19,862,686	18,477,762	706,170,294	280,712,308	39.8%	295,442,191	41.8%	-25.5	0.3255
2040	8,083,267	63,860,980	790.0%	58,687,471	726.0%	2,517,707	19,890,875	18,279,474	708,688,001	300,603,183	42.4%	313,721,665	44.3%	-26.5	0.3115
2041	7,390,060	66,225,712	896.1%	60,152,593	814.0%	2,202,673	19,739,159	17,929,012	710,890,674	320,342,342	45.1%	331,650,677	46.7%	-27.5	0.2981
2042	6,713,683	68,043,841	1013.5%	61,119,981	910.4%	1,914,902	19,407,721	17,432,872	712,805,576	339,750,063	47.7%	349,083,549	49.0%	-28.5	0.2852
2043	6,059,885	69,283,826	1143.3%	61,593,150	1016.4%	1,653,994	18,910,425	16,811,321	714,459,569	358,660,488	50.2%	365,894,870	51.2%	-29.5	0.2729
2044	5,434,110	69,931,562	1286.9%	61,574,822	1133.1%	1,419,324	18,265,282	16,082,602	715,878,893	376,925,770	52.7%	381,977,472	53.4%	-30.5	0.2612
2045	4,840,793	69,977,353	1445.6%	61,055,526	1261.3%	1,209,911	17,490,183	15,260,256	717,088,804	394,415,953	55.0%	397,237,728	55.4%	-31.5	0.2499
2046	4,283,446	69,458,302	1621.6%	60,067,047	1402.3%	1,024,504	16,612,872	14,366,694	718,113,309	411,028,825	57.2%	411,604,422	57.3%	-32.5	0.2392
2047	3,764,823	68,386,111	1816.4%	58,650,182	1557.8%	861,686	15,652,084	13,423,743	718,974,994	426,680,910	59.3%	425,028,165	59.1%	-33.5	0.2289
2048	3,286,688	66,779,757	2031.8%	56,833,171	1729.2%	719,857	14,626,244	12,447,722	719,694,852	441,307,154	61.3%	437,475,887	60.8%	-34.5	0.2190
2049	2,850,011	64,672,490	2269.2%	54,601,901	1915.8%	597,335	13,554,742	11,444,042	720,292,187	454,861,896	63.1%	448,919,929	62.3%	-35.5	0.2096
2050	2,454,982	62,112,160	2530.0%	52,050,923	2120.2%	492,384	12,457,532	10,439,599	720,784,571	467,319,429	64.8%	459,359,529	63.7%	-36.5	0.2006
2051	2,100,993	59,167,052	2816.1%	49,255,430	2344.4%	403,240	11,355,834	9,453,513	721,187,811	478,675,263	66.4%	468,813,042	65.0%	-37.5	0.1919
2052	1,786,575	55,920,614	3130.0%	46,253,086	2588.9%	328,129	10,270,575	8,495,003	721,515,939	488,945,838	67.8%	477,308,045	66.2%	-38.5	0.1837
2053	1,509,760	52,445,567	3473.8%	43,115,662	2855.8%	265,347	9,217,546	7,577,773	721,781,286	498,163,383	69.0%	484,885,818	67.2%	-39.5	0.1758
2054	1,268,114	48,822,541	3850.0%	39,900,074	3146.4%	213,279	8,211,275	6,710,640	721,994,566	506,374,659	70.1%	491,596,458	68.1%	-40.5	0.1682
Past	281,118,321	2,639,213	0.9%	8,257,340	2.9%	325,232,544	2,851,389	9,053,001	325,232,544	2,851,389	0.9%	9,053,001	2.8%		
Future	606,959,017	1,568,970,003	258.5%	1,445,820,369	238.2%	396,762,021	503,523,269	482,543,456	396,762,021	503,523,269	126.9%	482,543,456	121.6%		
Lifetime	888,077,338	1,571,609,216	177.0%	1,454,077,710	163.7%	721,994,566	506,374,659	491,596,458	721,994,566	506,374,659	70.1%	491,596,458	68.1%		

[1] Projected Incurred Claims: best estimate claim continuance based on combination of SOA LTC Intercompany Study 2007 Report and reinsurer's experiences, discounted at 4.5% - best estimate incidence shown in Attachment E1.1.  
[2] Proposed rate increase: 25%; projection includes a 3% shock lapse rate, a 11% benefit reduction, 50% of the rate increase implemented in 2015 and the rest in 2016.

**Berkshire Life Insurance Company of America**  
**Virginia Experience Projection without proposed Rate Increase**  
**Policy Form: BG01P(06/04)-VA**

**Attachment G1**

Calendar Year	Without Interest					With Interest			Cumulative					at: Year End 2013	4.50% Factor 1.0450
	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims [1]	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio		
2004	0	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0	0.0%	9.5	1.5192
2005	65,426	0	0.0%	0	0.0%	95,113	0	0	95,113	0	0.0%	0	0.0%	8.5	1.4537
2006	300,459	0	0.0%	0	0.0%	417,982	0	0	513,095	0	0.0%	0	0.0%	7.5	1.3911
2007	537,740	0	0.0%	0	0.0%	715,860	0	0	1,228,955	0	0.0%	0	0.0%	6.5	1.3312
2008	769,936	0	0.0%	0	0.0%	980,831	0	0	2,209,786	0	0.0%	0	0.0%	5.5	1.2739
2009	997,312	0	0.0%	0	0.0%	1,215,778	0	0	3,425,564	0	0.0%	0	0.0%	4.5	1.2191
2010	1,047,866	0	0.0%	0	0.0%	1,222,398	0	0	4,647,962	0	0.0%	0	0.0%	3.5	1.1666
2011	1,038,493	0	0.0%	0	0.0%	1,159,296	0	0	5,807,258	0	0.0%	0	0.0%	2.5	1.1163
2012	1,074,904	0	0.0%	0	0.0%	1,148,270	0	0	6,955,528	0	0.0%	0	0.0%	1.5	1.0683
2013	1,036,711	0	0.0%	196,088	18.9%	1,059,780	0	200,452	8,015,309	0	0.0%	200,452	2.5%	0.5	1.0223
2014	1,049,664	29,966	2.9%	84,240	8.0%	1,026,815	29,314	82,406	9,042,124	29,314	0.3%	282,858	3.1%	-0.5	0.9782
2015	1,021,145	92,376	9.0%	100,072	9.8%	955,901	86,474	93,678	9,998,024	115,788	1.2%	376,536	3.8%	-1.5	0.9361
2016	886,192	109,645	12.4%	116,412	13.1%	793,848	98,220	104,282	10,791,872	214,008	2.0%	480,818	4.5%	-2.5	0.8958
2017	743,295	127,194	17.1%	134,657	18.1%	637,168	109,034	115,431	11,429,041	323,041	2.8%	596,248	5.2%	-3.5	0.8572
2018	586,914	147,052	25.1%	155,630	26.5%	481,450	120,628	127,665	11,910,490	443,669	3.7%	723,913	6.1%	-4.5	0.8203
2019	437,662	168,195	38.4%	180,880	41.3%	343,558	132,030	141,988	12,254,048	575,699	4.7%	865,901	7.1%	-5.5	0.7850
2020	393,777	196,801	50.0%	212,083	53.9%	295,797	147,833	159,313	12,549,845	723,532	5.8%	1,025,214	8.2%	-6.5	0.7512
2021	385,847	230,930	59.9%	248,878	64.5%	277,359	166,000	178,901	12,827,205	889,532	6.9%	1,204,115	9.4%	-7.5	0.7188
2022	377,822	269,321	71.3%	291,443	77.1%	259,896	185,260	200,477	13,087,101	1,074,792	8.2%	1,404,593	10.7%	-8.5	0.6879
2023	370,039	302,273	81.7%	338,031	91.4%	243,581	198,974	222,511	13,330,681	1,273,766	9.6%	1,627,104	12.2%	-9.5	0.6583
2024	361,747	347,350	96.0%	389,019	107.5%	227,868	218,799	245,047	13,558,550	1,492,565	11.0%	1,872,151	13.8%	-10.5	0.6299
2025	352,862	402,401	114.0%	445,308	126.2%	212,700	242,561	268,425	13,771,249	1,735,127	12.6%	2,140,576	15.5%	-11.5	0.6028
2026	343,309	463,422	135.0%	506,349	147.5%	198,030	267,315	292,076	13,969,280	2,002,441	14.3%	2,432,652	17.4%	-12.5	0.5768
2027	333,071	529,922	159.1%	571,261	171.5%	183,852	292,511	315,329	14,153,131	2,294,952	16.2%	2,747,981	19.4%	-13.5	0.5520
2028	322,219	602,552	187.0%	642,379	199.4%	170,202	318,279	339,316	14,323,334	2,613,231	18.2%	3,087,298	21.6%	-14.5	0.5280
2029	309,907	680,166	219.5%	715,389	230.8%	156,650	343,805	361,609	14,479,983	2,957,036	20.4%	3,448,907	23.8%	-15.5	0.5055
2030	294,377	763,047	259.2%	793,029	269.4%	142,392	369,090	383,593	14,622,375	3,326,127	22.7%	3,832,500	26.2%	-16.5	0.4837
2031	281,223	851,092	302.6%	875,442	311.3%	130,172	393,950	405,221	14,752,547	3,720,077	25.2%	4,237,721	28.7%	-17.5	0.4629
2032	268,372	942,432	351.2%	956,792	356.5%	118,874	417,444	423,805	14,871,421	4,137,521	27.8%	4,661,526	31.3%	-18.5	0.4429
2033	253,294	1,036,510	409.2%	1,037,675	409.7%	107,364	439,345	439,839	14,978,784	4,576,866	30.6%	5,101,365	34.1%	-19.5	0.4239
2034	239,068	1,131,383	473.2%	1,117,236	467.3%	96,970	458,908	453,170	15,075,754	5,035,775	33.4%	5,554,535	36.8%	-20.5	0.4056
2035	225,141	1,223,610	543.5%	1,193,737	530.2%	87,388	474,944	463,349	15,163,143	5,510,719	36.3%	6,017,884	39.7%	-21.5	0.3882
2036	211,015	1,313,038	622.2%	1,268,188	601.0%	78,378	487,709	471,050	15,241,521	5,998,428	39.4%	6,488,934	42.6%	-22.5	0.3714
2037	196,793	1,397,216	710.0%	1,336,012	678.9%	69,948	496,628	474,873	15,311,469	6,495,055	42.4%	6,963,807	45.5%	-23.5	0.3554
2038	182,583	1,475,213	808.0%	1,396,448	764.8%	62,103	501,771	474,980	15,373,572	6,996,826	45.5%	7,438,787	48.4%	-24.5	0.3401
2039	168,485	1,548,163	918.9%	1,446,410	858.5%	54,840	503,908	470,789	15,428,412	7,500,734	48.6%	7,909,576	51.3%	-25.5	0.3255
2040	154,619	1,612,046	1042.6%	1,487,411	962.0%	48,160	502,106	463,286	15,476,571	8,002,841	51.7%	8,372,862	54.1%	-26.5	0.3115
2041	141,084	1,664,339	1179.7%	1,519,787	1077.2%	42,051	496,071	452,986	15,518,623	8,498,912	54.8%	8,825,848	56.9%	-27.5	0.2981
2042	127,972	1,702,690	1330.5%	1,536,971	1201.0%	36,501	485,648	438,381	15,555,123	8,984,559	57.8%	9,264,229	59.6%	-28.5	0.2852
2043	115,401	1,724,041	1494.0%	1,541,797	1336.0%	31,498	470,562	420,820	15,586,621	9,455,122	60.7%	9,685,049	62.1%	-29.5	0.2729
2044	103,455	1,729,612	1671.8%	1,533,352	1482.1%	27,021	451,754	400,493	15,613,642	9,906,875	63.5%	10,085,542	64.6%	-30.5	0.2612
2045	92,193	1,721,358	1867.1%	1,511,703	1639.7%	23,043	430,237	377,836	15,636,685	10,337,113	66.1%	10,463,378	66.9%	-31.5	0.2499
2046	81,648	1,699,451	2081.4%	1,476,795	1808.7%	19,528	406,471	353,216	15,656,213	10,743,583	68.6%	10,816,595	69.1%	-32.5	0.2392
2047	71,847	1,665,307	2317.8%	1,430,755	1991.4%	16,444	381,152	327,468	15,672,657	11,124,736	71.0%	11,144,063	71.1%	-33.5	0.2289
2048	62,807	1,618,345	2576.7%	1,371,509	2183.7%	13,756	354,453	300,391	15,686,413	11,479,189	73.2%	11,444,454	73.0%	-34.5	0.2190
2049	54,528	1,555,889	2853.4%	1,302,377	2388.5%	11,428	326,100	272,966	15,697,842	11,805,289	75.2%	11,717,420	74.6%	-35.5	0.2096
2050	47,006	1,480,818	3150.3%	1,227,861	2612.2%	9,428	297,000	246,266	15,707,270	12,102,289	77.0%	11,963,686	76.2%	-36.5	0.2006
2051	40,218	1,396,106	3471.3%	1,147,861	2854.1%	7,719	267,952	220,307	15,714,988	12,370,241	78.7%	12,183,993	77.5%	-37.5	0.1919
2052	34,142	1,304,284	3820.2%	1,063,150	3113.9%	6,271	239,549	195,262	15,721,259	12,609,791	80.2%	12,379,255	78.7%	-38.5	0.1837
2053	28,743	1,211,444	4214.7%	978,145	3403.0%	5,052	212,917	171,913	15,726,311	12,822,708	81.5%	12,551,168	79.8%	-39.5	0.1758
2054	23,987	1,118,010	4660.9%	892,480	3720.7%	4,034	188,034	150,103	15,730,345	13,010,741	82.7%	12,701,271	80.7%	-40.5	0.1682
Past	6,868,847	0	0.0%	196,088	2.9%	8,015,309	0	200,452	8,015,309	0	0.0%	200,452	2.5%		
Future	11,775,473	39,585,010	336.2%	36,574,954	310.6%	7,715,037	13,010,741	12,500,820	7,715,037	13,010,741	168.6%	12,500,820	162.0%		
Lifetime	18,644,320	39,585,010	212.3%	36,771,043	197.2%	15,730,345	13,010,741	12,701,271	15,730,345	13,010,741	82.7%	12,701,271	80.7%		

[1] Projected Incurred Claims: best estimate claim continuance based on combination of SOA LTC Intercompany Study 2007 Report and reinsurer's experiences, discounted at 4.5% - best estimate incidence shown in Attachment E1.1.

**Berkshire Life Insurance Company of America**  
**Virginia Experience Projection with proposed Rate Increase**  
**Policy Form: BG01P(06/04)-VA**

**Attachment G2**

Calendar Year	Without Interest					With Interest			Cumulative					at: Year End 2013	4.50% Factor 1.0450
	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims [1]	Earned Premium	Paid Claims	Loss Ratio	Incurred Claims [1]	Loss Ratio		
2004	0	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0	0.0%	9.5	1.5192
2005	65,426	0	0.0%	0	0.0%	95,113	0	0	95,113	0	0.0%	0	0.0%	8.5	1.4537
2006	300,459	0	0.0%	0	0.0%	417,982	0	0	513,095	0	0.0%	0	0.0%	7.5	1.3911
2007	537,740	0	0.0%	0	0.0%	715,860	0	0	1,228,955	0	0.0%	0	0.0%	6.5	1.3312
2008	769,936	0	0.0%	0	0.0%	980,831	0	0	2,209,786	0	0.0%	0	0.0%	5.5	1.2739
2009	997,312	0	0.0%	0	0.0%	1,215,778	0	0	3,425,564	0	0.0%	0	0.0%	4.5	1.2191
2010	1,047,866	0	0.0%	0	0.0%	1,222,398	0	0	4,647,962	0	0.0%	0	0.0%	3.5	1.1666
2011	1,038,493	0	0.0%	0	0.0%	1,159,296	0	0	5,807,258	0	0.0%	0	0.0%	2.5	1.1163
2012	1,074,904	0	0.0%	0	0.0%	1,148,270	0	0	6,955,528	0	0.0%	0	0.0%	1.5	1.0683
2013	1,036,711	0	0.0%	196,088	18.9%	1,059,780	0	200,452	8,015,309	0	0.0%	200,452	2.5%	0.5	1.0223
2014	1,049,664	29,966	2.9%	84,240	8.0%	1,026,815	29,314	82,406	9,042,124	29,314	0.3%	282,858	3.1%	-0.5	0.9782
2015	1,116,022	91,623	8.2%	98,612	8.8%	1,044,716	85,769	92,311	10,086,840	115,083	1.1%	375,169	3.7%	-1.5	0.9361
2016	1,050,869	107,293	10.2%	112,634	10.7%	941,365	96,113	100,897	11,028,204	211,196	1.9%	476,066	4.3%	-2.5	0.8958
2017	881,418	123,879	14.1%	129,773	14.7%	755,570	106,192	111,244	11,783,775	317,388	2.7%	587,310	5.0%	-3.5	0.8572
2018	695,977	142,581	20.5%	149,348	21.5%	570,915	116,960	122,511	12,354,690	434,348	3.5%	709,821	5.7%	-4.5	0.8203
2019	518,991	162,382	31.3%	173,117	33.4%	407,399	127,467	135,894	12,762,089	561,814	4.4%	845,715	6.6%	-5.5	0.7850
2020	466,951	189,500	40.6%	202,840	43.4%	350,764	142,349	152,369	13,112,853	704,163	5.4%	998,085	7.6%	-6.5	0.7512
2021	457,547	221,955	48.5%	237,928	52.0%	328,900	159,548	171,031	13,441,752	863,712	6.4%	1,169,115	8.7%	-7.5	0.7188
2022	448,031	258,449	57.7%	278,505	62.2%	308,191	177,781	191,578	13,749,943	1,041,493	7.6%	1,360,693	9.9%	-8.5	0.6879
2023	438,801	289,278	65.9%	322,898	73.6%	288,844	190,419	212,550	14,038,787	1,231,913	8.8%	1,573,243	11.2%	-9.5	0.6583
2024	428,969	331,977	77.4%	371,464	86.6%	270,212	209,116	233,989	14,308,999	1,441,028	10.1%	1,807,232	12.6%	-10.5	0.6299
2025	418,432	384,367	91.9%	425,054	101.6%	252,225	231,691	256,216	14,561,224	1,672,719	11.5%	2,063,448	14.2%	-11.5	0.6028
2026	407,105	442,438	108.7%	483,139	118.7%	234,829	255,211	278,688	14,796,054	1,927,930	13.0%	2,342,136	15.8%	-12.5	0.5768
2027	394,964	505,712	128.0%	544,876	138.0%	218,016	279,147	300,765	15,014,069	2,207,077	14.7%	2,642,901	17.6%	-13.5	0.5520
2028	382,096	574,806	150.4%	612,503	160.3%	201,830	303,623	323,536	15,215,899	2,510,700	16.5%	2,966,437	19.5%	-14.5	0.5282
2029	367,496	648,619	176.5%	681,904	185.6%	185,759	327,859	344,684	15,401,659	2,838,560	18.4%	3,311,120	21.5%	-15.5	0.5055
2030	349,080	727,416	208.4%	755,683	216.5%	168,852	351,855	365,528	15,570,510	3,190,415	20.5%	3,676,649	23.6%	-16.5	0.4837
2031	333,481	811,100	243.2%	833,984	250.1%	154,361	375,439	386,031	15,724,871	3,565,854	22.7%	4,062,680	25.8%	-17.5	0.4629
2032	318,243	897,889	282.1%	911,250	286.3%	140,964	397,715	403,632	15,865,835	3,963,569	25.0%	4,466,313	28.2%	-18.5	0.4429
2033	300,362	987,252	328.7%	988,036	328.9%	127,314	418,466	418,799	15,993,149	4,382,035	27.4%	4,885,111	30.5%	-19.5	0.4239
2034	283,493	1,077,338	380.0%	1,063,540	375.2%	114,989	436,986	431,390	16,108,139	4,819,021	29.9%	5,316,501	33.0%	-20.5	0.4056
2035	266,977	1,164,870	436.3%	1,136,113	425.5%	103,627	452,145	440,983	16,211,766	5,271,166	32.5%	5,757,483	35.5%	-21.5	0.3882
2036	250,226	1,249,710	499.4%	1,206,711	482.2%	92,943	464,187	448,215	16,304,709	5,735,353	35.2%	6,205,699	38.1%	-22.5	0.3714
2037	233,362	1,329,530	569.7%	1,270,986	544.6%	82,947	472,569	451,760	16,387,655	6,207,922	37.9%	6,657,459	40.6%	-23.5	0.3554
2038	216,511	1,403,453	648.2%	1,328,229	613.5%	73,643	477,363	451,777	16,461,298	6,685,285	40.6%	7,109,235	43.2%	-24.5	0.3401
2039	199,793	1,472,568	737.0%	1,375,506	688.5%	65,030	479,303	447,710	16,526,329	7,164,588	43.4%	7,556,946	45.7%	-25.5	0.3255
2040	183,352	1,533,054	836.1%	1,414,254	771.3%	57,109	477,503	440,500	16,583,437	7,642,090	46.1%	7,997,446	48.2%	-26.5	0.3115
2041	167,301	1,582,515	945.9%	1,444,804	863.6%	49,865	471,683	430,637	16,633,303	8,113,773	48.8%	8,428,082	50.7%	-27.5	0.2981
2042	151,752	1,618,718	1066.7%	1,460,915	962.7%	43,283	461,697	416,688	16,676,586	8,575,470	51.4%	8,844,770	53.0%	-28.5	0.2852
2043	136,845	1,638,762	1197.5%	1,465,286	1070.8%	37,351	447,286	399,937	16,713,937	9,022,756	54.0%	9,244,707	55.3%	-29.5	0.2729
2044	122,680	1,643,815	1339.9%	1,457,058	1187.7%	32,042	429,345	380,566	16,745,979	9,452,100	56.4%	9,625,273	57.5%	-30.5	0.2612
2045	109,324	1,635,744	1496.2%	1,436,304	1313.8%	27,325	408,839	358,991	16,773,304	9,860,939	58.8%	9,984,264	59.5%	-31.5	0.2499
2046	96,820	1,614,717	1667.8%	1,402,971	1449.1%	23,157	386,204	335,559	16,796,461	10,247,143	61.0%	10,319,823	61.4%	-32.5	0.2392
2047	85,198	1,582,086	1857.0%	1,359,082	1595.2%	19,500	362,105	311,064	16,815,961	10,609,248	63.1%	10,630,887	63.2%	-33.5	0.2289
2048	74,479	1,537,306	2064.1%	1,302,671	1749.1%	16,312	336,704	285,314	16,832,273	10,945,952	65.0%	10,916,201	64.9%	-34.5	0.2190
2049	64,660	1,477,830	2285.5%	1,236,893	1912.9%	13,552	309,739	259,241	16,845,826	11,255,692	66.8%	11,175,442	66.3%	-35.5	0.2096
2050	55,740	1,406,390	2523.1%	1,166,018	2091.9%	11,180	282,073	233,862	16,857,765	11,537,765	68.4%	11,409,305	67.7%	-36.5	0.2006
2051	47,692	1,325,815	2780.0%	1,089,955	2285.4%	9,153	254,461	209,193	16,866,158	11,792,226	69.9%	11,618,498	68.9%	-37.5	0.1919
2052	40,486	1,238,511	3059.1%	1,009,439	2493.3%	7,436	227,469	185,397	16,873,594	12,019,695	71.2%	11,803,895	70.0%	-38.5	0.1837
2053	34,085	1,150,262	3374.7%	928,661	2724.6%	5,991	202,164	163,216	16,879,585	12,221,859	72.4%	11,967,111	70.9%	-39.5	0.1758
2054	28,444	1,061,472	3731.8%	847,272	2978.7%	4,784	178,525	142,499	16,884,369	12,400,384	73.4%	12,109,611	71.7%	-40.5	0.1682
Past	6,868,847	0	0.0%	196,088	2.9%	8,015,309	0	200,452	8,015,309	0	0.0%	200,452	2.5%		
Future	13,673,719	37,672,951	275.5%	34,800,455	254.5%	8,869,060	12,400,384	11,909,159	8,869,060	12,400,384	139.8%	11,909,159	134.3%		
Lifetime	20,542,566	37,672,951	183.4%	34,996,544	170.4%	16,884,369	12,400,384	12,109,611	16,884,369	12,400,384	73.4%	12,109,611	71.7%		

[1] Projected Incurred Claims: best estimate claim continuance based on combination of SOA LTC Intercompany Study 2007 Report and reinsurer's experiences, discounted at 4.5% - best estimate incidence shown in Attachment E1.1.  
[2] Proposed rate increase: 25%; projection includes a 3% shock lapse rate, a 11% benefit reduction, 50% of the rate increase implemented in 2015 and the rest in 2016.

**Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)**

**Attachment H  
Durational Lifetime Loss Ratio Exhibit - Projected and Historical Experience  
Nationwide**

Policy Duration	Earned Premium*	Incurred Claims	Policyholder Count	Claim Count	Actual and Best Estimate	Actual and Best Estimate	Expected Cumulative	Actual and Best Estimate to Expected
					Durational Loss Ratio	Cumulative Loss Ratio	Loss Ratio	Cumulative Loss Ratio
1	47,021,275	12,899	13,573	2	0.03%	0.03%	1.19%	0.02
2	47,099,195	18,745	13,051	2	0.04%	0.03%	1.90%	0.02
3	46,841,513	1,285,265	12,651	13	2.74%	0.88%	3.15%	0.28
4	46,784,485	1,322,327	12,422	11	2.83%	1.32%	4.71%	0.28
5	46,820,784	2,429,733	12,229	15	5.19%	2.00%	6.52%	0.31
6	46,944,500	1,919,071	12,097	21	4.09%	2.30%	8.60%	0.27
7	46,638,300	3,248,519	12,003	20	6.97%	2.86%	10.41%	0.27
8	46,327,416	4,258,274	11,899	25	9.19%	3.51%	12.08%	0.29
9	45,894,788	4,078,714	11,801	30	8.89%	3.98%	13.69%	0.29
10	45,315,354	4,891,689	11,697	34	10.79%	4.50%	15.26%	0.29
11	17,993,401	5,585,092	11,585	39	31.04%	5.25%	16.88%	0.31
12	17,182,282	6,552,897	11,464	44	38.14%	6.09%	18.52%	0.33
13	16,807,834	7,703,570	11,334	49	45.83%	7.00%	20.18%	0.35
14	16,432,419	9,042,331	11,194	55	55.03%	8.02%	21.86%	0.37
15	16,043,921	10,584,801	11,043	61	65.97%	9.15%	23.54%	0.39
16	15,649,141	12,346,877	10,881	68	78.90%	10.39%	25.24%	0.41
17	15,235,811	14,342,806	10,706	75	94.14%	11.75%	26.97%	0.44
18	14,805,942	16,594,924	10,515	83	112.08%	13.25%	28.70%	0.46
19	14,394,776	19,088,992	10,305	91	132.61%	14.88%	30.45%	0.49
20	13,966,056	21,804,402	10,075	99	156.12%	16.65%	32.19%	0.52
21	13,515,624	24,722,918	9,823	107	182.92%	18.56%	33.93%	0.55
22	13,052,243	27,831,235	9,555	114	213.23%	20.61%	35.66%	0.58
23	12,568,057	31,131,004	9,271	122	247.70%	22.78%	37.37%	0.61
24	12,056,192	34,582,488	8,972	129	286.84%	25.08%	39.06%	0.64
25	11,540,320	38,122,277	8,656	136	330.34%	27.50%	40.70%	0.68
26	11,000,097	41,696,391	8,324	142	379.05%	30.02%	42.29%	0.71
27	10,429,922	45,279,315	7,976	147	434.13%	32.63%	43.84%	0.74
28	9,860,225	48,817,525	7,613	151	495.10%	35.32%	45.32%	0.78
29	9,276,396	52,219,024	7,238	154	562.92%	38.07%	46.74%	0.81
30	8,681,278	55,397,477	6,850	156	638.13%	40.86%	48.08%	0.85
31	8,079,032	58,288,067	6,454	157	721.47%	43.66%	49.33%	0.88
32	7,474,630	60,836,211	6,051	157	813.90%	46.45%	50.52%	0.92
33	6,873,345	62,942,969	5,645	155	915.75%	49.22%	51.61%	0.95
34	6,280,479	64,556,521	5,239	152	1027.89%	51.94%	52.62%	0.99
35	5,701,415	65,625,149	4,836	148	1151.03%	54.59%	53.55%	1.02
36	5,141,301	66,119,885	4,440	143	1286.05%	57.14%	54.39%	1.05
37	4,604,892	66,075,127	4,054	137	1434.89%	59.58%	55.15%	1.08
38	4,096,093	65,490,625	3,680	130	1598.86%	61.90%	55.83%	1.11
39	3,618,081	64,390,646	3,321	123	1779.69%	64.09%	56.44%	1.14
40	3,173,359	62,780,037	2,980	115	1978.35%	66.13%	56.98%	1.16
41	2,763,733	60,715,530	2,658	106	2196.87%	68.02%	57.45%	1.18
42	2,389,975	58,260,227	2,357	98	2437.69%	69.76%	57.86%	1.21
43	2,052,253	55,435,710	2,077	89	2701.21%	71.35%	58.22%	1.23
44	1,750,059	52,313,997	1,820	81	2989.27%	72.79%	58.52%	1.24
45	1,482,167	48,975,362	1,585	73	3304.31%	74.07%	58.78%	1.26
46	1,246,825	45,477,937	1,372	65	3647.50%	75.22%	59.00%	1.27
47	1,041,920	41,927,514	1,180	58	4024.06%	76.23%	59.19%	1.29
48	865,051	38,371,106	1,010	51	4435.71%	77.12%	59.34%	1.30
49	713,642	34,887,572	859	44	4888.67%	77.90%	59.47%	1.31
50	585,074	31,502,717	726	38	5384.39%	78.56%	59.58%	1.32
<b>Grand Total</b>	<b>806,112,870</b>	<b>1,651,884,490</b>	<b>379,148</b>	<b>4,314</b>	<b>204.92%</b>	<b>78.56%</b>	<b>59.58%</b>	<b>1.32</b>

\* UPR, DUE and ADV Prem as of calendar year end

**Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA**

**Attachment I  
Durational Lifetime Loss Ratio Exhibit - Projected and Historical Experience  
Virginia**

Policy Duration	Earned Premium*	Incurred Claims	Policyholder Count	Claim Count	Actual and Best Estimate	Actual and Best Estimate	Expected Cumulative	Actual and Best Estimate
					Durational Loss Ratio	Cumulative Loss Ratio	Loss Ratio	to Expected Cumulative Loss Ratio
1	1,016,662	0	317	0	0.00%	0.00%	1.19%	-
2	1,031,645	0	303	0	0.00%	0.00%	1.90%	-
3	1,038,133	0	295	0	0.00%	0.00%	3.15%	-
4	1,049,220	0	290	0	0.00%	0.00%	4.71%	-
5	1,042,184	198,917	286	0	19.09%	3.44%	6.52%	0.53
6	1,063,141	16,398	284	0	1.54%	3.14%	8.60%	0.37
7	1,061,877	37,636	283	0	3.54%	3.18%	10.41%	0.31
8	1,055,493	67,288	281	1	6.38%	3.51%	12.08%	0.29
9	1,048,090	101,335	278	1	9.67%	4.07%	13.69%	0.30
10	1,033,488	123,120	275	1	11.91%	4.68%	15.26%	0.31
11	426,359	137,650	272	1	32.29%	5.51%	16.88%	0.33
12	405,310	160,918	269	1	39.70%	6.42%	18.52%	0.35
13	398,985	188,970	266	1	47.36%	7.42%	20.18%	0.37
14	392,321	222,160	262	1	56.63%	8.52%	21.86%	0.39
15	385,291	260,998	258	2	67.74%	9.75%	23.54%	0.41
16	377,873	305,067	254	2	80.73%	11.10%	25.24%	0.44
17	368,585	353,662	249	2	95.95%	12.58%	26.97%	0.47
18	360,172	408,300	244	2	113.36%	14.20%	28.70%	0.49
19	351,259	467,434	239	2	133.07%	15.95%	30.45%	0.52
20	341,652	532,027	233	2	155.72%	17.84%	32.19%	0.55
21	329,324	602,430	226	3	182.93%	19.88%	33.93%	0.59
22	318,200	676,466	219	3	212.59%	22.05%	35.66%	0.62
23	303,980	756,307	212	3	248.80%	24.36%	37.37%	0.65
24	291,933	838,019	205	3	287.06%	26.80%	39.06%	0.69
25	277,268	923,796	197	3	333.18%	29.37%	40.70%	0.72
26	264,546	1,008,626	188	3	381.27%	32.03%	42.29%	0.76
27	251,373	1,090,115	180	3	433.66%	34.78%	43.84%	0.79
28	237,806	1,172,789	171	4	493.17%	37.61%	45.32%	0.83
29	223,916	1,250,866	162	4	558.63%	40.48%	46.74%	0.87
30	209,796	1,325,813	153	4	631.95%	43.39%	48.08%	0.90
31	195,540	1,397,408	143	4	714.64%	46.33%	49.33%	0.94
32	181,259	1,457,663	134	4	804.19%	49.25%	50.52%	0.98
33	167,064	1,508,478	124	4	902.94%	52.15%	51.61%	1.01
34	153,075	1,546,625	115	4	1010.37%	55.00%	52.62%	1.05
35	139,443	1,574,507	105	3	1129.14%	57.77%	53.55%	1.08
36	126,274	1,584,318	96	3	1254.67%	60.44%	54.39%	1.11
37	113,669	1,577,700	87	3	1387.98%	62.99%	55.15%	1.14
38	101,712	1,559,144	79	3	1532.90%	65.40%	55.83%	1.17
39	90,452	1,524,424	71	3	1685.34%	67.66%	56.44%	1.20
40	79,918	1,479,940	63	3	1851.81%	69.76%	56.98%	1.22
41	70,131	1,425,289	56	2	2032.33%	71.70%	57.45%	1.25
42	61,104	1,358,913	49	2	2223.94%	73.47%	57.86%	1.27
43	52,852	1,284,906	42	2	2431.14%	75.07%	58.22%	1.29
44	45,364	1,202,873	37	2	2651.60%	76.51%	58.52%	1.31
45	38,617	1,118,227	31	2	2895.67%	77.79%	58.78%	1.32
46	32,582	1,026,577	27	1	3150.74%	78.92%	59.00%	1.34
47	27,237	931,538	23	1	3420.18%	79.90%	59.19%	1.35
48	22,543	838,162	19	1	3718.11%	80.75%	59.34%	1.36
49	18,467	746,485	16	1	4042.24%	81.47%	59.47%	1.37
50	14,968	658,722	13	1	4400.82%	82.08%	59.58%	1.38
<b>Grand Total</b>	<b>18,688,152</b>	<b>39,029,005</b>	<b>8,682</b>	<b>100</b>	<b>208.84%</b>	<b>82.08%</b>	<b>59.58%</b>	<b>1.38</b>

\* UPR, DUE and ADV Prem as of calendar year end

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)**

**Attachment J1**  
**Nationwide Policy and Premium Distribution**

	<b>Policies</b>	<b>Premium</b>	<b>% of Policies</b>	<b>% of Premium</b>
<b>Base</b>				
Comprehensive	7,434	44,731,908	99%	99%
Facility Only	70	245,631	1%	1%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>COLA Options</b>				
No COLA	960	3,372,841	13%	7%
Compound COLA 5%	4,455	31,358,362	59%	70%
Compound COLA 3%	2,089	10,246,336	28%	23%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Nonforfeiture Options</b>				
None	7,353	43,749,657	98%	97%
SBP NFO	32	194,687	0%	0%
Full ROP & SBP	3	40,201	0%	0%
Limited ROP	116	992,994	2%	2%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Pay Period</b>				
10 Pay	3,087	27,121,625	41%	60%
Lifetime	4,254	16,937,365	57%	38%
Paid up at Age 65	163	918,549	2%	2%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Joint/Single Life</b>				
Joint	4,538	31,657,985	60%	70%
Single	2,966	13,319,555	40%	30%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Billing Mode</b>				
Annual	3,589	24,876,190	48%	55%
Semi-Annual	331	1,948,770	4%	4%
Quarterly	687	4,193,562	9%	9%
Monthly	2,897	13,959,018	39%	31%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Elimination Period</b>				
0	56	411,129	1%	1%
30	649	4,311,952	9%	10%
60	278	1,248,475	4%	3%
90	6,146	36,893,405	82%	82%
180	375	2,112,579	5%	5%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Benefit Period</b>				
3 Year / 3 Year	604	2,096,984	8%	5%
4 Year / 4 Year	339	1,382,018	5%	3%
5 Year / 5 Year	923	4,327,222	12%	10%
Lifetime / 5 Year	1	5,537	0%	0%
Lifetime / Lifetime	5,637	37,165,778	75%	83%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>
<b>Issue Age Cohort</b>				
22	11	45,907	0%	0%
27	20	70,639	0%	0%
32	79	481,099	1%	1%
37	217	1,296,450	3%	3%
42	561	3,175,237	7%	7%
47	1,281	7,186,447	17%	16%
52	1,839	10,879,250	25%	24%
57	2,005	12,014,320	27%	27%
62	1,104	7,102,703	15%	16%
67	286	1,979,507	4%	4%
72	79	558,105	1%	1%
77	22	187,877	0%	0%
82	0	0	0%	0%
<b>Total</b>	<b>7,504</b>	<b>44,977,539</b>	<b>100%</b>	<b>100%</b>

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA

Attachment J2  
Virginia Policy and Premium Distribution

	Policies	Premium	% of Policies	% of Premium
<b>Base</b>				
Comprehensive	172	1,019,802	98%	99%
Facility Only	3	7,119	2%	1%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>COLA Options</b>				
No COLA	12	41,590	7%	4%
Compound COLA 5%	125	836,796	71%	81%
Compound COLA 3%	38	148,535	22%	14%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Nonforfeiture Options</b>				
None	170	999,965	97%	97%
SBP NFO	3	15,613	2%	2%
Full ROP & SBP	0	0	0%	0%
Limited ROP	2	11,343	1%	1%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Pay Period</b>				
10 Pay	62	608,991	35%	59%
Lifetime	109	407,620	62%	40%
Paid up at Age 65	4	10,310	2%	1%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Joint/Single Life</b>				
Joint	109	762,126	62%	74%
Single	66	264,795	38%	26%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Billing Mode</b>				
Annual	75	568,594	43%	55%
Semi-Annual	5	20,317	3%	2%
Quarterly	14	69,176	8%	7%
Monthly	81	368,834	46%	36%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Elimination Period</b>				
0	1	18,578	1%	2%
30	8	33,780	5%	3%
60	0	0	0%	0%
90	156	918,100	89%	89%
180	10	56,463	6%	5%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Benefit Period</b>				
3 Year / 3 Year	14	40,907	8%	4%
4 Year / 4 Year	8	19,511	5%	2%
5 Year / 5 Year	27	108,571	15%	11%
Lifetime / 5 Year	0	0	0%	0%
Lifetime / Lifetime	126	857,932	72%	84%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>
<b>Issue Age Cohort</b>				
22	0	0	0%	0%
27	0	0	0%	0%
32	1	14,872	1%	1%
37	4	16,863	2%	2%
42	15	53,056	9%	5%
47	29	151,366	17%	15%
52	40	229,010	23%	22%
57	45	294,885	26%	29%
62	30	185,836	17%	18%
67	7	48,488	4%	5%
72	3	25,862	2%	3%
77	1	6,681	1%	1%
82	0	0	0%	0%
<b>Total</b>	<b>175</b>	<b>1,026,921</b>	<b>100%</b>	<b>100%</b>

**Berkshire Life Insurance Company of America**  
**Demonstration that Lifetime Incurred Claims with Requested Rate Increases are**  
**Not Less than Lifetime Earned Premium with Prescribed Factors**  
**Policy Form: BG01P(06/04)**  
**Attachment K**

1 Accumulated value of initial earned premium	325,232,544	x	58%	188,634,876
2a Accumulated value of earned premium	325,232,544			
2b Accumulated value of prior premium rate schedule increases (2a-1)	-	x	85%	-
3 Present value of future projected initial earned premium	344,869,447	x	58%	200,024,279
4a Present value of future projected premium	396,762,021			
4b Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	51,892,574	x	85%	44,108,688
<b>5 Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b</b>				<b>432,767,843</b>
6a Accumulated value of incurred claims without the inclusion of active life reserves				9,053,001
6b Present value of future projected incurred claims without the inclusion of active life reserves				482,543,456
<b>7 Lifetime Incurred Claims with Rate Increase: Sum 6a and 6b</b>				<b>491,596,458</b>
				<b>TRUE</b>

Note: Present and accumulated values in the lifetime projections in Attachment K are determined at the maximum valuation interest rate of 4.5%