Filing at a Glance

Company:	American General Life Insurance Company
Product Name:	AGL Individual Long Term Care Insurance
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.003 Other
Filing Type:	Rate
Date Submitted:	09/30/2013
SERFF Tr Num:	LTCG-129225734
SERFF Status:	Closed-Approved and Filed
State Tr Num:	LTCG-129225734
State Status:	Approved & Filed
Co Tr Num:	AGL RI5 VA
Implementation Date Requested:	On Approval
Author(s):	Diana Ittner, Jenifer Allen, Melissa Rajsic-McLaughlin
Reviewer(s):	Janet Houser (primary), Elsie Andy
Disposition Date:	11/06/2015
Disposition Status:	Approved and Filed
Implementation Date:	

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

General Information

Project Name: AGL Rate Increase 5 Filing
Project Number: AGL RI5 VA
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 25%

Deemer Date:
Submitted By: Timothy Cassidy

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments: Texas, the company's state of domicile, approved a fifth rate increase for this policy block on July 28, 2014.

Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/06/2015
State Status Changed: 11/06/2015
Created By: Timothy Cassidy
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:
September 30, 2013

Virginia Bureau of Insurance
Attn: Life and Health Rate Review Section

Re:AMERICAN GENERAL LIFE INSURANCE COMPANY
FEIN # 25-0598210NAIC # 60488
INDIVIDUAL ACCIDENT AND HEALTH INSURANCE
Rate Increase for:
Non-Tax Qualified Long Term Care Policy 64028-VA
Tax Qualified Long Term Care Policy Rider C12271VA
Inflation Benefit Rider 64031
Nonforfeiture Benefit Rider 64032
Contingent Nonforfeiture Benefit Rider 64035-VA

Dear Sir or Madam:

On behalf of American General Life Insurance Company (AGL), we at Univita are submitting the enclosed actuarial memorandum and rate sheets for your review and approval. A letter from AGL authorizing Univita to make this rate filing on behalf of AGL is included. Please note that previous rate increase filings for this policy form series were made on behalf of American General Life Insurance Company of Delaware, which was merged into AGL effective December 31, 2012.

The enclosed actuarial memorandum details the request for a 25% increase in the rates for AGL's long term care insurance policy forms and associated riders noted above. We are requesting this rate increase because persistency and claim experience are expected to produce lifetime loss ratios that exceed the minimum required loss ratio. Your department approved the previous rate increases on the following dates: the first rate increase on July 25, 2006; the second rate increase on October 1, 2008; the third rate increase on May 29, 2011; and the fourth rate increase on March 14, 2013. At this time this additional rate increase of 25% is justifiable to bring lifetime loss ratios closer to an acceptable level.

The company will offer insureds the option to reduce their daily benefit amount. This option will allow insureds the flexibility to maintain their current premium level, if desired.

The rates will be effective upon approval but not earlier than August 1, 2014 (one year from the effective date of the previous increase) and will apply to all existing policyholders. The company discontinued sales of its long term care insurance product in 2001.

We trust that you will find our filing to be in order and hope that you will grant your Department's approval to this submission. If you have any questions or would like to discuss any of the materials included in this submission, please feel free to call me directly at (952) 516-6195 or toll free at 1-888-312-5824. You may also send an email to tcassidy@univitahealth.com.

We look forward to hearing from you.

Sincerely,
Timothy P. Cassidy

Company and Contact

Filing Contact Information

Timothy Cassidy, Director, Compliance Services
5 Commonwealth Road
Suite 2B
Natick, MA 01760

timothy.cassidy@LTCG.com

952-516-6195 [Phone]
952-983-5128 [FAX]

Filing Company Information

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

American General Life Insurance Company
2727-A Allen Parkway
Houston, TX 77019
(713) 831-3150 ext. [Phone]

CoCode: 60488
Group Code: 12
Group Name:
FEIN Number: 25-0598210

State of Domicile: Texas
Company Type: Life and Health
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Janet Houser	11/06/2015	11/06/2015

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Janet Houser	10/02/2015	10/02/2015
Info has been requested from company	Janet Houser	09/03/2015	09/03/2015
Info has been requested from company	Janet Houser	07/14/2015	07/20/2015
Info has been requested from company	Janet Houser	06/10/2015	06/10/2015
Info has been requested from company	Elsie Andy	04/20/2015	04/20/2015
Info has been requested from company	Janet Houser	03/24/2015	03/24/2015
Info has been requested from company	Janet Houser	12/31/2014	12/31/2014
Disapproved	Janet Houser	11/06/2014	11/06/2014
Disapproved	Janet Houser	11/03/2014	11/03/2014
Info has been requested from company	Janet Houser	09/29/2014	09/29/2014
Disapproved	Janet Houser	07/14/2014	07/14/2014
Disapproved	Janet Houser	03/28/2014	03/28/2014

Response Letters

Responded By	Created On	Date Submitted
Jenifer Allen	10/05/2015	10/05/2015
Jenifer Allen	09/22/2015	09/22/2015
Jenifer Allen	09/02/2015	09/02/2015
Timothy Cassidy	06/24/2015	06/24/2015
Timothy Cassidy	04/21/2015	04/21/2015
Timothy Cassidy	04/16/2015	04/16/2015
Timothy Cassidy	01/23/2015	01/23/2015
Jenifer Allen	11/14/2014	11/14/2014
Timothy Cassidy	05/05/2015	05/05/2015
Timothy Cassidy	10/28/2014	10/28/2014
Timothy Cassidy	09/19/2014	09/19/2014
Timothy Cassidy	05/09/2014	05/09/2014

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Disapproved	Bob Grissom	02/17/2014	02/17/2014
Disapproved	Bob Grissom	10/27/2013	10/27/2013

Response Letters

Responded By	Created On	Date Submitted
Timothy Cassidy	03/21/2014	03/21/2014
Timothy Cassidy	11/25/2013	11/25/2013

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Policyholder Rate Increase Notification Letter	Melissa Rajsic-McLaughlin	10/29/2015	10/29/2015
Supporting Document	10/29/15 Response Letter and Exhibit	Melissa Rajsic-McLaughlin	10/29/2015	10/29/2015
Form	Policyholder Rate Increase Notification Letter	Melissa Rajsic-McLaughlin	10/23/2015	10/23/2015
Supporting Document	10/23/15 Response Letter and Exhibit	Melissa Rajsic-McLaughlin	10/23/2015	10/23/2015
Form	Policyholder Rate Increase Notification Letter	Jenifer Allen	10/06/2015	10/06/2015
Form	Policy Change Endorsement	Timothy Cassidy	05/05/2015	05/05/2015
Supporting Document	Explanation of Variability for AGLC108716	Timothy Cassidy	05/05/2015	05/05/2015
Supporting Document	Readability Certification	Timothy Cassidy	05/05/2015	05/05/2015
Rate	WITHDRAWN Rate Sheets for Tax Qualified Rider	Timothy Cassidy	04/27/2015	04/27/2015
Supporting Document	2/6/2015 Response Letter and Exhibit	Timothy Cassidy	02/06/2015	02/06/2015
Supporting Document	Third Party Filer Authorization	Timothy Cassidy	12/08/2014	12/08/2014

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Reminder - Regulation Revisions	Note To Filer	Janet Houser	11/09/2015	11/09/2015
Revised letter	Note To Filer	Janet Houser	10/26/2015	10/26/2015
10/19/15 phone conversation	Note To Filer	Janet Houser	10/19/2015	10/19/2015
10/6/15 phone message	Note To Filer	Janet Houser	10/06/2015	10/06/2015
7/20/15 Objection letter	Note To Filer	Janet Houser	07/20/2015	07/20/2015
Third Party Authorization	Note To Filer	Janet Houser	03/24/2015	03/24/2015

State: *Virginia*
Filing Company: *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status Update	Note To Filer	Janet Houser	03/24/2015	03/24/2015
Status Inquiry	Note To Reviewer	Jenifer Allen	03/23/2015	03/23/2015
Inconsistencies	Note To Filer	Janet Houser	01/28/2015	01/28/2015
11/3/14 objection letter	Note To Filer	Janet Houser	11/06/2014	11/06/2014
Status Inquiry	Note To Reviewer	Jenifer Allen	01/27/2014	01/27/2014
RRS	Reviewer Note	Janet Houser	11/06/2015	
6.22.15 correspondence	Reviewer Note	Janet Houser	06/24/2015	
Rates for C12271VA	Reviewer Note	Janet Houser	04/27/2015	
PH letters	Reviewer Note	Janet Houser	03/24/2015	
Rate Summary II	Reviewer Note	Janet Houser	09/29/2014	
Act Review	Reviewer Note	Janet Houser	03/24/2014	
Reviewer Notes	Reviewer Note	Bob Grissom	12/26/2013	

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Disposition

Disposition Date: 11/06/2015
Implementation Date:
Status: Approved and Filed

Comment:

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):
American General Life Insurance Company	343.000%	25.000%	$103,266	108	$413,062	25.000%	25.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance		Yes
Supporting Document	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Third Party Filer Authorization	Received & Acknowledged	Yes
Supporting Document	Cover Letter	Received & Acknowledged	Yes
Supporting Document	11/25/2013 Response Letter	Received & Acknowledged	Yes
Supporting Document	3/21/2014 Response Letter and Exhibits	Received & Acknowledged	Yes
Supporting Document	5/9/2014 Response Letter and Exhibits	Received & Acknowledged	Yes
Supporting Document	9/18/2014 Response Letter and Exhibits (Including Health Insurance Rate Request Summary)	Received & Acknowledged	Yes
Supporting Document	10/28/2014 Response Letter and Exhibits (Including Health Insurance Rate Request Summary)	Received & Acknowledged	Yes
Supporting Document	11/14/14 Response Letter and Exhibit	Received & Acknowledged	Yes
Supporting Document	1/23/2015 Response Letter and Exhibit	Received & Acknowledged	Yes
Supporting Document	2/6/2015 Response Letter and Exhibit	Received & Acknowledged	Yes
Supporting Document	4/16/2015 Response Letter	Received & Acknowledged	Yes
Supporting Document (revised)	Explanation of Variability for AGLC108716	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	Readability Certification	Received & Acknowledged	Yes
Supporting Document	4/21/2015 Response Letter	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance (Policyholder Rate Increase	Received & Acknowledged	Yes

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Schedule	Schedule Item	Schedule Item Status	Public Access
	Notification Letter)		
Supporting Document	Readability Certification (Policyholder Rate Increase Notification Letter)	Received & Acknowledged	Yes
Supporting Document	6/24/2015 Response Letter and Exhibit	Received & Acknowledged	Yes
Supporting Document	9/2/2015 Response Letter and Exhibits	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance (Policyholder Rate Increase Notification Letter)	Received & Acknowledged	Yes
Supporting Document	9/22/15 Response Letter and Exhibits	Received & Acknowledged	Yes
Supporting Document	10/5/15 Response Letter and Exhibit	Received & Acknowledged	Yes
Supporting Document	10/23/15 Response Letter and Exhibit	Received & Acknowledged	Yes
Supporting Document	10/29/15 Response Letter and Exhibit	Received & Acknowledged	Yes
Supporting Document	Third Party Filer Authorization	Withdrawn	Yes
Supporting Document	Third Party Filer Authorization	Withdrawn	Yes
Supporting Document	Explanation of Variability for AGLC108716	Withdrawn	Yes
Supporting Document	Explanation of Variability for AGLC108716	Withdrawn	Yes
Supporting Document	Readability Certification	Withdrawn	Yes
Supporting Document	Readability Certification	Withdrawn	Yes
Form (revised)	Policy Change Endorsement	Approved	Yes
Form (revised)	Policyholder Rate Increase Notification Letter	Filed	Yes
Form	Policy Change Endorsement	Withdrawn	Yes
Form	Policy Change Amendment	Withdrawn	Yes
Form	Policyholder Rate Increase Notification Letter	Withdrawn	Yes
Form	Policyholder Rate Increase Notification Letter	Withdrawn	Yes
Form	Policyholder Rate Increase Notification Letter	Withdrawn	Yes
Form	Policyholder Rate Increase Notification Letter	Withdrawn	Yes
Rate	Rate Sheets for Non-Tax Qualified Policy	Approved	Yes
Rate (revised)	WITHDRAWN Rate Sheets for Tax Qualified Rider	Withdrawn	Yes
Rate	Rate Sheets for Inflation Benefit Rider	Approved	Yes
Rate	Rate Sheets for Nonforfeiture Benefit Rider	Approved	Yes
Rate	Rate Sheets for Tax Qualified Rider	Withdrawn	Yes

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/02/2015
Submitted Date	10/02/2015
Respond By Date	

Dear Timothy Cassidy,

Introduction:

This is in reference to my phone message today regarding the policyholder notification letter.

According to the company's response dated September 22, 2015, the policyholder notification letter templates may used for an affiliate company with a different policy form series. This is not in compliance with 14 VAC5-100-50 2. This letter has been filed under the NAIC number for American General Life Insurance Company and is only being reviewed and filed for use by this company. An affiliate company may indeed use a similar letter; however, the letter would need to be submitted as a separate form filing under the affiliate company's NAIC number in SERFF for review.

So that this filing may be recommended for approval, please amend the first sentence of the letter accordingly.

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/03/2015
Submitted Date	09/03/2015
Respond By Date	

Dear Timothy Cassidy,

Introduction:

Thank you for the revised policyholder letter with the requested changes. After further review, there are a few additional issues that need consideration:

1) According to your response, the name of the company will always appear in the first sentence of the letter. Since the name would not be variable, it is unclear as to why it is indicated as such.

2) Under "Important Change in Your Long-Term Care Insurance Policy" the company states the company "had determined that a 25% increase" and "This had lead to more claims." As an observation, this may read better it the word "had" is changed to "has" or simply omit the word.

3) Because the following is a disclosure, there is a concern this information may be overlooked. As a suggestion, the company may wish to bold or highlight this sentence to make it stand out: "The three options may not be of equal value."

4) For compliance with 14VAC5-200-75 A, please include in the letter that should there be future increases, options similar to those being offered now will be available.

5) Please clarify in the letter the policyholder can elect to reduce coverage to lower the premium at any time to avoid any misunderstanding reductions can only occur as the result of a rate increase.

Please provide an updated Exhibit C LTC Rate History and Filing Status.

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:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/20/2015
Submitted Date	07/20/2015
Respond By Date	

Dear Timothy Cassidy,

Introduction:

Thank you for providing the revised policyholder letters for review. After further review, the following concerns need to be resolved:

1) Please include a disclosure that the insured has a right to a revised premium rate or rate schedule for compliance with 14VAC5-200-75 D 1.

2) Please provide a more simplified explanation for the rate increase that is more consumer friendly. How "lapse rates" and "mortality rates" affect a rate increase may not be easily understood. As an example, the company may wish to state that 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 claims and claims in the future.

3) Will the Coverage Change Request Form become a part of the contract? If so, the form should have a separate form number and be attached to the Form Schedule as a separate item for review. If the form will not be attached to the policy, please remove the form number and attach the change form to Supporting Documentation. Only the policyholder letters should be attached to the Form Schedule for review.

4) Please indicate in the letter that the notice of any change will be sent at least 75 days prior to the implementation of the rate increase for compliance with 14VAC5-200-75 D.

5) Option two provides for the reduction of your benefit period. Please provide details as to how this is accomplished and what the minimum benefit period would be.

6) Please advise if any partnership policies are in effect at this time. If so, a disclosure is required that some benefit reduction options may result in the loss of partnership status that may reduce policy protections for compliance with 14VAC5-200-75 2 c.

8) Since this is individual coverage, please explain what would appear under the variable in the first sentence of the letter <<grp_program3>>. Please provide a Statement of Variability for the letter.

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/10/2015
Submitted Date	06/10/2015
Respond By Date	

Dear Timothy Cassidy,

Introduction:

In hindsight, we should have brought to your attention the following to your attention in our conference call yesterday:

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

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

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

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

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

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

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

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

Conclusion:

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

State:	Virginia	**Filing Company:**	American General Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	AGL Individual Long Term Care Insurance		
Project Name/Number:	AGL Rate Increase 5 Filing/AGL RI5 VA		

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/20/2015
Submitted Date	04/20/2015
Respond By Date	

Dear Timothy Cassidy,

Introduction:

American General Life Insurance Company
SERFF Tracking No: LTCG-129225734
Form No: AGLC108716

This is to acknowledge receipt of and thank you for the submission of the form mentioned above; however, we need some additional information in order to continue our review.

Objection 1

- Policy Change Amendment, AGLC108716 (Form)

Comments: One of the options offered to the insured is to modify their rider selections by surrendering their riders such as a nonforfeiture rider. In this light, it appears that at the time of the premium increase some insureds benefits will include a nonforfeiture rider. Please confirm. If so, where is the option to implement the nonforfeiture benefit expressed?

Objection 2

- Policy Change Amendment, AGLC108716 (Form)

Comments: The policyholder letter offers an option to convert the policy to a paid-up status with a contingent benefit upon lapse. It appears that the policy change endorsement should address this option.

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Elsie Andy
Senior Insurance Market Examiner

Sincerely,
Elsie Andy

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/24/2015
Submitted Date	03/24/2015
Respond By Date	

Dear Timothy Cassidy,

Introduction:

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

The Bureau of Insurance has recently directed long term care policies must be updated via an endorsement for any changes the policyholder has requested. Because this would be a part of the entire contract, such a form would require review and approval; the company can no longer simply send a revised policy schedule page. If the company already has such forms previously approved, please attach a copy of the form and provide the SERFF tracking number and date of approval. If a new form is needed, please attach the form to this filing for review and approval. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms including the contingent benefit upon lapse and/or optional nonforfeiture benefit. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well a readability certification in accordance with 14VAC5-110-60.

For clarification purposes, the company may include a revised Schedule of Benefits page in addition to the endorsement if the company so chooses.

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/31/2014
Submitted Date	12/31/2014
Respond By Date	

Dear Timothy Cassidy,

Introduction:

Thank you for providing the updated third party filer authorization. This authorization, however, expires today and we ask another authorization be provided.

The policyholder letters have been reviewed and there is one change we ask be made as follows:

Please revise the fourth paragraph to incorporate the following wording and replace the reference to "your state Department of Insurance":

"Virginia's State Corporation Commission reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, the filing was approved."

Please advise how the policy is amended for changes that reduce the benefit. If an endorsement form is used, please provide the form number and the SERFF tracking number and approval date. If the policy is amended with an updated Schedule of Benefits, please provide evidence the policy was approved for this type of variability. Does the request to make a change to the policy become a part of the policy itself?

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:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	11/06/2014
Submitted Date	11/06/2014
Respond By Date	

Dear Timothy Cassidy,

Introduction:

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

Please disregard our objection letter of November 3, 2014. Our objection has been slightly reworded as follows:

We have reviewed your October 28, 2014 responses and have a number of remaining questions and concerns. However, prior to addressing those with the company, please provide a loss ratio projection similar to Exhibit N in your September 18, 2014 letter, but reflecting the actual historical experience during the historical experience period; and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims with the original pricing assumptions for interest, mortality, morbidity and persistency in the future and assuming the future premiums are paid based on the original premium scale with no increases. Once we have the received the company's response and had a chance to review, it may be appropriate to schedule a conference call with the company to discuss.

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:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	11/03/2014
Submitted Date	11/03/2014
Respond By Date	

Dear Timothy Cassidy,

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:

We have reviewed your October 28, 2014 responses and have a number of remaining questions and concerns. However, prior to addressing those with the company, please provide a loss ratio projection similar to Exhibit N in your September 18, 2014 letter, but reflecting the actual historical experience during the historical experience period; and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims with the original pricing assumptions for interest, mortality, morbidity and persistency in the future. Once we have the received the company's response and had a chance to review, it may be appropriate to schedule a conference call with the company to discuss.

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*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/29/2014
Submitted Date	09/29/2014
Respond By Date	

Dear Timothy Cassidy,

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:

Please comment on our remarks in the previous objection letter regarding our concerns that for Virginia to be on the same level as nationwide, only an increase of 7.6% would be required.

According to your response, this filing is not consistent with the NAIC Model Bulletin adopted on December 18, 2013. It is our understanding the industry agreed to comply with this bulletin in regards to long term care rate filings. Did the company provide any written comments or objections to the Senior Issue Task Force or the NAIC expressing their concerns or indicating the company may not comply with the bulletin? If so, please provide us with a copy of those comments from the company.

Thank you for updated Exhibit C. Is there a reason a large number of rate increases are yet to be filed in other states?

Is it the intent of the company to not request any further rate increase if the proposed rate increase is approved and the experience develops as projected? If not, please explain what triggers would be used to determine another increase is needed.

Thank you for providing the Rate Summary. As we stated previously, the rate summary is intended to provide the policyholder a fairly high level explanation as to why a rate increase is needed. Stating policyholder behavior is different does not appear to provide sufficient information for the policyholder to understand the reason for the increase. The policyholder letter itself states changes in mortality rates, lapses, and cost of services have changed. Please provide an explanation as to why each of those assumptions have changed and the impact on rates as a result.

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:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	07/14/2014
Submitted Date	07/14/2014
Respond By Date	

Dear Timothy Cassidy,

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, we have the following concerns and /or questions:

The Company has presently requested an increase of 25% for all policies, with 108 in force in Virginia as of December 20, 2013. The Bureau has previously approved four rate increases on this block of policies, three 25% increases and one 12.6% for a cumulative total rate increase of 119.9%. If this rate increase is approved, the cumulative rate increase would be 174.9% compared to the average cumulative rate increase nationwide of 136.6%. For Virginia to be on the same level as nationwide, only an increase of 7.6% would be required. It is a concern that based on the proposed rate increase, Virginia would have a significantly higher cumulative increase that nationwide policyholders.

We are also concerned that notification to our Virginia policyholders neglected to inform them of the company's intent to file another rate increase proposal upon implementation of the last increase; and thereby, the letters did not provide sufficient information for our policyholders to make an informed decision regarding their insurance coverage.

Objection 1

Comments: Please review the attached NAICs Executive/Plenary bulletin adopted on December 18, 2013. Although Virginia has not yet adopted this, because there is so much national attention on long term care regulation, we have now added this to our review process. Is this filing consistent or not with its recommendations? Please provide details that support your response and provide us a copy of the policyholder notification letter.

Since this filing applies to pre-stability business, please be sure to include a response to the following:

a) If a single rate increase of the requested amount is approved, is the insurer agreeable to not implement future rate increase for three years from the date of implementation?

b) In lieu of a single increase, the Bureau 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 increase filing. For pre-rate stability forms, approval of the increase may require a three year monitoring provision similar to that currently applicable to post-rate stabilization increases. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required to include contingent benefit upon lapse at the time of each scheduled increase.

c) The Bureau will require the implementation of the contingent benefit upon lapse as outlined in the bulletin. Please confirm the company is willing to comply with this by providing the benefit:

1)For a block of business for which the contingent benefit upon lapse is not required for pre-rate-stability policies; and

2)Without reference to the table of trigger percentages for policies that have reached their 20th duration and for policies that have not reached that point, any percentage value in excess of 100% will be reduced to 100%.

d) The policyholder letter will clearly disclose the following:

1) the amount of the premium rate requested and implementation schedule
2) available benefit reduction/rate increase mitigation actions
3) clear disclosure addressing the guaranteed renewable nature of the policy and that insured should understand that there may be future rate increases
4) offer of contingent benefit upon lapse

In addition, the management of the Bureau of Insurance (BOI) has also provided direction that policyholder letters provide an explanation for the rate increase in consumer friendly language including the driving factors contributing to the increase.

If it is the companys intent to file another increase within the next year, the policyholder should be so advised.

Objection 2

Comments: Your letter of March 31, 2014 indicated there is a Form Series 08000 which is a closed block of business that was sold in Virginia. Please provide experience and details regarding this block including the number of nationwide policyholders and dates marketed.

Objection 3

Comments: The company has indicated this additional rate increase of 25% is justifiable to bring lifetime loss ratios closer to an acceptable level. From previous correspondence, the original pricing level is 61%; however the company is not targeting a specific loss ratio. According to the filing, a 343% increase is the overall indicated change. What does the company consider to be an acceptable level at this time?

Objection 4

Comments: Please update Exhibit C Rate History and Filing Status.

Objection 5

Comments: Please update the Experience Exhibits with the most recently available experience although we would prefer waiting until the additional experience after the last rate increase is available and the nationwide average catches up with the Virginia average.

Does all the experience exhibits include experience from The United States Life Insurance Company in the City of New York (see exhibit K)? If so, please revise all exhibits to exclude this experience.

Objection 6

Comments: According to the current filing, there are 118 policyholders. There is a discrepancy between this and your March 21, 2014 letter, which indicates offers were sent to 104 policyholders. Please advise.

Objection 7

Comments: Please complete the attached Rate Summary. This form is now required for Long Term Care rate filings. Our expectation is that the form would put into consumer friendly language a clear explanation of the justification for the rate increase. This should be fairly high level and not drill down deep into the details but at least explain to the consumer the assumptions and changes that are driving the need for an increase.

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

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

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

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

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

Policyholder Notification of Premium Increase:

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

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

Application of New Loss Ratio Standards:

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

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

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

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

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

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

Consideration of New Approaches:

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

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

Reset Form

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

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

(Projected) Number of Insureds Affected:

New Rates

Average Annual Premium Per Member:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

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

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

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

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

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	03/28/2014
Submitted Date	03/28/2014
Respond By Date	

Dear Timothy Cassidy,

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:

•Please provide sufficient data and justification for the rather large change in the morbidity assumptions since the last rate increase filing so that we can independently evaluate its reasonableness.

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:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	02/17/2014
Submitted Date	02/17/2014
Respond By Date	

Dear Timothy Cassidy,

Introduction:

This filing remains DISAPPROVED in the Commonwealth of Virginia. We'll continue our review upon receipt of the following information.

Exhibit C, "LTC Rate History and Filing Status", indicates that the requested rate filing has only been made in a very small number of states. Please advise why it has not been filed in all states?

In addition to updating Exhibit C, please also revise it to show the average rate increase percentage approved in each state and the nationwide average approved over the life of the policy.

The company stated in the filing that "At this time this additional rate increase of 25% is justifiable to bring lifetime loss ratios closer to an acceptable level." What does the company believe to be an "acceptable level? Is it targeting the original target loss ratio or a higher target at this time?

When the company implemented the prior rate increase on 08/01/2013, did the company also advise it's policyholders that it intended to file an additional rate increase in the next 60 days? Please explain why if not.

If the company responded no to the prior question, has the company now advised it's policyholders that an additional rate increase has been filed? Please explain why if not.

Regarding the prior rate increase, the company offered a number of different options other than accepting the full rate increase. Please advise how many policyholders accepted the full rate increase and how many elected to pursue a different option.

Please advise if the company has other blocks of long term care insurance business in Virginia. If so, please identify the approved form numbers and provide an overview of the rate increase history (including SERFF filing numbers) of those forms.

Conclusion:

Sincerely,
Bob Grissom

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	10/27/2013
Submitted Date	10/27/2013
Respond By Date	

Dear Timothy Cassidy,

Introduction:

The company filed and received approval of a rate increase on the same forms as in this filing earlier in 2013. In fact, the company advised that the rate increase was implemented in August 2013. Please advise why an additional rate increase has been requested when the effect of the last rate increase hasn't been determined or why this rate increase wasn't incorporated in the prior rate increase? Typically, Virginia would prefer that at least a year's experience develop prior to an additional rate increase being requested.

Conclusion:

Sincerely,
Bob Grissom

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: AGL Individual Long Term Care Insurance
Project Name/Number: AGL Rate Increase 5 Filing/AGL RI5 VA
Filing Company: American General Life Insurance Company

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/05/2015
Submitted Date	10/05/2015

Dear Janet Houser,

Introduction:

Thank you for your letter of 10/2/15.

Response 1

Comments:

Please see attached response letter and exhibit.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	10/5/15 Response Letter and Exhibit
Comments:	
Attachment(s):	AGL RI5 VA Response_2015_10_05.pdf AGL RI5 VA Exhibit U - PH Notification Letter.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

thank you,

Jenifer Allen
LTCG

Sincerely,
Jenifer Allen

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: AGL Individual Long Term Care Insurance
Project Name/Number: AGL Rate Increase 5 Filing/AGL RI5 VA
Filing Company: American General Life Insurance Company

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/22/2015
Submitted Date	09/22/2015

Dear Janet Houser,

Introduction:

Thank you for your letter of 9/3/15.

Response 1

Comments:

Please see attached response letter and exhibits.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	9/22/15 Response Letter and Exhibits
Comments:	
Attachment(s):	AGL RI5 VA Response_2015_09_22.pdf AGL RI5 VA Exhibits C and T.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you,
Jenifer Allen
LTCG

Sincerely,
Jenifer Allen

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/02/2015
Submitted Date	09/02/2015

Dear Janet Houser,

Introduction:

Thank you for your letter of July 20, 2015.

Response 1

Comments:

Please see the attached response letter and accompanying documents.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	9/2/2015 Response Letter and Exhibits
Comments:	
Attachment(s):	AGL RI5 VA Response 2015_09_02.pdf AGL RI5 VA Exhibit R.pdf AGL RI5 VA Exhibit S.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	9/2/2015 Response Letter and Exhibits
Comments:	
Attachment(s):	AGL RI5 VA Response 2015_09_02.pdf AGL RI5 VA Exhibit R.pdf AGL RI5 VA Exhibit S.pdf

Satisfied - Item:	Certification of Compliance (Policyholder Rate Increase Notification Letter)
Comments:	
Attachment(s):	Virginia LTC Filing Certification.pdf

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	AGLC108934-2015	OTH	Initial		48.300	AGL RI5 VA Exhibit Q.pdf	Date Submitted: 09/02/2015 By: Jenifer Allen
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*AGLC108934-2015*	*OTH*	*Initial*		*48.300*	*AGL PH Rate Increase Notification Letter.pdf*	*Date Submitted: 06/24/2015 By: Timothy Cassidy*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you,

Jenifer Allen

LTCG

Sincerely,

Jenifer Allen

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/24/2015
Submitted Date	06/24/2015

Dear Janet Houser,

Introduction:

This is in response to both the items requested during our call of June 9 and to your letter of June 10.

Response 1

Comments:

Please see the attached response letter and accompanying documents.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance (Policyholder Rate Increase Notification Letter)
Comments:	
Attachment(s):	AGL VA Filing Certification of Compliance PH RI Notification Letter.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance (Policyholder Rate Increase Notification Letter)
Comments:	
Attachment(s):	AGL VA Filing Certification of Compliance PH RI Notification Letter.pdf

Satisfied - Item:	Readability Certification (Policyholder Rate Increase Notification Letter)
Comments:	
Attachment(s):	VA Readability Cert.pdf

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance (Policyholder Rate Increase Notification Letter)
Comments:	
Attachment(s):	AGL VA Filing Certification of Compliance PH RI Notification Letter.pdf

Satisfied - Item:	Readability Certification (Policyholder Rate Increase Notification Letter)
Comments:	
Attachment(s):	VA Readability Cert.pdf

Satisfied - Item:	6/24/2015 Response Letter and Exhibit
Comments:	
Attachment(s):	AGL RI5 VA Response_2015_06_24.pdf AGL RI5 VA Exhibit C - Revised 06-2015.pdf

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Timothy Cassidy

State: Virginia **Filing Company:** American General Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: AGL Individual Long Term Care Insurance
Project Name/Number: AGL Rate Increase 5 Filing/AGL RI5 VA

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/21/2015
Submitted Date	04/21/2015

Dear Janet Houser,

Introduction:

Thank you for your letter of April 20.

Response 1

Comments:

Please see the attached response letter and accompanying forms.

Related Objection 1

Applies To:

- Policy Change Amendment, AGLC108716 (Form)

Comments: One of the options offered to the insured is to modify their rider selections by surrendering their riders such as a nonforfeiture rider. In this light, it appears that at the time of the premium increase some insureds benefits will include a nonforfeiture rider. Please confirm. If so, where is the option to implement the nonforfeiture benefit expressed?

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Change Endorsement	AGLC108716	POLA	Initial		54.800	Policy Change Endorsement AGLC108716 Revised.pdf	Date Submitted: 04/21/2015 By: Timothy Cassidy
Previous Version								
1	*Policy Change Amendment*	*AGLC108716*	*POLA*	*Initial*		*50.000*	*Policy Change Endorsement AGLC108716.pdf*	*Date Submitted: 04/16/2015 By: Timothy Cassidy*

No Rate/Rule Schedule items changed.

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Response 2

Comments:

Please see the attached response letter and accompanying forms.

Related Objection 2

Applies To:

- Policy Change Amendment, AGLC108716 (Form)

Comments: The policyholder letter offers an option to convert the policy to a paid-up status with a contingent benefit upon lapse. It appears that the policy change endorsement should address this option.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	4/21/2015 Response Letter
Comments:	
Attachment(s):	AGL RI5 VA Response Letter 20150421.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	4/21/2015 Response Letter
Comments:	
Attachment(s):	AGL RI5 VA Response Letter 20150421.pdf

Satisfied - Item:	Explanation of Variability for AGLC108716
Comments:	
Attachment(s):	EXPLANATION OF VARIABILITY Revised.pdf
Previous Version	
Satisfied - Item:	*Explanation of Variability for AGLC108716*
Comments:	
Attachment(s):	*EXPLANATION OF VARIABILITY.pdf*

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Supporting Document Schedule Item Changes	
Satisfied - Item:	4/21/2015 Response Letter
Comments:	
Attachment(s):	AGL RI5 VA Response Letter 20150421.pdf

Satisfied - Item:	Explanation of Variability for AGLC108716
Comments:	
Attachment(s):	EXPLANATION OF VARIABILITY Revised.pdf
Previous Version	
Satisfied - Item:	*Explanation of Variability for AGLC108716*
Comments:	
Attachment(s):	*EXPLANATION OF VARIABILITY.pdf*

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	VA Readability Cert.pdf
Previous Version	
Satisfied - Item:	*Readability Certification*
Comments:	
Attachment(s):	*VA Readability Cert.pdf*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Change Endorsement	AGLC108716	POLA	Initial		54.800	Policy Change Endorsement AGLC108716 Revised.pdf	Date Submitted: 04/21/2015 By: Timothy Cassidy
Previous Version								
1	*Policy Change Amendment*	*AGLC108716*	*POLA*	*Initial*		*50.000*	*Policy Change Endorsement AGLC108716.pdf*	*Date Submitted: 04/16/2015 By: Timothy Cassidy*

No Rate/Rule Schedule items changed.

State: Virginia
Filing Company: American General Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: AGL Individual Long Term Care Insurance
Project Name/Number: AGL Rate Increase 5 Filing/AGL RI5 VA

Conclusion:

Thank you.

Sincerely,

Timothy Cassidy

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/16/2015
Submitted Date	04/16/2015

Dear Janet Houser,

Introduction:

Thank you for your letter of March 24.

Response 1

Comments:

Please see the attached response letter, Policy Change Endorsement AGLC108716 and the components that accompany that form.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Third Party Filer Authorization
Comments:	
Attachment(s):	AGL LTCG Auth 2015.pdf
Previous Version	
Satisfied - Item:	*Third Party Filer Authorization*
Comments:	
Attachment(s):	*AGL LTCG Auth 2014.pdf*
Previous Version	
Satisfied - Item:	*Third Party Filer Authorization*
Comments:	
Attachment(s):	*AGL Univita Auth 2013 2013.pdf*

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Third Party Filer Authorization
Comments:	
Attachment(s):	AGL LTCG Auth 2015.pdf
Previous Version	
Satisfied - Item:	*Third Party Filer Authorization*
Comments:	
Attachment(s):	*AGL LTCG Auth 2014.pdf*
Previous Version	
Satisfied - Item:	*Third Party Filer Authorization*
Comments:	
Attachment(s):	*AGL Univita Auth 2013 2013.pdf*

Satisfied - Item:	4/16/2015 Response Letter
Comments:	
Attachment(s):	AGL RI5 VA Response Letter 20150416.pdf

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Third Party Filer Authorization
Comments:	
Attachment(s):	AGL LTCG Auth 2015.pdf
Previous Version	
Satisfied - Item:	*Third Party Filer Authorization*
Comments:	
Attachment(s):	*AGL LTCG Auth 2014.pdf*
Previous Version	
Satisfied - Item:	*Third Party Filer Authorization*
Comments:	
Attachment(s):	*AGL Univita Auth 2013 2013.pdf*

Satisfied - Item:	4/16/2015 Response Letter
Comments:	
Attachment(s):	AGL RI5 VA Response Letter 20150416.pdf

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	AGL VA Filing Certification of Compliance.pdf

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Third Party Filer Authorization
Comments:	
Attachment(s):	AGL LTCG Auth 2015.pdf
Previous Version	
Satisfied - Item:	*Third Party Filer Authorization*
Comments:	
Attachment(s):	*AGL LTCG Auth 2014.pdf*
Previous Version	
Satisfied - Item:	*Third Party Filer Authorization*
Comments:	
Attachment(s):	*AGL Univita Auth 2013 2013.pdf*

Satisfied - Item:	4/16/2015 Response Letter
Comments:	
Attachment(s):	AGL RI5 VA Response Letter 20150416.pdf

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	AGL VA Filing Certification of Compliance.pdf

Satisfied - Item:	Explanation of Variability for AGLC108716
Comments:	
Attachment(s):	EXPLANATION OF VARIABILITY.pdf

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Third Party Filer Authorization
Comments:	
Attachment(s):	AGL LTCG Auth 2015.pdf
Previous Version	
Satisfied - Item:	*Third Party Filer Authorization*
Comments:	
Attachment(s):	*AGL LTCG Auth 2014.pdf*
Previous Version	
Satisfied - Item:	*Third Party Filer Authorization*
Comments:	
Attachment(s):	*AGL Univita Auth 2013 2013.pdf*

Satisfied - Item:	4/16/2015 Response Letter
Comments:	
Attachment(s):	AGL RI5 VA Response Letter 20150416.pdf

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	AGL VA Filing Certification of Compliance.pdf

Satisfied - Item:	Explanation of Variability for AGLC108716
Comments:	
Attachment(s):	EXPLANATION OF VARIABILITY.pdf

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	VA Readability Cert.pdf

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Timothy Cassidy

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: AGL Individual Long Term Care Insurance
Project Name/Number: AGL Rate Increase 5 Filing/AGL RI5 VA
Filing Company: American General Life Insurance Company

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/23/2015
Submitted Date	01/23/2015

Dear Janet Houser,

Introduction:

Thank you for your letter of December 31, 2014.

Response 1

Comments:

Please see the attached response letter and exhibit.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	1/23/2015 Response Letter and Exhibit
Comments:	
Attachment(s):	AGL RI5 VA Response_2015_01_23.pdf AGL RI5 VA Response Exhibits.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Timothy Cassidy

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: AGL Individual Long Term Care Insurance
Project Name/Number: AGL Rate Increase 5 Filing/AGL RI5 VA
Filing Company: American General Life Insurance Company

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/14/2014
Submitted Date	11/14/2014

Dear Janet Houser,

Introduction:

Thank you for your letter of November 6, 2014.

Response 1

Comments:

Please see the attached response letter and accompanying exhibit.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	11/14/14 Response Letter and Exhibit
Comments:	
Attachment(s):	AGL RI5 VA Response_2014_11.14.pdf AGL RI5 VA Exhibit P Lifetime Experience.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Jenifer Allen

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Response Letter

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

Dear Janet Houser,

Introduction:

Thank you for your letter of November 3, 2014.

Response 1

Comments:

The company responded to this letter in its response of November 14, 2014. We are responding to this letter now just to "clear it" from SERFF.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Timothy Cassidy

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: AGL Individual Long Term Care Insurance
Project Name/Number: AGL Rate Increase 5 Filing/AGL RI5 VA
Filing Company: American General Life Insurance Company

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/28/2014
Submitted Date	10/28/2014

Dear Janet Houser,

Introduction:

Thank you for your letter of September 29.

Response 1

Comments:

Please see the attached response letter and accomanying exhibits.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	10/28/2014 Response Letter and Exhibits (Including Health Insurance Rate Request Summary)
Comments:	
Attachment(s):	AGL RI5 VA Response_2014_10.28.pdf AGL RI5 VA Exhibit C (Revised 10-2014).pdf VA Health Ins Rate Request Summary AGL Revised.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Timothy Cassidy

State: *Virginia*
Filing Company: *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/19/2014
Submitted Date	09/19/2014

Dear Janet Houser,

Introduction:

Thank you for your letter of July 14.

Response 1

Comments:

Please see the attached response letter and accompanying exhibits.

Related Objection 1

State: Virginia **Filing Company:** American General Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: AGL Individual Long Term Care Insurance
Project Name/Number: AGL Rate Increase 5 Filing/AGL RI5 VA

Comments: Please review the attached NAICs Executive/Plenary bulletin adopted on December 18, 2013. Although Virginia has not yet adopted this, because there is so much national attention on long term care regulation, we have now added this to our review process. Is this filing consistent or not with its recommendations? Please provide details that support your response and provide us a copy of the policyholder notification letter.

Since this filing applies to pre-stability business, please be sure to include a response to the following:

a) If a single rate increase of the requested amount is approved, is the insurer agreeable to not implement future rate increase for three years from the date of implementation?

b) In lieu of a single increase, the Bureau 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 increase filing. For pre-rate stability forms, approval of the increase may require a three year monitoring provision similar to that currently applicable to post-rate stabilization increases. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required to include contingent benefit upon lapse at the time of each scheduled increase.

c) The Bureau will require the implementation of the contingent benefit upon lapse as outlined in the bulletin. Please confirm the company is willing to comply with this by providing the benefit:

1)For a block of business for which the contingent benefit upon lapse is not required for pre-rate-stability policies; and
2)Without reference to the table of trigger percentages for policies that have reached their 20th duration and for policies that have not reached that point, any percentage value in excess of 100% will be reduced to 100%.

d) The policyholder letter will clearly disclose the following:

1) the amount of the premium rate requested and implementation schedule
2) available benefit reduction/rate increase mitigation actions
3) clear disclosure addressing the guaranteed renewable nature of the policy and that insured should understand that there may be future rate increases
4) offer of contingent benefit upon lapse

In addition, the management of the Bureau of Insurance (BOI) has also provided direction that policyholder letters provide an explanation for the rate increase in consumer friendly language including the driving factors contributing to the increase.

If it is the companys intent to file another increase within the next year, the policyholder should be so advised.

Changed Items:

State: Virginia **Filing Company:** American General Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: AGL Individual Long Term Care Insurance
Project Name/Number: AGL Rate Increase 5 Filing/AGL RI5 VA

Supporting Document Schedule Item Changes	
Satisfied - Item:	9/18/2014 Response Letter and Exhibits (Including Health Insurance Rate Request Summary)
Comments:	
Attachment(s):	AGL RI5 VA Response_2014_09.18.pdf AGL Ri5 VA Exhibits C L M N O.pdf VA Health Ins Rate Request Summary AGL.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the attached response letter and accompanying exhibits.

Related Objection 2

Comments: Your letter of March 31, 2014 indicated there is a Form Series 08000 which is a closed block of business that was sold in Virginia. Please provide experience and details regarding this block including the number of nationwide policyholders and dates marketed.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the attached response letter and accompanying exhibits.

Related Objection 3

Comments: The company has indicated this additional rate increase of 25% is justifiable to bring lifetime loss ratios closer to an acceptable level. From previous correspondence, the original pricing level is 61%; however the company is not targeting a specific loss ratio. According to the filing, a 343% increase is the overall indicated change. What does the company consider to be an acceptable level at this time?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the attached response letter and accompanying exhibits.

Related Objection 4

Comments: Please update Exhibit C Rate History and Filing Status.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see the attached response letter and accompanying exhibits.

Related Objection 5

Comments: Please update the Experience Exhibits with the most recently available experience although we would prefer waiting until the additional experience after the last rate increase is available and the nationwide average catches up with the Virginia average.

Does all the experience exhibits include experience from The United States Life Insurance Company in the City of New York (see exhibit K)? If so, please revise all exhibits to exclude this experience.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** American General Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: AGL Individual Long Term Care Insurance
Project Name/Number: AGL Rate Increase 5 Filing/AGL RI5 VA

Response 6

Comments:

Please see the attached response letter and accompanying exhibits.

Related Objection 6

Comments: According to the current filing, there are 118 policyholders. There is a discrepancy between this and your March 21, 2014 letter, which indicates offers were sent to 104 policyholders. Please advise.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please see the attached response letter and accompanying exhibits.

Related Objection 7

Comments: Please complete the attached Rate Summary. This form is now required for Long Term Care rate filings. Our expectation is that the form would put into consumer friendly language a clear explanation of the justification for the rate increase. This should be fairly high level and not drill down deep into the details but at least explain to the consumer the assumptions and changes that are driving the need for an increase.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.
Sincerely,
Timothy Cassidy

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/09/2014
Submitted Date	05/09/2014

Dear Janet Houser,

Introduction:

Thank you for your letter of March 28.

Response 1

Comments:

Please see the attached response letter and accompanying exhibits.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	5/9/2014 Response Letter and Exhibits
Comments:	
Attachment(s):	AGL VA RI5 Response 2014.05.09.pdf AGL VA RI5 Exhibits J and K.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Timothy Cassidy

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: AGL Individual Long Term Care Insurance
Project Name/Number: AGL Rate Increase 5 Filing/AGL RI5 VA
Filing Company: American General Life Insurance Company

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/21/2014
Submitted Date	03/21/2014

Dear Janet Houser,

Introduction:

Thank you for your letter of February 17.

Response 1

Comments:

Please see the attached response letter and accompanying exhibits.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	3/21/2014 Response Letter and Exhibits
Comments:	
Attachment(s):	AGL VA RI5 Response 2014.3.21.pdf AGL VA RI5 Exhibit C-Revised and Exhibit I-Revised .pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Timothy Cassidy

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: AGL Individual Long Term Care Insurance
Project Name/Number: AGL Rate Increase 5 Filing/AGL RI5 VA
Filing Company: American General Life Insurance Company

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/25/2013
Submitted Date	11/25/2013

Dear Janet Houser,

Introduction:

Thank you for your letter of October 27.

Response 1

Comments:

Please see the attached response letter.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	11/25/2013 Response Letter
Comments:	
Attachment(s):	AGL VA RI5 Response 2013.11.25.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Timothy Cassidy

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Amendment Letter

Submitted Date: 10/29/2015
Comments:
Ms. Houser:

Per your Note to Filer we have attached the Revised Policyholder Letter to the Forms Schedule as requested.

Thank you,
Melissa Rajsic-McLaughlin
Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	AGLC108934-2015	OTH	Initial		48.300	AGL RI5 VA Exhibit W Policyholder Notification Letter.pdf	Date Submitted: 10/29/2015 By:
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*AGLC108934-2015*	*OTH*	*Initial*		*48.300*	*AGL VA Exhibit V.pdf*	*Date Submitted: 10/23/2015 By:*
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*AGLC108934-2015*	*OTH*	*Initial*		*48.300*	*AGL RI5 VA Exhibit U - PH Notification Letter.pdf*	*Date Submitted: 10/06/2015 By:*
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*AGLC108934-2015*	*OTH*	*Initial*		*48.300*	*AGL RI5 VA Exhibit Q.pdf*	*Date Submitted: 09/02/2015 By: Jenifer Allen*
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*AGLC108934-2015*	*OTH*	*Initial*		*48.300*	*AGL PH Rate Increase Notification Letter.pdf*	*Date Submitted: 06/24/2015 By: Timothy Cassidy*

State: *Virginia*
Filing Company: *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	10/29/15 Response Letter and Exhibit
Comments:	
Attachment(s):	AGL RI5 VA Response_2015_10_29.pdf AGL RI5 VA Exhibit W Policyholder Notification Letter.pdf

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Amendment Letter

Submitted Date: 10/23/2015
Comments:
Ms. Houser:

Per your Note to Filer I have attached the Revised Policyholder Letter to the Forms Schedule as requested.

Thank you.
Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	AGLC108934-2015	OTH	Initial		48.300	AGL VA Exhibit V.pdf	Date Submitted: 10/23/2015 By:
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*AGLC108934-2015*	*OTH*	*Initial*		*48.300*	*AGL RI5 VA Exhibit U - PH Notification Letter.pdf*	*Date Submitted: 10/06/2015 By:*
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*AGLC108934-2015*	*OTH*	*Initial*		*48.300*	*AGL RI5 VA Exhibit Q.pdf*	*Date Submitted: 09/02/2015 By: Jenifer Allen*
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*AGLC108934-2015*	*OTH*	*Initial*		*48.300*	*AGL PH Rate Increase Notification Letter.pdf*	*Date Submitted: 06/24/2015 By: Timothy Cassidy*

No Rate Schedule Items Changed.

State: *Virginia*
Filing Company: *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Supporting Document Schedule Item Changes	
Satisfied - Item:	10/23/15 Response Letter and Exhibit
Comments:	
Attachment(s):	AGL RI5 VA Response_2015_10_23.pdf AGL VA Exhibit V.pdf

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Amendment Letter

Submitted Date: 10/06/2015
Comments:
Ms. Houser:

Per your voice mail and Note to Filer I have attached the Revised Policyholder Letter to the Forms Schedule as requested.

Thank you.

Jenifer Allen
LTCG
Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	AGLC108934-2015	OTH	Initial		48.300	AGL RI5 VA Exhibit U - PH Notification Letter.pdf	Date Submitted: 10/06/2015 By:
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*AGLC108934-2015*	*OTH*	*Initial*		*48.300*	*AGL RI5 VA Exhibit Q.pdf*	*Date Submitted: 09/02/2015 By: Jenifer Allen*
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*AGLC108934-2015*	*OTH*	*Initial*		*48.300*	*AGL PH Rate Increase Notification Letter.pdf*	*Date Submitted: 06/24/2015 By: Timothy Cassidy*

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Amendment Letter

Submitted Date: 05/05/2015
Comments:
Ms. Houser:

We have revised the endorsement as discussed, replacing the sections entitled "Non-Forfeiture Rider Activated," "Activating Your Non-Forfeiture Benefits Rider" and "Activating Your Contingent Non-Forfeiture Benefit Rider" with a section entitled "Conversion to a Paid-Up Status."

In addition to posting revised rider AGLC108716 to the Forms Schedule, we have replaced the Explanation of Variability and Readability Certification entries in the Supporting Documentation tab with revised versions.

We trust the filing is now entirely in order and that the Bureau will approve it.

Thank you.

Tim Cassidy
LTCG
Changed Items:

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Change Endorsement	AGLC108716	POLA	Initial		57.400	Policy Change Endorsement AGLC108716 - 20150505.pdf	Date Submitted: 05/05/2015 By:
Previous Version								
1	*Policy Change Endorsement*	*AGLC108716*	*POLA*	*Initial*		*54.800*	*Policy Change Endorsement AGLC108716 Revised.pdf*	*Date Submitted: 04/21/2015 By: Timothy Cassidy*
Previous Version								
1	*Policy Change Amendment*	*AGLC108716*	*POLA*	*Initial*		*50.000*	*Policy Change Endorsement AGLC108716.pdf*	*Date Submitted: 04/16/2015 By: Timothy Cassidy*

No Rate Schedule Items Changed.

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Explanation of Variability for AGLC108716
Comments:	
Attachment(s):	EXPLANATION OF VARIABILITY for AGLC108716 - 20150505.pdf
Previous Version	
Satisfied - Item:	*Explanation of Variability for AGLC108716*
Comments:	
Attachment(s):	*EXPLANATION OF VARIABILITY Revised.pdf*
Previous Version	
Satisfied - Item:	*Explanation of Variability for AGLC108716*
Comments:	
Attachment(s):	*EXPLANATION OF VARIABILITY.pdf*

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	VA Readability Cert.pdf
Previous Version	
Satisfied - Item:	*Readability Certification*
Comments:	
Attachment(s):	*VA Readability Cert.pdf*
Previous Version	
Satisfied - Item:	*Readability Certification*
Comments:	
Attachment(s):	*VA Readability Cert.pdf*

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Amendment Letter

Submitted Date: 04/27/2015
Comments:
Ms. Houser:

In accordance with our telphone conversation of this morning, we have removed the entry for Tax Qualified Rider C12271VA from the Rate/Rule Schedule, as there is no premium rate charge associated with that rider.

Thank you.

Tim Cassidy
LTCG
Changed Items:

No Form Schedule Items Changed.

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	WITHDRAWN Rate Sheets for Tax Qualified Rider	WITHDRAWN C12271VA	Other	Previous State Filing Number: WITHDRAWN Rate Action Other Explanation: WITHDRAWN		04/27/2015 By:
Previous Version						
1	*Rate Sheets for Tax Qualified Rider*	*C12271VA*	*Revised*	*Previous State Filing Number: LTCG-128860040 Percent Rate Change Request: 25*	*AGL RI5 VA Proposed Rates with a 25% rate increase.pdf,*	*09/30/2013 By: Timothy Cassidy*

No Supporting Documents Changed.

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Amendment Letter

Submitted Date: 02/06/2015
Comments:
Ms. Houser:

In response to your Note to Filer of January 28, we have submitted a Post Submission Update and attached a response letter and exhibit.

Thank you.

Tim Cassidy
LTCG
Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	2/6/2015 Response Letter and Exhibit
Comments:	
Attachment(s):	AGL RI5 VA Response_2015_02_06.pdf AGL RI5 VA Exhibit A - Revised.pdf

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Amendment Letter

Submitted Date: 12/08/2014

Comments:

Pursuant to Janet Houser's telephone call of this afternoon, we have posted an updated Third Party Filer Authorization to the Supporting Documentation tab.

Thank you.
Tim Cassidy
LTCG

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Third Party Filer Authorization
Comments:	
Attachment(s):	AGL LTCG Auth 2014.pdf
Previous Version	
Satisfied - Item:	*Third Party Filer Authorization*
Comments:	
Attachment(s):	*AGL Univita Auth 2013 2013.pdf*

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Note To Filer

Created By:

Janet Houser on 11/09/2015 05:47 AM

Last Edited By:

Janet Houser

Submitted On:

11/09/2015 05:47 AM

Subject:

Reminder - Regulation Revisions

Comments:

The Virginia State Corporation Commission earlier this year 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 a reminder, several changes within the revised regulations have an immediate impact on both new and existing policies; and the company should take appropriate action to ensure its full compliance with such changes in the revised regulations.

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Note To Filer

Created By:

Janet Houser on 10/26/2015 07:33 AM

Last Edited By:

Janet Houser

Submitted On:

10/26/2015 07:33 AM

Subject:

Revised letter

Comments:

Thank you so much for providing the updated letter. There is one grammatical error that the company may wish to correct in the sentence at the end of the first paragraph on page 2. We are assuming the company meant "those" rather than this:

"Should future rate increases be requested and approved, the company will offer options similar to this noted below when you are notified of the rate increase."

This is the last issue regarding the letter. I apologize for not bringing this to your attention earlier. I look forward to hearing from you soon!

Janet Houser
804-371-9390

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Note To Filer

Created By:

Janet Houser on 10/19/2015 09:44 AM

Last Edited By:

Janet Houser

Submitted On:

10/19/2015 09:44 AM

Subject:

10/19/15 phone conversation

Comments:

This is to confirm my phone conversation of today.

According to the company's response letter dated June 24, 2015, the company indicated the following:

"If the Commission approves the requested 25% rate increase, the company agrees not to implement an additional rate increase for at least two years from the effective date, should a future increase be approved by the Commission."

After another level of review, it was determined this is information that should be included in the policyholder letter and we ask that the letter be amended accordingly. Below is suggested wording reflecting this change:

American General Life Insurance Company could have requested a larger premium rate increase as an increase greater than 25% is justified under current regulatory requirements. American General Life Insurance Company will continue to monitor experience. It is possible that the company will file for future renewal premium rate increases. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by Virginia's State Corporation Commission before being implemented. In any event, no further rate increases will be implemented until at least two years from the effective date of this increase. Should future rate increases be requested and approved, the company will offer options similar to this noted below when you are notified of the rate increase."

Please attach the revised letter to the Form Schedule in SERFF. Should you have any questions or concerns, please feel free to contact me at 804-371-9390.

I look forward to hearing from you soon.

Janet Houser

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Note To Filer

Created By:

Janet Houser on 10/06/2015 07:49 AM

Last Edited By:

Janet Houser

Submitted On:

10/06/2015 07:50 AM

Subject:

10/6/15 phone message

Comments:

This is to confirm the message left today. Please move the latest version of the policyholder letter to the Form Schedule in SERFF for review.

Thanks so much!

Janet Houser
804-371-9390

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Note To Filer

Created By:

Janet Houser on 07/20/2015 12:33 PM

Last Edited By:

Janet Houser

Submitted On:

07/20/2015 12:33 PM

Subject:

7/20/15 Objection letter

Comments:

Through an oversight on our part, we should have included the following objection regarding the Certification of Compliance provided for the letter. Please amend the form to include the certification language as set forth in 14VAC5-100-40 3.

We apologize for any inconvenience or confusion this may have caused.

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Note To Filer

Created By:

Janet Houser on 03/24/2015 10:20 AM

Last Edited By:

Janet Houser

Submitted On:

03/24/2015 10:20 AM

Subject:

Third Party Authorization

Comments:

We note the authorization on file expired on December 31, 2014. Please provide an updated authorization as soon as possible.

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Note To Filer

Created By:

Janet Houser on 03/24/2015 09:51 AM

Last Edited By:

Janet Houser

Submitted On:

03/24/2015 09:51 AM

Subject:

Status Update

Comments:

The review of the policyholder letter has now been completed. There are some concerns regarding how the policy is amended if benefits are reduced. This will be addressed in an objection letter to be sent to you shortly.

If you have any questions or concerns, please feel free to contact me at 804-371-9390. Thank you.

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Note To Reviewer

Created By:

Jenifer Allen on 03/23/2015 11:10 AM

Last Edited By:

Jenifer Allen

Submitted On:

03/23/2015 11:10 AM

Subject:

Status Inquiry

Comments:

Could you please update us on the status of this filing?
Any information you could give would be most helpful.

Thank you,

Jenifer Allen

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Note To Filer

Created By:

Janet Houser on 01/28/2015 12:18 PM

Last Edited By:

Janet Houser

Submitted On:

01/28/2015 12:20 PM

Subject:

Inconsistencies

Comments:

As part of a final review of the filing, there are a few inconsistencies that need to be addressed:

The Rate Summary submitted on 10/28/14 indicated the policyholder count as 108 and the average annual premium to be $4781. The Rate/Rule Schedule lists the number of policyholders as 118 which corresponds to Exhibit A. That exhibit also indicates the average premium to be $4,935 in Virginia. We realize that due the length of time this filing has been under review that such information may no longer be accurate.

For our purposes, the number of policyholders on both the Rate/Rule Schedule and the Rate Summary should be the same - either 108 or 118, whichever is correct. Please make the appropriate changes either to the form or to SERFF.

The Rate Summary should reflect the correct average premium. Please provide an updated Exhibit A that supports the change in the premium or amend the Rate Summary as needed.

If you have any questions, please feel free to contact me at 804-371-9390. Thank you.

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Note To Filer

Created By:

Janet Houser on 11/06/2014 12:19 PM

Last Edited By:

Janet Houser

Submitted On:

11/06/2014 12:19 PM

Subject:

11/3/14 objection letter

Comments:

Please disregard our 11/3/14 objection letter. It has been replaced with a new letter dated 11/6/14. We apologize for any inconvenience or confusion this may have caused.

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Note To Reviewer

Created By:

Jenifer Allen on 01/27/2014 02:11 PM

Last Edited By:

Jenifer Allen

Submitted On:

01/27/2014 02:11 PM

Subject:

Status Inquiry

Comments:

Hello,

Could you please update us on the status of this filing? It's been about 2 months since we sent you the additional information you requested.
Any information you could give would be most helpful.

Thank you,

Jenifer Allen
Univita

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Reviewer Note

Created By:

Janet Houser on 11/06/2015 12:31 PM

Last Edited By:

Janet Houser

Submitted On:

11/09/2015 05:49 AM

Subject:

RRS

Comments:

Rate Summaries

Reset Form

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

Company Name and NAIC Number: American General Life Insurance Company NAIC #60488

SERFF Tracking Number: LTCG-129225734

Effective Date: on approval

Revised Rates

Average Annual Premium Per Member: $4781

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 : 108

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

Form#	"Product Name"(if applicable)
64028-VA	Non Tax-Qualified
C12271VA	Tax Qualified
64031	Inflation Benefit
64032	Nonforfeiture Benefit
64035-VA	Contingent Nonforfeiture Benefit

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.

The proposed rates are based on experience for American General policyholders with the same long term care insurance policy across the country. The original pricing assumptions for this business were not accurate and ultimately did not predict what happened in the future years. At the time of the pricing of this product in 1996 there was very little industry experience on which to base assumptions of future lapse, mortality, and morbidity rates for this product. The rate increase is the result of revised lapse assumptions, mortality assumptions, and morbidity assumptions.

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

Company Name and NAIC Number: **American General Life Insurance Company - 60488**

SERFF Tracking Number: **LTCG-129225734**

Disposition: **Approval**

Approval Date: **11/06/2015**

Revised Rates

Average Annual Premium Per Member:	$4781
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:	108

+

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

The Company submitted a rate increase request of 25% due to the actual experience for these policies being worse than expected. The mortality and lapse rates are lower than expected, resulting in more individuals keeping their policies in force than initially anticipated or included in the pricing. As a result of the higher risk for future claim payments coupled with the average claims being higher than priced, a rate increase was requested. Since all of the policies were issued prior to the effective date of the rate stabilization requirements (10/1/2003), we have reviewed this filing pursuant to the requirements of 14VAC5-200-150 and 14VAC5-130-70. This increase would apply to the 108 policies in force in Virginia as of 12/20/2013. The company provided its assumptions, historical experience and future projections of claims and premium both on a nationwide and Virginia-only basis. With a lifetime loss ratio of 104.8% and an anticipated future lifetime loss ratio with active life reserve of 166.7%, all applicable loss ratios exceed the statutory minimum of 60%. We have reviewed the data for consistency and reasonableness and where data was found inconsistent or unreasonable, clarification was requested. We have utilized generally accepted actuarial methodologies in arriving at our opinion and confirm this increase is in compliance with applicable Virginia laws and regulations.

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

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Reviewer Note

Created By:

Janet Houser on 06/24/2015 07:27 AM

Last Edited By:

Janet Houser

Submitted On:

11/09/2015 05:49 AM

Subject:

6.22.15 correspondence

Comments:

Sent via email

LTCG

20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

June 22, 2015

Mr. Bob Grissom
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY
PROJECT NAME/NUMBER: AGL RI5 FILING/AGL RI5 VA
SERFF TRACKING NO: LTCG-129225734

Dear Mr. Grissom:

This letter is a follow up to the discussion of the rate increase filing for American General Life Insurance Company on June 9, 2015 and the objection letter we received on June 10, 2015. Thank you for taking the time to discuss the filing.

During the conversation you expressed concern that the company will request a future rate increase too soon after the requested increase is implemented. It is likely that the company will request a future rate increase. If the Commission approves the requested 25% rate increase, the company agrees not to implement an additional rate increase for at least two years from the effective date, should a future increase be approved by the Commission.

You indicated that you would like to receive the current nationwide rate increase history. The attached Exhibit C (Revised 6/2015) displays the nationwide rate increase history as of today. As displayed in the exhibit, the cumulative rate increase nationwide is 157%, whereas the cumulative rate increase in Virginia is 120%. With the requested increase, the cumulative increase in Virginia would be 175% and about 7% higher than the nationwide average as of today. Yet as states continue to approve rate increases, it is probable that in the near future, and almost certainly two years after the effective date of the requested increase that the cumulative rate increase in Virginia would again fall below the nationwide average.

In the June 10, 2015 objection letter, the Commission requested that American General include new policyholder notification letter requirements that will become effective on September 1, 2015. Specifically, the Commission requested the following:

- *The notice is required to be filed with the commission at the time the premium rate increase is filed;*
- *The insurer is required to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase;*
- *The notice is required to include at least the following information:*

  1. *All applicable information identified in 14VAC5-200-75 A;*

  2. *A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:*

     a. *An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;*
     b. *A disclosure stating that all options available to the policyholder may not be of equal value;*
     c. *In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections; and*
     d. *Contact information that will allow the policyholder to contact the insurer for additional options available;*

  3. *A clear identification of the driving factors of the premium rate increase; and*

  4. *A statement substantially similar to the following:*

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

Exhibit I displays a sample notification letter with the requested information. The policyholder notification letter will be provided to policyholders at least 75 days prior to the effective date of the increase.

Given this information, we respectfully ask you to approve the company's request for a 25% rate increase. Thank you for your assistance with this matter.

Sincerely,

Carolyn Bittner

Carolyn Bittner, FSA, MAAA
Consulting Actuary
LTCG
Acting as a consultant to
American General Life Insurance Company

Attachments:
Exhibit C (Revised 6/2015)
Exhibit I-Policyholder Notification Letter

Exhibit C
(Revised 6/2015)

American General Life Insurance Company
LTC Rate History and Filing Status
Policy 64028 and Associated Riders

	Rate Increase #2			Rate Increase #3			Rate Increase #4			Rate Increase #5			Rate Increase #6			Rate Increase #7			Rate Increase #8			
Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Cumulative Rate Increase
—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	—
—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	—
9/9/2005	25%	15%	7/31/2007	25%	15%	12/29/2008	25%	25%	5/17/2010	25%	25%	1/23/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	137.6%
1/6/2006	25%	25%	10/1/2008	25%	12.5%	3/3/2010	25%	10%	4/19/2013	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	93.4%
/14/2005	25%	25%	6/26/2007	25%	25%	5/11/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
7/19/2006	25%	25%	10/7/2008	25%	25%	1/12/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
5/25/2006	25%	15%	8/5/2008	25%	10%	11/6/2009	25%	20%	11/19/2010	25%	15%	7/12/2012	25%	20%	6/18/2013	19%	0%	pending	TBD	0%	to be filed	161.9%
0/8/2008	25%	10%	3/3/2011	25%	10%	5/30/2012	25%	10%	11/8/2013	10%	10%	2/18/2015	10%	0%	to be filed	10%	0%	to be filed	10%	0%	to be filed	77.2%
4/5/2006	25%	10%	10/20/2008	25%	15%	5/10/2010	25%	15%	8/10/2011	25%	25%	10/22/2013	25%	25%	5/20/2015	25%	0%	to be filed	25%	0%	to be filed	150.0%
0/30/2006	64%	11.7%	10/24/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	37.4%
9/26/2005	25%	10%	3/6/2007	25%	10%	11/11/2008	25%	10%	3/30/2010	25%	15%	7/18/2011	25%	12%	7/20/2012	25%	10%	8/13/2013	25%	0%	to be filed	111.2%
1/29/2006	25%	20%	12/24/2008	25%	15%	6/6/2011	25%	25%	8/12/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	107.0%
6/8/2006	25%	25%	10/7/2008	25%	25%	4/29/2010	25%	10%	1/6/2012	25%	10%	10/30/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	136.3%
2/4/2005	25%	25%	6/20/2007	25%	25%	8/4/2008	25%	25%	12/4/2009	25%	25%	3/29/2011	25%	25%	3/27/2012	25%	25%	1/8/2015	25%	0%	to be filed	376.8%
9/24/2005	25%	25%	2/20/2007	25%	25%	11/6/2008	25%	10%	6/24/2010	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	114.8%
6/2/2006	25%	15%	11/24/2008	25%	20%	5/7/2010	25%	19%	7/6/2011	25%	18%	11/5/2012	25%	16.5%	12/27/2013	25%	0%	to be filed	25%	0%	to be filed	170.9%
1/11/2005	25%	15%	6/1/2007	25%	25%	11/10/2008	25%	10%	7/26/2010	25%	10%	9/28/2011	25%	12%	10/23/2012	25%	10%	9/24/2013	25%	0%	pending	146.4%
7/15/2005	25%	25%	2/19/2007	25%	10%	1/6/2009	25%	10%	5/17/2010	25%	5%/20%	9/7/2011	25%	5%/15%/25%	9/23/2014	25%	0%	to be filed	25%	0%	to be filed	150.6%
2/9/2007	25%	10%	8/21/2008	25%	15%	5/21/2010	15%	15%	8/23/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	81.8%
—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	—
7/27/2005	15%	15%	2/20/2007	15%	15%	8/19/2008	15%	15%	10/27/2009	15%	15%	11/29/2011	15%	15%	1/15/2013	15%	15%	2/28/2014	15%	0%	to be filed	166.0%
1/23/2005	25%	10%	5/17/2012	10%	0%	pending	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed	37.5%
1/17/2005	25%	25%	2/28/2007	25%	25%	9/18/2008	25%	25%	11/2/2009	25%	25%	12/14/2010	25%	25%	1/25/2012	25%	25%	7/15/2013	25%	0%	to be filed	376.8%
1/15/2005	25%	25%	4/12/2007	25%	25%	2/10/2009	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
0/24/2008	25%	25%	3/26/2010	25%	25%	7/25/2011	25%	25%	3/8/2013	25%	25%	5/22/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	205.2%
5/12/2006	25%	25%	10/31/2007	25%	25%	11/14/2008	25%	26.5%	8/22/2012	25%	25%	3/18/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	208.8%
3/2/2006	25%	25%	9/16/2008	25%	25%	11/12/2009	25%	25%	12/20/2010	25%	15%	1/23/2012	25%	25%	8/20/2013	25%	0%	to be filed	25%	0%	to be filed	251.0%
4/1/2005	25%	25%	1/5/2009	25%	25%	3/30/2010	25%	10%	10/14/2011	25%	25%	3/21/2013	25%	25%	10/17/2014	25%	0%	to be filed	25%	0%	to be filed	235.7%
0/15/2008	25%	25%	1/27/2010	25%	20%	4/16/2013	25%	26.5%	4/29/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	137.2%
7/14/2006	25%	25%	7/17/2008	25%	25%	10/1/2009	25%	25%	8/10/2012	25%	25%	3/17/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	205.2%
2/12/2006	25%	25%	10/31/2008	25%	25%	7/12/2010	25%	25%	11/21/2012	25%	25%	3/19/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	180.8%
4/4/2005	25%	25%	3/8/2007	25%	25.2%	10/2/2009	25%	10%	12/21/2012	25%	15%	2/25/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	147.5%
—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	—
2/9/2005	25%	25%	9/11/2008	25%	25%	11/17/2009	25%	13.5%	7/23/2013	25%	10%	1/21/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	143.8%
1/15/2005	25%	20%	3/1/2007	25%	20%	10/21/2008	25%	20%	1/5/2010	25%	20%	11/23/2010	25%	20%	2/13/2012	25%	15%	7/18/2013	25%	0%	pending	243.4%
/21/2005	25%	25%	2/15/2007	25%	25%	9/10/2008	25%	10%	4/9/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	114.8%
2/27/2004	15%	15%	2/2/2007	15%	15%	2/6/2009	15%	10%	11/8/2010	15%	15%	12/20/2011	25%	25%	3/27/2013	25%	25%	10/28/2014	25%	0%	to be filed	200.6%
1/30/2007	25%	15%	10/10/2008	25%	5%	5/20/2010	25%	10%	12/9/2011	25%	15%	12/16/2013	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	83.3%
6/2/2005	25%	10%	9/19/2007	25%	25%	9/8/2008	25%	17.5%	5/6/2010	25%	17.5%	6/8/2012	25%	15%	10/7/2014	25%	0%	to be filed	25%	0%	to be filed	172.9%
4/4/2005	25%	25%	4/5/2007	25%	15.4%	8/17/2009	25%	16.7%	9/19/2011	25%	25%	4/28/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	163.0%
5/9/2006	25%	25%	4/25/2007	25%	20%	11/25/2008	25%	20%	7/22/2010	25%	5%	11/3/2011	25%	15%	3/1/2013	25%	9.5%	9/12/2014	25%	0%	to be filed	197.5%
5/24/2005	25%	25%	7/11/2008	25%	25%	8/27/2009	25%	11%	10/21/2010	25%	25%	2/10/2012	25%	25%	8/13/2013	25%	0%	to be filed	25%	0%	to be filed	238.7%
5/16/2006	25%	15%	9/22/2008	25%	18%	11/18/2009	25%	10%	2/17/2011	25%	25%	3/15/2012	25%	25%	7/23/2013	25%	25%	2/20/2015	25%	0%	to be filed	264.4%
8/1/2005	25%	18%	4/25/2007	25%	16%	6/29/2009	25%	25%	6/10/2011	25%	18%	7/28/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	152.4%
8/10/2006	25%	25%	7/6/2009	25%	25%	10/25/2010	25%	25%	3/30/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	144.1%
sapproved	—	0%	not filing	—	0%	not filing	—	0%	not filing	—	0%	not filing	—	0%	to be filed	—	0%	to be filed	—	0%	to be filed	0.0%
7/25/2006	25%	25%	10/1/2008	25%	25%	5/29/2011	25%	12.6%	3/14/2013	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	119.9%
2/1/2005	25%	25%	2/21/2007	25%	25%	9/2/2008	25%	25%	11/23/2009	25%	25%	5/2/2011	25%	25%	7/6/2012	25%	25%	11/22/2013	25%	0%	to be filed	376.8%
6/14/2006	25%	25%	12/10/2008	25%	25%	5/13/2010	25%	25%	9/28/2011	25%	15%	3/25/2013	25%	25%	3/23/2015	25%	0%	to be filed	25%	0%	to be filed	222.9%
0/21/2005	25%	12%	11/1/2007	25%	16%/10%	8/25/2009	25%	25%/10%	8/4/2011	25%	25%/10%	11/18/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	96.5%
—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	0%	—	—	—

Nationwide Average: 157.0%

Exhibit I

Date

American General
Life Companies

P.O. Box 64036

St. Paul, MN 55164

RE: «grp_program3»
Long-Term Care Insurance Plan
Policy # «policy_no»

Dear «LIFE_FNAME» «LIFE_LNAME»:

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that «grp_program3» has authorized a premium rate increase for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, American General Life Insurance Company had determined that a 25% increase in the renewal premium rate for your policy type was necessary. Since the time original premium rates were calculated for your policy, changes in mortality rates, lapse rates, and the cost of services have occurred. As a result, the original premium rates for your policy are not sufficient to cover projected policy benefits. The section titled "Guaranteed Renewability – Premiums Subject to Change" on the first page of the contract gives the insurance company this right. The section states:

This Policy is guaranteed renewable for your lifetime. We cannot cancel this Policy as long as you pay the premiums and you have not exhausted your Benefit Account Value. We can change the Renewal Premium rate. We can change it only if it is changed for all policies in your state of residence on this Policy form. Notice of any change in rates will be sent at least 31 days in advance.

As required, Virginia's State Corporation Commission reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance, and because it was found to be compliant with these laws and regulations, the filing was approved. The rate increase will apply to all like policies in your state of issue in accordance with the terms of your policy contract.

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*. Past renewal premium rate increases on this policy form approved by Virginia's State Corporation Commission include three 25% increases and a 12.6% increase.

American General Life Insurance Company could have requested a larger premium rate increase as an increase greater than 25% is justified. American General Life Insurance Company will continue to monitor experience. It is possible that the company will file for future renewal premium rate increases. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by Virginia's State Corporation Commission before being implemented.

What are my Options?

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. The three options may not be of equal value. The effective date of your selected option will be «r_policy_offer_eff_date».

Option 1: Your premium will automatically increase and your coverage amounts will continue as reflected under Option 1 in the chart below. To select this option you do nothing. Do not return the *"Coverage Decrease Election Form."* Do not send any money at this time.

Your premium will automatically increase by «r_policy_bill_freq_desc».Your «r_policy_bill_freq_desc» premium will be adjusted to «r_curr_cvg_modal_prem» beginning «r_policy_offer_eff_date». If you pay premiums through electronic fund transfer, your premiums will be automatically adjusted to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your «r_policy_offer_eff_date» billing.

Option 2: You may take a decrease to your coverage amounts and your current premium will remain the same as reflected under Option 2 in the chart below.

You may be able to make other policy changes such as reducing your benefit period, modifying rider selections, or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

To select this option, simply sign, date, and return, the enclosed "*Coverage Decrease Election Form*" in the enclosed pre-paid envelope no later than 30 days from the date of this letter.

Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits, but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum, as reflected under Option 3 in the chart below. Please note that this option limits the amount of future benefits you are eligible to receive. No future premiums will be required from you at any time in the future to secure these benefits.

To select this option, simply complete and return the enclosed "*Paid-Up Status Election Form*" in the enclosed envelope no later than 30 days from the date of this letter.

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Daily Maximum	$«FIELD_16»	$«FIELD_16»	$«FIELD_23»	$«FIELD_16»
Assisted Living Facility Daily Maximum	$«FIELD_17»	$«FIELD_17»	$«FIELD_24»	$«FIELD_17»
Home Health Care Daily Maximum	$«FIELD_18»	$«FIELD_18»	$«FIELD_25»	$«FIELD_18»
Total Coverage Amount	«FIELD_27»	«FIELD_27»	«FIELD_28»	*
«FIELD_20» Premium	$«FIELD_19»	$«FIELD_22»	$«FIELD_19»	$0

NOTE: If you do not select Option 2 or Option 3 within the next 30 days, you will automatically receive Option 1 at that time. In that case your next premium invoice will reflect the increased premium.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

We realize that this offer is complicated. Feel free to call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 8:30 a.m. to 6:30 p.m. Eastern Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration
«grp_program2»

Enclosure(s)

cc: «AGENT_MAILING_NAME»
«AGENT_SF_NAME»
«agent_address1»
«agent_address2»
«agent_city» «agent_state» «agent_zip»

Address Change Reminder:

If your address has changed from what is printed above, please indicate your correct address below and return this page to the address provided:

Street/PO Box _____
City _____
State _____ Zip Code _____
Telephone (_____)_____-_____

Policy # «policy_no»

Return To: «grp_program2»
Long Term Care Service and Claims Center
P.O. Box 64036
St. Paul, MN 55164-9916

Signature: _____

Exhibit I

«grp_program2»
LONG-TERM CARE PROGRAM
OPTION 2
COVERAGE DECREASE ELECTION FORM

To select the decrease to your Coverage Amounts and maintain your current Premium, you must sign and date this form in the box below and return this form in the envelope provided no later than 30 days from the date of this letter.

NOTE: If you do not select Option 2 or Option 3 by 30 days from the date of this letter, you will automatically receive Option 1. In that case your next premium invoice will reflect the increased premium.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

Decreased Nursing Home Care Maximum Daily Amount:	«rp_0_offer_nh_benefit_mdb_01»
Decreased Assisted Living Facility Care Maximum Daily Amount:	«rp_0_offer_al_benefit_mdb_01»
Decreased Home Health Care Maximum Daily Amount:	«rp_0_offer_hc_benefit_mdb_01»
Decreased Total Coverage Amount:	«rp_0_offer_remain_lifemax_01»
Premium/Premium Mode:	«r_curr_cvg_modal_prem» / «r_policy_bill_freq_desc»

Insured: «LIFE_FNAME» «LIFE_MNAME» «LIFE_LNAME»
Policy Number «policy_no»

My signature below affirms my selection of Option 2 to take the decrease to my Coverage Amounts with my current Premium remaining the same as shown above.
I understand my decreased Coverage Amounts will be effective «r_policy_offer_eff_date».

_____ _____
Signature of Policy Owner Date

PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS FROM THE DATE OF THIS LETTER.

If you have any questions regarding your options, please call 1 (888) 316-2672.

«GRP_PROGRAM»
«grp_program2»

VA 6/2015

Exhibit I

LONG TERM CARE PROGRAM
OPTION 3
Paid-Up Status Election Form

To convert your coverage to a paid-up status with a reduced coverage amount of $* you must sign and date this form in the box below and <u>return this form in the envelope provided no later than 30 days from the date of this letter.</u>

Nursing Home Care Maximum Daily Amount:	$«FIELD_16»
Assisted Living Facility Care Maximum Daily Amount:	$«FIELD_17»
Home Health Care Maximum Daily Amount:	$«FIELD_18»
Decreased Total Coverage Amount:	**$***
Premium:	**$0**

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

Insured: «FIELD_2» «FIELD_3» «FIELD_4»
Policy Number «FIELD_13»

My signature below affirms my selection of Option 3 to convert my coverage to a paid-up status with a decreased Total Coverage Amount and no future Premium as shown above. I understand my decreased Total Coverage Amount will be effective «FIELD_26».

_____

_____

_____

Signature of Policy Owner

<u>PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS FROM THE DATE OF THIS LETTER.</u>

If you have any questions regarding your options, please call 1 (888) 316-2672.

Please make sure address shows through
the envelope window.

«grp_program4»
P.O. BOX 64036
ST. PAUL, MN 55164-9916

VA 6/2015

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Reviewer Note

Created By:

Janet Houser on 04/27/2015 08:26 AM

Last Edited By:

Janet Houser

Submitted On:

11/09/2015 05:49 AM

Subject:

Rates for C12271VA

Comments:

Per conversation with filer on 4/27/15, there are no rates associated with this rider and the company will withdraw from from the rate/rule schedule.

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Reviewer Note

Created By:

Janet Houser on 03/24/2015 09:57 AM

Last Edited By:

Janet Houser

Submitted On:

11/09/2015 05:49 AM

Subject:

PH letters

Comments:

Consumer Services approves 3.24.15

filed under AGL RI5 VA REsponse Exhibits - rec'd 1/23/15

State:	*Virginia*	**Filing Company:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Reviewer Note

Created By:

Janet Houser on 09/29/2014 06:15 AM

Last Edited By:

Janet Houser

Submitted On:

02/25/2015 01:40 PM

Subject:

Rate Summary II

Comments:

see attached

Health Insurance Rate Request Summary
Part 2 –To Be Completed By Bureau of Insurance

Company Name and NAIC Number: **American General Life Insurance Company - 60488**

SERFF Tracking Number: **LTCG-129225734**

Disposition: Click here to enter text.

Effective Date: Click here to enter a date.

Approval:

New Rates

Average Annual Premium Per Member: N/A

Revised Rates

Average Annual Premium Per Member: $4,935

Average Requested Percentage Rate Change Per Member: 25%

Minimum Requested Percentage Rate Change Per Member: 25%

Maximum Requested Percentage Rate Change Per Member: 25%

+

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

The Company submitted a rate increase request of 25%. Since all of the policies were issued prior to the effective date of the rate stabilization requirements (10/1/2003), we have reviewed this filing pursuant to the requirements of 14VAC5-200-150 and 14VAC5-130-70. This increase would apply to the 108 policies in force in Virginia as of 12/20/2013. The company provided its assumptions, historical experience and future projections of claims and premium both on a nationwide and Virginia-only basis. With a lifetime loss ratio of 104.8% and an anticipated future lifetime loss ratio with active life reserve of 166.7%, all applicable loss ratios exceed the statutory minimum of 60%. In addition, we analyzed whether the rules proposed in the NAIC Model Bulletin adopted by the NAIC Executive/Plenary on 12/18/13 would be met by this rate increase. Since these rules apply a loss ratio standard that is a weighted average of the original pricing loss ratio of 61% and 80%, the projected lifetime loss ratio of 104.8% would pass this test. We have reviewed the data for consistency and reasonableness and where data was found inconsistent or unreasonable, clarification was requested. We have utilized generally accepted actuarial methodologies in arriving at our opinion and confirm this increase is in compliance with applicable Virginia laws and regulations.

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

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Reviewer Note

Created By:

Janet Houser on 03/24/2014 01:35 PM

Last Edited By:

Janet Houser

Submitted On:

11/09/2015 10:08 AM

Subject:

Act Review

Comments:

3.24.14 - sent to Shawn Parks; due date 4.7.14

3.28.14 - add'l info required

5.12.14 - sent to Shawn; due date 5.27.14

9.19.14 - sent to Shawn; due date 10.3.14

9.29.14 - recommend approval

11.6.14 - additional question

11.17.14 - info rec'd; sent to Shawn; due date 12.1.14

12.3.14 - response from actuary

6.24.15 - sent additional comments for review; due date 7.8.15

7.16.15 - recommend approval

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

March 28, 2014

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

Subject: **American General Life Insurance Company**
SERFF Tracking # LTCG-129225734
Policy Form 64028-VA

Dear Janet:

At your request, we have reviewed the filing for the above captioned submission from American General Life Insurance Company (the "Company"). This is a filing of revised premium rates for new policyholders pursuant to the requirements of 14VAC5-200-150 and 14VAC5-130-70 for this Individual Long Term Care Insurance plan, written under Policy Form 64028-VA. This block of business is not available for new issues.

Recommendation

After review of the Company's submission, we suggest the Virginia SCC Bureau of Insurance (the "Bureau") request the following additional information:

- Please provide sufficient data and justification for the rather large change in the morbidity assumptions since the last rate increase filing so that we can independently evaluate its reasonableness.

Background

The Company has submitted a revised rate schedule for this block of business based on an anticipated lifetime loss ratio that is higher than originally filed. The Company is requesting an increase of 25% for all policies, with 108 policies in force in Virginia as of 12/20/2013. The Bureau has previously approved four rate increases on this block of policies, three 25% increases and one 12.6% increase for a cumulative total rate increase of 119.9%. If this rate increase is approved, the cumulative rate increase would be 174.9%. Note that the average cumulative increase nationwide is 136.6%, which would be matched by a 7.6% increase in Virginia. It should be noted that after discussion between the Company and the Bureau, the prior rate increase was limited to be no more than the average cumulative rate increase on a nationwide basis.

Analysis

We have reviewed the documentation provided by the Company and their responses to all previous objections from the Bureau. This block of policies was issued prior to the implementation of rate stabilization and is therefore reviewed according to 14VAC5-200-150 and 14VAC5-130-70. The filing includes all of the required elements of these sections.

In evaluating the assumptions used in this filing versus the previous filing, the only significant change is in the morbidity assumption, which is significantly higher at attained ages above 80. To evaluate the impact of this change in assumption, we compared the anticipated lifetime loss ratio in this filing (without any increase) of 107.8% to the same measure in the previous filing after the rate increase, 92%. Given the significant change, we have asked the Company to provide justification for the change in morbidity assumption.

Both the anticipated future loss ratio (222.8%) and the expected lifetime loss ratio (102.7%), including the rate increase, exceed the minimum required loss ratio of 60%. In addition, the anticipated future loss ratio considering the active life reserve is 174.6%.

While not a test delineated in the regulations, the lifetime loss ratio using the proposed premiums from issue with the proposed 25% increase is 50.3%. The corresponding loss ratio with no rate increase is (50.3%)*1.25=62.9%, which produces a maximum rate increase allowable of 4.8%.

As previously noted, the Bureau required the Company to reduce the previous rate increase request from 25% to 12.6% based on the average nationwide increase percentage. The Bureau needs to consider if it wishes to proceed in the same manner with this request. With the approval of additional rate increases in several states, the average cumulative nationwide increase now stands at 136.6%, which would be replicated in Virginia with the approval of a 7.6% increase.

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

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

September 29, 2014

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

Subject: **American General Life Insurance Company**
SERFF Tracking # LTCG-129225734
Policy Form 64028-VA

Dear Janet:

At your request, we have continued our review of the filing for the above captioned submission from American General Life Insurance Company (the "Company"). This is a filing of revised premium rates pursuant to the requirements of 14VAC5-200-150 and 14VAC5-130-70 for this Individual Long Term Care Insurance plan, written under Policy Form 64028-VA. This block of business is not available for new issues.

Recommendation

After review of the Company's submission, we believe that the requirements of 14VAC5-130-70 and 14VAC5-200-150 have been met. In making a decision on what level of rate increase to approve, we recommend the Virginia SCC Bureau of Insurance (the "Bureau") consider the following:

- The anticipated lifetime and anticipated future loss ratios are both in excess of 60% with the requested 25% rate increase;
- The anticipated future loss ratio after subtracting the active life reserve is in excess of 60% with the requested 25% rate increase;
- The 25% rate increase would not be reduced by the requirements of the NAIC Model Bulletin.
- The 25% rate increase would not be reduced by the Cost Sharing proposal currently under discussion at the LTC Pricing Work Group.
- The rate increase that would put Virginia's rates on par with the average rates nationwide is 7.7%;
- The lifetime loss ratio assuming the proposed rate scale had been in effect since issue is 51.2%. A rate increase of 7.9% would be supportable under this particular measure.

Background

The Company has submitted a revised rate schedule for this block of business based on an anticipated lifetime loss ratio that is higher than originally filed. The Company is requesting an increase of 25% for all policies, with 108 policies in force in Virginia as of 12/20/2013. The Bureau has previously approved four rate increases on this block of policies, three 25% increases and one 12.6% increase for a cumulative total rate increase of 119.9%. If this rate increase is approved, the cumulative rate increase would be 174.9%. Note that the average cumulative increase nationwide is 136.8%, which would be matched by a 7.7% increase in Virginia. It should be noted that after discussion between the Company and the Bureau, the prior rate increase was limited to be no more than the average cumulative rate increase on a nationwide basis.

Analysis

We have reviewed the documentation provided by the Company and their responses to all previous objections from the Bureau. This block of policies was issued prior to the implementation of rate stabilization and is therefore reviewed according to 14VAC5-200-150 and 14VAC5-130-70. The filing includes all of the required elements of these sections.

The Company has submitted additional information regarding the changes in the assumptions from the prior filing. The actual to expected ratios based on the prior assumptions is 1.213 versus 1.008 for the new assumptions, so the revised assumptions appear to provide a better fit to the experience.

Both the anticipated future loss ratio (252.6%) and the expected lifetime loss ratio (104.8%), including the rate increase, exceed the minimum required loss ratio of 60%. In addition, the anticipated future loss ratio considering the active life reserve is 166.7%.

We also evaluated this increase in light of both the adopted LTC Model Bulletin and the Cost Sharing proposal currently under discussion by the LTC Pricing Working Group of the NAIC. Neither of these techniques would require the Company to limit the increase request.

The lifetime loss ratio utilizing the proposed premiums from issue with the proposed 25% increase is 51.2%. If the Bureau wishes to enforce this measure, the maximum allowable rate increase would be 7.9%.

As previously noted, the Bureau recommended and the Company agreed to reduce the previous rate increase request from 25% to 12.6% based on the average nationwide increase percentage. The Bureau needs to consider if it wishes to proceed in the same manner with this request. With the approval of additional rate increases in several states, the average cumulative nationwide increase now stands at 136.8%, which would be replicated in Virginia with the approval of a 7.7% increase.

Reliance and Qualifications

We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,

Shawn D. Parks, FSA, MAAA

Janet Houser

From: Janet Houser
Sent: Thursday, November 06, 2014 1:32 PM
To: Janet Houser
Subject: File copy: American General Life Insurance LTCG-129225734

From: Shawn Parks [mailto:shawn.parks@arcga.com]
Sent: Thursday, November 06, 2014 10:00 AM
To: Janet Houser
Cc: Bob Grissom
Subject: RE: FW: American General Life Insurance LTCG-129225734

Janet,
Please amend the request on this filing as follows:

Please provide a loss ratio projection similar to Exhibit N of your September 18, 2014 letter, but reflecting the actual historical experience during the historical experience period and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims with the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.

Sorry for the inconvenience.
Shawn

From: Shawn Parks [mailto:shawn.parks@arcga.com]
Sent: Monday, November 03, 2014 8:18 AM
To: 'Bob Grissom'
Cc: 'Janet Houser'
Subject: RE: FW: American General Life Insurance LTCG-129225734

Bob,
Here is the appropriate language for this filing:

Please provide a loss ratio projection similar to Exhibit N of your September 18, 2014 letter, but reflecting the actual historical experience during the historical experience period and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims with the original pricing assumptions for interest, mortality, morbidity and persistency in the future.

Shawn

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December 3, 2014

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

Subject: **American General Life Insurance Company**
SERFF Tracking # LTCG-129225734
Policy Form 64028-VA

Dear Janet:

At your request, we have continued our review of the filing for the above captioned submission from American General Life Insurance Company (the "Company"). This is a filing of revised premium rates pursuant to the requirements of 14VAC5-200-150 and 14VAC5-130-70 for this Individual Long Term Care Insurance plan, written under Policy Form 64028-VA. This block of business is not available for new issues.

Recommendation

After review of the Company's submission, we believe that the requirements of 14VAC5-130-70 and 14VAC5-200-150 have been met. In making a decision on what level of rate increase to approve, we recommend the Virginia SCC Bureau of Insurance (the "Bureau") consider the following:

- The anticipated lifetime and anticipated future loss ratios are both in excess of 60% with the requested 25% rate increase;
- The anticipated future loss ratio after subtracting the active life reserve is in excess of 60% with the requested 25% rate increase;
- The 25% rate increase would not be reduced by the requirements of the NAIC Model Bulletin.
- The 25% rate increase would not be reduced by the Cost Sharing proposal currently under discussion at the LTC Pricing Work Group.
- The rate increase that would put Virginia's rates on par with the average rates nationwide is 7.7%;
- The lifetime loss ratio assuming the proposed rate scale had been in effect since issue is 51.2%. A rate increase of 7.9% would be supportable under this particular measure. However, the alternate measure discussed in the Analysis section shows that the anticipated future losses are projected to be significantly higher than under original assumptions.

Background

The Company has submitted a revised rate schedule for this block of business based on an anticipated lifetime loss ratio that is higher than originally filed. The Company is requesting an increase of 25% for all policies, with 108 policies in force in Virginia as of 12/20/2013. The Bureau has previously approved four rate increases on this block of policies, three 25% increases and one 12.6% increase for a cumulative total rate increase of 119.9%. If this rate increase is approved, the cumulative rate increase would be 174.9%. Note that the average cumulative increase nationwide is 136.8%, which would be matched by a 7.7% increase in Virginia. It should be noted that after discussion between the Company and the Bureau, the prior rate increase was limited to be no more than the average cumulative rate increase on a nationwide basis.

Analysis

The analysis for this report is focused specifically on the additional information requested from the Company in the 11/06/2014 objection. We asked the Company to provide a projection of the future experience using original premiums and original experience assumptions on the block of policies inforce as of 12/31/2013. We then compared that projection to the projection of future experience with and without the requested increase. This is just another measure to help the Bureau determine whether the requested rate increase is reasonable. The results of these projections are shown below, all using the 5% discount rate consistent with original pricing:

Scenario	PV Future Earned Premuims	PV Future Incurred Claims	Excess of Claims over Premium	Loss Ratio
Original Prem & Assumptions	$55,857,740	190,465,811	134,608,071	341%
Current Premium	120,336,695	367,073,786	246,737,091	305%
Requested Premium	143,556,614	362,615,088	219,058,474	253%

While the anticipated future loss ratio is lower with the requested premium than with the original assumptions, the projected magnitude of the loss in dollars is much higher at $219 million versus $135 million. We believe that this shows that the Company is not attempting to recoup past losses with the rate increase.

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

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July 16, 2015

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

Subject: **American General Life Insurance Company**
SERFF Tracking # LTCG-129225734
Policy Form 64028-VA

Dear Janet:

At your request, we have continued our review of the filing for the above captioned submission from American General Life Insurance Company (the "Company"). This is a filing of revised premium rates pursuant to the requirements of 14VAC5-200-150 and 14VAC5-130-70 for this Individual Long Term Care Insurance plan, written under Policy Form 64028-VA. This block of business is not available for new issues.

Recommendation

After review of the Company's submission, we believe that the requirements of 14VAC5-130-70 and 14VAC5-200-150 have been met. In making a decision on what level of rate increase to approve, we recommend the Virginia SCC Bureau of Insurance (the "Bureau") consider the following:

- The anticipated lifetime and anticipated future loss ratios are both in excess of 60% with the requested 25% rate increase;
- The anticipated future loss ratio after subtracting the active life reserve is in excess of 60% with the requested 25% rate increase;
- The 25% rate increase would not be reduced by the requirements of the NAIC Model Bulletin.
- The 25% rate increase would not be reduced by the Cost Sharing proposal currently under discussion at the LTC Pricing Work Group.
- The rate increase that would put Virginia's rates on par with the average rates nationwide is 17.2%;
- The lifetime loss ratio assuming the proposed rate scale had been in effect since issue is 51.2%. A rate increase of 7.9% would be supportable under this particular measure. However, the alternate measure discussed in the Analysis section shows that the anticipated future losses are projected to be significantly higher than under original assumptions.

For consistency with the approach used in other recent filings, we suggest that the Bureau encourage the Company to consider revising their rate increase to no greater than 17.2% based on the nationwide average.

Background

The Company has submitted a revised rate schedule for this block of business based on an anticipated lifetime loss ratio that is higher than originally filed. The Company is requesting an increase of 25% for all policies, with 108 policies in force in Virginia as of 12/20/2013. The Bureau has previously approved four rate increases on this block of policies, three 25% increases and one 12.6% increase for a cumulative total rate increase of 119.9%. If this rate increase is approved, the cumulative rate increase would be 174.9%. Note that the average cumulative increase nationwide is 157.7%, which would be matched by a 17.2% increase in Virginia. It should be noted that after discussion between the Company and the Bureau, the prior rate increase was limited to be no more than the average cumulative rate increase on a nationwide basis.

Analysis

The analysis for this report is focused specifically on the updated Exhibit C (LTC Rate History and Filing Status) which shows the historical rate increases by state. This updated exhibit shows that several states have approved additional increases since the last version of the chart, and therefore the average cumulative rate increase is now 157.7%, which would be matched in Virginia with a rate increase of 17.2%.

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:**	*American General Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*AGL Individual Long Term Care Insurance*		
Project Name/Number:	*AGL Rate Increase 5 Filing/AGL RI5 VA*		

Reviewer Note

Created By:

Bob Grissom on 12/26/2013 02:40 PM

Last Edited By:

Janet Houser

Submitted On:

02/25/2015 01:41 PM

Subject:

Reviewer Notes

Comments:

A voice mail message was left for Carolyn Bittner on 12/26/2013.

Company previously agreed to a 12.6% rate increase. Why did it agree if additional increase needed?

Policy notification letter did not address company's intent to file additional rate increases.

Expenses cannot be taken into account in determining whether a rate increase is approvable or not (See Bittner's letter).

How did policyholders respond to prior rate increase - what options did they select?

Exhibit C incorrect for VA - only 12.6%, not 25% approved in VA. Need to verify all information.

Is it company's intent to file additional rate increases? If so, what is ultimate goal?

Recent filing address all concerns raised in the prior filing?

VA rates higher than nationwide, which lead, in part, to lower approved rate increase. How has this percentage changed?

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Post Submission Update Request Processed On 02/06/2015

Status:	Allowed
Created By:	Timothy Cassidy
Processed By:	Janet Houser
Comments:	

General Information:

Field Name	Requested Change	Prior Value
Status of Filing in Domicile	Authorized	Not Filed
Domicile Status Comments	Texas, the company's state of domicile, approved a fifth rate increase for this policy block on July 28, 2014.	The company plans to submit a fifth rate increase filing to Texas, its state of domicile.
Implementation Date Requested	On Approval	08/01/2014

Company Rate Information:

Company Name:American General Life Insurance Company

Field Name	Requested Change	Prior Value
Written Premium Change for this Program	$103266	$116476
Number of Policy Holders Affected for this Program	108	118
Written Premium for this Program	$413062	$465905

State: *Virginia*
Filing Company: *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Form Schedule

Lead Form Number: 64028-VA

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 11/06/2015	Policy Change Endorsement	AGLC108716	POLA	Initial		57.400	Policy Change Endorsement AGLC108716 - 20150505.pdf
2	Filed 11/06/2015	Policyholder Rate Increase Notification Letter	AGLC108934-2015	OTH	Initial		48.300	AGL RI5 VA Exhibit W Policyholder Notification Letter.pdf

Form Type Legend:

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

POLICY CHANGE ENDORSEMENT

This endorsement takes effect on the following Policy Change Endorsement Date: [XX/XX/XXXX].

[Coverage Decrease Option Elected	You have elected the coverage decrease option described below in order to keep your premium the same or to mitigate the increase in your premiums resulting from the rate increase on your Policy.]
[Reducing Your Benefit Period	You have elected to reduce your benefit period. That reduction is reflected in the revised Benefit Account Value shown in your revised Policy Schedule.]
[Modifying Your Rider Selections	You have chosen to modify your rider selections by surrendering your: • Automatic Benefit Increase Rider • Nonforfeiture Benefit Rider • Tax Qualification Rider.]
[Increasing Your Elimination Period	You have elected to increase your Elimination Period. Your new Elimination Period is shown in your revised Policy Schedule.]
[Conversion to a Paid-Up Status	You have elected to convert your coverage to a paid-up status. Your reduced total coverage amount will equal the greater of: • the cumulative premiums paid since inception, including the premiums paid prior to any changes in benefits, but excluding any waived premiums; or • 30 times the Nursing Home Care Daily Maximum. Please note that this option limits the amount of future benefits you are eligible to receive. No future premiums will be required from you at any time in the future to secure these benefits.]

Termination This endorsement will end if your Policy terminates or if a subsequent Policy Change Endorsement supersedes the changes made by this endorsement.

Signed for American General Life Insurance Company.

Secretary

President

Date

American General
Life Companies

P.O. Box 64036

St. Paul, MN 55164

JOHN DOE

RE: «grp_program3»
Long-Term Care Insurance Plan
Policy #99999999

Dear JOHN DOE:

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that a premium rate increase has been authorized for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, American General Life Insurance Company determined that a 25% increase in the renewal premium rate for your policy type was necessary. Since the time original premium rates were calculated for your policy, individuals are living longer and keeping their policies longer. This lead to more claims being filed than the company anticipated when the policy was originally priced, and increased cost of services. As a result, the premium rates for your policy need to be increased to provide sufficient funds to pay current claims and future claims. The section titled "Guaranteed Renewability – Premiums Subject to Change" on the first page of the contract gives the insurance company this right. The section states:

This Policy is guaranteed renewable for your lifetime. We cannot cancel this Policy as long as you pay the premiums and you have not exhausted your Benefit Account Value. We can change the Renewal Premium rate. We can change it only if it is changed for all policies in your state of residence on this Policy form. Notice of any change in rates will be sent at least 31 days in advance.

As required, Virginia's State Corporation Commission reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance, and because it was found to be compliant with these laws and regulations, the filing was approved. The rate increase will apply to all like policies in your state of issue in accordance with the terms of your policy contract. You are receiving this notification letter at least 75 days prior to the implementation date of the increase.

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*. Past renewal premium rate increases on this policy form approved by Virginia's State Corporation Commission include three 25% increases and a 12.6% increase. You have a right to a revised premium rate or rate schedule.

American General Life Insurance Company could have requested a larger premium rate increase as an increase greater than 25% is justified under current regulatory requirements. American General Life Insurance Company will continue to monitor experience. It is possible that the company will file for future renewal premium rate increases. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by Virginia's State Corporation Commission before being implemented. In any event, no further rate increases will be implemented until at least two years from the effective date of this increase. Should future rate increases be requested and approved, the company will offer options similar to those noted below when you are notified of the rate increase.

What are my Options?

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. **The three options may not be of equal value.** The effective date of your selected option will be «r_policy_offer_eff_date».

Option 1: Your premium will automatically increase and your coverage amounts will continue as reflected under Option 1 in the chart below. To select this option you do nothing. Do not return the *"Coverage Decrease Election Form."* Do not send any money at this time.

Your premium will automatically increase by $730.00 «r_policy_bill_freq_desc».Your «r_policy_bill_freq_desc» premium will be adjusted to $3648.00 beginning «r_policy_offer_eff_date». If you pay premiums through electronic fund transfer, your premiums will be automatically adjusted to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your «r_policy_offer_eff_date» billing.

Option 2: You may reduce your Maximum Daily Benefit as reflected under Option 2 in the chart below and your current premium will remain the same.

Alternatively, you may be able to make other policy changes such as reducing your benefit period, modifying rider selections or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

To select the option to reduce your Maximum Daily Benefit, simply sign, date, and return the enclosed *"Coverage Decrease Election Form"* <u>in the enclosed pre-paid envelope no later than 30 days from the date of this letter.</u> To make other policy changes, please call 1 (888) 316-2672 and speak to a customer service representative <u>no later than 30 days from the date of this letter.</u> Please note you have the option to lower your premium by reducing benefits at any time in the future by calling Customer Service at 1 (888) 316-2672.

Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits, but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum, as reflected under Option 3 in the chart below. Please note that this option limits the amount of future benefits you are eligible to receive. No future premiums will be required from you at any time in the future to secure these benefits.

To select this option, simply complete and return the enclosed "*Paid-Up Status Election Form*" in the enclosed envelope no later than 30 days from the date of this letter.

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Daily Maximum	$298	$298	$238	$284
Assisted Living Facility Daily Maximum	$298	$298	$238	$284
Home Health Care Daily Maximum	$298	$298	$238	$284
Total Coverage Amount	$326,269	$326,269	$261,015	*
«FIELD_20» Premium	$2,918.00	$3,648.00	$2,918.00	$0

NOTE: If you do not select Option 2 or Option 3 within the next 30 days, you will automatically receive Option 1 at that time. In that case your next premium invoice will reflect the increased premium.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

We realize that this offer is complicated. Feel free to call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 8:30 a.m. to 6:30 p.m. Eastern Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration
American General Life Insurance Company

Enclosure(s)

cc: «AGENT_MAILING_NAME»
«AGENT_SF_NAME»
«agent_address1»
«agent_address2»
«agent_city» «agent_state» «agent_zip»

Address Change Reminder:

If your address has changed from what is printed above, please indicate your correct address below and return this page to the address provided:

Street/PO Box _____
City _____
State _____ Zip Code _____
Telephone (_____)_____-_____

Policy # «policy_no»

Return To: American General Life Insurance Company
Long Term Care Service and Claims Center
P.O. Box 64036
St. Paul, MN 55164-9916

Signature: _____

State: *Virginia*
Filing Company: *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Rate Information

Rate data applies to filing.

Filing Method: SERFF - Review and Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 12.600%
Effective Date of Last Rate Revision: 08/01/2013
Filing Method of Last Filing: SERFF - Review and Approval

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):
American General Life Insurance Company	343.000%	25.000%	$103,266	108	$413,062	25.000%	25.000%

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Sheets for Non-Tax Qualified Policy	64028-VA	Revised	Previous State Filing Number: LTCG-128860040 Percent Rate Change Request: 25	AGL RI5 VA Proposed Rates with a 25% rate increase.pdf,
2		WITHDRAWN Rate Sheets for Tax Qualified Rider	WITHDRAWN C12271VA	Other	Previous State Filing Number: WITHDRAWN Rate Action Other Explanation: WITHDRAWN	
3		Rate Sheets for Inflation Benefit Rider	64031	Revised	Previous State Filing Number: LTCG-128860040 Percent Rate Change Request: 25	AGL RI5 VA Proposed Rates with a 25% rate increase.pdf,
4		Rate Sheets for Nonforfeiture Benefit Rider	64032	Revised	Previous State Filing Number: LTCG-128860040 Percent Rate Change Request: 25	AGL RI5 VA Proposed Rates with a 25% rate increase.pdf,

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
0% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
All Areas

Policy Form 64028-VA
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	69	85	96	99	146
50-59	89	111	128	155	230
60-64	134	164	183	194	288
65-69	196	234	265	283	328
70	293	336	384	428	504
71	325	371	424	473	561
72	359	405	463	519	624
73	414	469	539	605	718
74	465	528	614	691	815
75	519	591	691	775	914
76	571	656	766	859	1,010
77	626	715	843	943	1,106
78	694	793	930	1,043	1,221
79	759	868	1,019	1,144	1,339
80	825	941	1,106	1,243	1,454
81	891	1,019	1,195	1,343	1,571
82	958	1,091	1,283	1,441	1,686
83	1,048	1,198	1,408	1,583	1,839
84	1,141	1,308	1,531	1,723	1,990
85	1,233	1,415	1,660	1,865	2,145
86	1,329	1,520	1,785	2,004	2,296
87	1,421	1,628	1,911	2,146	2,448
88	1,583	1,810	2,125	2,386	2,724
89	1,744	1,993	2,341	2,629	2,998

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
50% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	89	108	121	133	168
50-59	116	141	160	178	239
60-64	173	211	238	255	328
65-69	253	304	343	370	449
70	349	421	476	525	634
71	380	459	525	571	694
72	414	501	569	625	755
73	471	570	649	713	859
74	526	639	729	801	959
75	581	705	809	889	1,063
76	639	775	889	976	1,166
77	694	846	970	1,064	1,266
78	773	935	1,075	1,184	1,395
79	856	1,021	1,180	1,300	1,519
80	935	1,110	1,285	1,421	1,645
81	1,014	1,198	1,388	1,540	1,768
82	1,096	1,286	1,494	1,660	1,891
83	1,203	1,415	1,639	1,823	2,066
84	1,309	1,540	1,788	1,986	2,235
85	1,416	1,668	1,934	2,146	2,406
86	1,524	1,791	2,078	2,310	2,576
87	1,630	1,915	2,224	2,471	2,746
88	1,814	2,134	2,475	2,750	3,059
89	1,998	2,349	2,725	3,026	3,365

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
100% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	98	121	139	149	178
50-59	131	156	176	194	248
60-64	190	238	266	289	350
65-69	281	344	386	420	518
70	380	480	529	579	705
71	414	515	581	634	771
72	448	556	630	684	835
73	504	630	715	775	941
74	561	704	800	868	1,048
75	618	780	881	958	1,154
76	678	853	965	1,048	1,264
77	736	926	1,053	1,140	1,371
78	825	1,026	1,166	1,273	1,504
79	915	1,124	1,285	1,406	1,634
80	1,008	1,221	1,399	1,539	1,766
81	1,098	1,318	1,519	1,673	1,899
82	1,188	1,416	1,634	1,803	2,031
83	1,304	1,554	1,794	1,979	2,214
84	1,419	1,695	1,954	2,158	2,394
85	1,535	1,831	2,113	2,334	2,580
86	1,653	1,970	2,275	2,510	2,763
87	1,768	2,110	2,434	2,690	2,946
88	1,968	2,345	2,708	2,990	3,278
89	2,166	2,583	2,981	3,291	3,608

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
0% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
All Areas

Policy Form 64028-VA with Rider Form 64032
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	86	103	116	124	183
50-59	111	139	156	190	283
60-64	168	201	226	239	354
65-69	239	288	325	349	403
70	353	405	463	515	606
71	393	449	508	570	678
72	429	484	556	625	746
73	493	560	645	724	859
74	554	626	729	824	969
75	616	703	816	920	1,081
76	674	773	903	1,013	1,189
77	738	843	991	1,109	1,299
78	815	930	1,091	1,223	1,436
79	891	1,019	1,196	1,344	1,574
80	970	1,106	1,299	1,461	1,711
81	1,048	1,196	1,405	1,575	1,845
82	1,125	1,283	1,506	1,695	1,979
83	1,231	1,408	1,655	1,858	2,163
84	1,343	1,535	1,800	2,024	2,341
85	1,451	1,661	1,950	2,190	2,521
86	1,563	1,788	2,099	2,356	2,696
87	1,669	1,914	2,245	2,525	2,878
88	1,858	2,125	2,498	2,805	3,199
89	2,048	2,343	2,750	3,088	3,520

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
50% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Form 64032
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	111	133	153	166	210
50-59	143	175	199	223	298
60-64	211	261	295	316	406
65-69	309	371	420	455	550
70	420	508	574	634	766
71	458	554	630	689	835
72	494	600	680	748	905
73	561	680	775	853	1,026
74	625	759	868	951	1,141
75	689	838	958	1,054	1,258
76	755	915	1,048	1,153	1,374
77	815	996	1,141	1,251	1,493
78	908	1,099	1,264	1,388	1,639
79	1,004	1,203	1,386	1,529	1,785
80	1,099	1,308	1,510	1,669	1,934
81	1,195	1,408	1,630	1,810	2,078
82	1,286	1,513	1,756	1,950	2,223
83	1,409	1,661	1,925	2,144	2,426
84	1,539	1,810	2,101	2,331	2,626
85	1,663	1,958	2,271	2,525	2,826
86	1,791	2,103	2,443	2,715	3,026
87	1,915	2,253	2,615	2,904	3,229
88	2,134	2,506	2,911	3,230	3,595
89	2,345	2,759	3,201	3,560	3,955

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
100% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Form 64032
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	120	153	173	185	223
50-59	160	196	219	239	309
60-64	238	295	331	359	431
65-69	344	424	473	515	635
70	459	570	640	701	853
71	499	618	701	761	926
72	535	668	758	824	1,001
73	604	755	856	926	1,125
74	669	838	949	1,031	1,246
75	736	923	1,046	1,133	1,371
76	800	1,008	1,140	1,239	1,493
77	864	1,090	1,233	1,338	1,609
78	970	1,205	1,371	1,494	1,766
79	1,075	1,318	1,510	1,651	1,920
80	1,184	1,436	1,645	1,806	2,075
81	1,289	1,549	1,785	1,964	2,231
82	1,398	1,663	1,920	2,120	2,384
83	1,531	1,828	2,109	2,328	2,603
84	1,668	1,990	2,294	2,535	2,814
85	1,803	2,154	2,486	2,745	3,031
86	1,943	2,315	2,673	2,949	3,246
87	2,078	2,478	2,859	3,159	3,460
88	2,310	2,756	3,181	3,510	3,851
89	2,548	3,034	3,504	3,868	4,241

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
0% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
All Areas

Policy Form 64028-VA with Rider Form 64031
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	134	173	190	209	289
50-59	173	216	244	261	366
60-64	226	283	318	349	508
65-69	318	393	438	473	606
70	449	526	600	669	835
71	491	570	651	736	908
72	535	614	705	801	983
73	596	689	800	905	1,103
74	660	766	891	1,010	1,223
75	724	838	985	1,114	1,349
76	789	914	1,075	1,219	1,470
77	846	991	1,169	1,321	1,590
78	920	1,074	1,266	1,433	1,723
79	991	1,154	1,364	1,541	1,855
80	1,063	1,239	1,463	1,653	1,989
81	1,131	1,320	1,560	1,766	2,120
82	1,203	1,405	1,655	1,876	2,253
83	1,304	1,520	1,794	2,025	2,418
84	1,408	1,639	1,934	2,180	2,583
85	1,510	1,758	2,069	2,334	2,746
86	1,611	1,876	2,209	2,486	2,913
87	1,716	1,993	2,345	2,639	3,076
88	1,891	2,198	2,584	2,913	3,394
89	2,066	2,399	2,823	3,179	3,704

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
50% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Form 64031
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	173	219	245	266	344
50-59	219	279	315	343	438
60-64	288	366	415	450	606
65-69	405	504	569	616	815
70	529	659	746	824	1,070
71	571	705	806	891	1,159
72	616	758	868	959	1,243
73	684	845	969	1,070	1,381
74	750	934	1,070	1,184	1,519
75	820	1,019	1,173	1,295	1,660
76	889	1,106	1,274	1,408	1,795
77	958	1,195	1,374	1,520	1,934
78	1,040	1,285	1,486	1,653	2,069
79	1,125	1,374	1,601	1,785	2,209
80	1,210	1,470	1,714	1,915	2,345
81	1,294	1,560	1,828	2,048	2,481
82	1,378	1,651	1,936	2,180	2,618
83	1,496	1,791	2,101	2,359	2,813
84	1,616	1,933	2,260	2,535	3,003
85	1,730	2,068	2,421	2,715	3,193
86	1,848	2,209	2,583	2,893	3,385
87	1,968	2,349	2,745	3,070	3,576
88	2,169	2,588	3,026	3,386	3,946
89	2,366	2,826	3,300	3,695	4,308

Rates may vary slightly due to rounding upon implementation.

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
100% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Form 64031
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	190	245	279	300	375
50-59	244	310	353	384	476
60-64	323	410	465	506	660
65-69	450	569	639	695	930
70	579	733	835	913	1,210
71	624	789	898	983	1,304
72	661	843	964	1,054	1,398
73	738	938	1,070	1,173	1,549
74	809	1,035	1,180	1,289	1,696
75	880	1,128	1,286	1,408	1,848
76	951	1,223	1,398	1,524	1,999
77	1,021	1,320	1,505	1,641	2,146
78	1,119	1,419	1,630	1,791	2,289
79	1,211	1,519	1,756	1,936	2,434
80	1,308	1,618	1,879	2,088	2,576
81	1,399	1,716	2,003	2,235	2,716
82	1,494	1,814	2,125	2,384	2,859
83	1,624	1,969	2,301	2,576	3,069
84	1,750	2,123	2,478	2,771	3,280
85	1,876	2,275	2,658	2,968	3,489
86	2,004	2,428	2,834	3,164	3,696
87	2,131	2,583	3,009	3,354	3,906
88	2,350	2,848	3,319	3,701	4,309
89	2,569	3,108	3,621	4,038	4,705

Rates may vary slightly due to rounding upon implementation.

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
0% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
All Areas

Policy Form 64028-VA with Rider Forms 64031 and 64032
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	168	211	238	255	359
50-59	211	266	300	325	455
60-64	281	353	395	429	630
65-69	393	480	536	581	746
70	543	635	724	809	1,008
71	590	684	783	881	1,091
72	640	738	846	959	1,176
73	713	824	956	1,081	1,318
74	789	913	1,063	1,203	1,459
75	859	993	1,166	1,320	1,598
76	926	1,079	1,266	1,440	1,733
77	996	1,163	1,373	1,554	1,866
78	1,079	1,260	1,493	1,683	2,024
79	1,163	1,360	1,604	1,813	2,179
80	1,250	1,454	1,718	1,943	2,338
81	1,329	1,550	1,831	2,075	2,491
82	1,409	1,646	1,944	2,201	2,646
83	1,531	1,788	2,109	2,383	2,840
84	1,655	1,925	2,271	2,561	3,034
85	1,774	2,066	2,434	2,745	3,229
86	1,893	2,201	2,595	2,920	3,420
87	2,014	2,343	2,756	3,103	3,616
88	2,223	2,583	3,038	3,420	3,988
89	2,426	2,816	3,316	3,735	4,354

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
50% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Forms 64031 and 64032
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	211	271	304	331	428
50-59	271	344	388	424	543
60-64	354	455	515	560	755
65-69	499	618	695	758	999
70	640	794	900	993	1,294
71	689	850	970	1,074	1,395
72	739	908	1,040	1,153	1,493
73	820	1,010	1,159	1,278	1,651
74	894	1,109	1,274	1,408	1,806
75	970	1,205	1,388	1,535	1,968
76	1,048	1,304	1,504	1,661	2,120
77	1,125	1,405	1,618	1,788	2,271
78	1,221	1,510	1,750	1,943	2,434
79	1,321	1,618	1,880	2,099	2,595
80	1,421	1,724	2,013	2,253	2,756
81	1,519	1,831	2,145	2,406	2,914
82	1,619	1,936	2,278	2,561	3,076
83	1,758	2,103	2,470	2,771	3,300
84	1,899	2,268	2,658	2,979	3,528
85	2,033	2,429	2,848	3,190	3,750
86	2,174	2,595	3,034	3,398	3,976
87	2,310	2,759	3,225	3,608	4,203
88	2,549	3,041	3,560	3,981	4,636
89	2,781	3,321	3,879	4,343	5,059

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
100% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Forms 64031 and 64032
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	238	304	344	371	465
50-59	300	386	438	473	591
60-64	399	508	579	626	820
65-69	554	695	783	856	1,141
70	701	881	1,008	1,099	1,463
71	748	948	1,081	1,184	1,571
72	794	1,010	1,154	1,265	1,679
73	880	1,119	1,278	1,399	1,850
74	964	1,230	1,406	1,535	2,020
75	1,043	1,338	1,528	1,669	2,189
76	1,124	1,443	1,646	1,800	2,359
77	1,203	1,550	1,768	1,926	2,525
78	1,316	1,668	1,915	2,103	2,693
79	1,426	1,785	2,064	2,278	2,859
80	1,535	1,900	2,209	2,454	3,026
81	1,645	2,014	2,350	2,626	3,193
82	1,756	2,134	2,498	2,803	3,361
83	1,906	2,313	2,703	3,026	3,605
84	2,055	2,495	2,913	3,255	3,855
85	2,201	2,673	3,121	3,485	4,100
86	2,356	2,856	3,328	3,715	4,344
87	2,505	3,034	3,533	3,943	4,593
88	2,763	3,343	3,899	4,350	5,060
89	3,016	3,651	4,255	4,748	5,526

American General Life Insurance Company
Policy Form 64028-VA
Long Term Care Policy

Rate Schedule

I. Substandard Rate classifications

Issue Age	Standard	Select	Underwriting Problems
18-59	129%	175%	210%
60-64	129%	174%	210%
65-69	126%	170%	205%
70-74	125%	167%	202%
75-79	123%	166%	200%
80-84	118%	160%	192%
85-89	114%	154%	185%

II. Area Rating

Area 1: All other areas.

Area 2: California, New York, All other Florida counties not included in Area 3.

Area 3: Florida counties: Dade, Broward, Fort Lauderdale, Palm.

III. Elimination Period

Elimination Period	Percentage Discount
0	0%
7	6%
14	10%
20	12%
30	13%
60	22%
100	28%

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
0% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
All Areas

Policy Form 64028-VA
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	69	85	96	99	146
50-59	89	111	128	155	230
60-64	134	164	183	194	288
65-69	196	234	265	283	328
70	293	336	384	428	504
71	325	371	424	473	561
72	359	405	463	519	624
73	414	469	539	605	718
74	465	528	614	691	815
75	519	591	691	775	914
76	571	656	766	859	1,010
77	626	715	843	943	1,106
78	694	793	930	1,043	1,221
79	759	868	1,019	1,144	1,339
80	825	941	1,106	1,243	1,454
81	891	1,019	1,195	1,343	1,571
82	958	1,091	1,283	1,441	1,686
83	1,048	1,198	1,408	1,583	1,839
84	1,141	1,308	1,531	1,723	1,990
85	1,233	1,415	1,660	1,865	2,145
86	1,329	1,520	1,785	2,004	2,296
87	1,421	1,628	1,911	2,146	2,448
88	1,583	1,810	2,125	2,386	2,724
89	1,744	1,993	2,341	2,629	2,998

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
50% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	89	108	121	133	168
50-59	116	141	160	178	239
60-64	173	211	238	255	328
65-69	253	304	343	370	449
70	349	421	476	525	634
71	380	459	525	571	694
72	414	501	569	625	755
73	471	570	649	713	859
74	526	639	729	801	959
75	581	705	809	889	1,063
76	639	775	889	976	1,166
77	694	846	970	1,064	1,266
78	773	935	1,075	1,184	1,395
79	856	1,021	1,180	1,300	1,519
80	935	1,110	1,285	1,421	1,645
81	1,014	1,198	1,388	1,540	1,768
82	1,096	1,286	1,494	1,660	1,891
83	1,203	1,415	1,639	1,823	2,066
84	1,309	1,540	1,788	1,986	2,235
85	1,416	1,668	1,934	2,146	2,406
86	1,524	1,791	2,078	2,310	2,576
87	1,630	1,915	2,224	2,471	2,746
88	1,814	2,134	2,475	2,750	3,059
89	1,998	2,349	2,725	3,026	3,365

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
100% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	98	121	139	149	178
50-59	131	156	176	194	248
60-64	190	238	266	289	350
65-69	281	344	386	420	518
70	380	480	529	579	705
71	414	515	581	634	771
72	448	556	630	684	835
73	504	630	715	775	941
74	561	704	800	868	1,048
75	618	780	881	958	1,154
76	678	853	965	1,048	1,264
77	736	926	1,053	1,140	1,371
78	825	1,026	1,166	1,273	1,504
79	915	1,124	1,285	1,406	1,634
80	1,008	1,221	1,399	1,539	1,766
81	1,098	1,318	1,519	1,673	1,899
82	1,188	1,416	1,634	1,803	2,031
83	1,304	1,554	1,794	1,979	2,214
84	1,419	1,695	1,954	2,158	2,394
85	1,535	1,831	2,113	2,334	2,580
86	1,653	1,970	2,275	2,510	2,763
87	1,768	2,110	2,434	2,690	2,946
88	1,968	2,345	2,708	2,990	3,278
89	2,166	2,583	2,981	3,291	3,608

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
0% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
All Areas

Policy Form 64028-VA with Rider Form 64032
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	86	103	116	124	183
50-59	111	139	156	190	283
60-64	168	201	226	239	354
65-69	239	288	325	349	403
70	353	405	463	515	606
71	393	449	508	570	678
72	429	484	556	625	746
73	493	560	645	724	859
74	554	626	729	824	969
75	616	703	816	920	1,081
76	674	773	903	1,013	1,189
77	738	843	991	1,109	1,299
78	815	930	1,091	1,223	1,436
79	891	1,019	1,196	1,344	1,574
80	970	1,106	1,299	1,461	1,711
81	1,048	1,196	1,405	1,575	1,845
82	1,125	1,283	1,506	1,695	1,979
83	1,231	1,408	1,655	1,858	2,163
84	1,343	1,535	1,800	2,024	2,341
85	1,451	1,661	1,950	2,190	2,521
86	1,563	1,788	2,099	2,356	2,696
87	1,669	1,914	2,245	2,525	2,878
88	1,858	2,125	2,498	2,805	3,199
89	2,048	2,343	2,750	3,088	3,520

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
50% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Form 64032
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	111	133	153	166	210
50-59	143	175	199	223	298
60-64	211	261	295	316	406
65-69	309	371	420	455	550
70	420	508	574	634	766
71	458	554	630	689	835
72	494	600	680	748	905
73	561	680	775	853	1,026
74	625	759	868	951	1,141
75	689	838	958	1,054	1,258
76	755	915	1,048	1,153	1,374
77	815	996	1,141	1,251	1,493
78	908	1,099	1,264	1,388	1,639
79	1,004	1,203	1,386	1,529	1,785
80	1,099	1,308	1,510	1,669	1,934
81	1,195	1,408	1,630	1,810	2,078
82	1,286	1,513	1,756	1,950	2,223
83	1,409	1,661	1,925	2,144	2,426
84	1,539	1,810	2,101	2,331	2,626
85	1,663	1,958	2,271	2,525	2,826
86	1,791	2,103	2,443	2,715	3,026
87	1,915	2,253	2,615	2,904	3,229
88	2,134	2,506	2,911	3,230	3,595
89	2,345	2,759	3,201	3,560	3,955

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
100% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Form 64032
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	120	153	173	185	223
50-59	160	196	219	239	309
60-64	238	295	331	359	431
65-69	344	424	473	515	635
70	459	570	640	701	853
71	499	618	701	761	926
72	535	668	758	824	1,001
73	604	755	856	926	1,125
74	669	838	949	1,031	1,246
75	736	923	1,046	1,133	1,371
76	800	1,008	1,140	1,239	1,493
77	864	1,090	1,233	1,338	1,609
78	970	1,205	1,371	1,494	1,766
79	1,075	1,318	1,510	1,651	1,920
80	1,184	1,436	1,645	1,806	2,075
81	1,289	1,549	1,785	1,964	2,231
82	1,398	1,663	1,920	2,120	2,384
83	1,531	1,828	2,109	2,328	2,603
84	1,668	1,990	2,294	2,535	2,814
85	1,803	2,154	2,486	2,745	3,031
86	1,943	2,315	2,673	2,949	3,246
87	2,078	2,478	2,859	3,159	3,460
88	2,310	2,756	3,181	3,510	3,851
89	2,548	3,034	3,504	3,868	4,241

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
0% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
All Areas

Policy Form 64028-VA with Rider Form 64031
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	134	173	190	209	289
50-59	173	216	244	261	366
60-64	226	283	318	349	508
65-69	318	393	438	473	606
70	449	526	600	669	835
71	491	570	651	736	908
72	535	614	705	801	983
73	596	689	800	905	1,103
74	660	766	891	1,010	1,223
75	724	838	985	1,114	1,349
76	789	914	1,075	1,219	1,470
77	846	991	1,169	1,321	1,590
78	920	1,074	1,266	1,433	1,723
79	991	1,154	1,364	1,541	1,855
80	1,063	1,239	1,463	1,653	1,989
81	1,131	1,320	1,560	1,766	2,120
82	1,203	1,405	1,655	1,876	2,253
83	1,304	1,520	1,794	2,025	2,418
84	1,408	1,639	1,934	2,180	2,583
85	1,510	1,758	2,069	2,334	2,746
86	1,611	1,876	2,209	2,486	2,913
87	1,716	1,993	2,345	2,639	3,076
88	1,891	2,198	2,584	2,913	3,394
89	2,066	2,399	2,823	3,179	3,704

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
50% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Form 64031
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	173	219	245	266	344
50-59	219	279	315	343	438
60-64	288	366	415	450	606
65-69	405	504	569	616	815
70	529	659	746	824	1,070
71	571	705	806	891	1,159
72	616	758	868	959	1,243
73	684	845	969	1,070	1,381
74	750	934	1,070	1,184	1,519
75	820	1,019	1,173	1,295	1,660
76	889	1,106	1,274	1,408	1,795
77	958	1,195	1,374	1,520	1,934
78	1,040	1,285	1,486	1,653	2,069
79	1,125	1,374	1,601	1,785	2,209
80	1,210	1,470	1,714	1,915	2,345
81	1,294	1,560	1,828	2,048	2,481
82	1,378	1,651	1,936	2,180	2,618
83	1,496	1,791	2,101	2,359	2,813
84	1,616	1,933	2,260	2,535	3,003
85	1,730	2,068	2,421	2,715	3,193
86	1,848	2,209	2,583	2,893	3,385
87	1,968	2,349	2,745	3,070	3,576
88	2,169	2,588	3,026	3,386	3,946
89	2,366	2,826	3,300	3,695	4,308

Rates may vary slightly due to rounding upon implementation.

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
100% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Form 64031
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	190	245	279	300	375
50-59	244	310	353	384	476
60-64	323	410	465	506	660
65-69	450	569	639	695	930
70	579	733	835	913	1,210
71	624	789	898	983	1,304
72	661	843	964	1,054	1,398
73	738	938	1,070	1,173	1,549
74	809	1,035	1,180	1,289	1,696
75	880	1,128	1,286	1,408	1,848
76	951	1,223	1,398	1,524	1,999
77	1,021	1,320	1,505	1,641	2,146
78	1,119	1,419	1,630	1,791	2,289
79	1,211	1,519	1,756	1,936	2,434
80	1,308	1,618	1,879	2,088	2,576
81	1,399	1,716	2,003	2,235	2,716
82	1,494	1,814	2,125	2,384	2,859
83	1,624	1,969	2,301	2,576	3,069
84	1,750	2,123	2,478	2,771	3,280
85	1,876	2,275	2,658	2,968	3,489
86	2,004	2,428	2,834	3,164	3,696
87	2,131	2,583	3,009	3,354	3,906
88	2,350	2,848	3,319	3,701	4,309
89	2,569	3,108	3,621	4,038	4,705

Rates may vary slightly due to rounding upon implementation.

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
0% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
All Areas

Policy Form 64028-VA with Rider Forms 64031 and 64032
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	168	211	238	255	359
50-59	211	266	300	325	455
60-64	281	353	395	429	630
65-69	393	480	536	581	746
70	543	635	724	809	1,008
71	590	684	783	881	1,091
72	640	738	846	959	1,176
73	713	824	956	1,081	1,318
74	789	913	1,063	1,203	1,459
75	859	993	1,166	1,320	1,598
76	926	1,079	1,266	1,440	1,733
77	996	1,163	1,373	1,554	1,866
78	1,079	1,260	1,493	1,683	2,024
79	1,163	1,360	1,604	1,813	2,179
80	1,250	1,454	1,718	1,943	2,338
81	1,329	1,550	1,831	2,075	2,491
82	1,409	1,646	1,944	2,201	2,646
83	1,531	1,788	2,109	2,383	2,840
84	1,655	1,925	2,271	2,561	3,034
85	1,774	2,066	2,434	2,745	3,229
86	1,893	2,201	2,595	2,920	3,420
87	2,014	2,343	2,756	3,103	3,616
88	2,223	2,583	3,038	3,420	3,988
89	2,426	2,816	3,316	3,735	4,354

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
50% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Forms 64031 and 64032
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	211	271	304	331	428
50-59	271	344	388	424	543
60-64	354	455	515	560	755
65-69	499	618	695	758	999
70	640	794	900	993	1,294
71	689	850	970	1,074	1,395
72	739	908	1,040	1,153	1,493
73	820	1,010	1,159	1,278	1,651
74	894	1,109	1,274	1,408	1,806
75	970	1,205	1,388	1,535	1,968
76	1,048	1,304	1,504	1,661	2,120
77	1,125	1,405	1,618	1,788	2,271
78	1,221	1,510	1,750	1,943	2,434
79	1,321	1,618	1,880	2,099	2,595
80	1,421	1,724	2,013	2,253	2,756
81	1,519	1,831	2,145	2,406	2,914
82	1,619	1,936	2,278	2,561	3,076
83	1,758	2,103	2,470	2,771	3,300
84	1,899	2,268	2,658	2,979	3,528
85	2,033	2,429	2,848	3,190	3,750
86	2,174	2,595	3,034	3,398	3,976
87	2,310	2,759	3,225	3,608	4,203
88	2,549	3,041	3,560	3,981	4,636
89	2,781	3,321	3,879	4,343	5,059

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
100% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Forms 64031 and 64032
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	238	304	344	371	465
50-59	300	386	438	473	591
60-64	399	508	579	626	820
65-69	554	695	783	856	1,141
70	701	881	1,008	1,099	1,463
71	748	948	1,081	1,184	1,571
72	794	1,010	1,154	1,265	1,679
73	880	1,119	1,278	1,399	1,850
74	964	1,230	1,406	1,535	2,020
75	1,043	1,338	1,528	1,669	2,189
76	1,124	1,443	1,646	1,800	2,359
77	1,203	1,550	1,768	1,926	2,525
78	1,316	1,668	1,915	2,103	2,693
79	1,426	1,785	2,064	2,278	2,859
80	1,535	1,900	2,209	2,454	3,026
81	1,645	2,014	2,350	2,626	3,193
82	1,756	2,134	2,498	2,803	3,361
83	1,906	2,313	2,703	3,026	3,605
84	2,055	2,495	2,913	3,255	3,855
85	2,201	2,673	3,121	3,485	4,100
86	2,356	2,856	3,328	3,715	4,344
87	2,505	3,034	3,533	3,943	4,593
88	2,763	3,343	3,899	4,350	5,060
89	3,016	3,651	4,255	4,748	5,526

American General Life Insurance Company
Policy Form 64028-VA
Long Term Care Policy

Rate Schedule

I. Substandard Rate classifications

Issue Age	Standard	Select	Underwriting Problems
18-59	129%	175%	210%
60-64	129%	174%	210%
65-69	126%	170%	205%
70-74	125%	167%	202%
75-79	123%	166%	200%
80-84	118%	160%	192%
85-89	114%	154%	185%

II. Area Rating

Area 1: All other areas.

Area 2: California, New York, All other Florida counties not included in Area 3.

Area 3: Florida counties: Dade, Broward, Fort Lauderdale, Palm.

III. Elimination Period

Elimination Period	Percentage Discount
0	0%
7	6%
14	10%
20	12%
30	13%
60	22%
100	28%

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
0% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
All Areas

Policy Form 64028-VA
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	69	85	96	99	146
50-59	89	111	128	155	230
60-64	134	164	183	194	288
65-69	196	234	265	283	328
70	293	336	384	428	504
71	325	371	424	473	561
72	359	405	463	519	624
73	414	469	539	605	718
74	465	528	614	691	815
75	519	591	691	775	914
76	571	656	766	859	1,010
77	626	715	843	943	1,106
78	694	793	930	1,043	1,221
79	759	868	1,019	1,144	1,339
80	825	941	1,106	1,243	1,454
81	891	1,019	1,195	1,343	1,571
82	958	1,091	1,283	1,441	1,686
83	1,048	1,198	1,408	1,583	1,839
84	1,141	1,308	1,531	1,723	1,990
85	1,233	1,415	1,660	1,865	2,145
86	1,329	1,520	1,785	2,004	2,296
87	1,421	1,628	1,911	2,146	2,448
88	1,583	1,810	2,125	2,386	2,724
89	1,744	1,993	2,341	2,629	2,998

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
50% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	89	108	121	133	168
50-59	116	141	160	178	239
60-64	173	211	238	255	328
65-69	253	304	343	370	449
70	349	421	476	525	634
71	380	459	525	571	694
72	414	501	569	625	755
73	471	570	649	713	859
74	526	639	729	801	959
75	581	705	809	889	1,063
76	639	775	889	976	1,166
77	694	846	970	1,064	1,266
78	773	935	1,075	1,184	1,395
79	856	1,021	1,180	1,300	1,519
80	935	1,110	1,285	1,421	1,645
81	1,014	1,198	1,388	1,540	1,768
82	1,096	1,286	1,494	1,660	1,891
83	1,203	1,415	1,639	1,823	2,066
84	1,309	1,540	1,788	1,986	2,235
85	1,416	1,668	1,934	2,146	2,406
86	1,524	1,791	2,078	2,310	2,576
87	1,630	1,915	2,224	2,471	2,746
88	1,814	2,134	2,475	2,750	3,059
89	1,998	2,349	2,725	3,026	3,365

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
100% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	98	121	139	149	178
50-59	131	156	176	194	248
60-64	190	238	266	289	350
65-69	281	344	386	420	518
70	380	480	529	579	705
71	414	515	581	634	771
72	448	556	630	684	835
73	504	630	715	775	941
74	561	704	800	868	1,048
75	618	780	881	958	1,154
76	678	853	965	1,048	1,264
77	736	926	1,053	1,140	1,371
78	825	1,026	1,166	1,273	1,504
79	915	1,124	1,285	1,406	1,634
80	1,008	1,221	1,399	1,539	1,766
81	1,098	1,318	1,519	1,673	1,899
82	1,188	1,416	1,634	1,803	2,031
83	1,304	1,554	1,794	1,979	2,214
84	1,419	1,695	1,954	2,158	2,394
85	1,535	1,831	2,113	2,334	2,580
86	1,653	1,970	2,275	2,510	2,763
87	1,768	2,110	2,434	2,690	2,946
88	1,968	2,345	2,708	2,990	3,278
89	2,166	2,583	2,981	3,291	3,608

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
0% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
All Areas

Policy Form 64028-VA with Rider Form 64032
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	86	103	116	124	183
50-59	111	139	156	190	283
60-64	168	201	226	239	354
65-69	239	288	325	349	403
70	353	405	463	515	606
71	393	449	508	570	678
72	429	484	556	625	746
73	493	560	645	724	859
74	554	626	729	824	969
75	616	703	816	920	1,081
76	674	773	903	1,013	1,189
77	738	843	991	1,109	1,299
78	815	930	1,091	1,223	1,436
79	891	1,019	1,196	1,344	1,574
80	970	1,106	1,299	1,461	1,711
81	1,048	1,196	1,405	1,575	1,845
82	1,125	1,283	1,506	1,695	1,979
83	1,231	1,408	1,655	1,858	2,163
84	1,343	1,535	1,800	2,024	2,341
85	1,451	1,661	1,950	2,190	2,521
86	1,563	1,788	2,099	2,356	2,696
87	1,669	1,914	2,245	2,525	2,878
88	1,858	2,125	2,498	2,805	3,199
89	2,048	2,343	2,750	3,088	3,520

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
50% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Form 64032
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	111	133	153	166	210
50-59	143	175	199	223	298
60-64	211	261	295	316	406
65-69	309	371	420	455	550
70	420	508	574	634	766
71	458	554	630	689	835
72	494	600	680	748	905
73	561	680	775	853	1,026
74	625	759	868	951	1,141
75	689	838	958	1,054	1,258
76	755	915	1,048	1,153	1,374
77	815	996	1,141	1,251	1,493
78	908	1,099	1,264	1,388	1,639
79	1,004	1,203	1,386	1,529	1,785
80	1,099	1,308	1,510	1,669	1,934
81	1,195	1,408	1,630	1,810	2,078
82	1,286	1,513	1,756	1,950	2,223
83	1,409	1,661	1,925	2,144	2,426
84	1,539	1,810	2,101	2,331	2,626
85	1,663	1,958	2,271	2,525	2,826
86	1,791	2,103	2,443	2,715	3,026
87	1,915	2,253	2,615	2,904	3,229
88	2,134	2,506	2,911	3,230	3,595
89	2,345	2,759	3,201	3,560	3,955

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
100% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Form 64032
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	120	153	173	185	223
50-59	160	196	219	239	309
60-64	238	295	331	359	431
65-69	344	424	473	515	635
70	459	570	640	701	853
71	499	618	701	761	926
72	535	668	758	824	1,001
73	604	755	856	926	1,125
74	669	838	949	1,031	1,246
75	736	923	1,046	1,133	1,371
76	800	1,008	1,140	1,239	1,493
77	864	1,090	1,233	1,338	1,609
78	970	1,205	1,371	1,494	1,766
79	1,075	1,318	1,510	1,651	1,920
80	1,184	1,436	1,645	1,806	2,075
81	1,289	1,549	1,785	1,964	2,231
82	1,398	1,663	1,920	2,120	2,384
83	1,531	1,828	2,109	2,328	2,603
84	1,668	1,990	2,294	2,535	2,814
85	1,803	2,154	2,486	2,745	3,031
86	1,943	2,315	2,673	2,949	3,246
87	2,078	2,478	2,859	3,159	3,460
88	2,310	2,756	3,181	3,510	3,851
89	2,548	3,034	3,504	3,868	4,241

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
0% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
All Areas

Policy Form 64028-VA with Rider Form 64031
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	134	173	190	209	289
50-59	173	216	244	261	366
60-64	226	283	318	349	508
65-69	318	393	438	473	606
70	449	526	600	669	835
71	491	570	651	736	908
72	535	614	705	801	983
73	596	689	800	905	1,103
74	660	766	891	1,010	1,223
75	724	838	985	1,114	1,349
76	789	914	1,075	1,219	1,470
77	846	991	1,169	1,321	1,590
78	920	1,074	1,266	1,433	1,723
79	991	1,154	1,364	1,541	1,855
80	1,063	1,239	1,463	1,653	1,989
81	1,131	1,320	1,560	1,766	2,120
82	1,203	1,405	1,655	1,876	2,253
83	1,304	1,520	1,794	2,025	2,418
84	1,408	1,639	1,934	2,180	2,583
85	1,510	1,758	2,069	2,334	2,746
86	1,611	1,876	2,209	2,486	2,913
87	1,716	1,993	2,345	2,639	3,076
88	1,891	2,198	2,584	2,913	3,394
89	2,066	2,399	2,823	3,179	3,704

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
50% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Form 64031
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	173	219	245	266	344
50-59	219	279	315	343	438
60-64	288	366	415	450	606
65-69	405	504	569	616	815
70	529	659	746	824	1,070
71	571	705	806	891	1,159
72	616	758	868	959	1,243
73	684	845	969	1,070	1,381
74	750	934	1,070	1,184	1,519
75	820	1,019	1,173	1,295	1,660
76	889	1,106	1,274	1,408	1,795
77	958	1,195	1,374	1,520	1,934
78	1,040	1,285	1,486	1,653	2,069
79	1,125	1,374	1,601	1,785	2,209
80	1,210	1,470	1,714	1,915	2,345
81	1,294	1,560	1,828	2,048	2,481
82	1,378	1,651	1,936	2,180	2,618
83	1,496	1,791	2,101	2,359	2,813
84	1,616	1,933	2,260	2,535	3,003
85	1,730	2,068	2,421	2,715	3,193
86	1,848	2,209	2,583	2,893	3,385
87	1,968	2,349	2,745	3,070	3,576
88	2,169	2,588	3,026	3,386	3,946
89	2,366	2,826	3,300	3,695	4,308

Rates may vary slightly due to rounding upon implementation.

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
100% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Form 64031
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	190	245	279	300	375
50-59	244	310	353	384	476
60-64	323	410	465	506	660
65-69	450	569	639	695	930
70	579	733	835	913	1,210
71	624	789	898	983	1,304
72	661	843	964	1,054	1,398
73	738	938	1,070	1,173	1,549
74	809	1,035	1,180	1,289	1,696
75	880	1,128	1,286	1,408	1,848
76	951	1,223	1,398	1,524	1,999
77	1,021	1,320	1,505	1,641	2,146
78	1,119	1,419	1,630	1,791	2,289
79	1,211	1,519	1,756	1,936	2,434
80	1,308	1,618	1,879	2,088	2,576
81	1,399	1,716	2,003	2,235	2,716
82	1,494	1,814	2,125	2,384	2,859
83	1,624	1,969	2,301	2,576	3,069
84	1,750	2,123	2,478	2,771	3,280
85	1,876	2,275	2,658	2,968	3,489
86	2,004	2,428	2,834	3,164	3,696
87	2,131	2,583	3,009	3,354	3,906
88	2,350	2,848	3,319	3,701	4,309
89	2,569	3,108	3,621	4,038	4,705

Rates may vary slightly due to rounding upon implementation.

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
0% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
All Areas

Policy Form 64028-VA with Rider Forms 64031 and 64032
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	168	211	238	255	359
50-59	211	266	300	325	455
60-64	281	353	395	429	630
65-69	393	480	536	581	746
70	543	635	724	809	1,008
71	590	684	783	881	1,091
72	640	738	846	959	1,176
73	713	824	956	1,081	1,318
74	789	913	1,063	1,203	1,459
75	859	993	1,166	1,320	1,598
76	926	1,079	1,266	1,440	1,733
77	996	1,163	1,373	1,554	1,866
78	1,079	1,260	1,493	1,683	2,024
79	1,163	1,360	1,604	1,813	2,179
80	1,250	1,454	1,718	1,943	2,338
81	1,329	1,550	1,831	2,075	2,491
82	1,409	1,646	1,944	2,201	2,646
83	1,531	1,788	2,109	2,383	2,840
84	1,655	1,925	2,271	2,561	3,034
85	1,774	2,066	2,434	2,745	3,229
86	1,893	2,201	2,595	2,920	3,420
87	2,014	2,343	2,756	3,103	3,616
88	2,223	2,583	3,038	3,420	3,988
89	2,426	2,816	3,316	3,735	4,354

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
50% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Forms 64031 and 64032
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	211	271	304	331	428
50-59	271	344	388	424	543
60-64	354	455	515	560	755
65-69	499	618	695	758	999
70	640	794	900	993	1,294
71	689	850	970	1,074	1,395
72	739	908	1,040	1,153	1,493
73	820	1,010	1,159	1,278	1,651
74	894	1,109	1,274	1,408	1,806
75	970	1,205	1,388	1,535	1,968
76	1,048	1,304	1,504	1,661	2,120
77	1,125	1,405	1,618	1,788	2,271
78	1,221	1,510	1,750	1,943	2,434
79	1,321	1,618	1,880	2,099	2,595
80	1,421	1,724	2,013	2,253	2,756
81	1,519	1,831	2,145	2,406	2,914
82	1,619	1,936	2,278	2,561	3,076
83	1,758	2,103	2,470	2,771	3,300
84	1,899	2,268	2,658	2,979	3,528
85	2,033	2,429	2,848	3,190	3,750
86	2,174	2,595	3,034	3,398	3,976
87	2,310	2,759	3,225	3,608	4,203
88	2,549	3,041	3,560	3,981	4,636
89	2,781	3,321	3,879	4,343	5,059

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
100% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Forms 64031 and 64032
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	238	304	344	371	465
50-59	300	386	438	473	591
60-64	399	508	579	626	820
65-69	554	695	783	856	1,141
70	701	881	1,008	1,099	1,463
71	748	948	1,081	1,184	1,571
72	794	1,010	1,154	1,265	1,679
73	880	1,119	1,278	1,399	1,850
74	964	1,230	1,406	1,535	2,020
75	1,043	1,338	1,528	1,669	2,189
76	1,124	1,443	1,646	1,800	2,359
77	1,203	1,550	1,768	1,926	2,525
78	1,316	1,668	1,915	2,103	2,693
79	1,426	1,785	2,064	2,278	2,859
80	1,535	1,900	2,209	2,454	3,026
81	1,645	2,014	2,350	2,626	3,193
82	1,756	2,134	2,498	2,803	3,361
83	1,906	2,313	2,703	3,026	3,605
84	2,055	2,495	2,913	3,255	3,855
85	2,201	2,673	3,121	3,485	4,100
86	2,356	2,856	3,328	3,715	4,344
87	2,505	3,034	3,533	3,943	4,593
88	2,763	3,343	3,899	4,350	5,060
89	3,016	3,651	4,255	4,748	5,526

American General Life Insurance Company
Policy Form 64028-VA
Long Term Care Policy

Rate Schedule

I. Substandard Rate classifications

Issue Age	Standard	Select	Underwriting Problems
18-59	129%	175%	210%
60-64	129%	174%	210%
65-69	126%	170%	205%
70-74	125%	167%	202%
75-79	123%	166%	200%
80-84	118%	160%	192%
85-89	114%	154%	185%

II. Area Rating

Area 1: All other areas.

Area 2: California, New York, All other Florida counties not included in Area 3.

Area 3: Florida counties: Dade, Broward, Fort Lauderdale, Palm.

III. Elimination Period

Elimination Period	Percentage Discount
0	0%
7	6%
14	10%
20	12%
30	13%
60	22%
100	28%

State: Virginia
Filing Company: American General Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: AGL Individual Long Term Care Insurance
Project Name/Number: AGL Rate Increase 5 Filing/AGL RI5 VA

Supporting Document Schedules

Bypassed - Item:	Certification of Compliance
Bypass Reason:	Not applicable to this rate increase only filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	AGL RI5 VA Act. Memorandum with Exhibits A through I.pdf
Item Status:	Received & Acknowledged
Status Date:	03/28/2014

Satisfied - Item:	Third Party Filer Authorization
Comments:	
Attachment(s):	AGL LTCG Auth 2015.pdf
Item Status:	Received & Acknowledged
Status Date:	07/20/2015

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	VA RI7 Cover Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	03/28/2014

Satisfied - Item:	11/25/2013 Response Letter
Comments:	
Attachment(s):	AGL VA RI5 Response 2013.11.25.pdf
Item Status:	Received & Acknowledged
Status Date:	03/28/2014

Satisfied - Item:	3/21/2014 Response Letter and Exhibits
Comments:	
Attachment(s):	AGL VA RI5 Response 2014.3.21.pdf AGL VA RI5 Exhibit C-Revised and Exhibit I-Revised .pdf
Item Status:	Received & Acknowledged

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Status Date:	03/28/2014

Satisfied - Item:	5/9/2014 Response Letter and Exhibits
Comments:	
Attachment(s):	AGL VA RI5 Response 2014.05.09.pdf AGL VA RI5 Exhibits J and K.pdf
Item Status:	Received & Acknowledged
Status Date:	07/14/2014

Satisfied - Item:	9/18/2014 Response Letter and Exhibits (Including Health Insurance Rate Request Summary)
Comments:	
Attachment(s):	AGL RI5 VA Response_2014_09.18.pdf AGL Ri5 VA Exhibits C L M N O.pdf VA Health Ins Rate Request Summary AGL.pdf
Item Status:	Received & Acknowledged
Status Date:	09/29/2014

Satisfied - Item:	10/28/2014 Response Letter and Exhibits (Including Health Insurance Rate Request Summary)
Comments:	
Attachment(s):	AGL RI5 VA Response_2014_10.28.pdf AGL RI5 VA Exhibit C (Revised 10-2014).pdf VA Health Ins Rate Request Summary AGL Revised.pdf
Item Status:	Received & Acknowledged
Status Date:	11/03/2014

Satisfied - Item:	11/14/14 Response Letter and Exhibit
Comments:	
Attachment(s):	AGL RI5 VA Response_2014_11.14.pdf AGL RI5 VA Exhibit P Lifetime Experience.pdf
Item Status:	Received & Acknowledged
Status Date:	03/24/2015

Satisfied - Item:	1/23/2015 Response Letter and Exhibit
Comments:	
Attachment(s):	AGL RI5 VA Response_2015_01_23.pdf AGL RI5 VA Response Exhibits.pdf
Item Status:	Received & Acknowledged
Status Date:	03/24/2015

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Satisfied - Item:	2/6/2015 Response Letter and Exhibit
Comments:	
Attachment(s):	AGL RI5 VA Response_2015_02_06.pdf AGL RI5 VA Exhibit A - Revised.pdf
Item Status:	Received & Acknowledged
Status Date:	03/24/2015

Satisfied - Item:	4/16/2015 Response Letter
Comments:	
Attachment(s):	AGL RI5 VA Response Letter 20150416.pdf
Item Status:	Received & Acknowledged
Status Date:	07/20/2015

Satisfied - Item:	Explanation of Variability for AGLC108716
Comments:	
Attachment(s):	EXPLANATION OF VARIABILITY for AGLC108716 - 20150505.pdf
Item Status:	Received & Acknowledged
Status Date:	07/20/2015

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	AGL VA Filing Certification of Compliance.pdf
Item Status:	Received & Acknowledged
Status Date:	04/20/2015

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	VA Readability Cert.pdf
Item Status:	Received & Acknowledged
Status Date:	07/20/2015

Satisfied - Item:	4/21/2015 Response Letter
Comments:	
Attachment(s):	AGL RI5 VA Response Letter 20150421.pdf
Item Status:	Received & Acknowledged
Status Date:	07/20/2015

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Satisfied - Item:	Certification of Compliance (Policyholder Rate Increase Notification Letter)
Comments:	
Attachment(s):	AGL VA Filing Certification of Compliance PH RI Notification Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	11/06/2015

Satisfied - Item:	Readability Certification (Policyholder Rate Increase Notification Letter)
Comments:	
Attachment(s):	VA Readability Cert.pdf
Item Status:	Received & Acknowledged
Status Date:	07/20/2015

Satisfied - Item:	6/24/2015 Response Letter and Exhibit
Comments:	
Attachment(s):	AGL RI5 VA Response_2015_06_24.pdf AGL RI5 VA Exhibit C - Revised 06-2015.pdf
Item Status:	Received & Acknowledged
Status Date:	07/20/2015

Satisfied - Item:	9/2/2015 Response Letter and Exhibits
Comments:	
Attachment(s):	AGL RI5 VA Response 2015_09_02.pdf AGL RI5 VA Exhibit R.pdf AGL RI5 VA Exhibit S.pdf
Item Status:	Received & Acknowledged
Status Date:	09/03/2015

Satisfied - Item:	Certification of Compliance (Policyholder Rate Increase Notification Letter)
Comments:	
Attachment(s):	Virginia LTC Filing Certification.pdf
Item Status:	Received & Acknowledged
Status Date:	09/03/2015

Satisfied - Item:	9/22/15 Response Letter and Exhibits
Comments:	
Attachment(s):	AGL RI5 VA Response_2015_09_22.pdf AGL RI5 VA Exhibits C and T.pdf
Item Status:	Received & Acknowledged

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

Status Date:	11/06/2015

Satisfied - Item:	10/5/15 Response Letter and Exhibit
Comments:	
Attachment(s):	AGL RI5 VA Response_2015_10_05.pdf AGL RI5 VA Exhibit U - PH Notification Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	11/06/2015

Satisfied - Item:	10/23/15 Response Letter and Exhibit
Comments:	
Attachment(s):	AGL RI5 VA Response_2015_10_23.pdf AGL VA Exhibit V.pdf
Item Status:	Received & Acknowledged
Status Date:	11/06/2015

Satisfied - Item:	10/29/15 Response Letter and Exhibit
Comments:	
Attachment(s):	AGL RI5 VA Response_2015_10_29.pdf AGL RI5 VA Exhibit W Policyholder Notification Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	11/06/2015

American General Life Insurance Company

Actuarial Justification of Premium Rate Increase For Individual Long Term Care Policy Form Series 64028

1. PURPOSE OF FILING

This is a rate increase filing for American General Life Insurance Company's existing Long Term Care policy form series 64028. The purpose of this filing is to demonstrate that the anticipated loss ratio for this form meets the minimum requirements of this state. This rate filing is not intended to be used for any other purposes.

2. SCOPE OF FILING

This filing applies to the Company's Long Term Care policy and rider forms summarized below:

Series LTC-1
Policy Form 64028-VA Non-Tax Qualified
This policy form is a non-qualified long term care policy form.

Rider Form C12271VA Tax Qualified
This is a rider that gives the policy form tax qualification features. Specifically, it changes the benefit eligibility criteria and other provisions to meet Section 7702B of the Internal Revenue Code of 1986 as amended.

Rider Form 64031 (Inflation Benefit)
This is a rider providing automatic compound benefit increases at the rate of 5% per year granted on every policy anniversary.

Rider Form 64032 (Nonforfeiture Benefit)
This is a rider providing a non-forfeiture benefit. The benefit is a paid up benefit provided policy termination is subsequent to the policyholder's third anniversary.

Rider Form 64035-VA (Contingent Nonforfeiture Benefit)
This is a rider providing contingent non-forfeiture benefits. The benefit is a paid up benefit if policy termination occurs due to the cumulative impact of rate increase exceeding levels outlined in the rider.

The rate increase will apply to all insureds issued coverage under the above referenced forms in this state. These forms were initially approved by the Commonwealth of Virginia on August 30, 1996 except Rider Form 64035-VA which was approved September 8, 2006. The number of policyholders and average premiums before and after the rate increase are shown in Exhibit A.

The rate increase will apply to in-force business only as the company stopped selling Policy Form Series 64028 in 2001.

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3. REASON FOR RATE INCREASE REQUEST

This rate filing is a request for a 25% increase. While a rate increase larger than 25% can be justified at this time, the company is currently not seeking a higher increase. Instead the company will continue to monitor emerging experience and review whether an additional rate increase is necessary.

The product was originally priced for a 61% lifetime loss ratio. Exhibit B provides the originally filed loss ratios for this policy by duration. This filing demonstrates that if future experience is consistent with our best estimates, the actual lifetime loss ratio will be 107.8%. A 25% rate increase is needed to bring the anticipated lifetime loss ratio closer to the original filed lifetime loss ratio and to mitigate future losses.

The proposed effective date is as soon as possible following approval and fulfillment of all statutory and contractual requirements but no sooner than August 1, 2014, which is one year after the prior rate increase.

4. DESCRIPTION OF BENEFITS

A. **Long Term Care Facility Benefit –** Pays covered expenses incurred up to the daily maximum benefit elected. Allowable long term care facilities include the following:
   - Nursing home facility
   - Assisted living facility

B. **Home and Community Care Benefit –** Pays covered expenses incurred up to the daily maximum benefit selected. The daily maximum benefit may be 100%, 50%, or 0% of the long term care facility benefit. Allowable home health care services include the following:
   - Professional nursing care,
   - Therapy services,
   - Assistance with activities of daily living, and
   - Adult day care

C. **Daily Maximum Benefit –** Amounts were initially issued in $10 increments with a minimum of $50 per day.

D. **Lifetime Elimination Period –** An insured must satisfy the elimination period before benefits are payable. The elimination period needs to be fulfilled only once per lifetime. Available elimination periods include 0, 7, 14, 20, 30, 60, and 100 days.

E. **Maximum Benefit Amount –** The maximum benefit amount is a pool of money equal to the daily maximum benefit multiplied by a factor. Available factors include 1095, 1460, 1825, and Unlimited.

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F. **Benefit Eligibility Criteria – Policy Form 64028VA -** The benefit eligibility criteria require that one of the following be necessary: assistance from another person with 2 or more of 6 Activities of Daily Living (ADLs) or supervision due to cognitive impairment. For nursing home benefits, a covered person may also qualify for benefits based on medical necessity. The six ADLs are bathing, dressing, continence, eating, toileting, and transferring.

Rider Form C12271VA – The benefit eligibility criteria require that a Licensed Health Care Practitioner certify that the Covered Person has been or will be unable to perform two or more Activities of Daily Living for a period of at least 90 days, or that the Covered Person requires Substantial Supervision to protect themselves from threats to health and safety due to Severe Cognitive Impairment.

G. **Additional Benefits**
- Respite care
- Caregiver training.
- Emergency response system
- Care Coordinator Services
- Bed reservation
- Waiver of premium

H. **Optional Benefits**
- Rider C12271VA gives the policy form tax qualification features
- Rider Form 64031 provides compound benefit increases at the rate of 5% per year each policy anniversary
- Rider Form 64032 provides non-forfeiture benefits. The benefit is a paid up benefit if policy termination occurs after the policyholder's third anniversary.
- Rider Form 64035-VA provides contingent non-forfeiture benefits. The benefit is a paid up benefit if policy termination occurs due to the cumulative impact of rate increase exceeding levels outlined in the Rider.

5. RENEWABILITY

This coverage is Guaranteed Renewable. Premiums may change only if the company changes premiums for all similar policies in Virginia for this policy form.

6. ISSUE AGE LIMITS

Issue age limits were 18 to 89.

7. RATE INCREASE HISTORY

There have been four previous rate increases on the policies included in this filing:

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Approval Date	Percentage Increase
7/25/2006	25%
10/1/2008	25%
5/29/2011	25%
3/14/2013	12.6%

The nationwide rate history and filing status is shown in Exhibit C.

8. PROJECTION ASSUMPTIONS

Interest - A 5% effective annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience. A 5% interest rate was used in the initial filing.

Mortality - 1994 Group Annuitant Mortality (GAM) with underwriting selection factors and projected mortality improvement based on the AA projection scale for first 20 policy years. All policies inforce are at duration ten or greater.

Policy Duration	Mortality Selection Factor	
	Male	Female
7	0.50	0.34
8+	0.55	0.37

The original pricing assumed mortality equal to 90% of the 1979-81 U.S. Population Mortality Table.

Voluntary Lapse Rates - Actual voluntary lapse rates have been considerably lower than pricing assumptions. The following table displays original pricing lapse rates.

Original Pricing Lapse Rates	
Duration	Lapse Rate
1	24%
2	20%
3	10%
4	10%
5	8%
6	7%
7	6%
8+	5%

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Voluntary lapse assumptions are based on actual lapse experience between January 1, 2004 and April 20, 2012. Actual lapse rates were studied separately for lapses unrelated to rate increases and for shock lapses due to rate increases.

The following table displays the actual experience lapse rates unrelated to rate increases for durations 7 and greater. All policies inforce are at duration ten or greater.

Exposure Period	Policy Duration	Actual Experience Lapse Rates Unrelated to Rate Increases							
		<50	50-59	60-64	65-69	70-74	75-79	80+	Total
All Years	7+	3.5%	1.6%	1.3%	1.4%	1.8%	2.0%	1.6%	1.6%

Best estimate lapse assumptions for lapses unrelated to rate increases are displayed in the table below:

Best Estimate Lapse Rates Unrelated to Rate Increases							
Duration	<50	50-59	60-64	65-69	70-74	75-79	80+
8+	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%

Actual experience lapse rates for lapses due to rate increases are displayed in the table below:

Shock Lapse Experience by Rate Increase All Policy Years			
Rate Increase	Exposure	Terminations	Actual Shock Lapse
Rate Increase 1	2,908	105	3.5%
Rate Increase 2	5,107	234	4.5%
Rate Increase 3	4,345	285	6.3%
Rate Increase 4	1,955	99	4.9%
Rate Increase 5	504	41	7.8%
Rate Increases 3,4 & 5	6,804	425	6.1%

Best estimate lapse assumptions used in the projections include an annual shock lapse rate of 6% for future rate increases. As a result, it is likely that this business will experience adverse selection. However, adverse selection has not been factored into morbidity assumptions.

In addition, we increase policy termination rates to reflect claimants that either exhaust benefits or die while on claim.

Morbidity - Morbidity assumptions vary by gender, attained age and plan design and are based on American General Life Insurance Company's actual experience, long term care insured experience of Univita administrative clients, numerous studies of non-insurance data, LTC insurance industry data and judgment. We adjusted the starting claim costs to reflect:

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- Inflation on claim – 4.5% for plans with inflation
- Reduced exposure for insureds already on claim
- Morbidity improvement of 1% per year for the first 20 policy years

A comparison of projection assumptions used in this filing and the previous filing is displayed in Exhibit D.

9. MINIMUM REQUIRED LIFETIME LOSS RATIO

The minimum required lifetime loss ratio for these forms is 60%.

10. DESCRIPTION OF CLAIM RESERVE METHODOLOGY

Tabular reserves are calculated using continuance curves that are based on actual experience of various carriers, numerous studies of non-insurance data and judgment. The starting continuance curves have been adjusted to reflect actual claim termination experience for this block.

IBNR reserves are set based on the tabular reserve for pending claims and historical claim reporting lags. In addition, expected loss ratios and judgment are considered in determining IBNR reserves.

11. PROJECTED FUTURE EXPERIENCE

Future experience, which has been projected for forty years using the best estimate assumptions described in Section 8, is shown in Exhibit E. The following table summarizes the nationwide anticipated future loss ratio without the requested rate increase:

Nationwide Future Experience Best Estimate Assumptions Without Rate Increase		
Earned Premium	**Incurred Claims**	**Loss Ratio**
$134,153,709	$357,520,677	266.5%

The state of Virginia has requested in previous filings that we provide the projected future loss ratio where the numerator is equal to anticipated incurred claims less policy reserves, and the denominator is equal to the anticipated earned premium. The following table summarizes the projected future loss ratios for nationwide and Virginia only experience:

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Projected Future Loss Ratio		
	Nationwide	**Virginia**
Earned Premium	$134,153,709	$2,676,321
Incurred Claims	$357,520,677	$5,939,372
Active Life Reserve	$123,344,036	$2,114,024
Future Loss Ratio (IC-ALR)/EP	174.6%	142.9%

12. HISTORICAL EXPERIENCE

Nationwide experience from 4/1/1997 through 12/31/2012 is shown in Exhibits E and F. This data includes claim payments through 12/31/2012. The following table summarizes the nationwide historical loss ratio accumulated at 5% interest to 12/31/2012:

Nationwide Historical Actual Experience		
Earned Premium	**Incurred Claims**	**Loss Ratio**
$444,715,617	$266,264,086	59.9%

13. LIFETIME ANTICIPATED LOSS RATIO

The lifetime anticipated loss ratio is defined as the present value of the historical and projected future incurred claims divided by the present value of the historical and projected future earned premiums. Exhibit E also provides a projection of these values with a 25% rate increase implemented in calendar year 2011. The earned premium projections assume that this rate increase will become effective in all states by 2017 due to the expected timing of rate increase approvals in each state and the modal distribution of premiums inforce. Nationwide results are summarized below:

Anticipated Lifetime Loss Ratio Rate Increase = 25%			
Time Period	**Earned Premium**	**Incurred Claims**	**Loss Ratio**
Future	$158,759,287	$353,702,733	222.8%
Lifetime	$603,474,903	$619,966,819	102.7%

The above demonstrates that both the anticipated future loss ratio and the lifetime anticipated loss ratio are in compliance with the minimum loss ratio requirements after implementation of the 25% rate increase.

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The state of Virginia has previously requested lifetime experience for Virginia Only at historical Virginia rate levels and nationwide at proposed Virginia rate levels. These projections are included in Exhibit G and Exhibit H, respectively.

As displayed on Exhibit H, if the proposed rates had been in effect since inception the nationwide projected lifetime loss ratio would be 50.3%. Yet, the company is not able to collect increased premiums prior to rate increase effective dates and the purpose of the requested rate increase is to mitigate future losses. Based on projected future earned premiums, incurred claims and direct expenses (premium taxes and commissions), this block of business will sustain losses. We estimate the future loss on the business using the following equations:

Estimated Future Return = PVEP + PV Investment Income – PV Incurred Claims – PV Change ALR – PV Expenses

Estimated Future Return = $134,153,709 + $73,903,209 – $357,520,677 – ($49,381,292) - $28,767,038

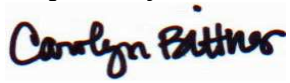
Estimated Future Return = = ($128,849,504)

As displayed above, we expect the future return on this business to be negative.

14. ACTUARIAL CERTIFICATION

I hereby certify to the best of my knowledge and judgment, the entire rate filing submitted herein is in compliance with all applicable laws of this Commonwealth and the premiums are reasonable in relation to the benefits as defined by 14VAC5-130-70C.

Respectfully submitted,



Carolyn Bittner, FSA, MAAA
Univita Health, Inc.
Acting as a consultant to
American General Life Insurance Company

Attachments:

Exhibit A – Nationwide Average Annualized Premiums
Exhibit B – Originally Filed Loss Ratios
Exhibit C – Rate Increase History
Exhibit D – Comparison of Projection Assumptions
Exhibit E – Lifetime Experience Without and With Rate Increase
Exhibit F – Historical Incurred and Actual Loss Ratios – Nationwide and Virginia

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Exhibit G – Lifetime Experience Virginia Only
Exhibit H – Lifetime Experience at Proposed VA Rate Levels
Exhibit I – Policyholder Notification Letter
Proposed Rate Sheets

Exhibit A

American General Life Insurance Company

Actuarial Justification for Premium Rate Increase

Policies Inforce as of 12/31/2012

		Average Annualized Premiums[1]		
	Lives Inforce	**Annualized Premium Per Inforce**	**With Increase Implemented in 2013**	**With Requested 25% Rate Increase**
Nationwide	7,964	$3,124	$3,517	$4,396
Virginia	118	$3,507	$3,948	$4,935

[1] *Based on premium paying policyholders*

Exhibit B

American General Life Insurance Company
Policy Form Series 64028
Long Term Care Plan - 30 Year Projection
Original Filed Loss Ratios By Duration

				Present Values @ 5%		
Policy Year	**Premiums**	**Claims**	**Loss Ratio**	**Premiums**	**Claims**	**Loss Ratio**
1	1,646.00	357.87	21.7%	1,646.00	349.25	21.2%
2	1,174.80	352.43	30.0%	1,118.86	327.56	29.3%
3	881.09	348.16	39.5%	799.17	308.18	38.6%
4	710.18	337.80	47.6%	613.48	284.77	46.4%
5	597.83	325.02	54.4%	491.84	260.95	53.1%
6	512.55	315.77	61.6%	401.60	241.45	60.1%
7	442.14	319.93	72.4%	329.93	232.98	70.6%
8	383.65	323.33	84.3%	272.65	224.25	82.2%
9	334.78	326.36	97.5%	226.59	215.57	95.1%
10	290.39	316.20	108.9%	187.19	198.91	106.3%
11	250.59	302.63	120.8%	153.84	181.31	117.9%
12	217.55	296.93	136.5%	127.20	169.42	133.2%
13	187.75	287.79	153.3%	104.55	156.39	149.6%
14	161.02	275.73	171.2%	85.39	142.70	167.1%
15	137.20	261.28	190.4%	69.30	128.78	185.8%
16	116.34	245.33	210.9%	55.96	115.16	205.8%
17	98.10	232.24	236.7%	44.94	103.83	231.0%
18	82.21	217.65	264.7%	35.87	92.67	258.4%
19	68.41	201.91	295.1%	28.43	81.88	288.0%
20	56.50	185.40	328.1%	22.36	71.60	320.2%
21	46.38	168.79	363.9%	17.48	62.08	355.2%
22	37.81	151.94	401.9%	13.57	53.22	392.2%
23	30.57	135.31	442.6%	10.45	45.14	432.0%
24	24.48	119.13	486.6%	7.97	37.85	474.9%
25	19.40	103.60	534.0%	6.02	31.35	521.2%
26	15.25	89.21	585.0%	4.50	25.71	570.9%
27	11.87	75.26	634.0%	3.34	20.66	618.8%
28	9.15	62.71	685.4%	2.45	16.39	668.8%
29	6.99	51.56	737.6%	1.78	12.84	719.8%
30	5.27	41.79	793.0%	1.28	9.91	773.9%
Total	8,556.25	6,829.06	79.81%	6,883.98	4,202.77	61.05%

Exhibit C

American General Life Insurance Company
LTC Rate History and Filing Status
Policy 64028 and Associated Riders

State	Inforce Lives as of 12/20/2012	Annzd Premium as of 12/20/2012	Rate Increase #1			Rate Increase #2			Rate Increase #3			Rate Increase #4			Rate Increase #5			Rate Increase #6			Rate Increase #7		
			Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status
Alabama	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---
Alaska	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---
Arizona	81	289,192	25%	15%	9/9/2005	25%	15%	7/31/2007	25%	15%	12/29/2008	25%	25%	5/17/2010	25%	25%	1/23/2012	25%	0%	to be filed	25%	0%	to be filed
Arkansas	8	29,543	25%	25%	11/6/2006	25%	25%	10/1/2008	25%	12.5%	3/3/2010	25%	10%	4/19/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed
California	943	3,004,418	25%	25%	1/14/2005	25%	25%	6/26/2007	25%	25%	5/11/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed
Colorado	51	129,990	25%	25%	7/19/2006	25%	25%	10/7/2008	25%	25%	1/12/2010	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed
Connecticut	109	498,435	25%	25%	5/25/2006	25%	15%	8/5/2008	25%	10%	11/6/2009	25%	20%	11/19/2010	25%	15%	7/12/2012	25%	20%	6/18/2013	25%	0%	to be filed
DC	4	8,122	25%	21%	10/8/2008	25%	10%	3/3/2011	25%	10%	5/30/2012	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed
Delaware	41	75,922	25%	10%	4/5/2006	25%	10%	10/20/2008	25%	15%	5/10/2010	25%	15%	8/10/2011	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed
Florida	215	503,016	23%	23%	10/30/2006	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed
Georgia	28	79,430	25%	12%	9/26/2005	25%	10%	3/6/2007	25%	10%	11/11/2008	25%	10%	3/30/2010	25%	15%	7/18/2011	25%	12%	7/20/2012	25%	10%	8/13/2013
Hawaii	10	31,870	25%	20%	8/29/2006	25%	20%	12/24/2008	25%	15%	6/6/2011	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed
Idaho	44	109,924	25%	25%	6/8/2006	25%	25%	10/7/2008	25%	25%	4/29/2010	25%	10%	1/6/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed
Illinois	333	1,602,897	25%	25%	2/4/2005	25%	25%	6/20/2007	25%	25%	8/4/2008	25%	25%	12/4/2009	25%	25%	3/29/2011	25%	25%	3/27/2012	25%	0%	pending
Indiana	41	108,926	25%	25%	9/24/2005	25%	25%	2/20/2007	25%	25%	11/6/2008	25%	10%	6/24/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed
Iowa	71	171,097	25%	20%	6/2/2006	25%	15%	11/24/2008	25%	20%	5/7/2010	25%	19%	7/6/2011	25%	18%	11/5/2012	25%	0%	to be filed	25%	0%	to be filed
Kansas	207	580,068	25%	15%	8/11/2005	25%	15%	6/1/2007	25%	25%	11/10/2008	25%	10%	7/26/2010	25%	10%	9/28/2011	25%	12%	10/23/2012	25%	10%	9/24/2013
Kentucky	51	154,912	25%	25%	7/15/2005	25%	25%	2/19/2007	25%	10%	1/6/2009	25%	10%	5/17/2010	25%	5%/20%	9/7/2011	25%	0%	to be filed	25%	0%	to be filed
Louisiana	49	95,522	25%	25%	2/9/2007	25%	10%	8/21/2008	25%	15%	5/21/2010	15%	15%	8/23/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed
Maine	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---
Maryland	205	737,182	15%	15%	7/27/2005	15%	15%	2/20/2007	15%	15%	8/19/2008	15%	15%	10/27/2009	15%	15%	11/29/2011	15%	15%	1/15/2013	15%	0%	to be filed
Massachusetts	505	1,492,377	25%	25%	11/23/2005	25%	10%	5/17/2012	10%	0%	pending	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed
Michigan	99	397,280	25%	25%	3/17/2005	25%	25%	2/28/2007	25%	25%	9/18/2008	25%	25%	11/2/2009	25%	25%	12/14/2010	25%	25%	1/25/2012	25%	25%	7/15/2013
Minnesota	170	435,630	25%	25%	3/15/2005	25%	25%	4/12/2007	25%	25%	2/10/2009	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed
Mississippi	12	32,184	25%	25%	10/24/2008	25%	25%	3/26/2010	25%	25%	7/25/2011	25%	25%	3/8/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed
Missouri	165	452,641	25%	25%	6/12/2006	25%	25%	10/31/2007	25%	25%	11/14/2008	25%	26.5%	8/22/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed
Montana	10	21,299	25%	25%	3/2/2006	25%	25%	9/16/2008	25%	25%	11/12/2009	25%	25%	12/20/2010	25%	15%	1/23/2012	25%	25%	8/20/2013	25%	0%	to be filed
Nebraska	38	103,964	25%	25%	4/1/2005	25%	25%	1/5/2009	25%	25%	3/30/2010	25%	10%	10/14/2011	25%	25%	3/21/2013	25%	0%	to be filed	25%	0%	to be filed
Nevada	22	54,239	25%	25%	10/15/2008	25%	25%	1/27/2010	25%	20%	4/16/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed
New Hampshire	43	124,746	25%	25%	7/14/2006	25%	25%	7/17/2008	25%	25%	10/1/2009	25%	25%	8/10/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed
New Jersey	515	1,740,320	25%	20%/10%	12/12/2006	25%	25%	10/31/2008	25%	25%	7/12/2010	25%	25%	11/21/2012	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed
New Mexico	67	186,192	25%	25%	4/4/2005	25%	25%	3/8/2007	25%	25.2%	10/2/2009	25%	10%	12/21/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed
New York	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---
North Carolina	197	588,374	25%	25%	12/9/2005	25%	25%	9/11/2008	25%	25%	11/17/2009	25%	13.5%	7/23/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed
North Dakota	106	337,921	25%	20%	3/15/2005	25%	20%	3/1/2007	25%	20%	10/21/2008	25%	20%	1/5/2010	25%	20%	11/23/2010	25%	20%	2/13/2012	25%	15%	7/18/2013
Ohio	313	956,145	25%	25%	1/21/2005	25%	25%	2/15/2007	25%	25%	9/10/2008	25%	10%	4/9/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed
Oklahoma	209	465,151	15%	15%	12/27/2004	15%	15%	2/2/2007	15%	15%	2/6/2009	15%	10%	11/8/2010	15%	15%	12/20/2011	25%	25%	3/27/2013	25%	0%	to be filed
Oregon	125	268,543	25%	20%	4/30/2007	25%	15%	10/10/2008	25%	5%	5/20/2010	25%	10%	12/9/2011	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed
Pennsylvania	445	1,603,805	25%	25%	6/2/2005	25%	10%	9/19/2007	25%	25%	9/8/2008	25%	17.5%	5/6/2010	25%	17.5%	6/8/2012	25%	0%	to be filed	25%	0%	to be filed
Rhode Island	146	429,107	25%	25%	4/4/2005	25%	25%	4/5/2007	25%	15.4%	8/17/2009	25%	16.7%	9/19/2011	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed
South Carolina	52	171,782	25%	25%	5/9/2006	25%	25%	4/25/2007	25%	20%	11/25/2008	25%	20%	7/22/2010	25%	5%	11/3/2011	25%	15%	3/1/2013	25%	0%	to be filed
South Dakota	44	180,881	25%	25%	6/24/2005	25%	25%	7/11/2008	25%	25%	8/27/2009	25%	11%	10/21/2010	25%	25%	2/10/2012	25%	25%	8/13/2013	25%	0%	to be filed
Tennessee	63	181,284	25%	25%	6/16/2006	25%	15%	9/22/2008	25%	18%	11/18/2009	25%	10%	2/17/2011	25%	25%	3/15/2012	25%	25%	7/23/2013	25%	0%	to be filed
Texas	524	1,424,908	25%	25%	8/1/2005	25%	18%	4/25/2007	25%	16%	6/29/2009	25%	25%	6/10/2011	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed
Utah	28	61,179	25%	25%	8/10/2006	25%	25%	7/6/2009	25%	25%	10/25/2010	25%	25%	3/30/2012	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed
Vermont	11	24,756	25%	0%	disapproved	---	0%	not filing	---	0%	not filing	---	0%	not filing	---	0%	not filing	---	0%	to be filed	---	0%	to be filed
Virginia	118	413,770	25%	25%	7/25/2006	25%	25%	10/1/2008	25%	25%	5/29/2011	25%	12.6%	3/14/2013	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed
Washington	129	615,961	25%	25%	2/1/2005	25%	25%	2/21/2007	25%	25%	9/2/2008	25%	25%	11/23/2009	25%	25%	5/2/2011	25%	25%	7/6/2012	25%	0%	pending
West Virginia	19	44,361	25%	15%	6/14/2006	25%	25%	12/10/2008	25%	25%	5/13/2010	25%	25%	9/28/2011	25%	15%	3/25/2013	25%	0%	to be filed	25%	0%	to be filed
Wisconsin	1,298	3,144,887	25%	20%	10/21/2005	25%	12%	11/1/2007	25%	16%/10%	8/25/2009	25%	25%/10%	8/4/2011	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed
Wyoming	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---

Exhibit D

American General Life Insurance Company
Policy Form 64028
Comparison of Projection Assumptions

Assumption	Best Estimate Assumptions Used in Previous Filing	Best Estimate Assumptions Used in Current Filing

Mortality

Best Estimate Assumptions Used in Previous Filing

1994 Group Annuitant Mortality with underwriting selection factors and projected mortality improvement for the first 20 policy years.

Policy Duration	Male Selection Factor	Female Selection Factor
1	0.20	0.17
2	0.25	0.21
3	0.30	0.26
4	0.35	0.30
5	0.40	0.34
6	0.45	0.38
7	0.50	0.43
8+	0.55	0.47

Best Estimate Assumptions Used in Current Filing

1994 Group Annuitant Mortality with underwriting selection factors and projected mortality improvement for the first 20 policy years.

Policy Duration	Male Selection Factor	Female Selection Factor
8+	0.55	0.37

Lapse

Best Estimate Assumptions Used in Previous Filing

Best estimate persistency assumptions.

Best Estimate Expected Lapse Rates Unrelated to Rate Increases

Duration	<50	50-59	60-64	65-69	70-74	75-79	80+
7	2.70%	1.20%	1.20%	1.50%	1.70%	1.70%	1.70%
8	1.90%	1.20%	1.20%	1.50%	1.50%	1.50%	1.50%
9+	1.90%	1.20%	1.20%	1.50%	1.50%	1.50%	1.50%

Best estimate lapse assumptions include a shock lapse rate of 8% for future rate increases.

Best Estimate Assumptions Used in Current Filing

Best estimate persistency assumptions.

Best Estimate Expected Lapse Rates Unrelated to Rate Increases

Duration	All Ages
8+	1.80%

Best estimate lapse assumptions include a shock lapse rate of 6% for future rate increases.

Investment Return

Best Estimate Assumptions Used in Previous Filing

5.0% effective annual rate

Best Estimate Assumptions Used in Current Filing

5.0% effective annual rate

Morbidity

Best Estimate Assumptions Used in Previous Filing

Claim costs based on best estimate assumptions.

Claim Cost Per $1 of Daily Benefit
100 Day Elimination Period

100% HHC Benefit

Attained Age	24 Months	36 Months	48 Months	60 Months	Lifetime
57	$ 0.47	$ 0.64	$ 0.79	$ 0.92	$ 1.63
67	1.19	1.61	1.92	2.19	3.48
77	8.02	10.74	12.63	14.12	20.13
87	31.86	41.56	47.73	52.53	70.29
97	67.61	87.84	100.50	110.27	146.69
107	71.68	93.08	106.44	116.75	155.18

50% HHC Benefit

Attained Age	24 Months	36 Months	48 Months	60 Months	Lifetime
57	$ 0.41	$ 0.54	$ 0.63	$ 0.71	$ 1.21
67	1.02	1.32	1.54	1.74	2.74
77	6.91	8.76	10.11	11.30	16.62
87	26.73	33.62	38.52	42.71	58.52
97	56.95	71.45	81.60	90.21	122.71
107	60.40	75.76	86.48	95.58	129.89

0% HHC Benefit

Attained Age	24 Months	36 Months	48 Months	60 Months	Lifetime
57	$ 0.27	$ 0.39	$ 0.49	$ 0.58	$ 1.22
67	0.73	1.03	1.26	1.47	2.57
77	4.85	6.71	8.20	9.44	14.10
87	18.65	25.31	30.20	34.03	46.86
97	40.05	54.07	64.26	72.14	98.57
107	42.52	57.36	68.14	76.47	104.38

Best Estimate Assumptions Used in Current Filing

Claim costs based on best estimate assumptions.

Claim Cost Per $1 of Daily Benefit
100 Day Elimination Period

100% HHC Benefit

Attained Age	24 Months	36 Months	48 Months	60 Months	Lifetime
57	$ 0.29	$ 0.40	$ 0.49	$ 0.58	$ 1.16
67	0.76	1.04	1.27	1.47	2.53
77	7.79	10.59	12.83	14.57	21.98
87	46.10	60.29	70.68	78.11	102.97
97	97.47	122.30	138.31	148.35	179.94
107	103.47	129.79	146.74	157.36	190.77

50% HHC Benefit

Attained Age	24 Months	36 Months	48 Months	60 Months	Lifetime
57	$ 0.27	$ 0.36	$ 0.44	$ 0.51	$ 0.83
67	0.70	0.93	1.11	1.25	1.86
77	7.21	9.54	11.30	12.57	17.27
87	41.93	52.89	60.10	64.78	80.91
97	84.77	100.41	108.73	113.19	130.87
107	89.90	106.41	115.17	119.85	138.48

0% HHC Benefit

Attained Age	24 Months	36 Months	48 Months	60 Months	Lifetime
57	$ 0.17	$ 0.23	$ 0.29	$ 0.33	$ 0.62
67	0.55	0.76	0.93	1.07	1.76
77	5.88	8.01	9.72	11.00	16.21
87	38.05	49.35	57.48	63.16	82.32
97	80.64	98.10	108.61	114.82	136.16
107	85.40	103.83	114.91	121.43	143.91

Exhibit E

American General Life Insurance Company

Policy Form 64028

Lifetime Experience (Nationwide)

	Results Without Rate Increase			Results With Rate Increase		
Year	Earned Premiums[1]	Incurred Claims[1]	Loss Ratio	Earned Premiums[1]	Incurred Claims[1]	Loss Ratio
1997	114,262	0	0.0%	114,262	0	0.0%
1998	2,741,075	255,905	9.3%	2,741,075	255,905	9.3%
1999	8,897,299	1,567,138	17.6%	8,897,299	1,567,138	17.6%
2000	16,769,737	3,708,416	22.1%	16,769,737	3,708,416	22.1%
2001	25,249,863	8,294,491	32.8%	25,249,863	8,294,491	32.8%
2002	27,255,517	12,221,446	44.8%	27,255,517	12,221,446	44.8%
2003	25,899,360	11,711,813	45.2%	25,899,360	11,711,813	45.2%
2004	24,383,594	10,661,320	43.7%	24,383,594	10,661,320	43.7%
2005	23,464,347	15,611,586	66.5%	23,464,347	15,611,586	66.5%
2006	23,654,567	18,826,127	79.6%	23,654,567	18,826,127	79.6%
2007	23,429,392	16,815,477	71.8%	23,429,392	16,815,477	71.8%
2008	22,849,710	13,730,319	60.1%	22,849,710	13,730,319	60.1%
2009	22,762,416	20,312,138	89.2%	22,762,416	20,312,138	89.2%
2010	22,350,672	24,522,821	109.7%	22,350,672	24,522,821	109.7%
2011	22,106,283	21,559,856	97.5%	22,106,283	21,559,856	97.5%
2012	21,057,719	23,176,728	110.1%	21,057,719	23,176,728	110.1%
Acc @ 5.0%	444,715,617	266,264,086	59.9%	444,715,617	266,264,086	59.9%
2013	19,991,984	22,806,642	114.1%	21,422,484	22,784,208	106.4%
2014	19,299,116	23,859,286	123.6%	21,550,653	23,765,533	110.3%
2015	17,843,304	24,816,782	139.1%	20,818,319	24,650,385	118.4%
2016	16,191,913	25,726,792	158.9%	19,509,238	25,502,949	130.7%
2017	14,517,286	26,622,737	183.4%	17,858,577	26,353,743	147.6%
2018	12,951,114	27,413,642	211.7%	15,993,649	27,112,581	169.5%
2019	11,497,751	28,043,314	243.9%	14,193,278	27,719,691	195.3%
2020	10,148,693	28,444,649	280.3%	12,524,216	28,103,896	224.4%
2021	8,899,897	28,638,501	321.8%	10,980,756	28,285,362	257.6%
2022	7,749,765	28,732,432	370.8%	9,560,066	28,370,056	296.8%
2023	6,699,936	28,672,532	428.0%	8,263,830	28,304,413	342.5%
2024	5,754,323	28,380,279	493.2%	7,096,697	28,010,916	394.7%
2025	4,905,659	27,747,599	565.6%	6,049,481	27,382,844	452.6%
2026	4,147,636	26,754,464	645.1%	5,114,318	26,400,056	516.2%
2027	3,474,618	25,490,203	733.6%	4,284,144	25,150,671	587.1%
2028	2,885,016	24,030,634	832.9%	3,556,965	23,709,295	666.6%
2029	2,376,028	22,452,706	945.0%	2,929,287	22,151,581	756.2%
2030	1,940,094	20,748,927	1069.5%	2,391,746	20,470,049	855.9%
2031	1,569,699	18,978,869	1209.1%	1,935,051	18,723,436	967.6%
2032	1,256,161	17,170,084	1366.9%	1,548,486	16,938,907	1093.9%
2033	994,189	15,357,013	1544.7%	1,225,509	15,150,170	1236.2%
2034	778,581	13,605,259	1747.4%	959,700	13,421,898	1398.6%
2035	604,415	11,941,678	1975.7%	744,988	11,780,555	1581.3%
2036	465,487	10,388,665	2231.8%	573,718	10,248,188	1786.3%
2037	355,322	8,960,813	2521.9%	437,909	8,839,407	2018.5%
2038	268,946	7,671,183	2852.3%	331,433	7,567,052	2283.1%
2039	201,605	6,513,035	3230.6%	248,425	6,424,363	2586.0%
2040	149,924	5,484,307	3658.1%	184,722	5,409,330	2928.4%
2041	110,285	4,582,780	4155.4%	135,865	4,519,775	3326.7%
2042	80,211	3,792,163	4727.7%	98,801	3,739,708	3785.1%
2043	57,586	3,107,520	5396.3%	70,920	3,064,251	4320.7%
2044	40,648	2,521,748	6203.9%	50,051	2,486,421	4967.7%
2045	28,218	2,027,972	7186.9%	34,740	1,999,385	5755.3%
2046	19,242	1,615,947	8398.0%	23,684	1,593,011	6726.1%
2047	12,961	1,275,523	9841.6%	15,949	1,257,283	7883.0%
2048	8,635	999,060	11569.3%	10,625	984,663	9267.6%
2049	5,631	774,545	13754.5%	6,927	763,296	11019.0%
2050	3,534	594,019	16809.9%	4,346	585,325	13467.3%
2051	2,155	450,605	20910.1%	2,650	443,962	16752.9%
2052	1,299	338,382	26039.9%	1,598	333,363	20863.8%
PV @ 5.0%	134,153,709	357,520,677	266.5%	158,759,287	353,702,733	222.8%
Lifetime @ 5.0%	578,869,326	623,784,763	107.8%	603,474,903	619,966,819	102.7%

[1] Projected future earned premiums and incurred claims are based on best estimate persistency and morbidity assumptions as shown in item 8 of the actuarial memorandum.

American General Life Insurance Company
Policy Form 64028
Historical Experience

	Experience Period	Lives	Earned Premiums	Paid Claims by Incurral Yr*	Claim Reserves by Incurral Yr*	Actual Incurred Claims	Increase in Active Life Reserve	Increase in Claim Reserve	Incurred Loss Ratio (IR)	Actual Loss Ratio (IC/EP)
Nationwide	1997	291	114,262	-	-	-	-	-	0.0%	0.0%
	1998	2,483	2,741,075	255,905	-	255,905	338,304	386,000	35.8%	9.3%
	1999	6,119	8,897,299	1,567,138	-	1,567,138	2,681,130	1,651,707	66.3%	17.6%
	2000	9,936	16,769,737	3,611,820	96,596	3,708,416	5,401,067	3,059,309	72.6%	22.1%
	2001	13,893	25,249,863	7,862,405	432,086	8,294,491	7,195,405	5,246,031	82.1%	32.8%
	2002	13,359	27,255,517	12,069,108	152,337	12,221,446	14,365,727	4,991,029	115.9%	44.8%
	2003	12,773	25,899,360	10,983,359	728,455	11,711,813	16,175,459	7,483,180	136.6%	45.2%
	2004	12,381	24,383,594	10,177,839	483,480	10,661,320	15,491,003	4,624,842	126.2%	43.7%
	2005	11,840	23,464,347	14,037,572	1,574,014	15,611,586	12,218,893	3,871,407	135.1%	66.5%
	2006	11,268	23,654,567	16,548,262	2,277,866	18,826,127	11,399,603	5,367,724	150.5%	79.6%
	2007	10,781	23,429,392	14,290,773	2,524,704	16,815,477	11,181,249	4,703,998	139.6%	71.8%
	2008	10,230	22,849,710	11,118,276	2,612,043	13,730,319	8,354,684	5,857,510	122.3%	60.1%
	2009	9,511	22,762,416	12,662,339	7,649,799	20,312,138	4,482,229	8,007,972	144.1%	89.2%
	2010	8,952	22,350,672	11,758,582	12,764,239	24,522,821	5,169,576	5,310,256	156.6%	109.7%
	2011	8,430	22,106,283	6,638,375	14,921,481	21,559,856	4,866,269	5,651,317	145.1%	97.5%
	2012	7,736	21,057,719	1,159,235	22,017,493	23,176,728	4,023,438	11,910,642	185.7%	110.1%
	Subtotal		312,985,813	134,740,988	68,234,594	202,975,582	123,344,036	78,122,924	129.2%	64.9%
	Accumulated @ 5.00%		444,715,617	189,122,189	77,141,897	266,264,086	180,376,214	106,210,251	124.3%	59.9%

* A 5.0% annual rate of interest was assumed for accumulating historical experience.

American General Life Insurance Company
Policy Form 64028
Historical Experience (Virginia Only)

	Experience Period	Lives	Earned Premiums	Paid Claims by Incurral Yr*	Claim Reserves by Incurral Yr*	Actual Incurred Claims	Increase in Active Life Reserve	Actual Loss Ratio (IC/EP)
Virginia	1997	NA	1,650	-	-	-	NA	0.0%
	1998	NA	38,830	-	-	-	NA	0.0%
	1999	NA	81,314	-	-	-	NA	0.0%
	2000	NA	171,943	-	-	-	NA	0.0%
	2001	NA	296,518	12,510	-	12,510	NA	4.2%
	2002	NA	370,647	251,346	-	251,346	NA	67.8%
	2003	NA	340,150	77,417	-	77,417	NA	22.8%
	2004	159	328,357	173,829	-	173,829	803,403	52.9%
	2005	156	334,125	426,758	-	426,758	228,371	127.7%
	2006	156	331,073	182,814	-	182,814	206,265	55.2%
	2007	145	339,940	311,738	58,767	370,505	137,204	109.0%
	2008	145	323,436	35,639	-	35,639	197,530	11.0%
	2009	135	347,529	397,382	118,530	515,912	76,177	148.5%
	2010	133	342,812	209,308	112,603	321,912	177,766	93.9%
	2011	131	347,794	124,512	299,139	423,652	160,672	121.8%
	2012	126	386,960	12,139	457,226	469,366	126,636	121.3%
	Subtotal		4,383,079	2,215,391	1,046,265	3,261,657	2,114,024	74.4%
	Accumulated @ 5.0%		6,086,026	3,000,366	1,135,038	4,135,404	2,848,110	67.9%

* A 5.0% annual rate of interest was assumed for accumulating historical experience.

American General Life Insurance Company

Policy Form 64028

Lifetime Experience (Virginia Only)

	Results Without Rate Increase			Results With Rate Increase		
Year	Earned Premiums[1]	Incurred Claims[1]	Loss Ratio	Earned Premiums[1]	Incurred Claims[1]	Loss Ratio
1997	1,650	0	0.0%	1,650	0	0.0%
1998	38,830	0	0.0%	38,830	0	0.0%
1999	81,314	0	0.0%	81,314	0	0.0%
2000	171,943	0	0.0%	171,943	0	0.0%
2001	296,518	12,510	4.2%	296,518	12,510	4.2%
2002	370,647	251,346	67.8%	370,647	251,346	67.8%
2003	340,150	77,417	22.8%	340,150	77,417	22.8%
2004	328,357	173,829	52.9%	328,357	173,829	52.9%
2005	334,125	426,758	127.7%	334,125	426,758	127.7%
2006	331,073	182,814	55.2%	331,073	182,814	55.2%
2007	339,940	370,505	109.0%	339,940	370,505	109.0%
2008	323,436	35,639	11.0%	323,436	35,639	11.0%
2009	347,529	515,912	148.5%	347,529	515,912	148.5%
2010	342,812	321,912	93.9%	342,812	321,912	93.9%
2011	347,794	423,652	121.8%	347,794	423,652	121.8%
2012	386,960	469,366	121.3%	386,960	469,366	121.3%
Acc @ 5.0%	6,086,026	4,135,404	67.9%	6,086,026	4,135,404	67.9%
2013	377,925	392,433	103.8%	377,925	392,433	103.8%
2014	395,793	406,923	102.8%	399,592	406,283	101.7%
2015	362,985	421,385	116.1%	429,840	417,980	97.2%
2016	326,316	432,906	132.7%	401,758	427,656	106.4%
2017	292,080	443,877	152.0%	359,414	438,101	121.9%
2018	260,166	452,350	173.9%	320,039	446,105	139.4%
2019	230,552	456,151	197.9%	283,520	449,525	158.6%
2020	203,015	458,767	226.0%	249,594	451,825	181.0%
2021	177,543	457,490	257.7%	218,221	450,334	206.4%
2022	154,270	456,826	296.1%	189,563	449,465	237.1%
2023	133,171	457,717	343.7%	163,597	450,144	275.2%
2024	114,164	454,702	398.3%	140,224	447,023	318.8%
2025	97,194	449,447	462.4%	119,363	441,731	370.1%
2026	82,135	441,563	537.6%	100,859	433,891	430.2%
2027	68,787	424,928	617.7%	84,461	417,496	494.3%
2028	57,116	401,573	703.1%	70,127	394,502	562.6%
2029	47,051	375,235	797.5%	57,766	368,586	638.1%
2030	38,354	348,336	908.2%	47,085	342,122	726.6%
2031	30,897	320,840	1038.4%	37,929	315,086	830.7%
2032	24,606	292,231	1187.6%	30,206	286,971	950.1%
2033	19,457	263,760	1355.6%	23,885	258,993	1084.3%
2034	15,178	235,842	1553.9%	18,633	231,559	1242.8%
2035	11,634	206,215	1772.5%	14,283	202,448	1417.4%
2036	8,865	179,184	2021.2%	10,883	175,887	1616.2%
2037	6,750	155,420	2302.4%	8,285	152,538	1841.1%
2038	5,172	133,571	2582.7%	6,347	131,080	2065.1%
2039	3,948	114,598	2902.3%	4,846	112,449	2320.7%
2040	2,989	97,365	3257.0%	3,668	95,526	2604.2%
2041	2,243	82,304	3669.4%	2,752	80,739	2934.2%
2042	1,666	68,660	4121.2%	2,043	67,345	3295.8%
2043	1,241	56,388	4543.0%	1,522	55,300	3633.4%
2044	937	46,053	4915.2%	1,149	45,158	3930.8%
2045	687	37,067	5393.3%	843	36,344	4312.1%
2046	501	29,553	5899.4%	615	28,975	4714.3%
2047	365	23,406	6421.1%	448	22,946	5127.0%
2048	266	18,405	6929.4%	326	18,043	5528.3%
2049	190	14,430	7579.8%	234	14,145	6042.9%
2050	127	11,168	8797.8%	156	10,946	7008.8%
2051	79	8,584	10827.9%	98	8,413	8617.3%
2052	46	6,528	14160.6%	57	6,397	11251.8%
PV @ 5.0%	2,676,321	5,939,372	221.9%	3,110,624	5,858,982	188.4%
Lifetime @ 5.0%	8,762,347	10,074,775	115.0%	9,196,650	9,994,386	108.7%

[1] Projected future earned premiums and incurred claims are based on best estimate persistency and morbidity assumptions as shown in item 8 of the actuarial memorandum.

Exhibit H

American General Life Insurance Company

Policy Form 64028

Lifetime Experience (Nationwide)

Year	Earned Premiums at Proposed VA Rate Levels	Incurred Claims[1]	Loss Ratio
1997	314,109	0	0.0%
1998	7,535,279	255,905	3.4%
1999	24,458,883	1,567,138	6.4%
2000	46,100,400	3,708,416	8.0%
2001	69,412,465	8,294,491	11.9%
2002	74,926,055	12,221,446	16.3%
2003	71,197,946	11,711,813	16.4%
2004	67,031,073	10,661,320	15.9%
2005	63,612,699	15,611,586	24.5%
2006	57,330,662	18,826,127	32.8%
2007	53,361,305	16,815,477	31.5%
2008	47,564,076	13,730,319	28.9%
2009	42,020,989	20,312,138	48.3%
2010	37,468,528	24,522,821	65.4%
2011	33,290,797	21,559,856	64.8%
2012	28,680,654	23,176,728	80.8%
Acc @ 5.0%	1,066,278,574	266,264,086	25.0%
2013	27,678,249	23,968,854	86.6%
2014	25,052,611	24,977,704	99.7%
2015	22,571,889	25,922,436	114.8%
2016	20,236,610	26,842,548	132.6%
2017	18,055,126	27,653,043	153.2%
2018	16,027,292	28,298,271	176.6%
2019	14,142,416	28,711,536	203.0%
2020	12,395,536	28,913,838	233.3%
2021	10,786,305	29,014,457	269.0%
2022	9,317,908	28,959,178	310.8%
2023	7,995,725	28,668,050	358.5%
2024	6,809,790	28,032,565	411.7%
2025	5,751,088	27,032,693	470.0%
2026	4,811,923	25,758,630	535.3%
2027	3,990,221	24,286,692	608.7%
2028	3,281,753	22,694,636	691.5%
2029	2,675,801	20,974,719	783.9%
2030	2,161,871	19,187,306	887.5%
2031	1,727,591	17,360,326	1004.9%
2032	1,365,180	15,528,636	1137.5%
2033	1,067,318	13,758,484	1289.1%
2034	827,103	12,076,986	1460.2%
2035	635,863	10,507,095	1652.4%
2036	484,487	9,063,450	1870.7%
2037	365,981	7,759,247	2120.1%
2038	273,797	6,587,962	2406.2%
2039	203,211	5,547,574	2730.0%
2040	149,196	4,635,815	3107.2%
2041	108,292	3,836,187	3542.4%
2042	77,592	3,143,717	4051.6%
2043	54,682	2,551,217	4665.5%
2044	37,920	2,051,749	5410.8%
2045	25,822	1,634,967	6331.7%
2046	17,360	1,290,616	7434.4%
2047	11,542	1,010,949	8759.1%
2048	7,518	783,821	10426.1%
2049	4,714	601,189	12754.2%
2050	2,874	456,090	15871.2%
2051	1,736	342,533	19735.9%
2052	1,016	254,863	25091.7%
PV @ 5.0%	168,524,910	355,316,095	210.8%
Lifetime @ 5.0%	1,234,803,485	621,580,181	50.3%

[1] Projected future earned premiums and incurred claims are based on best estimate persistency and morbidity assumptions as shown in item 8 of the actuarial memorandum. Earned premiums restated to proposed Virginia rate levels.

American General
Life Companies

P.O. Box 64036
St. Paul, MN 55164

January 24, 2013

John Doe
Address
City, State Zip

RE: American General Life Insurance Company
Long-Term Care Insurance Plan
Policy # *****

Dear John Doe:

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that American General Life Insurance Company has authorized a premium rate increase for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, American General Life Insurance Company has determined that an increase in the renewal premium rate for your policy type is necessary. As required, the increase in renewal premiums has been presented to and approved by your state Department of Insurance and will apply to all policies in your state of issue in accordance with the terms of your policy contract.

What are my Options?

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. The effective date of your selected option will be 5/3/2013.

Option 1: Your premium will automatically increase and your coverage amounts will continue as reflected in Chart 1 below. To select this option you do nothing. Do not return the *"Coverage Decrease Election Form."* Do not send any money at this time.
Your premium will automatically increase by $416.64 annually. Your annual premium will be adjusted to $3,723.30 beginning 5/3/2013. If you pay premiums through electronic fund transfer, your premiums will be automatically adjusted to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your 5/3/2013 billing.

Feature	Current	New
Nursing Home Care Daily Maximum	$233	$233
Assisted Living Facility Care Daily Maximum	$233	$233
Home Health Care Daily Maximum	$233	$233
Total Coverage Amount	$254,806	$254,806
Annual Premium	$3,306.66	$3,723.30

Option 2: You may take a decrease to your coverage amounts and your current premium will remain the same as reflected in Chart 2 below.

To select this option, simply sign, date, and return, the enclosed "*Coverage Decrease Election Form*" in the enclosed pre-paid envelope no later than 30 days from the date of this letter.

Feature	Current	New
Nursing Home Care Daily Maximum	$233	$216
Assisted Living Facility Care Daily Maximum	$233	$216
Home Health Care Daily Maximum	$233	$216
Total Coverage Amount	$254,806	$236,120
Annual Premium	$3,306.66	$3,434.40

Option 3: You may be able to make other policy changes such as reducing your benefit period, modifying rider selections, or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

NOTE: If you do not sign, date and return the Coverage Decrease Election Form or call Customer Service to discuss other options within 30 days, you will automatically receive Option 1.

If you have any questions about this communication, please call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 7:00 a.m. to 5:30 p.m. Central Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration
American General Life Insurance Company

Enclosure(s)

cc: Agent Name
Address
City, State, ZIP

Address Change Reminder:

If your address has changed from what is printed above, please indicate your correct address below and return this page to the address provided:

Street/PO Box _____
City _____
State _____ Zip Code _____
Telephone (_____)_____-_____

Policy # ***

Return To: American General Life Insurance Company
Long Term Care Service and Claims Center
P.O. Box 64036
St. Paul, MN 55164-9916

Signature: _____

American General Life Insurance Company
COVERAGE DECREASE ELECTION FORM

To select the decrease to your Coverage Amounts and maintain your current Premium, you must sign and date this form in the box below and return this form in the envelope provided no later than 30 days from the date of this letter.

NOTE: If you do not select Option 2 and return the enclosed "*Coverage Decrease Election Form*" signed and dated by 30 days from the date of this letter, you will automatically receive Option 1.

Decreased Nursing Home Care Maximum Daily Amount:	$216
Decreased Assisted Living Facility Care Maximum Daily Amount:	$216
Decreased Home Health Care Maximum Daily Amount:	$216
Decreased Total Coverage Amount:	$236,120
Premium/Premium Mode:	$3,434.40 / Annual

Insured: John Doe
Policy Number #****

My signature below affirms my selection of Option 2 to take the decrease to my Coverage Amounts with my current Premium remaining the same as shown above.

I understand my decreased Coverage Amounts will be effective 5/3/2013.

Signature of Policy Owner Date

PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS FROM THE DATE OF THIS LETTER.

If you have any questions regarding your options, please call 1 (888) 316-2672.

Please make sure address shows through
the envelope window.

AGL
P.O. BOX 64036
ST. PAUL, MN 55164-9916

American General
Life Companies

January 5, 2015

Dear Insurance Commissioner:

This letter authorizes the Long Term Care Group, Inc. (LTCG) to make various policy form filings, including premium rate filings on behalf of American General Life Insurance Company.

This authorization will remain in full force and effect until the earlier of (a) your receipt of a written notification from American General Life Insurance Company expressly terminating this authorization; or (b) 31st of December 2015.

Please feel free to contact me directly should you have any questions concerning this authorization, c/o American General Life Companies, 2929 Allen Parkway, Mail Stop A9-90, Houston, TX, 77019. My e-mail address, telephone and fax numbers are below.

Sincerely,

Leo W. Grace
Vice President
Product Compliance
Phone: (800) 247-8837, ext 3508
Fax: 713-342-7550
e-mail: leo.grace@aglife.com

Timothy P. Cassidy
Director, Compliance Services
Univita Health, Inc.
5 Commonwealth Rd
Suite 2B
Natick MA 01760

Tel: 952.516.6195
Fax: 952.983.5128

www.univitahealth.com

September 30, 2013

Virginia Bureau of Insurance
Attn: Life and Health Rate Review Section

Re: AMERICAN GENERAL LIFE INSURANCE COMPANY
FEIN # 25-0598210 NAIC # 60488

INDIVIDUAL ACCIDENT AND HEALTH INSURANCE
Rate Increase for:
Non-Tax Qualified Long Term Care Policy 64028-VA
Tax Qualified Long Term Care Policy Rider C12271VA
Inflation Benefit Rider 64031
Nonforfeiture Benefit Rider 64032
Contingent Nonforfeiture Benefit Rider 64035-VA

Dear Sir or Madam:

On behalf of American General Life Insurance Company (AGL), we at Univita are submitting the enclosed actuarial memorandum and rate sheets for your review and approval. A letter from AGL authorizing Univita to make this rate filing on behalf of AGL is included. Please note that previous rate increase filings for this policy form series were made on behalf of American General Life Insurance Company of Delaware, which was merged into AGL effective December 31, 2012.

The enclosed actuarial memorandum details the request for a 25% increase in the rates for AGL's long term care insurance policy forms and associated riders noted above. We are requesting this rate increase because persistency and claim experience are expected to produce lifetime loss ratios that exceed the minimum required loss ratio. Your department approved the previous rate increases on the following dates: the first rate increase on July 25, 2006; the second rate increase on October 1, 2008; the third rate increase on May 29, 2011; and the fourth rate increase on March 14, 2013. At this time this additional rate increase of 25% is justifiable to bring lifetime loss ratios closer to an acceptable level.

The company will offer insureds the option to reduce their daily benefit amount. This option will allow insureds the flexibility to maintain their current premium level, if desired.

The rates will be effective upon approval but not earlier than August 1, 2014 (one year from the effective date of the previous increase) and will apply to all existing policyholders. The company discontinued sales of its long term care insurance product in 2001.

We trust that you will find our filing to be in order and hope that you will grant your Department's approval to this submission. If you have any questions or would like to discuss any of the materials included in this submission, please feel free to call me directly at (952) 516-6195 or toll free at 1-888-312-5824. You may also send an email to tcassidy@univitahealth.com.

We look forward to hearing from you.

Sincerely,

Timothy P. Cassidy

Univita Health, Inc.
20975 Swenson Dr
Suite 300
Waukesha WI 53186

Tel: 952.516.6972
Fax: 952.983.5296

www.univitahealth.com

November 25, 2013

Mr. Bob Grissom
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY
PROJECT NAME/NUMBER: AGL RI5 FILING/AGL RI5 VA
SERFF TRACKING NO: LTCG-129225734

Dear Mr. Grissom:

This letter is in response to your letter to Timothy Cassidy dated October 27, 2013. Your letter indicated that you would like to receive additional information to complete your review. Specifically, you stated:

> *The company filed and received approval of a rate increase on the same forms as in this filing earlier in 2013. In fact, the company advised that the rate increase was implemented in August 2013. Please advise why an additional rate increase has been requested when the effect of the last rate increase hasn't been determined or why this rate increase wasn't incorporated in the prior rate increase? Typically, Virginia would prefer that at least a year's experience develop prior to an additional rate increase being requested.*

The state did not approve the requested rate increase percent included in the previous filing. The company requested a 25% rate increase and the state approved only 12.6%.

Although experience from the last rate increase has not developed completely, we believe the requested rate increase is needed and justified. The projected lifetime loss ratio using best estimate assumptions and a fourth rate increase in all states is 107.8%. With the requested rate increase it is 102.7%, and considerably higher than the original pricing loss ratio of 61%.

The purpose of the requested rate increase is to mitigate future losses. Based on projected future earned premiums, incurred claims and direct expenses (premium taxes and commissions), this block of business will sustain losses. We estimate the future loss on the business using the following equations:

Estimated Future Return = PVEP + PV Investment Income – PV Incurred Claims – PV Change ALR – PV Expenses

Estimated Future Return = $134,153,709 + $73,903,209 – $357,520,677 - ($49,381,292) - $28,767,038

Estimated Future Return = ($128,849,504)

An increase larger than 25% can be justified, yet the company is limiting the rate increase to 25% to limit anti-selection. The company will continue to monitor emerging experience and review whether an additional rate increase is necessary. Any increase approved for this filing would not become effective for at least one year from the effective date of the previous rate increase.

The policyholder is provided the option to modify plan design features in lieu of accepting the rate increase. Potential changes include, but are not limited to, reducing the policy benefit period, reducing the daily benefit, modifying rider selections and changing the elimination period. In addition, the company offers an option for policyholders to reduce premiums below current levels.

Given this information, we respectfully ask you to approve the company's request for a 25% rate increase on this block of LTC business.

Sincerely,

Carolyn Bittner, FSA, MAAA
Actuary
Univita Health, Inc.
Acting as Consultant to
American General Life Insurance Company

Univita Health, Inc.
20975 Swenson Dr
Suite 300
Waukesha WI 53186

Tel: 952.516.6972
Fax: 952.983.5296

www.univitahealth.com

March 21, 2014

Mr. Bob Grissom
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY
PROJECT NAME/NUMBER: AGL RI5 FILING/AGL RI5 VA
SERFF TRACKING NO: LTCG-129225734

Dear Mr. Grissom:

This letter is in response to your letter to Timothy Cassidy dated February 17, 2014. Your letter indicated that you would like to receive additional information to complete your review. Specifically, you stated:

1) *Exhibit C, "LTC Rate History and Filing Status", indicates that the requested rate filing has only been made in a very small number of states. Please advise why it has not been filed in all states?*

   The current filing has been filed in 28 states. Of those 28 states, a rate increase has been approved in 24 states and the filing is pending in the remaining 4 states. The company intends to file this rate increase in the remaining 17 states, except Vermont, subject to the timing of previous rate increase approvals.

   The company has submitted two rate increase filings in Vermont and maintains this business meets all state regulations to receive a rate increase. However, the state has disapproved both rate increase filings. The company is not planning to submit a third filing at this time given there are only 10 polices inforce in Vermont.

2) *In addition to updating Exhibit C, please also revise it to show the average rate increase percentage approved in each state and the nationwide average approved over the life of the policy.*

   Exhibit C (Revised 3/10/2014) displays the cumulative rate increase percentage approved in each state and the nationwide average approved rate increase over the life of the policy.

3) *The company stated in the filing that "At this time this additional rate increase of 25% is justifiable to bring lifetime loss ratios closer to an acceptable level." What does the company believe to be an "acceptable level? Is it targeting the original target loss ratio or a higher target at this time?*

   The actuarial memorandum states that the requested rate increase is needed to bring the anticipated lifetime loss ratio closer to the original filed lifetime loss ratio and to mitigate future losses. The requested rate increase will bring the lifetime loss ratio closer to the original pricing loss ratio of 61%. However, the company is not targeting a specific loss ratio. Rather, the requested rate increase will be used to mitigate future losses.

4) *When the company implemented the prior rate increase on 08/01/2013, did the company also advise it's policyholders that it intended to file an additional rate increase in the next 60 days? Please explain why if not.*

   Policyholders were informed of the previous rate increase in May 2013. The company did not advise its policyholders that it intended to file an additional rate increase as the requested rate increase would need to be reviewed and approved before being implemented. For the previous two rate increases in Virginia, the time from filing the rate increase request to the effective date of the increase has been on average 16 months. In order to give policyholders complete and timely information, the company prefers to inform policyholders of a rate increase after it is approved.

5) *If the company responded no to the prior question, has the company now advised it's policyholders that an additional rate increase has been filed? Please explain why if not.*

   The company has not advised its policyholders that an additional rate increase has been filed. As noted above, the rate increase request process has a long turnaround time, and the final approved increase may not be as great as the requested rate increase. However, upon approval of the requested rate increase the company will include in the notification letter that there exists the possibility that the company will file for future rate increases. A sample Policyholder Notification letter is attached.

6) *Regarding the prior rate increase, the company offered a number of different options other than accepting the full rate increase. Please advise how many policyholders accepted the full rate increase and how many elected to pursue a different option.*

   Regarding the prior rate increase, offers were sent to 104 policyholders. There were 91 policyholders that accepted the full rate increase and 13 that elected to reduce benefits instead of increased premiums.

7) *Please advise if the company has other blocks of long term care insurance business in Virginia. If so, please identify the approved form numbers and provide an overview of the rate increase history (including SERFF filing numbers) of those forms.*

   The company has one other closed block of long term care insurance in Virginia. This block was sold in Virginia in calendar year 2012 as Form Series 08000. The Virginia approved form numbers are:

   08000-VA (Long Term Care Insurance Policy)
   08007-VA (Nonforfeiture Benefit)
   08014-VA (Outline of Coverage)
   08035-VA (Partnership)

   There are seven policies currently inforce in Virginia and there have been no rate increase requests for this form nationwide.

Given this information, we respectfully ask you to approve the company's request for a 25% rate increase on this block of LTC business.

Sincerely,

Carolyn Bittner, FSA, MAAA
Actuary
Univita Health, Inc.
Acting as Consultant to
American General Life Insurance Company

Attachment:
Exhibit C – Rate Increase History (Revised 3/10/2014)
Exhibit I – Policyholder Notification Letter (Revised)

American General Life Insurance Company
LTC Rate History and Filing Status
Policy 64028 and Associated Riders

			Rate Increase #1			Rate Increase #2			Rate Increase #3			Rate Increase #4			Rate Increase #5			Rate Increase #6			Rate Increase #7			
State	Inforce Lives as of 12/20/2013	Annzd Premium as of 12/20/2013	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Cumulative Rate Increase
Alabama	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
Alaska	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
Arizona	75	265,962	25%	15%	9/9/2005	25%	15%	7/31/2007	25%	15%	12/29/2008	25%	25%	5/17/2010	25%	25%	1/23/2012	25%	0%	to be filed	25%	0%	to be filed	137.6%
Arkansas	8	32,066	25%	25%	11/6/2006	25%	25%	10/1/2008	25%	12.5%	3/3/2010	25%	10%	4/19/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	93.4%
California	894	2,801,248	25%	25%	1/14/2005	25%	25%	6/26/2007	25%	25%	5/11/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
Colorado	50	128,073	25%	25%	7/19/2006	25%	25%	10/7/2008	25%	25%	1/12/2010	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
Connecticut	95	456,600	25%	25%	5/25/2006	25%	15%	8/5/2008	25%	10%	11/6/2009	25%	20%	11/19/2010	25%	15%	7/12/2012	25%	20%	6/18/2013	25%	0%	to be filed	161.9%
DC	4	8,122	25%	21%	10/8/2008	25%	10%	3/3/2011	25%	10%	5/30/2012	25%	27.1%	11/8/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	86.0%
Delaware	41	88,984	25%	10%	4/5/2006	25%	10%	10/20/2008	25%	15%	5/10/2010	25%	15%	8/10/2011	25%	25%	10/22/2013	25%	0%	to be filed	25%	0%	to be filed	100.0%
Florida	202	466,278	23%	23%	10/30/2006	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	23.0%
Georgia	24	67,735	25%	12%	9/26/2005	25%	10%	3/6/2007	25%	10%	11/11/2008	25%	10%	3/30/2010	25%	15%	7/18/2011	25%	12%	7/20/2012	25%	10%	8/13/2013	111.2%
Hawaii	10	31,870	25%	20%	8/29/2006	25%	20%	12/24/2008	25%	15%	6/6/2011	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	65.6%
Idaho	41	96,976	25%	25%	6/8/2006	25%	25%	10/7/2008	25%	25%	4/29/2010	25%	10%	1/6/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	114.8%
Illinois	299	1,438,638	25%	25%	2/4/2005	25%	25%	6/20/2007	25%	25%	8/4/2008	25%	25%	12/4/2009	25%	25%	3/29/2011	25%	25%	3/27/2012	25%	0%	pending	281.5%
Indiana	40	106,802	25%	25%	9/24/2005	25%	25%	2/20/2007	25%	25%	11/6/2008	25%	10%	6/24/2010	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	114.8%
Iowa	70	173,339	25%	20%	6/2/2006	25%	15%	11/24/2008	25%	20%	5/7/2010	25%	19%	7/6/2011	25%	18%	11/5/2012	25%	16.5%	12/27/2013	25%	0%	to be filed	170.9%
Kansas	191	567,981	25%	15%	8/11/2005	25%	15%	6/1/2007	25%	25%	11/10/2008	25%	10%	7/26/2010	25%	10%	9/28/2011	25%	12%	10/23/2012	25%	10%	9/24/2013	146.4%
Kentucky	47	141,530	25%	25%	7/15/2005	25%	25%	2/19/2007	25%	10%	1/6/2009	25%	10%	5/17/2010	25%	5%/20%	9/7/2011	25%	0%	to be filed	25%	0%	to be filed	112.7%
Louisiana	49	108,470	25%	25%	2/9/2007	25%	10%	8/21/2008	25%	15%	5/21/2010	15%	15%	8/23/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	81.8%
Maine	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
Maryland	195	776,386	15%	15%	7/27/2005	15%	15%	2/20/2007	15%	15%	8/19/2008	15%	15%	10/27/2009	15%	15%	11/29/2011	15%	15%	1/15/2013	15%	15%	2/27/2014	166.0%
Massachusetts	476	1,382,535	25%	25%	11/23/2005	25%	10%	5/17/2012	10%	0%	pending	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed	37.5%
Michigan	94	442,336	25%	25%	3/17/2005	25%	25%	2/28/2007	25%	25%	9/18/2008	25%	25%	11/2/2009	25%	25%	12/14/2010	25%	25%	1/25/2012	25%	25%	7/15/2013	376.8%
Minnesota	157	396,551	25%	25%	3/15/2005	25%	25%	4/12/2007	25%	25%	2/10/2009	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
Mississippi	11	36,686	25%	25%	10/24/2008	25%	25%	3/26/2010	25%	25%	7/25/2011	25%	25%	3/8/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	144.1%
Missouri	148	429,602	25%	25%	6/12/2006	25%	25%	10/31/2007	25%	25%	11/14/2008	25%	26.5%	8/22/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	147.1%
Montana	10	26,034	25%	25%	3/2/2006	25%	25%	9/16/2008	25%	25%	11/12/2009	25%	25%	12/20/2010	25%	15%	1/23/2012	25%	25%	8/20/2013	25%	0%	to be filed	251.0%
Nebraska	35	118,366	25%	25%	4/1/2005	25%	25%	1/5/2009	25%	25%	3/30/2010	25%	10%	10/14/2011	25%	25%	3/21/2013	25%	0%	to be filed	25%	0%	to be filed	168.6%
Nevada	19	49,450	25%	25%	10/15/2008	25%	25%	1/27/2010	25%	20%	4/16/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	87.5%
New Hampshire	42	115,835	25%	25%	7/14/2006	25%	25%	7/17/2008	25%	25%	10/1/2009	25%	25%	8/10/2012	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	144.1%
New Jersey	490	1,953,005	25%	20%/10%	12/12/2006	25%	25%	10/31/2008	25%	25%	7/12/2010	25%	25%	11/21/2012	25%	25%	pending	25%	0%	to be filed	25%	0%	to be filed	180.8%
New Mexico	63	171,075	25%	25%	4/4/2005	25%	25%	3/8/2007	25%	25.2%	10/2/2009	25%	10%	12/21/2012	25%	15%	2/25/2014	25%	0%	to be filed	25%	0%	to be filed	147.5%
New York	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
North Carolina	180	583,347	25%	25%	12/9/2005	25%	25%	9/11/2008	25%	25%	11/17/2009	25%	13.5%	7/23/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	121.7%
North Dakota	94	335,296	25%	20%	3/15/2005	25%	20%	3/1/2007	25%	20%	10/21/2008	25%	20%	1/5/2010	25%	20%	11/23/2010	25%	20%	2/13/2012	25%	15%	7/18/2013	243.4%
Ohio	294	870,941	25%	25%	1/21/2005	25%	25%	2/15/2007	25%	25%	9/10/2008	25%	10%	4/9/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	114.8%
Oklahoma	199	511,777	15%	15%	12/27/2004	15%	15%	2/2/2007	15%	15%	2/6/2009	15%	10%	11/8/2010	15%	15%	12/20/2011	25%	25%	3/27/2013	25%	0%	to be filed	140.5%
Oregon	118	256,092	25%	20%	4/30/2007	25%	15%	10/10/2008	25%	5%	5/20/2010	25%	10%	12/9/2011	25%	15%	12/16/2013	25%	0%	to be filed	25%	0%	to be filed	83.3%
Pennsylvania	419	1,599,901	25%	25%	6/2/2005	25%	10%	9/19/2007	25%	25%	9/8/2008	25%	17.5%	5/6/2010	25%	17.5%	6/8/2012	25%	0%	to be filed	25%	0%	to be filed	137.3%
Rhode Island	136	391,390	25%	25%	4/4/2005	25%	25%	4/5/2007	25%	15.4%	8/17/2009	25%	16.7%	9/19/2011	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	110.4%
South Carolina	48	176,757	25%	25%	5/9/2006	25%	25%	4/25/2007	25%	20%	11/25/2008	25%	20%	7/22/2010	25%	5%	11/3/2011	25%	15%	3/1/2013	25%	0%	to be filed	171.7%
South Dakota	43	207,877	25%	25%	6/24/2005	25%	25%	7/11/2008	25%	25%	8/27/2009	25%	11%	10/21/2010	25%	25%	2/10/2012	25%	25%	8/13/2013	25%	0%	to be filed	238.7%
Tennessee	57	188,782	25%	25%	6/16/2006	25%	15%	9/22/2008	25%	18%	11/18/2009	25%	10%	2/17/2011	25%	25%	3/15/2012	25%	25%	7/23/2013	25%	0%	to be filed	191.5%
Texas	488	1,310,697	25%	25%	8/1/2005	25%	18%	4/25/2007	25%	16%	6/29/2009	25%	25%	6/10/2011	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	113.9%
Utah	26	57,556	25%	25%	8/10/2006	25%	25%	7/6/2009	25%	25%	10/25/2010	25%	25%	3/30/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	144.1%
Vermont	10	21,570	25%	0%	disapproved	---	0%	not filing	---	0%	not filing	---	0%	not filing	---	0%	not filing	---	0%	to be filed	---	0%	to be filed	0.0%
Virginia	108	413,062	25%	25%	7/25/2006	25%	25%	10/1/2008	25%	25%	5/29/2011	25%	12.6%	3/14/2013	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	119.9%
Washington	111	524,364	25%	25%	2/1/2005	25%	25%	2/21/2007	25%	25%	9/2/2008	25%	25%	11/23/2009	25%	25%	5/2/2011	25%	25%	7/6/2012	25%	25%	11/22/2013	376.8%
West Virginia	14	39,348	25%	15%	6/14/2006	25%	25%	12/10/2008	25%	25%	5/13/2010	25%	25%	9/28/2011	25%	15%	3/25/2013	25%	0%	to be filed	25%	0%	to be filed	158.3%
Wisconsin	1,237	2,977,243	25%	20%	10/21/2005	25%	12%	11/1/2007	25%	16%/10%	8/25/2009	25%	25%/10%	8/4/2011	25%	25%/10%	11/18/2013	25%	0%	to be filed	25%	0%	to be filed	96.5%
Wyoming	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
																							Total	141.0%

American General
Life Companies

P.O. Box 64036
St. Paul, MN 55164

January 24, 2013

John Doe
Address
City, State Zip

RE: American General Life Insurance Company
Long-Term Care Insurance Plan
Policy # *****

Dear John Doe:

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that American General Life Insurance Company has authorized a premium rate increase for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, American General Life Insurance Company has determined that an increase in the renewal premium rate for your policy type is necessary. As required, the increase in renewal premiums has been presented to and approved by your state Department of Insurance and will apply to all policies in your state of issue in accordance with the terms of your policy contract.

American General Life Insurance Company could have requested a larger premium rate increase than what is included in this letter as a larger increase is justified. American General Life Insurance Company will continue to monitor experience. It is a possibility that the company will request a future premium rate increase. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by your state Bureau of Insurance before being implemented.

What are my Options?

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. The effective date of your selected option will be 5/3/2013.

Option 1: Your premium will automatically increase and your coverage amounts will continue as reflected in Chart 1 below. To select this option you do nothing. Do not return the *"Coverage Decrease Election Form."* Do not send any money at this time.

Your premium will automatically increase by $416.64 annually. Your annual premium will be adjusted to $3,723.30 beginning 5/3/2013. If you pay premiums through electronic fund transfer, your premiums will be automatically adjusted to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your 5/3/2013 billing.

Feature	Current	New
Nursing Home Care Daily Maximum	$233	$233
Assisted Living Facility Care Daily Maximum	$233	$233
Home Health Care Daily Maximum	$233	$233
Total Coverage Amount	$254,806	$254,806
Annual Premium	$3,306.66	$3,723.30

Option 2: You may take a decrease to your coverage amounts and your current premium will remain the same as reflected in Chart 2 below.

To select this option, simply sign, date, and return, the enclosed "*Coverage Decrease Election Form*" in the enclosed pre-paid envelope no later than 30 days from the date of this letter.

Feature	Current	New
Nursing Home Care Daily Maximum	$233	$216
Assisted Living Facility Care Daily Maximum	$233	$216
Home Health Care Daily Maximum	$233	$216
Total Coverage Amount	$254,806	$236,120
Annual Premium	$3,306.66	$3,434.40

Option 3: You may be able to make other policy changes such as reducing your benefit period, modifying rider selections, or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

NOTE: If you do not sign, date and return the Coverage Decrease Election Form or call Customer Service to discuss other options within 30 days, you will automatically receive Option 1.

If you have any questions about this communication, please call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 7:00 a.m. to 5:30 p.m. Central Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration
American General Life Insurance Company

Enclosure(s)

cc: Agent Name
Address
City, State, ZIP

Address Change Reminder:

If your address has changed from what is printed above, please indicate your correct address below and return this page to the address provided:

Street/PO Box _____
City _____
State _____ Zip Code _____
Telephone (_____)_____-_____

Policy # ***

Return To: American General Life Insurance Company
Long Term Care Service and Claims Center
P.O. Box 64036
St. Paul, MN 55164-9916

Signature: _____

American General Life Insurance Company
COVERAGE DECREASE ELECTION FORM

To select the decrease to your Coverage Amounts and maintain your current Premium, you must sign and date this form in the box below and return this form in the envelope provided no later than 30 days from the date of this letter.

NOTE: If you do not select Option 2 and return the enclosed "*Coverage Decrease Election Form*" signed and dated by 30 days from the date of this letter, you will automatically receive Option 1.

Decreased Nursing Home Care Maximum Daily Amount:	$216
Decreased Assisted Living Facility Care Maximum Daily Amount:	$216
Decreased Home Health Care Maximum Daily Amount:	$216
Decreased Total Coverage Amount:	$236,120
Premium/Premium Mode:	$3,434.40 / Annual

Insured: John Doe
Policy Number #****

My signature below affirms my selection of Option 2 to take the decrease to my Coverage Amounts with my current Premium remaining the same as shown above.

I understand my decreased Coverage Amounts will be effective 5/3/2013.

Signature of Policy Owner _____ Date _____

PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS FROM THE DATE OF THIS LETTER.

If you have any questions regarding your options, please call 1 (888) 316-2672.

Please make sure address shows through
the envelope window.

AGL
P.O. BOX 64036
ST. PAUL, MN 55164-9916

Univita Health, Inc.
20975 Swenson Dr
Suite 300
Waukesha WI 53186

Tel: 952.516.6972
Fax: 952.983.5296

www.univitahealth.com

May 9, 2014

Ms. Janet Houser
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY
PROJECT NAME/NUMBER: AGL RI5 FILING/AGL RI5 VA
SERFF TRACKING NO: LTCG-129225734

Dear Ms. Houser:

This letter is in response to your letter to Timothy Cassidy dated March 28, 2014. Your letter indicated that you would like to receive additional information to complete your review. Specifically, you stated:

1) *Please provide sufficient data and justification for the rather large change in the morbidity assumptions since the last rate increase filing so that we can independently evaluate its reasonableness.*

Since the time the previous filing was submitted, we have revised projection assumptions. Revised assumptions are based on annual experience studies. Specifically, the results of a recent claim termination study and incurred claim study prompted the large change in morbidity assumptions.

Revisions to the claim termination study that contributed to the change in morbidity assumptions are noted below:

- The expected basis was updated from a 2002 study to a 2008 study.
- Both expected bases vary claim termination rates by age at claim, duration of claim and cognitive status. However, the 2008 expected basis varies claim termination rates by three locations of care – nursing home, assisted living, and home care. The 2002 expected basis varied by only aggregate facility and home care.
- In prior studies, American General's experience was given partial credibility. Beginning in 2012, full credibility was ascribed to the company's experience.

Exhibit J displays the claim termination rates from the prior and current filings. As displayed in the exhibit, for claim durations greater than one, termination rates are lower

than those used in the prior filing. This results in higher projected incurred claims in the current filing.

Exhibit K displays a comparison of incurred claims. The comparison on Page 1 displays the results of the incurred claim analysis in which expected claims are based on assumptions used in the previous filing. In total, the actual to expected ratio is 1.208. Page 2 of Exhibit K displays a comparison in which expected claims are based on assumptions used in the current filing. The actual to expected ratio is 1.005 and indicates that in total current assumptions replicate actual experience better than the prior assumptions.

Given this information, we respectfully ask you to approve the company's request for a 25% rate increase on this block of LTC business.

Sincerely,

Carolyn Bittner, FSA, MAAA
Actuary
Univita Health, Inc.
Acting as Consultant to
American General Life Insurance Company

Exhibit J – Claim Termination Adjustments
Exhibit K – Incurred Claim Comparisons

Exhibit J

American General Life Insurance Company

Prior Claim Termination Adjustments

(A)	(B)	(C)	(D)	(E)	(F)	(G) (C) x (F)
Claim Duration (months)	Actual Termination Rate	Expected Termination Rate	A/E	Credibility Weight	Credibility Adjusted A/E	Final Aggregate Termination Rate
1	7.68%	6.72%	1.14	40.30%	1.06	7.11%
2-3	7.58%	5.55%	1.37	48.10%	1.18	6.53%
4-6	5.07%	4.77%	1.06	50.00%	1.03	4.92%
7-12	3.02%	4.10%	0.74	58.20%	0.85	3.47%
13-24	1.85%	3.06%	0.60	60.60%	0.76	2.33%
58-48	1.78%	2.41%	0.74	55.30%	0.86	2.06%
49+	2.02%	3.40%	0.59	44.10%	0.82	2.79%

Current Claim Termination Adjustments

(A)	(B)	(C)	(D)	(E)	(F)	(G) (C) x (F)
Claim Duration (months)	Actual Termination Rate	Expected Termination Rate	A/E	Credibility Weight	Credibility Adjusted A/E	Final Aggregate Termination Rate
1	8.11%	7.26%	1.12	100.00%	1.12	8.11%
2-3	5.64%	6.71%	0.84	100.00%	0.84	5.64%
4-6	3.53%	4.80%	0.74	100.00%	0.74	3.53%
7-12	2.59%	3.15%	0.82	100.00%	0.82	2.59%
13-24	1.85%	2.61%	0.71	100.00%	0.71	1.85%
58-48	1.74%	2.66%	0.65	100.00%	0.65	1.74%
49+	1.98%	2.86%	0.69	100.00%	0.69	1.98%

American General Life Insurance Company
Long Term Care Product Incurred Claim Comparison

Actual Incurred Claims

Issue Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
0-59	-	330,986	11,893	348,787	330,113	95,994	234,210	1,048,190	421,068	1,495,994	855,078	1,070,325	568	5,952	-	6,249,158
60-64	4,995	292,783	1,017,536	963,578	288,052	1,230,693	651,164	797,837	1,763,746	3,212,582	3,318,245	4,897	953,128	-	-	14,499,239
65-69	399,716	279,250	1,983,075	1,939,825	2,054,029	1,811,691	4,153,485	4,614,019	2,736,873	5,542,497	6,669,262	5,197,776	2,640,664	311,040	-	40,333,202
70-74	474,050	666,582	2,503,659	2,405,455	4,128,145	4,153,425	6,377,777	4,169,741	7,951,074	6,693,643	6,446,947	5,348,062	2,547,831	774,116	81,635	54,722,142
75-79	2,289,775	1,556,168	2,791,978	4,398,826	3,666,398	5,361,184	5,551,728	5,434,977	4,891,254	4,720,939	5,338,593	3,738,300	1,476,708	122,008	-	51,338,837
80+	1,543,375	2,440,956	5,262,819	6,187,846	4,531,781	4,735,043	3,498,802	4,743,399	2,059,266	2,289,718	1,261,931	802,251	118,710	25,561	-	39,501,460
Total	4,711,910	5,566,725	13,570,961	16,244,317	14,998,519	17,388,030	20,467,166	20,808,163	19,823,282	23,955,373	23,890,057	16,161,612	7,737,609	1,238,677	81,635	206,644,036

Expected Incurred Claims Based on Assumptions From Prior Filing

Issue Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
0-59	78,168	208,381	547,496	594,605	648,808	704,531	768,921	826,698	882,231	954,954	840,550	554,137	279,374	70,571	3,298	7,962,723
60-64	115,123	324,718	873,725	945,614	1,046,056	1,170,152	1,323,490	1,490,589	1,673,145	1,947,860	1,905,324	1,414,831	772,772	203,822	5,742	15,212,963
65-69	233,913	511,298	1,424,702	1,608,093	1,879,743	2,216,747	2,653,131	3,188,926	3,818,425	4,449,284	4,383,376	3,369,000	2,026,944	581,462	31,453	32,376,498
70-74	354,090	661,986	1,961,711	2,369,066	2,845,918	3,339,650	3,859,233	4,359,601	4,772,840	5,101,219	4,555,645	3,025,643	1,666,083	453,890	15,729	39,342,302
75-79	1,860,275	2,242,744	3,152,513	3,826,151	4,139,105	4,422,984	4,595,049	4,588,219	4,405,354	4,163,652	3,179,534	2,034,356	1,049,557	264,022	8,101	43,931,618
80+	2,540,886	2,657,867	3,707,843	3,593,666	3,485,523	3,323,263	3,037,242	2,720,907	2,343,665	2,015,646	1,501,699	854,089	370,297	64,638	3,160	32,220,390
Total	5,182,456	6,606,993	11,667,989	12,937,195	14,045,153	15,177,326	16,237,066	17,174,940	17,895,660	18,632,616	16,366,128	11,252,056	6,165,027	1,638,405	67,484	171,046,494

Actual / Expected Ratios

Issue Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
0-59	-	1.588	0.022	0.587	0.509	0.136	0.305	1.268	0.477	1.567	1.017	1.932	0.002	0.084	-	0.785
60-64	0.043	0.902	1.165	1.019	0.275	1.052	0.492	0.535	1.054	1.649	1.742	0.003	1.233	-	-	0.953
65-69	1.709	0.546	1.392	1.206	1.093	0.817	1.566	1.447	0.717	1.246	1.521	1.543	1.303	0.535	-	1.246
70-74	1.339	1.007	1.276	1.015	1.451	1.244	1.653	0.956	1.666	1.312	1.415	1.768	1.529	1.706	5.190	1.391
75-79	1.231	0.694	0.886	1.150	0.886	1.212	1.208	1.185	1.110	1.134	1.679	1.838	1.407	0.462	-	1.169
80+	0.607	0.918	1.419	1.722	1.300	1.425	1.152	1.743	0.879	1.136	0.840	0.939	0.321	0.395	-	1.226
Total	0.909	0.843	1.163	1.256	1.068	1.146	1.261	1.212	1.108	1.286	1.460	1.436	1.255	0.756	1.210	1.208

Includes experience from an affiliate company, The United States Life Insurance Company in the City of New York, which sold policies under a similar form.
Incurred claims discounted at the statutory interest rate.

American General Life Insurance Company
Long Term Care Product Incurred Claim Comparison

Actual Incurred Claims

Issue Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
0-59	-	318,050	11,830	340,047	314,878	94,605	224,173	932,740	393,722	1,334,249	798,151	966,318	565	5,952	-	5,735,281
60-64	4,987	285,359	953,820	890,485	280,433	1,155,661	610,773	751,835	1,655,273	2,936,804	3,037,021	4,838	894,844	-	-	13,462,133
65-69	359,967	272,147	1,885,080	1,839,987	1,955,326	1,693,329	3,875,921	4,243,986	2,599,700	5,185,243	6,304,200	4,878,073	2,508,868	293,034	-	37,894,863
70-74	433,604	634,482	2,340,617	2,313,856	3,915,679	3,963,244	6,047,221	3,941,249	7,465,989	6,311,038	6,121,646	5,068,958	2,412,740	735,161	78,956	51,784,442
75-79	2,201,848	1,512,661	2,710,785	4,251,860	3,536,397	5,133,240	5,307,799	5,165,930	4,692,595	4,449,898	5,076,911	3,573,160	1,412,670	117,177	-	49,142,932
80+	1,491,321	2,352,933	5,068,876	5,991,533	4,401,342	4,569,534	3,390,152	4,537,003	1,979,925	2,208,380	1,224,258	773,624	116,146	25,091	-	38,130,117
Total	4,491,727	5,375,632	12,971,009	15,627,769	14,404,056	16,609,614	19,456,040	19,572,743	18,787,203	22,425,612	22,562,187	15,264,972	7,345,833	1,176,416	78,956	196,149,769

Expected Incurred Claims Based on Assumptions From Current Filing

Issue Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
0-59	86,308	121,536	369,655	408,256	448,636	487,540	530,831	567,519	600,623	667,612	617,962	433,191	234,302	62,992	3,123	5,640,088
60-64	132,752	195,237	593,846	634,647	728,404	868,269	1,065,726	1,316,674	1,632,819	1,998,263	2,006,249	1,505,752	818,579	214,726	5,806	13,717,751
65-69	210,096	346,420	1,204,595	1,498,994	1,855,313	2,256,565	2,739,857	3,296,013	3,916,416	4,655,723	4,762,685	3,832,392	2,443,541	739,555	40,900	33,799,062
70-74	348,341	583,785	1,991,050	2,392,606	2,907,686	3,501,085	4,205,146	4,981,686	5,786,082	6,494,529	6,040,977	4,144,584	2,345,206	640,024	22,387	46,385,173
75-79	1,897,914	2,378,067	3,510,744	4,140,502	4,735,381	5,296,711	5,716,496	5,871,917	5,743,973	5,497,115	4,226,744	2,702,961	1,377,962	338,543	10,381	53,445,410
80+	3,253,794	3,561,669	4,551,388	4,584,918	4,573,295	4,428,433	4,070,258	3,642,994	3,105,625	2,666,598	1,984,278	1,124,057	496,103	82,948	3,937	42,130,297
Total	5,929,205	7,186,714	12,221,278	13,659,923	15,248,715	16,838,603	18,328,315	19,676,802	20,785,539	21,979,840	19,638,895	13,742,938	7,715,692	2,078,787	86,535	195,117,781

Final Actual / Expected Ratios

Issue Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
0-59	-	2.617	0.032	0.833	0.702	0.194	0.422	1.644	0.656	1.999	1.292	2.231	0.002	0.094	-	1.017
60-64	0.038	1.462	1.606	1.403	0.385	1.331	0.573	0.571	1.014	1.470	1.514	0.003	1.093	-	-	0.981
65-69	1.713	0.786	1.565	1.227	1.054	0.750	1.415	1.288	0.664	1.114	1.324	1.273	1.027	0.396	-	1.121
70-74	1.245	1.087	1.176	0.967	1.347	1.132	1.438	0.791	1.290	0.972	1.013	1.223	1.029	1.149	3.527	1.116
75-79	1.160	0.636	0.772	1.027	0.747	0.969	0.929	0.880	0.817	0.809	1.201	1.322	1.025	0.346	-	0.919
80+	0.458	0.661	1.114	1.307	0.962	1.032	0.833	1.245	0.638	0.828	0.617	0.688	0.234	0.302	-	0.905
Total	0.758	0.748	1.061	1.144	0.945	0.986	1.062	0.995	0.904	1.020	1.149	1.111	0.952	0.566	0.912	1.005

Includes experience from an affiliate company, The United States Life Insurance Company in the City of New York, which sold policies under a similar form.
Incurred claims discounted at a 6.5% annual rate of interest.

LTCG

20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

September 18, 2014

Ms. Janet Houser
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY
PROJECT NAME/NUMBER: AGL RI5 FILING/AGL RI5 VA
SERFF TRACKING NO: LTCG-129225734

Dear Ms. Houser:

This letter is in response to your letter to Timothy Cassidy dated July 14, 2014. Your letter indicated that you would like to receive additional information to complete your review. Specifically, you stated:

> *The Company has presently requested an increase of 25% for all policies, with 108 in force in Virginia as of December 20, 2013. The Bureau has previously approved four rate increases on this block of policies, three 25% increases and one 12.6% for a cumulative total rate increase of 119.9%. If this rate increase is approved, the cumulative rate increase would be 174.9% compared to the average cumulative rate increase nationwide of 136.6%. For Virginia to be on the same level as nationwide, only an increase of 7.6% would be required. It is a concern that based on the proposed rate increase, Virginia would have a significantly higher cumulative increase that nationwide policyholders.*
>
> *We are also concerned that notification to our Virginia policyholders neglected to inform them of the company's intent to file another rate increase proposal upon implementation of the last increase; and thereby, the letters did not provide sufficient information for our policyholders to make an informed decision regarding their insurance coverage.*
>
> 1) *Please review the attached NAICs Executive/Plenary bulletin adopted on December 18, 2013. Although Virginia has not yet adopted this, because there is so much national attention on long term care regulation, we have now added this to our review process. Is this filing consistent or not with its recommendations? Please provide details that support your response and provide us a copy of the policyholder notification letter.*

This filing is not consistent with the NAIC Model Bulletin adopted on December 18, 2013. Virginia had not adopted the bulletin as regulation at the time this filing was submitted. In addition, the company was not aware that the state incorporates this bulletin into the review process. Attached is a copy of the policyholder notification letter.

Since this filing applies to pre-stability business, please be sure to include a response to the following:

a) *If a single rate increase of the requested amount is approved, is the insurer agreeable to not implement future rate increase for three years from the date of implementation?*

   If the requested rate increase is approved, the company does not agree to wait at least three years before requesting and implementing a future rate increase.

b) *In lieu of a single increase, the Bureau 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 increase filing. For pre-rate stability forms, approval of the increase may require a three year monitoring provision similar to that currently applicable to post-rate stabilization increases. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required to include contingent benefit upon lapse at the time of each scheduled increase.*

   The company would consider the requested rate increase being phased in over two years. The company would agree to a three year monitoring provision similar to that applicable to post rate stabilization increases. The company would provide the contingent benefit upon lapse at each scheduled increase.

c) *The Bureau will require the implementation of the contingent benefit upon lapse as outlined in the bulletin. Please confirm the company is willing to comply with this by providing the benefit:*

   1) *For a block of business for which the contingent benefit upon lapse is not required for pre-rate-stability policies; and*
   2) *Without reference to the table of trigger percentages for policies that have reached their 20th duration and for policies that have not reached that point, any percentage value in excess of 100% will be reduced to 100%.*

The company would provide a contingent non-forfeiture benefit as outlined in the bulletin to all policyholders issued in Virginia. The benefit would be provided to all Virginia policyholders without reference to the table of trigger percentages.

d) The policyholder letter will clearly disclose the following:

1) the amount of the premium rate requested and implementation schedule
2) available benefit reduction/rate increase mitigation actions
3) clear disclosure addressing the guaranteed renewable nature of the policy and that insured should understand that there may be future rate increases
4) offer of contingent benefit upon lapse

In addition, the management of the Bureau of Insurance (BOI) has also provided direction that policyholder letters provide an explanation for the rate increase in consumer friendly language including the driving factors contributing to the increase. If it is the company's intent to file another increase within the next year, the policyholder should be so advised.

A sample Policyholder Notification letter is displayed in Exhibit L. The notification letter includes the following:

1) The amount of the premium rate requested and implementation schedule
2) Available benefit reduction/rate increase mitigation actions
3) Clear disclosure addressing the guaranteed renewable nature of the policy and that insured should understand that there may be future rate increases
4) Offer of contingent benefit upon lapse

2) Your letter of March 31, 2014 indicated there is a Form Series 08000 which is a closed block of business that was sold in Virginia. Please provide experience and details regarding this block including the number of nationwide policyholders and dates marketed.

As of December 31 2013, Form Series 08000 had 267 policyholders nationwide, including 7 policies inforce that were issued in Virginia. The form series was marketed from February 2010 to November 2012. Exhibit M displays experience for Form Series 08000 through December 31, 2013.

3) The company has indicated this additional rate increase of 25% is justifiable to bring lifetime loss ratios closer to an acceptable level. From previous correspondence, the original pricing level is 61%; however the company is not targeting a specific loss ratio. According to the filing, a 343% increase is the overall indicated change. What does the company consider to be an acceptable level at this time?

The company is not targeting a specific loss ratio. Rather, the purpose of the requested rate increase is to mitigate future losses as we estimate that this business will not achieve any profit in the future nor over the lifetime of the product. Restating earned premiums to historical Virginia rate levels, we estimate that a rate increase of roughly 100% is needed at this time to mitigate future losses.

4) *Please update Exhibit C Rate History and Filing Status.*

An updated rate increase history is displayed in Exhibit C (Revised Sept. 2014).

5) *Please update the Experience Exhibits with the most recently available experience although we would prefer waiting until the additional experience after the last rate increase is available and the nationwide average catches up with the Virginia average.*

Does all the experience exhibits include experience from The United States Life Insurance Company in the City of New York (see exhibit K)? If so, please revise all exhibits to exclude this experience.

Exhibit N displays updated experience through December 31, 2013. Projected future experience uses the same persistency assumptions included in the actuarial memorandum. Morbidity assumptions are different in that the inflation rate for historical years was revised to 5.0%. As a result, projected future incurred claims have increased.

Exhibit O displays the claim termination rates and incurred claim comparison (Exhibits J and K are previous versions) to support current best estimate assumptions.

Experience from The United States Life Insurance Company in the City of New York was excluded from Exhibits E, F and G as well as Exhibits N and O.

6) *According to the current filing, there are 118 policyholders. There is a discrepancy between this and your March 21, 2014 letter, which indicates offers were sent to 104 policyholders. Please advise.*

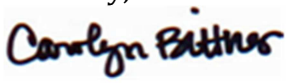
As of December 31, 2012, there were 118 policies inforce that were issued in the state of Virginia. The previous rate increase was approved in March 2013 and implemented in August 2013. Rate increase notification letters were mailed to policyholders in May 2013. At that time, there were 113 policies inforce. Of those 113 policies, 9 were in open claim status and receiving waived premium benefits. Therefore, a total of 104 policyholders were notified of the rate increase, as rate increases are not implemented on policies that are in open claim status.

7) *Please complete the attached Rate Summary. This form is now required for Long Term Care rate filings. Our expectation is that the form would put into consumer friendly language a clear explanation of the justification for the rate increase. This should be fairly high level and not drill down deep into the details but at least explain to the consumer the assumptions and changes that are driving the need for an increase.*

   The Rate Summary has been completed and is attached.

Given this information, we respectfully ask you to approve the company's request for a 25% rate increase on this block of LTC business.

Sincerely,



Carolyn Bittner, FSA, MAAA
Actuary
LTCG
Acting as a consultant to
American General Life Insurance Company

Attachments:
Exhibit L – Policyholder Notification Letter
Exhibit M – Historical Experience – Policy Form 08000
Exhibit C – Rate Increase History (Revised Sept. 2014)
Exhibit N – Lifetime Experience Nationwide and Virginia
Exhibit O – Claim Termination Adjustments and Incurred Claim Comparison
Virginia Rate Summary

Date

American General
Life Companies

P.O. Box 64036

St. Paul, MN 55164

RE: «grp_program3»
Long-Term Care Insurance Plan
Policy # «policy_no»

Dear «LIFE_FNAME» «LIFE_LNAME»:

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that «grp_program3» has authorized a premium rate increase for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts Based on its review, American General Life Insurance Company had determined that a 25% increase in the renewal premium rate for your policy type was necessary. Since the time original premium rates were calculated for your policy, changes in mortality rates, lapse rates, and the cost of services have occurred. As a result, the original premium rates for your policy are not sufficient to cover projected policy benefits. The section titled "Guaranteed Renewability – Premiums Subject to Change" on the first page of the contract gives the insurance company this right. The section states:

This Policy is guaranteed renewable for your lifetime. We cannot cancel this Policy as long as you pay the premiums and you have not exhausted your Benefit Account Value. We can change the Renewal Premium rate. We can change it only if it is changed for all policies in your state of residence on this Policy form. Notice of any change in rates will be sent at least 31 days in advance.

As required, the increase in renewal premiums has been presented to and approved by your state Department of Insurance and will apply to all policies in your state of issue in accordance with the terms of your policy contract.

American General Life Insurance Company could have requested a larger premium rate increase as an increase greater than 25% is justified. American General Life Insurance Company will continue to monitor experience. It is a possibility that the company will request a future premium rate increase within the next year. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by your state Bureau of Insurance before being implemented.

What are my Options?

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. The effective date of your selected option will be «r_policy_offer_eff_date».

Option 1: Your premium will automatically increase and your coverage amounts will continue as reflected under Option 1 in the chart below. To select this option you do nothing. Do not return the "*Coverage Decrease Election Form.*" Do not send any money at this time.

Your premium will automatically increase by **!Unexpected End of Formula** «r_policy_bill_freq_desc». Your «r_policy_bill_freq_desc» premium will be adjusted to «r_curr_cvg_modal_prem» beginning «r_policy_offer_eff_date». If you pay premiums through electronic fund transfer, your premiums will be automatically adjusted to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your «r_policy_offer_eff_date» billing.

Option 2: You may take a decrease to your coverage amounts and your current premium will remain the same as reflected under Option 2 in the chart below.

You may be able to make other policy changes such as reducing your benefit period, modifying rider selections, or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

To select this option, simply sign, date, and return, the enclosed "*Coverage Decrease Election Form*" in the enclosed pre-paid envelope no later than 30 days from the date of this letter.

Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits, but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum, as reflected under Option 3 in the chart below. Please note that this option limits the amount of future benefits you are eligible to receive. No future premiums will be required from you at any time in the future to secure these benefits.

To select this option, simply complete and return the enclosed "*Paid-Up Status Election Form*" in the enclosed envelope no later than 30 days from the date of this letter.

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Daily Maximum	$«FIELD_16»	$«FIELD_16»	$«FIELD_23»	$«FIELD_16»
Assisted Living Facility Daily Maximum	$«FIELD_17»	$«FIELD_17»	$«FIELD_24»	$«FIELD_17»
Home Health Care Daily Maximum	$«FIELD_18»	$«FIELD_18»	$«FIELD_25»	$«FIELD_18»
Total Coverage Amount	«FIELD_27»	«FIELD_27»	«FIELD_28»	*
«FIELD_20» Premium	$«FIELD_19»	$«FIELD_22»	$«FIELD_19»	$0

NOTE: If you do not select Option 2 or Option 3 within the next 30 days, you will automatically receive Option 1 at that time. In that case your next premium invoice will reflect the increased premium.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

We realize that this offer is complicated. Feel free to call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 8:30 a.m. to 6:30 p.m. Eastern Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration
«grp_program2»

Enclosure(s)

cc: «AGENT_MAILING_NAME»
«AGENT_SF_NAME»
«agent_address1»
«agent_address2»
«agent_city» «agent_state» «agent_zip»

Address Change Reminder:

If your address has changed from what is printed above, please indicate your correct address below and return this page to the address provided:

Street/PO Box _____
City _____
State _____ Zip Code _____
Telephone (_____)_____-_____

Policy # «policy_no»

Return To: «grp_program2»
Long Term Care Service and Claims Center
P.O. Box 64036
St. Paul, MN 55164-9916

Signature: _____

«grp_program2»
LONG-TERM CARE PROGRAM
OPTION 2
COVERAGE DECREASE ELECTION FORM

To select the decrease to your Coverage Amounts and maintain your current Premium, you must sign and date this form in the box below and <u>return this form in the envelope provided no later than 30 days from the date of this letter.</u>

<u>NOTE: If you do not select Option 2 or Option 3 by 30 days from the date of this letter, you will automatically receive Option 1.</u> In that case your next premium invoice will reflect the increased premium.

Decreased Nursing Home Care Maximum Daily Amount:	«rp_0_offer_nh_benefit_mdb_01»
Decreased Assisted Living Facility Care Maximum Daily Amount:	«rp_0_offer_al_benefit_mdb_01»
Decreased Home Health Care Maximum Daily Amount:	«rp_0_offer_hc_benefit_mdb_01»
Decreased Total Coverage Amount:	«rp_0_offer_remain_lifemax_01»
Premium/Premium Mode:	«r_curr_cvg_modal_prem» / «r_policy_bill_freq_desc»

Insured: «LIFE_FNAME» «LIFE_MNAME» «LIFE_LNAME»
Policy Number «policy_no»

My signature below affirms my selection of Option 2 to take the decrease to my Coverage Amounts with my current Premium remaining the same as shown above.
I understand my decreased Coverage Amounts will be effective «r_policy_offer_eff_date».

_____ _____
Signature of Policy Owner Date

<u>PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS FROM THE DATE OF THIS LETTER.</u>

If you have any questions regarding your options, please call 1 (888) 316-2672.

LONG TERM CARE PROGRAM
OPTION 3
Paid-Up Status Election Form

To convert your coverage to a paid-up status with a reduced coverage amount of $* you must sign and date this form in the box below and <u>return this form in the envelope provided no later than 30 days from the date of this letter.</u>

Nursing Home Care Maximum Daily Amount:	$«FIELD_16»
Assisted Living Facility Care Maximum Daily Amount:	$«FIELD_17»
Home Health Care Maximum Daily Amount:	$«FIELD_18»
Decreased Total Coverage Amount:	**$***
Premium:	**$0**

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

Insured: «FIELD_2» «FIELD_3» «FIELD_4»
Policy Number «FIELD_13»

My signature below affirms my selection of Option 3 to convert my coverage to a paid-up status with a decreased Total Coverage Amount and no future Premium as shown above. I understand my decreased Total Coverage Amount will be effective «FIELD_26».

_____

_____

_____

Signature of Policy Owner

<u>PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS FROM THE DATE OF THIS LETTER.</u>

If you have any questions regarding your options, please call 1 (888) 316-2672.

Please make sure address shows through
the envelope window.

«grp_program4»
P.O. BOX 64036
ST. PAUL, MN 55164-9916

Exhibit M

American General Life Insurance Company
Policy Form Series 08000
Historical Experience

	Experience Period	Earned Premiums	Paid Claims by Incurral Yr*	Claim Reserves by Incurral Yr*	Actual Incurred Claims	Actual Loss Ratio (IC/EP)
Nationwide	2010	131,352	-	-	-	0.0%
	2011	354,857	-	-	-	0.0%
	2012	629,154	-	-	-	0.0%
	2013	681,288	-	9,975	9,975	1.5%
	Subtotal	1,796,651	-	9,975	9,975	0.6%
	Accumulated*	1,931,740	-	10,221	10,221	0.5%

* *The interest rate used to accumulate the historical totals is 5.0%.*

Exhibit C
(Revised Sept. 2014)

American General Life Insurance Company
LTC Rate History and Filing Status
Policy 64028 and Associated Riders

			Rate Increase #1			Rate Increase #2			Rate Increase #3			Rate Increase #4			Rate Increase #5			Rate Increase #6			Rate Increase #7			
State	Inforce Lives as of 12/20/2013	Annzd Premium as of 12/20/2013	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Cumulative Rate Increase
Alabama	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
Alaska	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
Arizona	75	265,962	25%	15%	9/9/2005	25%	15%	7/31/2007	25%	15%	12/29/2008	25%	25%	5/17/2010	25%	25%	1/23/2012	25%	0%	to be filed	25%	0%	to be filed	137.6%
Arkansas	8	32,066	25%	25%	11/6/2006	25%	25%	10/1/2008	25%	12.5%	3/3/2010	25%	10%	4/19/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	93.4%
California	894	2,801,248	25%	25%	1/14/2005	25%	25%	6/26/2007	25%	25%	5/11/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
Colorado	50	128,073	25%	25%	7/19/2006	25%	25%	10/7/2008	25%	25%	1/12/2010	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
Connecticut	95	456,600	25%	25%	5/25/2006	25%	15%	8/5/2008	25%	10%	11/6/2009	25%	20%	11/19/2010	25%	15%	7/12/2012	25%	20%	6/18/2013	25%	0%	to be filed	161.9%
DC	4	8,122	25%	21%	10/8/2008	25%	10%	3/3/2011	25%	10%	5/30/2012	25%	27.1%	11/8/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	86.0%
Delaware	41	88,984	25%	10%	4/5/2006	25%	10%	10/20/2008	25%	15%	5/10/2010	25%	15%	8/10/2011	25%	25%	10/22/2013	25%	0%	to be filed	25%	0%	to be filed	100.0%
Florida	202	466,278	23%	23%	10/30/2006	64%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	23.0%
Georgia	24	67,735	25%	12%	9/26/2005	25%	10%	3/6/2007	25%	10%	11/11/2008	25%	10%	3/30/2010	25%	15%	7/18/2011	25%	12%	7/20/2012	25%	10%	8/13/2013	111.2%
Hawaii	10	31,870	25%	20%	8/29/2006	25%	20%	12/24/2008	25%	15%	6/6/2011	25%	25%	8/12/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	107.0%
Idaho	41	96,976	25%	25%	6/8/2006	25%	25%	10/7/2008	25%	25%	4/29/2010	25%	10%	4091400%	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	114.8%
Illinois	299	1,438,638	25%	25%	2/4/2005	25%	25%	6/20/2007	25%	25%	8/4/2008	25%	25%	12/4/2009	25%	25%	3/29/2011	25%	25%	3/27/2012	25%	0%	pending	281.5%
Indiana	40	106,802	25%	25%	9/24/2005	25%	25%	2/20/2007	25%	25%	11/6/2008	25%	10%	6/24/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	114.8%
Iowa	70	173,339	25%	20%	6/2/2006	25%	15%	11/24/2008	25%	20%	5/7/2010	25%	19%	7/6/2011	25%	18%	11/5/2012	25%	16.5%	12/27/2013	25%	0%	to be filed	170.9%
Kansas	191	567,981	25%	15%	8/11/2005	25%	15%	6/1/2007	25%	25%	11/10/2008	25%	10%	7/26/2010	25%	10%	9/28/2011	25%	12%	10/23/2012	25%	10%	9/24/2013	146.4%
Kentucky	47	141,530	25%	25%	7/15/2005	25%	25%	2/19/2007	25%	10%	1/6/2009	25%	10%	5/17/2010	25%	5%/20%	9/7/2011	25%	0%	pending	25%	0%	to be filed	112.7%
Louisiana	49	108,470	25%	25%	2/9/2007	25%	10%	8/21/2008	25%	15%	5/21/2010	15%	15%	8/23/2013	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	81.8%
Maine	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
Maryland	195	776,386	15%	15%	7/27/2005	15%	15%	2/20/2007	15%	15%	8/19/2008	15%	15%	10/27/2009	15%	15%	11/29/2011	15%	15%	1/15/2013	15%	15%	2/27/2014	166.0%
Massachusetts	476	1,382,535	25%	25%	11/23/2005	25%	10%	5/17/2012	10%	0%	pending	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed	37.5%
Michigan	94	442,336	25%	25%	3/17/2005	25%	25%	2/28/2007	25%	25%	9/18/2008	25%	25%	11/2/2009	25%	25%	12/14/2010	25%	25%	1/25/2012	25%	25%	7/15/2013	376.8%
Minnesota	157	396,551	25%	25%	3/15/2005	25%	25%	4/12/2007	25%	25%	2/10/2009	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
Mississippi	11	36,686	25%	25%	10/24/2008	25%	25%	3/26/2010	25%	25%	7/25/2011	25%	25%	3/8/2013	25%	25%	5/22/2014	25%	0%	to be filed	25%	0%	to be filed	205.2%
Missouri	148	429,602	25%	25%	6/12/2006	25%	25%	10/31/2007	25%	25%	11/14/2008	25%	26.5%	8/22/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	147.1%
Montana	10	26,034	25%	25%	3/2/2006	25%	25%	9/16/2008	25%	25%	11/12/2009	25%	25%	12/20/2010	25%	15%	1/23/2012	25%	25%	8/20/2013	25%	0%	to be filed	251.0%
Nebraska	35	118,366	25%	25%	4/1/2005	25%	25%	1/5/2009	25%	25%	3/30/2010	25%	10%	10/14/2011	25%	25%	3/21/2013	25%	0%	to be filed	25%	0%	to be filed	168.6%
Nevada	19	49,450	25%	25%	10/15/2008	25%	25%	1/27/2010	25%	20%	4/16/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	87.5%
New Hampshire	42	115,835	25%	25%	7/14/2006	25%	25%	7/17/2008	25%	25%	10/1/2009	25%	25%	8/10/2012	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	144.1%
New Jersey	490	1,953,005	25%	20%/10%	12/12/2006	25%	25%	10/31/2008	25%	25%	7/12/2010	25%	25%	11/21/2012	25%	25%	3/19/2014	25%	0%	to be filed	25%	0%	to be filed	180.8%
New Mexico	63	171,075	25%	25%	4/4/2005	25%	25%	3/8/2007	25%	25.2%	10/2/2009	25%	10%	12/21/2012	25%	15%	2/25/2014	25%	0%	to be filed	25%	0%	to be filed	147.5%
New York	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
North Carolina	180	583,347	25%	25%	12/9/2005	25%	25%	9/11/2008	25%	25%	11/17/2009	25%	13.5%	7/23/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	121.7%
North Dakota	94	335,296	25%	20%	3/15/2005	25%	20%	3/1/2007	25%	20%	10/21/2008	25%	20%	1/5/2010	25%	20%	11/23/2010	25%	20%	2/13/2012	25%	15%	7/18/2013	243.4%
Ohio	294	870,941	25%	25%	1/21/2005	25%	25%	2/15/2007	25%	25%	9/10/2008	25%	10%	4/9/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	114.8%
Oklahoma	199	511,777	15%	15%	12/27/2004	15%	15%	2/2/2007	15%	15%	2/6/2009	15%	10%	11/8/2010	15%	15%	12/20/2011	25%	25%	3/27/2013	25%	0%	pending	140.5%
Oregon	118	256,092	25%	20%	4/30/2007	25%	15%	10/10/2008	25%	5%	5/20/2010	25%	10%	12/9/2011	25%	15%	12/16/2013	25%	0%	to be filed	25%	0%	to be filed	83.3%
Pennsylvania	419	1,599,901	25%	25%	6/2/2005	25%	10%	9/19/2007	25%	25%	9/8/2008	25%	17.5%	5/6/2010	25%	17.5%	6/8/2012	25%	0%	pending	25%	0%	to be filed	137.3%
Rhode Island	136	391,390	25%	25%	4/4/2005	25%	25%	4/5/2007	25%	15.4%	8/17/2009	25%	16.7%	9/19/2011	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	110.4%
South Carolina	48	176,757	25%	25%	5/9/2006	25%	25%	4/25/2007	25%	20%	11/25/2008	25%	20%	7/22/2010	25%	5%	11/3/2011	25%	15%	3/1/2013	25%	9.5%	9/12/2014	197.5%
South Dakota	43	207,877	25%	25%	6/24/2005	25%	25%	7/11/2008	25%	25%	8/27/2009	25%	11%	10/21/2010	25%	25%	2/10/2012	25%	25%	8/13/2013	25%	0%	to be filed	238.7%
Tennessee	57	188,782	25%	25%	6/16/2006	25%	15%	9/22/2008	25%	18%	11/18/2009	25%	10%	2/17/2011	25%	25%	3/15/2012	25%	25%	7/23/2013	25%	0%	to be filed	191.5%
Texas	488	1,310,697	25%	25%	8/1/2005	25%	18%	4/25/2007	25%	16%	6/29/2009	25%	25%	6/10/2011	25%	18%	7/28/2014	25%	0%	to be filed	25%	0%	to be filed	152.4%
Utah	26	57,556	25%	25%	8/10/2006	25%	25%	7/6/2009	25%	25%	10/25/2010	25%	25%	3/30/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	144.1%
Vermont	10	21,570	25%	0%	disapproved	---	0%	not filing	---	0%	not filing	---	0%	not filing	---	0%	not filing	---	0%	to be filed	---	0%	to be filed	0.0%
Virginia	108	413,062	25%	25%	7/25/2006	25%	25%	10/1/2008	25%	25%	5/29/2011	25%	12.6%	3/14/2013	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	119.9%
Washington	111	524,364	25%	25%	2/1/2005	25%	25%	2/21/2007	25%	25%	9/2/2008	25%	25%	11/23/2009	25%	25%	5/2/2011	25%	25%	7/6/2012	25%	25%	11/22/2013	376.8%
West Virginia	14	39,348	25%	15%	6/14/2006	25%	25%	12/10/2008	25%	25%	5/13/2010	25%	25%	9/28/2011	25%	15%	3/25/2013	25%	0%	to be filed	25%	0%	to be filed	158.3%
Wisconsin	1,237	2,977,243	25%	20%	10/21/2005	25%	12%	11/1/2007	25%	16%/10%	8/25/2009	25%	25%/10%	8/4/2011	25%	25%/10%	11/18/2013	25%	0%	to be filed	25%	0%	to be filed	96.5%
Wyoming	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---

143.5%

American General Life Insurance Company

Policy Form 64028

Lifetime Experience (Nationwide)

	Results Without Rate Increase			Results With Rate Increase		
Year	Earned Premiums[1]	Incurred Claims[1]	Loss Ratio	Earned Premiums[1]	Incurred Claims[1]	Loss Ratio
1997	114,262	0	0.0%	114,262	0	0.0%
1998	2,741,075	258,137	9.4%	2,741,075	258,137	9.4%
1999	8,897,299	1,580,307	17.8%	8,897,299	1,580,307	17.8%
2000	16,769,737	3,636,875	21.7%	16,769,737	3,636,875	21.7%
2001	25,249,863	8,287,866	32.8%	25,249,863	8,287,866	32.8%
2002	27,255,517	12,086,220	44.3%	27,255,517	12,086,220	44.3%
2003	25,899,360	11,477,545	44.3%	25,899,360	11,477,545	44.3%
2004	24,383,594	10,459,989	42.9%	24,383,594	10,459,989	42.9%
2005	23,464,347	14,697,845	62.6%	23,464,347	14,697,845	62.6%
2006	23,654,567	18,533,545	78.4%	23,654,567	18,533,545	78.4%
2007	23,429,392	16,337,208	69.7%	23,429,392	16,337,208	69.7%
2008	22,849,710	13,162,321	57.6%	22,849,710	13,162,321	57.6%
2009	22,762,416	19,894,640	87.4%	22,762,416	19,894,640	87.4%
2010	22,350,672	23,375,186	104.6%	22,350,672	23,375,186	104.6%
2011	22,106,283	21,046,977	95.2%	22,106,283	21,046,977	95.2%
2012	21,057,719	20,606,562	97.9%	21,057,719	20,606,562	97.9%
2013	20,400,670	28,027,872	137.4%	20,400,670	28,027,872	137.4%
Acc @ 5.0%	487,855,863	298,799,436	61.2%	487,855,863	298,799,436	61.2%
2014	19,143,349	27,339,039	142.8%	20,764,782	27,281,038	131.4%
2015	17,727,577	26,177,904	147.7%	20,407,214	25,976,357	127.3%
2016	16,112,573	26,978,333	167.4%	19,330,062	26,684,448	138.0%
2017	14,507,507	27,733,016	191.2%	17,691,016	27,380,228	154.8%
2018	12,973,597	28,465,728	219.4%	15,955,320	28,074,294	176.0%
2019	11,535,680	29,089,009	252.2%	14,210,121	28,685,706	201.9%
2020	10,194,428	29,475,390	289.1%	12,561,048	29,068,036	231.4%
2021	8,948,855	29,587,775	330.6%	11,028,406	29,180,158	264.6%
2022	7,798,993	29,574,394	379.2%	9,612,648	29,168,411	303.4%
2023	6,747,231	29,435,548	436.3%	8,317,173	29,032,904	349.1%
2024	5,798,282	29,105,307	502.0%	7,148,046	28,708,742	401.6%
2025	4,945,380	28,483,337	576.0%	6,097,005	28,096,892	460.8%
2026	4,182,428	27,500,831	657.5%	5,156,657	27,128,996	526.1%
2027	3,504,111	26,230,564	748.6%	4,320,502	25,877,025	598.9%
2028	2,909,162	24,750,153	850.8%	3,587,037	24,417,573	680.7%
2029	2,395,194	23,142,220	966.2%	2,953,360	22,832,074	773.1%
2030	1,954,830	21,406,788	1095.1%	2,410,398	21,120,612	876.2%
2031	1,580,630	19,616,292	1241.0%	1,948,995	19,354,646	993.1%
2032	1,263,985	17,767,382	1405.7%	1,558,548	17,530,965	1124.8%
2033	999,477	15,899,471	1590.8%	1,232,369	15,688,195	1273.0%
2034	781,987	14,080,951	1800.7%	964,161	13,893,911	1441.0%
2035	606,383	12,351,508	2036.9%	747,606	12,187,339	1630.2%
2036	466,464	10,745,976	2303.7%	575,059	10,602,863	1843.8%
2037	355,682	9,265,757	2605.1%	438,449	9,142,135	2085.1%
2038	268,937	7,931,061	2949.0%	331,487	7,825,040	2360.6%
2039	201,373	6,734,723	3344.4%	248,181	6,644,406	2677.2%
2040	149,547	5,665,531	3788.5%	184,285	5,589,196	3032.9%
2041	109,854	4,729,068	4304.9%	135,351	4,664,958	3446.6%
2042	79,778	3,908,803	4899.6%	98,280	3,855,452	3922.9%
2043	57,187	3,194,998	5586.9%	70,437	3,151,072	4473.6%
2044	40,335	2,586,121	6411.7%	49,671	2,550,320	5134.4%
2045	28,014	2,078,802	7420.7%	34,491	2,049,822	5943.1%
2046	19,140	1,659,088	8668.4%	23,559	1,635,780	6943.3%
2047	12,941	1,312,762	10144.4%	15,925	1,294,164	8126.4%
2048	8,677	1,031,268	11885.6%	10,676	1,016,529	9521.8%
2049	5,712	801,728	14035.9%	7,027	790,169	11245.0%
2050	3,619	616,202	17025.4%	4,452	607,241	13640.0%
2051	2,222	468,518	21090.0%	2,732	461,650	16896.5%
2052	1,345	352,630	26215.9%	1,654	347,426	21003.5%
2053	787	262,707	33399.0%	967	258,805	26759.4%
PV @ 5.0%	120,336,695	367,073,785	305.0%	143,556,615	362,615,086	252.6%
Lifetime @ 5.0%	608,192,558	665,873,221	109.5%	631,412,478	661,414,522	104.8%

[1] Projected future earned premiums and incurred claims are based on best estimate persistency and morbidity assumptions.

American General Life Insurance Company

Policy Form 64028

Lifetime Experience (Virginia Only)

	Results Without Rate Increase			Results With Rate Increase		
Year	Earned Premiums[1]	Incurred Claims[1]	Loss Ratio	Earned Premiums[1]	Incurred Claims[1]	Loss Ratio
1997	1,650	0	0.0%	1,650	0	0.0%
1998	38,830	0	0.0%	38,830	0	0.0%
1999	81,314	0	0.0%	81,314	0	0.0%
2000	171,943	0	0.0%	171,943	0	0.0%
2001	296,518	12,498	4.2%	296,518	12,498	4.2%
2002	370,647	249,671	67.4%	370,647	249,671	67.4%
2003	340,150	77,103	22.7%	340,150	77,103	22.7%
2004	328,357	169,491	51.6%	328,357	169,491	51.6%
2005	334,125	420,855	126.0%	334,125	420,855	126.0%
2006	331,073	180,957	54.7%	331,073	180,957	54.7%
2007	339,940	315,084	92.7%	339,940	315,084	92.7%
2008	323,436	35,379	10.9%	323,436	35,379	10.9%
2009	347,529	853,825	245.7%	347,529	853,825	245.7%
2010	342,812	332,260	96.9%	342,812	332,260	96.9%
2011	347,794	292,669	84.2%	347,794	292,669	84.2%
2012	386,960	309,505	80.0%	386,960	309,505	80.0%
2013	361,504	673,980	186.4%	361,504	673,980	186.4%
Acc @ 5.0%	6,760,758	5,047,545	74.7%	6,760,758	5,047,545	74.7%
2014	356,195	444,283	124.7%	359,593	443,347	123.3%
2015	325,994	428,740	131.5%	383,983	423,191	110.2%
2016	295,445	444,439	150.4%	361,989	436,521	120.6%
2017	265,919	457,520	172.1%	325,941	449,396	137.9%
2018	237,471	468,292	197.2%	291,171	459,994	158.0%
2019	210,566	473,726	225.0%	258,251	465,337	180.2%
2020	185,270	477,020	257.5%	227,267	468,566	206.2%
2021	161,765	474,397	293.3%	198,458	465,973	234.8%
2022	140,249	471,339	336.1%	172,069	462,939	269.0%
2023	120,796	470,311	389.3%	148,206	461,883	311.6%
2024	103,367	466,120	450.9%	126,828	457,728	360.9%
2025	87,892	460,656	524.1%	107,844	452,331	419.4%
2026	74,202	452,635	610.0%	91,049	444,433	488.1%
2027	62,091	435,816	701.9%	76,191	427,923	561.6%
2028	51,526	412,382	800.3%	63,229	404,904	640.4%
2029	42,430	385,708	909.0%	52,067	378,699	727.3%
2030	34,596	358,576	1036.5%	42,453	352,040	829.2%
2031	27,883	331,177	1187.8%	34,216	325,127	950.2%
2032	22,215	302,484	1361.6%	27,261	296,951	1089.3%
2033	17,581	273,598	1556.2%	21,576	268,582	1244.8%
2034	13,738	245,115	1784.3%	16,861	240,609	1427.0%
2035	10,559	214,630	2032.7%	12,960	210,666	1625.5%
2036	8,075	187,021	2316.0%	9,911	183,547	1851.9%
2037	6,165	162,568	2636.9%	7,566	159,527	2108.4%
2038	4,733	139,951	2956.7%	5,809	137,320	2364.1%
2039	3,625	120,328	3319.4%	4,448	118,054	2654.0%
2040	2,757	102,331	3712.3%	3,382	100,385	2968.1%
2041	2,079	86,541	4163.2%	2,550	84,884	3328.7%
2042	1,550	72,255	4663.0%	1,900	70,862	3728.7%
2043	1,154	59,306	5138.7%	1,415	58,155	4109.4%
2044	870	48,386	5559.3%	1,067	47,441	4445.4%
2045	638	38,951	6107.9%	782	38,187	4883.0%
2046	464	31,119	6703.9%	569	30,507	5356.8%
2047	337	24,714	7327.1%	414	24,226	5850.0%
2048	246	19,496	7941.1%	302	19,110	6335.0%
2049	176	15,338	8724.7%	216	15,033	6955.2%
2050	117	11,905	10164.2%	144	11,667	8096.9%
2051	73	9,176	12556.9%	90	8,991	9992.6%
2052	42	6,998	16493.7%	52	6,857	13104.6%
2053	25	5,259	20767.1%	31	5,152	16478.8%
PV @ 5.0%	2,195,141	6,041,865	275.2%	2,601,903	5,941,997	228.4%
Lifetime @ 5.0%	8,955,900	11,089,410	123.8%	9,362,661	10,989,543	117.4%

[1] Projected future earned premiums and incurred claims are based on best estimate persistency and morbidity assumptions.

American General Life Insurance Company
Policy Form 64028
Historical Experience

	Experience Period	Lives	Earned Premiums	Paid Claims by Incurral Yr*	Claim Reserves by Incurral Yr*	Actual Incurred Claims	Increase in Active Life Reserve	Increase in Claim Reserve	Incurred Loss Ratio (IR)	Actual Loss Ratio (IC/EP)
Nationwide	1997	291	114,262	-	-	-			0.0%	0.0%
	1998	2,483	2,741,075	258,137	-	258,137	338,304	386,000	35.8%	9.4%
	1999	6,119	8,897,299	1,580,307	-	1,580,307	2,681,130	1,651,707	66.5%	17.8%
	2000	9,936	16,769,737	3,636,875	-	3,636,875	5,401,067	3,059,309	72.1%	21.7%
	2001	13,893	25,249,863	7,927,201	360,664	8,287,866	7,195,405	5,246,031	82.1%	32.8%
	2002	13,359	27,255,517	12,008,272	77,948	12,086,220	14,365,727	4,991,029	115.4%	44.3%
	2003	12,773	25,899,360	10,996,191	481,354	11,477,545	16,175,459	7,483,180	135.7%	44.3%
	2004	12,381	24,383,594	10,053,899	406,090	10,459,989	15,491,003	4,624,842	125.4%	42.9%
	2005	11,840	23,464,347	14,070,426	627,420	14,697,845	12,218,893	3,871,407	131.2%	62.6%
	2006	11,268	23,654,567	16,859,365	1,674,180	18,533,545	11,399,603	5,367,724	149.2%	78.4%
	2007	10,781	23,429,392	14,691,123	1,646,085	16,337,208	11,181,249	4,703,998	137.5%	69.7%
	2008	10,230	22,849,710	11,794,427	1,367,894	13,162,321	8,354,684	5,857,510	119.8%	57.6%
	2009	9,511	22,762,416	14,542,980	5,351,660	19,894,640	4,482,229	8,007,972	142.3%	87.4%
	2010	8,952	22,350,672	15,228,146	8,147,040	23,375,186	5,169,576	5,310,256	151.5%	104.6%
	2011	8,430	22,106,283	11,041,570	10,005,406	21,046,977	4,866,269	5,651,317	142.8%	95.2%
	2012	7,964	21,057,719	6,042,659	14,563,902	20,606,562	4,023,438	11,910,642	173.5%	97.9%
	2013	7,462	20,400,670	1,574,584	26,453,287	28,027,872	3,185,903	4,177,968	173.5%	137.4%
	Subtotal		333,386,483	152,306,165	71,162,929	223,469,094	126,529,939	82,300,892	129.7%	67.0%
	Accumulated @ 5.0%		487,855,863	218,727,649	80,071,787	298,799,436	192,659,604	115,801,906	124.5%	61.2%

* *A 5.0% annual rate of interest was assumed for accumulating historical experience.*

American General Life Insurance Company
Policy Form 64028
Historical Experience (Virginia Only)

	Experience Period	Lives	Earned Premiums	Paid Claims by Incurral Yr*	Claim Reserves by Incurral Yr*	Actual Incurred Claims	Increase in Active Life Reserve	Actual Loss Ratio (IC/EP)
Virginia	1997	NA	1,650	-	-	-	NA	0.0%
	1998	NA	38,830	-	-	-	NA	0.0%
	1999	NA	81,314	-	-	-	NA	0.0%
	2000	NA	171,943	-	-	-	NA	0.0%
	2001	NA	296,518	12,498	-	12,498	NA	4.2%
	2002	NA	370,647	249,671	-	249,671	NA	67.4%
	2003	NA	340,150	77,103	-	77,103	NA	22.7%
	2004	159	328,357	169,491	-	169,491	803,403	51.6%
	2005	156	334,125	420,855	-	420,855	228,371	126.0%
	2006	156	331,073	180,957	-	180,957	206,265	54.7%
	2007	145	339,940	315,084	-	315,084	137,204	92.7%
	2008	145	323,436	35,379	-	35,379	197,530	10.9%
	2009	135	347,529	590,179	263,646	853,825	76,177	245.7%
	2010	133	342,812	257,330	74,930	332,260	177,766	96.9%
	2011	131	347,794	180,316	112,353	292,669	160,672	84.2%
	2012	126	386,960	90,355	219,149	309,505	126,636	80.0%
	2013	116	361,504	125,715	548,265	673,980	91,926	186.4%
	Subtotal		4,744,583	2,704,933	1,218,344	3,923,276	2,205,950	82.7%
	Accumulated @ 5.0%		6,760,758	3,705,763	1,341,782	5,047,545	3,084,712	74.7%

* *A 5.0% annual rate of interest was assumed for accumulating historical experience.*

American General Life Insurance Company

Policy Form 64028

Lifetime Experience (Nationwide)

Year	Earned Premiums at Proposed VA Rate Levels[1]	Incurred Claims[1]	Loss Ratio
1997	314,109	0	0.0%
1998	7,535,279	258,137	3.4%
1999	24,458,883	1,580,307	6.5%
2000	46,100,400	3,636,875	7.9%
2001	69,412,465	8,287,866	11.9%
2002	74,926,055	12,086,220	16.1%
2003	71,197,946	11,477,545	16.1%
2004	67,031,073	10,459,989	15.6%
2005	63,612,699	14,697,845	23.1%
2006	57,330,662	18,533,545	32.3%
2007	53,361,305	16,337,208	30.6%
2008	47,564,076	13,162,321	27.7%
2009	42,020,989	19,894,640	47.3%
2010	37,468,528	23,375,186	62.4%
2011	33,290,797	21,046,977	63.2%
2012	28,680,654	20,606,562	71.8%
2013	25,651,224	28,027,872	109.3%
Acc @ 5.0%	1,145,877,186	298,799,436	26.1%
2014	25,687,585	27,383,985	106.6%
2015	23,657,956	26,321,904	111.3%
2016	21,318,386	27,183,765	127.5%
2017	19,135,087	27,964,756	146.1%
2018	17,093,857	28,705,004	167.9%
2019	15,191,351	29,330,091	193.1%
2020	13,418,095	29,716,960	221.5%
2021	11,771,862	29,827,935	253.4%
2022	10,253,277	29,812,704	290.8%
2023	8,865,731	29,671,596	334.7%
2024	7,614,645	29,337,764	385.3%
2025	6,490,904	28,710,303	442.3%
2026	5,486,128	27,719,999	505.3%
2027	4,593,417	26,440,239	575.6%
2028	3,811,037	24,949,009	654.7%
2029	3,135,674	23,329,512	744.0%
2030	2,557,364	21,581,333	843.9%
2031	2,066,412	19,777,512	957.1%
2032	1,651,417	17,914,759	1084.8%
2033	1,304,939	16,032,761	1228.6%
2034	1,020,166	14,200,318	1392.0%
2035	790,458	12,457,388	1576.0%
2036	607,620	10,839,229	1783.9%
2037	462,955	9,347,033	2019.0%
2038	349,731	8,001,206	2287.8%
2039	261,644	6,794,774	2597.0%
2040	194,177	5,716,487	2944.0%
2041	142,557	4,771,963	3347.4%
2042	103,458	3,944,560	3812.7%
2043	74,103	3,224,464	4351.3%
2044	52,229	2,610,133	4997.5%
2045	36,260	2,098,223	5786.6%
2046	24,747	1,674,678	6767.2%
2047	16,699	1,325,180	7935.6%
2048	11,164	1,041,083	9325.6%
2049	7,331	809,408	11040.2%
2050	4,636	622,156	13418.8%
2051	2,842	473,083	16645.3%
2052	1,720	356,089	20700.0%
2053	1,006	265,298	26362.1%
PV @ 5.0%	159,205,820	369,832,346	232.3%
Lifetime @ 5.0%	1,305,083,006	668,631,782	51.2%

[1] Projected future earned premiums and incurred claims are based on best estimate persistency and morbidity assumptions. Earned premiums restated to proposed Virginia rate levels.

American General Life Insurance Company

Prior Claim Termination Adjustments

(A)	(B)	(C)	(D)	(E)	(F)	(G) (C) x (F)
Claim Duration (months)	Actual Termination Rate	Expected Termination Rate	A/E	Credibility Weight	Credibility Adjusted A/E	Final Aggregate Termination Rate
1	7.90%	6.71%	1.18	39.20%	1.07	7.18%
2-3	7.68%	5.55%	1.38	46.70%	1.18	6.54%
4-6	5.02%	4.76%	1.05	48.50%	1.03	4.89%
7-12	2.97%	4.10%	0.72	56.50%	0.84	3.46%
13-24	1.85%	3.06%	0.60	58.80%	0.77	2.35%
58-48	1.78%	2.41%	0.74	53.70%	0.86	2.07%
49+	1.85%	3.38%	0.55	42.90%	0.81	2.72%

Current Claim Termination Adjustments

(A)	(B)	(C)	(D)	(E)	(F)	(G) (C) x (F)
Claim Duration (months)	Actual Termination Rate	Expected Termination Rate	A/E	Credibility Weight	Credibility Adjusted A/E	Final Aggregate Termination Rate
1	8.37%	7.19%	1.16	100.00%	1.16	8.37%
2-3	5.64%	6.65%	0.85	100.00%	0.85	5.64%
4-6	3.57%	4.77%	0.75	100.00%	0.75	3.57%
7-12	2.57%	3.14%	0.82	100.00%	0.82	2.57%
13-24	1.85%	2.60%	0.71	100.00%	0.71	1.85%
58-48	1.74%	2.64%	0.66	100.00%	0.66	1.74%
49+	1.97%	2.83%	0.70	100.00%	0.70	1.97%

American General Life Insurance Company
Long Term Care Product Incurred Claim Comparison

Actual Incurred Claims with 2012 Incurrals Removed

Issue Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
0-59	-	330,986	11,893	348,787	330,113	6,484	234,210	1,038,891	412,669	1,495,994	561,848	1,070,325	568	5,952	-	5,848,720
60-64	4,995	240,328	1,017,536	963,578	288,052	1,230,693	646,510	792,283	1,763,746	2,536,247	3,318,245	4,897	953,128	-	-	13,760,239
65-69	399,716	279,250	1,983,075	1,939,825	2,052,919	1,770,181	3,996,914	4,152,160	2,726,530	5,183,633	6,466,019	5,007,240	2,640,664	311,040	-	38,909,165
70-74	474,050	666,582	2,503,659	2,380,879	3,555,838	4,153,425	5,716,559	3,693,404	7,261,329	5,902,985	5,464,571	5,181,081	2,547,831	774,116	81,635	50,357,944
75-79	2,189,335	1,556,168	2,664,603	3,794,273	3,333,850	5,156,467	5,402,991	4,894,319	4,889,960	4,543,092	5,338,593	3,498,125	1,475,516	122,008	-	48,859,298
80+	1,375,504	2,037,883	4,971,887	5,546,327	4,503,962	4,222,343	3,289,451	4,394,871	1,748,085	1,841,835	1,052,702	802,251	118,710	25,561	-	35,931,373
Total	4,443,599	5,111,197	13,152,654	14,973,669	14,064,734	16,539,593	19,286,633	18,965,929	18,802,321	21,503,785	22,201,979	15,563,919	7,736,416	1,238,677	81,635	193,666,739

Expected Incurred Claims Based on Assumptions From Prior Filing

Issue Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
0-59	67,927	186,521	494,806	538,315	588,280	640,065	698,886	751,020	798,199	863,139	762,809	505,419	257,960	67,316	3,298	7,223,960
60-64	105,703	299,003	804,179	872,409	965,720	1,079,146	1,221,281	1,374,058	1,537,879	1,788,014	1,741,855	1,290,212	716,462	197,272	5,742	13,998,935
65-69	218,217	478,795	1,335,772	1,510,488	1,764,961	2,078,927	2,485,657	2,987,950	3,566,835	4,149,020	4,091,807	3,143,266	1,916,450	576,070	31,453	30,335,668
70-74	333,811	624,830	1,854,658	2,237,063	2,682,578	3,139,796	3,622,592	4,098,161	4,472,057	4,762,246	4,249,319	2,868,741	1,619,135	452,696	15,729	37,033,412
75-79	1,745,529	2,101,753	2,958,948	3,599,351	3,897,674	4,162,522	4,321,993	4,324,735	4,162,458	3,945,231	3,020,790	1,954,326	1,011,876	254,637	8,101	41,469,923
80+	2,352,047	2,456,070	3,424,115	3,322,545	3,226,198	3,064,858	2,784,373	2,475,996	2,116,635	1,808,006	1,351,998	769,110	334,691	63,128	3,160	29,552,930
Total	4,823,235	6,146,972	10,872,478	12,080,172	13,125,410	14,165,315	15,134,782	16,011,920	16,654,062	17,315,654	15,218,576	10,531,074	5,856,574	1,611,120	67,484	159,614,830

Actual / Expected Ratios

Issue Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
0-59	-	1.775	0.024	0.648	0.561	0.010	0.335	1.383	0.517	1.733	0.737	2.118	0.002	0.088	-	0.810
60-64	0.047	0.804	1.265	1.105	0.298	1.140	0.529	0.577	1.147	1.418	1.905	0.004	1.330	-	-	0.983
65-69	1.832	0.583	1.485	1.284	1.163	0.851	1.608	1.390	0.764	1.249	1.580	1.593	1.378	0.540	-	1.283
70-74	1.420	1.067	1.350	1.064	1.326	1.323	1.578	0.901	1.624	1.240	1.286	1.806	1.574	1.710	5.190	1.360
75-79	1.254	0.740	0.901	1.054	0.855	1.239	1.250	1.132	1.175	1.152	1.767	1.790	1.458	0.479	-	1.178
80+	0.585	0.830	1.452	1.669	1.396	1.378	1.181	1.775	0.826	1.019	0.779	1.043	0.355	0.405	-	1.216
Total	0.921	0.831	1.210	1.240	1.072	1.168	1.274	1.184	1.129	1.242	1.459	1.478	1.321	0.769	1.210	1.213

Incurred claims discounted at the statutory interest rate.

American General Life Insurance Company
Long Term Care Product Incurred Claim Analysis

Actual Incurred Claims with 2012 incurrals removed

Issue Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
0-59	-	318,050	11,830	340,047	314,878	6,417	224,173	923,528	385,356	1,334,249	516,949	966,318	565	5,952	-	5,348,313
60-64	4,987	233,278	953,820	890,485	280,433	1,155,661	606,153	746,304	1,655,273	2,298,485	3,037,021	4,838	894,844	-	-	12,761,582
65-69	359,967	272,147	1,885,080	1,839,987	1,954,216	1,652,171	3,723,043	3,804,377	2,589,465	4,850,203	6,109,702	4,697,392	2,508,868	293,034	-	36,539,654
70-74	433,604	634,482	2,340,617	2,289,471	3,382,107	3,963,244	5,415,574	3,487,376	6,836,902	5,570,526	5,180,256	4,906,581	2,412,740	735,161	78,956	47,667,597
75-79	2,102,724	1,512,661	2,585,587	3,677,069	3,210,935	4,934,920	5,162,654	4,651,427	4,691,314	4,283,942	5,076,911	3,341,759	1,411,481	117,177	-	46,760,559
80+	1,331,444	1,960,704	4,785,681	5,370,518	4,373,921	4,082,041	3,185,925	4,201,942	1,688,356	1,776,330	1,022,593	773,624	116,146	25,091	-	34,694,316
Total	4,232,726	4,931,323	12,562,616	14,407,578	13,516,489	15,794,454	18,317,523	17,814,953	17,846,666	20,113,735	20,943,431	14,690,511	7,344,644	1,176,416	78,956	183,772,021

Final Expected Incurred Claims

Issue Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
0-59	70,168	102,162	314,399	348,042	383,216	417,453	455,138	486,678	513,608	572,856	532,161	372,298	199,244	52,944	2,734	4,823,100
60-64	117,304	173,344	527,203	565,434	651,126	776,571	955,284	1,181,517	1,464,451	1,793,646	1,792,949	1,331,922	723,936	190,177	5,018	12,249,882
65-69	192,480	318,996	1,112,718	1,387,843	1,717,680	2,091,523	2,540,237	3,064,690	3,644,182	4,341,351	4,446,741	3,555,866	2,253,826	694,270	35,080	31,397,482
70-74	325,129	546,545	1,870,327	2,248,851	2,730,408	3,280,348	3,929,530	4,666,490	5,401,924	6,046,754	5,611,986	3,876,608	2,218,626	616,773	21,342	43,391,641
75-79	1,784,387	2,233,716	3,303,584	3,901,640	4,474,018	5,004,130	5,398,467	5,566,266	5,481,899	5,276,359	4,061,812	2,599,219	1,293,152	309,518	10,530	50,698,697
80+	3,102,811	3,395,631	4,337,229	4,369,524	4,364,430	4,206,356	3,848,655	3,418,435	2,881,533	2,449,595	1,812,444	1,014,231	447,457	82,462	4,096	39,734,890
Total	5,592,279	6,770,393	11,465,461	12,821,334	14,320,878	15,776,381	17,127,310	18,384,077	19,387,597	20,480,562	18,258,092	12,750,145	7,136,241	1,946,144	78,800	182,295,693

Final Actual / Expected Ratios

Issue Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
0-59	-	3.113	0.038	0.977	0.822	0.015	0.493	1.898	0.750	2.329	0.971	2.596	0.003	0.112	-	1.109
60-64	0.043	1.346	1.809	1.575	0.431	1.488	0.635	0.632	1.130	1.281	1.694	0.004	1.236	-	-	1.042
65-69	1.870	0.853	1.694	1.326	1.138	0.790	1.466	1.241	0.711	1.117	1.374	1.321	1.113	0.422	-	1.164
70-74	1.334	1.161	1.251	1.018	1.239	1.208	1.378	0.747	1.266	0.921	0.923	1.266	1.087	1.192	3.700	1.099
75-79	1.178	0.677	0.783	0.942	0.718	0.986	0.956	0.836	0.856	0.812	1.250	1.286	1.092	0.379	-	0.922
80+	0.429	0.577	1.103	1.229	1.002	0.970	0.828	1.229	0.586	0.725	0.564	0.763	0.260	0.304	-	0.873
Total	0.757	0.728	1.096	1.124	0.944	1.001	1.069	0.969	0.921	0.982	1.147	1.152	1.029	0.604	1.002	1.008

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

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

(Projected) Number of Insureds Affected:
New Rates
Average Annual Premium Per Member:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

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

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

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

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

The proposed rates are based on experience for American General policyholders with the same long term care insurance policy across the country. We find that policyholder behavior is different than assumed when the initial rates were determined and policies sold. We find the current rate structure does not cover current and future benefits we expect to pay.

LTCG
20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

October 28, 2014

Ms. Janet Houser
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY
PROJECT NAME/NUMBER: AGL RI5 FILING/AGL RI5 VA
SERFF TRACKING NO: LTCG-129225734

Dear Ms. Houser:

This letter is in response to your letter to Timothy Cassidy dated September 29, 2014. Your letter indicated that you would like to receive additional information to complete your review. Specifically, you stated:

1) *Please comment on our remarks in the previous objection letter regarding our concerns that for Virginia to be on the same level as nationwide, only an increase of 7.6% would be required.*

Currently, the national average approved rate increase is 148.1%. The approved rate increase in Virginia is 119.9%. An increase of 12.8% would bring the cumulative rate increase in Virginia to the same level as the national average. A revised version of the rate increase history is displayed in Exhibit C Revised 10/2014.

Since insurance is state regulated, the requested rate increase cannot be filed at a national level. If all states would only approve a rate increase that has been previously approved in other states, no rate increases would be approved.

Please consider the requested 25% rate increase is needed to mitigate future losses on this block of business.

2) *According to your response, this filing is not consistent with the NAIC Model Bulletin adopted on December 18, 2013. It is our understanding the industry agreed to comply with this bulletin in regards to long term care rate filings. Did the company provide any written comments or objections to the Senior Issue Task Force or the NAIC expressing their concerns or indicating the company may not*

comply with the bulletin? If so, please provide us with a copy of those comments from the company.

This rate increase filing was submitted on September 30, 2013, prior to the NAIC's adoption of both the NAIC Model Bulletin you reference in your letter and NAIC Model Regulation 641, the Regulation on which the Bulletin is intended to provide guidelines. We respectfully submit that the Bureau of Insurance should review this rate increase filing based upon the applicable requirements in 14 VAC 5-200, the regulation in force when this filing was first submitted and, to our knowledge, the regulation currently in force in Virginia.

The company did not provide any written comments or objections to the Senior Task Force regarding the model bulletin.

3) *Thank you for updated Exhibit C. Is there a reason a large number of rate increases are yet to be filed in other states?*

It is the company's intention to file rate increases consistently in all states. However, some state review processes take much longer than others. This round of rate increase has been filed in all but eleven states. Of those eleven states, filings for three states are scheduled to be submitted by the end of the year.

4) *Is it the intent of the company to not request any further rate increase if the proposed rate increase is approved and the experience develops as projected? If not, please explain what triggers would be used to determine another increase is needed.*

If the requested rate increase is approved and experience develops as projected, it is likely that the company will request a future rate increase. The decision to file future rate increases will be based on analysis performed around key determinants and will be contingent on numerous factors, including but not limited to actual earned rates, morbidity rates, persistency rates, inflation rates, and effective rate increase percentages.

The requested rate increase is needed to mitigate future losses. However, using current best estimate assumptions, the requested rate increase will not mitigate all projected future losses. A rate increase greater than 25% is justified, yet the company is requesting only a 25% increase to limit anti-selection and to evaluate future experience.

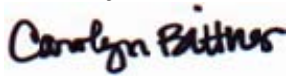
5) *Thank you for providing the Rate Summary. As we stated previously, the rate summary is intended to provide the policyholder a fairly high level explanation as to why a rate increase is needed. Stating policyholder behavior is different does not appear to provide sufficient information for the policyholder to understand the reason for the increase. The policyholder letter itself states changes in mortality rates, lapses, and cost of services have changed. Please provide an explanation as to why each of those assumptions have changed and the impact on rates as a result.*

   The original pricing assumptions for this business were not accurate and ultimately did not predict what happened in future years. At the time of the pricing of this product in 1996, there was very little industry experience on which to formulate assumptions of future lapse, mortality, and morbidity rates. The rate increase is the result of the following: 27.6% from revised lapse assumptions, 11.6% from revised mortality assumptions, and 60.8% from revised morbidity assumptions.

   Attached is a revised rate summary which includes the description noted above.

Given this information, we respectfully ask you to approve the company's request for a 25% rate increase on this block of LTC business.

Sincerely,



Carolyn Bittner, FSA, MAAA
Actuary
LTCG
Acting as a consultant to
American General Life Insurance Company

Attachments:
Exhibit C Revised 10/2014
Revised Rate Summary

Exhibit C
(Revised 10/2014)

American General Life Insurance Company
LTC Rate History and Filing Status
Policy 64028 and Associated Riders

State	Inforce Lives as of 12/20/2013	Annzd Premium as of 12/20/2013	Rate Increase #1			Rate Increase #2			Rate Increase #3			Rate Increase #4			Rate Increase #5			Rate Increase #6			Rate Increase #7			Cumulative Rate Increase
			Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	
Alabama	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
Alaska	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
Arizona	75	265,962	25%	15%	9/9/2005	25%	15%	7/31/2007	25%	15%	12/29/2008	25%	25%	5/17/2010	25%	25%	1/23/2012	25%	0%	to be filed	25%	0%	to be filed	137.6%
Arkansas	8	32,066	25%	25%	11/6/2006	25%	25%	10/1/2008	25%	12.5%	3/3/2010	25%	10%	4/19/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	93.4%
California	894	2,801,248	25%	25%	1/14/2005	25%	25%	6/26/2007	25%	25%	5/11/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
Colorado	50	128,073	25%	25%	7/19/2006	25%	25%	10/7/2008	25%	25%	1/12/2010	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
Connecticut	95	456,600	25%	25%	5/25/2006	25%	15%	8/5/2008	25%	10%	11/6/2009	25%	20%	11/19/2010	25%	15%	7/12/2012	25%	20%	6/18/2013	25%	0%	to be filed	161.9%
DC	4	8,122	25%	21%	10/8/2008	25%	10%	3/3/2011	25%	10%	5/30/2012	25%	27.1%	11/8/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	86.0%
Delaware	41	88,984	25%	10%	4/5/2006	25%	10%	10/20/2008	25%	15%	5/10/2010	25%	15%	8/10/2011	25%	25%	10/22/2013	25%	0%	to be filed	25%	0%	to be filed	100.0%
Florida	202	466,278	23%	23%	10/30/2006	64%	11.7%	10/24/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	37.4%
Georgia	24	67,735	25%	12%	9/26/2005	25%	10%	3/6/2007	25%	10%	11/11/2008	25%	10%	3/30/2010	25%	15%	7/18/2011	25%	12%	7/20/2012	25%	10%	8/13/2013	111.2%
Hawaii	10	31,870	25%	20%	8/29/2006	25%	20%	12/24/2008	25%	15%	6/6/2011	25%	25%	8/12/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	107.0%
Idaho	41	96,976	25%	25%	6/8/2006	25%	25%	10/7/2008	25%	25%	4/29/2010	25%	10%	4091400%	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	114.8%
Illinois	299	1,438,638	25%	25%	2/4/2005	25%	25%	6/20/2007	25%	25%	8/4/2008	25%	25%	12/4/2009	25%	25%	3/29/2011	25%	25%	3/27/2012	25%	0%	pending	281.5%
Indiana	40	106,802	25%	25%	9/24/2005	25%	25%	2/20/2007	25%	25%	11/6/2008	25%	10%	6/24/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	114.8%
Iowa	70	173,339	25%	20%	6/2/2006	25%	15%	11/24/2008	25%	20%	5/7/2010	25%	19%	7/6/2011	25%	18%	11/5/2012	25%	16.5%	12/27/2013	25%	0%	to be filed	170.9%
Kansas	191	567,981	25%	15%	8/11/2005	25%	15%	6/1/2007	25%	25%	11/10/2008	25%	10%	7/26/2010	25%	10%	9/28/2011	25%	12%	10/23/2012	25%	10%	9/24/2013	146.4%
Kentucky	47	141,530	25%	25%	7/15/2005	25%	25%	2/19/2007	25%	10%	1/6/2009	25%	10%	5/17/2010	25%	5%/20%	9/7/2011	25%	5%/15%/25%	9/23/2014	25%	0%	to be filed	150.6%
Louisiana	49	108,470	25%	25%	2/9/2007	25%	10%	8/21/2008	25%	15%	5/21/2010	15%	15%	8/23/2013	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	81.8%
Maine	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
Maryland	195	776,386	15%	15%	7/27/2005	15%	15%	2/20/2007	15%	15%	8/19/2008	15%	15%	10/27/2009	15%	15%	11/29/2011	15%	15%	1/15/2013	15%	15%	2/27/2014	166.0%
Massachusetts	476	1,382,535	25%	25%	11/23/2005	25%	10%	5/17/2012	10%	0%	pending	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed	37.5%
Michigan	94	442,336	25%	25%	3/17/2005	25%	25%	2/28/2007	25%	25%	9/18/2008	25%	25%	11/2/2009	25%	25%	12/14/2010	25%	25%	1/25/2012	25%	25%	7/15/2013	376.8%
Minnesota	157	396,551	25%	25%	3/15/2005	25%	25%	4/12/2007	25%	25%	2/10/2009	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
Mississippi	11	36,686	25%	25%	10/24/2008	25%	25%	3/26/2010	25%	25%	7/25/2011	25%	25%	3/8/2013	25%	25%	5/22/2014	25%	0%	to be filed	25%	0%	to be filed	205.2%
Missouri	148	429,602	25%	25%	6/12/2006	25%	25%	10/31/2007	25%	25%	11/14/2008	25%	26.5%	8/22/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	147.1%
Montana	10	26,034	25%	25%	3/2/2006	25%	25%	9/16/2008	25%	25%	11/12/2009	25%	25%	12/20/2010	25%	15%	1/23/2012	25%	25%	8/20/2013	25%	0%	to be filed	251.0%
Nebraska	35	118,366	25%	25%	4/1/2005	25%	25%	1/5/2009	25%	25%	3/30/2010	25%	10%	10/14/2011	25%	25%	3/21/2013	25%	25%	10/17/2014	25%	0%	to be filed	235.7%
Nevada	19	49,450	25%	25%	10/15/2008	25%	25%	1/27/2010	25%	20%	4/16/2013	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	87.5%
New Hampshire	42	115,835	25%	25%	7/14/2006	25%	25%	7/17/2008	25%	25%	10/1/2009	25%	25%	8/10/2012	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	144.1%
New Jersey	490	1,953,005	25%	20%/10%	12/12/2006	25%	25%	10/31/2008	25%	25%	7/12/2010	25%	25%	11/21/2012	25%	25%	3/19/2014	25%	0%	to be filed	25%	0%	to be filed	180.8%
New Mexico	63	171,075	25%	25%	4/4/2005	25%	25%	3/8/2007	25%	25.2%	10/2/2009	25%	10%	12/21/2012	25%	15%	2/25/2014	25%	0%	to be filed	25%	0%	to be filed	147.5%
New York	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
North Carolina	180	583,347	25%	25%	12/9/2005	25%	25%	9/11/2008	25%	25%	11/17/2009	25%	13.5%	7/23/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	121.7%
North Dakota	94	335,296	25%	20%	3/15/2005	25%	20%	3/1/2007	25%	20%	10/21/2008	25%	20%	1/5/2010	25%	20%	11/23/2010	25%	20%	2/13/2012	25%	15%	7/18/2013	243.4%
Ohio	294	870,941	25%	25%	1/21/2005	25%	25%	2/15/2007	25%	25%	9/10/2008	25%	10%	4/9/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	114.8%
Oklahoma	199	511,777	15%	15%	12/27/2004	15%	15%	2/2/2007	15%	15%	2/6/2009	15%	10%	11/8/2010	15%	15%	12/20/2011	25%	25%	3/27/2013	25%	25%	10/28/2014	200.6%
Oregon	118	256,092	25%	20%	4/30/2007	25%	15%	10/10/2008	25%	5%	5/20/2010	25%	10%	12/9/2011	25%	15%	12/16/2013	25%	0%	to be filed	25%	0%	to be filed	83.3%
Pennsylvania	419	1,599,901	25%	25%	6/2/2005	25%	10%	9/19/2007	25%	25%	9/8/2008	25%	17.5%	5/6/2010	25%	17.5%	6/8/2012	25%	15%	10/7/2014	25%	0%	to be filed	172.9%
Rhode Island	136	391,390	25%	25%	4/4/2005	25%	25%	4/5/2007	25%	15.4%	8/17/2009	25%	16.7%	9/19/2011	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	110.4%
South Carolina	48	176,757	25%	25%	5/9/2006	25%	25%	4/25/2007	25%	20%	11/25/2008	25%	20%	7/22/2010	25%	5%	11/3/2011	25%	15%	3/1/2013	25%	9.5%	9/12/2014	197.5%
South Dakota	43	207,877	25%	25%	6/24/2005	25%	25%	7/11/2008	25%	25%	8/27/2009	25%	11%	10/21/2010	25%	25%	2/10/2012	25%	25%	8/13/2013	25%	0%	to be filed	238.7%
Tennessee	57	188,782	25%	25%	6/16/2006	25%	15%	9/22/2008	25%	18%	11/18/2009	25%	10%	2/17/2011	25%	25%	3/15/2012	25%	25%	7/23/2013	25%	0%	to be filed	191.5%
Texas	488	1,310,697	25%	25%	8/1/2005	25%	18%	4/25/2007	25%	16%	6/29/2009	25%	25%	6/10/2011	25%	18%	7/28/2014	25%	0%	to be filed	25%	0%	to be filed	152.4%
Utah	26	57,556	25%	25%	8/10/2006	25%	25%	7/6/2009	25%	25%	10/25/2010	25%	25%	3/30/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	144.1%
Vermont	10	21,570	25%	0%	disapproved	---	0%	not filing	---	0%	not filing	---	0%	not filing	---	0%	not filing	---	0%	to be filed	---	0%	to be filed	0.0%
Virginia	108	413,062	25%	25%	7/25/2006	25%	25%	10/1/2008	25%	25%	5/29/2011	25%	12.6%	3/14/2013	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	119.9%
Washington	111	524,364	25%	25%	2/1/2005	25%	25%	2/21/2007	25%	25%	9/2/2008	25%	25%	11/23/2009	25%	25%	5/2/2011	25%	25%	7/6/2012	25%	25%	11/22/2013	376.8%
West Virginia	14	39,348	25%	15%	6/14/2006	25%	25%	12/10/2008	25%	25%	5/13/2010	25%	25%	9/28/2011	25%	15%	3/25/2013	25%	0%	to be filed	25%	0%	to be filed	158.3%
Wisconsin	1,237	2,977,243	25%	20%	10/21/2005	25%	12%	11/1/2007	25%	16%/10%	8/25/2009	25%	25%/10%	8/4/2011	25%	25%/10%	11/18/2013	25%	0%	to be filed	25%	0%	to be filed	96.5%
Wyoming	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---

National Average: 148.1%

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

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

(Projected) Number of Insureds Affected:
New Rates
Average Annual Premium Per Member:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

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

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

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

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

The proposed rates are based on experience for American General policyholders with the same long term care insurance policy across the country. The original pricing assumptions for this business were not accurate and ultimately did not predict what happened in the future years. At the time of the pricing of this product in 1996 there was very little industry experience on which to base assumptions of future lapse, mortality, and morbidity rates for this product. The rate increase is the result of the following: 27.6% from revised lapse assumptions, 11.6% from revised mortality assumptions, and 60.8% from revised morbidity assumptions.

LTCG
20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

November 14, 2014

Ms. Janet Houser
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY
PROJECT NAME/NUMBER: AGL RI5 FILING/AGL RI5 VA
SERFF TRACKING NO: LTCG-129225734

Dear Ms. Houser:

This letter is in response to your letter to Timothy Cassidy dated November 6, 2014. Your letter indicated that you would like to receive additional information to complete your review. Specifically, you stated:

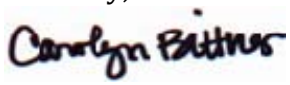
1) *We have reviewed your October 28, 2014 responses and have a number of remaining questions and concerns. However, prior to addressing those with the company, please provide a loss ratio projection similar to Exhibit N in your September 18, 2014 letter, but reflecting the actual historical experience during the historical experience period; and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims with the original pricing assumptions for interest, mortality, morbidity and persistency in the future and assuming the future premiums are paid based on the original premium scale with no increases. Once we have the received the company's response and had a chance to review, it may be appropriate to schedule a conference call with the company to discuss.*

A loss ratio projection that includes actual historical experience and projected actual inforce using original pricing assumptions is displayed in Exhibit P. As displayed in Exhibit P, historical earned premiums are based on actual rate levels and projected future earned premiums are based on original rate levels.

The company is willing to participate in a conference call with the Bureau of Insurance regarding this filing.

Thank you for your prompt attention to this filing.

Sincerely,



Carolyn Bittner, FSA, MAAA
Actuary
LTCG
Acting as a consultant to
American General Life Insurance Company

Attachement:
Exhibit P-Lifetime Experience (Nationwide and Virginia Only)

American General Life Insurance Company

Policy Form 64028

Lifetime Experience (Nationwide)

Year	Earned Premiums[1]	Incurred Claims[1]	Loss Ratio
1997	114,262	0	0.0%
1998	2,741,075	258,137	9.4%
1999	8,897,299	1,580,307	17.8%
2000	16,769,737	3,636,875	21.7%
2001	25,249,863	8,287,866	32.8%
2002	27,255,517	12,086,220	44.3%
2003	25,899,360	11,477,545	44.3%
2004	24,383,594	10,459,989	42.9%
2005	23,464,347	14,697,845	62.6%
2006	23,654,567	18,533,545	78.4%
2007	23,429,392	16,337,208	69.7%
2008	22,849,710	13,162,321	57.6%
2009	22,762,416	19,894,640	87.4%
2010	22,350,672	23,375,186	104.6%
2011	22,106,283	21,046,977	95.2%
2012	21,057,719	20,606,562	97.9%
2013	20,400,670	28,027,872	137.4%
Acc	522,704,271	317,861,921	60.8%
2014	10,143,378	21,290,499	209.9%
2015	8,938,795	20,865,806	233.4%
2016	7,843,236	20,293,493	258.7%
2017	6,851,463	19,612,735	286.3%
2018	5,957,954	18,821,777	315.9%
2019	5,156,957	17,916,966	347.4%
2020	4,442,500	16,912,824	380.7%
2021	3,808,333	15,843,709	416.0%
2022	3,248,002	14,747,821	454.1%
2023	2,756,004	13,632,416	494.6%
2024	2,326,255	12,505,616	537.6%
2025	1,952,539	11,370,407	582.3%
2026	1,629,880	10,244,373	628.5%
2027	1,352,899	9,155,982	676.8%
2028	1,116,568	8,117,014	727.0%
2029	915,936	7,135,257	779.0%
2030	746,789	6,214,872	832.2%
2031	605,275	5,363,588	886.1%
2032	487,453	4,587,568	941.1%
2033	389,998	3,889,830	997.4%
2034	310,078	3,271,190	1055.0%
2035	244,932	2,727,820	1113.7%
2036	192,148	2,256,523	1174.4%
2037	149,755	1,852,345	1236.9%
2038	115,873	1,507,734	1301.2%
2039	89,020	1,215,856	1365.8%
2040	67,905	970,617	1429.4%
2041	51,447	766,037	1489.0%
2042	38,753	598,738	1545.0%
2043	28,986	463,714	1599.8%
2044	21,484	355,908	1656.6%
2045	15,793	270,692	1714.0%
2046	11,504	204,535	1777.9%
2047	8,342	153,188	1836.3%
2048	6,004	113,469	1889.8%
2049	4,282	83,272	1944.9%
2050	3,015	60,479	2006.1%
2051	2,094	43,461	2075.9%
2052	1,442	31,045	2153.1%
2053	988	22,002	2226.2%
PV @ 5.0%	55,857,740	190,465,812	341.0%
Lifetime @ 5.0%	578,562,010	508,327,733	87.9%

[1] *Historical earned premiums are based on actual historical rate levels.*
The interest rate used to accumulate historical totals ranges from 4.5% to 6.5%.
Projected future earned premiums are based on original rate levels.
Projected future earned premiums and incurred claims are based on original pricing assumptions.

American General Life Insurance Company

Policy Form 64028

Lifetime Experience (Virginia Only)

Year	Earned Premiums[1]	Incurred Claims[1]	Loss Ratio
1997	1,650	0	0.0%
1998	38,830	0	0.0%
1999	81,314	0	0.0%
2000	171,943	0	0.0%
2001	296,518	12,498	4.2%
2002	370,647	249,671	67.4%
2003	340,150	77,103	22.7%
2004	328,357	169,491	51.6%
2005	334,125	420,855	126.0%
2006	331,073	180,957	54.7%
2007	339,940	315,084	92.7%
2008	323,436	35,379	10.9%
2009	347,529	853,825	245.7%
2010	342,812	332,260	96.9%
2011	347,794	292,669	84.2%
2012	386,960	309,505	80.0%
2013	361,504	673,980	186.4%
Acc	7,232,810	5,354,092	74.0%
2014	176,922	322,885	182.5%
2015	156,491	318,116	203.3%
2016	137,801	310,750	225.5%
2017	120,773	301,016	249.2%
2018	105,331	289,205	274.6%
2019	91,397	275,029	300.9%
2020	78,891	259,707	329.2%
2021	67,732	243,743	359.9%
2022	57,832	227,380	393.2%
2023	49,107	210,714	429.1%
2024	41,422	193,564	467.3%
2025	34,783	176,660	507.9%
2026	29,060	159,995	550.6%
2027	24,140	143,566	594.7%
2028	19,935	127,650	640.3%
2029	16,381	112,446	686.5%
2030	13,384	98,148	733.3%
2031	10,872	85,033	782.2%
2032	8,779	72,790	829.2%
2033	7,040	61,537	874.1%
2034	5,608	51,576	919.7%
2035	4,445	43,036	968.2%
2036	3,491	35,706	1022.9%
2037	2,729	29,556	1082.8%
2038	2,120	24,337	1147.9%
2039	1,632	19,867	1217.6%
2040	1,250	16,008	1280.3%
2041	956	12,773	1336.4%
2042	725	10,050	1386.3%
2043	548	7,765	1417.9%
2044	410	5,937	1448.6%
2045	305	4,549	1489.8%
2046	226	3,470	1536.2%
2047	166	2,621	1575.7%
2048	122	1,968	1607.0%
2049	88	1,464	1655.0%
2050	63	1,069	1687.4%
2051	45	776	1708.0%
2052	32	559	1749.4%
2053	22	400	1844.7%
PV @ 5.0%	985,192	2,935,224	297.9%
Lifetime @ 5.0%	8,218,002	8,289,316	100.9%

[1] *Historical earned premiums are based on actual historical rate levels.*
The interest rate used to accumulate historical totals ranges from 4.5% to 6.5%.
Projected future earned premiums are based on original rate levels.
Projected future earned premiums and incurred claims are based on original pricing assumptions.

LTCG
20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

January 23, 2015

Ms. Janet Houser
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY
PROJECT NAME/NUMBER: AGL RI5 FILING/AGL RI5 VA
SERFF TRACKING NO: LTCG-129225734

Dear Ms. Houser:

This letter is in response to your letter to Timothy Cassidy dated December 31, 2014. Your letter indicated that you would like to receive additional information to complete your review. Specifically, you stated:

1) *Thank you for providing the updated third party filer authorization. This authorization, however, expires today and we ask another authorization be provided.*

   A third party authorization letter dated 01/05/2015 has been attached in SERFF.

2) *The policyholder letters have been reviewed and there is one change we ask be made as follows: Please revise the fourth paragraph to incorporate the following wording and replace the reference to "your state Department of Insurance":*

   "Virginia's State Corporation Commission reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, the filing was approved."

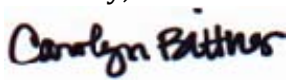
   Exhibit Q displays the revised policyholder letter which has been revised to remove "your state Department of Insurance" and to incorporate "Virginia's State Corporation Commission reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, the filing was approved."

3) *Please advise how the policy is amended for changes that reduce the benefit. If an endorsement form is used, please provide the form number and the SERFF tracking number and approval date. If the policy is amended with an updated Schedule of Benefits, please provide evidence the policy was approved for this type of variability. Does the request to make a change to the policy become a part of the policy itself?*

   Offering a policyholder the opportunity to reduce their benefits instead of increased premium is an option that is provided to the policyholder by the company, it is not referenced in the original policy. When a policy is amended for changes that reduce the benefit, an updated Schedule of Benefits is sent to the policyholder to attach to the policy and become part of the policy itself. Exhibit R displays a sample of a Schedule of Benefits. An endorsement form is not used.

Given this information, we respectfully ask you to approve the company's request for a 25% rate increase on this block of LTC business.

Sincerely,



Carolyn Bittner, FSA, MAAA
Consulting Actuary
LTCG
Acting as a consultant to
American General Life Insurance Company

Attachment:
Exhibit Q – Revised Policyholder Notification Letter
Exhibit R – Sample of a Schedule of Benefits

Date

American General
Life Companies

P.O. Box 64036

St. Paul, MN 55164

RE: «grp_program3»
Long-Term Care Insurance Plan
Policy # «policy_no»

Dear «LIFE_FNAME» «LIFE_LNAME»:

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that «grp_program3» has authorized a premium rate increase for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts Based on its review, American General Life Insurance Company had determined that a 25% increase in the renewal premium rate for your policy type was necessary. Since the time original premium rates were calculated for your policy, changes in mortality rates, lapse rates, and the cost of services have occurred. As a result, the original premium rates for your policy are not sufficient to cover projected policy benefits. The section titled "Guaranteed Renewability – Premiums Subject to Change" on the first page of the contract gives the insurance company this right. The section states:

This Policy is guaranteed renewable for your lifetime. We cannot cancel this Policy as long as you pay the premiums and you have not exhausted your Benefit Account Value. We can change the Renewal Premium rate. We can change it only if it is changed for all policies in your state of residence on this Policy form. Notice of any change in rates will be sent at least 31 days in advance.

As required, Virginia's State Corporation Commission reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance, and because it was found to be compliant with these laws and regulations, the filing was approved. The rate increase will apply to all policies in your state of issue in accordance with the terms of your policy contract.

American General Life Insurance Company could have requested a larger premium rate increase as an increase greater than 25% is justified. American General Life Insurance Company will continue to monitor experience. It is a possibility that the company will request a future premium rate increase within the next year. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by Virginia's State Corporation Commission before being implemented.

What are my Options?

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. The effective date of your selected option will be «r_policy_offer_eff_date».

Option 1: Your premium will automatically increase and your coverage amounts will continue as reflected under Option 1 in the chart below. To select this option you do nothing. Do not return the "*Coverage Decrease Election Form.*" Do not send any money at this time.

Your premium will automatically increase by **!Unexpected End of Formula** «r_policy_bill_freq_desc». Your «r_policy_bill_freq_desc» premium will be adjusted to «r_curr_cvg_modal_prem» beginning «r_policy_offer_eff_date». If you pay premiums through electronic fund transfer, your premiums will be automatically adjusted to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your «r_policy_offer_eff_date» billing.

Option 2: You may take a decrease to your coverage amounts and your current premium will remain the same as reflected under Option 2 in the chart below.

You may be able to make other policy changes such as reducing your benefit period, modifying rider selections, or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

To select this option, simply sign, date, and return, the enclosed "*Coverage Decrease Election Form*" in the enclosed pre-paid envelope no later than 30 days from the date of this letter.

Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits, but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum, as reflected under Option 3 in the chart below. Please note that this option limits the amount of future benefits you are eligible to receive. No future premiums will be required from you at any time in the future to secure these benefits.

To select this option, simply complete and return the enclosed "*Paid-Up Status Election Form*" in the enclosed envelope no later than 30 days from the date of this letter.

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Daily Maximum	$«FIELD_16»	$«FIELD_16»	$«FIELD_23»	$«FIELD_16»
Assisted Living Facility Daily Maximum	$«FIELD_17»	$«FIELD_17»	$«FIELD_24»	$«FIELD_17»
Home Health Care Daily Maximum	$«FIELD_18»	$«FIELD_18»	$«FIELD_25»	$«FIELD_18»
Total Coverage Amount	«FIELD_27»	«FIELD_27»	«FIELD_28»	*
«FIELD_20» Premium	$«FIELD_19»	$«FIELD_22»	$«FIELD_19»	$0

NOTE: If you do not select Option 2 or Option 3 within the next 30 days, you will automatically receive Option 1 at that time. In that case your next premium invoice will reflect the increased premium.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

We realize that this offer is complicated. Feel free to call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 8:30 a.m. to 6:30 p.m. Eastern Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration
«grp_program2»

Enclosure(s)

cc: «AGENT_MAILING_NAME»
«AGENT_SF_NAME»
«agent_address1»
«agent_address2»
«agent_city» «agent_state» «agent_zip»

Address Change Reminder:

If your address has changed from what is printed above, please indicate your correct address below and return this page to the address provided:

Street/PO Box _____
City _____
State _____ Zip Code _____
Telephone (_____)_____-_____

Policy # «policy_no»

Return To: «grp_program2»
Long Term Care Service and Claims Center
P.O. Box 64036
St. Paul, MN 55164-9916

Signature: _____

Exhibit Q

«grp_program2»
LONG-TERM CARE PROGRAM
OPTION 2
COVERAGE DECREASE ELECTION FORM

To select the decrease to your Coverage Amounts and maintain your current Premium, you must sign and date this form in the box below and <u>return this form in the envelope provided no later than 30 days from the date of this letter.</u>

<u>NOTE: If you do not select Option 2 or Option 3 by 30 days from the date of this letter, you will automatically receive Option 1.</u> In that case your next premium invoice will reflect the increased premium.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

Decreased Nursing Home Care Maximum Daily Amount:	«rp_0_offer_nh_benefit_mdb_01»
Decreased Assisted Living Facility Care Maximum Daily Amount:	«rp_0_offer_al_benefit_mdb_01»
Decreased Home Health Care Maximum Daily Amount:	«rp_0_offer_hc_benefit_mdb_01»
Decreased Total Coverage Amount:	«rp_0_offer_remain_lifemax_01»
Premium/Premium Mode:	«r_curr_cvg_modal_prem» / «r_policy_bill_freq_desc»

Insured: «LIFE_FNAME» «LIFE_MNAME» «LIFE_LNAME»
Policy Number «policy_no»

My signature below affirms my selection of Option 2 to take the decrease to my Coverage Amounts with my current Premium remaining the same as shown above.
I understand my decreased Coverage Amounts will be effective «r_policy_offer_eff_date».

_____ _____
Signature of Policy Owner Date

<u>PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS FROM THE DATE OF THIS LETTER.</u>

If you have any questions regarding your options, please call 1 (888) 316-2672.

«GRP_PROGRAM»
«grp_program2»

Exhibit Q

LONG TERM CARE PROGRAM
OPTION 3
Paid-Up Status Election Form

To convert your coverage to a paid-up status with a reduced coverage amount of $* you must sign and date this form in the box below and <u>return this form in the envelope provided no later than 30 days from the date of this letter.</u>

Nursing Home Care Maximum Daily Amount:	$«FIELD_16»
Assisted Living Facility Care Maximum Daily Amount:	$«FIELD_17»
Home Health Care Maximum Daily Amount:	$«FIELD_18»
Decreased Total Coverage Amount:	**$***
Premium:	**$0**

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

Insured: «FIELD_2» «FIELD_3» «FIELD_4»
Policy Number «FIELD_13»

My signature below affirms my selection of Option 3 to convert my coverage to a paid-up status with a decreased Total Coverage Amount and no future Premium as shown above. I understand my decreased Total Coverage Amount will be effective «FIELD_26».

_____

_____

_____

Signature of Policy Owner

<u>PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS FROM THE DATE OF THIS LETTER.</u>

If you have any questions regarding your options, please call 1 (888) 316-2672.

Please make sure address shows through
the envelope window.

«grp_program4»
P.O. BOX 64036
ST. PAUL, MN 55164-9916

Exhibit R

American General
Life Companies

P. O. Box 64036
St. Paul MN 55164-9916

[redacted]

[redacted]
FAIRFAX VA 22031

RE: Policy Number [redacted]

Dear [redacted]:

We have approved and processed your request to opt for a coverage decrease in response to the recent rate increase notification. Your new coverage is effective as of 5/1/2014, and your new premium remains at the same amount of $6600.00 annually.

Enclosed you will find a new Schedule of Benefits which reflects the changes in your coverage. Please replace your current schedule with the enclosed so that your records are current.

If you have any questions, please call us at 1-800-710-9876. Our Customer Service Representatives are available Monday through Friday, 8:30 a.m. to 6:30 p.m. Eastern Time.

Sincerely,

Long Term Care Administration
American General Life Insurance Company

Enclosure(s)

cc: [redacted]
AMERICAN LIFE INSURANCE COMPANY
P O BOX 391
BELAIR MD 21014

POLICY SCHEDULE

POLICY NUMBER	[redacted]	5/1/2001	**EFFECTIVE DATE**
INSURED	[redacted]	5/1/2014	**FIRST RENEWAL DATE**
AGE	70	$6,600.00	**INITIAL PREMIUM**
TERM	Annual	$6,600.00	**RENEWAL PREMIUM (Subject to Change)**
COVERED SPOUSE	None		

LONG TERM CARE BENEFITS

NURSING HOME CARE
Daily Maximum Benefit $215

ASSISTED LIVING FACILITY CARE
Daily Maximum Benefit $215

HOME HEALTH CARE/COMMUNITY BASED SERVICES
Daily Maximum Benefit $215

RESPITE CARE
Reasonable Charge incurred not to exceed Daily Maximum Benefit for Nursing Home Care, Home Health Care or Community Based Services
30 Day Per Calendar Year Maximum Benefit

BED RESERVATION
Reasonable Charge incurred not to exceed Daily Maximum Benefit for Nursing Home Care or Assisted Living Facility Care.
30 Day Per Calendar Year Maximum Benefit

CAREGIVER TRAINING
Reasonable Charge Up To Five times the Home Health Care Daily Maximum Benefit for a One Time Maximum Benefit.

EMERGENCY RESPONSE SYSTEM
Actual Charge up to $50 per month
Payable as long as Home Health Care Benefits Continue

ELIMINATION PERIOD 30 Days

BENEFIT ACCOUNT VALUE $313,847.00

ADDITIONAL BENEFITS

CARE COORDINATION BENEFIT
WAIVER OF PREMIUM BENEFIT INCLUDED

THE PREMIUMS SHOWN ABOVE INCLUDE PREMIUMS FOR ANY BENEFIT RIDERS ISSUED ON THE SAME DATE AS THIS POLICY.

BENEFIT RIDERS ISSUED ON THE SAME DATE AS THIS POLICY:

AUTOMATIC BENEFIT INCREASE RIDER
TAX QUALIFICATION RIDER

LTCG
20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

February 6, 2015

Ms. Janet Houser
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY
PROJECT NAME/NUMBER: AGL RI5 FILING/AGL RI5 VA
SERFF TRACKING NO: LTCG-129225734

Dear Ms. Houser:

This letter is in response to your letter to Timothy Cassidy dated January 28, 2015. Your letter indicated that you would like to receive additional information to complete your review. Specifically, you stated:

As part of a final review of the filing, there are a few inconsistencies that need to be addressed:

1) *The Rate Summary submitted on 10/28/14 indicated the policyholder count as 108 and the average annual premium to be $4,781. The Rate/Rule Schedule lists the number of policyholders as 118 which corresponds to Exhibit A. That exhibit also indicates the average premium to be $4,935 in Virginia. We realize that due the length of time this filing has been under review that such information may no longer be accurate. For our purposes, the number of policyholders on both the Rate/Rule Schedule and the Rate Summary should be the same - either 108 or 118, whichever is correct. Please make the appropriate changes either to the form or to SERFF.*

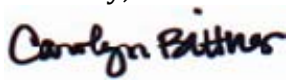
   The policyholder count of 108 in the Rate Summary submitted on October 28, 2014 reflects the more current count. The average annual premium of $4,781 in the Rate Summary is the revised premium with the requested rate increase. The Rate/Rule Schedule on SERFF has been changed to reflect this information.

2) *The Rate Summary should reflect the correct average premium. Please provide an updated Exhibit A that supports the change in the premium or amend the Rate Summary as needed.*

Please find attached a revised Exhibit A with experience as of December 31, 2013. The revised Exhibit A shows 108 Virginia policyholders and an average premium of $4,781. The information on the revised Exhibit A is consistent with the information on the Rate Summary submitted on October 28, 2014.

Given this information, we respectfully ask you to approve the company's request for a 25% rate increase on this block of LTC business.

Sincerely,



Carolyn Bittner, FSA, MAAA
Consulting Actuary
LTCG
Acting as a consultant to
American General Life Insurance Company

Attachment:
Exhibit A – Revised

Exhibit A

American General Life Insurance Company

Actuarial Justification for Premium Rate Increase

Policies Inforce as of 12/31/2013

		Average Annualized Premiums[1]	
	Lives Inforce	Annualized Premium Per Inforce	With a 25% Rate Increase
Nationwide	7,462	$3,228	$4,035
Virginia	108	$3,825	$4,781

[1] *Based on premium paying policyholders*

LTCG
5 Commonweatlh Road
Suite 2B
Natick, MA 01760
(877) 431-5824

April 16, 2015

Virginia Bureau of Insurance
Attn: Janet Houser

Re: AMERICAN GENERAL LIFE INSURANCE COMPANY
FEIN # 25-0598210 NAIC # 60488
INDIVIDUAL ACCIDENT AND HEALTH INSURANCE
Rate Increase for:
Non-Tax Qualified Long Term Care Policy 64028-VA
Tax Qualified Long Term Care Policy Rider C12271VA
Inflation Benefit Rider 64031
Nonforfeiture Benefit Rider 64032
Contingent Nonforfeiture Benefit Rider 64035-VA

Dear Ms. Houser:

Thank you for your letter of March 24. Your objection appears below, along with the company's response.

Objection
The Bureau of Insurance has recently directed long term care policies must be updated via an endorsement for any changes the policyholder has requested. Because this would be a part of the entire contract, such a form would require review and approval; the company can no longer simply send a revised policy schedule page. If the company already has such forms previously approved, please attach a copy of the form and provide the SERFF tracking number and date of approval. If a new form is needed, please attach the form to this filing for review and approval. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms including the contingent benefit upon lapse and/or optional nonforfeiture benefit. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as a readability certification in accordance with 14VAC5-110-60.

Response
Policy Change Endorsement AGLC108716 has been posted to the Form Schedule and its accompanying Explanation of Variability has been posted to the Supporting Documentation. Also posted to the Supporting Documentation are a Certificate of Compliance and a Readability Certification. Contingent Benefit Upon Lapse Rider 64035-VA was approved by the Bureau on September 8, 2006 as part of paper filing Submission Number 007 0000026930.

Also, in accordance with your request we have posted a current Third Party Filer Authorization to the Supporting Documentation.

We trust that you will now find our filing to be entirely in order and that you will grant your Department's approval to this submission. If you have any questions or would like to discuss any of the materials included in this submission, please feel free to call me directly at (952) 516-6195 or toll free at (877) 431-5824, ext. 6195. You may also send an email to timothy.cassidy@ltcg.com.

We look forward to hearing from you.

Sincerely,

Timothy P. Cassidy
Director, Compliance Services
LTCG

EXPLANATION OF VARIABILITY

POLICY CHANGE ENDORSEMENT AGLC108716

Policy Change Endorsement Date field: This is bracketed so that it may be populated with the date the endorsement is issued.

Coverage Decrease Option Elected section: This section is bracketed in its entirety because it will appear only if the policyholder has chosen to decrease his/her coverage and will not appear if the policyholder has chosen to activate a Non-Forfeiture rider.

Reducing Your Benefit Period section: This is bracketed in its entirety because it will appear only if the policyholder elects to reduce his/her Benefit Period.

Modifying Your Rider Selections

- This section is bracketed in its entirety because it will appear only if the policyholder elects to modify his/her rider selections.
- If the policyholder elects to modify his/her rider selections, only those rider(s) that the policyholder chooses to surrender will appear.

Increasing Your Elimination Period section: This is bracketed in its entirety because it will appear only if the policyholder elects to increase his/her Elimination Period.

Conversion to a Paid-Up Status section: This section is bracketed in its entirety because it will appear only if the policyholder has chosen to convert his/her coverage to a Paid-Up status.

Officer Signatures: The company officer signatures are bracketed so that they may be changed without filing should the officers change.

FILING CERTIFICATION

Name and Address of Insurer: **American General Life Insurance Company**
2727-A Allen Parkway, Houston, TX 77019

Title of Form: **Individual Long Term Care Insurance Policy Change Endorsement**

Form Number: **AGLC108716**

The company has reviewed the enclosed form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Signed by an Officer of the Company

Robert Schimek
Typed Name

President
Title

April 16, 2015
Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer: **AMERICAN GENERAL LIFE INSURANCE COMPANY**
2727 ALLEN PARKWAY, HOUSTON, TEXAS, 77019

Title of Form: **Long Term Care Insurance Policy Change Endorsement**

Form Number: AGLC108716

I hereby certify that the Flesch reading ease score of the above policy form is **57.4**.

It contains **12** sentences and **187** words. The type size of the text of the policy form is **12** point type, **1** point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2 - 3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Signed by an Officer of the Company

Robert Schimek
Typed Name

President
Title

May 5, 2015
Date

LTCG
5 Commonweatlh Road
Suite 2B
Natick, MA 01760
(877) 431-5824

April 21, 2015

Virginia Bureau of Insurance
Attn: Elsie Andy
Re: AMERICAN GENERAL LIFE INSURANCE COMPANY
FEIN # 25-0598210 NAIC # 60488
INDIVIDUAL ACCIDENT AND HEALTH INSURANCE
Rate Increase for:
Non-Tax Qualified Long Term Care Policy 64028-VA
Tax Qualified Long Term Care Policy Rider C12271VA
Inflation Benefit Rider 64031
Nonforfeiture Benefit Rider 64032
Contingent Nonforfeiture Benefit Rider 64035-VA

Dear Ms. Andy:

Thank you for your letter of April 20. Your objections appear below, along with the company's responses.

Objection 1
- Policy Change Amendment, AGLC108716 (Form)
Comments: One of the options offered to the insured is to modify their rider selections by surrendering their riders such as a nonforfeiture rider. In this light, it appears that at the time of the premium increase some insureds benefits will include a nonforfeiture rider. Please confirm. If so, where is the option to implement the nonforfeiture benefit expressed?
Response 1: Yes, some of the policyholders may have Non-Forfeiture Riders in force under their coverage at the time of the rate increase. We have added sections to the Policy Change Endorsement entitled "Non-Forfeiture Rider Activated" and "Activating Your Non-Forfeiture Benefit Rider."

Objection 2
- Policy Change Amendment, AGLC108716 (Form)
Comments: The policyholder letter offers an option to convert the policy to a paid-up status with a contingent benefit upon lapse. It appears that the policy change endorsement should address this option.
Response 1: As noted above, we have added a sections to the Policy Change Endorsement entitled "Non-Forfeiture Rider Activated" and have also added a section entitled "Activating Your Contingent Non-Forfeiture Rider."

Revised versions of the Explanation of Variability and Readability Certification are posted to the Supporting Documentation tab.

We trust that you will now find our filing to be entirely in order and that you will grant your Department's approval to this submission. If you have any questions or would like to discuss any of the materials included in this submission, please feel free to call me directly at (952) 516-6195 or toll free at (877) 431-5824, ext. 6195. You may also send an email to timothy.cassidy@ltcg.com.

We look forward to hearing from you.

Sincerely,

Timothy P. Cassidy
Director, Compliance Services
LTCG

FILING CERTIFICATION

Name and Address of Insurer: **American General Life Insurance Company**
2727-A Allen Parkway, Houston, TX 77019

Title of Form: **Individual Long Term Care Insurance Policyholder Rate Increase Notification Letter**

Form Number: **AGLC108934-2015**

The company has reviewed the enclosed form and certifies that, to the best of its knowledge and belief, the form submitted is consistent and complies with the requirements of 14 VAC 5-200-75.

Signed by an Officer of the Company

Robert Schimek
Typed Name

President
Title

June 24, 2015
Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer: **AMERICAN GENERAL LIFE INSURANCE COMPANY**
2727 ALLEN PARKWAY, HOUSTON, TEXAS, 77019

Title of Form: **Policyholder Rate Increase Notification Letter**

Form Number: AGLC108934-2015

I hereby certify that the Flesch reading ease score of the above policy form is **48.3**.

It contains **50** sentences and **900** words. The type size of the text of the policy form is **12** point type, **1** point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2 - 3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Signed by an Officer of the Company

Robert Schimek
Typed Name

President
Title

June 24, 2015
Date

LTCG
20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

June 24, 2015

Mr. Bob Grissom
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY
PROJECT NAME/NUMBER: AGL RI5 FILING/AGL RI5 VA
SERFF TRACKING NO: LTCG-129225734

Dear Mr. Grissom:

This letter is a follow up to the discussion of the rate increase filing for American General Life Insurance Company on June 9, 2015 and the objection letter we received on June 10, 2015. Thank you for taking the time to discuss the filing.

During the conversation you expressed concern that the company will request a future rate increase too soon after the requested increase is implemented. It is likely that the company will request a future rate increase. If the Commission approves the requested 25% rate increase, the company agrees not to implement an additional rate increase for at least two years from the effective date, should a future increase be approved by the Commission.

You indicated that you would like to receive the current nationwide rate increase history. The attached Exhibit C (Revised 6/2015) displays the nationwide rate increase history as of today. As displayed in the exhibit, the cumulative rate increase nationwide is 157%, whereas the cumulative rate increase in Virginia is 120%. With the requested increase, the cumulative increase in Virginia would be 175% and about 7% higher than the nationwide average as of today. Yet as states continue to approve rate increases, it is probable that in the near future, and almost certainly two years after the effective date of the requested increase that the cumulative rate increase in Virginia would again fall below the nationwide average.

In the June 10, 2015 objection letter, the Commission requested that American General include new policyholder notification letter requirements that will become effective on September 1, 2015. Specifically, the Commission requested the following:

- *The notice is required to be filed with the commission at the time the premium rate increase is filed;*
- *The insurer is required to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase;*
- *The notice is required to include at least the following information:*

  1. *All applicable information identified in 14VAC5-200-75 A;*

  2. *A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:*

     a. *An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;*
     b. *A disclosure stating that all options available to the policyholder may not be of equal value;*
     c. *In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections; and*
     d. *Contact information that will allow the policyholder to contact the insurer for additional options available;*

  3. *A clear identification of the driving factors of the premium rate increase; and*

  4. *A statement substantially similar to the following:*

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

Exhibit I displays a sample notification letter with the requested information. The policyholder notification letter will be provided to policyholders at least 75 days prior to the effective date of the increase.

Given this information, we respectfully ask you to approve the company's request for a 25% rate increase. Thank you for your assistance with this matter.

Sincerely,

Carolyn Bittner, FSA, MAAA
Consulting Actuary
LTCG
Acting as a consultant to
American General Life Insurance Company

Attachments:
Exhibit C (Revised 6/2015)
Exhibit I-Policyholder Notification Letter

Exhibit C
(Revised 6/2015)

American General Life Insurance Company
LTC Rate History and Filing Status
Policy 64028 and Associated Riders

State	Inforce Lives as of 12/20/2014	Annzd Premium as of 12/20/2014	Rate Increase #1			Rate Increase #2			Rate Increase #3			Rate Increase #4			Rate Increase #5			Rate Increase #6			Rate Increase #7			Rate Increase #8			Cumulative Rate Increase
			Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	
Alabama	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
Alaska	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
Arizona	66	236,674	25%	15%	9/9/2005	25%	15%	7/31/2007	25%	15%	12/29/2008	25%	25%	5/17/2010	25%	25%	1/23/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	137.6%
Arkansas	7	27,756	25%	25%	11/6/2006	25%	25%	10/1/2008	25%	12.5%	3/3/2010	25%	10%	4/19/2013	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	93.4%
California	839	2,585,373	25%	25%	1/14/2005	25%	25%	6/26/2007	25%	25%	5/11/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
Colorado	50	128,073	25%	25%	7/19/2006	25%	25%	10/7/2008	25%	25%	1/12/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
Connecticut	84	397,157	25%	25%	5/25/2006	25%	15%	8/5/2008	25%	10%	11/6/2009	25%	20%	11/19/2010	25%	15%	7/12/2012	25%	20%	6/18/2013	19%	0%	pending	TBD	0%	to be filed	161.9%
DC	4	8,934	25%	21%	10/8/2008	25%	10%	3/3/2011	25%	10%	5/30/2012	25%	10%	11/8/2013	10%	10%	2/18/2015	10%	0%	to be filed	10%	0%	to be filed	10%	0%	to be filed	77.2%
Delaware	40	82,488	25%	10%	4/5/2006	25%	10%	10/20/2008	25%	15%	5/10/2010	25%	15%	8/10/2011	25%	25%	10/22/2013	25%	25%	5/20/2015	25%	0%	to be filed	25%	0%	to be filed	150.0%
Florida	191	431,472	23%	23%	10/30/2006	64%	11.7%	10/24/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	37.4%
Georgia	21	59,030	25%	12%	9/26/2005	25%	10%	3/6/2007	25%	10%	11/11/2008	25%	10%	3/30/2010	25%	15%	7/18/2011	25%	12%	7/20/2012	25%	10%	8/13/2013	25%	0%	to be filed	111.2%
Hawaii	8	33,046	25%	20%	8/29/2006	25%	20%	12/24/2008	25%	15%	6/6/2011	25%	25%	8/12/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	107.0%
Idaho	39	90,051	25%	25%	6/8/2006	25%	25%	10/7/2008	25%	25%	4/29/2010	25%	10%	1/6/2012	25%	10%	10/30/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	136.3%
Illinois	281	1,340,276	25%	25%	2/4/2005	25%	25%	6/20/2007	25%	25%	8/4/2008	25%	25%	12/4/2009	25%	25%	3/29/2011	25%	25%	3/27/2012	25%	25%	1/8/2015	25%	0%	to be filed	376.8%
Indiana	38	96,771	25%	25%	9/24/2005	25%	25%	2/20/2007	25%	25%	11/6/2008	25%	10%	6/24/2010	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	114.8%
Iowa	67	163,553	25%	20%	6/2/2006	25%	15%	11/24/2008	25%	20%	5/7/2010	25%	19%	7/6/2011	25%	18%	11/5/2012	25%	16.5%	12/27/2013	25%	0%	to be filed	25%	0%	to be filed	170.9%
Kansas	182	530,677	25%	15%	8/11/2005	25%	15%	6/1/2007	25%	25%	11/10/2008	25%	10%	7/26/2010	25%	10%	9/28/2011	25%	12%	10/23/2012	25%	10%	9/24/2013	25%	0%	pending	146.4%
Kentucky	43	146,376	25%	25%	7/15/2005	25%	25%	2/19/2007	25%	10%	1/6/2009	25%	10%	5/17/2010	25%	5%/20%	9/7/2011	25%	5%/15%/25%	9/23/2014	25%	0%	to be filed	25%	0%	to be filed	150.6%
Louisiana	48	105,823	25%	25%	2/9/2007	25%	10%	8/21/2008	25%	15%	5/21/2010	15%	15%	8/23/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	81.8%
Maine	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
Maryland	184	804,174	15%	15%	7/27/2005	15%	15%	2/20/2007	15%	15%	8/19/2008	15%	15%	10/27/2009	15%	15%	11/29/2011	15%	15%	1/15/2013	15%	15%	2/28/2014	15%	0%	to be filed	166.0%
Massachusetts	452	1,298,952	25%	25%	11/23/2005	25%	10%	5/17/2012	10%	0%	pending	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed	37.5%
Michigan	88	385,893	25%	25%	3/17/2005	25%	25%	2/28/2007	25%	25%	9/18/2008	25%	25%	11/2/2009	25%	25%	12/14/2010	25%	25%	1/25/2012	25%	25%	7/15/2013	25%	0%	to be filed	376.8%
Minnesota	150	367,723	25%	25%	3/15/2005	25%	25%	4/12/2007	25%	25%	2/10/2009	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
Mississippi	11	40,931	25%	25%	10/24/2008	25%	25%	3/26/2010	25%	25%	7/25/2011	25%	25%	3/8/2013	25%	25%	5/22/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	205.2%
Missouri	139	405,013	25%	25%	6/12/2006	25%	25%	10/31/2007	25%	25%	11/14/2008	25%	26.5%	8/22/2012	25%	25%	3/18/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	208.8%
Montana	10	23,679	25%	25%	3/2/2006	25%	25%	9/16/2008	25%	25%	11/12/2009	25%	25%	12/20/2010	25%	15%	1/23/2012	25%	25%	8/20/2013	25%	0%	to be filed	25%	0%	to be filed	251.0%
Nebraska	34	114,665	25%	25%	4/1/2005	25%	25%	1/5/2009	25%	25%	3/30/2010	25%	10%	10/14/2011	25%	25%	3/21/2013	25%	25%	10/17/2014	25%	0%	to be filed	25%	0%	to be filed	235.7%
Nevada	19	49,450	25%	25%	10/15/2008	25%	25%	1/27/2010	25%	20%	4/16/2013	25%	26.5%	4/29/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	137.2%
New Hampshire	39	103,038	25%	25%	7/14/2006	25%	25%	7/17/2008	25%	25%	10/1/2009	25%	25%	8/10/2012	25%	25%	3/17/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	205.2%
New Jersey	454	1,976,525	25%	20%/10%	12/12/2006	25%	25%	10/31/2008	25%	25%	7/12/2010	25%	25%	11/21/2012	25%	25%	3/19/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	180.8%
New Mexico	60	169,261	25%	25%	4/4/2005	25%	25%	3/8/2007	25%	25.2%	10/2/2009	25%	10%	12/21/2012	25%	15%	2/25/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	147.5%
New York	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
North Carolina	163	526,985	25%	25%	12/9/2005	25%	25%	9/11/2008	25%	25%	11/17/2009	25%	13.5%	7/23/2013	25%	10%	1/21/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	143.8%
North Dakota	91	316,203	25%	20%	3/15/2005	25%	20%	3/1/2007	25%	20%	10/21/2008	25%	20%	1/5/2010	25%	20%	11/23/2010	25%	20%	2/13/2012	25%	15%	7/18/2013	25%	0%	pending	243.4%
Ohio	282	839,499	25%	25%	1/21/2005	25%	25%	2/15/2007	25%	25%	9/10/2008	25%	10%	4/9/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	114.8%
Oklahoma	188	470,594	15%	15%	12/27/2004	15%	15%	2/2/2007	15%	15%	2/6/2009	15%	10%	11/8/2010	15%	15%	12/20/2011	25%	25%	3/27/2013	25%	25%	10/28/2014	25%	0%	to be filed	200.6%
Oregon	113	273,135	25%	20%	4/30/2007	25%	15%	10/10/2008	25%	5%	5/20/2010	25%	10%	12/9/2011	25%	15%	12/16/2013	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	83.3%
Pennsylvania	397	1,476,774	25%	25%	6/2/2005	25%	10%	9/19/2007	25%	25%	9/8/2008	25%	17.5%	5/6/2010	25%	17.5%	6/8/2012	25%	15%	10/7/2014	25%	0%	to be filed	25%	0%	to be filed	172.9%
Rhode Island	127	352,028	25%	25%	4/4/2005	25%	25%	4/5/2007	25%	15.4%	8/17/2009	25%	16.7%	9/19/2011	25%	25%	4/28/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	163.0%
South Carolina	47	172,374	25%	25%	5/9/2006	25%	25%	4/25/2007	25%	20%	11/25/2008	25%	20%	7/22/2010	25%	5%	11/3/2011	25%	15%	3/1/2013	25%	9.5%	9/12/2014	25%	0%	to be filed	197.5%
South Dakota	35	164,452	25%	25%	6/24/2005	25%	25%	7/11/2008	25%	25%	8/27/2009	25%	11%	10/21/2010	25%	25%	2/10/2012	25%	25%	8/13/2013	25%	0%	to be filed	25%	0%	to be filed	238.7%
Tennessee	51	170,341	25%	25%	6/16/2006	25%	15%	9/22/2008	25%	18%	11/18/2009	25%	10%	2/17/2011	25%	25%	3/15/2012	25%	25%	7/23/2013	25%	25%	2/20/2015	25%	0%	to be filed	264.4%
Texas	452	1,356,311	25%	25%	8/1/2005	25%	18%	4/25/2007	25%	16%	6/29/2009	25%	25%	6/10/2011	25%	18%	7/28/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	152.4%
Utah	24	54,224	25%	25%	8/10/2006	25%	25%	7/6/2009	25%	25%	10/25/2010	25%	25%	3/30/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	144.1%
Vermont	8	16,455	25%	0%	disapproved	---	0%	not filing	---	0%	not filing	---	0%	not filing	---	0%	not filing	---	0%	to be filed	---	0%	to be filed	---	0%	to be filed	0.0%
Virginia	107	398,370	25%	25%	7/25/2006	25%	25%	10/1/2008	25%	25%	5/29/2011	25%	12.6%	3/14/2013	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	119.9%
Washington	95	514,901	25%	25%	2/1/2005	25%	25%	2/21/2007	25%	25%	9/2/2008	25%	25%	11/23/2009	25%	25%	5/2/2011	25%	25%	7/6/2012	25%	25%	11/22/2013	25%	0%	to be filed	376.8%
West Virginia	12	36,956	25%	15%	6/14/2006	25%	25%	12/10/2008	25%	25%	5/13/2010	25%	25%	9/28/2011	25%	15%	3/25/2013	25%	25%	3/23/2015	25%	0%	to be filed	25%	0%	to be filed	222.9%
Wisconsin	1,164	3,077,126	25%	20%	10/21/2005	25%	12%	11/1/2007	25%	16%/10%	8/25/2009	25%	25%/10%	8/4/2011	25%	25%/10%	11/18/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	96.5%
Wyoming	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---

Nationwide Average: 157.0%

LTCG
20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

September 2, 2015

Ms. Janet Houser
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY
PROJECT NAME/NUMBER: AGL RI5 FILING/AGL RI5 VA
SERFF TRACKING NO: LTCG-129225734

Dear Ms. Houser:

This letter is in response to your letter to Timothy Cassidy dated July 20, 2015. Your letter indicated that you would like to receive additional information to complete your review. Specifically, you stated:

Thank you for providing the revised policyholder letters for review. After further review, the following concerns need to be resolved:

1) *Please include a disclosure that the insured has a right to a revised premium rate or rate schedule for compliance with 14VAC5-200-75 D 1.*

   A disclosure that the insured has a right to a revised premium rate or rate schedule has been added to the fifth paragraph of the policyholder notification letter as displayed in Exhibit Q. This disclosure complies with 14VAC5-200-75D1.

2) *Please provide a more simplified explanation for the rate increase that is more consumer friendly. How lapse rates" and "mortality rates" affect a rate increase may not be easily understood. As an example, the company may wish to state that 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 claims and claims in the future.*

   A simplified explanation of “lapse rates” and “mortality rates” has been included in the second paragraph of the policyholder notification letter.

3) *Will the Coverage Change Request Form become a part of the contract? If so, the form should have a separate form number and be attached to the Form Schedule as a separate item for review. If the form will not be attached to the policy, please remove the form number and attach the change form to Supporting Documentation. Only the policyholder letters should be attached to the Form Schedule for review.*

   The Coverage Change Request Form will not become a part of the contract. We have removed the Form number from the Coverage Change Request Form and attached it separately to Supporting Documentation as Exhibit R. The revised Policyholder Letter (Exhibit Q) has been attached as a document separately from the Coverage Change Request Form.

4) *Please indicate in the letter that the notice of any change will be sent at least 75 days prior to the implementation of the rate increase for compliance with 14VAC5-200-75 D.*

   A sentence indicating that the notice of the change in premium will be sent at least 75 days prior to the implementation date has been added to the fourth paragraph of the policyholder notification letter.

5) *Option two provides for the reduction of your benefit period. Please provide details as to how this is accomplished and what the minimum benefit period would be.*

   A policyholder is able to reduce the benefit period to offset increased premiums from a rate increase. To exercise this option, the policyholder would need to speak to a customer service representative as directed in the policyholder notification letter. Please note we have revised the explanation of how to exercise this option in the attached notification letter. The minimum benefit period is two years.

6) *Please advise if any partnership policies are in effect at this time. If so, a disclosure is required that some benefit reduction options may result in the loss of partnership status that may reduce policy protections for compliance with 14VAC5-200-75 2 c.*

   There are no partnership policies inforce in Virginia or nationwide.

7) *Since this is individual coverage, please explain what would appear under the variable in the first sentence of the letter <<grp_program3>>. Please provide a Statement of Variability for the letter.*

   The "*<<grp_program3>>*" in the first sentence of the letter is a variable that will be replaced with *American General Life Insurance Company* when the policyholder notification letters are created.

Exhibit S displays a *Statement of Variability* for the notification letter.

8) *Through an oversight on our part, we should have included the following objection regarding the Certification of Compliance provided for the letter. Please amend the form to include the certification language as set forth in 14VAC5-100-40 3.*

   A revised Certification of Compliance is attached with the certification language as set forth in 14VAC5-100-40 3.

Given this information, we respectfully ask you to approve the company's request for a 25% rate increase on this block of LTC business.

Sincerely,

Carolyn Bittner, FSA, MAAA
Consulting Actuary
LTCG
Acting as a consultant to
American General Life Insurance Company

Attachments:

Exhibit Q – Revised Policyholder Notification Letter (AGLC108934-2015)
Exhibit R – Coverage Change Request Form
Exhibit S – Statement of Variability for Policyholder Notification Letter - AGLC108934-2015
Filing Certification of Compliance Policyholder Notification Letter 8/2015

Exhibit R

«grp_program2»
LONG-TERM CARE PROGRAM
OPTION 2
COVERAGE DECREASE ELECTION FORM

To decrease your Maximum Daily Benefit and maintain your current Premium, you must sign and date this form in the box below and <u>return this form in the envelope provided no later than 30 days from the date of this letter.</u> As explained in the letter accompanying this election form, other benefit change options may be available to you. Please call the number at the bottom of this form for more information.

<u>NOTE: If you do not select Option 2 or Option 3 by 30 days from the date of this letter, you will automatically receive Option 1.</u> In that case your next premium invoice will reflect the increased premium.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

Decreased Nursing Home Care Maximum Daily Amount:	$238
Decreased Assisted Living Facility Care Maximum Daily Amount:	$238
Decreased Home Health Care Maximum Daily Amount:	$238
Decreased Total Coverage Amount:	$261,015
Premium/Premium Mode:	$2,918/ «r_policy_bill_freq_desc»

Insured: JOHN DOE
Policy Number: #99999999

My signature below affirms my selection of Option 2 to take the decrease to my Coverage Amounts with my current Premium remaining the same as shown above.
I understand my decreased Coverage Amounts will be effective «r_policy_offer_eff_date»**.**

_____ _____
Signature of Policy Owner Date

<u>PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS FROM THE DATE OF THIS LETTER.</u>

If you have any questions regarding your options, please call 1 (888) 316-2672.

Exhibit R

LONG TERM CARE PROGRAM
OPTION 3
Paid-Up Status Election Form

To convert your coverage to a paid-up status with a reduced coverage amount of $* you must sign and date this form in the box below and <u>return this form in the envelope provided no later than 30 days from the date of this letter.</u>

Nursing Home Care Maximum Daily Amount:	$284
Assisted Living Facility Care Maximum Daily Amount:	$284
Home Health Care Maximum Daily Amount:	$284
Decreased Total Coverage Amount:	**$***
Premium:	**$0**

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

Insured: JOHN DOE
Policy Number: #99999999

My signature below affirms my selection of Option 3 to convert my coverage to a paid-up status with a decreased Total Coverage Amount and no future Premium as shown above. I understand my decreased Total Coverage Amount will be effective «r_policy_offer_eff_date».

_____ _____
Signature of Policy Owner Date

<u>PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS FROM THE DATE OF THIS LETTER.</u>

If you have any questions regarding your options, please call 1 (888) 316-2672.

Please make sure address shows through
the envelope window.

American General Life Insurance Company
P.O. BOX 64036
ST. PAUL, MN 55164-9916

Exhibit S

STATEMENT OF VARIABILITY

POLICYHOLDER NOTIFICATION LETTER AGLC108934-2015

1. <<grp_program3>>: The name of the insurance company, American General Life Insurance Company

2. <<r_policy_bill_freq_desc>>: Description of the premium mode (annually, semi-annually, quarterly, monthly)

3. <<r_policy_offer_eff_date>>: The effective date of the offer

4. <<FIELD_20>>: Description of the premium mode (annual, semi-annual, quarterly, monthly)

5. <<AGENT_MAILING_NAME>>: The name of the selling agent

6. <<AGENT_SF_NAME>>: The name of the selling agency

7. <<agent_address1>>, <<agent_address2>>: The address of the selling agency

8. <<agent_city>>, <<agent_state>>, <<agent_zip>> : The city, state and zip code of the selling agency

FILING CERTIFICATION

Name and Address of Insurer: American General Life Insurance Company

2727-A Allen Parkway, Houston, TX 77019

Title of Form: Individual Long Term Care Insurance Policyholder Rate Increase Notification Letter

Form Number: AGLC108934-2015

The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Signed by an Officer of the Company

Jay Drucker

Typed Name

Vice President

Title

August 20, 2015

Date

LTCG

20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

September 22, 2015

Ms. Janet Houser
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY
PROJECT NAME/NUMBER: AGL RI5 FILING/AGL RI5 VA
SERFF TRACKING NO: LTCG-129225734

Dear Ms. Houser:

This letter is in response to your letter to Timothy Cassidy dated September 3, 2015. Your letter indicated that you would like to receive additional information to complete your review. Specifically, you stated:

1) *According to your response, the name of the company will always appear in the first sentence of the letter. Since the name would not be variable, it is unclear as to why it is indicated as such.*

   The policyholder notification letter template is used for an affiliate company with a different policy form series. The name of the company does not change for this form series, yet would change when this template is used for the company's affiliate.

2) *Under "Important Change in Your Long-Term Care Insurance Policy" the company states the company "had determined that a 25% increase" and "This had lead to more claims." As an observation, this may read better it the word "had" is changed to "has" or simply omit the word.*

   The word "had" has been removed from the sentence. A revised policyholder notification letter is displayed in Exhibit T.

3) *Because the following is a disclosure, there is a concern this information may be overlooked. As a suggestion, the company may wish to bold or highlight this sentence to make it stand out: "The three options may not be of equal value."*

   The sentence "The three options may not be of equal value." has been bolded in the revised policyholder notification letter.

4) *For compliance with 14VAC5-200-75 A, please include in the letter that should there be future increases, options similar to those being offered now will be available.*

   We have added a sentence just above the section entitled "What are my Options'. The sentence reads "Should future rate increases be requested and approved, the company will offer options similar to those noted below at the time you are notified of the rate increase."

5) *Please clarify in the letter the policyholder can elect to reduce coverage to lower the premium at any time to avoid any misunderstanding reductions can only occur as the result of a rate increase.*

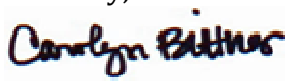
   We have added a sentence at the end of the section which describes Option 2. The sentence reads "Please note you have the option to lower your premium by reducing benefits at any time in the future by calling Customer Service at 1 (888) 316-2672."

6) *Please provide an updated Exhibit C LTC Rate History and Filing Status.*

   An updated rate increase history and filing status is displayed in Exhibit C (Revised 9/2015).

Given this information, we respectfully ask you to approve the company's request for a 25% rate increase on this block of LTC business.

Sincerely,



Carolyn Bittner, FSA, MAAA
Consulting Actuary
LTCG
Acting as a consultant to
American General Life Insurance Company

Attachments:
Exhibit T – Policyholder Notification Letter
Exhibit C (Revised 9/2015) – LTC Rate History and Filing Status

Exhibit C
(Revised 9/2015)

American General Life Insurance Company
LTC Rate History and Filing Status
Policy 64028 and Associated Riders

			Rate Increase #1			Rate Increase #2			Rate Increase #3			Rate Increase #4			Rate Increase #5			Rate Increase #6			Rate Increase #7			Rate Increase #8			
State	Inforce Lives as of 12/20/2014	Annzd Premium as of 12/20/2014	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Cumulative Rate Increase
Alabama	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
Alaska	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
Arizona	66	236,674	25%	15%	9/9/2005	25%	15%	7/31/2007	25%	15%	12/29/2008	25%	25%	5/17/2010	25%	25%	1/23/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	137.6%
Arkansas	7	27,756	25%	25%	11/6/2006	25%	25%	10/1/2008	25%	12.5%	3/3/2010	25%	10%	4/19/2013	25%	15%	6/24/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	122.4%
California	839	2,585,373	25%	25%	1/14/2005	25%	25%	6/26/2007	25%	25%	5/11/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
Colorado	50	128,073	25%	25%	7/19/2006	25%	25%	10/7/2008	25%	25%	1/12/2010	25%	25%	7/15/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	144.1%
Connecticut	84	397,157	25%	25%	5/25/2006	25%	15%	8/5/2008	25%	10%	11/6/2009	25%	20%	11/19/2010	25%	15%	7/12/2012	25%	20%	6/18/2013	19%	19%	pending	TBD	0%	to be filed	211.6%
DC	4	8,934	25%	21%	10/8/2008	25%	10%	3/3/2011	25%	10%	5/30/2012	25%	10%	11/8/2013	10%	10%	2/18/2015	10%	0%	to be filed	10%	0%	to be filed	10%	0%	to be filed	77.2%
Delaware	40	82,488	25%	10%	4/5/2006	25%	10%	10/20/2008	25%	15%	5/10/2010	25%	15%	8/10/2011	25%	25%	10/22/2013	25%	25%	5/20/2015	25%	0%	to be filed	25%	0%	to be filed	150.0%
Florida	191	431,472	23%	23%	10/30/2006	64%	11.7%	10/24/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	37.4%
Georgia	21	59,030	25%	12%	9/26/2005	25%	10%	3/6/2007	25%	10%	11/11/2008	25%	10%	3/30/2010	25%	15%	7/18/2011	25%	12%	7/20/2012	25%	10%	8/13/2013	25%	10%	7/29/2015	132.3%
Hawaii	8	33,046	25%	20%	8/29/2006	25%	20%	12/24/2008	25%	15%	6/6/2011	25%	25%	8/12/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	107.0%
Idaho	39	90,051	25%	25%	6/8/2006	25%	25%	10/7/2008	25%	25%	4/29/2010	25%	10%	1/6/2012	25%	10%	10/30/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	136.3%
Illinois	281	1,340,276	25%	25%	2/4/2005	25%	25%	6/20/2007	25%	25%	8/4/2008	25%	25%	12/4/2009	25%	25%	3/29/2011	25%	25%	3/27/2012	25%	25%	1/8/2015	25%	0%	to be filed	376.8%
Indiana	38	96,771	25%	25%	9/24/2005	25%	25%	2/20/2007	25%	25%	11/6/2008	25%	10%	6/24/2010	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	114.8%
Iowa	67	163,553	25%	20%	6/2/2006	25%	15%	11/24/2008	25%	20%	5/7/2010	25%	19%	7/6/2011	25%	18%	11/5/2012	25%	16.5%	12/27/2013	25%	25%	approved	25%	0%	to be filed	238.6%
Kansas	182	530,677	25%	15%	8/11/2005	25%	15%	6/1/2007	25%	25%	11/10/2008	25%	10%	7/26/2010	25%	10%	9/28/2011	25%	12%	10/23/2012	25%	10%	9/24/2013	25%	0%	pending	146.4%
Kentucky	43	146,376	25%	25%	7/15/2005	25%	25%	2/19/2007	25%	10%	1/6/2009	25%	10%	5/17/2010	25%	5%/20%	9/7/2011	25%	5%/15%/25%	9/23/2014	25%	0%	to be filed	25%	0%	to be filed	150.6%
Louisiana	48	105,823	25%	25%	2/9/2007	25%	10%	8/21/2008	25%	15%	5/21/2010	15%	15%	8/23/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	81.8%
Maine	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
Maryland	184	804,174	15%	15%	7/27/2005	15%	15%	2/20/2007	15%	15%	8/19/2008	15%	15%	10/27/2009	15%	15%	11/29/2011	15%	15%	1/15/2013	15%	15%	2/28/2014	15%	0%	pending	166.0%
Massachusetts	452	1,298,952	25%	25%	11/23/2005	25%	10%	5/17/2012	10%	0%	pending	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed	TBD	0%	to be filed	37.5%
Michigan	88	385,893	25%	25%	3/17/2005	25%	25%	2/28/2007	25%	25%	9/18/2008	25%	25%	11/2/2009	25%	25%	12/14/2010	25%	25%	1/25/2012	25%	25%	7/15/2013	11%	11%	7/29/2015	429.3%
Minnesota	150	367,723	25%	25%	3/15/2005	25%	25%	4/12/2007	25%	25%	2/10/2009	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	95.3%
Mississippi	11	40,931	25%	25%	10/24/2008	25%	25%	3/26/2010	25%	25%	7/25/2011	25%	25%	3/8/2013	25%	25%	5/22/2014	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	205.2%
Missouri	139	405,013	25%	25%	6/12/2006	25%	25%	10/31/2007	25%	25%	11/14/2008	25%	26.5%	8/22/2012	25%	25%	3/18/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	208.8%
Montana	10	23,679	25%	25%	3/2/2006	25%	25%	9/16/2008	25%	25%	11/12/2009	25%	25%	12/20/2010	25%	15%	1/23/2012	25%	25%	8/20/2013	25%	0%	pending	25%	0%	to be filed	251.0%
Nebraska	34	114,665	25%	25%	4/1/2005	25%	25%	1/5/2009	25%	25%	3/30/2010	25%	10%	10/14/2011	25%	25%	3/21/2013	25%	25%	10/17/2014	25%	0%	to be filed	25%	0%	to be filed	235.7%
Nevada	19	49,450	25%	25%	10/15/2008	25%	25%	1/27/2010	25%	20%	4/16/2013	25%	26.5%	4/29/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	137.2%
New Hampshire	39	103,038	25%	25%	7/14/2006	25%	25%	7/17/2008	25%	25%	10/1/2009	25%	25%	8/10/2012	25%	25%	3/17/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	205.2%
New Jersey	454	1,976,525	25%	20%/10%	12/12/2006	25%	25%	10/31/2008	25%	25%	7/12/2010	25%	25%	11/21/2012	25%	25%	3/19/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	180.8%
New Mexico	60	169,261	25%	25%	4/4/2005	25%	25%	3/8/2007	25%	25.2%	10/2/2009	25%	10%	12/21/2012	25%	15%	2/25/2014	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	147.5%
New York	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---
North Carolina	163	526,985	25%	25%	12/9/2005	25%	25%	9/11/2008	25%	25%	11/17/2009	25%	13.5%	7/23/2013	25%	10%	1/21/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	143.8%
North Dakota	91	316,203	25%	20%	3/15/2005	25%	20%	3/1/2007	25%	20%	10/21/2008	25%	20%	1/5/2010	25%	20%	11/23/2010	25%	20%	2/13/2012	25%	15%	7/18/2013	25%	15%	7/24/2015	294.9%
Ohio	282	839,499	25%	25%	1/21/2005	25%	25%	2/15/2007	25%	25%	9/10/2008	25%	10%	4/9/2010	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	114.8%
Oklahoma	188	470,594	15%	15%	12/27/2004	15%	15%	2/2/2007	15%	15%	2/6/2009	15%	10%	11/8/2010	15%	15%	12/20/2011	25%	25%	3/27/2013	25%	25%	10/28/2014	25%	0%	to be filed	200.6%
Oregon	113	273,135	25%	20%	4/30/2007	25%	15%	10/10/2008	25%	5%	5/20/2010	25%	10%	12/9/2011	25%	15%	12/16/2013	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	83.3%
Pennsylvania	397	1,476,774	25%	25%	6/2/2005	25%	10%	9/19/2007	25%	25%	9/8/2008	25%	17.5%	5/6/2010	25%	17.5%	6/8/2012	25%	15%	10/7/2014	25%	0%	to be filed	25%	0%	to be filed	172.9%
Rhode Island	127	352,028	25%	25%	4/4/2005	25%	25%	4/5/2007	25%	15.4%	8/17/2009	25%	16.7%	9/19/2011	25%	25%	4/28/2015	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	163.0%
South Carolina	47	172,374	25%	25%	5/9/2006	25%	25%	4/25/2007	25%	20%	11/25/2008	25%	20%	7/22/2010	25%	5%	11/3/2011	25%	15%	3/1/2013	25%	9.5%	9/12/2014	25%	0%	to be filed	197.5%
South Dakota	35	164,452	25%	25%	6/24/2005	25%	25%	7/11/2008	25%	25%	8/27/2009	25%	11%	10/21/2010	25%	25%	2/10/2012	25%	25%	8/13/2013	25%	25%	9/9/2015	25%	0%	to be filed	323.4%
Tennessee	51	170,341	25%	25%	6/16/2006	25%	15%	9/22/2008	25%	18%	11/18/2009	25%	10%	2/17/2011	25%	25%	3/15/2012	25%	25%	7/23/2013	25%	25%	2/20/2015	25%	0%	to be filed	264.4%
Texas	452	1,356,311	25%	25%	8/1/2005	25%	18%	4/25/2007	25%	16%	6/29/2009	25%	25%	6/10/2011	25%	18%	7/28/2014	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	152.4%
Utah	24	54,224	25%	25%	8/10/2006	25%	25%	7/6/2009	25%	25%	10/25/2010	25%	25%	3/30/2012	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	144.1%
Vermont	8	16,455	25%	0%	disapproved	---	0%	not filing	---	0%	not filing	---	0%	not filing	---	0%	not filing	---	0%	not filing	---	0%	not filing	---	0%	not filing	0.0%
Virginia	107	398,370	25%	25%	7/25/2006	25%	25%	10/1/2008	25%	25%	5/29/2011	25%	12.6%	3/14/2013	25%	0%	pending	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	119.9%
Washington	95	514,901	25%	25%	2/1/2005	25%	25%	2/21/2007	25%	25%	9/2/2008	25%	25%	11/23/2009	25%	25%	5/2/2011	25%	25%	7/6/2012	25%	25%	11/22/2013	25%	0%	pending	376.8%
West Virginia	12	36,956	25%	15%	6/14/2006	25%	25%	12/10/2008	25%	25%	5/13/2010	25%	25%	9/28/2011	25%	15%	3/25/2013	25%	25%	3/23/2015	25%	0%	to be filed	25%	0%	to be filed	222.9%
Wisconsin	1,164	3,077,126	25%	20%	10/21/2005	25%	12%	11/1/2007	25%	16%/10%	8/25/2009	25%	25%/10%	8/4/2011	25%	25%/10%	11/18/2013	25%	0%	to be filed	25%	0%	to be filed	25%	0%	to be filed	96.5%
Wyoming	0	0	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	0%	---	---	---

Nationwide Average: 161.0%

Date

American General
Life Companies

P.O. Box 64036

St. Paul, MN 55164

JOHN DOE

RE: «grp_program3»
Long-Term Care Insurance Plan
Policy #99999999

Dear: JOHN DOE

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that «grp_program3» has authorized a premium rate increase for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, American General Life Insurance Company determined that a 25% increase in the renewal premium rate for your policy type was necessary. Since the time original premium rates were calculated for your policy, individuals are living longer and keeping their policies longer. This lead to more claims being filed than the company anticipated when the policy was originally priced, and increased cost of services. As a result, the premium rates for your policy need to be increased to provide sufficient funds to pay current claims and future claims. The section titled "Guaranteed Renewability – Premiums Subject to Change" on the first page of the contract gives the insurance company this right. The section states:

This Policy is guaranteed renewable for your lifetime. We cannot cancel this Policy as long as you pay the premiums and you have not exhausted your Benefit Account Value. We can change the Renewal Premium rate. We can change it only if it is changed for all policies in your state of residence on this Policy form. Notice of any change in rates will be sent at least 31 days in advance.

As required, Virginia's State Corporation Commission reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance, and because it was found to be compliant with these laws and regulations, the filing was approved. The rate increase will apply to all like policies in your state of issue in accordance with the terms of your policy contract. You are receiving this notification letter at least 75 days prior to the implementation date of the increase.

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*. Past renewal premium rate increases on this policy form approved by Virginia's State Corporation Commission include three 25% increases and a 12.6% increase. You have a right to a revised premium rate or rate schedule.

American General Life Insurance Company could have requested a larger premium rate increase as an increase greater than 25% is justified. American General Life Insurance Company will continue to monitor experience. It is possible that the company will file for future renewal premium rate increases. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by Virginia's State Corporation Commission before being implemented. Should future rate increases be requested and approved, the company will offer options similar to this noted below when you are notified of the rate increase.

What are my Options?

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. **The three options may not be of equal value.** The effective date of your selected option will be «r_policy_offer_eff_date».

Option 1: Your premium will automatically increase and your coverage amounts will continue as reflected under Option 1 in the chart below. To select this option you do nothing. Do not return the *"Coverage Decrease Election Form."* Do not send any money at this time.

Your premium will automatically increase by $730.00 «r_policy_bill_freq_desc».Your «r_policy_bill_freq_desc» premium will be adjusted to $3648.00 beginning «r_policy_offer_eff_date» . If you pay premiums through electronic fund transfer, your premiums will be automatically adjusted to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your «r_policy_offer_eff_date» billing.

Option 2: You may reduce your Maximum Daily Benefit as reflected under Option 2 in the chart below and your current premium will remain the same.

Alternatively, you may be able to make other policy changes such as reducing your benefit period, modifying rider selections or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

To select the option to reduce your Maximum Daily Benefit, simply sign, date, and return the enclosed *"Coverage Decrease Election Form"* in the enclosed pre-paid envelope no later than 30 days from the date of this letter. To make other policy changes, please call 1 (888) 316-2672 and speak to a customer service representative no later than 30 days from the date of this letter. Please note you have the option to lower your premium by reducing benefits at any time in the future by calling Customer Service at 1 (888) 316-2672.

Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits, but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum, as reflected under Option 3 in the chart below. Please note that this option limits the amount of future benefits you are eligible to receive. No future premiums will be required from you at any time in the future to secure these benefits.

To select this option, simply complete and return the enclosed "*Paid-Up Status Election Form*" in the enclosed envelope no later than 30 days from the date of this letter.

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Daily Maximum	$298	$298	$238	$284
Assisted Living Facility Daily Maximum	$298	$298	$238	$284
Home Health Care Daily Maximum	$298	$298	$238	$284
Total Coverage Amount	$326,269	$326,269	$261,015	*
«FIELD_20» Premium	$2,918.00	$3,648.00	$2,918.00	$0

NOTE: If you do not select Option 2 or Option 3 within the next 30 days, you will automatically receive Option 1 at that time. In that case your next premium invoice will reflect the increased premium.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

We realize that this offer is complicated. Feel free to call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 8:30 a.m. to 6:30 p.m. Eastern Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration
American General Life Insurance Company

Enclosure(s)

cc: «AGENT_MAILING_NAME»
«AGENT_SF_NAME»
«agent_address1»
«agent_address2»
«agent_city» «agent_state» «agent_zip»

Address Change Reminder:

If your address has changed from what is printed above, please indicate your correct address below and return this page to the address provided:

Street/PO Box _____
City _____
State _____ Zip Code _____
Telephone (_____)_____-_____

Policy # «policy_no»

Return To: American General Life Insurance Company
Long Term Care Service and Claims Center
P.O. Box 64036
St. Paul, MN 55164-9916

Signature: _____

LTCG

20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

October 5, 2015

Ms. Janet Houser
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY
PROJECT NAME/NUMBER: AGL RI5 FILING/AGL RI5 VA
SERFF TRACKING NO: LTCG-129225734

Dear Ms. Houser:

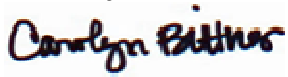
This letter is in response to your letter to Timothy Cassidy and your phone message on October 2, 2015. You indicated that you would like to receive additional information to complete your review. Specifically, you stated:

1) *According to the company's response dated September 22, 2015, the policyholder notification letter templates may used for an affiliate company with a different policy form series. This is not in compliance with 14 VAC5-100-50 2. This letter has been filed under the NAIC number for American General Life Insurance Company and is only being reviewed and filed for use by this company. An affiliate company may indeed use a similar letter; however, the letter would need to be submitted as a separate form filing under the affiliate company's NAIC number in SERFF for review.*

We have revised the policyholder notification letter to omit the company's name in the first sentence. The company understands that this letter has been filed under the NAIC number for American General Life Insurance Company and is only to be used by American General Life Insurance Company. Please find attached the revised notification letter.

Given this information, we respectfully ask you to approve the company's request for a 25% rate increase on this block of LTC business.

Sincerely,



Carolyn Bittner, FSA, MAAA
Consulting Actuary
LTCG
Acting as a consultant to
American General Life Insurance Company

Attachment:
Exhibit U - Policyholder Notification Letter

Date

American General
Life Companies

P.O. Box 64036

St. Paul, MN 55164

JOHN DOE

RE: «grp_program3»
Long-Term Care Insurance Plan
Policy #99999999

Dear: JOHN DOE

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that a premium rate increase has been authorized for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, American General Life Insurance Company determined that a 25% increase in the renewal premium rate for your policy type was necessary. Since the time original premium rates were calculated for your policy, individuals are living longer and keeping their policies longer. This lead to more claims being filed than the company anticipated when the policy was originally priced, and increased cost of services. As a result, the premium rates for your policy need to be increased to provide sufficient funds to pay current claims and future claims. The section titled "Guaranteed Renewability – Premiums Subject to Change" on the first page of the contract gives the insurance company this right. The section states:

This Policy is guaranteed renewable for your lifetime. We cannot cancel this Policy as long as you pay the premiums and you have not exhausted your Benefit Account Value. We can change the Renewal Premium rate. We can change it only if it is changed for all policies in your state of residence on this Policy form. Notice of any change in rates will be sent at least 31 days in advance.

As required, Virginia's State Corporation Commission reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance, and because it was found to be compliant with these laws and regulations, the filing was approved. The rate increase will apply to all like policies in your state of issue in accordance with the terms of your policy contract. You are receiving this notification letter at least 75 days prior to the implementation date of the increase.

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*. Past renewal premium rate increases on this policy form approved by Virginia's State Corporation Commission include three 25% increases and a 12.6% increase. You have a right to a revised premium rate or rate schedule.

American General Life Insurance Company could have requested a larger premium rate increase as an increase greater than 25% is justified. American General Life Insurance Company will continue to monitor experience. It is possible that the company will file for future renewal premium rate increases. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by Virginia's State Corporation Commission before being implemented. Should future rate increases be requested and approved, the company will offer options similar to this noted below when you are notified of the rate increase.

What are my Options?

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. **The three options may not be of equal value.** The effective date of your selected option will be «r_policy_offer_eff_date».

Option 1: Your premium will automatically increase and your coverage amounts will continue as reflected under Option 1 in the chart below. To select this option you do nothing. Do not return the *"Coverage Decrease Election Form."* Do not send any money at this time.

Your premium will automatically increase by $730.00 «r_policy_bill_freq_desc».Your «r_policy_bill_freq_desc» premium will be adjusted to $3648.00 beginning «r_policy_offer_eff_date» . If you pay premiums through electronic fund transfer, your premiums will be automatically adjusted to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your «r_policy_offer_eff_date» billing.

Option 2: You may reduce your Maximum Daily Benefit as reflected under Option 2 in the chart below and your current premium will remain the same.

Alternatively, you may be able to make other policy changes such as reducing your benefit period, modifying rider selections or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

To select the option to reduce your Maximum Daily Benefit, simply sign, date, and return the enclosed "*Coverage Decrease Election Form*" <u>in the enclosed pre-paid envelope no later than 30 days from the date of this letter.</u> To make other policy changes, please call 1 (888) 316-2672 and speak to a customer service representative <u>no later than 30 days from the date of this letter.</u> Please note you have the option to lower your premium by reducing benefits at any time in the future by calling Customer Service at 1 (888) 316-2672.

Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits, but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum, as reflected under Option 3 in the chart below. Please note that this option limits the amount of future benefits you are eligible to receive. No future premiums will be required from you at any time in the future to secure these benefits.

To select this option, simply complete and return the enclosed "*Paid-Up Status Election Form*" in the enclosed envelope no later than 30 days from the date of this letter.

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Daily Maximum	$298	$298	$238	$284
Assisted Living Facility Daily Maximum	$298	$298	$238	$284
Home Health Care Daily Maximum	$298	$298	$238	$284
Total Coverage Amount	$326,269	$326,269	$261,015	*
«FIELD_20» Premium	$2,918.00	$3,648.00	$2,918.00	$0

NOTE: If you do not select Option 2 or Option 3 within the next 30 days, you will automatically receive Option 1 at that time. In that case your next premium invoice will reflect the increased premium.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

We realize that this offer is complicated. Feel free to call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 8:30 a.m. to 6:30 p.m. Eastern Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration
American General Life Insurance Company

Enclosure(s)

cc: «AGENT_MAILING_NAME»
«AGENT_SF_NAME»
«agent_address1»
«agent_address2»
«agent_city» «agent_state» «agent_zip»

Address Change Reminder:

If your address has changed from what is printed above, please indicate your correct address below and return this page to the address provided:

Street/PO Box _____
City _____
State _____ Zip Code _____
Telephone (_____)_____-_____

Policy # «policy_no»

Return To: American General Life Insurance Company
Long Term Care Service and Claims Center
P.O. Box 64036
St. Paul, MN 55164-9916

Signature: _____

LTCG

20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

October 23, 2015

Ms. Janet Houser
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY
PROJECT NAME/NUMBER: AGL RI5 FILING/AGL RI5 VA
SERFF TRACKING NO: LTCG-129225734

Dear Ms. Houser:

This letter is a follow up to our discussion on October 19, 2015 of the rate increase filing for American General Life Insurance Company and the Note To Filer, we received on the same day. Thank you for taking the time to discuss the filing. Specifically you stated:

1) *If the Commission approves the requested 25% rate increase, the company agrees not to implement an additional rate increase for at least two years from the effective date, should a future increase be approved by the Commission.*

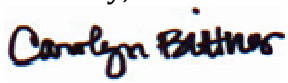
   After another level of review, it was determined this is information that should be included in the policyholder letter and we ask that the letter be amended accordingly. Below is suggested wording reflecting this change:

   American General Life Insurance Company could have requested a larger premium rate increase as an increase greater than 25% is justified under current regulatory requirements. American General Life Insurance Company will continue to monitor experience. It is possible that the company will file for future renewal premium rate increases. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by Virginia's State Corporation Commission before being implemented. In any event, no further rate increases will be implemented until at least two years from the effective date of this increase. Should future rate increases be requested and approved, the company will offer options similar to this noted below when you are notified of the rate increase."

The policyholder notification letter has been amended to include the requested information. The revised notification letter is displayed in Exhibit V.

Given this, we respectfully ask you to approve the company's request for a 25% rate increase on this block of LTC business.

Sincerely,



Carolyn Bittner, FSA, MAAA
Consulting Actuary
LTCG
Acting as a consultant to
American General Life Insurance Company

Attachment:
Exhibit V - Policyholder Notification Letter

Date

American General
Life Companies

P.O. Box 64036

St. Paul, MN 55164

JOHN DOE

RE: «grp_program3»
Long-Term Care Insurance Plan
Policy #99999999

Dear: JOHN DOE

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that a premium rate increase has been authorized for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, American General Life Insurance Company determined that a 25% increase in the renewal premium rate for your policy type was necessary. Since the time original premium rates were calculated for your policy, individuals are living longer and keeping their policies longer. This lead to more claims being filed than the company anticipated when the policy was originally priced, and increased cost of services. As a result, the premium rates for your policy need to be increased to provide sufficient funds to pay current claims and future claims. The section titled "Guaranteed Renewability – Premiums Subject to Change" on the first page of the contract gives the insurance company this right. The section states:

This Policy is guaranteed renewable for your lifetime. We cannot cancel this Policy as long as you pay the premiums and you have not exhausted your Benefit Account Value. We can change the Renewal Premium rate. We can change it only if it is changed for all policies in your state of residence on this Policy form. Notice of any change in rates will be sent at least 31 days in advance.

As required, Virginia's State Corporation Commission reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance, and because it was found to be compliant with these laws and regulations, the filing was approved. The rate increase will apply to all like policies in your state of issue in accordance with the terms of your policy contract. You are receiving this notification letter at least 75 days prior to the implementation date of the increase.

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*. Past renewal premium rate increases on this policy form approved by Virginia's State Corporation Commission include three 25% increases and a 12.6% increase. You have a right to a revised premium rate or rate schedule.

American General Life Insurance Company could have requested a larger premium rate increase as an increase greater than 25% is justified under current regulatory requirements. American General Life Insurance Company will continue to monitor experience. It is possible that the company will file for future renewal premium rate increases. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by Virginia's State Corporation Commission before being implemented. In any event, no further rate increases will be implemented until at least two years from the effective date of this increase. Should future rate increases be requested and approved, the company will offer options similar to this noted below when you are notified of the rate increase.

What are my Options?

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. **The three options may not be of equal value.** The effective date of your selected option will be «r_policy_offer_eff_date».

Option 1: Your premium will automatically increase and your coverage amounts will continue as reflected under Option 1 in the chart below. To select this option you do nothing. Do not return the *"Coverage Decrease Election Form."* Do not send any money at this time.

Your premium will automatically increase by $730.00 «r_policy_bill_freq_desc».Your «r_policy_bill_freq_desc» premium will be adjusted to $3648.00 beginning «r_policy_offer_eff_date». If you pay premiums through electronic fund transfer, your premiums will be automatically adjusted to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your «r_policy_offer_eff_date» billing.

Option 2: You may reduce your Maximum Daily Benefit as reflected under Option 2 in the chart below and your current premium will remain the same.

Alternatively, you may be able to make other policy changes such as reducing your benefit period, modifying rider selections or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

To select the option to reduce your Maximum Daily Benefit, simply sign, date, and return the enclosed *"Coverage Decrease Election Form"* <u>in the enclosed pre-paid envelope no later than 30 days from the date of this letter.</u> To make other policy changes, please call 1 (888) 316-2672 and speak to a customer service representative <u>no later than 30 days from the date of this letter.</u> Please note you have the option to lower your premium by reducing benefits at any time in the future by calling Customer Service at 1 (888) 316-2672.

Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits, but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum, as reflected under Option 3 in the chart below. Please note that this option limits the amount of future benefits you are eligible to receive. No future premiums will be required from you at any time in the future to secure these benefits.

To select this option, simply complete and return the enclosed "*Paid-Up Status Election Form*" in the enclosed envelope no later than 30 days from the date of this letter.

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Daily Maximum	$298	$298	$238	$284
Assisted Living Facility Daily Maximum	$298	$298	$238	$284
Home Health Care Daily Maximum	$298	$298	$238	$284
Total Coverage Amount	$326,269	$326,269	$261,015	*
«FIELD_20» Premium	$2,918.00	$3,648.00	$2,918.00	$0

NOTE: If you do not select Option 2 or Option 3 within the next 30 days, you will automatically receive Option 1 at that time. In that case your next premium invoice will reflect the increased premium.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

We realize that this offer is complicated. Feel free to call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 8:30 a.m. to 6:30 p.m. Eastern Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration
American General Life Insurance Company

Enclosure(s)

cc: «AGENT_MAILING_NAME»
«AGENT_SF_NAME»
«agent_address1»
«agent_address2»
«agent_city» «agent_state» «agent_zip»

Address Change Reminder:

If your address has changed from what is printed above, please indicate your correct address below and return this page to the address provided:

Street/PO Box _____
City _____
State _____ Zip Code _____
Telephone (_____)_____-_____

Policy # «policy_no»

Return To: American General Life Insurance Company
Long Term Care Service and Claims Center
P.O. Box 64036
St. Paul, MN 55164-9916

Signature: _____

LTCG
20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

October 29, 2015

Ms. Janet Houser
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY
PROJECT NAME/NUMBER: AGL RI5 FILING/AGL RI5 VA
SERFF TRACKING NO: LTCG-129225734

Dear Ms. Houser:

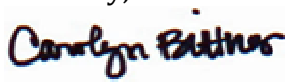
This letter is in response to your Note to Filer dated October 26, 2015. Your letter indicated that:

1) *There is one grammatical error that the company may wish to correct in the sentence at the end of the first paragraph on page 2. We are assuming the company meant "those" rather than this: "Should future rate increases be requested and approved, the company will offer options similar to this noted below when you are notified of the rate increase."*

   The policyholder notification letter was revised to reflect the language included in the previous objection word for word. Yet, it appears the word "those" should be used instead of "this" as noted above. The notification letter has been revised again to reflect this change as displayed in Exhibit W.

Given this, we respectfully ask you to approve the company's request for a 25% rate increase on this block of LTC business.

Sincerely,



Carolyn Bittner, FSA, MAAA
Consulting Actuary
LTCG
Acting as a consultant to
American General Life Insurance Company

Attachment:
Exhibit W - Policyholder Notification Letter

Date

American General
Life Companies

P.O. Box 64036

St. Paul, MN 55164

JOHN DOE

RE: «grp_program3»
Long-Term Care Insurance Plan
Policy #99999999

Dear JOHN DOE:

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that a premium rate increase has been authorized for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, American General Life Insurance Company determined that a 25% increase in the renewal premium rate for your policy type was necessary. Since the time original premium rates were calculated for your policy, individuals are living longer and keeping their policies longer. This lead to more claims being filed than the company anticipated when the policy was originally priced, and increased cost of services. As a result, the premium rates for your policy need to be increased to provide sufficient funds to pay current claims and future claims. The section titled "Guaranteed Renewability – Premiums Subject to Change" on the first page of the contract gives the insurance company this right. The section states:

This Policy is guaranteed renewable for your lifetime. We cannot cancel this Policy as long as you pay the premiums and you have not exhausted your Benefit Account Value. We can change the Renewal Premium rate. We can change it only if it is changed for all policies in your state of residence on this Policy form. Notice of any change in rates will be sent at least 31 days in advance.

As required, Virginia's State Corporation Commission reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance, and because it was found to be compliant with these laws and regulations, the filing was approved. The rate increase will apply to all like policies in your state of issue in accordance with the terms of your policy contract. You are receiving this notification letter at least 75 days prior to the implementation date of the increase.

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*. Past renewal premium rate increases on this policy form approved by Virginia's State Corporation Commission include three 25% increases and a 12.6% increase. You have a right to a revised premium rate or rate schedule.

American General Life Insurance Company could have requested a larger premium rate increase as an increase greater than 25% is justified under current regulatory requirements. American General Life Insurance Company will continue to monitor experience. It is possible that the company will file for future renewal premium rate increases. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by Virginia's State Corporation Commission before being implemented. In any event, no further rate increases will be implemented until at least two years from the effective date of this increase. Should future rate increases be requested and approved, the company will offer options similar to those noted below when you are notified of the rate increase.

What are my Options?

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. **The three options may not be of equal value.** The effective date of your selected option will be «r_policy_offer_eff_date».

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Option 2: You may reduce your Maximum Daily Benefit as reflected under Option 2 in the chart below and your current premium will remain the same.

Alternatively, you may be able to make other policy changes such as reducing your benefit period, modifying rider selections or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

To select the option to reduce your Maximum Daily Benefit, simply sign, date, and return the enclosed *"Coverage Decrease Election Form"* <u>in the enclosed pre-paid envelope no later than 30 days from the date of this letter.</u> To make other policy changes, please call 1 (888) 316-2672 and speak to a customer service representative <u>no later than 30 days from the date of this letter.</u> Please note you have the option to lower your premium by reducing benefits at any time in the future by calling Customer Service at 1 (888) 316-2672.

Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits, but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum, as reflected under Option 3 in the chart below. Please note that this option limits the amount of future benefits you are eligible to receive. No future premiums will be required from you at any time in the future to secure these benefits.

To select this option, simply complete and return the enclosed "*Paid-Up Status Election Form*" in the enclosed envelope no later than 30 days from the date of this letter.

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Daily Maximum	$298	$298	$238	$284
Assisted Living Facility Daily Maximum	$298	$298	$238	$284
Home Health Care Daily Maximum	$298	$298	$238	$284
Total Coverage Amount	$326,269	$326,269	$261,015	*
«FIELD_20» Premium	$2,918.00	$3,648.00	$2,918.00	$0

NOTE: If you do not select Option 2 or Option 3 within the next 30 days, you will automatically receive Option 1 at that time. In that case your next premium invoice will reflect the increased premium.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

We realize that this offer is complicated. Feel free to call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 8:30 a.m. to 6:30 p.m. Eastern Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration
American General Life Insurance Company

Enclosure(s)

cc: «AGENT_MAILING_NAME»
«AGENT_SF_NAME»
«agent_address1»
«agent_address2»
«agent_city» «agent_state» «agent_zip»

Address Change Reminder:

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Street/PO Box _____
City _____
State _____ Zip Code _____
Telephone (_____)_____-_____

Policy # «policy_no»

Return To: American General Life Insurance Company
Long Term Care Service and Claims Center
P.O. Box 64036
St. Paul, MN 55164-9916

Signature: _____

State: *Virginia* **Filing Company:** *American General Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *AGL Individual Long Term Care Insurance*
Project Name/Number: *AGL Rate Increase 5 Filing/AGL RI5 VA*

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)
10/23/2015	Withdrawn 11/06/2015	Form	Policyholder Rate Increase Notification Letter	10/29/2015	AGL VA Exhibit V.pdf (Superceded)
10/06/2015	Withdrawn 11/06/2015	Form	Policyholder Rate Increase Notification Letter	10/23/2015	AGL RI5 VA Exhibit U - PH Notification Letter.pdf (Superceded)
09/02/2015	Withdrawn 10/19/2015	Form	Policyholder Rate Increase Notification Letter	10/06/2015	AGL RI5 VA Exhibit Q.pdf (Superceded)
06/24/2015	Withdrawn 10/02/2015	Form	Policyholder Rate Increase Notification Letter	09/02/2015	AGL PH Rate Increase Notification Letter.pdf (Superceded)
04/21/2015	Withdrawn 07/20/2015	Form	Policy Change Endorsement	05/05/2015	Policy Change Endorsement AGLC108716 Revised.pdf (Superceded)
04/21/2015	Withdrawn 07/20/2015	Supporting Document	Explanation of Variability for AGLC108716	05/05/2015	EXPLANATION OF VARIABILITY Revised.pdf (Superceded)
04/21/2015	Withdrawn 07/20/2015	Supporting Document	Readability Certification	05/05/2015	VA Readability Cert.pdf (Superceded)
04/16/2015	Withdrawn 07/20/2015	Supporting Document	Explanation of Variability for AGLC108716	04/21/2015	EXPLANATION OF VARIABILITY.pdf (Superceded)
04/16/2015	Withdrawn 07/20/2015	Supporting Document	Readability Certification	04/21/2015	VA Readability Cert.pdf (Superceded)
04/16/2015	Withdrawn 07/20/2015	Form	Policy Change Amendment	04/21/2015	Policy Change Endorsement AGLC108716.pdf (Superceded)
12/08/2014	Withdrawn 07/20/2015	Supporting Document	Third Party Filer Authorization	04/16/2015	AGL LTCG Auth 2014.pdf (Superceded)
09/30/2013	Withdrawn 07/20/2015	Supporting Document	Third Party Filer Authorization	12/08/2014	AGL Univita Auth 2013 2013.pdf (Superceded)
09/30/2013	Withdrawn 11/06/2015	Rate	Rate Sheets for Tax Qualified Rider	04/27/2015	AGL RI5 VA Proposed Rates with a 25% rate increase.pdf (Superceded)

Date

American General
Life Companies

P.O. Box 64036

St. Paul, MN 55164

JOHN DOE

RE: «grp_program3»
Long-Term Care Insurance Plan
Policy #99999999

Dear: JOHN DOE

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that a premium rate increase has been authorized for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, American General Life Insurance Company determined that a 25% increase in the renewal premium rate for your policy type was necessary. Since the time original premium rates were calculated for your policy, individuals are living longer and keeping their policies longer. This lead to more claims being filed than the company anticipated when the policy was originally priced, and increased cost of services. As a result, the premium rates for your policy need to be increased to provide sufficient funds to pay current claims and future claims. The section titled "Guaranteed Renewability – Premiums Subject to Change" on the first page of the contract gives the insurance company this right. The section states:

This Policy is guaranteed renewable for your lifetime. We cannot cancel this Policy as long as you pay the premiums and you have not exhausted your Benefit Account Value. We can change the Renewal Premium rate. We can change it only if it is changed for all policies in your state of residence on this Policy form. Notice of any change in rates will be sent at least 31 days in advance.

As required, Virginia's State Corporation Commission reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance, and because it was found to be compliant with these laws and regulations, the filing was approved. The rate increase will apply to all like policies in your state of issue in accordance with the terms of your policy contract. You are receiving this notification letter at least 75 days prior to the implementation date of the increase.

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«FIELD_20» Premium	$2,918.00	$3,648.00	$2,918.00	$0

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Long Term Care Administration
American General Life Insurance Company

Enclosure(s)

cc: «AGENT_MAILING_NAME»
«AGENT_SF_NAME»
«agent_address1»
«agent_address2»
«agent_city» «agent_state» «agent_zip»

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P.O. Box 64036
St. Paul, MN 55164-9916

Signature: _____

Date

American General
Life Companies

P.O. Box 64036

St. Paul, MN 55164

JOHN DOE

RE: «grp_program3»
Long-Term Care Insurance Plan
Policy #99999999

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Option 2: You may reduce your Maximum Daily Benefit as reflected under Option 2 in the chart below and your current premium will remain the same.

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Assisted Living Facility Daily Maximum	$298	$298	$238	$284
Home Health Care Daily Maximum	$298	$298	$238	$284
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Sincerely,

Long Term Care Administration
American General Life Insurance Company

Enclosure(s)

cc: «AGENT_MAILING_NAME»
«AGENT_SF_NAME»
«agent_address1»
«agent_address2»
«agent_city» «agent_state» «agent_zip»

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Policy # «policy_no»

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Long Term Care Service and Claims Center
P.O. Box 64036
St. Paul, MN 55164-9916

Signature: _____

Date

American General
Life Companies

P.O. Box 64036

St. Paul, MN 55164

JOHN DOE

RE: «grp_program3»
Long-Term Care Insurance Plan
Policy #99999999

Dear: JOHN DOE

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that «grp_program3» has authorized a premium rate increase for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, American General Life Insurance Company had determined that a 25% increase in the renewal premium rate for your policy type was necessary. Since the time original premium rates were calculated for your policy, individuals are living longer and keeping their policies longer. This had lead to more claims being filed than the company anticipated when the policy was originally priced, and increased cost of services. As a result, the premium rates for your policy need to be increased to provide sufficient funds to pay current claims and future claims. The section titled "Guaranteed Renewability – Premiums Subject to Change" on the first page of the contract gives the insurance company this right. The section states:

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American General Life Insurance Company

Enclosure(s)

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«AGENT_SF_NAME»
«agent_address1»
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P.O. Box 64036
St. Paul, MN 55164-9916

Signature: _____

Date

American General
Life Companies

P.O. Box 64036

St. Paul, MN 55164

RE: «grp_program3»
Long-Term Care Insurance Plan
Policy # «policy_no»

Dear «LIFE_FNAME» «LIFE_LNAME»:

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What are my Options?

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. The three options may not be of equal value. The effective date of your selected option will be «r_policy_offer_eff_date».

Option 1: Your premium will automatically increase and your coverage amounts will continue as reflected under Option 1 in the chart below. To select this option you do nothing. Do not return the *"Coverage Decrease Election Form."* Do not send any money at this time.

Your premium will automatically increase by «r_policy_bill_freq_desc».Your «r_policy_bill_freq_desc» premium will be adjusted to «r_curr_cvg_modal_prem» beginning «r_policy_offer_eff_date». If you pay premiums through electronic fund transfer, your premiums will be automatically adjusted to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your «r_policy_offer_eff_date» billing.

Option 2: You may take a decrease to your coverage amounts and your current premium will remain the same as reflected under Option 2 in the chart below.

You may be able to make other policy changes such as reducing your benefit period, modifying rider selections, or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

To select this option, simply sign, date, and return, the enclosed "*Coverage Decrease Election Form*" in the enclosed pre-paid envelope no later than 30 days from the date of this letter.

Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits, but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum, as reflected under Option 3 in the chart below. Please note that this option limits the amount of future benefits you are eligible to receive. No future premiums will be required from you at any time in the future to secure these benefits.

To select this option, simply complete and return the enclosed "*Paid-Up Status Election Form*" in the enclosed envelope no later than 30 days from the date of this letter.

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Daily Maximum	$«FIELD_16»	$«FIELD_16»	$«FIELD_23»	$«FIELD_16»
Assisted Living Facility Daily Maximum	$«FIELD_17»	$«FIELD_17»	$«FIELD_24»	$«FIELD_17»
Home Health Care Daily Maximum	$«FIELD_18»	$«FIELD_18»	$«FIELD_25»	$«FIELD_18»
Total Coverage Amount	«FIELD_27»	«FIELD_27»	«FIELD_28»	*
«FIELD_20» Premium	$«FIELD_19»	$«FIELD_22»	$«FIELD_19»	$0

<u>NOTE: If you do not select Option 2 or Option 3 within the next 30 days, you will automatically receive Option 1 at that time.</u> In that case your next premium invoice will reflect the increased premium.

> **However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.**

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

We realize that this offer is complicated. Feel free to call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 8:30 a.m. to 6:30 p.m. Eastern Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration
«grp_program2»

Enclosure(s)

cc: «AGENT_MAILING_NAME»
«AGENT_SF_NAME»
«agent_address1»
«agent_address2»
«agent_city» «agent_state» «agent_zip»

Address Change Reminder:

If your address has changed from what is printed above, please indicate your correct address below and return this page to the address provided:

Street/PO Box _____
City _____
State _____ Zip Code _____
Telephone (_____)_____-_____

Policy # «policy_no»

Return To: «grp_program2»
Long Term Care Service and Claims Center
P.O. Box 64036
St. Paul, MN 55164-9916

Signature: _____

Exhibit I

«grp_program2»
LONG-TERM CARE PROGRAM
OPTION 2
COVERAGE DECREASE ELECTION FORM

To select the decrease to your Coverage Amounts and maintain your current Premium, you must sign and date this form in the box below and <u>return this form in the envelope provided no later than 30 days from the date of this letter.</u>

<u>NOTE: If you do not select Option 2 or Option 3 by 30 days from the date of this letter, you will automatically receive Option 1.</u> In that case your next premium invoice will reflect the increased premium.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

Decreased Nursing Home Care Maximum Daily Amount:	«rp_0_offer_nh_benefit_mdb_01»
Decreased Assisted Living Facility Care Maximum Daily Amount:	«rp_0_offer_al_benefit_mdb_01»
Decreased Home Health Care Maximum Daily Amount:	«rp_0_offer_hc_benefit_mdb_01»
Decreased Total Coverage Amount:	«rp_0_offer_remain_lifemax_01»
Premium/Premium Mode:	«r_curr_cvg_modal_prem» / «r_policy_bill_freq_desc»

Insured: «LIFE_FNAME» «LIFE_MNAME» «LIFE_LNAME»
Policy Number «policy_no»

My signature below affirms my selection of Option 2 to take the decrease to my Coverage Amounts with my current Premium remaining the same as shown above.
I understand my decreased Coverage Amounts will be effective «r_policy_offer_eff_date».

_____ _____
Signature of Policy Owner Date

<u>PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS FROM THE DATE OF THIS LETTER.</u>

If you have any questions regarding your options, please call 1 (888) 316-2672.

«GRP_PROGRAM»
«grp_program2»

Exhibit I

LONG TERM CARE PROGRAM
OPTION 3
Paid-Up Status Election Form

To convert your coverage to a paid-up status with a reduced coverage amount of $* you must sign and date this form in the box below and <u>return this form in the envelope provided no later than 30 days from the date of this letter.</u>

Nursing Home Care Maximum Daily Amount:	$«FIELD_16»
Assisted Living Facility Care Maximum Daily Amount:	$«FIELD_17»
Home Health Care Maximum Daily Amount:	$«FIELD_18»
Decreased Total Coverage Amount:	**$***
Premium:	**$0**

**Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

Insured: «FIELD_2» «FIELD_3» «FIELD_4»
Policy Number «FIELD_13»

My signature below affirms my selection of Option 3 to convert my coverage to a paid-up status with a decreased Total Coverage Amount and no future Premium as shown above. I understand my decreased Total Coverage Amount will be effective «FIELD_26».

_____

_____

_____

Signature of Policy Owner

<u>PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS FROM THE DATE OF THIS LETTER.</u>

If you have any questions regarding your options, please call 1 (888) 316-2672.

Please make sure address shows through
the envelope window.

«grp_program4»
P.O. BOX 64036
ST. PAUL, MN 55164-9916

POLICY CHANGE ENDORSEMENT

This endorsement takes effect on the following Policy Change Endorsement Date: [XX/XX/XXXX].

[Coverage Decrease Option Elected	You have elected the coverage decrease option described below in order to keep your premium the same or to mitigate the increase in your premiums resulting from the rate increase on your Policy.]
[Reducing Your Benefit Period	You have elected to reduce your benefit period. That reduction is reflected in the revised Benefit Account Value shown in your revised Policy Schedule.]
[Modifying Your Rider Selections	You have chosen to modify your rider selections by surrendering your: • Automatic Benefit Increase Rider • Nonforfeiture Benefit Rider • Tax Qualification Rider.]
[Increasing Your Elimination Period	You have elected to increase your Elimination Period. Your new Elimination Period is shown in your revised Policy Schedule.]
[Non-Forfeiture Rider Activated	Upon learning of an upcoming premium rate increase on your Policy, you chose to activate the Non-Forfeiture Rider as shown below.]
[Activating Your Non-Forfeiture Benefit Rider]	[You have elected to activate your Non-Forfeiture Benefit Rider (Shortened Benefit Period).]
[Activating Your Contingent Non-Forfeiture Rider]	[You have elected to activate your Contingent Non-Forfeiture Rider (Reduced Paid-Up).]

Termination This endorsement will end if your Policy terminates or if a subsequent Policy Change Endorsement supersedes the changes made by this endorsement.

Signed for American General Life Insurance Company.

Secretary

President

EXPLANATION OF VARIABILITY

POLICY CHANGE ENDORSEMENT AGLC108716

Policy Change Endorsement Date field: This is bracketed so that it may be populated with the date the endorsement is issued.

Coverage Decrease Option Elected section: This section is bracketed in its entirety because it will appear only if the policyholder has chosen to decrease his/her coverage and will not appear if the policyholder has chosen to activate a Non-Forfeiture rider.

Reducing Your Benefit Period section: This is bracketed in its entirety because it will appear only if the policyholder elects to reduce his/her Benefit Period.

Modifying Your Rider Selections

- This section is bracketed in its entirety because it will appear only if the policyholder elects to modify his/her rider selections.
- If the policyholder elects to modify his/her rider selections, only those rider(s) that the policyholder chooses to surrender will appear.

Increasing Your Elimination Period section: This is bracketed in its entirety because it will appear only if the policyholder elects to increase his/her Elimination Period.

Non-Forfeiture Rider Activated section: This section is bracketed in its entirety because it will appear only if the policyholder has chosen to activate a Non-Forfeiture rider and not to decrease his/her coverage by one of the methods shown under the Coverage Decrease Option Elected section.

Activating Your Non-Forfeiture Benefit Rider section: This is bracketed in its entirety because it will appear only if the policyholder elects to activate his/her Non-Forfeiture Benefit Rider.

Activating Your Contingent Non-Forfeiture Rider section: This is bracketed in its entirety because it will appear only if the policyholder elects to activate his/her Contingent Non-Forfeiture Rider.

Officer Signatures: The company officer signatures are bracketed so that they may be changed without filing should the officers change.

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer: **AMERICAN GENERAL LIFE INSURANCE COMPANY**
2727 ALLEN PARKWAY, HOUSTON, TEXAS, 77019

Title of Form: **Long Term Care Insurance Policy Change Endorsement**

Form Number: AGLC108716

I hereby certify that the Flesch reading ease score of the above policy form is **54.8**.

It contains **12** sentences and **140** words. The type size of the text of the policy form is **12** point type, **1** point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2 - 3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Signed by an Officer of the Company

Robert Schimek
Typed Name

President
Title

April 21, 2015
Date

EXPLANATION OF VARIABILITY

POLICY CHANGE ENDORSEMENT AGLC108716

Policy Change Endorsement Date field: This is bracketed so that it may be populated with the date the endorsement is issued.

Reducing Your Benefit Period section: This is bracketed in its entirety because it will appear only if the policyholder elects to reduce his/her Benefit Period.

Modifying Your Rider Selections

- This section is bracketed in its entirety because it will appear only if the policyholder elects to modify his/her rider selections.
- If the policyholder elects to modify his/her rider selections, only those rider(s) that the policyholder chooses to surrender will appear.

Increasing Your Elimination Period section: This is bracketed in its entirety because it will appear only if the policyholder elects to increase his/her Elimination Period.

Officer Signatures: The company officer signatures are bracketed so that they may be changed without filing should the officers change.

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer: **AMERICAN GENERAL LIFE INSURANCE COMPANY**
2727 ALLEN PARKWAY, HOUSTON, TEXAS, 77019

Title of Form: **Long Term Care Insurance Policy Change Endorsement**

Form Number: AGLC108716

I hereby certify that the Flesch reading ease score of the above policy form is **50**.

It contains **9** sentences and **108** words. The type size of the text of the policy form is **12** point type, **1** point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2 - 3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Signed by an Officer of the Company

Robert Schimek
Typed Name

President
Title

April 16, 2015
Date

POLICY CHANGE ENDORSEMENT

This endorsement takes effect on the following Policy Change Endorsement Date: [XX/XX/XXXX].

Coverage Decrease Option Elected	You have elected the coverage decrease option described below in order to keep your premium the same or to mitigate the increase in your premiums resulting from the rate increase on your policy.
[Reducing Your Benefit Period	You have elected to reduce your benefit period. That reduction is reflected in the revised Benefit Account Value shown in your revised Policy Schedule.]
[Modifying Your Rider Selections	You have chosen to modify your rider selections by surrendering your: • Automatic Benefit Increase Rider • Nonforfeiture Benefit Rider • Tax Qualification Rider.]
[Increasing Your Elimination Period	You have elected to increase your Elimination Period. Your new Elimination Period is shown in your revised Policy Schedule.]
Termination	This endorsement will end if Your Policy terminates or if a subsequent Policy Change Endorsement supersedes the changes made by this endorsement.

Signed for American General Life Insurance Company.

[ ] [ ]

Secretary President

AGLC108716

American General
Life Companies

June 11, 2014

Dear Insurance Commissioner:

This letter authorizes LTCG to make various policy form filings, including premium rate filings on behalf of American General Life Insurance Company.

This authorization will remain in full force and effect until the earlier of (a) your receipt of a written notification from American General Life Insurance Company expressly terminating this authorization; or (b) 31st of December 2014.

Please feel free to contact me directly should you have any questions concerning this authorization, c/o American General Life Companies, 2929 Allen Parkway, Mail Stop A9-90, Houston, TX, 77019. My e-mail address, telephone and fax numbers are below.

Sincerely,

Leo W. Grace
Vice President
Product Compliance
Phone: (800) 247-8837, ext 3508
Fax: 713-342-7550
e-mail: leo.grace@aglife.com

American General
Life Companies

January 10, 2013

Dear Insurance Commissioner:

This letter authorizes Univita to make various policy form filings, including premium rate filings on behalf of American General Life Insurance Company.

This authorization will remain in full force and effect until the earlier of (a) your receipt of a written notification from American General Life Insurance Company expressly terminating this authorization; or (b) 31st of December 2013.

Please feel free to contact me directly should you have any questions concerning this authorization, c/o American General Life Companies, 2929 Allen Parkway, Mail Stop A9-90, Houston, TX, 77019. My e-mail address, telephone and fax numbers are below.

Sincerely,

Leo W. Grace
Vice President
Product Compliance
Phone: (800) 247-8837, ext 3508
Fax: 713-342-7550
e-mail: leo.grace@aglife.com

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
0% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
All Areas

Policy Form 64028-VA
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	69	85	96	99	146
50-59	89	111	128	155	230
60-64	134	164	183	194	288
65-69	196	234	265	283	328
70	293	336	384	428	504
71	325	371	424	473	561
72	359	405	463	519	624
73	414	469	539	605	718
74	465	528	614	691	815
75	519	591	691	775	914
76	571	656	766	859	1,010
77	626	715	843	943	1,106
78	694	793	930	1,043	1,221
79	759	868	1,019	1,144	1,339
80	825	941	1,106	1,243	1,454
81	891	1,019	1,195	1,343	1,571
82	958	1,091	1,283	1,441	1,686
83	1,048	1,198	1,408	1,583	1,839
84	1,141	1,308	1,531	1,723	1,990
85	1,233	1,415	1,660	1,865	2,145
86	1,329	1,520	1,785	2,004	2,296
87	1,421	1,628	1,911	2,146	2,448
88	1,583	1,810	2,125	2,386	2,724
89	1,744	1,993	2,341	2,629	2,998

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
50% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	89	108	121	133	168
50-59	116	141	160	178	239
60-64	173	211	238	255	328
65-69	253	304	343	370	449
70	349	421	476	525	634
71	380	459	525	571	694
72	414	501	569	625	755
73	471	570	649	713	859
74	526	639	729	801	959
75	581	705	809	889	1,063
76	639	775	889	976	1,166
77	694	846	970	1,064	1,266
78	773	935	1,075	1,184	1,395
79	856	1,021	1,180	1,300	1,519
80	935	1,110	1,285	1,421	1,645
81	1,014	1,198	1,388	1,540	1,768
82	1,096	1,286	1,494	1,660	1,891
83	1,203	1,415	1,639	1,823	2,066
84	1,309	1,540	1,788	1,986	2,235
85	1,416	1,668	1,934	2,146	2,406
86	1,524	1,791	2,078	2,310	2,576
87	1,630	1,915	2,224	2,471	2,746
88	1,814	2,134	2,475	2,750	3,059
89	1,998	2,349	2,725	3,026	3,365

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
100% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	98	121	139	149	178
50-59	131	156	176	194	248
60-64	190	238	266	289	350
65-69	281	344	386	420	518
70	380	480	529	579	705
71	414	515	581	634	771
72	448	556	630	684	835
73	504	630	715	775	941
74	561	704	800	868	1,048
75	618	780	881	958	1,154
76	678	853	965	1,048	1,264
77	736	926	1,053	1,140	1,371
78	825	1,026	1,166	1,273	1,504
79	915	1,124	1,285	1,406	1,634
80	1,008	1,221	1,399	1,539	1,766
81	1,098	1,318	1,519	1,673	1,899
82	1,188	1,416	1,634	1,803	2,031
83	1,304	1,554	1,794	1,979	2,214
84	1,419	1,695	1,954	2,158	2,394
85	1,535	1,831	2,113	2,334	2,580
86	1,653	1,970	2,275	2,510	2,763
87	1,768	2,110	2,434	2,690	2,946
88	1,968	2,345	2,708	2,990	3,278
89	2,166	2,583	2,981	3,291	3,608

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
0% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
All Areas

Policy Form 64028-VA with Rider Form 64032
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	86	103	116	124	183
50-59	111	139	156	190	283
60-64	168	201	226	239	354
65-69	239	288	325	349	403
70	353	405	463	515	606
71	393	449	508	570	678
72	429	484	556	625	746
73	493	560	645	724	859
74	554	626	729	824	969
75	616	703	816	920	1,081
76	674	773	903	1,013	1,189
77	738	843	991	1,109	1,299
78	815	930	1,091	1,223	1,436
79	891	1,019	1,196	1,344	1,574
80	970	1,106	1,299	1,461	1,711
81	1,048	1,196	1,405	1,575	1,845
82	1,125	1,283	1,506	1,695	1,979
83	1,231	1,408	1,655	1,858	2,163
84	1,343	1,535	1,800	2,024	2,341
85	1,451	1,661	1,950	2,190	2,521
86	1,563	1,788	2,099	2,356	2,696
87	1,669	1,914	2,245	2,525	2,878
88	1,858	2,125	2,498	2,805	3,199
89	2,048	2,343	2,750	3,088	3,520

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
50% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Form 64032
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	111	133	153	166	210
50-59	143	175	199	223	298
60-64	211	261	295	316	406
65-69	309	371	420	455	550
70	420	508	574	634	766
71	458	554	630	689	835
72	494	600	680	748	905
73	561	680	775	853	1,026
74	625	759	868	951	1,141
75	689	838	958	1,054	1,258
76	755	915	1,048	1,153	1,374
77	815	996	1,141	1,251	1,493
78	908	1,099	1,264	1,388	1,639
79	1,004	1,203	1,386	1,529	1,785
80	1,099	1,308	1,510	1,669	1,934
81	1,195	1,408	1,630	1,810	2,078
82	1,286	1,513	1,756	1,950	2,223
83	1,409	1,661	1,925	2,144	2,426
84	1,539	1,810	2,101	2,331	2,626
85	1,663	1,958	2,271	2,525	2,826
86	1,791	2,103	2,443	2,715	3,026
87	1,915	2,253	2,615	2,904	3,229
88	2,134	2,506	2,911	3,230	3,595
89	2,345	2,759	3,201	3,560	3,955

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
100% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Form 64032
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	120	153	173	185	223
50-59	160	196	219	239	309
60-64	238	295	331	359	431
65-69	344	424	473	515	635
70	459	570	640	701	853
71	499	618	701	761	926
72	535	668	758	824	1,001
73	604	755	856	926	1,125
74	669	838	949	1,031	1,246
75	736	923	1,046	1,133	1,371
76	800	1,008	1,140	1,239	1,493
77	864	1,090	1,233	1,338	1,609
78	970	1,205	1,371	1,494	1,766
79	1,075	1,318	1,510	1,651	1,920
80	1,184	1,436	1,645	1,806	2,075
81	1,289	1,549	1,785	1,964	2,231
82	1,398	1,663	1,920	2,120	2,384
83	1,531	1,828	2,109	2,328	2,603
84	1,668	1,990	2,294	2,535	2,814
85	1,803	2,154	2,486	2,745	3,031
86	1,943	2,315	2,673	2,949	3,246
87	2,078	2,478	2,859	3,159	3,460
88	2,310	2,756	3,181	3,510	3,851
89	2,548	3,034	3,504	3,868	4,241

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
0% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
All Areas

Policy Form 64028-VA with Rider Form 64031
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	134	173	190	209	289
50-59	173	216	244	261	366
60-64	226	283	318	349	508
65-69	318	393	438	473	606
70	449	526	600	669	835
71	491	570	651	736	908
72	535	614	705	801	983
73	596	689	800	905	1,103
74	660	766	891	1,010	1,223
75	724	838	985	1,114	1,349
76	789	914	1,075	1,219	1,470
77	846	991	1,169	1,321	1,590
78	920	1,074	1,266	1,433	1,723
79	991	1,154	1,364	1,541	1,855
80	1,063	1,239	1,463	1,653	1,989
81	1,131	1,320	1,560	1,766	2,120
82	1,203	1,405	1,655	1,876	2,253
83	1,304	1,520	1,794	2,025	2,418
84	1,408	1,639	1,934	2,180	2,583
85	1,510	1,758	2,069	2,334	2,746
86	1,611	1,876	2,209	2,486	2,913
87	1,716	1,993	2,345	2,639	3,076
88	1,891	2,198	2,584	2,913	3,394
89	2,066	2,399	2,823	3,179	3,704

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
50% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Form 64031
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	173	219	245	266	344
50-59	219	279	315	343	438
60-64	288	366	415	450	606
65-69	405	504	569	616	815
70	529	659	746	824	1,070
71	571	705	806	891	1,159
72	616	758	868	959	1,243
73	684	845	969	1,070	1,381
74	750	934	1,070	1,184	1,519
75	820	1,019	1,173	1,295	1,660
76	889	1,106	1,274	1,408	1,795
77	958	1,195	1,374	1,520	1,934
78	1,040	1,285	1,486	1,653	2,069
79	1,125	1,374	1,601	1,785	2,209
80	1,210	1,470	1,714	1,915	2,345
81	1,294	1,560	1,828	2,048	2,481
82	1,378	1,651	1,936	2,180	2,618
83	1,496	1,791	2,101	2,359	2,813
84	1,616	1,933	2,260	2,535	3,003
85	1,730	2,068	2,421	2,715	3,193
86	1,848	2,209	2,583	2,893	3,385
87	1,968	2,349	2,745	3,070	3,576
88	2,169	2,588	3,026	3,386	3,946
89	2,366	2,826	3,300	3,695	4,308

Rates may vary slightly due to rounding upon implementation.

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
100% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Form 64031
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	190	245	279	300	375
50-59	244	310	353	384	476
60-64	323	410	465	506	660
65-69	450	569	639	695	930
70	579	733	835	913	1,210
71	624	789	898	983	1,304
72	661	843	964	1,054	1,398
73	738	938	1,070	1,173	1,549
74	809	1,035	1,180	1,289	1,696
75	880	1,128	1,286	1,408	1,848
76	951	1,223	1,398	1,524	1,999
77	1,021	1,320	1,505	1,641	2,146
78	1,119	1,419	1,630	1,791	2,289
79	1,211	1,519	1,756	1,936	2,434
80	1,308	1,618	1,879	2,088	2,576
81	1,399	1,716	2,003	2,235	2,716
82	1,494	1,814	2,125	2,384	2,859
83	1,624	1,969	2,301	2,576	3,069
84	1,750	2,123	2,478	2,771	3,280
85	1,876	2,275	2,658	2,968	3,489
86	2,004	2,428	2,834	3,164	3,696
87	2,131	2,583	3,009	3,354	3,906
88	2,350	2,848	3,319	3,701	4,309
89	2,569	3,108	3,621	4,038	4,705

Rates may vary slightly due to rounding upon implementation.

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
0% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
All Areas

Policy Form 64028-VA with Rider Forms 64031 and 64032
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	168	211	238	255	359
50-59	211	266	300	325	455
60-64	281	353	395	429	630
65-69	393	480	536	581	746
70	543	635	724	809	1,008
71	590	684	783	881	1,091
72	640	738	846	959	1,176
73	713	824	956	1,081	1,318
74	789	913	1,063	1,203	1,459
75	859	993	1,166	1,320	1,598
76	926	1,079	1,266	1,440	1,733
77	996	1,163	1,373	1,554	1,866
78	1,079	1,260	1,493	1,683	2,024
79	1,163	1,360	1,604	1,813	2,179
80	1,250	1,454	1,718	1,943	2,338
81	1,329	1,550	1,831	2,075	2,491
82	1,409	1,646	1,944	2,201	2,646
83	1,531	1,788	2,109	2,383	2,840
84	1,655	1,925	2,271	2,561	3,034
85	1,774	2,066	2,434	2,745	3,229
86	1,893	2,201	2,595	2,920	3,420
87	2,014	2,343	2,756	3,103	3,616
88	2,223	2,583	3,038	3,420	3,988
89	2,426	2,816	3,316	3,735	4,354

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
50% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Forms 64031 and 64032
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	211	271	304	331	428
50-59	271	344	388	424	543
60-64	354	455	515	560	755
65-69	499	618	695	758	999
70	640	794	900	993	1,294
71	689	850	970	1,074	1,395
72	739	908	1,040	1,153	1,493
73	820	1,010	1,159	1,278	1,651
74	894	1,109	1,274	1,408	1,806
75	970	1,205	1,388	1,535	1,968
76	1,048	1,304	1,504	1,661	2,120
77	1,125	1,405	1,618	1,788	2,271
78	1,221	1,510	1,750	1,943	2,434
79	1,321	1,618	1,880	2,099	2,595
80	1,421	1,724	2,013	2,253	2,756
81	1,519	1,831	2,145	2,406	2,914
82	1,619	1,936	2,278	2,561	3,076
83	1,758	2,103	2,470	2,771	3,300
84	1,899	2,268	2,658	2,979	3,528
85	2,033	2,429	2,848	3,190	3,750
86	2,174	2,595	3,034	3,398	3,976
87	2,310	2,759	3,225	3,608	4,203
88	2,549	3,041	3,560	3,981	4,636
89	2,781	3,321	3,879	4,343	5,059

American General Life Insurance Company
Long Term Care Policy
Rate Sheet
Annual Premiums per $10 of Daily Benefit
100% Home Health Care Benefit
Underwriting Table I, 0 Day Elim
Area 1

Policy Form 64028-VA with Rider Forms 64031 and 64032
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	238	304	344	371	465
50-59	300	386	438	473	591
60-64	399	508	579	626	820
65-69	554	695	783	856	1,141
70	701	881	1,008	1,099	1,463
71	748	948	1,081	1,184	1,571
72	794	1,010	1,154	1,265	1,679
73	880	1,119	1,278	1,399	1,850
74	964	1,230	1,406	1,535	2,020
75	1,043	1,338	1,528	1,669	2,189
76	1,124	1,443	1,646	1,800	2,359
77	1,203	1,550	1,768	1,926	2,525
78	1,316	1,668	1,915	2,103	2,693
79	1,426	1,785	2,064	2,278	2,859
80	1,535	1,900	2,209	2,454	3,026
81	1,645	2,014	2,350	2,626	3,193
82	1,756	2,134	2,498	2,803	3,361
83	1,906	2,313	2,703	3,026	3,605
84	2,055	2,495	2,913	3,255	3,855
85	2,201	2,673	3,121	3,485	4,100
86	2,356	2,856	3,328	3,715	4,344
87	2,505	3,034	3,533	3,943	4,593
88	2,763	3,343	3,899	4,350	5,060
89	3,016	3,651	4,255	4,748	5,526

American General Life Insurance Company
Policy Form 64028-VA
Long Term Care Policy

Rate Schedule

I. Substandard Rate classifications

Issue Age	Standard	Select	Underwriting Problems
18-59	129%	175%	210%
60-64	129%	174%	210%
65-69	126%	170%	205%
70-74	125%	167%	202%
75-79	123%	166%	200%
80-84	118%	160%	192%
85-89	114%	154%	185%

II. Area Rating

Area 1: All other areas.

Area 2: California, New York, All other Florida counties not included in Area 3.

Area 3: Florida counties: Dade, Broward, Fort Lauderdale, Palm.

III. Elimination Period

Elimination Period	Percentage Discount
0	0%
7	6%
14	10%
20	12%
30	13%
60	22%
100	28%