Filing at a Glance

Company:	Continental Casualty Company
Product Name:	Long-Term Care
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Rate
Date Submitted:	04/26/2013
SERFF Tr Num:	MILL-128834437
SERFF Status:	Closed-Approved and Filed
State Tr Num:	MILL-128834437
State Status:	Approved & Filed
Co Tr Num:	PREFERRED SOLUTION
Implementation Date Requested:	On Approval
Author(s):	Mike Bergerson, Travis Reisch, Michael Emmert, Michael McNutt
Reviewer(s):	Janet Houser (primary), Elsie Andy
Disposition Date:	11/23/2015
Disposition Status:	Approved and Filed
Implementation Date:	

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

General Information

Project Name: 2012 Rate Increase
Project Number: 091CNA01-16
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 80%

Deemer Date:
Submitted By: Matt Winegar

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments: This filing was approved in Illinois on 04/16/2013.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/23/2015
State Status Changed: 11/23/2015
Created By: Stan Westrom
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:

These forms are existing individual policy forms providing comprehensive and facility only long-term care coverage. These policy forms were issued in Virginia from August 1998 through July 2003 and are no longer being marketed in any jurisdiction.

CCC is requesting the approval of a premium rate increase on these forms. The increase is needed due to actual persistency running higher than expected in original pricing. The company is requesting an 80% increase for policies and all associated riders for policyholders.

There have been no previous rate revisions on this policy form nationwide or in Virginia.

CCC will offer insureds affected by the premium increase the option of reducing their policy benefits to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase.

If the Bureau approves a rate increase, the company will offer insureds a contingent nonforfeiture benefit if the policy was issued on or after December 1, 2001 and the cumulative rate increase for that policy triggers the definition of a substantial rate increase.

In addition, this filing is also intended to reflect the premium modalization rules which remain unchanged and which are applicable to the referenced programs.

Company and Contact

Filing Contact Information

Amy Pahl, Consulting Actuary
8500 Normandale Lake Blvd.,
Suite 1850
Minneapolis, MN 55437-3830

amy.pahl@milliman.com
952-820-2419 [Phone]
952-897-5301 [FAX]

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Filing Company Information

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

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
333 S. Wabash Ave	Group Code: 218	Company Type:
Chicago, IL 60604	Group Name: CNA Insurance	Property/Casualty
(312) 822-5146 ext. [Phone]	Group	State ID Number:
	FEIN Number: 36-2114545	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Janet Houser	11/23/2015	11/23/2015

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Janet Houser	10/28/2015	10/28/2015
Disapproved	Elsie Andy	08/07/2015	08/07/2015
Info has been requested from company	Janet Houser	07/01/2015	07/01/2015
Info has been requested from company	Janet Houser	04/16/2015	04/16/2015
Disapproved	Janet Houser	01/29/2015	01/29/2015
Disapproved	Janet Houser	10/27/2014	10/27/2014
Disapproved	Janet Houser	08/14/2014	08/14/2014
Disapproved	Janet Houser	05/12/2014	05/12/2014
Disapproved	Bob Grissom	12/20/2013	12/20/2013
Disapproved	Bob Grissom	08/25/2013	08/25/2013
Disapproved	Bob Grissom	07/19/2013	07/19/2013

Response Letters

Responded By	Created On	Date Submitted
Travis Reisch	11/03/2015	11/03/2015
Travis Reisch	08/19/2015	08/19/2015
Travis Reisch	07/20/2015	07/20/2015
Travis Reisch	06/18/2015	06/18/2015
Travis Reisch	03/11/2015	03/11/2015
Rolan Manderson-Jones	12/01/2014	12/01/2014
Travis Reisch	09/09/2014	09/09/2014
Travis Reisch	07/18/2014	07/18/2014
Travis Reisch	02/18/2014	02/18/2014
Travis Reisch	10/15/2013	10/15/2013
Travis Reisch	08/09/2013	08/09/2013

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Rate Tables	Michael Emmert	11/17/2015	11/19/2015
Supporting Document	Current Rate Tables	Michael Emmert	11/17/2015	11/19/2015
Supporting Document	Response to September 18, 2015 Note To Filer	Travis Reisch	09/23/2015	09/23/2015
Form	Endorsement Form	Travis Reisch	06/24/2015	06/24/2015

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Simple Automatic Increase Benefit Rider	Travis Reisch	06/24/2015	06/24/2015
Form	Contingent Nonforfeiture Rider	Travis Reisch	06/24/2015	06/24/2015
Supporting Document	Response to April 16, 2015 Objection	Travis Reisch	06/24/2015	06/24/2015
Supporting Document	Certificate of Compliance	Travis Reisch	06/24/2015	06/24/2015
Supporting Document	Readability Certifications	Travis Reisch	06/24/2015	06/24/2015
Supporting Document	Statements of Variability	Travis Reisch	06/24/2015	06/24/2015
Rate	Rate Tables	Travis Reisch	04/07/2015	04/07/2015
Supporting Document	Response to April 3, 2015 Phone Call	Travis Reisch	04/07/2015	04/07/2015

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Final Review	Note To Filer	Janet Houser	11/17/2015	11/17/2015
Attachment 3 Status of Filings	Note To Filer	Janet Houser	09/18/2015	09/18/2015
attachments	Note To Filer	Janet Houser	06/24/2015	06/24/2015
Status Update	Note To Reviewer	Mike Bergerson	07/12/2013	07/12/2013
RRS	Reviewer Note	Janet Houser	11/23/2015	
policyholder letter	Reviewer Note	Janet Houser	08/14/2015	
Actuarial Review	Reviewer Note	Bob Grissom	07/12/2013	

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Disposition

Disposition Date: 11/23/2015
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):
Continental Casualty Company	44.960%	44.960%	$2,682,515	3,662	$5,966,447	44.960%	44.960%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	Cover Letter	Received & Acknowledged	Yes
Supporting Document	Supplement to the Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	Rate Revision Review Requirements Checklist	Received & Acknowledged	Yes
Supporting Document	Letter of Authorization	Received & Acknowledged	Yes
Supporting Document	Response to July 19, 2013 Objection	Received & Acknowledged	Yes
Supporting Document	Response to August 25, 2013 Objection	Received & Acknowledged	Yes
Supporting Document	Response to December 20, 2013 Objection	Received & Acknowledged	Yes
Supporting Document	Response to May 12, 2014 Objection	Received & Acknowledged	Yes
Supporting Document	Response to August 14, 2014 Objection	Received & Acknowledged	Yes
Supporting Document	Response to October 27, 2014 Objection	Received & Acknowledged	Yes
Supporting Document	Response to January 29, 2015 Objection	Received & Acknowledged	Yes
Supporting Document	Response to April 3, 2015 Phone Call	Received & Acknowledged	Yes
Supporting Document (revised)	Response to April 16, 2015 Objection	Received & Acknowledged	Yes
Supporting Document (revised)	Certificate of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	Readability Certifications	Received & Acknowledged	Yes
Supporting Document (revised)	Statements of Variability	Received & Acknowledged	Yes
Supporting Document	Response to July 1, 2015 Objection	Received & Acknowledged	Yes

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Response to September 18, 2015 Note To Filer	Received & Acknowledged	Yes
Supporting Document	Current Rate Tables	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	Response to April 16, 2015 Objection	Withdrawn	Yes
Supporting Document	Certificate of Compliance	Withdrawn	Yes
Supporting Document	Certificate of Compliance	Withdrawn	Yes
Supporting Document	Readability Certifications	Withdrawn	Yes
Supporting Document	Statements of Variability	Withdrawn	Yes
Form	Endorsement Form	Approved	Yes
Form (revised)	Contingent Nonforfeiture Rider	Approved	Yes
Form	Simple Automatic Increase Benefit Rider	Approved	Yes
Form (revised)	Notification Letter with CNF	Filed	Yes
Form (revised)	Notification Letter without CNF	Filed	Yes
Form	Frequently Asked Questions	Filed	Yes
Form	Contingent Nonforfeiture Rider	Withdrawn	Yes
Form	Contingent Nonforfeiture Rider	Withdrawn	Yes
Form	Notification Letter with CNF	Withdrawn	Yes
Form	Notification Letter with CNF	Withdrawn	Yes
Form	Notification Letter without CNF	Withdrawn	Yes
Rate (revised)	Rate Tables	Approved	Yes
Rate (revised)	Survivorship Benefit Rider	Withdrawn	Yes
Rate (revised)	Dual Waiver of Premium Rider	Withdrawn	Yes
Rate (revised)	Shared Advantage Rider	Withdrawn	Yes
Rate (revised)	Restoration of Benefits Riders	Withdrawn	Yes
Rate (revised)	Cost of Living Increase Rider	Withdrawn	Yes
Rate (revised)	Simple Automatic Increase Benefit Riders	Withdrawn	Yes
Rate (revised)	Compound Automatic Increase Benefit Riders	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Rate Tables	Withdrawn	Yes
Rate	Survivorship Benefit Rider	Withdrawn	Yes
Rate	Dual Waiver of Premium Rider	Withdrawn	Yes
Rate	Shared Advantage Rider	Withdrawn	Yes
Rate	Restoration of Benefits Riders	Withdrawn	Yes
Rate	Cost of Living Increase Rider	Withdrawn	Yes
Rate	Simple Automatic Increase Benefit Riders	Withdrawn	Yes
Rate	Compound Automatic Increase Benefit Riders	Withdrawn	Yes

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/28/2015
Submitted Date	10/28/2015
Respond By Date	

Dear Amy Pahl,

Introduction:

As I mentioned in our phone conversation today, October 28th, the policyholders letters were reviewed; and, the letters were deemed to have met the standards as set forth in 14VAC-200-75 D. Since that time the Bureau of Insurance has provided further direction and detail as to how such requirements may be satisfied pursuant to the regulation. In light of this new information, the following needs to be addressed:

- Please include a statement that should there be future rate increases, options similar to those being offered now will be available. Please also indicate that such options may be exercised at any time and not just at the time of a rate increase.

- Although the company has indicated benefit reduction options may have different values to each policyholder, the regulation requires a "disclosure" that all options available to the policyholder may not be of equal value. As a disclosure this information should be stated in a manner that draws attention to it such as highlighting the statement, bolding the statement or using larger print.

- Please provide a Statement of Variability for the letters.

I apologize for not bringing this to your attention previously. Once the letters and forms are finalized, the filing will be recommended for approval.

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:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	08/07/2015
Submitted Date	08/07/2015
Respond By Date	

Dear Amy Pahl,

Introduction:

Continental Casualty Company
SERFF Tracking No: MILL-128834437
Form Nos.: R1-A45, et al.

We reviewed the revision to form R1-CNF-A45. While our previous objection has been resolved we have some additional concerns.

Objection 1

- Contingent Nonforfeiture Rider, R1-CNF-A45 (Form)

Comments: The Contingent Nonforfeiture Benefit should be revised to state Contingent Benefit Upon Lapse for conformity with 14 VAC 5-200-185 C. This revision should be made to all such references within the rider.

Objection 2

- Contingent Nonforfeiture Rider, R1-CNF-A45 (Form)

Comments: The Substantial Premium Increase Percentages table should be referred to as Triggers for a Substantial Premium Increase for conformity with 14 VAC 5-200-185 D 3.

Objection 3

- Contingent Nonforfeiture Rider, R1-CNF-A45 (Form)

Comments: Pursuant to 14 VAC 5-200-185 D 5 b, on or before the effective date of a substantial premium increase, the insurer shall offer to convert the coverage to a paid-up status with a shortened benefit period. The option may be elected at any time during the 120-day period. 14 VAC 5-200-185 D 5 c provides that the insurer shall notify the insured that a default or lapse at any time during the 120-day period shall be deemed to be the election of the offer to convert to a paid-up status. While we note that the contingent benefit upon lapse is discussed in terms of the policy lapsing within 120 days of the increased premium, we do not see the election of the offer within 120 days of the premium increase to convert the coverage to a paid-up status with a shortened benefit period.

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:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/01/2015
Submitted Date	07/01/2015
Respond By Date	

Dear Amy Pahl,

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:

Objection 1

- Response to April 16, 2015 Objection (Supporting Document)

Comments: Thank you for your revisions as requested to the policyholder notification letters; however, the following are concerns that need to be addressed:

1) The company has provided an explanation for the rate increase on page 2 of the letter and in the FAQ. Please be more specific as to what assumptions were inconsistent with actual experience and why.

2) As an observation, the letter refers to the contingent nonforfeiture benefit but does not in the FAQ #5.

3) In regards to the revised regulations under 14VAC5-200-75 D 1 and D 2 c, we should have previously indicated the letters would also require the following:

- A statement that the applicant has the right to a revised premium rate or rate schedule
- In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss partnership status that reduce policyholder protections, if applicable. If the company does not issue partnership policies, please indicate this in your reply.

4) Due to time restraints, these letters now must be filed for review in accordance with the new regulations under 14VAC5-200-75 D. As a result, please add form numbers to each letter and attach both to the Form Schedule in SERFF. Amend the Certification of Compliance to include these forms as well.

Objection 2

- Rate Tables, [P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45] (Rate)

Comments: Thank you providing the two separate attachments for each phase. For clarificiation purposes, please designate each attachment as either Phase I or Phase II to avoid any potential confusion in the future.

As noted, a number of additional riders have been added. Please attach the factors for each rider. Based on your comments, we assume the factors are a percentage of the base premium. Although the percentages may not be changing, the premium attached to those riders will be increased and rate attachments should be included in the Rate/Rule Schedule.

Objection 3

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

- L&H Actuarial Memorandum (Supporting Document)

Comments: Thank you for the changes made to the Actuarial Memorandum. We note the company did amend item 17; however, we believe it would be more appropriate to revise this as follows:

The company originally requested an increase of 80%. After extensive review and analysis of the data presented, the Virginia State Corporation Commission determined that a rate increase of 45% was the maximum percentage increase that could be actuarially justified. The company revised its request to 44.96%, implemented over a two year period as two consecutive annual increases of 20.4%.

Objection 4

- Contingent Nonforfeiture Rider, R1-CNF-A45 (Form)

Comments: On page 2 of the form, there is statement under the table entitled "Substantial Premium Increase Percentages" that is in parenthesis (Percentage Increase is cumulative from date of original issue. It does NOT represent a one-time increase.)

We are uncertain as to the meaning of this statement and why it is emphasized. Is this a clarifying statement or is the company indicating if a person has a one time premium increase that puts him over the percentage increase for his age, he would not be entitled to the contingent benefit upon lapse. Please explain.

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:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/16/2015
Submitted Date	04/16/2015
Respond By Date	

Dear Amy Pahl,

Introduction:

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

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

Objection 1

- Response to January 29, 2015 Objection (Supporting Document)

Comments: Thank you for response regarding the proposed policyholder letters. We continue to have the following concerns:

1) We appreciate the changes made in the letter to refer to the insurer as Continental Casualty Company (CCC) in the policyholder letters. The FAQ, however, continues to refer to CNA rather than CCC or Continental Casualty Company. In the first item in the FAQ, CNA is referenced as a well established carrier rather than Continental Casualty that issued the policy. Nowhere is it made clear that CNA is the trade name of Continental Casualty Company. As a result, this could potentially confuse policyholders.

2) Please expand item 6 in the FAQ to indicate that no increases will be implemented without first being reviewed and approved by the Virginia State Corporation Commission.

3) Please expand items 19 and 20 in the FAQ to reference the policyholder's potential option to elect the contingent upon lapse benefit.

4) Throughout the FAQ is a reference to "Preferred Solution" policies. The policyholder letters nor the FAQ explain what this means. To avoid any potential confusion, an explanation should be included.

5) According to the company there are two notification letters: one for policyholders that do not trigger the contingent nonforfeiture and one for those policyholders that do trigger the contingent nonforfeiture. The PS VA w CNF 09 02 2014 letter includes the option to lapse the policy and exercise a contingent non-forfeiture benefit. The PS VA 09 04 2014 letter does not include that language; however, it does provide option 5 exercising a non-forfeiture benefit as outlined in the policy. The company has also indicated those policyholders who bought a contractual nonforfeiture benefit would receive the same letter as those who do not trigger the contingent nonforfeiture. According to the NAIC Model Bulletin, a contingent benefit upon lapse (CBL) must be implemented for a block of business for which the CBL is not otherwise required. For policies that have reached their 20th duration, the insurer must provide the CBL without reference to triggers. For policies that have not reached their 20th duration, any percentage value in excess of 100% will be reduced to 100%. Since your letters are based on triggers, how is this compliant with the Model Bulletin?

6) The Contingent Non-Forfeiture Benefit Illustration continues to use the word "terminate" in items 1 and 2. As previously indicated, the policy will not terminate if premiums are not paid. The policy will lapse and become a paid-up policy. Please revise the language accordingly.

7) Since this rate increase will be implemented over two years, please include in the letter the overall rate increase is 44.96%.

8) The company did not agree to the three year rate guarantee contained in the NAIC Model Bulletin. Since it is likely a proposed rate increase will be submitted sooner than three years, please include that information either in the letter or FAQ. The policyholders should be made aware such an increase is likely following the current rate increase.

9) Please be aware that new regulation requirements found in Case No. INS-2013-00238 effective 9/1/2015 will affect policyholder notification letters in the future and contain a 75 day notice requirement. Any policies which are renewed on or after November 1, 2015 will require the 75 day notice and must be compliant with the policyholder requirements contained in 14VAC5-200-75. Additional requirements to be included in future letters are as follows:

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) 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 the public inspection and may be accessed online through the Virginia Bureau of Insurance webpage at www.scc.virginia.gov/BOI."

Although we are not requiring the policyholder letter be revised at this time for compliance with the new regulation, please understand compliance will be required as of September 1, 2015 for any policies renewed on or after that date.

Objection 2

- Rate Tables, [P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45] (Rate)

Comments: Thank you for revising the Rate/Rule Schedule as requested. For accuracy, please make the following changes:

1) Please change the overall percentage rate indicated change of 80% (the original requested rate increase) and the overall percentage rate impact from 45% to 44.96%. The change should also be made to the maximum percentage change and the percent rate change request under rate action column.

2) In reviewing the attached rate schedules, there are rider form numbers that do not appear in the affected form numbers. Please add those form numbers exactly as approved to the affected form numbers column. The form numbers we've noticed are: R1-N0108-A, R1-N0107-A, R1-N0105-A, R1-N0104-A, R1-N0103-A, R1-N0098-A, R1-N0088-A, R1-N0078-A, R1N0079-A. If we have missed any, please add.

3) We are unable to accept the rate schedules as presented.I Please provide "final" rates for each plan and each phase for review and approval.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Thank you for amending the Actuarial Memorandum, however, for accuracy and clarity, please amend the memorandum as follows:

1) Please include all rider form numbers in the memorandum that are affected as noted in our previous objection. Although riders factors may not be changing, the change in the base rate results in a higher premium charge for that benefit.

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

2) Under Item 1, Purpose of the Filing, please add language that states the company revised its proposed request to 44.96%.

3) Under Item 17, Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements, the language states the company complied with the Bureau's request to limit the increase to 45%. We feel this statement is misleading and should be rephrased. We suggest the following:

"The company originally requested an increase of 80%. After extensive review and analysis of the data presented, it was determined a rate increase of 44.96% was more appropriate. The company revised its request to implement this increase over a two year period as two consecutive annual increases of 20.4%.

4) Please attach the revised Actuarial Memorandum under the L&H Actuarial Memorandum section in the Supporting Documentation tab in SERFF where it can be easily located.

Objection 4

- Response to August 14, 2014 Objection (Supporting Document)

Comments: Please amend the Rate Summary to reflect the 44.96% rate increase and corresponding average annual premium. Please include the rider form numbers.

Objection 5

- Response to January 29, 2015 Objection (Supporting Document)

Comments: 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 or letter confirming the change. 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. 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.

Objection 6

Comments: Please be aware that new regulation requirements found in Case No. INS-2013-00238 effective 9/1/2015 will affect policyholder notification letters in the future and contain a 75 day notice requirement. Any policies which are renewed on or after November 1, 2015 will require the 75 day notice and must be compliant with the policyholder requirements contained in 14VAC5-200-75. Additional requirements to be included in future letters are as follows:

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) 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 the public inspection and may be accessed online through the Virginia Bureau of Insurance webpage at www.scc.virginia.gov/BOI."

Although we are not requiring the policyholder letter be revised at this time for compliance with the new regulation, please understand compliance will be required as of September 1, 2015 for any policies renewed on or after that date.

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:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	01/29/2015
Submitted Date	01/29/2015
Respond By Date	

Dear Amy Pahl,

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:

Objection 1

- Response to October 27, 2014 Objection (Supporting Document)

Comments: According to the company's response to our previous objection one, a lifetime loss ratio of 57.6% results when the assumed interest rate is 7.1%, while a lifetime loss ratio of 70.7% results when the assumed interest rate is 5.0%. These results are directionally opposite of what is expected, i.e., a lower interest rate should result in a lower loss ratio, all else being equal. Please clearly explain these apparently contradictory results.

Also, please provide a copy of the actuarial memorandum and any other supplemental exhibits associated with the initial approval of the rates for this form.

Objection 2

- Response to October 27, 2014 Objection (Supporting Document)

Comments: We have given further consideration to your response to objection three regarding the use of CNA in the policyholder communications. This filing was made on behalf of Continental Casualty Company with a distinct NAIC number separate from CNA and licensed in Virginia in that manner. As we stated previously,14VAC5-100-50 prohibits using the name of an affiliated company in some way that may imply another company is responsible for the obligations undertaken in the policy. The policy was issued under the Continental Casualty Company as the proper name of the insurer and is responsible for the obligations as set forth in such policy. Please amend the policyholder communications accordingly.

Objection 3

- Response to October 27, 2014 Objection (Supporting Document)

Comments: Thank you for providing copies of the correspondence sent to your policyholders. As an observation, we feel the information regarding the non-forfeiture option in the nonforfeiture termination letter may not be completely accurate. If the premiums are not paid, the policy does not actually terminate; the policy lapses and would remain in force as a paid-up policy with reduced benefits. We assume there would be a somewhat different letter if the policy is lapsing due to nonpayment of premium and becomes a paid-up policy with reduced benefits as a result of the contingent benefit upon lapse option.

Even in the case of the insured requesting voluntary termination of the policy, it would be more appropriate to indicate the policy will not be terminated but remain in force as a paid-up policy with reduced benefits as a result of the non-forfeiture benefit contained in the policy or contingent benefit upon lapse, if appropriate.

We suggest the amount of the reduced paid up amount be stated in the letters; otherwise, it is unclear how the individual would know the paid-up amount of coverage in force.

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Objection 4

- Response to August 14, 2014 Objection (Supporting Document)

Comments: In reviewing the Contingent Non-Forfeiture Benefit Illustration form we have some concerns as follows:

If the increased premium is not paid, the insured may be offered a contingent benefit upon lapse option. The policy is not canceled; the policy lapses and will become a reduced paid up benefit. Please refrain from using the word cancel or terminate and replace it with more appropriate language.

The illustration addresses that premiums must be paid to the renewal date for this option to be available and we do not disagree with this statement. For clarification purposes and avoid any conflict with the grace period provision in the policy, please include a statement that premiums must be paid as specified in your policy.

Please expand the illustration to explain how benefits are determined. This information should be specific and consistent with 14VAC5-200-185 E 3.

Please clarify what determines which letter to send to policyholders: PS VA 09 04 2014 letter or PS VA w CNF 09 02 2014 letter. If the individual has non-forfeiture option in the policy that may be exercised to reduce the rate impact, how is that communicated?

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:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	10/27/2014
Submitted Date	10/27/2014
Respond By Date	

Dear Amy Pahl,

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:

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: In the Supplement to the Actuarial Memoranudm dated 4/26/2013, the company stated on page three "The lifetime loss ratio of the original filing based on an assumed sales mix was 58% using the interest rate of the original determination of premiums (i.e., 7.1%)." Because this loss ratio is below the required loss ratio of 60% as set forth in 14VAC5-200-150 B, please provide documentation supporting the initial approval of this targeted loss ratio.

Objection 2

- Response to August 14, 2014 Objection (Supporting Document)

Comments: Thank you for providing the proposed policyholder communications. We have the following concerns:

1) The letters states the insured should keep a copy of the letter with the policy. Is the notification letter intended to become part of the entire contract?

2) The communications refersto CNA in the text instead of the full and proper name of the carrier. Using the name of an affiliated company which in some way implies another company is responsible for the obligations undertaken in the policy is prohibited by 14 VAC5-100-50. Please amend the policyholder communication accordingly.

3) Is payment of the increased premium considered acceptance of the election change? Please provide us a copy of what the bill would look like in this instance.

4) According to the correspondence, the insured should contact the administrative office to explore the options available to reduce the impact of the rate increase. Is there an election form the insured completes? If so, please provide us with a copy of such form(s).

5) Your response dated 9/9/2014 indicates if a person selection a contingent nonforfeiture benefit, the request is processed as a cancellation, and the policyholder would be mailed a confirmation letter. Is the policy actually canceled or place in a paid up status? Please provide us with a copy of such letter.

6) Do the policyholder confirmation letters become a part of the policy if the insured implements a change to reduce the premium such as reducing the benefit period, increasing the elimination period, etc?

State:	Virginia	**Filing Company:**	Continental Casualty Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care		
Project Name/Number:	2012 Rate Increase/091CNA01-16		

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:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	08/14/2014
Submitted Date	08/14/2014
Respond By Date	

Dear Amy Pahl,

Introduction:

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

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.

Objection 2

- Supplement to the Actuarial Memorandum (Supporting Document)

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.

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. If the company is agreeable to this, what implementation schedule would be offered?

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)Contingent Benefit upon lapse may be required to be provided 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. Please be more specific in the letter to explain what assumptions were found not to be consistent with actual experience. The management also prefers that any reference to laws and regulations of the state be expanded to state Virginia's State Corporation Commission reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was compliant, the increase was approved or words of similar import.

e) Compliance with the New Loss Ratio Standards

Objection 3

- Supplement to the Actuarial Memorandum (Supporting Document)

Comments: Please advise how the policy is updated to reflect any changes the policyholder may select. If the form is updated via endorsement, please provide a copy of such form and its form number, SERFF tracking number and approval date. If the policy is updated via a revised Schedule of Benefits, please provide evidence the policy was initially approved for such variability. Please advise if any forms requesting changes are attached to the policy. If so, such forms would need to be reviewed and approved. If forms are currently in use, please provide the form number, SERFF tracking number, and approval date.

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

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.

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)

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	05/12/2014
Submitted Date	05/12/2014
Respond By Date	

Dear Amy Pahl,

Introduction:

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

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

1.There is an issue with the loss ratio. 14VAC5-200-150B requires the loss ratio recognize policy reserves. The attached workbook shows the effect of the policy reserves on the present value calculations. The cells in brown font are your projections and your GAAP balances. The cells in brown are our calculations. The inclusion of active life increases the lifetime loss ratio, but decreases the future loss ratio below the 60% benchmark. The problem is highlighted in yellow.

The calculation of the future loss ratio is difficult because the true runoff pattern of the active life reserve is not known. A simplified approach is to assume the present value of the runoff is exactly equal to the actual balance held. This is a reasonable approximation if the interest discount rate is close to the interest rate used to calculate the active life reserve balance.

We previously requested GAAP reserve balances because they have a more realistic interest assumption and less margin as compared to Statutory balances. But even the GAAP balances are proving to be problematic.

The loss ratio test is performed using the original pricing interest rate, namely 7.14%. We suspect the GAAP interest rate is significantly less than that. We also note the GAAP balances you provided included loss adjustment expense. Finally, even GAAP balances have some PADs. Please provide a schedule of historical year-end active life reserves which a) are calculated using the pricing rate of 7.14%, b) do not contain any other components such as loss adjustment expense, and c) use best estimate assumptions, i.e., have no margins. We appreciate this is not easy to do. We are willing to accept a reasonable approximation.

2.Please provide a comparison of the actual incurred claims for the Preferred Solutions form to those expected based on the original pricing morbidity assumption. If possible show both claim counts and actual amounts. A comparison with calendar year as the only variable is sufficient.

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:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Attachment Copy of Loss Ratio with ALR.xlsm is not a PDF document and cannot be reproduced here.

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	12/20/2013
Submitted Date	12/20/2013
Respond By Date	

Dear Amy Pahl,

Introduction:

We'll continue our review upon receipt of the company's responses to the following.

1.What is the range of issue dates on a nationwide basis?

2.The actuarial memorandum states you believe the experience is 100% credible. We see there is more than $500 million in historical incurred claims. How many claims and what incurred amount are in the experience study?

3.The actuarial memorandum shows the use of issue age adjustments when setting the new morbidity assumption. Do the issue age adjustments to morbidity result in a weighted factor of 1.00 when applied to the historical experience?

4.The memorandum also shows a global scalar experience adjustment of 103.1%. Is this an adjustment to bring the Milliman Guidelines up to date or is it an adjustment to reflect the Company experience? If the latter, then why is there an additional 91.0% adjustment? If the 103.1% already reflects Company experience, why is there a need to further adjust it? If one considers an appropriate baseline period from the historical experience, should not the transition already be smooth?

5.We reviewed the section on shock lapses, benefit buy-downs and anti-selection. It is not clear if you expect two effects of 4% for shock lapses and additional 14% for buy-downs or if the 14% includes both phenomena. Please show how you arrived at the revised reduction in premium of 14%? What percentage of the policyholders do you expect to have benefit buy-downs and by how much will they buy-down?

6.The revised projections show the premiums with the 52% rate increase are 35.5% higher than without the rate increase. This doesn't quite match our expectation of 1.52 x (1-.14) = 1.307, or 1.52 x (1-.14) x (1-.04) = 1.255 [whichever it is, see question 5]. The revised incurred claims with the rate increase are about 9% lower than with the rate increase. This doesn't quite match our expectation of 14% lower, or 1-((1-.14) x (1-.04)) = 17.4% [whichever it is, see question 5]. Is there some other nuance here?

7.We calculated the ratio of successive annual loss ratios in the projection period. This should be a good proxy for the slope of the claim cost curve. The initial slope is 16% which is on the high side. Is there any remaining morbidity selection in 2013? The slope declines gradually over the projection period to an ultimate level of 6.5%. Most companies believe there is a great leveling of claim costs at the advanced ages. Please explain why you believe the starting slope of 16% is appropriate and why the ultimate level is not in the 1-3% range.

8. Please provide the full history of GAAP active life reserves on a nationwide basis.

9.Please provide a more detailed distribution by attained age. Please show the distribution for each age / gender combination.

Conclusion:

Sincerely,
Bob Grissom

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	08/25/2013
Submitted Date	08/25/2013
Respond By Date	

Dear Amy Pahl,

Introduction:

We'll continue review of the submitted filing upon receipt of the company's responses to the following.

1.Please provide the Exhibits I and II of the actuarial memorandum in Excel format.

2.Exhibits I and II show 2012 as a projection year and not as an historical year. Why is this? Please provide premium and claim experience for calendar 2012. Also, update the premium and claims for calendar years 2009-2011, reflecting development of experience in calendar year 2012. The restated experience would reflect changes in incurred claims due to the runout of reported and unreported claims. We expect the earned premiums are not much different.

3. We have a number of questions regarding the revised morbidity assumption.
a. The actuarial memorandum states the starting point is the Milliman 2002 Long-Term Care Guidelines. These Guidelines have been updated several times since 2002. Why did you not use a current version of the Guidelines as it presumably is more reflective of recent industry data?
b. There are two scalar adjustments and an issue age adjustment. Please confirm our understanding that these are multiplicative.
c. The memorandum states the issue age adjustments are based on the company experience in the ultimate durations. What is the definition of ultimate durations? Is it when selection factors are no longer applied? What are the ultimate durations? Did you consider doing this analysis by attained age, which we suspect would be more meaningful?

4. The issue age adjustments are based on all experience of the company. How well does the revised assumption fit the actual experience? In other words, show the actual to expected results for the Preferred Solution series only.

5. Again, the Total Termination study is based on all experience of the company. Please show the Policy Termination Experience of just the Preferred Solution series only. Use the same format as the table in Exhibit III of the actuarial memorandum.

6. Is the anti-selection of shock lapses of 2% a single year phenomenon or does it continue throughout the projection period?

7. We are confused by inconsistent information between the actuarial memorandum and the supplement to the actuarial memorandum. The active life reserves shown in Tables 1 and 2 in the supplement do not match the active life reserves shown in Exhibits IV and V attached to the memo.

8. Please provide the following distribution of the nationwide inforce business by gender and by attained age.

9. Does the Company have any limited pay policies? If so, please provide a distribution of business by the various payment options. Please confirm the premium payment periods were properly reflected in the projections.

10. How are waived premiums handled in the financial exhibits? Are they a reduction to premiums or an addition to claims? Are they handled consistently between the historical period and the projection period?

11. Please provide Attachment 3 to the Supplement of the Actuarial Memorandum in an Excel workbook. Include any updates to the status.

State:	Virginia	**Filing Company:**	Continental Casualty Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care		
Project Name/Number:	2012 Rate Increase/091CNA01-16		

12. Please be sure to include revised projections and exhibits based on the revised rate increase percentage requested where applicable, if not already included.

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

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

Conclusion:

Sincerely,
Bob Grissom

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	07/19/2013
Submitted Date	07/19/2013
Respond By Date	

Dear Amy Pahl,

Introduction:

Based on the requirements of 14VAC5-200-150 B, Virginia requires companies to calculate the anticipated loss ratio for long term care policies taking into account the pre-funding associated with the level-premium nature of long-term care insurance. Specifically, companies are required to subtract the policy reserve from the numerator of the loss ratio when performing the anticipated loss ratio test. If this calculation results in a loss ratio less than the minimum required, the requested rate increase cannot be approved since the future loss ratio requirement has not been met. Our review indicates that the requirements of the future loss ratio will be less than the minimum required of 60% using the active life reserves. Therefore, this filing has been DISAPPROVED in the Commonwealth of Virginia since it is not compliant with the requirements of either 14VAC5-130-70 C or 14VAC5-200-150 B. Please let me know if you have any questions.

Conclusion:

Sincerely,
Bob Grissom

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/03/2015
Submitted Date	11/03/2015

Dear Janet Houser,

Introduction:

Please see below.

Response 1

Comments:

The company has provided the enclosed documents in response to the October 28, 2015 objection letter. Please let us know if you have any additional questions.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	Statement of Variability - Endorsement - FINAL.pdf Statement of Variability - CNF rider - FINAL.pdf Statement of Variability - Simple Inflation rider - FINAL REVISED.pdf Statement of Variability - PS VA w CNF Draft for Filing - A - 2015-11-02.pdf Statement of Variability - PS VA no CNF Draft for Filing - A - 2015-11-02.pdf
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*Statement of Variability - Endorsement - FINAL.pdf* *Statement of Variability - CNF rider - FINAL.pdf* *Statement of Variability - Simple Inflation rider - FINAL REVISED.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notification Letter with CNF	R1-CNFLTR-A45	OTH	Initial			PS VA w CNF Draft for Filing - A - 2015-11-02.pdf	Date Submitted: 11/03/2015 By: Mike Bergerson
Previous Version								
1	*Notification Letter with CNF*	*R1-CNFLTR-A45*	*OTH*	*Initial*			*PS VA w CNF Draft for filing 2015-08-19.pdf*	*Date Submitted: 08/19/2015 By: Mike Bergerson*
Previous Version								
1	*Notification Letter with CNF*	*R1-CNFLTR-A45*	*OTH*	*Initial*			*PS VA w CNF Draft for Filing 2015-07-16.pdf*	*Date Submitted: 07/20/2015 By: Mike Bergerson*
2	Notification Letter without CNF	R1-NOCNFLTR-A45	OTH	Initial			PS VA no CNF Draft for Filing - A - 2015-11-02.pdf	Date Submitted: 11/03/2015 By: Mike Bergerson
Previous Version								
2	*Notification Letter without CNF*	*R1-NOCNFLTR-A45*	*OTH*	*Initial*			*PS VA no CNF Draft for Filing 2015-07-16.pdf*	*Date Submitted: 07/20/2015 By: Mike Bergerson*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

Sincerely,

Mike Bergerson

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/19/2015
Submitted Date	08/19/2015

Dear Janet Houser,

Introduction:

Please see below.

Response 1

Comments:

The company has provided the enclosed documents in response to the August 7, 2015 objection letter. Note that the company also revised the Notification Letter with CNF to be consistent with the requested updates to the CNF rider form. Please let us know if you have any additional questions.

Related Objection 1

Applies To:

- Contingent Nonforfeiture Rider, R1-CNF-A45 (Form)

Comments: The Contingent Nonforfeiture Benefit should be revised to state Contingent Benefit Upon Lapse for conformity with 14 VAC 5-200-185 C. This revision should be made to all such references within the rider.

Changed Items:

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	
Attachment(s):	Cert of Compliance.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance_ VA_2015-07-16.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certificate of Compliance.pdf*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	
Attachment(s):	Cert of Compliance.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certification of Compliance_ VA_2015-07-16.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certificate of Compliance.pdf*

Satisfied - Item:	Readability Certifications
Comments:	
Attachment(s):	Readability Cert_Endorsement.pdf Readability Cert_Inflation Rider REVISED.pdf Readability Cert.pdf
Previous Version	
Satisfied - Item:	*Readability Certifications*
Comments:	
Attachment(s):	*Readability Cert_Endorsement.pdf* *Readability Cert_CNF.pdf* *Readability Cert_Inflation Rider REVISED.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Contingent Nonforfeiture Rider	R1-CNF-A45	CERA	Initial		55.000	VA CNF Rider - FINAL revised 8-14-15.pdf	Date Submitted: 08/19/2015 By: Mike Bergerson
Previous Version								
1	*Contingent Nonforfeiture Rider*	*R1-CNF-A45*	*CERA*	*Initial*		*52.000*	*VA CNF Rider - FINAL.pdf*	*Date Submitted: 07/20/2015 By: Mike Bergerson*
Previous Version								
1	*Contingent Nonforfeiture Rider*	*R1-CNF-A45*	*CERA*	*Initial*		*52.000*	*VA CNF Rider - FINAL.pdf*	*Date Submitted: 06/24/2015 By:*
2	Notification Letter with CNF	R1-CNFLTR-A45	OTH	Initial			PS VA w CNF Draft for filing 2015-08-19.pdf	Date Submitted: 08/19/2015 By: Mike Bergerson
Previous Version								
2	*Notification Letter with CNF*	*R1-CNFLTR-A45*	*OTH*	*Initial*			*PS VA w CNF Draft for Filing 2015-07-16.pdf*	*Date Submitted: 07/20/2015 By: Mike Bergerson*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see above.

Related Objection 2

Applies To:

- Contingent Nonforfeiture Rider, R1-CNF-A45 (Form)

Comments: The Substantial Premium Increase Percentages table should be referred to as Triggers for a Substantial Premium Increase for conformity with 14 VAC 5-200-185 D 3.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see above.

Related Objection 3

Applies To:

- Contingent Nonforfeiture Rider, R1-CNF-A45 (Form)

Comments: Pursuant to 14 VAC 5-200-185 D 5 b, on or before the effective date of a substantial premium increase, the insurer shall offer to convert the coverage to a paid-up status with a shortened benefit period. The option may be elected at any time during the 120-day period. 14 VAC 5-200-185 D 5 c provides that the insurer shall notify the insured that a default or lapse at any time during the 120-day period shall be deemed to be the election of the offer to convert to a paid-up status. While we note that the contingent benefit upon lapse is discussed in terms of the policy lapsing within 120 days of the increased premium, we do not see the election of the offer within 120 days of the premium increase to convert the coverage to a paid-up status with a shortened benefit period.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

Sincerely,

Mike Bergerson

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/20/2015
Submitted Date	07/20/2015

Dear Janet Houser,

Introduction:

On behalf of Amy Pahl, please see below.

Response 1

Comments:

Please see the attached response letter.

Related Objection 1

Applies To:

- Response to April 16, 2015 Objection (Supporting Document)

Comments: Thank you for your revisions as requested to the policyholder notification letters; however, the following are concerns that need to be addressed:

1) The company has provided an explanation for the rate increase on page 2 of the letter and in the FAQ. Please be more specific as to what assumptions were inconsistent with actual experience and why.

2) As an observation, the letter refers to the contingent nonforfeiture benefit but does not in the FAQ #5.

3) In regards to the revised regulations under 14VAC5-200-75 D 1 and D 2 c, we should have previously indicated the letters would also require the following:

- A statement that the applicant has the right to a revised premium rate or rate schedule
- In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss partnership status that reduce policyholder protections, if applicable. If the company does not issue partnership policies, please indicate this in your reply.

4) Due to time restraints, these letters now must be filed for review in accordance with the new regulations under 14VAC5-200-75 D. As a result, please add form numbers to each letter and attach both to the Form Schedule in SERFF. Amend the Certification of Compliance to include these forms as well.

Changed Items:

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA_PS Act Memo_LR_44.96%_20150720.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA_PS Act Memo_LR_44.96%_20150618.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA_PS Act Memo_LR_20130426.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA_PS Act Memo_LR_44.96%_20150720.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA_PS Act Memo_LR_44.96%_20150618.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA_PS Act Memo_LR_20130426.pdf*

Satisfied - Item:	Response to July 1, 2015 Objection
Comments:	
Attachment(s):	VA_Response to 20150701 Letter_20150720.pdf

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA_PS Act Memo_LR_44.96%_20150720.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA_PS Act Memo_LR_44.96%_20150618.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA_PS Act Memo_LR_20130426.pdf*

Satisfied - Item:	Response to July 1, 2015 Objection
Comments:	
Attachment(s):	VA_Response to 20150701 Letter_20150720.pdf

Satisfied - Item:	Certificate of Compliance
Comments:	
Attachment(s):	Certification of Compliance_VA_2015-07-16.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	
Attachment(s):	*Certificate of Compliance.pdf*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Frequently Asked Questions	R1-FAQ-A45	OTH	Initial			PS VA Mailing FAQ Draft for Filing 2015-07-16.pdf	Date Submitted: 07/20/2015 By: Mike Bergerson
2	Contingent Nonforfeiture Rider	R1-CNF-A45	CERA	Initial		52.000	VA CNF Rider - FINAL.pdf	Date Submitted: 07/20/2015 By: Mike Bergerson
Previous Version								
2	*Contingent Nonforfeiture Rider*	*R1-CNF-A45*	*CERA*	*Initial*		*52.000*	*VA CNF Rider - FINAL.pdf*	*Date Submitted: 06/24/2015 By:*
3	Notification Letter with CNF	R1-CNFLTR-A45	OTH	Initial			PS VA w CNF Draft for Filing 2015-07-16.pdf	Date Submitted: 07/20/2015 By: Mike Bergerson
4	Notification Letter without CNF	R1-NOCNFLTR-A45	OTH	Initial			PS VA no CNF Draft for Filing 2015-07-16.pdf	Date Submitted: 07/20/2015 By: Mike Bergerson

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Survivorship Benefit Rider	R1-N0103-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: This rider's premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for this rider will also increase by 44.96%. These rider factors can be seen in the rate tables attached above.		07/20/2015 By: Mike Bergerson
Previous Version						
1	*Survivorship Benefit Rider*	*R1-N0103-A*	*Other*	*Previous State Filing Number:* *The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998.* *Rate Action Other Explanation:* *This rider's premium factors are not being revised as part of this rate increase request. The base rates are*		*06/18/2015* *By: Mike Bergerson*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Rate/Rule Schedule Item Changes

				increasing by 44.96%; so, the corresponding premium dollars for this rider will also increase by 44.96%.		
2	Dual Waiver of Premium Rider	R1-N0104-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: This rider's premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for this rider will also increase by 44.96%. These rider factors can be seen in the rate tables attached above.		07/20/2015 By: Mike Bergerson
Previous Version						
2	*Dual Waiver of Premium Rider*	*R1-N0104-A*	*Other*	*Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: This rider's premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%;*		*06/18/2015 By: Mike Bergerson*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Rate/Rule Schedule Item Changes

				so, the corresponding premium dollars for this rider will also increase by 44.96%.		
3	Shared Advantage Rider	R1-N0105-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: This rider's premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for this rider will also increase by 44.96%. These rider factors can be seen in the rate tables attached above.		07/20/2015 By: Mike Bergerson
Previous Version						
3	*Shared Advantage Rider*	*R1-N0105-A*	*Other*	*Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: This rider's premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding*		*06/18/2015 By: Mike Bergerson*

Rate/Rule Schedule Item Changes

				premium dollars for this rider will also increase by 44.96%.		
4	Restoration of Benefits Riders	R1-N0106-A, R1-N0108-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: These riders' premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for these riders will also increase by 44.96%. These rider factors can be seen in the rate tables attached above.		07/20/2015 By: Mike Bergerson
Previous Version						
4	*Restoration of Benefits Riders*	*R1-N0106-A, R1-N0108-A*	*Other*	*Previous State Filing Number:* *The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998.* *Rate Action Other Explanation:* *These riders' premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for*		*06/18/2015* *By: Mike Bergerson*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Rate/Rule Schedule Item Changes

				these riders will also increase by 44.96%.		
5	Cost of Living Increase Rider	R1-N0107-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: This rider's premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for this rider will also increase by 44.96%. These rider factors can be seen in the rate tables attached above.		07/20/2015 By: Mike Bergerson
Previous Version						
5	*Cost of Living Increase Rider*	*R1-N0107-A*	*Other*	*Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: This rider's premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for this rider will also increase*		*06/18/2015 By: Mike Bergerson*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Rate/Rule Schedule Item Changes

				by 44.96%.		
6	Simple Automatic Increase Benefit Riders	R1-N0079-A, R1-N0098-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: Separate rates are provided in the rate tables attached above for policies with Simple inflation protection.		07/20/2015 By: Mike Bergerson
Previous Version						
6	*Simple Automatic Increase Benefit Riders*	*R1-N0079-A, R1-N0098-A*	*Other*	*Previous State Filing Number:* *The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998.* *Rate Action Other Explanation:* *Base rates for policies that have selected these riders are included in the rate tables for each plan. The base rates are increasing by 44.96%.*		*06/18/2015* *By: Mike Bergerson*
7	Compound Automatic Increase Benefit Riders	R1-N0078-A, R1-N0088-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: Separate rates are		07/20/2015 By: Mike Bergerson

Rate/Rule Schedule Item Changes

				provided in the rate tables attached above for policies with Compound inflation protection.		
Previous Version						
7	*Compound Automatic Increase Benefit Riders*	*R1-N0078-A, R1-N0088-A*	*Other*	*Previous State Filing Number:* *The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998.* *Rate Action Other Explanation:* *Base rates for policies that have selected these riders are included in the rate tables for each plan. The base rates are increasing by 44.96%.*		*06/18/2015* *By: Mike Bergerson*
8	Rate Tables	P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45	Revised	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Percent Rate Change Request: 44.96	Phase I (RS_PS_VA_A45_20.4%)_20150720.pdf, Phase II (RS_PS_VA_A45_Cumulative 44.96%)_20150720.pdf,	07/20/2015 By: Mike Bergerson
Previous Version						
8	*Rate Tables*	*P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-*	*Revised*	*Previous State Filing Number:* *The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998.*	*RS_PS_VA_A45_20.4%_20150618.pdf, RS_PS_VA_A45_44.96%_20150618.pdf,*	*06/18/2015* *By: Mike Bergerson*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Rate/Rule Schedule Item Changes

		N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45		Percent Rate Change Request: 44.96		
Previous Version						
8	Rate Tables	P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45	Revised	Previous State Filing Number: The non tax-qualified and tax-qualified forms were previously approved in September of 1998. Percent Rate Change Request: 45	RS_PS_VA_A45_45%_20150407.pdf,	04/07/2015 By:
Previous Version						
8	Rate Tables	P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45	Revised	Previous State Filing Number: The non tax-qualified and tax-qualified forms were previously approved in September of 1998. Percent Rate Change Request: 80	RS_PS_VA_A45_20130426.pdf,	04/26/2013 By: Matt Winegar

Response 2

Comments:

Please see the attached response letter above.

Related Objection 2

Applies To:

- Rate Tables, [P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45] (Rate)

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Comments: Thank you providing the two separate attachments for each phase. For clarificiation purposes, please designate each attachment as either Phase I or Phase II to avoid any potential confusion in the future.

As noted, a number of additional riders have been added. Please attach the factors for each rider. Based on your comments, we assume the factors are a percentage of the base premium. Although the percentages may not be changing, the premium attached to those riders will be increased and rate attachments should be included in the Rate/Rule Schedule.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the attached response letter above.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Thank you for the changes made to the Actuarial Memorandum. We note the company did amend item 17; however, we believe it would be more appropriate to revise this as follows:

The company originally requested an increase of 80%. After extensive review and analysis of the data presented, the Virginia State Corporation Commission determined that a rate increase of 45% was the maximum percentage increase that could be actuarially justified. The company revised its request to 44.96%, implemented over a two year period as two consecutive annual increases of 20.4%.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Comments:

Please see the attached response letter above.

Related Objection 4

Applies To:

- Contingent Nonforfeiture Rider, R1-CNF-A45 (Form)

Comments: On page 2 of the form, there is statement under the table entitled "Substantial Premium Increase Percentages" that is in parenthesis (Percentage Increase is cumulative from date of original issue. It does NOT represent a one-time increase.)

We are uncertain as to the meaning of this statement and why it is emphasized. Is this a clarifying statement or is the company indicating if a person has a one time premium increase that puts him over the percentage increase for his age, he would not be entitled to the contingent benefit upon lapse. Please explain.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

Sincerely,
Mike Bergerson

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/18/2015
Submitted Date	06/18/2015

Dear Janet Houser,

Introduction:

On behalf of Amy Pahl, please see below.

Response 1

Comments:

Please see the attached response letter, updated actuarial memorandum, revised rate schedules reflecting the increase for each phase, and all associated riders.

Related Objection 1

Applies To:

- *Response to January 29, 2015 Objection (Supporting Document)*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Comments: Thank you for response regarding the proposed policyholder letters. We continue to have the following concerns:

1) We appreciate the changes made in the letter to refer to the insurer as Continental Casualty Company (CCC) in the policyholder letters. The FAQ, however, continues to refer to CNA rather than CCC or Continental Casualty Company. In the first item in the FAQ, CNA is referenced as a well established carrier rather than Continental Casualty that issued the policy. Nowhere is it made clear that CNA is the trade name of Continental Casualty Company. As a result, this could potentially confuse policyholders.

2) Please expand item 6 in the FAQ to indicate that no increases will be implemented without first being reviewed and approved by the Virginia State Corporation Commission.

3) Please expand items 19 and 20 in the FAQ to reference the policyholder's potential option to elect the contingent upon lapse benefit.

4) Throughout the FAQ is a reference to "Preferred Solution" policies. The policyholder letters nor the FAQ explain what this means. To avoid any potential confusion, an explanation should be included.

5) According to the company there are two notification letters: one for policyholders that do not trigger the contingent nonforfeiture and one for those policyholders that do trigger the contingent nonforfeiture. The PS VA w CNF 09 02 2014 letter includes the option to lapse the policy and exercise a contingent non-forfeiture benefit. The PS VA 09 04 2014 letter does not include that language; however, it does provide option 5 exercising a non-forfeiture benefit as outlined in the policy. The company has also indicated those policyholders who bought a contractual nonforfeiture benefit would receive the same letter as those who do not trigger the contingent nonforfeiture. According to the NAIC Model Bulletin, a contingent benefit upon lapse (CBL) must be implemented for a block of business for which the CBL is not otherwise required. For policies that have reached their 20th duration, the insurer must provide the CBL without reference to triggers. For policies that have not reached their 20th duration, any percentage value in excess of 100% will be reduced to 100%. Since your letters are based on triggers, how is this compliant with the Model Bulletin?

6) The Contingent Non-Forfeiture Benefit Illustration continues to use the word "terminate" in items 1 and 2. As previously indicated, the policy will not terminate if premiums are not paid. The policy will lapse and become a paid-up policy. Please revise the language accordingly.

7) Since this rate increase will be implemented over two years, please include in the letter the overall rate increase is 44.96%.

8) The company did not agree to the three year rate guarantee contained in the NAIC Model Bulletin. Since it is likely a proposed rate increase will be submitted sooner than three years, please include that information either in the letter or FAQ. The policyholders should be made aware such an increase is likely following the current rate increase.

9) Please be aware that new regulation requirements found in Case No. INS-2013-00238 effective 9/1/2015 will affect policyholder notification letters in the future and contain a 75 day notice requirement. Any policies which are renewed on or after November 1, 2015 will require the 75 day notice and must be compliant with the policyholder requirements contained in 14VAC5-200-75. Additional requirements to be included in future letters are as follows:

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) A statement substantially similar to the following:

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

"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 the public inspection and may be accessed online through the Virginia Bureau of Insurance webpage at www.scc.virginia.gov/BOI."

Although we are not requiring the policyholder letter be revised at this time for compliance with the new regulation, please understand compliance will be required as of September 1, 2015 for any policies renewed on or after that date.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA_PS Act Memo_LR_44.96%_20150618.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA_PS Act Memo_LR_20130426.pdf*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA_PS Act Memo_LR_44.96%_20150618.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA_PS Act Memo_LR_20130426.pdf*

Satisfied - Item:	Response to April 16, 2015 Objection
Comments:	
Attachment(s):	VA_Response to 20150416 Letter_20150618.pdf VA PS mailing FAQ 2015-04-20.pdf VA CNF Rider - FINAL.pdf PS VA no CNF Draft for filing 2015-04-20.pdf PS VA w CNF Draft for filing 2015-04-20.pdf Rate Request Summary_20150618.pdf VA Endorsement Form - FINAL.pdf Certificate of Compliance.pdf Statement of Variability - Simple Inflation rider - FINAL REVISED.pdf Simple Automatic Increase Benefit Rider - FINAL .pdf Readability Cert_Endorsement.pdf Readability Cert_CNF.pdf Readability Cert_Inflation Rider REVISED.pdf Statement of Variability - Endorsement - FINAL.pdf Statement of Variability - CNF rider - FINAL.pdf

No Form Schedule items changed.

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45	Revised	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Percent Rate Change Request: 44.96	RS_PS_VA_A45_20.4%_20150618.pdf, RS_PS_VA_A45_44.96%_20150618.pdf,	06/18/2015 By: Mike Bergerson
Previous Version						
1	*Rate Tables*	*P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45*	*Revised*	*Previous State Filing Number:* *The non tax-qualified and tax-qualified forms were previously approved in September of 1998.* *Percent Rate Change Request:* *45*	*RS_PS_VA_A45_45%_20150407.pdf,*	*04/07/2015* *By:*
Previous Version						
1	*Rate Tables*	*P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45*	*Revised*	*Previous State Filing Number:* *The non tax-qualified and tax-qualified forms were previously approved in September of 1998.* *Percent Rate Change Request:* *80*	*RS_PS_VA_A45_20130426.pdf,*	*04/26/2013* *By: Matt Winegar*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Rate/Rule Schedule Item Changes

2	Survivorship Benefit Rider	R1-N0103-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: This rider's premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for this rider will also increase by 44.96%.		06/18/2015 By: Mike Bergerson
3	Dual Waiver of Premium Rider	R1-N0104-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: This rider's premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for this rider will also increase by 44.96%.		06/18/2015 By: Mike Bergerson
4	Shared Advantage Rider	R1-N0105-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were		06/18/2015 By: Mike Bergerson

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Rate/Rule Schedule Item Changes

				previously approved in September of 1998. Rate Action Other Explanation: This rider's premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for this rider will also increase by 44.96%.		
5	Restoration of Benefits Riders	R1-N0106-A, R1-N0108-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: These riders' premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for these riders will also increase by 44.96%.		06/18/2015 By: Mike Bergerson
6	Cost of Living Increase Rider	R1-N0107-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: This rider's premium factors are not being		06/18/2015 By: Mike Bergerson

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Rate/Rule Schedule Item Changes

				revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for this rider will also increase by 44.96%.		
7	Simple Automatic Increase Benefit Riders	R1-N0079-A, R1-N0098-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: Base rates for policies that have selected these riders are included in the rate tables for each plan. The base rates are increasing by 44.96%.		06/18/2015 By: Mike Bergerson
8	Compound Automatic Increase Benefit Riders	R1-N0078-A, R1-N0088-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: Base rates for policies that have selected these riders are included in the rate tables for each plan. The base rates are increasing by 44.96%.		06/18/2015 By: Mike Bergerson

Response 2

Comments:

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Please see attached response letter above.

Related Objection 2

Applies To:

- Rate Tables, [P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45] (Rate)

Comments: Thank you for revising the Rate/Rule Schedule as requested. For accuracy, please make the following changes:

1) Please change the overall percentage rate indicated change of 80% (the original requested rate increase) and the overall percentage rate impact from 45% to 44.96%. The change should also be made to the maximum percentage change and the percent rate change request under rate action column.

2) In reviewing the attached rate schedules, there are rider form numbers that do not appear in the affected form numbers. Please add those form numbers exactly as approved to the affected form numbers column. The form numbers we've noticed are: R1-N0108-A, R1-N0107-A, R1-N0105-A, R1-N0104-A, R1-N0103-A, R1-N0098-A, R1-N0088-A, R1-N0078-A, R1N0079-A. If we have missed any, please add.

3) We are unable to accept the rate schedules as presented.l Please provide "final" rates for each plan and each phase for review and approval.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see attached response letter above.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Comments: Thank you for amending the Actuarial Memorandum, however, for accuracy and clarity, please amend the memorandum as follows:

1) Please include all rider form numbers in the memorandum that are affected as noted in our previous objection. Although riders factors may not be changing, the change in the base rate results in a higher premium charge for that benefit.

2) Under Item 1, Purpose of the Filing, please add language that states the company revised its proposed request to 44.96%.

3) Under Item 17, Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements, the language states the company complied with the Bureau's request to limit the increase to 45%. We feel this statement is misleading and should be rephrased. We suggest the following:

"The company originally requested an increase of 80%. After extensive review and analysis of the data presented, it was determined a rate increase of 44.96% was more appropriate. The company revised its request to implement this increase over a two year period as two consecutive annual increases of 20.4%.

4) Please attach the revised Actuarial Memorandum under the L&H Actuarial Memorandum section in the Supporting Documentation tab in SERFF where it can be easily located.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see attached response letter above.

Related Objection 4

Applies To:
- Response to August 14, 2014 Objection (Supporting Document)

Comments: Please amend the Rate Summary to reflect the 44.96% rate increase and corresponding average annual premium. Please include the rider form numbers.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see attached response letter above.

Related Objection 5

Applies To:

- Response to January 29, 2015 Objection (Supporting Document)

Comments: 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 or letter confirming the change. 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. 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.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please see attached response letter above.

Related Objection 6

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Comments: Please be aware that new regulation requirements found in Case No. INS-2013-00238 effective 9/1/2015 will affect policyholder notification letters in the future and contain a 75 day notice requirement. Any policies which are renewed on or after November 1, 2015 will require the 75 day notice and must be compliant with the policyholder requirements contained in 14VAC5-200-75. Additional requirements to be included in future letters are as follows:

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) 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 the public inspection and may be accessed online through the Virginia Bureau of Insurance webpage at www.scc.virginia.gov/BOI."

Although we are not requiring the policyholder letter be revised at this time for compliance with the new regulation, please understand compliance will be required as of September 1, 2015 for any policies renewed on or after that date.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

Sincerely,
Mike Bergerson

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/11/2015
Submitted Date	03/11/2015

Dear Janet Houser,

Introduction:

On behalf of Amy Pahl, please see below.

Response 1

Comments:

Please see the attached response letter.

Related Objection 1

Applies To:

- Response to October 27, 2014 Objection (Supporting Document)

Comments: According to the company's response to our previous objection one, a lifetime loss ratio of 57.6% results when the assumed interest rate is 7.1%, while a lifetime loss ratio of 70.7% results when the assumed interest rate is 5.0%. These results are directionally opposite of what is expected, i.e., a lower interest rate should result in a lower loss ratio, all else being equal. Please clearly explain these apparently contradictory results.

Also, please provide a copy of the actuarial memorandum and any other supplemental exhibits associated with the initial approval of the rates for this form.

Changed Items:

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to January 29, 2015 Objection
Comments:	
Attachment(s):	VA_Response to 20150129 Letter_20150311.pdf ActMemo_P1_N0075.pdf ActMemo_P1_N0076.pdf ActMemo_P1_N0080.pdf ActMemo_P1_N0081.pdf ActMemo_P1_N0085.pdf ActMemo_P1_N0086.pdf ActMemo_P1_N0090.pdf ActMemo_P1_N0091.pdf ActMemo_P1_N0095.pdf ActMemo_P1_N0100.pdf PS VA w CNF for filing 2015-02-26.pdf ActMemo_P1_N0096.pdf ActMemo_P1_N0101.pdf PS VA no CNF for filing 2015-02-26.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the attached response letter above.

Related Objection 2

Applies To:

- Response to October 27, 2014 Objection (Supporting Document)

Comments: We have given further consideration to your response to objection three regarding the use of CNA in the policyholder communications. This filing was made on behalf of Continental Casualty Company with a distinct NAIC number separate from CNA and licensed in Virginia in that manner. As we stated previously,14VAC5-100-50 prohibits using the name of an affiliated company in some way that may imply another company is responsible for the obligations undertaken in the policy. The policy was issued under the Continental Casualty Company as the proper name of the insurer and is responsible for the obligations as set forth in such policy. Please amend the policyholder communications accordingly.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the attached response letter above.

Related Objection 3

Applies To:

- Response to October 27, 2014 Objection (Supporting Document)

Comments: Thank you for providing copies of the correspondence sent to your policyholders. As an observation, we feel the information regarding the non-forfeiture option in the nonforfeiture termination letter may not be completely accurate. If the premiums are not paid, the policy does not actually terminate; the policy lapses and would remain in force as a paid-up policy with reduced benefits. We assume there would be a somewhat different letter if the policy is lapsing due to nonpayment of premium and becomes a paid-up policy with reduced benefits as a result of the contingent benefit upon lapse option.

Even in the case of the insured requesting voluntary termination of the policy, it would be more appropriate to indicate the policy will not be terminated but remain in force as a paid-up policy with reduced benefits as a result of the non-forfeiture benefit contained in the policy or contingent benefit upon lapse, if appropriate.

We suggest the amount of the reduced paid up amount be stated in the letters; otherwise, it is unclear how the individual would know the paid-up amount of coverage in force.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the attached response letter above.

Related Objection 4

Applies To:

- Response to August 14, 2014 Objection (Supporting Document)

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Comments: In reviewing the Contingent Non-Forfeiture Benefit Illustration form we have some concerns as follows:

If the increased premium is not paid, the insured may be offered a contingent benefit upon lapse option. The policy is not canceled; the policy lapses and will become a reduced paid up benefit. Please refrain from using the word cancel or terminate and replace it with more appropriate language.

The illustration addresses that premiums must be paid to the renewal date for this option to be available and we do not disagree with this statement. For clarification purposes and avoid any conflict with the grace period provision in the policy, please include a statement that premiums must be paid as specified in your policy.

Please expand the illustration to explain how benefits are determined. This information should be specific and consistent with 14VAC5-200-185 E 3.

Please clarify what determines which letter to send to policyholders: PS VA 09 04 2014 letter or PS VA w CNF 09 02 2014 letter. If the individual has non-forfeiture option in the policy that may be exercised to reduce the rate impact, how is that communicated?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

Sincerely,
Mike Bergerson

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/01/2014
Submitted Date	12/01/2014

Dear Janet Houser,

Introduction:

On behalf of Amy Pahl, please see below.

Response 1

Comments:

Please see the attached response letter.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: In the Supplement to the Actuarial Memoranudm dated 4/26/2013, the company stated on page three "The lifetime loss ratio of the original filing based on an assumed sales mix was 58% using the interest rate of the original determination of premiums (i.e., 7.1%)." Because this loss ratio is below the required loss ratio of 60% as set forth in 14VAC5-200-150 B, please provide documentation supporting the initial approval of this targeted loss ratio.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to October 27, 2014 Objection
Comments:	
Attachment(s):	VA_Response to 20141027 Letter_20141201.pdf Premium Billing Notice.pdf Premium Reduction Quote.pdf Nonforfeiture Nonpayment Termination.pdf Nonforfeiture Voluntary Termination.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Comments:

Please see above.

Related Objection 2

Applies To:

- Response to August 14, 2014 Objection (Supporting Document)

Comments: Thank you for providing the proposed policyholder communications. We have the following concerns:

1) The letters states the insured should keep a copy of the letter with the policy. Is the notification letter intended to become part of the entire contract?

2) The communications refersto CNA in the text instead of the full and proper name of the carrier. Using the name of an affiliated company which in some way implies another company is responsible for the obligations undertaken in the policy is prohibited by 14 VAC5-100-50. Please amend the policyholder communication accordingly.

3) Is payment of the increased premium considered acceptance of the election change? Please provide us a copy of what the bill would look like in this instance.

4) According to the correspondence, the insured should contact the administrative office to explore the options available to reduce the impact of the rate increase. Is there an election form the insured completes? If so, please provide us with a copy of such form(s).

5) Your response dated 9/9/2014 indicates if a person selection a contingent nonforfeiture benefit, the request is processed as a cancellation, and the policyholder would be mailed a confirmation letter. Is the policy actually canceled or place in a paid up status? Please provide us with a copy of such letter.

6) Do the policyholder confirmation letters become a part of the policy if the insured implements a change to reduce the premium such as reducing the benefit period, increasing the elimination period, etc?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16
Filing Company: Continental Casualty Company

Sincerely,
Mike Bergerson

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Response Letter

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

Dear Janet Houser,

Introduction:

On behalf of Amy Pahl, please see below.

Response 1

Comments:

Please see the attached response letter.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

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:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to August 14, 2014 Objection
Comments:	
Attachment(s):	VA_Response to 20140814 Letter_20140909.pdf Rate Request Summary_20140909.pdf PS VA 09_04_2014.pdf PS VA w CNF 09_02_2014.pdf PS mailing FAQ draft 09042014.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16
Filing Company: Continental Casualty Company

Comments:

Please see the attached response letter above.

Related Objection 2

Applies To:

- Supplement to the Actuarial Memorandum (Supporting Document)

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

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.

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. If the company is agreeable to this, what implementation schedule would be offered?

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)Contingent Benefit upon lapse may be required to be provided 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. Please be more specific in the letter to explain what assumptions were found not to be consistent with actual experience. The management also prefers that any reference to laws and regulations of the state be expanded to state Virginia's State Corporation Commission reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was compliant, the increase was approved or words of similar import.

e) Compliance with the New Loss Ratio Standards

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the attached response letter above.

Related Objection 3

Applies To:

- Supplement to the Actuarial Memorandum (Supporting Document)

Comments: Please advise how the policy is updated to reflect any changes the policyholder may select. If the form is updated via endorsement, please provide a copy of such form and its form number, SERFF tracking number and approval date. If the policy is updated via a revised Schedule of Benefits, please provide evidence the policy was initially approved for such variability. Please advise if any forms requesting changes are attached to the policy. If so, such forms would need to be reviewed and approved. If forms are currently in use, please provide the form number, SERFF tracking number, and approval date.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

Sincerely,

Mike Bergerson

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/18/2014
Submitted Date	07/18/2014

Dear Janet Houser,

Introduction:

On behalf of Amy Pahl, please see below.

Response 1

Comments:

Please see the attached response letter.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to May 12, 2014 Objection
Comments:	
Attachment(s):	VA_Response to 20140512 Letter_20140718.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

Sincerely,

Mike Bergerson

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/18/2014
Submitted Date	02/18/2014

Dear Janet Houser,

Introduction:

On behalf of Amy Pahl, please see below.

Response 1

Comments:

Please see the attached response letter.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to December 20, 2013 Objection
Comments:	
Attachment(s):	VA_Response to 20131220 Letter_20140218.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

Sincerely,

Mike Bergerson

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/15/2013
Submitted Date	10/15/2013

Dear Janet Houser,

Introduction:

On behalf of Amy Pahl, please see below.

Response 1

Comments:

Please see the attached response letter and Excel workbook.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to August 25, 2013 Objection
Comments:	
Attachment(s):	VA_Response to 20130825 Letter_20131015.pdf VA PS_Exhibits_20131015.xlsb

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

Sincerely,

Mike Bergerson

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/09/2013
Submitted Date	08/09/2013

Dear Janet Houser,

Introduction:

On behalf of Amy Pahl, please see below.

Response 1

Comments:

Please see the attached response letter.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to July 19, 2013 Objection
Comments:	
Attachment(s):	VA_Response to 20130719 Letter_20130809.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

Sincerely,

Mike Bergerson

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Amendment Letter

Submitted Date: 11/19/2015

Comments:

In response to the November 17, 2015 Note to Filer, we have updated the Rate/Rule Schedule tab for item 1 to list all riders on the Affected Form Numbers. In addition current rates have been attached to the Supporting Documentation tab.

The company has confirmed it intends to provide a 90 day notice to Virginia policyholders.

Thank you for your assistance with this filing.

Changed Items:

No Form Schedule Items Changed.

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45, R1-N0103-A, R1-N0104-A, R1-N0105-A, R1-N0106-A, R1-N0108-A, R1-N0107-A, R1-N0079-A, R1-N0098-A, R1-N0078-A, R1-N0088-A	Revised	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Percent Rate Change Request: 44.96	Phase I (RS_PS_VA_A45_20.4%)_20150720.pdf, Phase II (RS_PS_VA_A45_Cumulative 44.96%)_20150720.pdf,	11/19/2015 By:
Previous Version						
1	*Rate Tables*	*P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45*	*Revised*	*Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Percent Rate Change Request: 44.96*	*Phase I (RS_PS_VA_A45_20.4%)_20150720.pdf, Phase II (RS_PS_VA_A45_Cumulative 44.96%)_20150720.pdf,*	*07/20/2015 By: Mike Bergerson*
Previous Version						
1	*Rate Tables*	*P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-*	*Revised*	*Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all*	*RS_PS_VA_A45_20.4%_20150618.pdf, RS_PS_VA_A45_44.96%_20150618.pdf,*	*06/18/2015 By: Mike Bergerson*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Rate/Rule Schedule Item Changes

		N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45		associated riders were previously approved in September of 1998. Percent Rate Change Request: 44.96		
Previous Version						
1	Rate Tables	P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45	Revised	Previous State Filing Number: The non tax-qualified and tax-qualified forms were previously approved in September of 1998. Percent Rate Change Request: 45	RS_PS_VA_A45_45%_20150407.pdf,	04/07/2015 By:
Previous Version						
1	Rate Tables	P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45	Revised	Previous State Filing Number: The non tax-qualified and tax-qualified forms were previously approved in September of 1998. Percent Rate Change Request: 80	RS_PS_VA_A45_20130426.pdf,	04/26/2013 By: Matt Winegar

Supporting Document Schedule Item Changes

Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	Current (RS_PS_VA_A45)_20151119.pdf

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Amendment Letter

Submitted Date: 09/23/2015

Comments:

In response to the September 18, 2015 Note To Filer, we are enclosing an updated state status listing. As seen in the enclosed listing, due to the lengthy review of this filing, follow-up rate increases have already been made and continue to be made in other jurisdictions.

Thank you for your assistance with this filing.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to September 18, 2015 Note To Filer
Comments:	
Attachment(s):	VA PS_Status Listing_20150923.pdf VA PS_Status Listing_20150923.xlsb

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Amendment Letter

Submitted Date: 06/24/2015

Comments:

In response to the June 24 Note To Filer, we have updated the location of the requested enclosures to the June 18 response letter.

Thank you for your assistance with this filing.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Endorsement Form	R1-A45	CERA	Initial		43.000	VA Endorsement Form - FINAL.pdf	Date Submitted: 06/24/2015 By:
2	Simple Automatic Increase Benefit Rider	R1-N0079-A- VA	CERA	Initial		50.000	Simple Automatic Increase Benefit Rider - FINAL .pdf	Date Submitted: 06/24/2015 By:
3	Contingent Nonforfeiture Rider	R1-CNF-A45	CERA	Initial		52.000	VA CNF Rider - FINAL.pdf	Date Submitted: 06/24/2015 By:

No Rate Schedule Items Changed.

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to April 16, 2015 Objection
Comments:	
Attachment(s):	VA_Response to 20150416 Letter_20150618.pdf VA PS mailing FAQ 2015-04-20.pdf PS VA no CNF Draft for filing 2015-04-20.pdf PS VA w CNF Draft for filing 2015-04-20.pdf Rate Request Summary_20150618.pdf
Previous Version	
Satisfied - Item:	*Response to April 16, 2015 Objection*
Comments:	
Attachment(s):	*VA_Response to 20150416 Letter_20150618.pdf* *VA PS mailing FAQ 2015-04-20.pdf* *VA CNF Rider - FINAL.pdf* *PS VA no CNF Draft for filing 2015-04-20.pdf* *PS VA w CNF Draft for filing 2015-04-20.pdf* *Rate Request Summary_20150618.pdf* *VA Endorsement Form - FINAL.pdf* *Certificate of Compliance.pdf* *Statement of Variability - Simple Inflation rider - FINAL REVISED.pdf* *Simple Automatic Increase Benefit Rider - FINAL .pdf* *Readability Cert_Endorsement.pdf* *Readability Cert_CNF.pdf* *Readability Cert_Inflation Rider REVISED.pdf* *Statement of Variability - Endorsement - FINAL.pdf* *Statement of Variability - CNF rider - FINAL.pdf*

Satisfied - Item:	Certificate of Compliance
Comments:	
Attachment(s):	Certificate of Compliance.pdf

Satisfied - Item:	Readability Certifications
Comments:	
Attachment(s):	Readability Cert_Endorsement.pdf Readability Cert_CNF.pdf Readability Cert_Inflation Rider REVISED.pdf

Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	Statement of Variability - Endorsement - FINAL.pdf Statement of Variability - CNF rider - FINAL.pdf

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16
Filing Company: Continental Casualty Company

	Statement of Variability - Simple Inflation rider - FINAL REVISED.pdf

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Amendment Letter

Submitted Date: 04/07/2015

Comments:

On behalf of Amy Pahl, please see the attached response letter and revised rate schedules.

Thank you for your assistance with this filing.

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	Rate Tables	P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45	Revised	Previous State Filing Number: The non tax-qualified and tax-qualified forms were previously approved in September of 1998. Percent Rate Change Request: 45	RS_PS_VA_A45_45%_20150407.pdf,	04/07/2015 By:
Previous Version						
1	*Rate Tables*	*P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45*	*Revised*	*Previous State Filing Number:* *The non tax-qualified and tax-qualified forms were previously approved in September of 1998.* *Percent Rate Change Request:* *80*	*RS_PS_VA_A45_20130426.pdf,*	*04/26/2013* *By: Matt Winegar*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to April 3, 2015 Phone Call
Comments:	
Attachment(s):	VA_Response to 20150403 Phone Call_20150407.pdf VA_PS Act Memo_LR_45%_20150407.pdf PS VA Draft no CNF for filing 2015-04-03.pdf PS VA w CNF Draft for filing 2015-04-03.pdf

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Note To Filer

Created By:

Janet Houser on 11/17/2015 10:07 AM

Last Edited By:

Janet Houser

Submitted On:

11/17/2015 10:25 AM

Subject:

Final Review

Comments:

The Rate Summary the company provided states a 90 day notice would be given which is more than the 75 day notice required in the regulations. Please confirm the company intends to provide a 90 day notice.

The Rate/Rule Schedule has been updated with riders that are applicable to these policies. According to the Rate Action Other Explanation, the rider factors can be seen in the rate tables attached in line item 1. I am unable to locate this information.

So that the filing may be approved, please add the rider numbers to the list of Affected Form Numbers in line item 1 and attach the rate factors accordingly to the rate attachments. Please attach a copy of the current rates to Supporting Documentation.

Please contact me if you have any questions.

Janet Houser
804-371-9390

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Note To Filer

Created By:

Janet Houser on 09/18/2015 08:22 AM

Last Edited By:

Janet Houser

Submitted On:

09/18/2015 08:22 AM

Subject:

Attachment 3 Status of Filings

Comments:

Please provide an updated Attachment 3, Status of Filings.

Thank you.

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Note To Filer

Created By:

Janet Houser on 06/24/2015 08:48 AM

Last Edited By:

Janet Houser

Submitted On:

06/24/2015 08:48 AM

Subject:

attachments

Comments:

Please move the endorsement form and riders to the Form Schedule for review and approval. Also, so that information can be easily located, the Certification of Compliance, Readability Certifications, and Statements of Variability should all be under separate headings in Supporting Documentation.

The filing is currently under review and I will contact you as soon as I have an update.

Should you have any questions ,please let me know.

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Note To Reviewer

Created By:

Mike Bergerson on 07/12/2013 07:39 AM

Last Edited By:

Mike Bergerson

Submitted On:

07/12/2013 07:39 AM

Subject:

Status Update

Comments:

Can you please provide a status update for this filing? Thank you.

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Reviewer Note

Created By:

Janet Houser on 11/23/2015 07:24 AM

Last Edited By:

Janet Houser

Submitted On:

11/23/2015 07:47 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: Continental Casualty Company - NAIC #20443

SERFF Tracking Number: MILL-128834437

Effective Date: on next premium due date following 90 day notice

Revised Rates

Average Annual Premium Per Member: $2,362

Average Requested Percentage Rate Change Per Member: 44.96%

Minimum Requested Percentage Rate Change Per Member: 44.96%

Maximum Requested Percentage Rate Change Per Member: 44.96%

Number of Policy Holders Affected : 3662

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

Form#	"Product Name"(if applicable)
P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45	Preferred Solution
R1-N0078-A, R1-N0088-A	Compound Automatic Increase Rider
R1-N0079-A, R1-N0098-A	Simple Automatic Increase Rider
R1-N0103-A	Survivorship Benefit Rider
R1-N0104-A	Dual Waiver of Premium Rider
R1-N0105-A	Shared Advantage Rider
R1-N0106-A, R1-N0108-A	Restoration of Benefits Rider
R1-N0107-A	Cost of Living Increase Rider

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.

Health Insurance Rate Request Summary
Summary of Key Information

When the company originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on the company's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with the company's actual experience. This rate increase is necessary because of the total expected claims are higher than originally expected, and the policyholder termination rates are lower than originally expected. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

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

Company Name and NAIC Number: Continental Casualty Company

SERFF Tracking Number: MILL-128834437

Disposition: Approve

Approval Date: 11/23/2015

Revised Rates

Average Annual Premium Per Member: $2,362

Average Requested Percentage Rate Change Per Member: 44.96%

Minimum Requested Percentage Rate Change Per Member: 44.96%

Maximum Requested Percentage Rate Change Per Member: 44.96%

Number of Policy Holders Affected: 3662

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

Continental Casualty Company (the Company) requested a 52% across the board rate increase. We reviewed the rate increase in accordance with the requirements of 14VAC5-200-150, which requires that the filing demonstrate that both the future and lifetime loss ratios will be no less than 60% after application of the rate increase. Our review indicated that the in order for future loss ratio to not exceed 60%, the maximum rate increase should is 45%, not the requested 52%. With a 45% premium increase, the future loss ratio is 60% and the lifetime loss ratio is 63%.

This is a closed blocks of business in Virginia and nationwide. Policies were sold in Virginia and nationwide from 1998 to 2002. Since all Virginia policies were sold prior to October 1, 2003 it is subject to the requirements of 14VAC5-200-150 (pre-rate stabilization). At the time of filing there were 3,662 policies in Virginia and 94,619 policies nationwide. There have been no prior rate increases on these policies These are individual policies which are guaranteed renewable for life. The Company is basing the requested increase on their nationwide experience as the Virginia experience is less than 4% of the total nationwide experience and there would be a problem with the Virginia credibility.

The Company is requesting a rate increase because key assumptions used in pricing have not been met. The key assumptions are claim costs and policyholder terminations arising from deaths and lapses. The terminations have been much lower than expected, thereby

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.

increasing the Company's exposure to the high claims expected at advanced ages. The requested rate increase is not based on poor claim experience. In fact, claim experience to date has been 34% favorable. However the policy terminations have been only 44% of expected. Future terminations are projected to be about 75% of the terminations used in original pricing.

In the early years the group of policyholders is prefunding the benefits to be paid in later years. In the early years the premium exceeds the expected claims. A reserve is established in order to fund the claims in the later years, which are very much higher than the premiums in the later years.

The terminations are a key element for two reasons. First, if too many policyholders continue their coverage, there will be much higher claims in the outer years. Second, the pricing anticipates that reserves released by terminating policyholders will be used to fund the claims of persisting policyholders. If terminations are low, then the reserves released will not be sufficient.

In summary, when policyholders terminate at a lower rate
• there are more policyholders continuing to the high claim costs in later years
• there is not as much reserve being released to the group of continuing policyholders, and
• there is a larger group of continuing policyholders that need this reserve release.

A rate increase of 45% will result in a lifetime loss ratio of 63%. This is comparable to the originally priced loss ratio of 60%.

The Company is offering insureds options to reduce the premium increase by reducing their coverage. These reductions would be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions. These options are available to all policyholders.

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

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Reviewer Note

Created By:

Janet Houser on 08/14/2015 12:26 PM

Last Edited By:

Janet Houser

Submitted On:

11/23/2015 07:47 AM

Subject:

policyholder letter

Comments:

8.5.15 ph letter meets requirements

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2012 Rate Increase/091CNA01-16*		

Reviewer Note

Created By:

Bob Grissom on 07/12/2013 05:22 PM

Last Edited By:

Janet Houser

Submitted On:

11/23/2015 07:47 AM

Subject:

Actuarial Review

Comments:

Actuarial Review requested from L&E 07/12/2013 & 12/02/2013

add'l info rec - sent to L&E 5.5.14, due date 5.19.14

5.9.14 - disapprove

7.18.14 - add'l info rec'd; due date 8.1.14

7/31/14 - recommended approval of 45%

10.16.14 - revised recommendation with NAIC compliance

Dallas
Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Steven D. Bryson, F.S.A.
Michael A. Mayberry, F.S.A.
Gregory S. Wilson, F.C.A.S.
David M. Dillon, F.S.A.
Bonnie S. Albritton, F.S.A.
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Jacqueline B. Lee, F.S.A.
Robert B. Thomas, Jr., F.S.A., C.F.A. (of Counsel)

Baltimore
David A. Palmer, C.F.E.

L&E Actuaries & Consultants

Kansas City
Gary L. Rose, F.S.A.
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Robert A. Cremer, C.P.C.U., A.R.M., A.U.
Patricia A. Peebles, A.S.A.

London/Kansas City
Roger K. Annin, F.S.A., F.I.A.
Timothy A. DeMars, F.S.A., F.I.A.
Scott E. Morrow, F.S.A., F.I.A.

July 18, 2013

Mr. Robert Grissom
Supervisor
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218

Re: Actuarial Review for the Virginia Bureau of Insurance
Continental Casualty Company
Long Term Care Rate Increase Filing
P1-N0080-A45 through P1-N0091-A45 as Preferred Solution
SERFF# MILL-128834437

Dear Bob:

We have completed our preliminary review of this filing for a long term care rate increase. Continental Casualty Company (the Company) is requesting an across the board rate increase of 80%.

Recommendation

At this time we are recommending that the Bureau **not approve** the rate filing. We have a number of questions and requests.

Questions

1. Please provide the Exhibits I and II of the actuarial memorandum in Excel format.

2. Exhibits I and II show 2012 as a projection year and not as an historical year. Why is this? Please provide premium and claim experience for calendar 2012. Also, update the premium and claims for calendar years 2009-2011, reflecting development of experience in calendar year 2012. The restated experience would reflect changes in incurred claims due to the runout of reported and unreported claims. We expect the earned premiums are not much different.

3. We have a number of questions regarding the revised morbidity assumption.
   a. The actuarial memorandum states the starting point is the Milliman 2002 Long-Term Care Guidelines. These Guidelines have been updated several times since 2002. Why did you not use a current version of the Guidelines as it presumably is more reflective of recent industry data?
   b. There are two scalar adjustments and an issue age adjustment. Please confirm our understanding that these are multiplicative.
   c. The memorandum states the issue age adjustments are based on the company experience in the ultimate durations. What is the definition of ultimate durations? Is it when selection factors are no longer applied? What are the ultimate durations? Did you consider doing this analysis by attained age, which we suspect would be more meaningful?

4. The issue age adjustments are based on **all** experience of CCC. When all is said and done, how well does the revised assumption fit the actual experience? In other words, show the A/E results for the Preferred Solution series **only**.

5. Again, the Total Termination study is based on **all** experience of CCC. Please show the Policy Termination Experience of just the Preferred Solution series **only**. Use the same format as the table in Exhibit III of the actuarial memorandum.

6. Is the anti-selection of shock lapses of 2% a single year phenomenon or does it continue throughout the projection period?

7. We are confused by inconsistent information between the actuarial memorandum and the supplement to the actuarial memorandum. The active life reserves shown in Tables 1 and 2 in the supplement do not match the active life reserves shown in Exhibits IV and V attached to the memo.

8. Virginia requires a minimum future loss ratio, with recognition of active life reserves, of at least 60%. Our preliminary estimate is that the future loss ratio with the rate increase is

about 30%, when active life reserves are included. The 80% requested amount will not be approved with a future loss ratio of 30%.

9. The actuarial memorandum states "the requested rate increase was determined by targeting a 71.0% lifetime loss ratio". But Exhibit I shows a lifetime loss ratio of 63.1%. Please explain this discrepancy.

10. Please provide the following distribution of the nationwide inforce business by gender and by attained age.

11. Does the Company have any limited pay policies? If so, please provide a distribution of business by the various payment options. Please confirm the premium payment periods were properly reflected in the projections.

12. How are waived premiums handled in the financial exhibits? Are they a reduction to premiums or an addition to claims? Are they handled consistently between the historical period and the projection period?

13. Please provide Attachment 3 to the Supplement of the Actuarial Memorandum in an Excel workbook. Include any updates to the status.

Please let me know if you have any questions.

Sincerely,

Anthony G. Proulx

Anthony G. Proulx, FSA, MAAA
Vice President & Principal
(913)-766-9165

Dallas
Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
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Baltimore
David A. Palmer, C.F.E.

L&E Actuaries & Consultants

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London/Kansas City
Roger K. Annin, F.S.A., F.I.A.
Timothy A. DeMars, F.S.A., F.I.A.
Scott E. Morrow, F.S.A., F.I.A.

December 9, 2013

Mr. Robert Grissom
Supervisor
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218

Re: Actuarial Review for the Virginia Bureau of Insurance
Continental Casualty Company
Long Term Care Rate Increase Filing
P1-N0080-A45 through P1-N0091-A45 as Preferred Solution
SERFF# MILL-128834437

Dear Bob:

Continental Casualty Company (the Company) originally requested an across the board rate increase of 80% on this block of Long Term Care business. They have now revised the increase to 52%. We have reviewed the Company's response and we have additional requests and questions.

Recommendation

At this time we are recommending that the Bureau **not approve** the rate filing. We have a number of questions and requests.

Questions

1. What is the range of issue dates on a nationwide basis?

2. The actuarial memorandum states you believe the experience is 100% credible. We see there is more than $500 million in historical incurred claims. How many claims and what incurred amount are in the experience study?

3. The actuarial memorandum shows the use of issue age adjustments when setting the new morbidity assumption. Do the issue age adjustments to morbidity result in a weighted factor of 1.00 when applied to the historical experience?

4. The memorandum also shows a global scalar experience adjustment of 103.1%. Is this an adjustment to bring the Milliman Guidelines up to date or is it an adjustment to reflect the Company experience? If the latter, then why is there an additional 91.0% adjustment? If the 103.1% already reflects Company experience, why is there a need to further adjust it? If one considers an appropriate baseline period from the historical experience, should not the transition already be smooth?

5. We reviewed the section on shock lapses, benefit buy-downs and anti-selection. It is not clear if you expect two effects of 4% for shock lapses and additional 14% for buy-downs or if the 14% includes both phenomena. Please show how you arrived at the revised reduction in premium of 14%? What percentage of the policyholders do you expect to have benefit buy-downs and by how much will they buy-down?

6. The revised projections show the premiums with the 52% rate increase are 35.5% higher than without the rate increase. This doesn't quite match our expectation of 1.52 x (1-.14) = 1.307, or 1.52 x (1-.14) x (1-.04) = 1.255 [whichever it is, see question 5]. The revised incurred claims with the rate increase are about 9% lower than with the rate increase. This doesn't quite match our expectation of 14% lower, or 1-((1-.14) x (1-.04)) = 17.4% [whichever it is, see question 5]. Is there some other nuance here?

7. We calculated the ratio of successive annual loss ratios in the projection period. This should be a good proxy for the slope of the claim cost curve. The initial slope is 16% which is on the high side. Is there any remaining morbidity selection in 2013? The slope declines gradually over the projection period to an ultimate level of 6.5%. Most companies believe there is a great leveling of claim costs at the advanced ages. Please explain why you believe the starting slope of 16% is appropriate and why the ultimate level is not in the 1-3% range.

8. Please provide the full history of GAAP active life reserves on a nationwide basis.

9. Please provide a more detailed distribution by attained age. Please show the distribution for each age / gender combination.

Please let me know if you have any questions.

Sincerely,

Anthony G. Proulx, FSA, MAAA
Vice President & Principal
(913)-766-9165

Dallas
Glenn A. Tobleman, F.S.A., F.C.A.S.
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Patricia A. Peebles, A.S.A.

London/Kansas City
Roger K. Annin, F.S.A., F.I.A.
Timothy A. DeMars, F.S.A., F.I.A.
Scott E. Morrow, F.S.A., F.I.A.

May 9, 2014

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

Re: Actuarial Review for the Virginia Bureau of Insurance
Continental Casualty Company
Long Term Care Rate Increase Filing
P1-N0080-A45 through P1-N0091-A45 as Preferred Solution
SERFF# MILL-128834437

Dear Janet:

Continental Casualty Company (the Company) originally requested an across the board rate increase of 80% on this block of Long Term Care business. They have now revised the increase to 52%. We have reviewed the Company's response and we have additional requests and questions.

Recommendation

At this time we are recommending that the Bureau **not approve** the rate filing.

Questions

1. There is an issue with the loss ratio. 14VAC5-200-150B requires the loss ratio recognize policy reserves. The attached workbook shows the effect of the policy reserves on the present

value calculations. The cells in brown font are your projections and your GAAP balances. The cells in brown are our calculations. The inclusion of active life increases the lifetime loss ratio, but decreases the future loss ratio below the 60% benchmark. The problem is highlighted in yellow.

The calculation of the future loss ratio is difficult because the true runoff pattern of the active life reserve is not known. A simplified approach is to assume the present value of the runoff is exactly equal to the actual balance held. This is a reasonable approximation if the interest discount rate is close to the interest rate used to calculate the active life reserve balance.

We previously requested GAAP reserve balances because they have a more realistic interest assumption and less margin as compared to Statutory balances. But even the GAAP balances are proving to be problematic.

The loss ratio test is performed using the original pricing interest rate, namely 7.14%. We suspect the GAAP interest rate is significantly less than that. We also note the GAAP balances you provided included loss adjustment expense. Finally, even GAAP balances have some PADs. Please provide a schedule of historical year-end active life reserves which a) are calculated using the pricing rate of 7.14%, b) do not contain any other components such as loss adjustment expense, and c) use best estimate assumptions, i.e., have no margins. We appreciate this is not easy to do. We are willing to accept a reasonable approximation.

2. Please provide a comparison of the actual incurred claims for the Preferred Solutions form to those expected based on the original pricing morbidity assumption. If possible show both claim counts and actual amounts. A comparison with calendar year as the only variable is sufficient.

Please let me know if you have any questions.

Sincerely,

Anthony G. Proulx

Anthony G. Proulx, FSA, MAAA
Vice President & Principal
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Christopher J. Merkel, F.S.A.
Jan E. DeClue, A.S.A.
Patricia A. Peebles, A.S.A.

London/Kansas City
Roger K. Annin, F.S.A., F.I.A.
Timothy A. DeMars, F.S.A., F.I.A.
Scott E. Morrow, F.S.A., F.I.A.

July 31, 2014

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

Re: Actuarial Review for the Virginia Bureau of Insurance
Continental Casualty Company
Long Term Care Rate Increase Filing
P1-N0080-A45 through P1-N0091-A45 as Preferred Solution
SERFF# MILL-128834437

Dear Janet:

We have completed our review of this filing for a long term care rate increase. Continental Casualty Company (the Company) requested an across the board increase of 80%. However, in subsequent conversations, the amount was lowered to 52%. To the best of our knowledge, they are requesting the full 80% increase in all other jurisdictions.

Recommendation

We recommend that the Bureau approve a 45% rate increase. This amount was determined based on achieving a future 60% loss ratio. A more detailed explanation is given in the Financial Projections section of this report. However, also see the comments regarding nationwide average increases in the Other Considerations section. The average approved increase to date is only 40% and the Bureau should consider this as another benchmark.

Our review of this filing was performed according to the provisions of 14VAC5-200. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Health Plan Entities".

We sent three emails to the Company requesting additional information. The Company's responses clarified issues and provided greater support for the requested increase. The Bureau was involved in all correspondence between us and the Company.

Background

This is a closed block of business in Virginia and nationwide. This block of business was sold nationwide from 1998 to 2003 and in Virginia from August 1988 through July 2003. All policies sold in Virginia are pre-rate stabilization policies. Thus they are subject to 14VAC5-200-150 which requires a lifetime loss ratio of at least 60%.

There have been no prior rate increase in either Virginia or nationwide. These are individual policies which are guaranteed renewable for life. There are 3,662 insured in Virginia with an annualized premium of just under $6 million and 94,619 policies nationwide with an annualized premium of just under $160 million. The Company is basing the requested increase on their nationwide experience. This is appropriate as the Virginia experience has little credibility. The Virginia inforce business is only 3.8% of the nationwide count and premium and only 3% of the nationwide incurred claims.

Analysis - Methodology

Our approach was to a) review the filing materials, b) check the calculation of the lifetime loss ratio, c) test the sensitivity of the lifetime loss ratio to the interest discount rate, d) review the experience studies which support the revised assumptions, e) review the projections for reasonableness and d) analyze the current increase and cumulative increase in Virginia relative to other states.

Analysis – Findings

The actuarial memorandum states "These forms were sold concurrently with identical original pricing assumptions." This is the desired criteria for grouping of policy forms. The requested

increase is based on nationwide experience. No credibility is given to the Virginia only experience. The Virginia experience is small and it actually has a higher lifetime loss ratio. If some credibility were assigned to it, then the requested increase could be even greater.

This block of business includes a small subset (less than 1%) of policies with limited pay options. These options are pay to age 65 and 10-pay.

Credibility

Our credibility standard is based on a letter from The American Academy of Actuaries Long-Term Care Reserving Work Group to the Accident and Health Working Group of the NAIC Life and Health Actuarial Task Force. In that letter, the working group recommends 1082 claims for full credibility. The 1082 claims ensure that the observed claims are within ± 5% of the true claims with 90% confidence. (The same analysis shows that 2,654 claims will ensure that the observed claims are within ± 5% of the true claims with 99% confidence.) The Company is using the same definition of 1082 claims for full credibility.

This is a large block of business with extensive experience. With over $2.1 billion of collected premium and $511 million of incurred claims, credibility is not an issue. The Company uses their nationwide experience. We think this is appropriate as it uses more data and increases the credibility. Also, there is no reason to expect geographic differences in experience. The actuarial memorandums states the Company morbidity experience is treated as 100% credible.

The Company morbidity study has 5,279 claims and $511 million of incurred amount. In addition, the revised assumption is based on the 2002 Milliman Guidelines, with adjustments. We agree the morbidity experience is fully credible.

The Company cannot consistently distinguish between deaths and lapses. This is not uncommon. They have chosen 95% of the 1994 GAM as their mortality assumption. This is consistent with the assumption chosen by other companies. Using this table, the Company estimates there have been 27,764 deaths Company-wide and 5,074 deaths in the Preferred Solution policy series. Their choice for a mortality table is a reasonable one.

Total terminations less deaths predicted by this table were treated as voluntary lapses. Under this definition there were 29,793 lapses. The Company is basing their revised assumption on the experience at policy durations 5 and longer. There are 9,120 lapses at these durations. We are comfortable treating the experience as fully credible. The revised assumption is 1.5%. We tested using experience of 6 and longer, 7 and longer, etc. Our results were all very close to 1.5%.

Morbidity

The revised morbidity assumption is based on the Milliman 2002 Long-Term Care Guidelines. This is a proprietary source, but it is based on extensive industry experience and it recognizes various underwriting standards. We are comfortable with this source. The Company applies a scalar adjustment of 103.7%. This indicates the aggregate experience aligns very well with the Guidelines. However, the results were not as even by issue age. The Company has additional issue age factors which normalize the results by issue age while maintaining the integrity of the fit. These adjustments are based on Company-wide experience for the last 5 calendar years. It includes more than 20,000 claims. In addition, the Company introduces a scalar factor of 91% to ensure a smooth transition from the historical to the projected experience, as the projections have some shortfall, notably double counting of some riders. Finally, the projections include an annual morbidity improvement of 1.6% for 15 years. At the end of the period, the cumulative improvement is 21.5%.

Mortality

As mentioned in the credibility section, the company is using 95% of the 1994 GAM. In addition, the Company has selection factors which start at .20 in year 1 and increase to an ultimate level of .90 in year 21. The ultimate level translates to the use of a factor of 85.5% (.95 x .90) of the 1994 GAM. The selection period is longer than we have seen in other reviews, but the values are reasonable. The SOA intercompany study suggest 60% of the 1994 GAM is a better fit, but that conclusions does not recognize the effect of mortality selection factors. 100% of the 1994 GAM is the NAIC requirement for reserving. The Company's original assumption was the 1983 Gam with blended mortality of 60% female and 40% male. The use of the 1994 GAM is more appropriate. We believe the Company's assumption is reasonable.

Lapses

The Company measured their lapses as total terminations less those that were assumed to be deaths. As this is a closed block of business since 2004, we focused only on the ultimate experience. The Company's revised lapse assumption is 1.5%. They are assuming all policies are at an ultimate duration. This is reasonable as the last policy was issued in 2004. The Company is basing their revised assumption on the experience at policy durations 5 and longer. There are 9,120 lapses at these durations. The revised assumption is 1.5%. We tested the sensitivity of policy duration by using experience of durations 6 and longer, durations 7 and longer, etc. Our results were all very close to 1.5%.

In addition to lapses, the Company has an additional loss of premium due to benefit exhaustion. The exhaustions come into play only at the very advanced ages, beginning in the late 80s. These

are claimants who use up all of their benefits and thus their policy terminates. This is a new twist in our reviews. It is a refinement which is probably hard to measure. In theory, exhaustions should occur at all policy durations. The Company's additional lapses start very small at 0.1% but grow to an ultimate level of about 2.2%. The exhaustions are dwarfed by the mortality assumption at these advanced ages. They are theoretically correct, but we believe they add little to the accuracy of the projections.

Financial Projection

We reviewed the financial projections. The Company stated the revised assumptions are current best estimate assumptions and do not include any provision for moderately adverse experience. The projections include 2.5% shock lapses, an 8.5% reduction in premium due to buy-downs and related anti-selection of 1.25%. About half of our reviews contain small lapses with associated small anti-selection. About half assume no shock lapses and no related anti-selection. When they are small, the two effects tend to offset each other and have minimal impact on the projections.

The financial projections include 1.6% of annual morbidity improvement for 15 years. This is conservative as it results in a lower lifetime loss ratio. Mortality is assumed to improve by 0.6% annually. This is not conservative as it assumes there will be more survivors in the later years where claim costs are higher. However, the morbidity improvements far outweigh the mortality improvements.

The projections are sensitive to three key assumptions – slope of the annual loss ratios, persistency of the block and the interest discount rate.

We reviewed the loss ratios in the projection period. The annual loss ratios should be in the same proportion as the attained age claim costs. About 85% of the block has inflation protection. Our rule of thumb for this block of business would be a 13-17% slope of the loss ratios. The actual slope in the projections starts at 16% and declines steadily throughout the projection period to an ultimate rate of 6.5%. This is in line with our expectations. The Company confirmed the pattern of loss ratios was consistent with the slope of the attained age claim costs. The early durations still include some wear-off of the morbidity selection factors.

We also reviewed the loss ratio during the transition from the historical to the projected period. We performed analyses using a baseline period of 3 to 10 years. The implied slope during the transition period ranged from 14-18%. Again, this is consistent with the slope of 16% at the beginning of the projection period and our rule of thumb. We found the pattern of loss ratios to be reasonable.

We compared the premiums with and without the premium increase. Once the rate increase is fully effective the premiums with the rate increase are 35.6% higher than without the rate increase. This is consistent with the effect of lapses and buy-downs.

We also compared the incurred claims with and without the rate increase. The claims with the rate increase are about 10% lower than without the rate increase. This is also consistent with the additional lapses and benefit buy-downs.

We analyzed the premium persistency pattern. Based on the revised assumptions for mortality and lapses and using the distribution of in-force business, we built a model to predict persistency. The model has 180 cells based on combinations of issue year, attained age and gender. Our model matched the Company's implied persistency extremely well throughout the projection period. In general, we were within .2% of the Company's implied persistency. This is a very good fit. The projections appear to accurately reflect the revised lapse and mortality assumptions.

Loss Ratios

When we used the Company's actual earnings rate, we were able to exactly match the Company's calculations of present values for the historical and projected experience. However the actual earnings rate is not the original pricing assumption. The documentation shows that 7.14% was the interest rate used in the original pricing. We tested various interest discount rates, including 4.50%, which is the valuation rate effective for the years these policies were issued. We performed calculations with and without the active life reserves and with and without the rate increase. 14VAC-200-150B requires the inclusion of active life reserves (ALR) and the use of the original pricing interest assumption be used in the calculation. These results are highlighted in green. The use of the valuation rate is highlighted in yellow. The use of the actual earnings rate is highlighted in blue.

Loss Ratios Calculated under Various Scenarios							
		Excluding Active Life Reserves			**Including Active Life Reserves**		
	Interest Rate	**Past**	**Future**	**Lifetime**	**Past**	**Future**	**Lifetime**
Without the Requested Rate Increase	4.00%	21.9%	266.4%	107.9%	88.8%	143.9%	108.2%
	4.50%	21.7%	257.3%	100.9%	88.2%	131.9%	102.9%
	5.00%	21.4%	248.8%	94.4%	87.7%	120.5%	98.2%
	5.50%	21.1%	240.8%	88.5%	87.1%	109.5%	93.9%
	6.00%	20.9%	233.4%	83.1%	86.5%	98.9%	90.1%
	6.50%	20.6%	226.3%	78.1%	85.9%	88.7%	86.7%
	7.00%	20.4%	219.7%	73.6%	85.4%	78.9%	83.7%
	7.14%	20.3%	218.0%	72.4%	85.2%	76.2%	82.9%
	7.50%	20.1%	213.5%	69.4%	84.8%	69.5%	80.9%
	8.00%	19.9%	207.7%	65.5%	84.3%	60.4%	78.5%
	8.50%	19.6%	202.2%	61.9%	83.7%	51.6%	76.3%
	Actual Earnings	20.3%	239.2%	82.2%	85.3%	105.6%	91.0%
With the Requested Rate Increase	4.00%	21.9%	184.2%	89.7%	88.8%	108.9%	97.2%
	4.50%	21.7%	178.1%	84.4%	88.2%	99.9%	92.9%
	5.00%	21.4%	172.5%	79.4%	87.7%	91.3%	89.1%
	5.50%	21.1%	167.1%	74.9%	87.1%	83.1%	85.6%
	6.00%	20.9%	162.2%	70.7%	86.5%	75.1%	82.5%
	6.50%	20.6%	157.5%	66.9%	85.9%	67.5%	79.7%
	7.00%	20.4%	153.1%	63.3%	85.4%	60.1%	77.2%
	7.14%	20.3%	151.9%	62.4%	85.2%	58.0%	76.5%
	7.50%	20.1%	148.9%	60.0%	84.8%	52.9%	75.0%
	8.00%	19.9%	145.1%	57.0%	84.3%	46.0%	73.0%
	8.50%	19.6%	141.4%	54.1%	83.7%	39.3%	71.2%
	Actual Earnings	20.3%	166.1%	70.1%	85.3%	80.1%	83.5%

Note that the future loss ratio using active life reserves based on best estimate assumptions and the pricing interest rates, is 58%, which is slightly below the 60% requirement. We manipulated

the Company's projected premiums assuming various rate increases (and no changes to policyholder behavior regarding lapses and benefit buy-downs) to determine the rate increase which would generate a future loss ratio of 60%. A future loss ratio of 60% is generated when the rate increase is 45%, instead of the requested 52%. That is the basis for our recommendation of a 45% rate increase.

Other Considerations

We reviewed the status of approvals in other states. The Company has business in force in 51 jurisdictions. They have not yet filed in 8 states. In several jurisdictions there are partnership versions of the form and in Texas there are two forms for pre and post rate stabilization. In total, the Company is seeking the rate increase in 56 jurisdictions. To date there have been 34 approvals and 3 disapprovals. The average increase for the 34 is 45.9%; the average increase for the 37 decisions (includes the 3 disapprovals) is 39.2%. In order to match the cumulative nationwide position, Virginia should approve only a 40% increase. In the Supplement to the Actuarial Memorandum they state "In jurisdictions where the entire 80% increase is not approved, the company plans to file additional increases over the next few years with the ultimate goal of bringing this block to an actuarially appropriate level."

The insured has options of:

- Accepting the rate increase
- Reducing the daily benefit amount
- Choosing a longer elimination period
- Change their inflation option

Conclusions

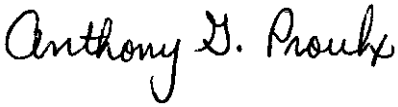
For this block of pre rate stabilization policies, 14VAC-200-150B requires the loss ratio be at least 60%. This section also requires the inclusion of active life reserves. The Bureau requires the interest rate used for accumulating past experience and discounting future experience be the pricing earned rate. The future loss ratio is only 58% when the requested rate increase is 52%. In order to get the future loss ratio up to 60%, the requested rate increase needs to be lowered to 45%.

Reliance and Qualification

The purpose of this document is to communicate our review of this filing. The use of this report by parties outside of the Virginia Bureau of Insurance is unauthorized. Outside parties rely on this report at their own risk.

Our conclusions are based on information supplied by Continental Casualty Company and their actuarial consulting firm, Milliman, both in the filing and in their response to our questions. This information was not verified, but we did review it for consistency and reasonableness. If any information was inaccurate, it may require us to revise our conclusions and opinions.

Sincerely,



Anthony G. Proulx, FSA, MAAA
Vice President & Principal
(913)-766-9165

Dallas
Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Michael A. Mayberry, F.S.A.
David M. Dillon, F.S.A.
Gregory S. Wilson, F.C.A.S.
Steven D. Bryson, F.S.A.
Bonnie S. Albritton, F.S.A.
Brian D. Rankin, F.S.A.
Wesley R. Campbell, F.S.A.
Jacqueline B. Lee, F.S.A.
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

Baltimore
David A. Palmer, C.F.E.

L&E Actuaries & Consultants

Kansas City
Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
David L. Batchelder, A.S.A.
Leon L. Langlitz, F.S.A.
Gary R. McElwain, FLMI
Anthony G. Proulx, F.S.A.
Thomas L. Handley, F.S.A.
D. Patrick Glenn, A.S.A., A.C.A.S.
Christopher H. Davis, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.
Christopher J. Merkel, F.S.A.
Jan E. DeClue, A.S.A.
Patricia A. Peebles, A.S.A.

London/Kansas City
Roger K. Annin, F.S.A., F.I.A.
Timothy A. DeMars, F.S.A., F.I.A.
Scott E. Morrow, F.S.A., F.I.A.

October 16, 2014

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

Re: Actuarial Review for the Virginia Bureau of Insurance
Continental Casualty Company
Long Term Care Rate Increase Filing
P1-N0080-A45 through P1-N0091-A45 as Preferred Solution
SERFF# MILL-128834437

Dear Janet:

We have completed our review of this filing for a long term care rate increase. Continental Casualty Company (the Company) requested an across the board increase of 80%. However, the Company later modified the request to be 52%. To the best of our knowledge, they are requesting the full 80% increase in all other jurisdictions.

Recommendation

We recommend that the Bureau approve a 45% rate increase. This amount was determined based on achieving a future 60% loss ratio. A more detailed explanation is given in the Financial Projections section of this report. However, also see the comments regarding nationwide average increases in the Other Considerations section. The average approved increase to date is only 40% and the Bureau should consider this as another benchmark.

Our review of this filing was performed according to the provisions of 14VAC5-200. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Health Plan Entities".

We sent three emails to the Company requesting additional information. The Company's responses clarified issues and provided greater support for the requested increase. The Bureau was involved in all correspondence between us and the Company.

Background

This is a closed block of business in Virginia and nationwide. This block of business was sold nationwide from 1998 to 2003 and in Virginia from August 1998 through July 2003. All policies sold in Virginia are pre-rate stabilization policies. Thus they are subject to 14VAC5-200-150 which requires a lifetime loss ratio of at least 60%.

There have been no prior rate increase in either Virginia or nationwide. These are individual policies which are guaranteed renewable for life. There are 3,662 insured in Virginia with an annualized premium of just under $6 million and 94,619 policies nationwide with an annualized premium of just under $160 million. The Company is basing the requested increase on their nationwide experience. This is appropriate as the Virginia experience has little credibility. The Virginia inforce business is only 3.8% of the nationwide count and premium and only 3% of the nationwide incurred claims.

Analysis - Methodology

Our approach was to a) review the filing materials, b) check the calculation of the lifetime loss ratio, c) test the sensitivity of the lifetime loss ratio to the interest discount rate, d) review the experience studies which support the revised assumptions, e) review the projections for reasonableness and d) analyze the current increase and cumulative increase in Virginia relative to other states.

Analysis – Findings

The actuarial memorandum states "These forms were sold concurrently with identical original pricing assumptions." This is the desired criteria for grouping of policy forms. The requested

increase is based on nationwide experience. No credibility is given to the Virginia only experience. The Virginia experience is small and it actually has a higher lifetime loss ratio. If some credibility were assigned to it, then the requested increase could be even greater.

This block of business includes a small subset (less than 1%) of policies with limited pay options. These options are pay to age 65 and 10-pay.

Credibility

Our credibility standard is based on a letter from The American Academy of Actuaries Long-Term Care Reserving Work Group to the Accident and Health Working Group of the NAIC Life and Health Actuarial Task Force. In that letter, the working group recommends 1082 claims for full credibility. The 1082 claims ensure that the observed claims are within ± 5% of the true claims with 90% confidence. (The same analysis shows that 2,654 claims will ensure that the observed claims are within ± 5% of the true claims with 99% confidence.) The Company is using the same definition of 1082 claims for full credibility.

This is a large block of business with extensive experience. With over $2.1 billion of collected premium and $511 million of incurred claims, credibility is not an issue. The Company uses their nationwide experience. We think this is appropriate as it uses more data and increases the credibility. Also, there is no reason to expect geographic differences in experience. The actuarial memorandums states the Company morbidity experience is treated as 100% credible.

The Company morbidity study has 5,279 claims and $511 million of incurred amount. In addition, the revised assumption is based on the 2002 Milliman Guidelines, with adjustments. We agree the morbidity experience is fully credible.

The Company cannot consistently distinguish between deaths and lapses. This is not uncommon. They have chosen 95% of the 1994 GAM as their mortality assumption. This is consistent with the assumption chosen by other companies. Using this table, the Company estimates there have been 27,764 deaths Company-wide and 5,074 deaths in the Preferred Solution policy series. Their choice for a mortality table is a reasonable one.

Total terminations less deaths predicted by this table were treated as voluntary lapses. Under this definition there were 29,793 lapses. The Company is basing their revised assumption on the experience at policy durations 5 and longer. There are 9,120 lapses at these durations. We are comfortable treating the experience as fully credible. The revised assumption is 1.5%. We tested using experience of 6 and longer, 7 and longer, etc. Our results were all very close to 1.5%.

Morbidity

The revised morbidity assumption is based on the Milliman 2002 Long-Term Care Guidelines. This is a proprietary source, but it is based on extensive industry experience and it recognizes various underwriting standards. We are comfortable with this source. The Company applies a scalar adjustment of 103.7%. This indicates the aggregate experience aligns very well with the Guidelines. However, the results were not as even by issue age. The Company has additional issue age factors which normalize the results by issue age while maintaining the integrity of the fit. These adjustments are based on Company-wide experience for the last 5 calendar years. It includes more than 20,000 claims. In addition, the Company introduces a scalar factor of 91% to ensure a smooth transition from the historical to the projected experience, as the projections have some shortfall, notably double counting of some riders. Finally, the projections include an annual morbidity improvement of 1.6% for 15 years. At the end of the period, the cumulative improvement is 21.5%.

Mortality

As mentioned in the credibility section, the company is using 95% of the 1994 GAM. In addition, the Company has selection factors which start at .20 in year 1 and increase to an ultimate level of .90 in year 21. The ultimate level translates to the use of a factor of 85.5% (.95 x .90) of the 1994 GAM. The selection period is longer than we have seen in other reviews, but the values are reasonable. The SOA intercompany study suggest 60% of the 1994 GAM is a better fit, but that conclusions does not recognize the effect of mortality selection factors. 100% of the 1994 GAM is the NAIC requirement for reserving. The Company's original assumption was the 1983 Gam with blended mortality of 60% female and 40% male. The use of the 1994 GAM is more appropriate. We believe the Company's assumption is reasonable.

Lapses

The Company measured their lapses as total terminations less those that were assumed to be deaths. As this is a closed block of business since 2004, we focused only on the ultimate experience. The Company's revised lapse assumption is 1.5%. They are assuming all policies are at an ultimate duration. This is reasonable as the last policy was issued in 2004. The Company is basing their revised assumption on the experience at policy durations 5 and longer. There are 9,120 lapses at these durations. The revised assumption is 1.5%. We tested the sensitivity of policy duration by using experience of durations 6 and longer, durations 7 and longer, etc. Our results were all very close to 1.5%.

In addition to lapses, the Company has an additional loss of premium due to benefit exhaustion. The exhaustions come into play only at the very advanced ages, beginning in the late 80s. These

are claimants who use up all of their benefits and thus their policy terminates. This is a new twist in our reviews. It is a refinement which is probably hard to measure. In theory, exhaustions should occur at all policy durations. The Company's additional lapses start very small at 0.1% but grow to an ultimate level of about 2.2%. The exhaustions are dwarfed by the mortality assumption at these advanced ages. They are theoretically correct, but we believe they add little to the accuracy of the projections.

Financial Projection

We reviewed the financial projections. The Company stated the revised assumptions are current best estimate assumptions and do not include any provision for moderately adverse experience. The projections include 2.5% shock lapses, an 8.5% reduction in premium due to buy-downs and related anti-selection of 1.25%. About half of our reviews contain small lapses with associated small anti-selection. About half assume no shock lapses and no related anti-selection. When they are small, the two effects tend to offset each other and have minimal impact on the projections.

The financial projections include 1.6% of annual morbidity improvement for 15 years. This is conservative as it results in a lower lifetime loss ratio. Mortality is assumed to improve by 0.6% annually. This is not conservative as it assumes there will be more survivors in the later years where claim costs are higher. However, the morbidity improvements far outweigh the mortality improvements.

The projections are sensitive to three key assumptions – slope of the annual loss ratios, persistency of the block and the interest discount rate.

We reviewed the loss ratios in the projection period. The annual loss ratios should be in the same proportion as the attained age claim costs. About 85% of the block has inflation protection. Our rule of thumb for this block of business would be a 13-17% slope of the loss ratios. The actual slope in the projections starts at 16% and declines steadily throughout the projection period to an ultimate rate of 6.5%. This is in line with our expectations. The Company confirmed the pattern of loss ratios was consistent with the slope of the attained age claim costs. The early durations still include some wear-off of the morbidity selection factors.

We also reviewed the loss ratio during the transition from the historical to the projected period. We performed analyses using a baseline period of 3 to 10 years. The implied slope during the transition period ranged from 14-18%. Again, this is consistent with the slope of 16% at the beginning of the projection period and our rule of thumb. We found the pattern of loss ratios to be reasonable.

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We also compared the incurred claims with and without the rate increase. The claims with the rate increase are about 10% lower than without the rate increase. This is also consistent with the additional lapses and benefit buy-downs.

We analyzed the premium persistency pattern. Based on the revised assumptions for mortality and lapses and using the distribution of in-force business, we built a model to predict persistency. The model has 180 cells based on combinations of issue year, attained age and gender. Our model matched the Company's implied persistency extremely well throughout the projection period. In general, we were within .2% of the Company's implied persistency. This is a very good fit. The projections appear to accurately reflect the revised lapse and mortality assumptions.

Loss Ratios

When we used the Company's actual earnings rate, we were able to exactly match the Company's calculations of present values for the historical and projected experience. However the actual earnings rate is not the original pricing assumption. The documentation shows that 7.14% was the interest rate used in the original pricing. We tested various interest discount rates, including 4.50%, which is the valuation rate effective for the years these policies were issued. We performed calculations with and without the active life reserves and with and without the rate increase. 14VAC-200-150B requires the inclusion of active life reserves (ALR) and the use of the original pricing interest assumption be used in the calculation. These results are highlighted in green. The use of the valuation rate is highlighted in yellow. The use of the actual earnings rate is highlighted in blue.

Loss Ratios Calculated under Various Scenarios							
		Excluding Active Life Reserves			**Including Active Life Reserves**		
	Interest Rate	**Past**	**Future**	**Lifetime**	**Past**	**Future**	**Lifetime**
Without the Requested Rate Increase	4.00%	21.9%	266.4%	107.9%	88.8%	143.9%	108.2%
	4.50%	21.7%	257.3%	100.9%	88.2%	131.9%	102.9%
	5.00%	21.4%	248.8%	94.4%	87.7%	120.5%	98.2%
	5.50%	21.1%	240.8%	88.5%	87.1%	109.5%	93.9%
	6.00%	20.9%	233.4%	83.1%	86.5%	98.9%	90.1%
	6.50%	20.6%	226.3%	78.1%	85.9%	88.7%	86.7%
	7.00%	20.4%	219.7%	73.6%	85.4%	78.9%	83.7%
	7.14%	20.3%	218.0%	72.4%	85.2%	76.2%	82.9%
	7.50%	20.1%	213.5%	69.4%	84.8%	69.5%	80.9%
	8.00%	19.9%	207.7%	65.5%	84.3%	60.4%	78.5%
	8.50%	19.6%	202.2%	61.9%	83.7%	51.6%	76.3%
	Actual Earnings	20.3%	239.2%	82.2%	85.3%	105.6%	91.0%
With the Requested Rate Increase	4.00%	21.9%	184.2%	89.7%	88.8%	108.9%	97.2%
	4.50%	21.7%	178.1%	84.4%	88.2%	99.9%	92.9%
	5.00%	21.4%	172.5%	79.4%	87.7%	91.3%	89.1%
	5.50%	21.1%	167.1%	74.9%	87.1%	83.1%	85.6%
	6.00%	20.9%	162.2%	70.7%	86.5%	75.1%	82.5%
	6.50%	20.6%	157.5%	66.9%	85.9%	67.5%	79.7%
	7.00%	20.4%	153.1%	63.3%	85.4%	60.1%	77.2%
	7.14%	20.3%	151.9%	62.4%	85.2%	58.0%	76.5%
	7.50%	20.1%	148.9%	60.0%	84.8%	52.9%	75.0%
	8.00%	19.9%	145.1%	57.0%	84.3%	46.0%	73.0%
	8.50%	19.6%	141.4%	54.1%	83.7%	39.3%	71.2%
	Actual Earnings	20.3%	166.1%	70.1%	85.3%	80.1%	83.5%

Note that the future loss ratio using active life reserves based on best estimate assumptions and the pricing interest rates, is 58%, which is slightly below the 60% requirement. We manipulated

the Company's projected premiums assuming various rate increases (and no changes to policyholder behavior regarding lapses and benefit buy-downs) to determine the rate increase which would generate a future loss ratio of 60%. A future loss ratio of 60% is generated when the rate increase is 45%, instead of the requested 52%. That is the basis for our recommendation of a 45% rate increase.

NAIC Model Bulletin

The filing was also reviewed in light of the NAIC Model Bulletin regarding LTC rate increase approved in December 2013. The Company provided their version of the Model Bulletin test, without providing the financials. However, we have their earlier financial exhibits so we could compare against it. We exactly matched the Company's calculations for accumulated experience. We also exactly matched the Company's calculation for discounted future experience with the 52% rate increase. However, we could not match the Company's calculation for discounted future experience without the rate increase. These financials used the maximum valuation interest rate. The maximum valuation interest rate varies by year of issue. For this block, all policies were sold when the valuation rate was 4.50%. The Company did not provide a demonstration including active life reserves or at the pricing interest rate. Thus we have a single comparison of our calculation to the Company's calculation. The following table compares our calculation to the Company's calculation. The highlighted cells are where we do not match. The total future premiums are the same, but the split between original and incremental is different.

		Original Premiums	Incremental Premiums	Loss Ratio	Allowed Claims	Actual Claims	Test
Company	Past	2,807,584,555	0	60% Orig 80% Incr	1,684,550,733	608,081,717	
	Future	1,283,904,320	592,912,413		1,244,672,522	3,343,526,984	
	Total	4,091,488,875	592,912,413		2,929,223,255	3,951,608,701	Pass
L&E	Past	2,807,584,555	0	60% Orig 80% Incr	1,684,550,733	608,081,717	
	Future	1,421,778,297	455,038,436		1,217,097,727	3,343,526,984	
	Total	4,229,362,852	455,038,436		2,901,648,460	3,951,608,701	Pass

We were able to further test at various interest rates, including the original pricing rate of 7.14%. These results are highlighted in green. The test at the valuation rate is highlighted in yellow. Further, we could also perform the tests with and without active life reserves. The following table shows all these results:

NAIC Model Bulletin – New Loss Ratio Test							
	Interest Rate	Original Premiums	Incremental Premiums	Loss Ratio	Allowed Claims	Actual Claims	Test
Excluding Active Life Reserves	4.00%	4,194,497,521	473,922,934	60% Orig 80% Incr	2,895,836,860	4,186,731,897	Pass
	4.50%	4,229,362,852	455,038,436		2,901,648,460	3,951,608,701	Pass
	5.00%	4,270,895,200	437,387,955		2,912,447,484	3,740,564,205	Pass
	5.50%	4,318,912,477	420,865,341		2,928,039,759	3,550,897,795	Pass
	6.00%	4,373,267,360	405,375,389		2,948,260,727	3,380,254,926	Pass
	6.50%	4,433,843,813	390,832,551		2,972,972,328	3,226,579,135	Pass
	7.00%	4,500,554,072	377,159,818		3,002,060,298	3,088,071,174	Pass
	7.14%	4,520,323,075	373,477,747		3,010,976,043	3,051,787,308	Pass
	7.50%	4,573,336,048	364,287,747		3,035,431,826	2,963,154,142	Fail
	8.00%	4,652,151,071	352,153,604		3,073,013,526	2,850,443,695	Fail
	8.50%	4,736,981,945	340,700,625		3,073,013,526	2,748,722,537	Fail
	Act Earn	4,588,789,246	410,819,532		3,073,013,526	3,505,747,169	Fail
Including Active Life Reserves	4.00%	4,194,497,521	473,922,934	60% Orig 80% Incr	2,895,836,860	4,537,499,998	Pass
	4.50%	4,229,362,852	455,038,436		2,901,648,460	4,352,658,550	Pass
	5.00%	4,270,895,200	437,387,955		2,912,447,484	4,193,481,948	Pass
	5.50%	4,318,912,477	420,865,341		2,928,039,759	4,057,320,376	Pass
	6.00%	4,373,267,360	405,375,389		2,948,260,727	3,941,871,644	Pass
	6.50%	4,433,843,813	390,832,551		2,972,972,328	3,845,133,250	Pass
	7.00%	4,500,554,072	377,159,818		3,002,060,298	3,765,361,549	Pass
	7.14%	4,520,323,075	373,477,747		3,010,976,043	3,745,853,954	Pass
	7.50%	4,573,336,048	364,287,747		3,035,431,826	3,701,036,940	Pass
	8.00%	4,652,151,071	352,153,604		3,073,013,526	2,850,443,695	Pass
	8.50%	4,736,981,945	340,700,625		3,073,013,526	2,748,722,537	Pass
	Act Earn	4,588,789,246	410,819,532		3,073,013,526	3,505,747,169	Pass

The loss ratio test is met at the maximum valuation rate for both with and without active life reserves. It is also met at the pricing rate both with and without active life reserves. The filing complies with the loss ratio requirements of the NAIC Model Bulletin.

These tests were all performed with using the projections of a 52% rate increase. A rate increase of 45% (our recommendation) would only make the test more favorable.

Other Considerations

We reviewed the status of approvals in other states. The Company has business in force in 51 jurisdictions. They have not yet filed in 8 states. In several jurisdictions there are partnership versions of the form and in Texas there are two forms for pre and post rate stabilization. In total, the Company is seeking the rate increase in 56 jurisdictions. To date there have been 34 approvals and 3 disapprovals. The average increase for the 34 is 45.9%; the average increase for the 37 decisions (includes the 3 disapprovals) is 39.2%. In order to match the cumulative nationwide position, Virginia should approve only a 40% increase. In the Supplement to the Actuarial Memorandum they state "In jurisdictions where the entire 80% increase is not approved, the company plans to file additional increases over the next few years with the ultimate goal of bringing this block to an actuarially appropriate level."

The insured has options of:

- Accepting the rate increase
- Reducing the daily benefit amount
- Choosing a longer elimination period
- Change their inflation option

Conclusions

For this block of pre rate stabilization policies, 14VAC-200-150B requires the loss ratio be at least 60%. This section also requires the inclusion of active life reserves. The Bureau requires the interest rate used for accumulating past experience and discounting future experience be the pricing earned rate. The future loss ratio is only 58% when the requested rate increase is 52%. In order to get the future loss ratio up to 60%, the requested rate increase needs to be lowered to 45%.

Reliance and Qualification

The purpose of this document is to communicate our review of this filing. The use of this report by parties outside of the Virginia Bureau of Insurance is unauthorized. Outside parties rely on this report at their own risk.

Our conclusions are based on information supplied by Continental Casualty Company and their actuarial consulting firm, Milliman, both in the filing and in their response to our questions. This information was not verified, but we did review it for consistency and reasonableness. If any information was inaccurate, it may require us to revise our conclusions and opinions.

Sincerely,

Anthony G. Proulx

Anthony G. Proulx, FSA, MAAA
Vice President & Principal
(913)-766-9165

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Post Submission Update Request Processed On 06/19/2015

Status:	Allowed
Created By:	Travis Reisch
Processed By:	Janet Houser
Comments:	

Company Rate Information:

Company Name:Continental Casualty Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	44.960%	80.000%
Overall % Rate Impact	44.960%	45.000%
Written Premium Change for this Program	$2682515	$2684901
Maximum %Change (where required)	44.960%	45.000%
Minimum %Change (where required)	44.960%	45.000%

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Post Submission Update Request Processed On 04/07/2015

Status:	Allowed
Created By:	Travis Reisch
Processed By:	Janet Houser
Comments:	

Company Rate Information:

Company Name:Continental Casualty Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	45.000%	80.000%
Written Premium Change for this Program	$2684901	$4773158
Maximum %Change (where required)	45.000%	80.000%
Minimum %Change (where required)	45.000%	80.000%

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 11/23/2015	Endorsement Form	R1-A45	CERA	Initial		43.000	VA Endorsement Form - FINAL.pdf
2	Approved 11/23/2015	Contingent Nonforfeiture Rider	R1-CNF-A45	CERA	Initial		55.000	VA CNF Rider - FINAL revised 8-14-15.pdf
3	Approved 11/23/2015	Simple Automatic Increase Benefit Rider	R1-N0079-A- VA	CERA	Initial		50.000	Simple Automatic Increase Benefit Rider - FINAL .pdf
4	Filed 11/23/2015	Notification Letter with CNF	R1-CNFLTR-A45	OTH	Initial			PS VA w CNF Draft for Filing - A - 2015-11-02.pdf
5	Filed 11/23/2015	Notification Letter without CNF	R1-NOCNFLTR-A45	OTH	Initial			PS VA no CNF Draft for Filing - A - 2015-11-02.pdf
6	Filed 11/23/2015	Frequently Asked Questions	R1-FAQ-A45	OTH	Initial			PS VA Mailing FAQ Draft for Filing 2015-07-16.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

Continental Casualty Company

333 S. Wabash Ave.
Chicago, Illinois 60604

LONG-TERM CARE INSURANCE
POLICY ENDORSEMENT
(To be attached to Your current Policy)

Policyholder Name:
Policy Number ("Policy"):
Policy Effective Date:
Endorsement Effective Date:

This Endorsement attaches to and becomes part of the Policy referenced above. **Please read this Endorsement carefully**. There is no additional premium for this Endorsement. Future premiums for the Policy remain payable under the terms of the Policy.

This Endorsement sets forth the following changes that have been made to Your Policy:

[The non-inflated maximum daily facility benefit as stated in the Policy's Schedule of Benefits Page has been decreased from $100 to $50.] *[Drafter, if policy has no inflation benefit, remove the word "non-inflated."]*

[The home and community based care percentage has been decreased from 100% to 75%.]

[The Maximum Lifetime Benefit stated in the Policy's Schedule of Benefits Page has been decreased from __ to ___]

[The Elimination Period as stated in the Policy's Schedule of Benefits Page has been increased from 30 days to 90 days.]

[The Compound Automatic Increase Benefit Rider has been deleted from Your coverage. The Policy will retain the inflated benefit amounts as of the Endorsement Effective Date. If you have also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. Benefit amounts will cease inflating as of the Endorsement Effective Date.]

[The Simple Automatic Increase Benefit Rider has been deleted from Your coverage. The Policy will retain the inflated benefit amounts as of the Endorsement Effective Date. If you have also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. Benefit amounts will cease inflating as of the Endorsement Effective Date.]

[The Compound Automatic Increase Benefit Rider has been deleted from Your coverage. The Simple Automatic Increase Benefit Rider has been added to Your coverage. The Policy will retain the increased portion of the benefit amount as of the Endorsement Effective Date. If you have also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. The Simple Automatic Increase Benefit will begin to increase Your Policy's non-inflated amount as of the Endorsement Effective date. The Simple Automatic Increase Benefit Rider is attached.]

[The Dual Waiver of Premium rider has been deleted from Your coverage.]

[The Shared Advantage rider has been deleted from Your coverage.]

[The Restoration of Benefits rider has been deleted from Your coverage.]

[The Cost of Living Increase rider has been deleted from Your coverage.]

[The Survivorship Benefit rider has been deleted from Your coverage.]

[Your Policy has entered nonforfeiture status. Premium is no longer due, although coverage will remain available pursuant to the terms of Your Policy's [nonforfeiture benefit] [Contingent Nonforfeiture Benefit].]

[The Contingent Nonforfeiture Benefit has been added to Your Coverage, pursuant to the attached Contingent Nonforfeiture Benefit Rider.]

The above changes will be reflected on Your new Schedule of Benefits Page issued in conjunction with this Endorsement, where applicable. Except as specifically included in this Endorsement, this change does not alter any other existing conditions, limitations, or provisions of the coverage provided by the Policy to which it is attached.

SIGNED FOR CONTINENTAL CASUALTY COMPANY

Thomas F. Motamed

[Chairman of the Board]

Jonathan Kanter

[Secretary]

Continental Casualty Company

333 S. Wabash Ave.
Chicago, Illinois 60604

LONG-TERM CARE INSURANCE
CONTINGENT BENEFIT UPON LAPSE RIDER
(To be attached to Your current Policy)

Policyholder Name:
Policy Number ("Policy"):
Policy Effective Date:
Rider Effective Date:

This Rider attaches to and becomes part of the Policy referenced above. **Please read this Rider carefully**. This Rider is provided only if Your Policy does not already include a nonforfeiture benefit. There is no additional premium for this Rider. Future premiums for the Policy remain payable under the terms of the Policy.

WHAT IS THE CONTINGENT BENEFIT UPON LAPSE AND HOW DOES IT WORK?

The Contingent Benefit Upon Lapse Rider provides for the continuation of coverage. This continuation of coverage will include a shortened Maximum Lifetime Benefit, and no further premiums will be due. The above will occur if the conditions listed below are met. The benefits payable will be subject to the limits below. The benefits payable are defined in and provided in Your Policy. These benefits will begin after the Contingent Benefit Upon Lapse Date defined below.

1. The maximum benefit payable (per day and/or per visit), as provided for in Your Policy, will remain at the levels in effect on the Contingent Benefit Upon Lapse Date.

2. The maximum benefit payable for all covered Long-Term Care You receive after the Contingent Benefit Upon Lapse Date is the greater of:

   a. 100% of the sum of all premiums paid for this Policy. This includes premiums paid prior to any change in benefits. It does not include any premiums that We refund to You for any reason; or
   b. 30 times the maximum daily facility benefit, as provided for in Your Policy, in effect on the Contingent Benefit Upon Lapse Date.

However, the total of all benefits payable under this Policy including this Contingent Benefit Upon Lapse will not exceed the amount that would have been payable under your Policy if You had continued to pay the premium.

Benefits will be payable in accordance with all other terms and conditions of the Policy.

WHEN DOES THE CONTINGENT BENEFIT UPON LAPSE APPLY?

The Contingent Benefit Upon Lapse will take effect when the following events occur:

1. We increase Your premium rate to a level which results in a cumulative increase of the annual premium equal to or exceeding the Substantial Premium Increase Percentage for Your Issue Age. The Substantial Premium Increase Percentage is shown in the table below. Your Issue Age was Your age on Your effective date of coverage; and
2. Your Policy lapses because of non-payment of premium within 120 days of the first due date of the increased premium.
3. Coverage must be in effect. All premiums due for periods of coverage prior to the effective date of the increased premium must be paid.

We will notify You at least 75 days prior to the first due date of the premium reflecting the rate increase.

Any premium increase which results from a change in benefits requested by You or by a change in premium payment mode or a change in applicable discounts to Your policy is not a premium increase for the purpose of determining a Substantial Premium Increase Percentage. However, for purpose of the calculation of the cumulative rate increase above, the portion of the premium for the additional coverage shall be added to and considered part of the initial annual premium.

If Your Policy has been in effect for 20 years, You do not need to meet the percentage increase amount shown in the table below to be eligible for the Contingent Benefit Upon Lapse.

WHAT IS THE CONTINGENT BENEFIT UPON LAPSE DATE?

If Your premium rate increases to a level which results in a cumulative increase equal to or exceeding the Substantial Premium Increase Percentage below, and You choose not to pay the premium within 120 days of the first due date of the increased premium, the Contingent Benefit Upon Lapse Date is the effective date of the premium increase. Your premium must be paid to the first due date of the premium increase.

TRIGGERS FOR A SUBSTANTIAL PREMIUM INCREASE
(Percentage increase is cumulative from date of original issue.)

ISSUE AGE	PERCENT INCREASE OVER INITIAL PREMIUM		ISSUE AGE	PERCENT INCREASE OVER INITIAL PREMIUM
29 and under	100%		72	36%
30-34	100%		73	34%
35-39	100%		74	32%
40-44	100%		75	30%
45-49	100%		76	28%
50-54	100%		77	26%
55-59	90%		78	24%
60	70%		79	22%
61	66%		80	20%
62	62%		81	19%
63	58%		82	18%
64	54%		83	17%
65	50%		84	16%
66	48%		85	15%
67	46%		86	14%
68	44%		87	13%
69	42%		88	12%
70	40%		89	11%
71	38%		90 and over	10%

ALTERNATIVE OPTION TO DECREASE BENEFITS

In the event that We increase Your premium rate to a level which results in a cumulative increase of the annual premium equal to or exceeding the Substantial Premium Increase Percentage identified above, We will:

1. Offer You the alternative of decreasing Your Policy benefits provided by Your current coverage without underwriting so that the premium amount will not increase;

2. Offer to convert the coverage to a paid-up status with a shortened Maximum Lifetime Benefit based on the Nonforfeiture Benefit Amount. This option may be elected at any time during the 120-day period; and

3. Notify You that a default or lapse at any time during the 120-day period shall be deemed to be the election of the offer to convert to a paid-up status.

If you elect to convert your coverage to a Reduced Maximum Lifetime Benefit, your decision is irrevocable. You will not be able to reinstate the benefit amounts of the original Policy.

If you lapse your policy at any time after the 120-day window following the first premium increase due date, **you will not be eligible for the Contingent Benefit Upon Lapse.** Your Policy will be terminated, and all benefits may be forfeited.

Except as specifically included in this Rider, this Rider does not alter any other existing conditions, limitations, or provisions of the coverage provided by the Policy to which it is attached.

SIGNED FOR CONTINENTAL CASUALTY COMPANY

Thomas F. Motamed

Chairman of the Board

[ ]

Jonathan Kanter

Secretary

[ ]

Continental Casualty Company

333 S. Wabash Ave.
Chicago, Illinois 60604

LONG-TERM CARE INSURANCE
SIMPLE AUTOMATIC INCREASE BENEFIT RIDER
(To be attached to Your current Policy)

Policyholder Name:
Policy Number ("Policy"):
Policy Effective Date:
Rider Effective Date:

This Rider attaches to and becomes part of the Policy referenced above. **Please read this Rider carefully**.

WHAT IS THE SIMPLE AUTOMATIC INCREASE BENEFIT?

On each anniversary of Your Policy Effective Date as of the Rider Effective Date, the benefits provided in Your policy will be increased as follows:

1. **Maximum Daily Benefit ("MDB")**

   This benefit limit will begin to increase at a fixed amount of 5% of the MDB shown on the Policy Schedule of Benefits Page.

2. **Maximum Weekly Home and Community-Based Care Benefit, if Home and Community Based Care Benefits included in your policy**

   This benefit limit will begin to increase at a fixed amount of 5% of the Maximum Weekly Home and Community-Based Care Benefit shown on the Policy Schedule of Benefits Page.

3. **Maximum Lifetime Benefit ("MLB")**

   This benefit limit will begin to increase at an amount equal to the Remaining MLB multiplied by the Increase Factor.

   The Remaining MLB is the MLB shown on the Policy Schedule Benefits Page, less the total amount of claims paid to the current anniversary date.

   The Increase Factor is the percentage by which Your Maximum Daily Facility Benefit increases from the previous anniversary date to the current anniversary date.

Even if benefits are being paid, annual increases will occur. Exercising a nonforfeiture benefit will terminate further increases under this rider. This Rider does not alter any other existing conditions, limitations, or provisions of the coverage provided by the Policy to which it is attached.

SIGNED FOR CONTINENTAL CASUALTY COMPANY

Thomas F. Motamed
[Chairman of the Board]

Jonathan Kantor
[Secretary]

Underwritten by Continental Casualty Company

P.O. Box 64912
St. Paul MN 55164-0912
1-800-262-6692
Fax: 952-983-5193

«Date»

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Premium Adjustment Notice

Company:	Continental Casualty Company (CCC)
Policy Number:	«POLICY NUMBER»
Insured:	«FNAME» «MI» «LNAME»

Dear «FNAME» «LNAME»:

The purpose of this letter is to notify you that the long-term care insurance premium for policy number «POLICY NUMBER» issued by Continental Casualty Company is being increased. Specifically, the premium you currently pay «current premium» will increase on the first premium due date on or after «1st phase renewal date» as shown below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«1st phase renewal date»	20.4%	«1st phase rate increased premium»

In addition, a subsequent increase will also be applied to your policy on or after the following premium renewal date by the percentage reflected below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«2nd phase renewal date»	20.4%	«2nd phase rate increased premium»

While this is not a bill, you should keep a copy of this letter with your policy.

You have the option to lapse your policy and exercise a Contingent Benefit Upon Lapse. Please see the attached illustration that describes this benefit in detail.

The decision to implement a premium increase is a difficult one. The entire long-term care insurance industry, including experienced, well established carriers like CCC, is facing significant challenges as it relates to the pricing of its long term care policies. CCC, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

When CCC originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on CCC's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with CCC's actual experience. We evaluated the factors which impact premium rates, including assumptions we make about the number of claims we expect to pay, the life expectancy of our insureds, and the number of insureds who will lapse their coverage. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

Therefore, after careful review and analysis of the long-term care policy experience, CCC determined that a premium adjustment is needed, and a 20.4% increase is being implemented in each of the next two years (for an overall increase of 44.96%) for policies issued in the state of Virginia. CCC will continue to evaluate this block of business, and may seek additional premium rate increases over the next few years as part of a multiyear effort to achieve an actuarially appropriate rate level. In the event of future rate increases, options similar to those being offered herein will be available.

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 the public inspection and may be accessed online through the Virginia Bureau of Insurance webpage at www.scc.virginia.gov/BOI.

CCC's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. Your policy provides the ability for you to decrease your coverage which will help reduce the impact of the rate increase**.** Some possible options may be as follows:

1. Reducing the Maximum Lifetime Benefit; or
2. Reducing the Maximum Daily Facility Benefit and/or Maximum Home and Community Based Care Benefit; or
3. Increasing the Elimination Period; or
4. Deleting an optional rider for which a premium is charged.

These options may be exercised at any time, not just at the time of a rate increase. In no event may your benefits be decreased below the minimum benefits available for new applicants or below what is required by the regulations of your state. If you elect to reduce your coverage under this provision, the premium will be based on the reduced amount of coverage elected. **All options available may not be of equal value. In addition, since CCC sold policies with varying benefits, benefit reduction options may have different value to each policyholder, even though the options may result in the same or similar premium.** Upon request, we can provide a revised premium rate schedule.

Should you wish to explore these options further, please contact us at our administrative office directly at 1-888-397-5824. We will be happy to provide you with whatever assistance we can to help you maintain your valuable coverage.

Sincerely,

[Jennifer White
Director, Long Term Care Administration]

RI-CNFLTR-A45

Contingent Benefit Upon Lapse Illustration

As described below, if you decide you do not wish to pay the increased premiums taking effect after the renewal date of your policy, you may elect to lapse your policy after the renewal date, and exercise the Contingent Benefit Upon Lapse.

If you wish to exercise the Contingent Benefit Upon Lapse offer:

1. **Coverage must be in effect, and all current premiums for periods of coverage up to your renewal date of «renewal date» must be paid**. If all current premiums for periods of coverage up to «renewal date» are not paid, your policy will terminate back to the first unpaid premium period, and **you will not be eligible** for the Contingent Benefit Upon Lapse.
2. You must lapse your policy within 120 days after your rate increase takes effect on «renewal date». You may lapse your policy either by writing to us indicating your desire to lapse the policy after «renewal date», or by simply not paying the *increased* premium applicable to your renewal term starting «renewal date». If premium for coverage periods prior to «renewal date» is not paid within 120 days after «renewal date», you will not be eligible to exercise the Contingent Benefit Upon Lapse, regardless of intent to lapse due to the premium rate increase.
3. CCC will refund any increased renewal premiums you may have paid for periods beginning on or after «renewal date», as long as you lapse your coverage as described above within 120 days after «renewal date».
4. Your *daily* maximum benefit amount(s) in effect for the coverage period prior to «renewal date» will remain the same.
5. Your *lifetime* maximum benefit amount in effect for the coverage period prior to «renewal date» will be replaced by the Reduced Lifetime Maximum Benefit. This amount is the maximum amount of benefits payable under this policy after the lapse occurs.
6. Your coverage, with the Reduced Maximum Lifetime Benefit, will be considered “paid-up” with no further premiums due.
7. If your policy includes an Automatic Increase Benefit Rider, or any other inflation protection rider, your benefits will **not** continue increasing after lapse.

If you lapse your policy at any time after the 120-day window following «renewal date», **you will not be eligible** for the Contingent Benefit Upon Lapse, your policy will be terminated, and all benefits may be forfeited.

The next page reflects your current premium, daily and lifetime maximum benefits, as well as what your premium and Reduced Lifetime Maximum will be if you choose the Contingent Benefit Upon Lapse offer.

Please note: Policy data is based on CCC's records as of «**notification generation date**».

Insured Name	«FNAME» «MI» «LNAME»
Policy Number	«POLICY NUMBER»
Rate Increased Premium *(if elect to maintain current coverage)*	«1st phase rate increased premium»
Current Facility Daily Maximum Benefit	«daily max amount»
Current Lifetime Maximum Benefit	«lifetime max amount»

The information below describes the impact on your policy if you choose to exercise the Reduced Lifetime Maximum Benefit offer.

Facility Daily Maximum Benefit Upon Lapse	«daily max amount»
Reduced Lifetime Maximum Benefit Upon Lapse*	«reduced lifetime max amount»
Premium Due after <<renewal date>>	Zero

* The Reduced Lifetime Maximum includes both Maximum Facility Daily Benefit upon lapse and any Home Health Care benefits that may be included in your policy. The Reduced Lifetime Maximum Benefit is the greater of 100% of the total premiums you have paid or 30X the Maximum Facility Daily Benefit.

Underwritten by Continental Casualty Company

P.O. Box 64912
St. Paul MN 55164-0912
1-800-262-6692
Fax: 952-983-5193

«Date»

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Premium Adjustment Notice

Company:	Continental Casualty Company (CCC)
Policy Number:	«POLICY NUMBER»
Insured:	«FNAME» «MI» «LNAME»

Dear «FNAME» «LNAME»:

The purpose of this letter is to notify you that the long-term care insurance premium for policy number «POLICY NUMBER» issued by Continental Casualty Company is being increased. Specifically, the premium you currently pay «current premium» will increase on the first premium due date on or after «1st phase renewal date» as shown below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«1st phase renewal date»	20.4%	«1st phase rate increase premium»

In addition, a subsequent increase will also be applied to your policy on or after the following premium renewal date by the percentage reflected below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«2nd phase renewal date»	20.4%	«2nd phase rate increased premium»

While this is not a bill, you should keep a copy of this letter with your policy.

The decision to implement a premium increase is a difficult one. The entire long-term care insurance industry, including experienced, well established carriers like CCC, is facing significant challenges as it relates to the pricing of its long term care policies. CCC, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

When CCC originally priced these policies, it considered various assumptions which influenced the price of the policies, including assumptions made about the number of claims we expect to pay, the life expectancy of our insureds and the number of insureds who will lapse their coverage. These assumptions were based on CCC's best estimates of future experience at that time. The assumptions about the number of claims we expect to pay and the number of insureds who will lapse their coverage were later demonstrated to be inconsistent with CCC's actual experience. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

Therefore, after careful review and analysis of the long-term care policy experience, CCC determined that a premium adjustment is needed, and a 20.4% increase is being implemented in each of the next two years (for an overall increase of 44.96%) for policies issued in the state of Virginia. CCC will continue to evaluate this block of business, and may seek additional premium rate increases over the next few years as part of a multiyear effort to achieve an actuarially appropriate rate level. In the event of future rate increases, options similar to those being offered herein will be available.

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 the public inspection and may be accessed online through the Virginia Bureau of Insurance webpage at www.scc.virginia.gov/BOI.

CCC's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. Your policy provides the ability for you to decrease your coverage which will help reduce the impact of the rate increase**.** Some possible options may be as follows:

1. Reducing the Maximum Lifetime Benefit; or
2. Reducing the Maximum Daily Facility Benefit and/or Maximum Home and Community Based Care Benefit; or
3. Increasing the Elimination Period; or
4. Deleting an optional rider for which a premium is charged.
5. Exercising a non-forfeiture benefit as outlined in your policy (if applicable).

These options may be exercised at any time, not just at the time of a rate increase. In no event may your benefits be decreased below the minimum benefits available for new applicants or below what is required by the regulations of your state. If you elect to reduce your coverage under this provision, the premium will be based on the reduced amount of coverage elected. **All options available may not be of equal value. In addition, since CCC sold policies with varying benefits, benefit reduction options may have different value to each policyholder, even though the options may result in the same or similar premium.** Upon request, we can provide a revised premium rate schedule.

Should you wish to explore these options further, please contact us at our administrative office directly at 1-888-397-5824. We will be happy to provide you with whatever assistance we can to help you maintain your valuable coverage.

Sincerely,

[Jennifer White
Director, Long Term Care Administration]

Premium Rate Increase Frequently Asked Questions

1. Why is CCC increasing my premium rates and how was the increase percentage determined?

The decision to implement a premium increase was and is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CCC are facing significant challenges as it relates to the pricing of its long term care policies. CCC, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

After careful review and analysis of the long-term care policy experience, CCC determined that a premium rate increase is needed.

When CCC originally priced these policies, it considered various assumptions which influenced the price of the policies, including assumptions made about the number of claims we expect to pay, the life expectancy of our insureds and the number of insureds who will lapse their coverage. These assumptions were based on CCC's best estimates of future experience at that time. The assumptions about the number of claims we expect to pay and the number of insureds who will lapse their coverage were later demonstrated to be inconsistent with CCC's actual experience. The premium rates need to be updated to help ensure that future premiums in combination with existing reserves will be adequate to fund anticipated future claims. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

CCC implemented this premium rate increase in accordance with State laws and regulations. CCC also filed the premium rate increase request with your state regulator. In addition, the increase was determined on a class basis. This means that no one policyholder was singled out for an increase based on that policyholder's age or health.

CCC recognizes that premium rate increases are difficult for its customers. Therefore, CCC developed options which enable policyholders to adjust certain policy features to keep premiums at or close to their same levels. Options can be discussed with our customer service representative.

2. Where does my Policy state you can increase my premium rates?

CCC's long-term care policies are written on a guaranteed renewable basis. This means that, while a company can never cancel coverage (except for nonpayment of premium), it reserves the right to change premiums, as long as the increase applies to all policies within the same class in a given state. This right is set forth on the first page of CCC's long-term care policies.

3. In your letter, you talk about "options" available to me. What do you mean by that?

CCC recognizes that premium rate increases are difficult for its customers. Therefore, options may enable you to adjust certain policy features to keep premiums close to their same level. Your policy also allows you to decrease your coverage at any premium renewal period.

CCC's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. In light of the rate increase, you may wish to reconsider and adjust your policy's features. That adjustment may help you reduce your premium to a point that it would be close to the premium you were charged before the rate increase.

However, it is important to carefully think about what these changes will mean to the long-term care coverage you think you might need some day. We recommend that you discuss them with your financial advisor or insurance agent. **Also, if you adjust your policy's features, you will not be able to restore those features at a later date. In addition, you are not able to increase your benefits under your policy.**

4. What if I want to reduce coverage now but increase coverage later?

You are not able to increase benefits under your policy.

5. What options are available to me to minimize the impact of the increased premium rates?

[NOTE: Keep in mind that not every potential option change listed or discussed below may be available in every state or to every policyholder.] CCC sold its long-term care policies with different policy features. Policy features that may be adjustable for you include the daily benefit amount, the elimination period, the benefit period, and the riders you may have elected to add to your policy. Each of these policy features may affect your premium rate. Here is a brief description of these policy features and how they can be adjusted.

I. Benefit Period/Lifetime Maximum Benefit: This is the total period of time for which benefits will be paid or total dollar amount of benefits that can be paid by the policy. The benefit period, or maximum lifetime benefit is specified on your policy schedule. Note that if your policy has a lifetime maximum benefit specified as a dollar amount (as opposed to a period of time, such as 3 years or 5 years), the amount shown in the schedule may not reflect the current amount available to you in the future. (e.g. It may be too high if you have had claims paid in the past, or it may be too low if you have inflation protection). Reducing the benefit period (e.g., changing from a lifetime benefit period to a 4 year benefit period) or reducing the lifetime maximum benefit amount will reduce your premium.

II. Elimination Period: This is the number of days that **covered** services must be provided to you before the policy begins to pay benefits. For example, if your policy has a 15 day elimination period, you must receive covered services for 15 days before we will start paying benefits for services received on Day 16 or after. Increasing the elimination period (e.g., changing a 15 day elimination period to a 30 day elimination period, if available) would reduce your premium.

III. Daily Benefit Amount: This is the dollar amount specified on your policy schedule (although be aware that if you purchased the inflation protection benefit, the maximum amount shown in your schedule may be incorrectly too low) and represents the maximum benefit we will pay on a daily or weekly basis. Reducing this amount will reduce the amount per day or amount per week that we will pay for covered services received (e.g., $100.00 per day daily benefit can be reduced to $67.00 per day), and this reduction would reduce the premium charged for your policy.

IV. Riders: A rider is an optional policy benefit that you may or may not have purchased at the time you purchased your policy. One example of an optional policy benefit you may have purchased is an inflation rider. If you cancel an inflation rider, you will reduce your premiums.

V. Keep in mind that your particular policy may have additional features that can be adjusted as well. It is important to carefully think about what these changes will mean to the long-term care coverage you think you might need some day. And, please be aware that once you reduce coverage, you can never restore the benefits you dropped. We recommend that you discuss your benefit reduction options with your financial advisor or insurance agent.

6. Is this the last rate increase I can expect to receive on my policy? If CCC receives less than anticipated responses to accept the rate increase, will CCC implement another rate increase?

CCC will continue to monitor the experience on its policies after this rate increase. It is possible that, as CCC continues to monitor this experience, another increase may be needed in the future. If this happens, CCC will notify you in advance as required by the state in which your policy was issued. In no event will rate increases be implemented without first being reviewed and approved by the Virginia State Corporation Commission.

7. I thought the Company was committed to rate stability and that my rates would not be raised. Why am I now receiving a rate increase?

CCC's long-term care policies are written on a guaranteed renewable basis. This means that, while a company can never cancel coverage (except for nonpayment of premium), it reserves the right to change premiums, as long as the increase applies to all policies within the same class in a given state. These increases are made in accordance with State laws and regulations. In addition, they are determined on a "class" basis. This means that no one policyholder can be singled out for a premium increase based on age or health.

8. Are you raising premiums because policyholders are older and sicker now?

No. Long-term care insurance companies are not permitted to increase premiums for specific individuals based on their advancing age or changing health. This increase was requested after a careful analysis of policy experience and affects all policyholders in the impacted policy series.

9. Are you increasing my premiums because CCC decided to stop selling the type of long-term care policy I purchased, or because CCC stopped selling new long-term care policies?

No. CCC's decision to seek and implement premium rate increases did not relate to any decision to stop selling any particular long-term care policy form or long term care policies generally. CCC does not base its premium rates on any expectation that new policies would be sold in the future.

10. Is my state the only state where you are implementing a rate increase?

No. CCC will request a premium rate increase in all states, unless otherwise restricted by applicable state laws. We will implement rate increases in each state as they are filed and authorized.

11. If I purchased my policy in a state where a premium rate increase has been filed (or approved), but have since moved to another state, will my premiums still increase?

Yes, your premium rate increase is based on the policy form and the state in which your policy was originally issued, not where you presently live.

12. What is the amount of the premium adjustment to my policy and will the percentage increase be the same for everyone (within a particular state)?

Everyone who was issued the same policy form and benefits in the same state as you resided when you purchased your policy will receive the same percentage increase in premium rates as you did. Upon request, we can provide a revised premium rate schedule.

13. Is my State aware of this premium rate increase? I was told that the State's Department of Insurance must approve rate increases before you implement them. Is that true?

Yes, all states require that insurance companies at a minimum provide notification to the state before they start implementing rate increases. In addition, some states do not allow insurance companies to implement premium rate increases until the state has approved the increase. The premium rate increase applied to your Policy was made in accordance with the laws and regulations of the state where your policy was issued.

14. Does CCC have enough reserves to pay claims under its Policies? Are CCC's financial strength and claims paying ability still strong? Will CCC be able to pay my claims now and in the future?

CCC believes its reserves are adequate and appropriate at this time. To obtain information regarding CCC's financial strength, please visit www.cna.com.

15. Is CCC going bankrupt?

No. To obtain information regarding CCC's financial strength, please visit www.cna.com.

16. Will lowering the policy coverage affect the tax-qualified status?

No. The tax-qualified or grandfathered status of the policies is unaffected. However, we recommend that you discuss this issue with your insurance, financial or tax advisor to determine what would be the best decision for you.

17. What happens if I do not pay the increased premiums?

As stated in your policy, if you don't pay the increased premiums, your policy will lapse and therefore terminate. However, you may have options to reduce your premiums, or if applicable, place your policy in paid up status with a non-forfeiture option. Please see the enclosed letter for more details.

18. I did not use my policy; can I cancel my policy and get all my premiums back?

No, this option is not available to you under the terms of your Policy. However, you may have options to reduce your premiums, or if applicable, place your policy in paid up status with a non-forfeiture option. Please see the enclosed letter for more details.

19. Why didn't my Inflation Protection Benefit Increase rider protect me from this premium rate increase?

The inflation rider increases your benefit levels on a periodic basis over the life of your Policy. It does not provide any type of protection or guarantee regarding your premiums. CCC's long-term care policies are written on a guaranteed renewable basis. This means that while the company can never cancel coverage (except for nonpayment of premium), it reserves the right to change premiums in accordance with state laws and regulations.

20. Does the rate increase apply to policy holders on claim?

Policyholders who are currently on claim and ***are not paying premiums under a Waiver of Premium provision*** in their policy will not be impacted by this rate increase at this time. If the policyholder ceases to be on claim, the rate increase will be effective on the policyholder's next modal premium date after appropriate notification.

21. My policy had a 10-year rate guarantee. Am I receiving this rate increase because my 10-year rate guarantee has expired?

No. The rider would have prevented CCC from applying the rate increase to your policy during the term of your 10-year guarantee period. Since the term of your policy has expired, it no longer applies.

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Rate Information

Rate data applies to filing.

Filing Method: Review & Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Continental Casualty Company	44.960%	44.960%	$2,682,515	3,662	$5,966,447	44.960%	44.960%

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Rate/Rule Schedule

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Tables	P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45, R1-N0103-A, R1-N0104-A, R1-N0105-A, R1-N0106-A, R1-N0108-A, R1-N0107-A, R1-N0079-A, R1-N0098-A, R1-N0078-A, R1-N0088-A	Revised	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Percent Rate Change Request: 44.96	Phase I (RS_PS_VA_A45_20.4%)_20150720.pdf, Phase II (RS_PS_VA_A45_Cumulative 44.96%)_20150720.pdf,
2		Survivorship Benefit Rider	R1-N0103-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: This rider's premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for this rider will also increase by 44.96%. These rider factors can be seen in the rate tables attached above.	
3		Dual Waiver of Premium Rider	R1-N0104-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: This rider's premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for this rider will also increase by 44.96%. These rider factors can be seen in the rate tables attached above.	
4		Shared Advantage Rider	R1-N0105-A	Other	Previous State Filing Number:	

					The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: This rider's premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for this rider will also increase by 44.96%. These rider factors can be seen in the rate tables attached above.	
5		Restoration of Benefits Riders	R1-N0106-A, R1-N0108-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: These riders' premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for these riders will also increase by 44.96%. These rider factors can be seen in the rate tables attached above.	
6		Cost of Living Increase Rider	R1-N0107-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: This rider's premium factors are not being revised as part of this rate increase request. The base rates are increasing by 44.96%; so, the corresponding premium dollars for this rider will also increase by 44.96%. These rider factors can be seen in the rate tables attached above.	
7		Simple Automatic Increase Benefit Riders	R1-N0079-A, R1-N0098-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998.	

					Rate Action Other Explanation: Separate rates are provided in the rate tables attached above for policies with Simple inflation protection.	
8		Compound Automatic Increase Benefit Riders	R1-N0078-A, R1-N0088-A	Other	Previous State Filing Number: The non-tax-qualified forms, tax-qualified forms, and all associated riders were previously approved in September of 1998. Rate Action Other Explanation: Separate rates are provided in the rate tables attached above for policies with Compound inflation protection.	

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.88	23.33	27.02	28.25	29.47
45-49	23.33	25.79	29.47	30.70	33.16
50-54	28.25	31.93	35.61	38.07	42.98
55	31.93	36.84	41.75	45.44	54.04
56	34.39	39.30	45.44	49.12	58.95
57	36.84	42.98	49.12	52.81	65.09
58	40.53	46.67	54.04	57.72	71.23
59	44.21	51.58	58.95	62.63	78.60
60	49.12	57.72	65.09	68.77	85.97
61	52.81	62.63	71.23	74.91	93.33
62	57.72	68.77	77.37	82.28	101.93
63	61.40	73.68	83.51	88.42	109.30
64	65.09	78.60	89.65	95.79	116.67
65	70.00	83.51	95.79	103.16	125.26
66	74.91	90.88	103.16	111.76	135.09
67	81.05	98.25	112.98	121.58	147.37
68	88.42	108.07	124.04	133.86	162.11
69	97.02	117.90	136.32	146.14	176.84
70	105.61	128.95	149.83	160.88	195.26
71	116.67	142.46	164.56	178.07	216.14
72	128.95	158.42	182.98	197.72	239.48
73	143.69	176.84	203.86	219.83	266.49
74	159.65	196.49	227.19	245.62	297.20
75	178.07	218.60	251.76	272.63	330.35
76	197.72	243.16	280.00	302.11	365.97
77	218.60	268.95	309.48	334.04	405.27
78	240.70	297.20	341.41	368.42	447.02
79	265.27	326.67	375.79	405.27	492.46
80	289.83				
81	316.84				
82	345.09				
83	374.56				
84	406.49				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.30	47.90	55.26	60.18	72.46
45-49	42.98	52.81	61.40	66.32	81.05
50-54	52.81	65.09	76.14	82.28	103.16
55	63.86	77.37	89.65	95.79	122.81
56	67.54	82.28	94.56	101.93	131.40
57	72.46	88.42	100.70	108.07	140.00
58	77.37	94.56	108.07	115.44	149.83
59	82.28	100.70	115.44	124.04	159.65
60	87.19	108.07	124.04	133.86	170.70
61	93.33	115.44	132.63	143.69	181.76
62	99.47	122.81	142.46	154.74	195.26
63	105.61	131.40	152.28	164.56	208.77
64	112.98	138.77	162.11	175.62	223.51
65	120.35	148.60	171.93	186.67	239.48
66	128.95	158.42	184.21	198.95	256.67
67	138.77	170.70	197.72	213.69	276.32
68	149.83	184.21	213.69	230.88	298.42
69	160.88	198.95	229.65	249.30	321.76
70	174.39	216.14	249.30	270.18	346.32
71	189.12	234.56	270.18	293.51	375.79
72	205.09	255.44	294.74	320.53	408.95
73	223.51	278.77	322.99	351.23	445.79
74	244.39	305.79	353.69	385.62	487.55
75	266.49	334.04	388.07	422.46	531.76
76	289.83	364.74	424.92	462.99	580.88
77	314.39	397.90	464.21	507.20	632.46
78	340.18	433.51	507.20	553.86	687.72
79	367.20	471.58	552.64	604.22	747.90
80	396.67				
81	426.14				
82	458.07				
83	491.23				
84	525.62				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.25	34.39	39.30	42.98	51.58
45-49	30.70	38.07	44.21	47.90	57.72
50-54	42.98	51.58	60.18	65.09	78.60
55	49.12	60.18	68.77	73.68	94.56
56	51.58	63.86	72.46	78.60	100.70
57	55.26	68.77	77.37	83.51	108.07
58	60.18	74.91	83.51	90.88	116.67
59	65.09	81.05	90.88	98.25	127.72
60	71.23	88.42	99.47	108.07	138.77
61	77.37	95.79	109.30	117.90	151.05
62	83.51	103.16	117.90	127.72	163.33
63	89.65	110.53	126.49	137.54	175.62
64	95.79	117.90	135.09	147.37	189.12
65	101.93	126.49	144.91	157.19	202.63
66	110.53	136.32	155.97	169.48	219.83
67	119.12	147.37	169.48	184.21	238.25
68	128.95	160.88	185.44	201.41	259.12
69	141.23	175.62	202.63	219.83	282.46
70	153.51	191.58	221.05	240.70	309.48
71	168.25	210.00	243.16	264.04	337.72
72	184.21	230.88	267.72	291.05	370.88
73	202.63	254.21	294.74	321.76	407.72
74	223.51	280.00	325.44	354.92	448.25
75	245.62	308.25	358.60	390.53	491.23
76	268.95	338.95	394.21	429.83	539.13
77	293.51	370.88	432.28	471.58	589.48
78	319.30	405.27	472.81	517.02	643.51
79	346.32	442.11	517.02	564.92	701.23
80	375.79				
81	405.27				
82	437.20				
83	470.35				
84	504.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.56	27.02	31.93	33.16	34.39
45-49	27.02	30.70	34.39	35.61	39.30
50-54	33.16	38.07	41.75	44.21	50.35
55	38.07	42.98	49.12	54.04	63.86
56	40.53	46.67	54.04	57.72	68.77
57	42.98	50.35	57.72	62.63	76.14
58	47.90	55.26	63.86	67.54	83.51
59	51.58	60.18	68.77	73.68	92.11
60	57.72	67.54	76.14	81.05	100.70
61	62.63	73.68	83.51	88.42	109.30
62	67.54	81.05	90.88	97.02	120.35
63	72.46	87.19	98.25	104.39	128.95
64	76.14	92.11	105.61	112.98	137.54
65	82.28	98.25	112.98	121.58	147.37
66	88.42	106.84	121.58	131.40	158.42
67	95.79	115.44	132.63	142.46	173.16
68	104.39	127.72	146.14	157.19	190.35
69	114.21	138.77	160.88	171.93	207.55
70	124.04	152.28	176.84	189.12	229.65
71	137.54	167.02	194.04	210.00	254.21
72	152.28	186.67	214.91	232.11	281.23
73	169.48	207.55	239.48	259.12	313.16
74	187.90	230.88	267.72	288.60	350.00
75	210.00	256.67	295.97	320.53	388.07
76	232.11	286.14	329.13	354.92	431.06
77	256.67	316.84	363.51	392.99	476.50
78	283.69	350.00	401.58	433.51	525.62
79	311.93	384.39	442.11	476.50	579.65
80	341.41				
81	373.34				
82	406.49				
83	440.88				
84	477.72				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46.67	56.49	65.09	71.23	84.74
45-49	50.35	62.63	72.46	78.60	95.79
50-54	62.63	76.14	89.65	97.02	121.58
55	74.91	90.88	105.61	112.98	144.91
56	79.83	97.02	111.76	120.35	154.74
57	84.74	104.39	117.90	127.72	164.56
58	90.88	111.76	127.72	136.32	176.84
59	97.02	117.90	136.32	146.14	187.90
60	103.16	127.72	146.14	157.19	201.41
61	109.30	136.32	155.97	169.48	213.69
62	116.67	144.91	167.02	181.76	229.65
63	124.04	154.74	179.30	194.04	245.62
64	132.63	163.33	190.35	206.32	262.81
65	141.23	174.39	202.63	219.83	281.23
66	152.28	186.67	216.14	234.56	302.11
67	163.33	201.41	232.11	251.76	325.44
68	176.84	216.14	251.76	271.41	351.23
69	189.12	234.56	270.18	293.51	378.25
70	205.09	254.21	293.51	318.07	407.72
71	222.28	276.32	318.07	345.09	442.11
72	240.70	300.88	346.32	377.02	481.41
73	262.81	327.90	379.48	412.63	524.39
74	287.37	359.83	416.32	453.16	573.51
75	313.16	392.99	456.85	497.37	625.09
76	341.41	428.60	499.83	545.27	682.81
77	369.65	467.90	546.50	596.85	744.22
78	400.35	509.65	596.85	652.11	809.30
79	432.28	555.09	649.65	711.06	879.31
80	466.67				
81	501.06				
82	539.13				
83	578.43				
84	618.95				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.16	40.53	46.67	50.35	60.18
45-49	35.61	44.21	51.58	56.49	67.54
50-54	50.35	60.18	71.23	76.14	92.11
55	57.72	71.23	81.05	87.19	111.76
56	60.18	74.91	84.74	92.11	117.90
57	65.09	81.05	90.88	98.25	127.72
58	71.23	88.42	98.25	106.84	137.54
59	76.14	95.79	106.84	115.44	149.83
60	83.51	104.39	116.67	127.72	163.33
61	90.88	112.98	128.95	138.77	178.07
62	98.25	121.58	138.77	149.83	191.58
63	105.61	130.18	148.60	162.11	206.32
64	112.98	138.77	158.42	173.16	222.28
65	120.35	148.60	170.70	185.44	238.25
66	130.18	160.88	182.98	198.95	259.12
67	140.00	173.16	198.95	216.14	280.00
68	152.28	189.12	218.60	237.02	304.56
69	165.79	206.32	238.25	259.12	332.81
70	180.53	225.97	260.35	283.69	363.51
71	197.72	246.84	286.14	310.70	397.90
72	216.14	271.41	314.39	342.63	435.97
73	238.25	299.65	346.32	378.25	480.18
74	262.81	329.13	383.16	417.55	526.85
75	288.60	362.28	422.46	459.30	578.43
76	316.84	399.13	464.21	505.97	633.69
77	345.09	435.97	508.43	555.09	693.87
78	375.79	476.50	556.32	607.90	756.50
79	407.72	520.71	607.90	664.39	825.27
80	442.11				
81	476.50				
82	514.57				
83	553.86				
84	594.39				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.10	29.17	33.77	35.31	36.84
45-49	29.17	32.24	36.84	38.38	41.45
50-54	35.31	39.91	44.52	47.59	53.73
55	39.91	46.05	52.19	56.80	67.54
56	42.98	49.12	56.80	61.40	73.68
57	46.05	53.73	61.40	66.01	81.36
58	50.66	58.33	67.54	72.15	89.04
59	55.26	64.47	73.68	78.29	98.25
60	61.40	72.15	81.36	85.97	107.46
61	66.01	78.29	89.04	93.64	116.67
62	72.15	85.97	96.71	102.85	127.41
63	76.76	92.11	104.39	110.53	136.62
64	81.36	98.25	112.06	119.74	145.83
65	87.50	104.39	119.74	128.95	156.58
66	93.64	113.60	128.95	139.69	168.86
67	101.32	122.81	141.23	151.97	184.21
68	110.53	135.09	155.05	167.33	202.63
69	121.27	147.37	170.40	182.68	221.05
70	132.02	161.19	187.28	201.10	244.08
71	145.83	178.07	205.70	222.59	270.18
72	161.19	198.03	228.73	247.15	299.34
73	179.61	221.05	254.83	274.78	333.12
74	199.56	245.62	283.99	307.02	371.49
75	222.59	273.25	314.70	340.79	412.94
76	247.15	303.95	350.00	377.63	457.46
77	273.25	336.19	386.85	417.55	506.58
78	300.88	371.49	426.76	460.53	558.78
79	331.58	408.34	469.74	506.58	615.58
80	362.28				
81	396.06				
82	431.36				
83	468.21				
84	508.12				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.12	59.87	69.08	75.22	90.57
45-49	53.73	66.01	76.76	82.90	101.32
50-54	66.01	81.36	95.18	102.85	128.95
55	79.83	96.71	112.06	119.74	153.51
56	84.43	102.85	118.20	127.41	164.26
57	90.57	110.53	125.88	135.09	175.00
58	96.71	118.20	135.09	144.30	187.28
59	102.85	125.88	144.30	155.05	199.56
60	108.99	135.09	155.05	167.33	213.38
61	116.67	144.30	165.79	179.61	227.19
62	124.34	153.51	178.07	193.42	244.08
63	132.02	164.26	190.35	205.70	260.97
64	141.23	173.47	202.63	219.52	279.39
65	150.44	185.75	214.91	233.34	299.34
66	161.19	198.03	230.27	248.69	320.84
67	173.47	213.38	247.15	267.11	345.40
68	187.28	230.27	267.11	288.60	373.03
69	201.10	248.69	287.06	311.63	402.20
70	217.98	270.18	311.63	337.72	432.90
71	236.41	293.20	337.72	366.89	469.74
72	256.36	319.30	368.42	400.66	511.19
73	279.39	348.47	403.73	439.04	557.24
74	305.48	382.24	442.11	482.02	609.43
75	333.12	417.55	485.09	528.07	664.70
76	362.28	455.92	531.14	578.73	726.10
77	392.99	497.37	580.27	634.00	790.58
78	425.22	541.89	634.00	692.33	859.66
79	458.99	589.48	690.80	755.27	934.88
80	495.84				
81	532.68				
82	572.59				
83	614.04				
84	657.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.31	42.98	49.12	53.73	64.47
45-49	38.38	47.59	55.26	59.87	72.15
50-54	53.73	64.47	75.22	81.36	98.25
55	61.40	75.22	85.97	92.11	118.20
56	64.47	79.83	90.57	98.25	125.88
57	69.08	85.97	96.71	104.39	135.09
58	75.22	93.64	104.39	113.60	145.83
59	81.36	101.32	113.60	122.81	159.65
60	89.04	110.53	124.34	135.09	173.47
61	96.71	119.74	136.62	147.37	188.82
62	104.39	128.95	147.37	159.65	204.17
63	112.06	138.16	158.12	171.93	219.52
64	119.74	147.37	168.86	184.21	236.41
65	127.41	158.12	181.14	196.49	253.29
66	138.16	170.40	194.96	211.84	274.78
67	148.90	184.21	211.84	230.27	297.81
68	161.19	201.10	231.80	251.76	323.91
69	176.54	219.52	253.29	274.78	353.07
70	191.89	239.48	276.32	300.88	386.85
71	210.31	262.50	303.95	330.05	422.15
72	230.27	288.60	334.65	363.82	463.60
73	253.29	317.77	368.42	402.20	509.65
74	279.39	350.00	406.80	443.64	560.31
75	307.02	385.31	448.25	488.16	614.04
76	336.19	423.69	492.77	537.29	673.91
77	366.89	463.60	540.36	589.48	736.85
78	399.13	506.58	591.01	646.28	804.39
79	432.90	552.64	646.28	706.15	876.54
80	469.74				
81	506.58				
82	546.50				
83	587.94				
84	630.93				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.70	33.77	39.91	41.45	42.98
45-49	33.77	38.38	42.98	44.52	49.12
50-54	41.45	47.59	52.19	55.26	62.94
55	47.59	53.73	61.40	67.54	79.83
56	50.66	58.33	67.54	72.15	85.97
57	53.73	62.94	72.15	78.29	95.18
58	59.87	69.08	79.83	84.43	104.39
59	64.47	75.22	85.97	92.11	115.13
60	72.15	84.43	95.18	101.32	125.88
61	78.29	92.11	104.39	110.53	136.62
62	84.43	101.32	113.60	121.27	150.44
63	90.57	108.99	122.81	130.48	161.19
64	95.18	115.13	132.02	141.23	171.93
65	102.85	122.81	141.23	151.97	184.21
66	110.53	133.55	151.97	164.26	198.03
67	119.74	144.30	165.79	178.07	216.45
68	130.48	159.65	182.68	196.49	237.94
69	142.76	173.47	201.10	214.91	259.43
70	155.05	190.35	221.05	236.41	287.06
71	171.93	208.77	242.55	262.50	317.77
72	190.35	233.34	268.64	290.13	351.54
73	211.84	259.43	299.34	323.91	391.45
74	234.87	288.60	334.65	360.75	437.50
75	262.50	320.84	369.96	400.66	485.09
76	290.13	357.68	411.41	443.64	538.82
77	320.84	396.06	454.39	491.23	595.62
78	354.61	437.50	501.98	541.89	657.02
79	389.92	480.49	552.64	595.62	724.57
80	426.76				
81	466.67				
82	508.12				
83	551.10				
84	597.15				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.33	70.61	81.36	89.04	105.92
45-49	62.94	78.29	90.57	98.25	119.74
50-54	78.29	95.18	112.06	121.27	151.97
55	93.64	113.60	132.02	141.23	181.14
56	99.78	121.27	139.69	150.44	193.42
57	105.92	130.48	147.37	159.65	205.70
58	113.60	139.69	159.65	170.40	221.05
59	121.27	147.37	170.40	182.68	234.87
60	128.95	159.65	182.68	196.49	251.76
61	136.62	170.40	194.96	211.84	267.11
62	145.83	181.14	208.77	227.19	287.06
63	155.05	193.42	224.12	242.55	307.02
64	165.79	204.17	237.94	257.90	328.51
65	176.54	217.98	253.29	274.78	351.54
66	190.35	233.34	270.18	293.20	377.63
67	204.17	251.76	290.13	314.70	406.80
68	221.05	270.18	314.70	339.26	439.04
69	236.41	293.20	337.72	366.89	472.81
70	256.36	317.77	366.89	397.59	509.65
71	277.85	345.40	397.59	431.36	552.64
72	300.88	376.10	432.90	471.28	601.76
73	328.51	409.87	474.35	515.79	655.49
74	359.21	449.78	520.40	566.45	716.89
75	391.45	491.23	571.06	621.72	781.37
76	426.76	535.75	624.79	681.58	853.52
77	462.07	584.87	683.12	746.06	930.27
78	500.44	637.07	746.06	815.14	1011.63
79	540.36	693.87	812.07	888.82	1099.13
80	583.34				
81	626.32				
82	673.91				
83	723.03				
84	773.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.45	50.66	58.33	62.94	75.22
45-49	44.52	55.26	64.47	70.61	84.43
50-54	62.94	75.22	89.04	95.18	115.13
55	72.15	89.04	101.32	108.99	139.69
56	75.22	93.64	105.92	115.13	147.37
57	81.36	101.32	113.60	122.81	159.65
58	89.04	110.53	122.81	133.55	171.93
59	95.18	119.74	133.55	144.30	187.28
60	104.39	130.48	145.83	159.65	204.17
61	113.60	141.23	161.19	173.47	222.59
62	122.81	151.97	173.47	187.28	239.48
63	132.02	162.72	185.75	202.63	257.90
64	141.23	173.47	198.03	216.45	277.85
65	150.44	185.75	213.38	231.80	297.81
66	162.72	201.10	228.73	248.69	323.91
67	175.00	216.45	248.69	270.18	350.00
68	190.35	236.41	273.25	296.27	380.70
69	207.24	257.90	297.81	323.91	416.01
70	225.66	282.46	325.44	354.61	454.39
71	247.15	308.56	357.68	388.38	497.37
72	270.18	339.26	392.99	428.29	544.96
73	297.81	374.56	432.90	472.81	600.22
74	328.51	411.41	478.95	521.93	658.56
75	360.75	452.85	528.07	574.13	723.03
76	396.06	498.91	580.27	632.46	792.11
77	431.36	544.96	635.53	693.87	867.33
78	469.74	595.62	695.40	759.87	945.62
79	509.65	650.88	759.87	830.49	1031.59
80	552.64				
81	595.62				
82	643.21				
83	692.33				
84	742.99				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.02	29.08	31.61	34.13	44.25
45-49	26.55	32.87	35.40	37.93	49.30
50-54	32.87	39.19	44.25	46.78	60.68
55	37.93	45.51	50.57	54.36	72.06
56	40.45	48.04	54.36	58.15	75.85
57	42.98	51.83	58.15	61.95	82.17
58	46.78	55.62	63.21	67.00	88.49
59	50.57	60.68	68.27	73.32	96.08
60	54.36	65.74	74.59	79.64	104.93
61	59.42	70.80	80.91	87.23	113.78
62	64.47	77.12	88.49	94.82	123.89
63	69.53	83.44	94.82	102.40	134.01
64	73.32	88.49	102.40	109.99	142.85
65	78.38	94.82	109.99	117.57	152.97
66	83.44	102.40	118.83	127.68	165.61
67	91.02	111.25	128.95	139.06	180.78
68	99.87	121.36	140.33	152.97	198.48
69	108.72	132.74	154.23	166.87	217.44
70	118.83	145.38	168.14	183.31	238.93
71	130.21	160.55	185.84	202.27	262.95
72	144.12	178.25	206.06	225.03	292.03
73	159.29	198.48	230.08	250.31	324.90
74	176.99	221.24	255.37	279.39	360.30
75	197.22	245.25	284.45	310.99	399.49
76	217.44	271.80	316.05	345.13	442.47
77	240.20	300.88	350.18	381.79	489.25
78	264.22	332.48	386.85	422.24	538.55
79	290.77	365.35	426.04	463.96	591.65
80	318.58				
81	347.66				
82	379.26				
83	412.13				
84	447.53				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.81	34.13	37.93	39.19	51.83
45-49	31.61	37.93	41.72	44.25	56.89
50-54	36.66	44.25	50.57	54.36	70.80
55	42.98	50.57	56.89	61.95	82.17
56	45.51	53.10	60.68	65.74	85.97
57	48.04	56.89	64.47	69.53	92.29
58	51.83	61.95	69.53	74.59	98.61
59	55.62	67.00	75.85	82.17	106.19
60	59.42	73.32	82.17	88.49	115.04
61	64.47	78.38	89.76	97.34	125.16
62	69.53	84.70	97.34	104.93	135.27
63	74.59	91.02	104.93	112.51	146.65
64	79.64	97.34	111.25	120.10	156.76
65	85.97	103.66	120.10	127.68	168.14
66	91.02	111.25	128.95	137.80	182.04
67	98.61	121.36	139.06	150.44	198.48
68	107.46	131.48	152.97	165.61	217.44
69	117.57	144.12	166.87	180.78	237.67
70	128.95	159.29	182.04	198.48	261.69
71	140.33	174.46	202.27	218.71	288.24
72	155.50	194.69	223.76	243.99	318.58
73	173.20	216.18	249.05	271.80	353.98
74	190.89	240.20	278.12	302.14	391.90
75	212.39	266.75	309.73	336.28	434.88
76	233.88	295.82	343.86	374.20	481.66
77	259.16	326.16	380.52	414.66	532.23
78	284.45	360.30	420.98	458.90	585.32
79	312.26	396.96	462.70	504.42	643.48
80	341.33				
81	372.94				
82	405.81				
83	439.94				
84	476.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.08	35.40	40.45	41.72	54.36
45-49	32.87	39.19	44.25	46.78	60.68
50-54	37.93	46.78	53.10	56.89	75.85
55	44.25	53.10	59.42	64.47	85.97
56	46.78	55.62	63.21	68.27	91.02
57	49.30	59.42	67.00	73.32	96.08
58	53.10	64.47	72.06	78.38	103.66
59	56.89	69.53	78.38	85.97	111.25
60	61.95	75.85	85.97	92.29	120.10
61	67.00	82.17	93.55	101.14	130.21
62	72.06	88.49	101.14	108.72	140.33
63	77.12	94.82	108.72	116.31	151.70
64	82.17	101.14	115.04	123.89	161.82
65	88.49	107.46	123.89	132.74	174.46
66	94.82	115.04	132.74	142.85	188.37
67	102.40	125.16	144.12	155.50	206.06
68	111.25	136.53	158.03	170.67	225.03
69	121.36	149.18	171.93	187.10	246.52
70	132.74	164.35	188.37	204.80	270.54
71	145.38	180.78	208.59	226.29	298.35
72	160.55	201.01	231.35	251.58	329.96
73	178.25	223.76	257.90	280.65	366.62
74	197.22	247.78	286.97	312.26	405.81
75	218.71	275.60	319.84	347.66	450.06
76	241.46	305.94	355.24	386.85	498.09
77	266.75	337.54	393.17	428.56	549.93
78	293.29	371.67	434.88	474.08	605.55
79	321.11	409.60	479.13	522.11	664.97
80	351.45				
81	383.05				
82	417.19				
83	452.58				
84	489.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.51	56.89	65.74	72.06	94.82
45-49	50.57	63.21	73.32	79.64	104.93
50-54	61.95	77.12	89.76	97.34	134.01
55	70.80	89.76	103.66	112.51	155.50
56	74.59	94.82	109.99	118.83	163.08
57	79.64	101.14	116.31	126.42	173.20
58	84.70	107.46	123.89	135.27	183.31
59	91.02	115.04	132.74	144.12	194.69
60	97.34	122.63	141.59	152.97	207.33
61	103.66	131.48	151.70	164.35	221.24
62	111.25	140.33	161.82	175.72	236.41
63	118.83	149.18	171.93	187.10	252.84
64	126.42	159.29	183.31	199.74	269.27
65	134.01	169.40	195.95	212.39	286.97
66	144.12	180.78	208.59	227.56	307.20
67	154.23	194.69	225.03	245.25	331.22
68	165.61	209.86	242.73	265.48	357.77
69	178.25	225.03	262.95	286.97	385.58
70	192.16	243.99	284.45	310.99	415.92
71	208.59	264.22	308.46	337.54	451.32
72	226.29	286.97	336.28	367.88	490.51
73	246.52	313.52	367.88	402.02	534.76
74	269.27	342.60	402.02	439.94	582.80
75	294.56	374.20	438.68	480.40	635.89
76	319.84	409.60	479.13	524.64	692.78
77	347.66	446.26	522.11	572.68	753.46
78	375.47	486.72	567.63	623.25	817.94
79	405.81	528.44	616.93	677.61	887.47
80	437.41				
81	469.02				
82	503.15				
83	538.55				
84	575.21				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.57	64.47	74.59	82.17	106.19
45-49	56.89	70.80	83.44	89.76	118.83
50-54	69.53	87.23	102.40	111.25	150.44
55	78.38	99.87	117.57	127.68	171.93
56	82.17	104.93	123.89	134.01	179.52
57	87.23	111.25	130.21	141.59	189.63
58	92.29	117.57	137.80	150.44	201.01
59	98.61	125.16	146.65	159.29	213.65
60	106.19	134.01	155.50	169.40	226.29
61	113.78	142.85	165.61	179.52	241.46
62	121.36	152.97	175.72	192.16	257.90
63	128.95	163.08	187.10	203.54	275.60
64	136.53	173.20	199.74	217.44	292.03
65	145.38	183.31	212.39	231.35	312.26
66	155.50	195.95	227.56	249.05	332.48
67	166.87	211.12	245.25	268.01	359.03
68	179.52	227.56	265.48	290.77	386.85
69	193.42	243.99	285.71	313.52	417.19
70	208.59	265.48	309.73	338.81	450.06
71	225.03	286.97	336.28	367.88	487.98
72	245.25	312.26	365.35	400.75	530.96
73	266.75	341.33	399.49	437.41	579.00
74	290.77	371.67	436.15	477.87	630.84
75	317.31	405.81	475.34	520.85	687.72
76	345.13	442.47	518.32	567.63	747.14
77	372.94	480.40	563.83	618.19	812.88
78	403.28	522.11	613.14	672.55	881.15
79	433.62	566.36	664.97	729.44	955.74
80	467.75				
81	500.62				
82	537.29				
83	573.95				
84	611.87				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.10	67.00	78.38	85.97	111.25
45-49	59.42	74.59	87.23	94.82	123.89
50-54	73.32	92.29	107.46	116.31	156.76
55	82.17	103.66	122.63	134.01	178.25
56	85.97	108.72	128.95	140.33	187.10
57	91.02	115.04	135.27	147.91	197.22
58	96.08	122.63	142.85	156.76	208.59
59	102.40	130.21	151.70	165.61	221.24
60	109.99	139.06	160.55	175.72	235.14
61	117.57	147.91	170.67	185.84	250.31
62	125.16	158.03	182.04	198.48	266.75
63	132.74	168.14	193.42	211.12	284.45
64	141.59	178.25	206.06	225.03	302.14
65	150.44	189.63	219.97	240.20	322.37
66	160.55	202.27	236.41	257.90	343.86
67	171.93	217.44	254.10	278.12	370.41
68	184.57	235.14	274.33	300.88	399.49
69	199.74	252.84	295.82	324.90	431.09
70	214.91	274.33	319.84	351.45	465.23
71	232.61	297.09	347.66	380.52	504.42
72	252.84	323.64	378.00	414.66	548.66
73	275.60	352.71	412.13	452.58	597.97
74	299.62	384.32	450.06	494.30	651.06
75	326.16	418.45	490.51	538.55	709.22
76	355.24	456.38	534.76	586.59	771.16
77	384.32	495.57	581.53	638.42	838.16
78	414.66	537.29	632.10	694.05	908.96
79	446.26	582.80	685.20	752.20	984.81
80	480.40				
81	514.53				
82	551.19				
83	589.12				
84	628.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	41.72	49.30	53.10	70.80
45-49	37.93	46.78	54.36	59.42	78.38
50-54	49.30	60.68	69.53	77.12	101.14
55	56.89	69.53	80.91	88.49	120.10
56	59.42	73.32	84.70	92.29	127.68
57	63.21	78.38	91.02	98.61	136.53
58	68.27	84.70	98.61	106.19	146.65
59	73.32	91.02	106.19	115.04	158.03
60	79.64	99.87	115.04	125.16	169.40
61	87.23	107.46	125.16	135.27	183.31
62	93.55	116.31	135.27	146.65	197.22
63	99.87	125.16	145.38	156.76	212.39
64	107.46	134.01	155.50	168.14	227.56
65	113.78	142.85	165.61	179.52	243.99
66	122.63	154.23	178.25	193.42	262.95
67	132.74	166.87	193.42	209.86	285.71
68	144.12	182.04	211.12	228.82	310.99
69	156.76	198.48	230.08	250.31	338.81
70	170.67	216.18	251.58	274.33	370.41
71	187.10	237.67	275.60	300.88	404.54
72	204.80	260.43	303.41	331.22	443.73
73	225.03	286.97	333.75	365.35	487.98
74	247.78	314.79	367.88	402.02	534.76
75	271.80	346.39	404.54	442.47	586.59
76	298.35	379.26	443.73	486.72	643.48
77	324.90	415.92	486.72	533.49	702.90
78	352.71	453.85	532.23	584.06	767.37
79	383.05	495.57	580.27	637.16	834.37
80	414.66				
81	447.53				
82	481.66				
83	517.06				
84	554.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.19	49.30	56.89	60.68	80.91
45-49	44.25	54.36	61.95	68.27	89.76
50-54	54.36	68.27	79.64	87.23	113.78
55	63.21	78.38	91.02	98.61	134.01
56	67.00	83.44	96.08	104.93	141.59
57	70.80	88.49	102.40	111.25	151.70
58	75.85	94.82	109.99	120.10	161.82
59	80.91	101.14	117.57	128.95	173.20
60	87.23	109.99	127.68	139.06	185.84
61	94.82	117.57	137.80	150.44	199.74
62	101.14	126.42	147.91	161.82	213.65
63	108.72	135.27	159.29	173.20	230.08
64	116.31	145.38	169.40	184.57	246.52
65	123.89	155.50	180.78	197.22	262.95
66	134.01	168.14	194.69	212.39	284.45
67	145.38	180.78	211.12	228.82	308.46
68	158.03	197.22	230.08	250.31	336.28
69	170.67	214.91	250.31	273.07	366.62
70	184.57	233.88	273.07	297.09	399.49
71	201.01	256.63	298.35	326.16	437.41
72	219.97	280.65	328.69	359.03	479.13
73	241.46	309.73	361.56	395.69	525.91
74	265.48	340.07	396.96	434.88	577.74
75	292.03	372.94	437.41	479.13	633.36
76	319.84	408.34	480.40	527.17	694.05
77	348.92	447.53	525.91	576.48	758.52
78	378.00	489.25	575.21	630.84	828.05
79	410.87	533.49	627.04	688.99	901.37
80	443.73				
81	479.13				
82	514.53				
83	551.19				
84	591.65				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.72	51.83	59.42	64.47	85.97
45-49	46.78	56.89	65.74	72.06	94.82
50-54	56.89	70.80	83.44	91.02	118.83
55	65.74	82.17	96.08	103.66	140.33
56	69.53	87.23	101.14	109.99	147.91
57	73.32	92.29	107.46	116.31	158.03
58	78.38	98.61	115.04	125.16	168.14
59	84.70	106.19	122.63	134.01	179.52
60	91.02	113.78	132.74	145.38	192.16
61	97.34	122.63	142.85	156.76	206.06
62	104.93	131.48	152.97	168.14	221.24
63	112.51	140.33	164.35	179.52	237.67
64	120.10	150.44	175.72	192.16	254.10
65	128.95	160.55	187.10	204.80	271.80
66	139.06	173.20	202.27	219.97	293.29
67	150.44	187.10	218.71	237.67	318.58
68	163.08	203.54	237.67	259.16	346.39
69	175.72	221.24	259.16	281.92	378.00
70	190.89	241.46	281.92	307.20	412.13
71	207.33	264.22	308.46	337.54	451.32
72	226.29	289.50	338.81	370.41	494.30
73	249.05	318.58	372.94	408.34	542.34
74	273.07	350.18	409.60	448.79	596.70
75	300.88	384.32	451.32	494.30	653.59
76	328.69	420.98	495.57	543.61	715.54
77	359.03	461.43	542.34	595.44	782.54
78	389.37	504.42	592.91	651.06	853.34
79	422.24	549.93	647.27	711.74	929.19
80	456.38				
81	491.77				
82	528.44				
83	566.36				
84	606.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.81	34.13	36.66	40.45	51.83
45-49	31.61	39.19	41.72	44.25	58.15
50-54	39.19	45.51	51.83	55.62	70.80
55	44.25	53.10	59.42	64.47	84.70
56	48.04	56.89	64.47	68.27	89.76
57	50.57	60.68	68.27	73.32	96.08
58	55.62	65.74	74.59	78.38	103.66
59	59.42	70.80	80.91	85.97	112.51
60	64.47	77.12	87.23	93.55	123.89
61	69.53	83.44	94.82	102.40	134.01
62	75.85	91.02	103.66	111.25	145.38
63	82.17	98.61	111.25	120.10	158.03
64	85.97	103.66	120.10	128.95	168.14
65	92.29	111.25	128.95	137.80	179.52
66	98.61	120.10	140.33	150.44	194.69
67	107.46	131.48	151.70	163.08	212.39
68	117.57	142.85	165.61	179.52	233.88
69	127.68	156.76	182.04	195.95	255.37
70	140.33	170.67	197.22	216.18	280.65
71	152.97	188.37	218.71	237.67	309.73
72	169.40	209.86	242.73	264.22	343.86
73	187.10	233.88	270.54	294.56	381.79
74	208.59	260.43	300.88	328.69	423.51
75	232.61	288.24	335.01	365.35	470.28
76	255.37	319.84	371.67	405.81	520.85
77	283.18	353.98	412.13	448.79	575.21
78	310.99	390.64	455.11	496.83	633.36
79	342.60	429.83	500.62	546.13	696.57
80	374.20				
81	409.60				
82	446.26				
83	485.45				
84	525.91				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.87	40.45	44.25	45.51	60.68
45-49	36.66	44.25	49.30	51.83	67.00
50-54	42.98	51.83	59.42	64.47	83.44
55	50.57	59.42	67.00	73.32	96.08
56	53.10	61.95	70.80	77.12	101.14
57	56.89	67.00	75.85	82.17	108.72
58	60.68	73.32	82.17	87.23	116.31
59	65.74	78.38	89.76	96.08	125.16
60	69.53	85.97	96.08	103.66	135.27
61	75.85	92.29	106.19	115.04	146.65
62	82.17	99.87	115.04	123.89	159.29
63	87.23	107.46	123.89	132.74	171.93
64	93.55	115.04	131.48	141.59	184.57
65	101.14	121.36	141.59	150.44	197.22
66	107.46	131.48	151.70	161.82	213.65
67	116.31	142.85	163.08	176.99	233.88
68	126.42	154.23	179.52	194.69	255.37
69	137.80	169.40	195.95	212.39	279.39
70	151.70	187.10	213.65	233.88	308.46
71	165.61	204.80	237.67	257.90	338.81
72	183.31	228.82	262.95	286.97	374.20
73	203.54	254.10	293.29	319.84	415.92
74	225.03	283.18	327.43	355.24	461.43
75	250.31	313.52	364.09	395.69	512.00
76	275.60	347.66	404.54	439.94	566.36
77	304.67	384.32	447.53	487.98	625.78
78	335.01	423.51	495.57	539.81	688.99
79	367.88	466.49	544.87	592.91	757.26
80	402.02				
81	438.68				
82	477.87				
83	517.06				
84	561.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	41.72	48.04	49.30	64.47
45-49	39.19	45.51	51.83	55.62	70.80
50-54	44.25	55.62	61.95	67.00	89.76
55	51.83	61.95	69.53	75.85	101.14
56	55.62	65.74	74.59	80.91	107.46
57	58.15	69.53	78.38	85.97	112.51
58	61.95	75.85	84.70	92.29	121.36
59	67.00	82.17	92.29	101.14	131.48
60	73.32	89.76	101.14	108.72	141.59
61	78.38	96.08	109.99	118.83	152.97
62	84.70	103.66	118.83	127.68	165.61
63	91.02	111.25	127.68	136.53	178.25
64	96.08	118.83	135.27	145.38	190.89
65	103.66	126.42	145.38	156.76	204.80
66	111.25	135.27	156.76	168.14	221.24
67	120.10	146.65	169.40	183.31	242.73
68	131.48	160.55	185.84	201.01	264.22
69	142.85	175.72	202.27	219.97	289.50
70	156.76	193.42	221.24	241.46	318.58
71	170.67	212.39	245.25	266.75	351.45
72	188.37	236.41	271.80	295.82	388.11
73	209.86	262.95	303.41	329.96	431.09
74	232.61	292.03	337.54	367.88	477.87
75	257.90	323.64	376.73	409.60	529.70
76	284.45	360.30	418.45	455.11	586.59
77	313.52	396.96	462.70	504.42	647.27
78	345.13	437.41	512.00	557.51	713.01
79	378.00	481.66	563.83	614.40	782.54
80	413.39				
81	450.06				
82	490.51				
83	532.23				
84	575.21				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.10	67.00	77.12	84.70	111.25
45-49	59.42	74.59	85.97	93.55	123.89
50-54	73.32	91.02	106.19	115.04	158.03
55	83.44	106.19	121.36	132.74	183.31
56	87.23	111.25	128.95	140.33	192.16
57	93.55	118.83	136.53	149.18	203.54
58	99.87	126.42	145.38	159.29	216.18
59	107.46	135.27	156.76	169.40	228.82
60	115.04	144.12	166.87	179.52	243.99
61	121.36	154.23	178.25	193.42	260.43
62	131.48	165.61	190.89	207.33	278.12
63	140.33	175.72	202.27	219.97	297.09
64	149.18	187.10	216.18	235.14	317.31
65	158.03	199.74	230.08	250.31	337.54
66	169.40	212.39	245.25	268.01	361.56
67	182.04	228.82	264.22	288.24	389.37
68	194.69	246.52	285.71	312.26	420.98
69	209.86	264.22	309.73	337.54	453.85
70	226.29	286.97	335.01	365.35	489.25
71	245.25	310.99	362.83	396.96	530.96
72	266.75	337.54	395.69	432.36	576.48
73	289.50	369.15	432.36	472.81	629.57
74	317.31	403.28	472.81	517.06	685.20
75	346.39	439.94	515.79	565.10	748.41
76	376.73	481.66	563.83	616.93	815.41
77	409.60	524.64	614.40	673.82	886.20
78	441.21	572.68	667.50	733.24	962.06
79	477.87	621.99	725.65	797.71	1044.23
80	514.53				
81	551.19				
82	591.65				
83	633.36				
84	676.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.42	75.85	87.23	96.08	125.16
45-49	67.00	83.44	98.61	106.19	140.33
50-54	82.17	102.40	120.10	131.48	176.99
55	92.29	117.57	137.80	150.44	202.27
56	96.08	123.89	145.38	158.03	211.12
57	102.40	131.48	152.97	166.87	222.50
58	108.72	137.80	161.82	176.99	236.41
59	116.31	146.65	171.93	187.10	251.58
60	125.16	158.03	183.31	199.74	266.75
61	134.01	168.14	194.69	211.12	284.45
62	142.85	179.52	207.33	226.29	303.41
63	151.70	192.16	219.97	238.93	323.64
64	160.55	203.54	235.14	255.37	343.86
65	170.67	216.18	250.31	271.80	367.88
66	183.31	230.08	268.01	293.29	390.64
67	195.95	247.78	288.24	314.79	422.24
68	211.12	268.01	312.26	342.60	455.11
69	227.56	286.97	336.28	369.15	490.51
70	245.25	312.26	364.09	398.22	529.70
71	264.22	337.54	395.69	432.36	573.95
72	288.24	367.88	429.83	471.55	624.51
73	313.52	402.02	470.28	514.53	681.40
74	342.60	437.41	513.27	562.57	742.09
75	372.94	477.87	558.78	613.14	809.09
76	405.81	520.85	609.34	667.50	878.62
77	438.68	565.10	663.71	726.92	955.74
78	474.08	614.40	721.86	791.39	1036.64
79	510.74	666.23	782.54	858.39	1123.87
80	549.93				
81	589.12				
82	632.10				
83	675.08				
84	719.33				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.95	78.38	92.29	101.14	131.48
45-49	69.53	87.23	102.40	111.25	145.38
50-54	85.97	108.72	126.42	136.53	184.57
55	96.08	121.36	144.12	158.03	209.86
56	101.14	127.68	151.70	165.61	219.97
57	107.46	135.27	159.29	174.46	232.61
58	112.51	144.12	168.14	184.57	245.25
59	120.10	152.97	178.25	194.69	260.43
60	128.95	163.08	188.37	207.33	276.86
61	137.80	174.46	201.01	218.71	294.56
62	146.65	185.84	213.65	233.88	313.52
63	156.76	197.22	227.56	247.78	335.01
64	166.87	209.86	242.73	264.22	355.24
65	176.99	222.50	259.16	283.18	379.26
66	188.37	237.67	278.12	303.41	404.54
67	202.27	255.37	298.35	327.43	436.15
68	217.44	276.86	322.37	353.98	470.28
69	235.14	297.09	347.66	381.79	506.94
70	252.84	322.37	376.73	413.39	547.40
71	273.07	348.92	409.60	447.53	592.91
72	297.09	380.52	445.00	487.98	646.01
73	323.64	414.66	485.45	532.23	702.90
74	352.71	452.58	529.70	581.53	766.11
75	384.32	491.77	576.48	633.36	834.37
76	418.45	537.29	629.57	690.25	907.70
77	452.58	582.80	683.93	750.93	986.08
78	487.98	632.10	743.35	816.67	1069.51
79	524.64	685.20	806.56	884.94	1158.01
80	565.10				
81	605.55				
82	648.53				
83	692.78				
84	739.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.45	49.30	58.15	61.95	83.44
45-49	44.25	55.62	64.47	69.53	92.29
50-54	58.15	70.80	82.17	91.02	118.83
55	67.00	82.17	94.82	103.66	141.59
56	69.53	85.97	99.87	108.72	150.44
57	74.59	92.29	107.46	116.31	160.55
58	80.91	99.87	116.31	125.16	171.93
59	85.97	107.46	125.16	135.27	185.84
60	93.55	117.57	135.27	146.65	199.74
61	102.40	126.42	146.65	159.29	216.18
62	109.99	136.53	159.29	171.93	232.61
63	117.57	146.65	170.67	184.57	250.31
64	126.42	158.03	183.31	197.22	268.01
65	134.01	168.14	194.69	211.12	286.97
66	144.12	182.04	209.86	227.56	309.73
67	156.76	195.95	227.56	246.52	336.28
68	169.40	213.65	247.78	269.27	365.35
69	184.57	233.88	270.54	294.56	398.22
70	201.01	254.10	295.82	322.37	436.15
71	219.97	279.39	323.64	353.98	475.34
72	241.46	305.94	356.50	389.37	522.11
73	264.22	337.54	393.17	429.83	573.95
74	292.03	370.41	432.36	472.81	629.57
75	319.84	407.07	475.34	520.85	690.25
76	351.45	446.26	522.11	572.68	757.26
77	381.79	489.25	572.68	627.04	826.79
78	414.66	533.49	625.78	687.72	902.64
79	450.06	582.80	682.67	749.67	981.02
80	487.98				
81	525.91				
82	566.36				
83	608.08				
84	652.33				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.51	58.15	67.00	70.80	94.82
45-49	51.83	64.47	73.32	80.91	106.19
50-54	64.47	80.91	93.55	102.40	134.01
55	74.59	92.29	107.46	116.31	158.03
56	78.38	98.61	112.51	123.89	166.87
57	83.44	103.66	120.10	131.48	178.25
58	89.76	111.25	128.95	141.59	190.89
59	94.82	118.83	137.80	151.70	203.54
60	102.40	128.95	150.44	163.08	218.71
61	111.25	137.80	161.82	176.99	235.14
62	118.83	149.18	174.46	190.89	251.58
63	127.68	159.29	187.10	203.54	270.54
64	136.53	170.67	199.74	217.44	289.50
65	145.38	183.31	212.39	232.61	309.73
66	158.03	197.22	228.82	250.31	335.01
67	170.67	212.39	247.78	269.27	362.83
68	185.84	232.61	270.54	294.56	395.69
69	201.01	252.84	294.56	321.11	431.09
70	217.44	275.60	321.11	348.92	470.28
71	236.41	302.14	351.45	384.32	514.53
72	259.16	329.96	386.85	422.24	563.83
73	284.45	364.09	424.77	465.23	618.19
74	312.26	399.49	466.49	512.00	680.14
75	343.86	438.68	514.53	563.83	744.61
76	376.73	480.40	565.10	620.72	816.67
77	410.87	525.91	618.19	677.61	892.53
78	445.00	575.21	676.35	742.09	974.70
79	482.92	627.04	738.29	810.35	1060.66
80	522.11				
81	563.83				
82	605.55				
83	648.53				
84	696.57				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.30	60.68	69.53	75.85	101.14
45-49	55.62	67.00	77.12	84.70	111.25
50-54	67.00	83.44	98.61	107.46	140.33
55	77.12	96.08	112.51	121.36	165.61
56	82.17	102.40	118.83	128.95	174.46
57	85.97	108.72	126.42	136.53	185.84
58	92.29	116.31	135.27	146.65	197.22
59	99.87	125.16	144.12	158.03	211.12
60	107.46	134.01	156.76	170.67	226.29
61	115.04	144.12	168.14	184.57	242.73
62	123.89	154.23	179.52	197.22	260.43
63	132.74	165.61	193.42	211.12	279.39
64	141.59	176.99	207.33	226.29	298.35
65	151.70	188.37	219.97	241.46	319.84
66	163.08	203.54	237.67	259.16	345.13
67	176.99	219.97	257.90	279.39	374.20
68	192.16	238.93	279.39	304.67	407.07
69	207.33	260.43	304.67	331.22	445.00
70	225.03	284.45	331.22	361.56	485.45
71	243.99	310.99	362.83	396.96	530.96
72	266.75	340.07	398.22	436.15	581.53
73	293.29	374.20	438.68	480.40	638.42
74	321.11	412.13	481.66	528.44	701.63
75	353.98	452.58	530.96	581.53	768.63
76	386.85	495.57	582.80	639.69	841.96
77	422.24	542.34	638.42	700.37	920.34
78	457.64	592.91	697.84	766.11	1003.77
79	496.83	647.27	761.05	836.90	1093.53
80	537.29				
81	579.00				
82	621.99				
83	666.23				
84	714.27				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.02	36.35	39.51	42.67	55.31
45-49	33.19	41.09	44.25	47.41	61.63
50-54	41.09	48.99	55.31	58.47	75.85
55	47.41	56.89	63.21	67.95	90.07
56	50.57	60.05	67.95	72.69	94.82
57	53.73	64.79	72.69	77.43	102.72
58	58.47	69.53	79.01	83.75	110.62
59	63.21	75.85	85.33	91.65	120.10
60	67.95	82.17	93.23	99.56	131.16
61	74.27	88.49	101.14	109.04	142.22
62	80.59	96.40	110.62	118.52	154.86
63	86.91	104.30	118.52	128.00	167.51
64	91.65	110.62	128.00	137.48	178.57
65	97.98	118.52	137.48	146.96	191.21
66	104.30	128.00	148.54	159.61	207.01
67	113.78	139.06	161.19	173.83	225.98
68	124.84	151.70	175.41	191.21	248.10
69	135.90	165.93	192.79	208.59	271.80
70	148.54	181.73	210.17	229.14	298.67
71	162.77	200.69	232.30	252.84	328.69
72	180.15	222.82	257.58	281.28	365.04
73	199.11	248.10	287.61	312.89	406.12
74	221.24	276.54	319.21	349.24	450.37
75	246.52	306.57	355.56	388.74	499.36
76	271.80	339.75	395.06	431.41	553.09
77	300.25	376.10	437.73	477.24	611.56
78	330.27	415.61	483.56	527.80	673.19
79	363.46	456.69	532.54	579.95	739.56
80	398.22				
81	434.57				
82	474.08				
83	515.16				
84	559.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.77	42.67	47.41	48.99	64.79
45-49	39.51	47.41	52.15	55.31	71.11
50-54	45.83	55.31	63.21	67.95	88.49
55	53.73	63.21	71.11	77.43	102.72
56	56.89	66.37	75.85	82.17	107.46
57	60.05	71.11	80.59	86.91	115.36
58	64.79	77.43	86.91	93.23	123.26
59	69.53	83.75	94.82	102.72	132.74
60	74.27	91.65	102.72	110.62	143.80
61	80.59	97.98	112.20	121.68	156.44
62	86.91	105.88	121.68	131.16	169.09
63	93.23	113.78	131.16	140.64	183.31
64	99.56	121.68	139.06	150.12	195.95
65	107.46	129.58	150.12	159.61	210.17
66	113.78	139.06	161.19	172.25	227.56
67	123.26	151.70	173.83	188.05	248.10
68	134.32	164.35	191.21	207.01	271.80
69	146.96	180.15	208.59	225.98	297.09
70	161.19	199.11	227.56	248.10	327.11
71	175.41	218.07	252.84	273.38	360.30
72	194.37	243.36	279.70	304.99	398.22
73	216.49	270.22	311.31	339.75	442.47
74	238.62	300.25	347.66	377.68	489.88
75	265.48	333.43	387.16	420.35	543.61
76	292.35	369.78	429.83	467.75	602.08
77	323.95	407.70	475.66	518.32	665.29
78	355.56	450.37	526.22	573.63	731.66
79	390.32	496.20	578.37	630.52	804.35
80	426.67				
81	466.17				
82	507.26				
83	549.93				
84	595.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.35	44.25	50.57	52.15	67.95
45-49	41.09	48.99	55.31	58.47	75.85
50-54	47.41	58.47	66.37	71.11	94.82
55	55.31	66.37	74.27	80.59	107.46
56	58.47	69.53	79.01	85.33	113.78
57	61.63	74.27	83.75	91.65	120.10
58	66.37	80.59	90.07	97.98	129.58
59	71.11	86.91	97.98	107.46	139.06
60	77.43	94.82	107.46	115.36	150.12
61	83.75	102.72	116.94	126.42	162.77
62	90.07	110.62	126.42	135.90	175.41
63	96.40	118.52	135.90	145.38	189.63
64	102.72	126.42	143.80	154.86	202.27
65	110.62	134.32	154.86	165.93	218.07
66	118.52	143.80	165.93	178.57	235.46
67	128.00	156.44	180.15	194.37	257.58
68	139.06	170.67	197.53	213.33	281.28
69	151.70	186.47	214.91	233.88	308.15
70	165.93	205.43	235.46	256.00	338.17
71	181.73	225.98	260.74	282.86	372.94
72	200.69	251.26	289.19	314.47	412.45
73	222.82	279.70	322.37	350.82	458.27
74	246.52	309.73	358.72	390.32	507.26
75	273.38	344.49	399.80	434.57	562.57
76	301.83	382.42	444.05	483.56	622.62
77	333.43	421.93	491.46	535.70	687.41
78	366.62	464.59	543.61	592.59	756.94
79	401.38	512.00	598.91	652.64	831.21
80	439.31				
81	478.82				
82	521.48				
83	565.73				
84	611.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.89	71.11	82.17	90.07	118.52
45-49	63.21	79.01	91.65	99.56	131.16
50-54	77.43	96.40	112.20	121.68	167.51
55	88.49	112.20	129.58	140.64	194.37
56	93.23	118.52	137.48	148.54	203.85
57	99.56	126.42	145.38	158.03	216.49
58	105.88	134.32	154.86	169.09	229.14
59	113.78	143.80	165.93	180.15	243.36
60	121.68	153.28	176.99	191.21	259.16
61	129.58	164.35	189.63	205.43	276.54
62	139.06	175.41	202.27	219.65	295.51
63	148.54	186.47	214.91	233.88	316.05
64	158.03	199.11	229.14	249.68	336.59
65	167.51	211.75	244.94	265.48	358.72
66	180.15	225.98	260.74	284.45	384.00
67	192.79	243.36	281.28	306.57	414.03
68	207.01	262.32	303.41	331.85	447.21
69	222.82	281.28	328.69	358.72	481.98
70	240.20	304.99	355.56	388.74	519.90
71	260.74	330.27	385.58	421.93	564.15
72	282.86	358.72	420.35	459.85	613.14
73	308.15	391.90	459.85	502.52	668.45
74	336.59	428.25	502.52	549.93	728.50
75	368.20	467.75	548.35	600.50	794.87
76	399.80	512.00	598.91	655.80	865.98
77	434.57	557.83	652.64	715.85	941.83
78	469.33	608.40	709.53	779.06	1022.42
79	507.26	660.54	771.16	847.01	1109.34
80	546.77				
81	586.27				
82	628.94				
83	673.19				
84	719.01				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.21	80.59	93.23	102.72	132.74
45-49	71.11	88.49	104.30	112.20	148.54
50-54	86.91	109.04	128.00	139.06	188.05
55	97.98	124.84	146.96	159.61	214.91
56	102.72	131.16	154.86	167.51	224.40
57	109.04	139.06	162.77	176.99	237.04
58	115.36	146.96	172.25	188.05	251.26
59	123.26	156.44	183.31	199.11	267.06
60	132.74	167.51	194.37	211.75	282.86
61	142.22	178.57	207.01	224.40	301.83
62	151.70	191.21	219.65	240.20	322.37
63	161.19	203.85	233.88	254.42	344.49
64	170.67	216.49	249.68	271.80	365.04
65	181.73	229.14	265.48	289.19	390.32
66	194.37	244.94	284.45	311.31	415.61
67	208.59	263.90	306.57	335.01	448.79
68	224.40	284.45	331.85	363.46	483.56
69	241.78	304.99	357.14	391.90	521.48
70	260.74	331.85	387.16	423.51	562.57
71	281.28	358.72	420.35	459.85	609.98
72	306.57	390.32	456.69	500.94	663.71
73	333.43	426.67	499.36	546.77	723.75
74	363.46	464.59	545.19	597.33	788.54
75	396.64	507.26	594.17	651.06	859.66
76	431.41	553.09	647.90	709.53	933.93
77	466.17	600.50	704.79	772.74	1016.10
78	504.10	652.64	766.42	840.69	1101.43
79	542.03	707.95	831.21	911.80	1194.67
80	584.69				
81	625.78				
82	671.61				
83	717.43				
84	764.84				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	66.37	83.75	97.98	107.46	139.06
45-49	74.27	93.23	109.04	118.52	154.86
50-54	91.65	115.36	134.32	145.38	195.95
55	102.72	129.58	153.28	167.51	222.82
56	107.46	135.90	161.19	175.41	233.88
57	113.78	143.80	169.09	184.89	246.52
58	120.10	153.28	178.57	195.95	260.74
59	128.00	162.77	189.63	207.01	276.54
60	137.48	173.83	200.69	219.65	293.93
61	146.96	184.89	213.33	232.30	312.89
62	156.44	197.53	227.56	248.10	333.43
63	165.93	210.17	241.78	263.90	355.56
64	176.99	222.82	257.58	281.28	377.68
65	188.05	237.04	274.96	300.25	402.96
66	200.69	252.84	295.51	322.37	429.83
67	214.91	271.80	317.63	347.66	463.01
68	230.72	293.93	342.91	376.10	499.36
69	249.68	316.05	369.78	406.12	538.87
70	268.64	342.91	399.80	439.31	581.53
71	290.77	371.36	434.57	475.66	630.52
72	316.05	404.54	472.49	518.32	685.83
73	344.49	440.89	515.16	565.73	747.46
74	374.52	480.40	562.57	617.88	813.83
75	407.70	523.06	613.14	673.19	886.52
76	444.05	570.47	668.45	733.24	963.95
77	480.40	619.46	726.92	798.03	1047.71
78	518.32	671.61	790.13	867.56	1136.20
79	557.83	728.50	856.50	940.25	1231.01
80	600.50				
81	643.16				
82	688.99				
83	736.40				
84	785.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.67	52.15	61.63	66.37	88.49
45-49	47.41	58.47	67.95	74.27	97.98
50-54	61.63	75.85	86.91	96.40	126.42
55	71.11	86.91	101.14	110.62	150.12
56	74.27	91.65	105.88	115.36	159.61
57	79.01	97.98	113.78	123.26	170.67
58	85.33	105.88	123.26	132.74	183.31
59	91.65	113.78	132.74	143.80	197.53
60	99.56	124.84	143.80	156.44	211.75
61	109.04	134.32	156.44	169.09	229.14
62	116.94	145.38	169.09	183.31	246.52
63	124.84	156.44	181.73	195.95	265.48
64	134.32	167.51	194.37	210.17	284.45
65	142.22	178.57	207.01	224.40	304.99
66	153.28	192.79	222.82	241.78	328.69
67	165.93	208.59	241.78	262.32	357.14
68	180.15	227.56	263.90	286.03	388.74
69	195.95	248.10	287.61	312.89	423.51
70	213.33	270.22	314.47	342.91	463.01
71	233.88	297.09	344.49	376.10	505.68
72	256.00	325.53	379.26	414.03	554.67
73	281.28	358.72	417.19	456.69	609.98
74	309.73	393.48	459.85	502.52	668.45
75	339.75	432.99	505.68	553.09	733.24
76	372.94	474.08	554.67	608.40	804.35
77	406.12	519.90	608.40	666.87	878.62
78	440.89	567.31	665.29	730.08	959.21
79	478.82	619.46	725.33	796.45	1042.97
80	518.32				
81	559.41				
82	602.08				
83	646.32				
84	693.73				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.99	61.63	71.11	75.85	101.14
45-49	55.31	67.95	77.43	85.33	112.20
50-54	67.95	85.33	99.56	109.04	142.22
55	79.01	97.98	113.78	123.26	167.51
56	83.75	104.30	120.10	131.16	176.99
57	88.49	110.62	128.00	139.06	189.63
58	94.82	118.52	137.48	150.12	202.27
59	101.14	126.42	146.96	161.19	216.49
60	109.04	137.48	159.61	173.83	232.30
61	118.52	146.96	172.25	188.05	249.68
62	126.42	158.03	184.89	202.27	267.06
63	135.90	169.09	199.11	216.49	287.61
64	145.38	181.73	211.75	230.72	308.15
65	154.86	194.37	225.98	246.52	328.69
66	167.51	210.17	243.36	265.48	355.56
67	181.73	225.98	263.90	286.03	385.58
68	197.53	246.52	287.61	312.89	420.35
69	213.33	268.64	312.89	341.33	458.27
70	230.72	292.35	341.33	371.36	499.36
71	251.26	320.79	372.94	407.70	546.77
72	274.96	350.82	410.87	448.79	598.91
73	301.83	387.16	451.95	494.62	657.38
74	331.85	425.09	496.20	543.61	722.17
75	365.04	466.17	546.77	598.91	791.71
76	399.80	510.42	600.50	658.96	867.56
77	436.15	559.41	657.38	720.59	948.15
78	472.49	611.56	719.01	788.54	1035.06
79	513.58	666.87	783.80	861.24	1126.72
80	554.67				
81	598.91				
82	643.16				
83	688.99				
84	739.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.15	64.79	74.27	80.59	107.46
45-49	58.47	71.11	82.17	90.07	118.52
50-54	71.11	88.49	104.30	113.78	148.54
55	82.17	102.72	120.10	129.58	175.41
56	86.91	109.04	126.42	137.48	184.89
57	91.65	115.36	134.32	145.38	197.53
58	97.98	123.26	143.80	156.44	210.17
59	105.88	132.74	153.28	167.51	224.40
60	113.78	142.22	165.93	181.73	240.20
61	121.68	153.28	178.57	195.95	257.58
62	131.16	164.35	191.21	210.17	276.54
63	140.64	175.41	205.43	224.40	297.09
64	150.12	188.05	219.65	240.20	317.63
65	161.19	200.69	233.88	256.00	339.75
66	173.83	216.49	252.84	274.96	366.62
67	188.05	233.88	273.38	297.09	398.22
68	203.85	254.42	297.09	323.95	432.99
69	219.65	276.54	323.95	352.40	472.49
70	238.62	301.83	352.40	384.00	515.16
71	259.16	330.27	385.58	421.93	564.15
72	282.86	361.88	423.51	463.01	617.88
73	311.31	398.22	466.17	510.42	677.93
74	341.33	437.73	512.00	560.99	745.88
75	376.10	480.40	564.15	617.88	816.99
76	410.87	526.22	619.46	679.51	894.42
77	448.79	576.79	677.93	744.30	978.17
78	486.72	630.52	741.14	813.83	1066.67
79	527.80	687.41	809.09	889.68	1161.48
80	570.47				
81	614.72				
82	660.54				
83	707.95				
84	758.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.77	42.67	45.83	50.57	64.79
45-49	39.51	48.99	52.15	55.31	72.69
50-54	48.99	56.89	64.79	69.53	88.49
55	55.31	66.37	74.27	80.59	105.88
56	60.05	71.11	80.59	85.33	112.20
57	63.21	75.85	85.33	91.65	120.10
58	69.53	82.17	93.23	97.98	129.58
59	74.27	88.49	101.14	107.46	140.64
60	80.59	96.40	109.04	116.94	154.86
61	86.91	104.30	118.52	128.00	167.51
62	94.82	113.78	129.58	139.06	181.73
63	102.72	123.26	139.06	150.12	197.53
64	107.46	129.58	150.12	161.19	210.17
65	115.36	139.06	161.19	172.25	224.40
66	123.26	150.12	175.41	188.05	243.36
67	134.32	164.35	189.63	203.85	265.48
68	146.96	178.57	207.01	224.40	292.35
69	159.61	195.95	227.56	244.94	319.21
70	175.41	213.33	246.52	270.22	350.82
71	191.21	235.46	273.38	297.09	387.16
72	211.75	262.32	303.41	330.27	429.83
73	233.88	292.35	338.17	368.20	477.24
74	260.74	325.53	376.10	410.87	529.38
75	290.77	360.30	418.77	456.69	587.85
76	319.21	399.80	464.59	507.26	651.06
77	353.98	442.47	515.16	560.99	719.01
78	388.74	488.30	568.89	621.04	791.71
79	428.25	537.29	625.78	682.67	870.72
80	467.75				
81	512.00				
82	557.83				
83	606.82				
84	657.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.09	50.57	55.31	56.89	75.85
45-49	45.83	55.31	61.63	64.79	83.75
50-54	53.73	64.79	74.27	80.59	104.30
55	63.21	74.27	83.75	91.65	120.10
56	66.37	77.43	88.49	96.40	126.42
57	71.11	83.75	94.82	102.72	135.90
58	75.85	91.65	102.72	109.04	145.38
59	82.17	97.98	112.20	120.10	156.44
60	86.91	107.46	120.10	129.58	169.09
61	94.82	115.36	132.74	143.80	183.31
62	102.72	124.84	143.80	154.86	199.11
63	109.04	134.32	154.86	165.93	214.91
64	116.94	143.80	164.35	176.99	230.72
65	126.42	151.70	176.99	188.05	246.52
66	134.32	164.35	189.63	202.27	267.06
67	145.38	178.57	203.85	221.24	292.35
68	158.03	192.79	224.40	243.36	319.21
69	172.25	211.75	244.94	265.48	349.24
70	189.63	233.88	267.06	292.35	385.58
71	207.01	256.00	297.09	322.37	423.51
72	229.14	286.03	328.69	358.72	467.75
73	254.42	317.63	366.62	399.80	519.90
74	281.28	353.98	409.28	444.05	576.79
75	312.89	391.90	455.11	494.62	640.00
76	344.49	434.57	505.68	549.93	707.95
77	380.84	480.40	559.41	609.98	782.22
78	418.77	529.38	619.46	674.77	861.24
79	459.85	583.11	681.09	741.14	946.57
80	502.52				
81	548.35				
82	597.33				
83	646.32				
84	701.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.67	52.15	60.05	61.63	80.59
45-49	48.99	56.89	64.79	69.53	88.49
50-54	55.31	69.53	77.43	83.75	112.20
55	64.79	77.43	86.91	94.82	126.42
56	69.53	82.17	93.23	101.14	134.32
57	72.69	86.91	97.98	107.46	140.64
58	77.43	94.82	105.88	115.36	151.70
59	83.75	102.72	115.36	126.42	164.35
60	91.65	112.20	126.42	135.90	176.99
61	97.98	120.10	137.48	148.54	191.21
62	105.88	129.58	148.54	159.61	207.01
63	113.78	139.06	159.61	170.67	222.82
64	120.10	148.54	169.09	181.73	238.62
65	129.58	158.03	181.73	195.95	256.00
66	139.06	169.09	195.95	210.17	276.54
67	150.12	183.31	211.75	229.14	303.41
68	164.35	200.69	232.30	251.26	330.27
69	178.57	219.65	252.84	274.96	361.88
70	195.95	241.78	276.54	301.83	398.22
71	213.33	265.48	306.57	333.43	439.31
72	235.46	295.51	339.75	369.78	485.14
73	262.32	328.69	379.26	412.45	538.87
74	290.77	365.04	421.93	459.85	597.33
75	322.37	404.54	470.91	512.00	662.12
76	355.56	450.37	523.06	568.89	733.24
77	391.90	496.20	578.37	630.52	809.09
78	431.41	546.77	640.00	696.89	891.26
79	472.49	602.08	704.79	768.00	978.17
80	516.74				
81	562.57				
82	613.14				
83	665.29				
84	719.01				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	66.37	83.75	96.40	105.88	139.06
45-49	74.27	93.23	107.46	116.94	154.86
50-54	91.65	113.78	132.74	143.80	197.53
55	104.30	132.74	151.70	165.93	229.14
56	109.04	139.06	161.19	175.41	240.20
57	116.94	148.54	170.67	186.47	254.42
58	124.84	158.03	181.73	199.11	270.22
59	134.32	169.09	195.95	211.75	286.03
60	143.80	180.15	208.59	224.40	304.99
61	151.70	192.79	222.82	241.78	325.53
62	164.35	207.01	238.62	259.16	347.66
63	175.41	219.65	252.84	274.96	371.36
64	186.47	233.88	270.22	293.93	396.64
65	197.53	249.68	287.61	312.89	421.93
66	211.75	265.48	306.57	335.01	451.95
67	227.56	286.03	330.27	360.30	486.72
68	243.36	308.15	357.14	390.32	526.22
69	262.32	330.27	387.16	421.93	567.31
70	282.86	358.72	418.77	456.69	611.56
71	306.57	388.74	453.53	496.20	663.71
72	333.43	421.93	494.62	540.45	720.59
73	361.88	461.43	540.45	591.01	786.96
74	396.64	504.10	591.01	646.32	856.50
75	432.99	549.93	644.74	706.37	935.51
76	470.91	602.08	704.79	771.16	1019.26
77	512.00	655.80	768.00	842.27	1107.76
78	551.51	715.85	834.37	916.55	1202.57
79	597.33	777.48	907.06	997.14	1305.29
80	643.16				
81	688.99				
82	739.56				
83	791.71				
84	845.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74.27	94.82	109.04	120.10	156.44
45-49	83.75	104.30	123.26	132.74	175.41
50-54	102.72	128.00	150.12	164.35	221.24
55	115.36	146.96	172.25	188.05	252.84
56	120.10	154.86	181.73	197.53	263.90
57	128.00	164.35	191.21	208.59	278.12
58	135.90	172.25	202.27	221.24	295.51
59	145.38	183.31	214.91	233.88	314.47
60	156.44	197.53	229.14	249.68	333.43
61	167.51	210.17	243.36	263.90	355.56
62	178.57	224.40	259.16	282.86	379.26
63	189.63	240.20	274.96	298.67	404.54
64	200.69	254.42	293.93	319.21	429.83
65	213.33	270.22	312.89	339.75	459.85
66	229.14	287.61	335.01	366.62	488.30
67	244.94	309.73	360.30	393.48	527.80
68	263.90	335.01	390.32	428.25	568.89
69	284.45	358.72	420.35	461.43	613.14
70	306.57	390.32	455.11	497.78	662.12
71	330.27	421.93	494.62	540.45	717.43
72	360.30	459.85	537.29	589.43	780.64
73	391.90	502.52	587.85	643.16	851.75
74	428.25	546.77	641.58	703.21	927.61
75	466.17	597.33	698.47	766.42	1011.36
76	507.26	651.06	761.68	834.37	1098.27
77	548.35	706.37	829.63	908.64	1194.67
78	592.59	768.00	902.32	989.24	1295.81
79	638.42	832.79	978.17	1072.99	1404.84
80	687.41				
81	736.40				
82	790.13				
83	843.85				
84	899.16				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	77.43	97.98	115.36	126.42	164.35
45-49	86.91	109.04	128.00	139.06	181.73
50-54	107.46	135.90	158.03	170.67	230.72
55	120.10	151.70	180.15	197.53	262.32
56	126.42	159.61	189.63	207.01	274.96
57	134.32	169.09	199.11	218.07	290.77
58	140.64	180.15	210.17	230.72	306.57
59	150.12	191.21	222.82	243.36	325.53
60	161.19	203.85	235.46	259.16	346.07
61	172.25	218.07	251.26	273.38	368.20
62	183.31	232.30	267.06	292.35	391.90
63	195.95	246.52	284.45	309.73	418.77
64	208.59	262.32	303.41	330.27	444.05
65	221.24	278.12	323.95	353.98	474.08
66	235.46	297.09	347.66	379.26	505.68
67	252.84	319.21	372.94	409.28	545.19
68	271.80	346.07	402.96	442.47	587.85
69	293.93	371.36	434.57	477.24	633.68
70	316.05	402.96	470.91	516.74	684.25
71	341.33	436.15	512.00	559.41	741.14
72	371.36	475.66	556.25	609.98	807.51
73	404.54	518.32	606.82	665.29	878.62
74	440.89	565.73	662.12	726.92	957.63
75	480.40	614.72	720.59	791.71	1042.97
76	523.06	671.61	786.96	862.82	1134.62
77	565.73	728.50	854.92	938.67	1232.60
78	609.98	790.13	929.19	1020.84	1336.89
79	655.80	856.50	1008.20	1106.18	1447.51
80	706.37				
81	756.94				
82	810.67				
83	865.98				
84	924.45				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.57	61.63	72.69	77.43	104.30
45-49	55.31	69.53	80.59	86.91	115.36
50-54	72.69	88.49	102.72	113.78	148.54
55	83.75	102.72	118.52	129.58	176.99
56	86.91	107.46	124.84	135.90	188.05
57	93.23	115.36	134.32	145.38	200.69
58	101.14	124.84	145.38	156.44	214.91
59	107.46	134.32	156.44	169.09	232.30
60	116.94	146.96	169.09	183.31	249.68
61	128.00	158.03	183.31	199.11	270.22
62	137.48	170.67	199.11	214.91	290.77
63	146.96	183.31	213.33	230.72	312.89
64	158.03	197.53	229.14	246.52	335.01
65	167.51	210.17	243.36	263.90	358.72
66	180.15	227.56	262.32	284.45	387.16
67	195.95	244.94	284.45	308.15	420.35
68	211.75	267.06	309.73	336.59	456.69
69	230.72	292.35	338.17	368.20	497.78
70	251.26	317.63	369.78	402.96	545.19
71	274.96	349.24	404.54	442.47	594.17
72	301.83	382.42	445.63	486.72	652.64
73	330.27	421.93	491.46	537.29	717.43
74	365.04	463.01	540.45	591.01	786.96
75	399.80	508.84	594.17	651.06	862.82
76	439.31	557.83	652.64	715.85	946.57
77	477.24	611.56	715.85	783.80	1033.48
78	518.32	666.87	782.22	859.66	1128.30
79	562.57	728.50	853.34	937.09	1226.27
80	609.98				
81	657.38				
82	707.95				
83	760.10				
84	815.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.89	72.69	83.75	88.49	118.52
45-49	64.79	80.59	91.65	101.14	132.74
50-54	80.59	101.14	116.94	128.00	167.51
55	93.23	115.36	134.32	145.38	197.53
56	97.98	123.26	140.64	154.86	208.59
57	104.30	129.58	150.12	164.35	222.82
58	112.20	139.06	161.19	176.99	238.62
59	118.52	148.54	172.25	189.63	254.42
60	128.00	161.19	188.05	203.85	273.38
61	139.06	172.25	202.27	221.24	293.93
62	148.54	186.47	218.07	238.62	314.47
63	159.61	199.11	233.88	254.42	338.17
64	170.67	213.33	249.68	271.80	361.88
65	181.73	229.14	265.48	290.77	387.16
66	197.53	246.52	286.03	312.89	418.77
67	213.33	265.48	309.73	336.59	453.53
68	232.30	290.77	338.17	368.20	494.62
69	251.26	316.05	368.20	401.38	538.87
70	271.80	344.49	401.38	436.15	587.85
71	295.51	377.68	439.31	480.40	643.16
72	323.95	412.45	483.56	527.80	704.79
73	355.56	455.11	530.96	581.53	772.74
74	390.32	499.36	583.11	640.00	850.17
75	429.83	548.35	643.16	704.79	930.77
76	470.91	600.50	706.37	775.90	1020.84
77	513.58	657.38	772.74	847.01	1115.66
78	556.25	719.01	845.43	927.61	1218.37
79	603.66	783.80	922.87	1012.94	1325.83
80	652.64				
81	704.79				
82	756.94				
83	810.67				
84	870.72				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.63	75.85	86.91	94.82	126.42
45-49	69.53	83.75	96.40	105.88	139.06
50-54	83.75	104.30	123.26	134.32	175.41
55	96.40	120.10	140.64	151.70	207.01
56	102.72	128.00	148.54	161.19	218.07
57	107.46	135.90	158.03	170.67	232.30
58	115.36	145.38	169.09	183.31	246.52
59	124.84	156.44	180.15	197.53	263.90
60	134.32	167.51	195.95	213.33	282.86
61	143.80	180.15	210.17	230.72	303.41
62	154.86	192.79	224.40	246.52	325.53
63	165.93	207.01	241.78	263.90	349.24
64	176.99	221.24	259.16	282.86	372.94
65	189.63	235.46	274.96	301.83	399.80
66	203.85	254.42	297.09	323.95	431.41
67	221.24	274.96	322.37	349.24	467.75
68	240.20	298.67	349.24	380.84	508.84
69	259.16	325.53	380.84	414.03	556.25
70	281.28	355.56	414.03	451.95	606.82
71	304.99	388.74	453.53	496.20	663.71
72	333.43	425.09	497.78	545.19	726.92
73	366.62	467.75	548.35	600.50	798.03
74	401.38	515.16	602.08	660.54	877.04
75	442.47	565.73	663.71	726.92	960.79
76	483.56	619.46	728.50	799.61	1052.45
77	527.80	677.93	798.03	875.46	1150.42
78	572.05	741.14	872.30	957.63	1254.72
79	621.04	809.09	951.31	1046.13	1366.92
80	671.61				
81	723.75				
82	777.48				
83	832.79				
84	892.84				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.55	30.34	35.40	37.93	48.04
45-49	29.08	34.13	39.19	41.72	53.10
50-54	35.40	41.72	48.04	51.83	65.74
55	40.45	48.04	55.62	59.42	78.38
56	42.98	51.83	59.42	63.21	83.44
57	46.78	55.62	63.21	68.27	89.76
58	50.57	60.68	68.27	74.59	97.34
59	55.62	65.74	74.59	80.91	106.19
60	60.68	72.06	82.17	89.76	115.04
61	65.74	79.64	89.76	97.34	125.16
62	70.80	85.97	97.34	106.19	136.53
63	75.85	92.29	104.93	113.78	146.65
64	80.91	98.61	112.51	121.36	158.03
65	85.97	106.19	120.10	130.21	169.40
66	93.55	113.78	130.21	140.33	183.31
67	101.14	123.89	141.59	152.97	199.74
68	109.99	135.27	155.50	168.14	219.97
69	120.10	147.91	170.67	184.57	241.46
70	131.48	161.82	187.10	203.54	265.48
71	145.38	179.52	207.33	226.29	293.29
72	161.82	199.74	231.35	252.84	327.43
73	180.78	223.76	259.16	283.18	366.62
74	201.01	250.31	290.77	317.31	409.60
75	225.03	280.65	326.16	355.24	456.38
76	250.31	313.52	364.09	396.96	508.21
77	278.12	348.92	405.81	441.21	565.10
78	308.46	388.11	451.32	489.25	625.78
79	341.33	428.56	499.36	541.08	691.52
80	375.47				
81	413.39				
82	452.58				
83	494.30				
84	538.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.61	37.93	42.98	45.51	58.15
45-49	34.13	41.72	46.78	50.57	64.47
50-54	40.45	49.30	56.89	61.95	80.91
55	48.04	56.89	64.47	69.53	92.29
56	50.57	60.68	68.27	73.32	97.34
57	54.36	64.47	73.32	78.38	103.66
58	58.15	69.53	78.38	84.70	111.25
59	63.21	75.85	85.97	92.29	120.10
60	68.27	82.17	93.55	101.14	131.48
61	73.32	89.76	102.40	109.99	141.59
62	79.64	96.08	111.25	120.10	154.23
63	85.97	103.66	118.83	127.68	165.61
64	91.02	111.25	126.42	137.80	178.25
65	97.34	120.10	135.27	146.65	192.16
66	104.93	127.68	146.65	159.29	207.33
67	113.78	140.33	159.29	173.20	226.29
68	123.89	152.97	174.46	190.89	247.78
69	135.27	166.87	192.16	208.59	273.07
70	147.91	183.31	211.12	228.82	299.62
71	161.82	202.27	233.88	254.10	332.48
72	180.78	225.03	260.43	284.45	370.41
73	201.01	251.58	292.03	317.31	413.39
74	223.76	281.92	327.43	356.50	461.43
75	250.31	314.79	366.62	398.22	514.53
76	278.12	350.18	409.60	446.26	573.95
77	309.73	390.64	455.11	495.57	637.16
78	342.60	433.62	505.68	549.93	704.16
79	378.00	480.40	560.04	609.34	778.75
80	415.92				
81	456.38				
82	498.09				
83	543.61				
84	591.65				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.87	40.45	45.51	49.30	63.21
45-49	36.66	44.25	50.57	54.36	69.53
50-54	42.98	53.10	60.68	65.74	87.23
55	50.57	60.68	68.27	74.59	97.34
56	53.10	64.47	72.06	78.38	102.40
57	56.89	68.27	77.12	83.44	108.72
58	60.68	73.32	83.44	89.76	117.57
59	65.74	79.64	91.02	97.34	126.42
60	72.06	85.97	98.61	106.19	137.80
61	77.12	93.55	107.46	115.04	149.18
62	83.44	101.14	116.31	125.16	161.82
63	89.76	108.72	125.16	134.01	174.46
64	94.82	116.31	132.74	144.12	187.10
65	102.40	125.16	141.59	154.23	201.01
66	109.99	134.01	152.97	166.87	217.44
67	118.83	146.65	166.87	182.04	237.67
68	128.95	160.55	183.31	199.74	260.43
69	141.59	174.46	201.01	218.71	285.71
70	154.23	192.16	221.24	240.20	314.79
71	169.40	211.12	245.25	266.75	348.92
72	188.37	235.14	273.07	297.09	388.11
73	209.86	262.95	305.94	332.48	433.62
74	233.88	294.56	342.60	372.94	484.19
75	261.69	328.69	383.05	417.19	539.81
76	290.77	366.62	428.56	466.49	601.76
77	322.37	408.34	476.60	519.59	667.50
78	356.50	452.58	528.44	576.48	738.29
79	393.17	501.89	585.32	638.42	815.41
80	432.36				
81	474.08				
82	518.32				
83	565.10				
84	614.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.57	61.95	70.80	75.85	103.66
45-49	55.62	68.27	78.38	84.70	115.04
50-54	68.27	84.70	97.34	107.46	146.65
55	79.64	98.61	113.78	123.89	169.40
56	83.44	103.66	120.10	131.48	179.52
57	88.49	109.99	127.68	139.06	189.63
58	94.82	117.57	136.53	147.91	201.01
59	99.87	125.16	145.38	158.03	213.65
60	107.46	134.01	154.23	168.14	227.56
61	115.04	142.85	165.61	179.52	242.73
62	122.63	152.97	176.99	192.16	259.16
63	130.21	163.08	189.63	204.80	276.86
64	139.06	173.20	201.01	218.71	294.56
65	147.91	184.57	214.91	233.88	314.79
66	158.03	198.48	230.08	250.31	338.81
67	170.67	213.65	249.05	270.54	365.35
68	184.57	231.35	269.27	293.29	395.69
69	198.48	250.31	290.77	317.31	427.30
70	214.91	271.80	316.05	345.13	463.96
71	232.61	295.82	343.86	375.47	504.42
72	254.10	323.64	376.73	412.13	551.19
73	279.39	355.24	414.66	453.85	604.29
74	307.20	390.64	456.38	499.36	662.44
75	337.54	428.56	501.89	548.66	726.92
76	369.15	470.28	551.19	604.29	796.45
77	403.28	515.79	605.55	662.44	871.03
78	438.68	563.83	663.71	725.65	950.68
79	476.60	615.67	725.65	792.65	1036.64
80	515.79				
81	556.25				
82	599.23				
83	643.48				
84	690.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.15	72.06	83.44	91.02	120.10
45-49	64.47	80.91	92.29	101.14	134.01
50-54	79.64	99.87	115.04	125.16	169.40
55	89.76	113.78	131.48	142.85	194.69
56	93.55	120.10	139.06	150.44	204.80
57	98.61	126.42	146.65	159.29	214.91
58	104.93	134.01	155.50	169.40	227.56
59	112.51	141.59	164.35	180.78	241.46
60	121.36	150.44	175.72	190.89	255.37
61	128.95	160.55	187.10	203.54	273.07
62	137.80	171.93	199.74	217.44	290.77
63	146.65	182.04	213.65	232.61	310.99
64	155.50	194.69	226.29	247.78	331.22
65	165.61	207.33	242.73	264.22	353.98
66	176.99	222.50	259.16	283.18	379.26
67	189.63	240.20	280.65	305.94	409.60
68	204.80	259.16	303.41	331.22	443.73
69	221.24	281.92	327.43	359.03	479.13
70	240.20	305.94	356.50	390.64	519.59
71	260.43	332.48	388.11	424.77	565.10
72	284.45	364.09	424.77	465.23	618.19
73	312.26	398.22	466.49	512.00	676.35
74	342.60	437.41	512.00	561.30	740.82
75	375.47	480.40	562.57	615.67	812.88
76	410.87	524.64	616.93	676.35	890.00
77	447.53	575.21	675.08	740.82	972.17
78	486.72	627.04	739.56	809.09	1060.66
79	527.17	685.20	805.30	882.41	1154.21
80	570.15				
81	614.40				
82	659.91				
83	709.22				
84	759.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.95	77.12	88.49	97.34	127.68
45-49	68.27	85.97	98.61	108.72	141.59
50-54	84.70	106.19	122.63	132.74	179.52
55	94.82	120.10	139.06	151.70	204.80
56	98.61	126.42	146.65	159.29	214.91
57	103.66	132.74	154.23	168.14	226.29
58	109.99	140.33	163.08	178.25	238.93
59	117.57	149.18	173.20	189.63	252.84
60	126.42	158.03	184.57	201.01	268.01
61	135.27	168.14	195.95	213.65	285.71
62	144.12	179.52	209.86	228.82	304.67
63	152.97	190.89	223.76	243.99	324.90
64	163.08	203.54	237.67	260.43	346.39
65	173.20	217.44	254.10	276.86	370.41
66	184.57	232.61	271.80	297.09	396.96
67	198.48	251.58	293.29	321.11	428.56
68	213.65	271.80	317.31	347.66	463.96
69	231.35	294.56	343.86	376.73	501.89
70	250.31	319.84	372.94	409.60	543.61
71	271.80	347.66	407.07	446.26	591.65
72	297.09	380.52	445.00	487.98	646.01
73	326.16	417.19	487.98	536.02	707.95
74	357.77	457.64	536.02	587.85	774.95
75	391.90	501.89	587.85	644.74	849.54
76	428.56	548.66	644.74	706.69	929.19
77	466.49	600.50	705.42	773.69	1015.15
78	506.94	654.86	771.16	844.49	1107.44
79	548.66	714.27	839.43	921.60	1204.78
80	592.91				
81	638.42				
82	686.46				
83	737.03				
84	788.86				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.66	45.51	53.10	58.15	77.12
45-49	40.45	50.57	59.42	64.47	85.97
50-54	54.36	67.00	75.85	82.17	109.99
55	61.95	77.12	87.23	96.08	130.21
56	65.74	80.91	92.29	101.14	139.06
57	69.53	85.97	98.61	108.72	149.18
58	74.59	92.29	106.19	117.57	160.55
59	80.91	99.87	115.04	126.42	173.20
60	87.23	108.72	125.16	136.53	187.10
61	94.82	117.57	136.53	147.91	201.01
62	102.40	127.68	147.91	160.55	217.44
63	109.99	136.53	159.29	173.20	233.88
64	117.57	146.65	170.67	184.57	250.31
65	126.42	156.76	182.04	198.48	269.27
66	136.53	168.14	195.95	213.65	290.77
67	147.91	183.31	213.65	232.61	316.05
68	160.55	199.74	233.88	254.10	345.13
69	174.46	218.71	255.37	278.12	376.73
70	189.63	238.93	279.39	304.67	412.13
71	207.33	262.95	307.20	336.28	451.32
72	228.82	290.77	340.07	371.67	498.09
73	252.84	322.37	376.73	412.13	549.93
74	280.65	356.50	418.45	457.64	608.08
75	309.73	395.69	462.70	506.94	671.29
76	341.33	437.41	510.74	560.04	739.56
77	375.47	481.66	563.83	618.19	812.88
78	410.87	529.70	620.72	680.14	891.26
79	448.79	581.53	680.14	747.14	975.96
80	487.98				
81	529.70				
82	572.68				
83	618.19				
84	666.23				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.25	55.62	63.21	69.53	91.02
45-49	49.30	60.68	70.80	77.12	101.14
50-54	61.95	77.12	89.76	97.34	127.68
55	72.06	89.76	102.40	112.51	151.70
56	75.85	94.82	108.72	117.57	161.82
57	79.64	99.87	115.04	125.16	171.93
58	85.97	107.46	123.89	135.27	184.57
59	92.29	116.31	134.01	145.38	197.22
60	99.87	125.16	144.12	156.76	211.12
61	107.46	134.01	155.50	169.40	226.29
62	116.31	145.38	168.14	183.31	243.99
63	123.89	155.50	180.78	195.95	261.69
64	132.74	165.61	193.42	209.86	280.65
65	142.85	178.25	206.06	223.76	300.88
66	152.97	190.89	221.24	241.46	324.90
67	165.61	207.33	241.46	261.69	352.71
68	179.52	225.03	262.95	285.71	385.58
69	194.69	246.52	286.97	312.26	420.98
70	212.39	269.27	314.79	342.60	461.43
71	232.61	295.82	345.13	376.73	505.68
72	255.37	326.16	381.79	417.19	557.51
73	281.92	360.30	422.24	461.43	615.67
74	312.26	399.49	467.75	512.00	680.14
75	345.13	441.21	517.06	566.36	749.67
76	380.52	486.72	570.15	625.78	826.79
77	417.19	536.02	628.31	690.25	907.70
78	456.38	587.85	690.25	758.52	994.93
79	496.83	644.74	757.26	831.84	1088.48
80	539.81				
81	584.06				
82	632.10				
83	681.40				
84	733.24				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.04	59.42	68.27	74.59	97.34
45-49	53.10	65.74	75.85	82.17	107.46
50-54	65.74	82.17	94.82	103.66	135.27
55	75.85	94.82	108.72	118.83	160.55
56	79.64	99.87	115.04	125.16	170.67
57	84.70	106.19	122.63	132.74	182.04
58	91.02	113.78	131.48	142.85	194.69
59	97.34	122.63	141.59	152.97	207.33
60	104.93	131.48	152.97	165.61	221.24
61	112.51	141.59	164.35	178.25	237.67
62	121.36	152.97	176.99	192.16	255.37
63	130.21	164.35	189.63	206.06	274.33
64	139.06	174.46	202.27	219.97	293.29
65	149.18	187.10	216.18	235.14	314.79
66	159.29	201.01	232.61	252.84	338.81
67	173.20	217.44	252.84	274.33	369.15
68	188.37	236.41	275.60	299.62	403.28
69	203.54	257.90	300.88	327.43	439.94
70	222.50	281.92	329.96	359.03	481.66
71	242.73	309.73	361.56	394.43	528.44
72	266.75	341.33	399.49	436.15	582.80
73	294.56	376.73	442.47	482.92	643.48
74	326.16	417.19	489.25	534.76	710.48
75	360.30	460.17	539.81	591.65	783.80
76	396.96	508.21	595.44	653.59	863.45
77	434.88	558.78	656.12	720.59	948.15
78	475.34	613.14	720.59	792.65	1039.17
79	517.06	672.55	790.13	868.51	1136.52
80	561.30				
81	608.08				
82	657.38				
83	707.95				
84	761.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.61	35.40	41.72	44.25	56.89
45-49	34.13	40.45	45.51	49.30	61.95
50-54	41.72	49.30	56.89	60.68	77.12
55	48.04	56.89	65.74	69.53	92.29
56	50.57	60.68	69.53	74.59	98.61
57	55.62	65.74	74.59	80.91	106.19
58	59.42	70.80	80.91	87.23	115.04
59	65.74	77.12	87.23	94.82	125.16
60	70.80	84.70	96.08	106.19	135.27
61	77.12	93.55	106.19	115.04	146.65
62	83.44	101.14	115.04	125.16	160.55
63	89.76	108.72	123.89	134.01	171.93
64	94.82	116.31	132.74	142.85	185.84
65	101.14	125.16	141.59	152.97	199.74
66	109.99	134.01	152.97	165.61	216.18
67	118.83	145.38	166.87	179.52	235.14
68	128.95	159.29	183.31	197.22	259.16
69	141.59	174.46	201.01	217.44	284.45
70	154.23	190.89	219.97	238.93	312.26
71	170.67	211.12	243.99	266.75	345.13
72	190.89	235.14	271.80	297.09	385.58
73	212.39	262.95	304.67	333.75	431.09
74	236.41	294.56	342.60	372.94	481.66
75	264.22	329.96	384.32	418.45	537.29
76	294.56	369.15	428.56	466.49	597.97
77	327.43	410.87	477.87	519.59	664.97
78	362.83	456.38	530.96	575.21	735.76
79	402.02	504.42	587.85	637.16	814.14
80	441.21				
81	486.72				
82	532.23				
83	581.53				
84	633.36				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.66	44.25	50.57	53.10	68.27
45-49	40.45	49.30	55.62	59.42	75.85
50-54	48.04	58.15	67.00	73.32	94.82
55	56.89	67.00	75.85	82.17	108.72
56	59.42	70.80	80.91	85.97	115.04
57	64.47	75.85	85.97	92.29	121.36
58	68.27	82.17	92.29	99.87	131.48
59	74.59	89.76	101.14	108.72	141.59
60	80.91	96.08	109.99	118.83	154.23
61	85.97	106.19	120.10	128.95	166.87
62	93.55	112.51	131.48	141.59	182.04
63	101.14	121.36	140.33	150.44	194.69
64	107.46	131.48	149.18	161.82	209.86
65	115.04	141.59	159.29	171.93	226.29
66	123.89	150.44	171.93	187.10	243.99
67	134.01	165.61	187.10	203.54	266.75
68	145.38	179.52	204.80	225.03	292.03
69	159.29	195.95	226.29	245.25	321.11
70	174.46	216.18	247.78	269.27	352.71
71	190.89	237.67	275.60	298.35	390.64
72	212.39	264.22	305.94	335.01	436.15
73	236.41	295.82	343.86	372.94	486.72
74	262.95	331.22	385.58	419.71	542.34
75	294.56	370.41	431.09	469.02	605.55
76	327.43	412.13	481.66	524.64	675.08
77	364.09	460.17	536.02	582.80	749.67
78	403.28	510.74	595.44	647.27	828.05
79	445.00	565.10	658.65	716.80	916.55
80	489.25				
81	537.29				
82	586.59				
83	639.69				
84	696.57				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.19	48.04	53.10	58.15	74.59
45-49	42.98	51.83	59.42	64.47	82.17
50-54	50.57	61.95	70.80	77.12	102.40
55	59.42	70.80	80.91	87.23	115.04
56	61.95	75.85	84.70	92.29	120.10
57	67.00	80.91	91.02	98.61	127.68
58	70.80	85.97	98.61	106.19	137.80
59	77.12	93.55	107.46	115.04	149.18
60	84.70	101.14	116.31	125.16	161.82
61	91.02	109.99	126.42	135.27	175.72
62	98.61	118.83	136.53	146.65	190.89
63	106.19	127.68	146.65	158.03	204.80
64	111.25	136.53	156.76	169.40	219.97
65	120.10	146.65	166.87	182.04	236.41
66	128.95	158.03	179.52	195.95	255.37
67	140.33	171.93	195.95	213.65	279.39
68	151.70	188.37	216.18	235.14	305.94
69	166.87	204.80	236.41	257.90	336.28
70	182.04	226.29	260.43	283.18	370.41
71	199.74	247.78	288.24	313.52	410.87
72	221.24	276.86	321.11	348.92	456.38
73	246.52	309.73	360.30	390.64	510.74
74	275.60	346.39	403.28	438.68	570.15
75	308.46	386.85	450.06	490.51	634.63
76	342.60	431.09	504.42	548.66	707.95
77	379.26	480.40	561.30	611.87	785.07
78	419.71	532.23	621.99	677.61	868.51
79	462.70	590.38	688.99	750.93	959.53
80	508.21				
81	557.51				
82	609.34				
83	664.97				
84	723.12				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.42	73.32	83.44	89.76	121.36
45-49	65.74	80.91	92.29	99.87	135.27
50-54	80.91	99.87	115.04	126.42	171.93
55	93.55	116.31	134.01	145.38	199.74
56	98.61	121.36	141.59	154.23	211.12
57	103.66	128.95	150.44	163.08	222.50
58	111.25	137.80	160.55	174.46	236.41
59	117.57	146.65	170.67	185.84	251.58
60	126.42	158.03	182.04	197.22	268.01
61	135.27	168.14	194.69	211.12	285.71
62	144.12	179.52	208.59	226.29	304.67
63	152.97	192.16	222.50	241.46	326.16
64	163.08	203.54	236.41	257.90	346.39
65	174.46	217.44	252.84	275.60	370.41
66	185.84	233.88	270.54	294.56	398.22
67	201.01	251.58	293.29	318.58	429.83
68	217.44	271.80	317.31	345.13	465.23
69	233.88	294.56	342.60	372.94	503.15
70	252.84	319.84	371.67	405.81	546.13
71	273.07	347.66	404.54	441.21	592.91
72	298.35	380.52	443.73	485.45	648.53
73	328.69	418.45	487.98	533.49	710.48
74	361.56	460.17	537.29	587.85	778.75
75	396.96	504.42	590.38	646.01	854.60
76	434.88	553.72	648.53	710.48	936.77
77	474.08	606.82	713.01	778.75	1025.27
78	515.79	663.71	781.28	853.34	1118.82
79	561.30	724.39	853.34	932.98	1219.95
80	606.82				
81	654.86				
82	705.42				
83	757.26				
84	811.62				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.27	84.70	98.61	107.46	141.59
45-49	75.85	94.82	108.72	118.83	158.03
50-54	93.55	117.57	135.27	146.65	199.74
55	106.19	134.01	154.23	168.14	228.82
56	109.99	141.59	163.08	176.99	241.46
57	116.31	149.18	171.93	187.10	252.84
58	123.89	158.03	183.31	199.74	268.01
59	132.74	166.87	193.42	212.39	284.45
60	142.85	176.99	207.33	225.03	300.88
61	151.70	188.37	219.97	238.93	321.11
62	161.82	202.27	235.14	255.37	342.60
63	171.93	213.65	251.58	273.07	365.35
64	183.31	228.82	266.75	292.03	389.37
65	194.69	243.99	285.71	310.99	415.92
66	208.59	261.69	304.67	333.75	446.26
67	222.50	283.18	329.96	360.30	481.66
68	241.46	304.67	356.50	389.37	522.11
69	260.43	331.22	385.58	422.24	563.83
70	283.18	360.30	419.71	460.17	611.87
71	305.94	390.64	456.38	499.36	664.97
72	335.01	428.56	499.36	547.40	726.92
73	367.88	469.02	548.66	601.76	795.18
74	403.28	514.53	601.76	659.91	871.03
75	441.21	565.10	662.44	724.39	955.74
76	482.92	616.93	725.65	795.18	1046.76
77	525.91	676.35	793.92	871.03	1144.10
78	572.68	738.29	869.77	951.94	1247.77
79	620.72	806.56	946.89	1037.91	1357.75
80	671.29				
81	723.12				
82	776.22				
83	834.37				
84	893.79				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	73.32	91.02	103.66	115.04	150.44
45-49	80.91	101.14	116.31	127.68	166.87
50-54	99.87	125.16	144.12	156.76	211.12
55	111.25	141.59	163.08	178.25	241.46
56	116.31	149.18	171.93	187.10	252.84
57	121.36	156.76	182.04	197.22	266.75
58	128.95	165.61	192.16	209.86	280.65
59	137.80	175.72	203.54	222.50	297.09
60	149.18	185.84	217.44	236.41	314.79
61	159.29	197.22	230.08	251.58	336.28
62	169.40	211.12	246.52	269.27	359.03
63	179.52	225.03	262.95	286.97	381.79
64	192.16	238.93	279.39	305.94	407.07
65	203.54	255.37	298.35	326.16	436.15
66	217.44	273.07	319.84	348.92	466.49
67	233.88	295.82	345.13	378.00	504.42
68	251.58	319.84	372.94	409.60	546.13
69	271.80	346.39	404.54	443.73	590.38
70	294.56	376.73	438.68	481.66	639.69
71	319.84	409.60	479.13	524.64	696.57
72	348.92	447.53	523.38	573.95	759.78
73	384.32	490.51	573.95	630.84	833.11
74	420.98	538.55	630.84	691.52	911.49
75	461.43	590.38	691.52	758.52	999.98
76	504.42	646.01	758.52	831.84	1093.53
77	548.66	706.69	829.32	910.22	1194.67
78	596.70	769.90	907.70	993.66	1303.39
79	646.01	840.69	987.34	1084.68	1417.17
80	697.84				
81	750.93				
82	807.82				
83	867.24				
84	927.92				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.98	53.10	61.95	68.27	91.02
45-49	48.04	59.42	69.53	75.85	101.14
50-54	64.47	78.38	89.76	96.08	128.95
55	73.32	91.02	102.40	112.51	152.97
56	77.12	94.82	108.72	118.83	163.08
57	82.17	101.14	116.31	127.68	175.72
58	87.23	108.72	125.16	137.80	188.37
59	94.82	117.57	135.27	149.18	203.54
60	102.40	127.68	146.65	160.55	219.97
61	111.25	137.80	160.55	174.46	236.41
62	120.10	150.44	174.46	188.37	255.37
63	128.95	160.55	187.10	203.54	275.60
64	137.80	171.93	201.01	217.44	294.56
65	149.18	184.57	213.65	233.88	317.31
66	160.55	197.22	230.08	251.58	342.60
67	174.46	216.18	251.58	273.07	371.67
68	188.37	235.14	275.60	298.35	405.81
69	204.80	257.90	300.88	327.43	443.73
70	222.50	280.65	328.69	359.03	485.45
71	243.99	309.73	361.56	395.69	530.96
72	269.27	342.60	399.49	437.41	586.59
73	297.09	379.26	443.73	485.45	647.27
74	329.96	419.71	491.77	538.55	715.54
75	364.09	465.23	544.87	596.70	790.13
76	402.02	514.53	600.50	658.65	869.77
77	441.21	566.36	663.71	726.92	955.74
78	482.92	623.25	730.71	800.24	1048.02
79	528.44	683.93	800.24	878.62	1147.89
80	573.95				
81	623.25				
82	673.82				
83	726.92				
84	783.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.83	65.74	74.59	82.17	107.46
45-49	58.15	70.80	83.44	91.02	118.83
50-54	73.32	91.02	106.19	115.04	150.44
55	84.70	106.19	120.10	132.74	178.25
56	89.76	111.25	127.68	137.80	190.89
57	93.55	117.57	135.27	146.65	202.27
58	101.14	126.42	145.38	159.29	217.44
59	108.72	136.53	158.03	170.67	232.61
60	117.57	146.65	169.40	184.57	247.78
61	126.42	158.03	183.31	199.74	266.75
62	136.53	170.67	197.22	216.18	286.97
63	145.38	183.31	212.39	230.08	308.46
64	156.76	194.69	227.56	246.52	329.96
65	168.14	209.86	242.73	262.95	353.98
66	179.52	225.03	260.43	284.45	381.79
67	194.69	243.99	284.45	308.46	414.66
68	211.12	264.22	309.73	336.28	453.85
69	228.82	289.50	337.54	367.88	495.57
70	250.31	317.31	370.41	403.28	542.34
71	273.07	347.66	405.81	443.73	595.44
72	300.88	384.32	448.79	490.51	656.12
73	331.22	423.51	496.83	542.34	724.39
74	367.88	470.28	549.93	601.76	800.24
75	405.81	519.59	608.08	666.23	882.41
76	447.53	572.68	671.29	735.76	972.17
77	490.51	630.84	739.56	811.62	1068.25
78	537.29	691.52	811.62	892.53	1170.65
79	584.06	758.52	891.26	978.49	1280.63
80	634.63				
81	687.72				
82	743.35				
83	801.50				
84	862.18				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.89	69.53	80.91	87.23	115.04
45-49	61.95	77.12	89.76	96.08	126.42
50-54	77.12	96.08	111.25	121.36	159.29
55	89.76	111.25	127.68	140.33	188.37
56	93.55	117.57	135.27	146.65	201.01
57	99.87	125.16	144.12	156.76	213.65
58	107.46	134.01	154.23	168.14	228.82
59	115.04	144.12	166.87	179.52	243.99
60	123.89	154.23	179.52	194.69	260.43
61	132.74	166.87	193.42	209.86	279.39
62	142.85	179.52	208.59	226.29	300.88
63	152.97	193.42	222.50	242.73	322.37
64	163.08	204.80	237.67	259.16	345.13
65	175.72	219.97	254.10	276.86	370.41
66	187.10	236.41	273.07	297.09	398.22
67	203.54	255.37	297.09	322.37	434.88
68	221.24	278.12	323.64	352.71	474.08
69	238.93	303.41	353.98	385.58	517.06
70	261.69	331.22	388.11	422.24	566.36
71	285.71	364.09	424.77	463.96	621.99
72	313.52	402.02	470.28	513.27	685.20
73	346.39	443.73	520.85	567.63	757.26
74	384.32	490.51	575.21	629.57	835.64
75	423.51	541.08	634.63	696.57	921.60
76	466.49	597.97	700.37	768.63	1016.42
77	512.00	657.38	772.43	848.28	1115.02
78	558.78	721.86	848.28	932.98	1222.48
79	608.08	791.39	929.19	1021.47	1337.52
80	659.91				
81	715.54				
82	773.69				
83	833.11				
84	895.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.19	37.93	44.25	47.41	60.05
45-49	36.35	42.67	48.99	52.15	66.37
50-54	44.25	52.15	60.05	64.79	82.17
55	50.57	60.05	69.53	74.27	97.98
56	53.73	64.79	74.27	79.01	104.30
57	58.47	69.53	79.01	85.33	112.20
58	63.21	75.85	85.33	93.23	121.68
59	69.53	82.17	93.23	101.14	132.74
60	75.85	90.07	102.72	112.20	143.80
61	82.17	99.56	112.20	121.68	156.44
62	88.49	107.46	121.68	132.74	170.67
63	94.82	115.36	131.16	142.22	183.31
64	101.14	123.26	140.64	151.70	197.53
65	107.46	132.74	150.12	162.77	211.75
66	116.94	142.22	162.77	175.41	229.14
67	126.42	154.86	176.99	191.21	249.68
68	137.48	169.09	194.37	210.17	274.96
69	150.12	184.89	213.33	230.72	301.83
70	164.35	202.27	233.88	254.42	331.85
71	181.73	224.40	259.16	282.86	366.62
72	202.27	249.68	289.19	316.05	409.28
73	225.98	279.70	323.95	353.98	458.27
74	251.26	312.89	363.46	396.64	512.00
75	281.28	350.82	407.70	444.05	570.47
76	312.89	391.90	455.11	496.20	635.26
77	347.66	436.15	507.26	551.51	706.37
78	385.58	485.14	564.15	611.56	782.22
79	426.67	535.70	624.20	676.35	864.40
80	469.33				
81	516.74				
82	565.73				
83	617.88				
84	673.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.51	47.41	53.73	56.89	72.69
45-49	42.67	52.15	58.47	63.21	80.59
50-54	50.57	61.63	71.11	77.43	101.14
55	60.05	71.11	80.59	86.91	115.36
56	63.21	75.85	85.33	91.65	121.68
57	67.95	80.59	91.65	97.98	129.58
58	72.69	86.91	97.98	105.88	139.06
59	79.01	94.82	107.46	115.36	150.12
60	85.33	102.72	116.94	126.42	164.35
61	91.65	112.20	128.00	137.48	176.99
62	99.56	120.10	139.06	150.12	192.79
63	107.46	129.58	148.54	159.61	207.01
64	113.78	139.06	158.03	172.25	222.82
65	121.68	150.12	169.09	183.31	240.20
66	131.16	159.61	183.31	199.11	259.16
67	142.22	175.41	199.11	216.49	282.86
68	154.86	191.21	218.07	238.62	309.73
69	169.09	208.59	240.20	260.74	341.33
70	184.89	229.14	263.90	286.03	374.52
71	202.27	252.84	292.35	317.63	415.61
72	225.98	281.28	325.53	355.56	463.01
73	251.26	314.47	365.04	396.64	516.74
74	279.70	352.40	409.28	445.63	576.79
75	312.89	393.48	458.27	497.78	643.16
76	347.66	437.73	512.00	557.83	717.43
77	387.16	488.30	568.89	619.46	796.45
78	428.25	542.03	632.10	687.41	880.20
79	472.49	600.50	700.05	761.68	973.43
80	519.90				
81	570.47				
82	622.62				
83	679.51				
84	739.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.09	50.57	56.89	61.63	79.01
45-49	45.83	55.31	63.21	67.95	86.91
50-54	53.73	66.37	75.85	82.17	109.04
55	63.21	75.85	85.33	93.23	121.68
56	66.37	80.59	90.07	97.98	128.00
57	71.11	85.33	96.40	104.30	135.90
58	75.85	91.65	104.30	112.20	146.96
59	82.17	99.56	113.78	121.68	158.03
60	90.07	107.46	123.26	132.74	172.25
61	96.40	116.94	134.32	143.80	186.47
62	104.30	126.42	145.38	156.44	202.27
63	112.20	135.90	156.44	167.51	218.07
64	118.52	145.38	165.93	180.15	233.88
65	128.00	156.44	176.99	192.79	251.26
66	137.48	167.51	191.21	208.59	271.80
67	148.54	183.31	208.59	227.56	297.09
68	161.19	200.69	229.14	249.68	325.53
69	176.99	218.07	251.26	273.38	357.14
70	192.79	240.20	276.54	300.25	393.48
71	211.75	263.90	306.57	333.43	436.15
72	235.46	293.93	341.33	371.36	485.14
73	262.32	328.69	382.42	415.61	542.03
74	292.35	368.20	428.25	466.17	605.24
75	327.11	410.87	478.82	521.48	674.77
76	363.46	458.27	535.70	583.11	752.20
77	402.96	510.42	595.75	649.48	834.37
78	445.63	565.73	660.54	720.59	922.87
79	491.46	627.36	731.66	798.03	1019.26
80	540.45				
81	592.59				
82	647.90				
83	706.37				
84	768.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.21	77.43	88.49	94.82	129.58
45-49	69.53	85.33	97.98	105.88	143.80
50-54	85.33	105.88	121.68	134.32	183.31
55	99.56	123.26	142.22	154.86	211.75
56	104.30	129.58	150.12	164.35	224.40
57	110.62	137.48	159.61	173.83	237.04
58	118.52	146.96	170.67	184.89	251.26
59	124.84	156.44	181.73	197.53	267.06
60	134.32	167.51	192.79	210.17	284.45
61	143.80	178.57	207.01	224.40	303.41
62	153.28	191.21	221.24	240.20	323.95
63	162.77	203.85	237.04	256.00	346.07
64	173.83	216.49	251.26	273.38	368.20
65	184.89	230.72	268.64	292.35	393.48
66	197.53	248.10	287.61	312.89	423.51
67	213.33	267.06	311.31	338.17	456.69
68	230.72	289.19	336.59	366.62	494.62
69	248.10	312.89	363.46	396.64	534.12
70	268.64	339.75	395.06	431.41	579.95
71	290.77	369.78	429.83	469.33	630.52
72	317.63	404.54	470.91	515.16	688.99
73	349.24	444.05	518.32	567.31	755.36
74	384.00	488.30	570.47	624.20	828.05
75	421.93	535.70	627.36	685.83	908.64
76	461.43	587.85	688.99	755.36	995.56
77	504.10	644.74	756.94	828.05	1088.79
78	548.35	704.79	829.63	907.06	1188.35
79	595.75	769.58	907.06	990.82	1295.81
80	644.74				
81	695.31				
82	749.04				
83	804.35				
84	862.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.69	90.07	104.30	113.78	150.12
45-49	80.59	101.14	115.36	126.42	167.51
50-54	99.56	124.84	143.80	156.44	211.75
55	112.20	142.22	164.35	178.57	243.36
56	116.94	150.12	173.83	188.05	256.00
57	123.26	158.03	183.31	199.11	268.64
58	131.16	167.51	194.37	211.75	284.45
59	140.64	176.99	205.43	225.98	301.83
60	151.70	188.05	219.65	238.62	319.21
61	161.19	200.69	233.88	254.42	341.33
62	172.25	214.91	249.68	271.80	363.46
63	183.31	227.56	267.06	290.77	388.74
64	194.37	243.36	282.86	309.73	414.03
65	207.01	259.16	303.41	330.27	442.47
66	221.24	278.12	323.95	353.98	474.08
67	237.04	300.25	350.82	382.42	512.00
68	256.00	323.95	379.26	414.03	554.67
69	276.54	352.40	409.28	448.79	598.91
70	300.25	382.42	445.63	488.30	649.48
71	325.53	415.61	485.14	530.96	706.37
72	355.56	455.11	530.96	581.53	772.74
73	390.32	497.78	583.11	640.00	845.43
74	428.25	546.77	640.00	701.63	926.03
75	469.33	600.50	703.21	769.58	1016.10
76	513.58	655.80	771.16	845.43	1112.50
77	559.41	719.01	843.85	926.03	1215.21
78	608.40	783.80	924.45	1011.36	1325.83
79	658.96	856.50	1006.62	1103.01	1442.77
80	712.69				
81	768.00				
82	824.89				
83	886.52				
84	949.73				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	77.43	96.40	110.62	121.68	159.61
45-49	85.33	107.46	123.26	135.90	176.99
50-54	105.88	132.74	153.28	165.93	224.40
55	118.52	150.12	173.83	189.63	256.00
56	123.26	158.03	183.31	199.11	268.64
57	129.58	165.93	192.79	210.17	282.86
58	137.48	175.41	203.85	222.82	298.67
59	146.96	186.47	216.49	237.04	316.05
60	158.03	197.53	230.72	251.26	335.01
61	169.09	210.17	244.94	267.06	357.14
62	180.15	224.40	262.32	286.03	380.84
63	191.21	238.62	279.70	304.99	406.12
64	203.85	254.42	297.09	325.53	432.99
65	216.49	271.80	317.63	346.07	463.01
66	230.72	290.77	339.75	371.36	496.20
67	248.10	314.47	366.62	401.38	535.70
68	267.06	339.75	396.64	434.57	579.95
69	289.19	368.20	429.83	470.91	627.36
70	312.89	399.80	466.17	512.00	679.51
71	339.75	434.57	508.84	557.83	739.56
72	371.36	475.66	556.25	609.98	807.51
73	407.70	521.48	609.98	670.03	884.94
74	447.21	572.05	670.03	734.82	968.69
75	489.88	627.36	734.82	805.93	1061.93
76	535.70	685.83	805.93	883.36	1161.48
77	583.11	750.62	881.78	967.11	1268.94
78	633.68	818.57	963.95	1055.61	1384.30
79	685.83	892.84	1049.29	1152.00	1505.98
80	741.14				
81	798.03				
82	858.08				
83	921.29				
84	986.08				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.83	56.89	66.37	72.69	96.40
45-49	50.57	63.21	74.27	80.59	107.46
50-54	67.95	83.75	94.82	102.72	137.48
55	77.43	96.40	109.04	120.10	162.77
56	82.17	101.14	115.36	126.42	173.83
57	86.91	107.46	123.26	135.90	186.47
58	93.23	115.36	132.74	146.96	200.69
59	101.14	124.84	143.80	158.03	216.49
60	109.04	135.90	156.44	170.67	233.88
61	118.52	146.96	170.67	184.89	251.26
62	128.00	159.61	184.89	200.69	271.80
63	137.48	170.67	199.11	216.49	292.35
64	146.96	183.31	213.33	230.72	312.89
65	158.03	195.95	227.56	248.10	336.59
66	170.67	210.17	244.94	267.06	363.46
67	184.89	229.14	267.06	290.77	395.06
68	200.69	249.68	292.35	317.63	431.41
69	218.07	273.38	319.21	347.66	470.91
70	237.04	298.67	349.24	380.84	515.16
71	259.16	328.69	384.00	420.35	564.15
72	286.03	363.46	425.09	464.59	622.62
73	316.05	402.96	470.91	515.16	687.41
74	350.82	445.63	523.06	572.05	760.10
75	387.16	494.62	578.37	633.68	839.11
76	426.67	546.77	638.42	700.05	924.45
77	469.33	602.08	704.79	772.74	1016.10
78	513.58	662.12	775.90	850.17	1114.08
79	560.99	726.92	850.17	933.93	1219.95
80	609.98				
81	662.12				
82	715.85				
83	772.74				
84	832.79				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.31	69.53	79.01	86.91	113.78
45-49	61.63	75.85	88.49	96.40	126.42
50-54	77.43	96.40	112.20	121.68	159.61
55	90.07	112.20	128.00	140.64	189.63
56	94.82	118.52	135.90	146.96	202.27
57	99.56	124.84	143.80	156.44	214.91
58	107.46	134.32	154.86	169.09	230.72
59	115.36	145.38	167.51	181.73	246.52
60	124.84	156.44	180.15	195.95	263.90
61	134.32	167.51	194.37	211.75	282.86
62	145.38	181.73	210.17	229.14	304.99
63	154.86	194.37	225.98	244.94	327.11
64	165.93	207.01	241.78	262.32	350.82
65	178.57	222.82	257.58	279.70	376.10
66	191.21	238.62	276.54	301.83	406.12
67	207.01	259.16	301.83	327.11	440.89
68	224.40	281.28	328.69	357.14	481.98
69	243.36	308.15	358.72	390.32	526.22
70	265.48	336.59	393.48	428.25	576.79
71	290.77	369.78	431.41	470.91	632.10
72	319.21	407.70	477.24	521.48	696.89
73	352.40	450.37	527.80	576.79	769.58
74	390.32	499.36	584.69	640.00	850.17
75	431.41	551.51	646.32	707.95	937.09
76	475.66	608.40	712.69	782.22	1033.48
77	521.48	670.03	785.38	862.82	1134.62
78	570.47	734.82	862.82	948.15	1243.66
79	621.04	805.93	946.57	1039.80	1360.60
80	674.77				
81	730.08				
82	790.13				
83	851.75				
84	916.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.05	74.27	85.33	93.23	121.68
45-49	66.37	82.17	94.82	102.72	134.32
50-54	82.17	102.72	118.52	129.58	169.09
55	94.82	118.52	135.90	148.54	200.69
56	99.56	124.84	143.80	156.44	213.33
57	105.88	132.74	153.28	165.93	227.56
58	113.78	142.22	164.35	178.57	243.36
59	121.68	153.28	176.99	191.21	259.16
60	131.16	164.35	191.21	207.01	276.54
61	140.64	176.99	205.43	222.82	297.09
62	151.70	191.21	221.24	240.20	319.21
63	162.77	205.43	237.04	257.58	342.91
64	173.83	218.07	252.84	274.96	366.62
65	186.47	233.88	270.22	293.93	393.48
66	199.11	251.26	290.77	316.05	423.51
67	216.49	271.80	316.05	342.91	461.43
68	235.46	295.51	344.49	374.52	504.10
69	254.42	322.37	376.10	409.28	549.93
70	278.12	352.40	412.45	448.79	602.08
71	303.41	387.16	451.95	493.04	660.54
72	333.43	426.67	499.36	545.19	728.50
73	368.20	470.91	553.09	603.66	804.35
74	407.70	521.48	611.56	668.45	888.10
75	450.37	575.21	674.77	739.56	979.76
76	496.20	635.26	744.30	816.99	1079.31
77	543.61	698.47	820.15	900.74	1185.19
78	594.17	766.42	900.74	990.82	1298.97
79	646.32	840.69	987.66	1085.63	1420.64
80	701.63				
81	760.10				
82	821.73				
83	884.94				
84	951.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.51	44.25	52.15	55.31	71.11
45-49	42.67	50.57	56.89	61.63	77.43
50-54	52.15	61.63	71.11	75.85	96.40
55	60.05	71.11	82.17	86.91	115.36
56	63.21	75.85	86.91	93.23	123.26
57	69.53	82.17	93.23	101.14	132.74
58	74.27	88.49	101.14	109.04	143.80
59	82.17	96.40	109.04	118.52	156.44
60	88.49	105.88	120.10	132.74	169.09
61	96.40	116.94	132.74	143.80	183.31
62	104.30	126.42	143.80	156.44	200.69
63	112.20	135.90	154.86	167.51	214.91
64	118.52	145.38	165.93	178.57	232.30
65	126.42	156.44	176.99	191.21	249.68
66	137.48	167.51	191.21	207.01	270.22
67	148.54	181.73	208.59	224.40	293.93
68	161.19	199.11	229.14	246.52	323.95
69	176.99	218.07	251.26	271.80	355.56
70	192.79	238.62	274.96	298.67	390.32
71	213.33	263.90	304.99	333.43	431.41
72	238.62	293.93	339.75	371.36	481.98
73	265.48	328.69	380.84	417.19	538.87
74	295.51	368.20	428.25	466.17	602.08
75	330.27	412.45	480.40	523.06	671.61
76	368.20	461.43	535.70	583.11	747.46
77	409.28	513.58	597.33	649.48	831.21
78	453.53	570.47	663.71	719.01	919.71
79	502.52	630.52	734.82	796.45	1017.68
80	551.51				
81	608.40				
82	665.29				
83	726.92				
84	791.71				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.83	55.31	63.21	66.37	85.33
45-49	50.57	61.63	69.53	74.27	94.82
50-54	60.05	72.69	83.75	91.65	118.52
55	71.11	83.75	94.82	102.72	135.90
56	74.27	88.49	101.14	107.46	143.80
57	80.59	94.82	107.46	115.36	151.70
58	85.33	102.72	115.36	124.84	164.35
59	93.23	112.20	126.42	135.90	176.99
60	101.14	120.10	137.48	148.54	192.79
61	107.46	132.74	150.12	161.19	208.59
62	116.94	140.64	164.35	176.99	227.56
63	126.42	151.70	175.41	188.05	243.36
64	134.32	164.35	186.47	202.27	262.32
65	143.80	176.99	199.11	214.91	282.86
66	154.86	188.05	214.91	233.88	304.99
67	167.51	207.01	233.88	254.42	333.43
68	181.73	224.40	256.00	281.28	365.04
69	199.11	244.94	282.86	306.57	401.38
70	218.07	270.22	309.73	336.59	440.89
71	238.62	297.09	344.49	372.94	488.30
72	265.48	330.27	382.42	418.77	545.19
73	295.51	369.78	429.83	466.17	608.40
74	328.69	414.03	481.98	524.64	677.93
75	368.20	463.01	538.87	586.27	756.94
76	409.28	515.16	602.08	655.80	843.85
77	455.11	575.21	670.03	728.50	937.09
78	504.10	638.42	744.30	809.09	1035.06
79	556.25	706.37	823.31	896.00	1145.68
80	611.56				
81	671.61				
82	733.24				
83	799.61				
84	870.72				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.99	60.05	66.37	72.69	93.23
45-49	53.73	64.79	74.27	80.59	102.72
50-54	63.21	77.43	88.49	96.40	128.00
55	74.27	88.49	101.14	109.04	143.80
56	77.43	94.82	105.88	115.36	150.12
57	83.75	101.14	113.78	123.26	159.61
58	88.49	107.46	123.26	132.74	172.25
59	96.40	116.94	134.32	143.80	186.47
60	105.88	126.42	145.38	156.44	202.27
61	113.78	137.48	158.03	169.09	219.65
62	123.26	148.54	170.67	183.31	238.62
63	132.74	159.61	183.31	197.53	256.00
64	139.06	170.67	195.95	211.75	274.96
65	150.12	183.31	208.59	227.56	295.51
66	161.19	197.53	224.40	244.94	319.21
67	175.41	214.91	244.94	267.06	349.24
68	189.63	235.46	270.22	293.93	382.42
69	208.59	256.00	295.51	322.37	420.35
70	227.56	282.86	325.53	353.98	463.01
71	249.68	309.73	360.30	391.90	513.58
72	276.54	346.07	401.38	436.15	570.47
73	308.15	387.16	450.37	488.30	638.42
74	344.49	432.99	504.10	548.35	712.69
75	385.58	483.56	562.57	613.14	793.29
76	428.25	538.87	630.52	685.83	884.94
77	474.08	600.50	701.63	764.84	981.34
78	524.64	665.29	777.48	847.01	1085.63
79	578.37	737.98	861.24	938.67	1199.41
80	635.26				
81	696.89				
82	761.68				
83	831.21				
84	903.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74.27	91.65	104.30	112.20	151.70
45-49	82.17	101.14	115.36	124.84	169.09
50-54	101.14	124.84	143.80	158.03	214.91
55	116.94	145.38	167.51	181.73	249.68
56	123.26	151.70	176.99	192.79	263.90
57	129.58	161.19	188.05	203.85	278.12
58	139.06	172.25	200.69	218.07	295.51
59	146.96	183.31	213.33	232.30	314.47
60	158.03	197.53	227.56	246.52	335.01
61	169.09	210.17	243.36	263.90	357.14
62	180.15	224.40	260.74	282.86	380.84
63	191.21	240.20	278.12	301.83	407.70
64	203.85	254.42	295.51	322.37	432.99
65	218.07	271.80	316.05	344.49	463.01
66	232.30	292.35	338.17	368.20	497.78
67	251.26	314.47	366.62	398.22	537.29
68	271.80	339.75	396.64	431.41	581.53
69	292.35	368.20	428.25	466.17	628.94
70	316.05	399.80	464.59	507.26	682.67
71	341.33	434.57	505.68	551.51	741.14
72	372.94	475.66	554.67	606.82	810.67
73	410.87	523.06	609.98	666.87	888.10
74	451.95	575.21	671.61	734.82	973.43
75	496.20	630.52	737.98	807.51	1068.25
76	543.61	692.15	810.67	888.10	1170.97
77	592.59	758.52	891.26	973.43	1281.58
78	644.74	829.63	976.59	1066.67	1398.52
79	701.63	905.48	1066.67	1166.22	1524.94
80	758.52				
81	818.57				
82	881.78				
83	946.57				
84	1014.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	85.33	105.88	123.26	134.32	176.99
45-49	94.82	118.52	135.90	148.54	197.53
50-54	116.94	146.96	169.09	183.31	249.68
55	132.74	167.51	192.79	210.17	286.03
56	137.48	176.99	203.85	221.24	301.83
57	145.38	186.47	214.91	233.88	316.05
58	154.86	197.53	229.14	249.68	335.01
59	165.93	208.59	241.78	265.48	355.56
60	178.57	221.24	259.16	281.28	376.10
61	189.63	235.46	274.96	298.67	401.38
62	202.27	252.84	293.93	319.21	428.25
63	214.91	267.06	314.47	341.33	456.69
64	229.14	286.03	333.43	365.04	486.72
65	243.36	304.99	357.14	388.74	519.90
66	260.74	327.11	380.84	417.19	557.83
67	278.12	353.98	412.45	450.37	602.08
68	301.83	380.84	445.63	486.72	652.64
69	325.53	414.03	481.98	527.80	704.79
70	353.98	450.37	524.64	575.21	764.84
71	382.42	488.30	570.47	624.20	831.21
72	418.77	535.70	624.20	684.25	908.64
73	459.85	586.27	685.83	752.20	993.98
74	504.10	643.16	752.20	824.89	1088.79
75	551.51	706.37	828.05	905.48	1194.67
76	603.66	771.16	907.06	993.98	1308.45
77	657.38	845.43	992.40	1088.79	1430.13
78	715.85	922.87	1087.21	1189.93	1559.71
79	775.90	1008.20	1183.61	1297.39	1697.19
80	839.11				
81	903.90				
82	970.27				
83	1042.97				
84	1117.24				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	91.65	113.78	129.58	143.80	188.05
45-49	101.14	126.42	145.38	159.61	208.59
50-54	124.84	156.44	180.15	195.95	263.90
55	139.06	176.99	203.85	222.82	301.83
56	145.38	186.47	214.91	233.88	316.05
57	151.70	195.95	227.56	246.52	333.43
58	161.19	207.01	240.20	262.32	350.82
59	172.25	219.65	254.42	278.12	371.36
60	186.47	232.30	271.80	295.51	393.48
61	199.11	246.52	287.61	314.47	420.35
62	211.75	263.90	308.15	336.59	448.79
63	224.40	281.28	328.69	358.72	477.24
64	240.20	298.67	349.24	382.42	508.84
65	254.42	319.21	372.94	407.70	545.19
66	271.80	341.33	399.80	436.15	583.11
67	292.35	369.78	431.41	472.49	630.52
68	314.47	399.80	466.17	512.00	682.67
69	339.75	432.99	505.68	554.67	737.98
70	368.20	470.91	548.35	602.08	799.61
71	399.80	512.00	598.91	655.80	870.72
72	436.15	559.41	654.22	717.43	949.73
73	480.40	613.14	717.43	788.54	1041.38
74	526.22	673.19	788.54	864.40	1139.36
75	576.79	737.98	864.40	948.15	1249.98
76	630.52	807.51	948.15	1039.80	1366.92
77	685.83	883.36	1036.64	1137.78	1493.34
78	745.88	962.37	1134.62	1242.08	1629.24
79	807.51	1050.87	1234.18	1355.85	1771.46
80	872.30				
81	938.67				
82	1009.78				
83	1084.05				
84	1159.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.73	66.37	77.43	85.33	113.78
45-49	60.05	74.27	86.91	94.82	126.42
50-54	80.59	97.98	112.20	120.10	161.19
55	91.65	113.78	128.00	140.64	191.21
56	96.40	118.52	135.90	148.54	203.85
57	102.72	126.42	145.38	159.61	219.65
58	109.04	135.90	156.44	172.25	235.46
59	118.52	146.96	169.09	186.47	254.42
60	128.00	159.61	183.31	200.69	274.96
61	139.06	172.25	200.69	218.07	295.51
62	150.12	188.05	218.07	235.46	319.21
63	161.19	200.69	233.88	254.42	344.49
64	172.25	214.91	251.26	271.80	368.20
65	186.47	230.72	267.06	292.35	396.64
66	200.69	246.52	287.61	314.47	428.25
67	218.07	270.22	314.47	341.33	464.59
68	235.46	293.93	344.49	372.94	507.26
69	256.00	322.37	376.10	409.28	554.67
70	278.12	350.82	410.87	448.79	606.82
71	304.99	387.16	451.95	494.62	663.71
72	336.59	428.25	499.36	546.77	733.24
73	371.36	474.08	554.67	606.82	809.09
74	412.45	524.64	614.72	673.19	894.42
75	455.11	581.53	681.09	745.88	987.66
76	502.52	643.16	750.62	823.31	1087.21
77	551.51	707.95	829.63	908.64	1194.67
78	603.66	779.06	913.38	1000.30	1310.03
79	660.54	854.92	1000.30	1098.27	1434.87
80	717.43				
81	779.06				
82	842.27				
83	908.64				
84	979.76				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.79	82.17	93.23	102.72	134.32
45-49	72.69	88.49	104.30	113.78	148.54
50-54	91.65	113.78	132.74	143.80	188.05
55	105.88	132.74	150.12	165.93	222.82
56	112.20	139.06	159.61	172.25	238.62
57	116.94	146.96	169.09	183.31	252.84
58	126.42	158.03	181.73	199.11	271.80
59	135.90	170.67	197.53	213.33	290.77
60	146.96	183.31	211.75	230.72	309.73
61	158.03	197.53	229.14	249.68	333.43
62	170.67	213.33	246.52	270.22	358.72
63	181.73	229.14	265.48	287.61	385.58
64	195.95	243.36	284.45	308.15	412.45
65	210.17	262.32	303.41	328.69	442.47
66	224.40	281.28	325.53	355.56	477.24
67	243.36	304.99	355.56	385.58	518.32
68	263.90	330.27	387.16	420.35	567.31
69	286.03	361.88	421.93	459.85	619.46
70	312.89	396.64	463.01	504.10	677.93
71	341.33	434.57	507.26	554.67	744.30
72	376.10	480.40	560.99	613.14	820.15
73	414.03	529.38	621.04	677.93	905.48
74	459.85	587.85	687.41	752.20	1000.30
75	507.26	649.48	760.10	832.79	1103.01
76	559.41	715.85	839.11	919.71	1215.21
77	613.14	788.54	924.45	1014.52	1335.31
78	671.61	864.40	1014.52	1115.66	1463.31
79	730.08	948.15	1114.08	1223.11	1600.79
80	793.29				
81	859.66				
82	929.19				
83	1001.88				
84	1077.73				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	71.11	86.91	101.14	109.04	143.80
45-49	77.43	96.40	112.20	120.10	158.03
50-54	96.40	120.10	139.06	151.70	199.11
55	112.20	139.06	159.61	175.41	235.46
56	116.94	146.96	169.09	183.31	251.26
57	124.84	156.44	180.15	195.95	267.06
58	134.32	167.51	192.79	210.17	286.03
59	143.80	180.15	208.59	224.40	304.99
60	154.86	192.79	224.40	243.36	325.53
61	165.93	208.59	241.78	262.32	349.24
62	178.57	224.40	260.74	282.86	376.10
63	191.21	241.78	278.12	303.41	402.96
64	203.85	256.00	297.09	323.95	431.41
65	219.65	274.96	317.63	346.07	463.01
66	233.88	295.51	341.33	371.36	497.78
67	254.42	319.21	371.36	402.96	543.61
68	276.54	347.66	404.54	440.89	592.59
69	298.67	379.26	442.47	481.98	646.32
70	327.11	414.03	485.14	527.80	707.95
71	357.14	455.11	530.96	579.95	777.48
72	391.90	502.52	587.85	641.58	856.50
73	432.99	554.67	651.06	709.53	946.57
74	480.40	613.14	719.01	786.96	1044.55
75	529.38	676.35	793.29	870.72	1152.00
76	583.11	747.46	875.46	960.79	1270.52
77	640.00	821.73	965.53	1060.35	1393.78
78	698.47	902.32	1060.35	1166.22	1528.10
79	760.10	989.24	1161.48	1276.84	1671.90
80	824.89				
81	894.42				
82	967.11				
83	1041.38				
84	1118.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.47	22.88	26.49	27.69	28.90
45-49	22.88	25.28	28.90	30.10	32.51
50-54	27.69	31.30	34.92	37.32	42.14
55	31.30	36.12	40.94	44.55	52.98
56	33.71	38.53	44.55	48.16	57.79
57	36.12	42.14	48.16	51.77	63.81
58	39.73	45.75	52.98	56.59	69.83
59	43.34	50.57	57.79	61.40	77.06
60	48.16	56.59	63.81	67.42	84.28
61	51.77	61.40	69.83	73.44	91.50
62	56.59	67.42	75.85	80.67	99.93
63	60.20	72.24	81.87	86.69	107.16
64	63.81	77.06	87.89	93.91	114.38
65	68.63	81.87	93.91	101.14	122.81
66	73.44	89.10	101.14	109.56	132.44
67	79.46	96.32	110.77	119.20	144.48
68	86.69	105.95	121.60	131.24	158.93
69	95.12	115.58	133.64	143.28	173.38
70	103.54	126.42	146.89	157.72	191.44
71	114.38	139.66	161.34	174.58	211.90
72	126.42	155.32	179.40	193.84	234.78
73	140.87	173.38	199.86	215.52	261.27
74	156.52	192.64	222.74	240.80	291.37
75	174.58	214.31	246.82	267.29	323.88
76	193.84	238.39	274.51	296.18	358.79
77	214.31	263.68	303.41	327.49	397.32
78	235.98	291.37	334.71	361.20	438.26
79	260.06	320.26	368.42	397.32	482.80
80	284.14				
81	310.63				
82	338.32				
83	367.22				
84	398.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.53	46.96	54.18	59.00	71.04
45-49	42.14	51.77	60.20	65.02	79.46
50-54	51.77	63.81	74.65	80.67	101.14
55	62.61	75.85	87.89	93.91	120.40
56	66.22	80.67	92.71	99.93	128.83
57	71.04	86.69	98.73	105.95	137.26
58	75.85	92.71	105.95	113.18	146.89
59	80.67	98.73	113.18	121.60	156.52
60	85.48	105.95	121.60	131.24	167.36
61	91.50	113.18	130.03	140.87	178.19
62	97.52	120.40	139.66	151.70	191.44
63	103.54	128.83	149.30	161.34	204.68
64	110.77	136.05	158.93	172.17	219.13
65	117.99	145.68	168.56	183.01	234.78
66	126.42	155.32	180.60	195.05	251.64
67	136.05	167.36	193.84	209.50	270.90
68	146.89	180.60	209.50	226.35	292.57
69	157.72	195.05	225.15	244.41	315.45
70	170.97	211.90	244.41	264.88	339.53
71	185.42	229.96	264.88	287.76	368.42
72	201.07	250.43	288.96	314.24	400.93
73	219.13	273.31	316.65	344.34	437.05
74	239.60	299.80	346.75	378.06	477.99
75	261.27	327.49	380.46	414.18	521.33
76	284.14	357.59	416.58	453.91	569.49
77	308.22	390.10	455.11	497.25	620.06
78	333.51	425.01	497.25	543.00	674.24
79	360.00	462.34	541.80	592.37	733.24
80	388.89				
81	417.79				
82	449.09				
83	481.60				
84	515.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.69	33.71	38.53	42.14	50.57
45-49	30.10	37.32	43.34	46.96	56.59
50-54	42.14	50.57	59.00	63.81	77.06
55	48.16	59.00	67.42	72.24	92.71
56	50.57	62.61	71.04	77.06	98.73
57	54.18	67.42	75.85	81.87	105.95
58	59.00	73.44	81.87	89.10	114.38
59	63.81	79.46	89.10	96.32	125.22
60	69.83	86.69	97.52	105.95	136.05
61	75.85	93.91	107.16	115.58	148.09
62	81.87	101.14	115.58	125.22	160.13
63	87.89	108.36	124.01	134.85	172.17
64	93.91	115.58	132.44	144.48	185.42
65	99.93	124.01	142.07	154.11	198.66
66	108.36	133.64	152.91	166.15	215.52
67	116.79	144.48	166.15	180.60	233.58
68	126.42	157.72	181.80	197.46	254.04
69	138.46	172.17	198.66	215.52	276.92
70	150.50	187.82	216.72	235.98	303.41
71	164.95	205.88	238.39	258.86	331.10
72	180.60	226.35	262.47	285.35	363.61
73	198.66	249.23	288.96	315.45	399.73
74	219.13	274.51	319.06	347.96	439.46
75	240.80	302.20	351.57	382.87	481.60
76	263.68	332.30	386.48	421.40	528.56
77	287.76	363.61	423.81	462.34	577.92
78	313.04	397.32	463.54	506.88	630.90
79	339.53	433.44	506.88	553.84	687.48
80	368.42				
81	397.32				
82	428.62				
83	461.13				
84	494.84				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.08	26.49	31.30	32.51	33.71
45-49	26.49	30.10	33.71	34.92	38.53
50-54	32.51	37.32	40.94	43.34	49.36
55	37.32	42.14	48.16	52.98	62.61
56	39.73	45.75	52.98	56.59	67.42
57	42.14	49.36	56.59	61.40	74.65
58	46.96	54.18	62.61	66.22	81.87
59	50.57	59.00	67.42	72.24	90.30
60	56.59	66.22	74.65	79.46	98.73
61	61.40	72.24	81.87	86.69	107.16
62	66.22	79.46	89.10	95.12	117.99
63	71.04	85.48	96.32	102.34	126.42
64	74.65	90.30	103.54	110.77	134.85
65	80.67	96.32	110.77	119.20	144.48
66	86.69	104.75	119.20	128.83	155.32
67	93.91	113.18	130.03	139.66	169.76
68	102.34	125.22	143.28	154.11	186.62
69	111.97	136.05	157.72	168.56	203.48
70	121.60	149.30	173.38	185.42	225.15
71	134.85	163.74	190.23	205.88	249.23
72	149.30	183.01	210.70	227.56	275.72
73	166.15	203.48	234.78	254.04	307.02
74	184.21	226.35	262.47	282.94	343.14
75	205.88	251.64	290.16	314.24	380.46
76	227.56	280.53	322.67	347.96	422.60
77	251.64	310.63	356.38	385.28	467.15
78	278.12	343.14	393.71	425.01	515.31
79	305.82	376.85	433.44	467.15	568.29
80	334.71				
81	366.02				
82	398.52				
83	432.24				
84	468.36				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.75	55.38	63.81	69.83	83.08
45-49	49.36	61.40	71.04	77.06	93.91
50-54	61.40	74.65	87.89	95.12	119.20
55	73.44	89.10	103.54	110.77	142.07
56	78.26	95.12	109.56	117.99	151.70
57	83.08	102.34	115.58	125.22	161.34
58	89.10	109.56	125.22	133.64	173.38
59	95.12	115.58	133.64	143.28	184.21
60	101.14	125.22	143.28	154.11	197.46
61	107.16	133.64	152.91	166.15	209.50
62	114.38	142.07	163.74	178.19	225.15
63	121.60	151.70	175.78	190.23	240.80
64	130.03	160.13	186.62	202.27	257.66
65	138.46	170.97	198.66	215.52	275.72
66	149.30	183.01	211.90	229.96	296.18
67	160.13	197.46	227.56	246.82	319.06
68	173.38	211.90	246.82	266.08	344.34
69	185.42	229.96	264.88	287.76	370.83
70	201.07	249.23	287.76	311.84	399.73
71	217.92	270.90	311.84	338.32	433.44
72	235.98	294.98	339.53	369.63	471.97
73	257.66	321.47	372.04	404.54	514.11
74	281.74	352.77	408.16	444.28	562.27
75	307.02	385.28	447.89	487.62	612.84
76	334.71	420.20	490.03	534.58	669.42
77	362.40	458.72	535.78	585.14	729.62
78	392.50	499.66	585.14	639.32	793.44
79	423.81	544.21	636.92	697.12	862.06
80	457.52				
81	491.23				
82	528.56				
83	567.08				
84	606.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.51	39.73	45.75	49.36	59.00
45-49	34.92	43.34	50.57	55.38	66.22
50-54	49.36	59.00	69.83	74.65	90.30
55	56.59	69.83	79.46	85.48	109.56
56	59.00	73.44	83.08	90.30	115.58
57	63.81	79.46	89.10	96.32	125.22
58	69.83	86.69	96.32	104.75	134.85
59	74.65	93.91	104.75	113.18	146.89
60	81.87	102.34	114.38	125.22	160.13
61	89.10	110.77	126.42	136.05	174.58
62	96.32	119.20	136.05	146.89	187.82
63	103.54	127.62	145.68	158.93	202.27
64	110.77	136.05	155.32	169.76	217.92
65	117.99	145.68	167.36	181.80	233.58
66	127.62	157.72	179.40	195.05	254.04
67	137.26	169.76	195.05	211.90	274.51
68	149.30	185.42	214.31	232.37	298.59
69	162.54	202.27	233.58	254.04	326.28
70	176.99	221.54	255.25	278.12	356.38
71	193.84	242.00	280.53	304.61	390.10
72	211.90	266.08	308.22	335.92	427.42
73	233.58	293.78	339.53	370.83	470.76
74	257.66	322.67	375.65	409.36	516.52
75	282.94	355.18	414.18	450.30	567.08
76	310.63	391.30	455.11	496.05	621.26
77	338.32	427.42	498.46	544.21	680.26
78	368.42	467.15	545.41	595.98	741.66
79	399.73	510.50	595.98	651.36	809.09
80	433.44				
81	467.15				
82	504.48				
83	543.00				
84	582.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.59	28.60	33.11	34.62	36.12
45-49	28.60	31.61	36.12	37.63	40.64
50-54	34.62	39.13	43.65	46.66	52.68
55	39.13	45.15	51.17	55.69	66.22
56	42.14	48.16	55.69	60.20	72.24
57	45.15	52.68	60.20	64.72	79.77
58	49.67	57.19	66.22	70.74	87.29
59	54.18	63.21	72.24	76.76	96.32
60	60.20	70.74	79.77	84.28	105.35
61	64.72	76.76	87.29	91.81	114.38
62	70.74	84.28	94.82	100.84	124.92
63	75.25	90.30	102.34	108.36	133.95
64	79.77	96.32	109.87	117.39	142.98
65	85.79	102.34	117.39	126.42	153.51
66	91.81	111.37	126.42	136.96	165.55
67	99.33	120.40	138.46	149.00	180.60
68	108.36	132.44	152.01	164.05	198.66
69	118.90	144.48	167.06	179.10	216.72
70	129.43	158.03	183.61	197.16	239.30
71	142.98	174.58	201.67	218.23	264.88
72	158.03	194.15	224.25	242.31	293.48
73	176.09	216.72	249.83	269.40	326.59
74	195.65	240.80	278.43	301.00	364.21
75	218.23	267.89	308.53	334.11	404.85
76	242.31	297.99	343.14	370.23	448.49
77	267.89	329.60	379.26	409.36	496.65
78	294.98	364.21	418.39	451.50	547.82
79	325.08	400.33	460.53	496.65	603.51
80	355.18				
81	388.29				
82	422.91				
83	459.03				
84	498.16				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.16	58.70	67.73	73.75	88.80
45-49	52.68	64.72	75.25	81.27	99.33
50-54	64.72	79.77	93.31	100.84	126.42
55	78.26	94.82	109.87	117.39	150.50
56	82.78	100.84	115.89	124.92	161.04
57	88.80	108.36	123.41	132.44	171.57
58	94.82	115.89	132.44	141.47	183.61
59	100.84	123.41	141.47	152.01	195.65
60	106.86	132.44	152.01	164.05	209.20
61	114.38	141.47	162.54	176.09	222.74
62	121.91	150.50	174.58	189.63	239.30
63	129.43	161.04	186.62	201.67	255.85
64	138.46	170.07	198.66	215.22	273.91
65	147.49	182.11	210.70	228.76	293.48
66	158.03	194.15	225.75	243.81	314.55
67	170.07	209.20	242.31	261.87	338.63
68	183.61	225.75	261.87	282.94	365.72
69	197.16	243.81	281.44	305.52	394.31
70	213.71	264.88	305.52	331.10	424.41
71	231.77	287.46	331.10	359.70	460.53
72	251.34	313.04	361.20	392.81	501.17
73	273.91	341.64	395.82	430.43	546.32
74	299.50	374.75	433.44	472.57	597.49
75	326.59	409.36	475.58	517.72	651.67
76	355.18	446.99	520.73	567.39	711.87
77	385.28	487.62	568.89	621.57	775.08
78	416.89	531.27	621.57	678.76	842.80
79	450.00	577.92	677.25	740.46	916.55
80	486.12				
81	522.24				
82	561.37				
83	602.00				
84	644.14				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.62	42.14	48.16	52.68	63.21
45-49	37.63	46.66	54.18	58.70	70.74
50-54	52.68	63.21	73.75	79.77	96.32
55	60.20	73.75	84.28	90.30	115.89
56	63.21	78.26	88.80	96.32	123.41
57	67.73	84.28	94.82	102.34	132.44
58	73.75	91.81	102.34	111.37	142.98
59	79.77	99.33	111.37	120.40	156.52
60	87.29	108.36	121.91	132.44	170.07
61	94.82	117.39	133.95	144.48	185.12
62	102.34	126.42	144.48	156.52	200.17
63	109.87	135.45	155.02	168.56	215.22
64	117.39	144.48	165.55	180.60	231.77
65	124.92	155.02	177.59	192.64	248.33
66	135.45	167.06	191.14	207.69	269.40
67	145.99	180.60	207.69	225.75	291.97
68	158.03	197.16	227.26	246.82	317.56
69	173.08	215.22	248.33	269.40	346.15
70	188.13	234.78	270.90	294.98	379.26
71	206.19	257.36	297.99	323.58	413.88
72	225.75	282.94	328.09	356.69	454.51
73	248.33	311.54	361.20	394.31	499.66
74	273.91	343.14	398.83	434.95	549.33
75	301.00	377.76	439.46	478.59	602.00
76	329.60	415.38	483.11	526.75	660.70
77	359.70	454.51	529.76	577.92	722.40
78	391.30	496.65	579.43	633.61	788.62
79	424.41	541.80	633.61	692.30	859.36
80	460.53				
81	496.65				
82	535.78				
83	576.42				
84	618.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.10	33.11	39.13	40.64	42.14
45-49	33.11	37.63	42.14	43.65	48.16
50-54	40.64	46.66	51.17	54.18	61.71
55	46.66	52.68	60.20	66.22	78.26
56	49.67	57.19	66.22	70.74	84.28
57	52.68	61.71	70.74	76.76	93.31
58	58.70	67.73	78.26	82.78	102.34
59	63.21	73.75	84.28	90.30	112.88
60	70.74	82.78	93.31	99.33	123.41
61	76.76	90.30	102.34	108.36	133.95
62	82.78	99.33	111.37	118.90	147.49
63	88.80	106.86	120.40	127.93	158.03
64	93.31	112.88	129.43	138.46	168.56
65	100.84	120.40	138.46	149.00	180.60
66	108.36	130.94	149.00	161.04	194.15
67	117.39	141.47	162.54	174.58	212.21
68	127.93	156.52	179.10	192.64	233.28
69	139.97	170.07	197.16	210.70	254.35
70	152.01	186.62	216.72	231.77	281.44
71	168.56	204.68	237.79	257.36	311.54
72	186.62	228.76	263.38	284.45	344.65
73	207.69	254.35	293.48	317.56	383.78
74	230.27	282.94	328.09	353.68	428.93
75	257.36	314.55	362.71	392.81	475.58
76	284.45	350.67	403.34	434.95	528.26
77	314.55	388.29	445.48	481.60	583.94
78	347.66	428.93	492.14	531.27	644.14
79	382.27	471.07	541.80	583.94	710.36
80	418.39				
81	457.52				
82	498.16				
83	540.30				
84	585.45				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.19	69.23	79.77	87.29	103.85
45-49	61.71	76.76	88.80	96.32	117.39
50-54	76.76	93.31	109.87	118.90	149.00
55	91.81	111.37	129.43	138.46	177.59
56	97.83	118.90	136.96	147.49	189.63
57	103.85	127.93	144.48	156.52	201.67
58	111.37	136.96	156.52	167.06	216.72
59	118.90	144.48	167.06	179.10	230.27
60	126.42	156.52	179.10	192.64	246.82
61	133.95	167.06	191.14	207.69	261.87
62	142.98	177.59	204.68	222.74	281.44
63	152.01	189.63	219.73	237.79	301.00
64	162.54	200.17	233.28	252.84	322.07
65	173.08	213.71	248.33	269.40	344.65
66	186.62	228.76	264.88	287.46	370.23
67	200.17	246.82	284.45	308.53	398.83
68	216.72	264.88	308.53	332.61	430.43
69	231.77	287.46	331.10	359.70	463.54
70	251.34	311.54	359.70	389.80	499.66
71	272.41	338.63	389.80	422.91	541.80
72	294.98	368.73	424.41	462.04	589.96
73	322.07	401.84	465.05	505.68	642.64
74	352.17	440.97	510.20	555.35	702.84
75	383.78	481.60	559.86	609.53	766.05
76	418.39	525.25	612.54	668.22	836.78
77	453.01	573.41	669.73	731.43	912.03
78	490.63	624.58	731.43	799.16	991.80
79	529.76	680.26	796.15	871.40	1077.58
80	571.90				
81	614.04				
82	660.70				
83	708.86				
84	758.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with First 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.64	49.67	57.19	61.71	73.75
45-49	43.65	54.18	63.21	69.23	82.78
50-54	61.71	73.75	87.29	93.31	112.88
55	70.74	87.29	99.33	106.86	136.96
56	73.75	91.81	103.85	112.88	144.48
57	79.77	99.33	111.37	120.40	156.52
58	87.29	108.36	120.40	130.94	168.56
59	93.31	117.39	130.94	141.47	183.61
60	102.34	127.93	142.98	156.52	200.17
61	111.37	138.46	158.03	170.07	218.23
62	120.40	149.00	170.07	183.61	234.78
63	129.43	159.53	182.11	198.66	252.84
64	138.46	170.07	194.15	212.21	272.41
65	147.49	182.11	209.20	227.26	291.97
66	159.53	197.16	224.25	243.81	317.56
67	171.57	212.21	243.81	264.88	343.14
68	186.62	231.77	267.89	290.47	373.24
69	203.18	252.84	291.97	317.56	407.86
70	221.24	276.92	319.06	347.66	445.48
71	242.31	302.51	350.67	380.77	487.62
72	264.88	332.61	385.28	419.90	534.28
73	291.97	367.22	424.41	463.54	588.46
74	322.07	403.34	469.56	511.70	645.65
75	353.68	443.98	517.72	562.87	708.86
76	388.29	489.13	568.89	620.06	776.58
77	422.91	534.28	623.07	680.26	850.33
78	460.53	583.94	681.77	744.98	927.08
79	499.66	638.12	744.98	814.21	1011.36
80	541.80				
81	583.94				
82	630.60				
83	678.76				
84	728.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22.88	27.69	30.10	32.51	42.14
45-49	25.28	31.30	33.71	36.12	46.96
50-54	31.30	37.32	42.14	44.55	57.79
55	36.12	43.34	48.16	51.77	68.63
56	38.53	45.75	51.77	55.38	72.24
57	40.94	49.36	55.38	59.00	78.26
58	44.55	52.98	60.20	63.81	84.28
59	48.16	57.79	65.02	69.83	91.50
60	51.77	62.61	71.04	75.85	99.93
61	56.59	67.42	77.06	83.08	108.36
62	61.40	73.44	84.28	90.30	117.99
63	66.22	79.46	90.30	97.52	127.62
64	69.83	84.28	97.52	104.75	136.05
65	74.65	90.30	104.75	111.97	145.68
66	79.46	97.52	113.18	121.60	157.72
67	86.69	105.95	122.81	132.44	172.17
68	95.12	115.58	133.64	145.68	189.03
69	103.54	126.42	146.89	158.93	207.09
70	113.18	138.46	160.13	174.58	227.56
71	124.01	152.91	176.99	192.64	250.43
72	137.26	169.76	196.25	214.31	278.12
73	151.70	189.03	219.13	238.39	309.43
74	168.56	210.70	243.21	266.08	343.14
75	187.82	233.58	270.90	296.18	380.46
76	207.09	258.86	301.00	328.69	421.40
77	228.76	286.55	333.51	363.61	465.95
78	251.64	316.65	368.42	402.14	512.90
79	276.92	347.96	405.75	441.87	563.47
80	303.41				
81	331.10				
82	361.20				
83	392.50				
84	426.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.49	32.51	36.12	37.32	49.36
45-49	30.10	36.12	39.73	42.14	54.18
50-54	34.92	42.14	48.16	51.77	67.42
55	40.94	48.16	54.18	59.00	78.26
56	43.34	50.57	57.79	62.61	81.87
57	45.75	54.18	61.40	66.22	87.89
58	49.36	59.00	66.22	71.04	93.91
59	52.98	63.81	72.24	78.26	101.14
60	56.59	69.83	78.26	84.28	109.56
61	61.40	74.65	85.48	92.71	119.20
62	66.22	80.67	92.71	99.93	128.83
63	71.04	86.69	99.93	107.16	139.66
64	75.85	92.71	105.95	114.38	149.30
65	81.87	98.73	114.38	121.60	160.13
66	86.69	105.95	122.81	131.24	173.38
67	93.91	115.58	132.44	143.28	189.03
68	102.34	125.22	145.68	157.72	207.09
69	111.97	137.26	158.93	172.17	226.35
70	122.81	151.70	173.38	189.03	249.23
71	133.64	166.15	192.64	208.29	274.51
72	148.09	185.42	213.11	232.37	303.41
73	164.95	205.88	237.19	258.86	337.12
74	181.80	228.76	264.88	287.76	373.24
75	202.27	254.04	294.98	320.26	414.18
76	222.74	281.74	327.49	356.38	458.72
77	246.82	310.63	362.40	394.91	506.88
78	270.90	343.14	400.93	437.05	557.45
79	297.39	378.06	440.66	480.40	612.84
80	325.08				
81	355.18				
82	386.48				
83	418.99				
84	453.91				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.69	33.71	38.53	39.73	51.77
45-49	31.30	37.32	42.14	44.55	57.79
50-54	36.12	44.55	50.57	54.18	72.24
55	42.14	50.57	56.59	61.40	81.87
56	44.55	52.98	60.20	65.02	86.69
57	46.96	56.59	63.81	69.83	91.50
58	50.57	61.40	68.63	74.65	98.73
59	54.18	66.22	74.65	81.87	105.95
60	59.00	72.24	81.87	87.89	114.38
61	63.81	78.26	89.10	96.32	124.01
62	68.63	84.28	96.32	103.54	133.64
63	73.44	90.30	103.54	110.77	144.48
64	78.26	96.32	109.56	117.99	154.11
65	84.28	102.34	117.99	126.42	166.15
66	90.30	109.56	126.42	136.05	179.40
67	97.52	119.20	137.26	148.09	196.25
68	105.95	130.03	150.50	162.54	214.31
69	115.58	142.07	163.74	178.19	234.78
70	126.42	156.52	179.40	195.05	257.66
71	138.46	172.17	198.66	215.52	284.14
72	152.91	191.44	220.33	239.60	314.24
73	169.76	213.11	245.62	267.29	349.16
74	187.82	235.98	273.31	297.39	386.48
75	208.29	262.47	304.61	331.10	428.62
76	229.96	291.37	338.32	368.42	474.38
77	254.04	321.47	374.44	408.16	523.74
78	279.33	353.98	414.18	451.50	576.72
79	305.82	390.10	456.32	497.25	633.30
80	334.71				
81	364.81				
82	397.32				
83	431.03				
84	465.95				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.34	54.18	62.61	68.63	90.30
45-49	48.16	60.20	69.83	75.85	99.93
50-54	59.00	73.44	85.48	92.71	127.62
55	67.42	85.48	98.73	107.16	148.09
56	71.04	90.30	104.75	113.18	155.32
57	75.85	96.32	110.77	120.40	164.95
58	80.67	102.34	117.99	128.83	174.58
59	86.69	109.56	126.42	137.26	185.42
60	92.71	116.79	134.85	145.68	197.46
61	98.73	125.22	144.48	156.52	210.70
62	105.95	133.64	154.11	167.36	225.15
63	113.18	142.07	163.74	178.19	240.80
64	120.40	151.70	174.58	190.23	256.45
65	127.62	161.34	186.62	202.27	273.31
66	137.26	172.17	198.66	216.72	292.57
67	146.89	185.42	214.31	233.58	315.45
68	157.72	199.86	231.17	252.84	340.73
69	169.76	214.31	250.43	273.31	367.22
70	183.01	232.37	270.90	296.18	396.12
71	198.66	251.64	293.78	321.47	429.83
72	215.52	273.31	320.26	350.36	467.15
73	234.78	298.59	350.36	382.87	509.29
74	256.45	326.28	382.87	418.99	555.04
75	280.53	356.38	417.79	457.52	605.61
76	304.61	390.10	456.32	499.66	659.79
77	331.10	425.01	497.25	545.41	717.58
78	357.59	463.54	540.60	593.57	778.99
79	386.48	503.27	587.55	645.34	845.21
80	416.58				
81	446.68				
82	479.19				
83	512.90				
84	547.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.16	61.40	71.04	78.26	101.14
45-49	54.18	67.42	79.46	85.48	113.18
50-54	66.22	83.08	97.52	105.95	143.28
55	74.65	95.12	111.97	121.60	163.74
56	78.26	99.93	117.99	127.62	170.97
57	83.08	105.95	124.01	134.85	180.60
58	87.89	111.97	131.24	143.28	191.44
59	93.91	119.20	139.66	151.70	203.48
60	101.14	127.62	148.09	161.34	215.52
61	108.36	136.05	157.72	170.97	229.96
62	115.58	145.68	167.36	183.01	245.62
63	122.81	155.32	178.19	193.84	262.47
64	130.03	164.95	190.23	207.09	278.12
65	138.46	174.58	202.27	220.33	297.39
66	148.09	186.62	216.72	237.19	316.65
67	158.93	201.07	233.58	255.25	341.94
68	170.97	216.72	252.84	276.92	368.42
69	184.21	232.37	272.10	298.59	397.32
70	198.66	252.84	294.98	322.67	428.62
71	214.31	273.31	320.26	350.36	464.74
72	233.58	297.39	347.96	381.67	505.68
73	254.04	325.08	380.46	416.58	551.43
74	276.92	353.98	415.38	455.11	600.80
75	302.20	386.48	452.70	496.05	654.98
76	328.69	421.40	493.64	540.60	711.56
77	355.18	457.52	536.98	588.76	774.17
78	384.08	497.25	583.94	640.53	839.19
79	412.97	539.39	633.30	694.71	910.22
80	445.48				
81	476.78				
82	511.70				
83	546.62				
84	582.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.57	63.81	74.65	81.87	105.95
45-49	56.59	71.04	83.08	90.30	117.99
50-54	69.83	87.89	102.34	110.77	149.30
55	78.26	98.73	116.79	127.62	169.76
56	81.87	103.54	122.81	133.64	178.19
57	86.69	109.56	128.83	140.87	187.82
58	91.50	116.79	136.05	149.30	198.66
59	97.52	124.01	144.48	157.72	210.70
60	104.75	132.44	152.91	167.36	223.94
61	111.97	140.87	162.54	176.99	238.39
62	119.20	150.50	173.38	189.03	254.04
63	126.42	160.13	184.21	201.07	270.90
64	134.85	169.76	196.25	214.31	287.76
65	143.28	180.60	209.50	228.76	307.02
66	152.91	192.64	225.15	245.62	327.49
67	163.74	207.09	242.00	264.88	352.77
68	175.78	223.94	261.27	286.55	380.46
69	190.23	240.80	281.74	309.43	410.56
70	204.68	261.27	304.61	334.71	443.07
71	221.54	282.94	331.10	362.40	480.40
72	240.80	308.22	360.00	394.91	522.54
73	262.47	335.92	392.50	431.03	569.49
74	285.35	366.02	428.62	470.76	620.06
75	310.63	398.52	467.15	512.90	675.44
76	338.32	434.64	509.29	558.66	734.44
77	366.02	471.97	553.84	608.02	798.25
78	394.91	511.70	602.00	661.00	865.68
79	425.01	555.04	652.57	716.38	937.92
80	457.52				
81	490.03				
82	524.94				
83	561.06				
84	598.39				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.51	39.73	46.96	50.57	67.42
45-49	36.12	44.55	51.77	56.59	74.65
50-54	46.96	57.79	66.22	73.44	96.32
55	54.18	66.22	77.06	84.28	114.38
56	56.59	69.83	80.67	87.89	121.60
57	60.20	74.65	86.69	93.91	130.03
58	65.02	80.67	93.91	101.14	139.66
59	69.83	86.69	101.14	109.56	150.50
60	75.85	95.12	109.56	119.20	161.34
61	83.08	102.34	119.20	128.83	174.58
62	89.10	110.77	128.83	139.66	187.82
63	95.12	119.20	138.46	149.30	202.27
64	102.34	127.62	148.09	160.13	216.72
65	108.36	136.05	157.72	170.97	232.37
66	116.79	146.89	169.76	184.21	250.43
67	126.42	158.93	184.21	199.86	272.10
68	137.26	173.38	201.07	217.92	296.18
69	149.30	189.03	219.13	238.39	322.67
70	162.54	205.88	239.60	261.27	352.77
71	178.19	226.35	262.47	286.55	385.28
72	195.05	248.02	288.96	315.45	422.60
73	214.31	273.31	317.86	347.96	464.74
74	235.98	299.80	350.36	382.87	509.29
75	258.86	329.90	385.28	421.40	558.66
76	284.14	361.20	422.60	463.54	612.84
77	309.43	396.12	463.54	508.09	669.42
78	335.92	432.24	506.88	556.25	730.83
79	364.81	471.97	552.64	606.82	794.64
80	394.91				
81	426.22				
82	458.72				
83	492.44				
84	528.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.32	46.96	54.18	57.79	77.06
45-49	42.14	51.77	59.00	65.02	85.48
50-54	51.77	65.02	75.85	83.08	108.36
55	60.20	74.65	86.69	93.91	127.62
56	63.81	79.46	91.50	99.93	134.85
57	67.42	84.28	97.52	105.95	144.48
58	72.24	90.30	104.75	114.38	154.11
59	77.06	96.32	111.97	122.81	164.95
60	83.08	104.75	121.60	132.44	176.99
61	90.30	111.97	131.24	143.28	190.23
62	96.32	120.40	140.87	154.11	203.48
63	103.54	128.83	151.70	164.95	219.13
64	110.77	138.46	161.34	175.78	234.78
65	117.99	148.09	172.17	187.82	250.43
66	127.62	160.13	185.42	202.27	270.90
67	138.46	172.17	201.07	217.92	293.78
68	150.50	187.82	219.13	238.39	320.26
69	162.54	204.68	238.39	260.06	349.16
70	175.78	222.74	260.06	282.94	380.46
71	191.44	244.41	284.14	310.63	416.58
72	209.50	267.29	313.04	341.94	456.32
73	229.96	294.98	344.34	376.85	500.86
74	252.84	323.88	378.06	414.18	550.23
75	278.12	355.18	416.58	456.32	603.20
76	304.61	388.89	457.52	502.07	661.00
77	332.30	426.22	500.86	549.02	722.40
78	360.00	465.95	547.82	600.80	788.62
79	391.30	508.09	597.18	656.18	858.45
80	422.60				
81	456.32				
82	490.03				
83	524.94				
84	563.47				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.73	49.36	56.59	61.40	81.87
45-49	44.55	54.18	62.61	68.63	90.30
50-54	54.18	67.42	79.46	86.69	113.18
55	62.61	78.26	91.50	98.73	133.64
56	66.22	83.08	96.32	104.75	140.87
57	69.83	87.89	102.34	110.77	150.50
58	74.65	93.91	109.56	119.20	160.13
59	80.67	101.14	116.79	127.62	170.97
60	86.69	108.36	126.42	138.46	183.01
61	92.71	116.79	136.05	149.30	196.25
62	99.93	125.22	145.68	160.13	210.70
63	107.16	133.64	156.52	170.97	226.35
64	114.38	143.28	167.36	183.01	242.00
65	122.81	152.91	178.19	195.05	258.86
66	132.44	164.95	192.64	209.50	279.33
67	143.28	178.19	208.29	226.35	303.41
68	155.32	193.84	226.35	246.82	329.90
69	167.36	210.70	246.82	268.49	360.00
70	181.80	229.96	268.49	292.57	392.50
71	197.46	251.64	293.78	321.47	429.83
72	215.52	275.72	322.67	352.77	470.76
73	237.19	303.41	355.18	388.89	516.52
74	260.06	333.51	390.10	427.42	568.29
75	286.55	366.02	429.83	470.76	622.47
76	313.04	400.93	471.97	517.72	681.46
77	341.94	439.46	516.52	567.08	745.28
78	370.83	480.40	564.68	620.06	812.70
79	402.14	523.74	616.45	677.85	884.94
80	434.64				
81	468.36				
82	503.27				
83	539.39				
84	577.92				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.49	32.51	34.92	38.53	49.36
45-49	30.10	37.32	39.73	42.14	55.38
50-54	37.32	43.34	49.36	52.98	67.42
55	42.14	50.57	56.59	61.40	80.67
56	45.75	54.18	61.40	65.02	85.48
57	48.16	57.79	65.02	69.83	91.50
58	52.98	62.61	71.04	74.65	98.73
59	56.59	67.42	77.06	81.87	107.16
60	61.40	73.44	83.08	89.10	117.99
61	66.22	79.46	90.30	97.52	127.62
62	72.24	86.69	98.73	105.95	138.46
63	78.26	93.91	105.95	114.38	150.50
64	81.87	98.73	114.38	122.81	160.13
65	87.89	105.95	122.81	131.24	170.97
66	93.91	114.38	133.64	143.28	185.42
67	102.34	125.22	144.48	155.32	202.27
68	111.97	136.05	157.72	170.97	222.74
69	121.60	149.30	173.38	186.62	243.21
70	133.64	162.54	187.82	205.88	267.29
71	145.68	179.40	208.29	226.35	294.98
72	161.34	199.86	231.17	251.64	327.49
73	178.19	222.74	257.66	280.53	363.61
74	198.66	248.02	286.55	313.04	403.34
75	221.54	274.51	319.06	347.96	447.89
76	243.21	304.61	353.98	386.48	496.05
77	269.70	337.12	392.50	427.42	547.82
78	296.18	372.04	433.44	473.17	603.20
79	326.28	409.36	476.78	520.13	663.40
80	356.38				
81	390.10				
82	425.01				
83	462.34				
84	500.86				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.30	38.53	42.14	43.34	57.79
45-49	34.92	42.14	46.96	49.36	63.81
50-54	40.94	49.36	56.59	61.40	79.46
55	48.16	56.59	63.81	69.83	91.50
56	50.57	59.00	67.42	73.44	96.32
57	54.18	63.81	72.24	78.26	103.54
58	57.79	69.83	78.26	83.08	110.77
59	62.61	74.65	85.48	91.50	119.20
60	66.22	81.87	91.50	98.73	128.83
61	72.24	87.89	101.14	109.56	139.66
62	78.26	95.12	109.56	117.99	151.70
63	83.08	102.34	117.99	126.42	163.74
64	89.10	109.56	125.22	134.85	175.78
65	96.32	115.58	134.85	143.28	187.82
66	102.34	125.22	144.48	154.11	203.48
67	110.77	136.05	155.32	168.56	222.74
68	120.40	146.89	170.97	185.42	243.21
69	131.24	161.34	186.62	202.27	266.08
70	144.48	178.19	203.48	222.74	293.78
71	157.72	195.05	226.35	245.62	322.67
72	174.58	217.92	250.43	273.31	356.38
73	193.84	242.00	279.33	304.61	396.12
74	214.31	269.70	311.84	338.32	439.46
75	238.39	298.59	346.75	376.85	487.62
76	262.47	331.10	385.28	418.99	539.39
77	290.16	366.02	426.22	464.74	595.98
78	319.06	403.34	471.97	514.11	656.18
79	350.36	444.28	518.92	564.68	721.20
80	382.87				
81	417.79				
82	455.11				
83	492.44				
84	534.58				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.51	39.73	45.75	46.96	61.40
45-49	37.32	43.34	49.36	52.98	67.42
50-54	42.14	52.98	59.00	63.81	85.48
55	49.36	59.00	66.22	72.24	96.32
56	52.98	62.61	71.04	77.06	102.34
57	55.38	66.22	74.65	81.87	107.16
58	59.00	72.24	80.67	87.89	115.58
59	63.81	78.26	87.89	96.32	125.22
60	69.83	85.48	96.32	103.54	134.85
61	74.65	91.50	104.75	113.18	145.68
62	80.67	98.73	113.18	121.60	157.72
63	86.69	105.95	121.60	130.03	169.76
64	91.50	113.18	128.83	138.46	181.80
65	98.73	120.40	138.46	149.30	195.05
66	105.95	128.83	149.30	160.13	210.70
67	114.38	139.66	161.34	174.58	231.17
68	125.22	152.91	176.99	191.44	251.64
69	136.05	167.36	192.64	209.50	275.72
70	149.30	184.21	210.70	229.96	303.41
71	162.54	202.27	233.58	254.04	334.71
72	179.40	225.15	258.86	281.74	369.63
73	199.86	250.43	288.96	314.24	410.56
74	221.54	278.12	321.47	350.36	455.11
75	245.62	308.22	358.79	390.10	504.48
76	270.90	343.14	398.52	433.44	558.66
77	298.59	378.06	440.66	480.40	616.45
78	328.69	416.58	487.62	530.96	679.06
79	360.00	458.72	536.98	585.14	745.28
80	393.71				
81	428.62				
82	467.15				
83	506.88				
84	547.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.57	63.81	73.44	80.67	105.95
45-49	56.59	71.04	81.87	89.10	117.99
50-54	69.83	86.69	101.14	109.56	150.50
55	79.46	101.14	115.58	126.42	174.58
56	83.08	105.95	122.81	133.64	183.01
57	89.10	113.18	130.03	142.07	193.84
58	95.12	120.40	138.46	151.70	205.88
59	102.34	128.83	149.30	161.34	217.92
60	109.56	137.26	158.93	170.97	232.37
61	115.58	146.89	169.76	184.21	248.02
62	125.22	157.72	181.80	197.46	264.88
63	133.64	167.36	192.64	209.50	282.94
64	142.07	178.19	205.88	223.94	302.20
65	150.50	190.23	219.13	238.39	321.47
66	161.34	202.27	233.58	255.25	344.34
67	173.38	217.92	251.64	274.51	370.83
68	185.42	234.78	272.10	297.39	400.93
69	199.86	251.64	294.98	321.47	432.24
70	215.52	273.31	319.06	347.96	465.95
71	233.58	296.18	345.55	378.06	505.68
72	254.04	321.47	376.85	411.77	549.02
73	275.72	351.57	411.77	450.30	599.59
74	302.20	384.08	450.30	492.44	652.57
75	329.90	418.99	491.23	538.19	712.77
76	358.79	458.72	536.98	587.55	776.58
77	390.10	499.66	585.14	641.73	844.00
78	420.20	545.41	635.71	698.32	916.24
79	455.11	592.37	691.10	759.72	994.50
80	490.03				
81	524.94				
82	563.47				
83	603.20				
84	644.14				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.59	72.24	83.08	91.50	119.20
45-49	63.81	79.46	93.91	101.14	133.64
50-54	78.26	97.52	114.38	125.22	168.56
55	87.89	111.97	131.24	143.28	192.64
56	91.50	117.99	138.46	150.50	201.07
57	97.52	125.22	145.68	158.93	211.90
58	103.54	131.24	154.11	168.56	225.15
59	110.77	139.66	163.74	178.19	239.60
60	119.20	150.50	174.58	190.23	254.04
61	127.62	160.13	185.42	201.07	270.90
62	136.05	170.97	197.46	215.52	288.96
63	144.48	183.01	209.50	227.56	308.22
64	152.91	193.84	223.94	243.21	327.49
65	162.54	205.88	238.39	258.86	350.36
66	174.58	219.13	255.25	279.33	372.04
67	186.62	235.98	274.51	299.80	402.14
68	201.07	255.25	297.39	326.28	433.44
69	216.72	273.31	320.26	351.57	467.15
70	233.58	297.39	346.75	379.26	504.48
71	251.64	321.47	376.85	411.77	546.62
72	274.51	350.36	409.36	449.09	594.78
73	298.59	382.87	447.89	490.03	648.96
74	326.28	416.58	488.82	535.78	706.75
75	355.18	455.11	532.17	583.94	770.56
76	386.48	496.05	580.33	635.71	836.78
77	417.79	538.19	632.10	692.30	910.22
78	451.50	585.14	687.48	753.70	987.28
79	486.42	634.51	745.28	817.52	1070.36
80	523.74				
81	561.06				
82	602.00				
83	642.94				
84	685.08				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.00	74.65	87.89	96.32	125.22
45-49	66.22	83.08	97.52	105.95	138.46
50-54	81.87	103.54	120.40	130.03	175.78
55	91.50	115.58	137.26	150.50	199.86
56	96.32	121.60	144.48	157.72	209.50
57	102.34	128.83	151.70	166.15	221.54
58	107.16	137.26	160.13	175.78	233.58
59	114.38	145.68	169.76	185.42	248.02
60	122.81	155.32	179.40	197.46	263.68
61	131.24	166.15	191.44	208.29	280.53
62	139.66	176.99	203.48	222.74	298.59
63	149.30	187.82	216.72	235.98	319.06
64	158.93	199.86	231.17	251.64	338.32
65	168.56	211.90	246.82	269.70	361.20
66	179.40	226.35	264.88	288.96	385.28
67	192.64	243.21	284.14	311.84	415.38
68	207.09	263.68	307.02	337.12	447.89
69	223.94	282.94	331.10	363.61	482.80
70	240.80	307.02	358.79	393.71	521.33
71	260.06	332.30	390.10	426.22	564.68
72	282.94	362.40	423.81	464.74	615.24
73	308.22	394.91	462.34	506.88	669.42
74	335.92	431.03	504.48	553.84	729.62
75	366.02	468.36	549.02	603.20	794.64
76	398.52	511.70	599.59	657.38	864.47
77	431.03	555.04	651.36	715.18	939.12
78	464.74	602.00	707.95	777.78	1018.58
79	499.66	652.57	768.15	842.80	1102.86
80	538.19				
81	576.72				
82	617.65				
83	659.79				
84	704.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.53	46.96	55.38	59.00	79.46
45-49	42.14	52.98	61.40	66.22	87.89
50-54	55.38	67.42	78.26	86.69	113.18
55	63.81	78.26	90.30	98.73	134.85
56	66.22	81.87	95.12	103.54	143.28
57	71.04	87.89	102.34	110.77	152.91
58	77.06	95.12	110.77	119.20	163.74
59	81.87	102.34	119.20	128.83	176.99
60	89.10	111.97	128.83	139.66	190.23
61	97.52	120.40	139.66	151.70	205.88
62	104.75	130.03	151.70	163.74	221.54
63	111.97	139.66	162.54	175.78	238.39
64	120.40	150.50	174.58	187.82	255.25
65	127.62	160.13	185.42	201.07	273.31
66	137.26	173.38	199.86	216.72	294.98
67	149.30	186.62	216.72	234.78	320.26
68	161.34	203.48	235.98	256.45	347.96
69	175.78	222.74	257.66	280.53	379.26
70	191.44	242.00	281.74	307.02	415.38
71	209.50	266.08	308.22	337.12	452.70
72	229.96	291.37	339.53	370.83	497.25
73	251.64	321.47	374.44	409.36	546.62
74	278.12	352.77	411.77	450.30	599.59
75	304.61	387.69	452.70	496.05	657.38
76	334.71	425.01	497.25	545.41	721.20
77	363.61	465.95	545.41	597.18	787.42
78	394.91	508.09	595.98	654.98	859.66
79	428.62	555.04	650.16	713.97	934.30
80	464.74				
81	500.86				
82	539.39				
83	579.12				
84	621.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.34	55.38	63.81	67.42	90.30
45-49	49.36	61.40	69.83	77.06	101.14
50-54	61.40	77.06	89.10	97.52	127.62
55	71.04	87.89	102.34	110.77	150.50
56	74.65	93.91	107.16	117.99	158.93
57	79.46	98.73	114.38	125.22	169.76
58	85.48	105.95	122.81	134.85	181.80
59	90.30	113.18	131.24	144.48	193.84
60	97.52	122.81	143.28	155.32	208.29
61	105.95	131.24	154.11	168.56	223.94
62	113.18	142.07	166.15	181.80	239.60
63	121.60	151.70	178.19	193.84	257.66
64	130.03	162.54	190.23	207.09	275.72
65	138.46	174.58	202.27	221.54	294.98
66	150.50	187.82	217.92	238.39	319.06
67	162.54	202.27	235.98	256.45	345.55
68	176.99	221.54	257.66	280.53	376.85
69	191.44	240.80	280.53	305.82	410.56
70	207.09	262.47	305.82	332.30	447.89
71	225.15	287.76	334.71	366.02	490.03
72	246.82	314.24	368.42	402.14	536.98
73	270.90	346.75	404.54	443.07	588.76
74	297.39	380.46	444.28	487.62	647.75
75	327.49	417.79	490.03	536.98	709.16
76	358.79	457.52	538.19	591.16	777.78
77	391.30	500.86	588.76	645.34	850.02
78	423.81	547.82	644.14	706.75	928.28
79	459.93	597.18	703.14	771.76	1010.16
80	497.25				
81	536.98				
82	576.72				
83	617.65				
84	663.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46.96	57.79	66.22	72.24	96.32
45-49	52.98	63.81	73.44	80.67	105.95
50-54	63.81	79.46	93.91	102.34	133.64
55	73.44	91.50	107.16	115.58	157.72
56	78.26	97.52	113.18	122.81	166.15
57	81.87	103.54	120.40	130.03	176.99
58	87.89	110.77	128.83	139.66	187.82
59	95.12	119.20	137.26	150.50	201.07
60	102.34	127.62	149.30	162.54	215.52
61	109.56	137.26	160.13	175.78	231.17
62	117.99	146.89	170.97	187.82	248.02
63	126.42	157.72	184.21	201.07	266.08
64	134.85	168.56	197.46	215.52	284.14
65	144.48	179.40	209.50	229.96	304.61
66	155.32	193.84	226.35	246.82	328.69
67	168.56	209.50	245.62	266.08	356.38
68	183.01	227.56	266.08	290.16	387.69
69	197.46	248.02	290.16	315.45	423.81
70	214.31	270.90	315.45	344.34	462.34
71	232.37	296.18	345.55	378.06	505.68
72	254.04	323.88	379.26	415.38	553.84
73	279.33	356.38	417.79	457.52	608.02
74	305.82	392.50	458.72	503.27	668.22
75	337.12	431.03	505.68	553.84	732.03
76	368.42	471.97	555.04	609.22	801.86
77	402.14	516.52	608.02	667.02	876.51
78	435.85	564.68	664.61	729.62	955.98
79	473.17	616.45	724.81	797.05	1041.46
80	511.70				
81	551.43				
82	592.37				
83	634.51				
84	680.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.60	34.62	37.63	40.64	52.68
45-49	31.61	39.13	42.14	45.15	58.70
50-54	39.13	46.66	52.68	55.69	72.24
55	45.15	54.18	60.20	64.72	85.79
56	48.16	57.19	64.72	69.23	90.30
57	51.17	61.71	69.23	73.75	97.83
58	55.69	66.22	75.25	79.77	105.35
59	60.20	72.24	81.27	87.29	114.38
60	64.72	78.26	88.80	94.82	124.92
61	70.74	84.28	96.32	103.85	135.45
62	76.76	91.81	105.35	112.88	147.49
63	82.78	99.33	112.88	121.91	159.53
64	87.29	105.35	121.91	130.94	170.07
65	93.31	112.88	130.94	139.97	182.11
66	99.33	121.91	141.47	152.01	197.16
67	108.36	132.44	153.51	165.55	215.22
68	118.90	144.48	167.06	182.11	236.29
69	129.43	158.03	183.61	198.66	258.86
70	141.47	173.08	200.17	218.23	284.45
71	155.02	191.14	221.24	240.80	313.04
72	171.57	212.21	245.32	267.89	347.66
73	189.63	236.29	273.91	297.99	386.79
74	210.70	263.38	304.01	332.61	428.93
75	234.78	291.97	338.63	370.23	475.58
76	258.86	323.58	376.25	410.87	526.75
77	285.95	358.19	416.89	454.51	582.44
78	314.55	395.82	460.53	502.67	641.13
79	346.15	434.95	507.19	552.34	704.34
80	379.26				
81	413.88				
82	451.50				
83	490.63				
84	532.77				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.11	40.64	45.15	46.66	61.71
45-49	37.63	45.15	49.67	52.68	67.73
50-54	43.65	52.68	60.20	64.72	84.28
55	51.17	60.20	67.73	73.75	97.83
56	54.18	63.21	72.24	78.26	102.34
57	57.19	67.73	76.76	82.78	109.87
58	61.71	73.75	82.78	88.80	117.39
59	66.22	79.77	90.30	97.83	126.42
60	70.74	87.29	97.83	105.35	136.96
61	76.76	93.31	106.86	115.89	149.00
62	82.78	100.84	115.89	124.92	161.04
63	88.80	108.36	124.92	133.95	174.58
64	94.82	115.89	132.44	142.98	186.62
65	102.34	123.41	142.98	152.01	200.17
66	108.36	132.44	153.51	164.05	216.72
67	117.39	144.48	165.55	179.10	236.29
68	127.93	156.52	182.11	197.16	258.86
69	139.97	171.57	198.66	215.22	282.94
70	153.51	189.63	216.72	236.29	311.54
71	167.06	207.69	240.80	260.37	343.14
72	185.12	231.77	266.39	290.47	379.26
73	206.19	257.36	296.49	323.58	421.40
74	227.26	285.95	331.10	359.70	466.55
75	252.84	317.56	368.73	400.33	517.72
76	278.43	352.17	409.36	445.48	573.41
77	308.53	388.29	453.01	493.64	633.61
78	338.63	428.93	501.17	546.32	696.82
79	371.74	472.57	550.83	600.50	766.05
80	406.35				
81	443.98				
82	483.11				
83	523.74				
84	567.39				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.62	42.14	48.16	49.67	64.72
45-49	39.13	46.66	52.68	55.69	72.24
50-54	45.15	55.69	63.21	67.73	90.30
55	52.68	63.21	70.74	76.76	102.34
56	55.69	66.22	75.25	81.27	108.36
57	58.70	70.74	79.77	87.29	114.38
58	63.21	76.76	85.79	93.31	123.41
59	67.73	82.78	93.31	102.34	132.44
60	73.75	90.30	102.34	109.87	142.98
61	79.77	97.83	111.37	120.40	155.02
62	85.79	105.35	120.40	129.43	167.06
63	91.81	112.88	129.43	138.46	180.60
64	97.83	120.40	136.96	147.49	192.64
65	105.35	127.93	147.49	158.03	207.69
66	112.88	136.96	158.03	170.07	224.25
67	121.91	149.00	171.57	185.12	245.32
68	132.44	162.54	188.13	203.18	267.89
69	144.48	177.59	204.68	222.74	293.48
70	158.03	195.65	224.25	243.81	322.07
71	173.08	215.22	248.33	269.40	355.18
72	191.14	239.30	275.42	299.50	392.81
73	212.21	266.39	307.02	334.11	436.45
74	234.78	294.98	341.64	371.74	483.11
75	260.37	328.09	380.77	413.88	535.78
76	287.46	364.21	422.91	460.53	592.97
77	317.56	401.84	468.06	510.20	654.68
78	349.16	442.47	517.72	564.38	720.90
79	382.27	487.62	570.40	621.57	791.63
80	418.39				
81	456.02				
82	496.65				
83	538.79				
84	582.44				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54.18	67.73	78.26	85.79	112.88
45-49	60.20	75.25	87.29	94.82	124.92
50-54	73.75	91.81	106.86	115.89	159.53
55	84.28	106.86	123.41	133.95	185.12
56	88.80	112.88	130.94	141.47	194.15
57	94.82	120.40	138.46	150.50	206.19
58	100.84	127.93	147.49	161.04	218.23
59	108.36	136.96	158.03	171.57	231.77
60	115.89	145.99	168.56	182.11	246.82
61	123.41	156.52	180.60	195.65	263.38
62	132.44	167.06	192.64	209.20	281.44
63	141.47	177.59	204.68	222.74	301.00
64	150.50	189.63	218.23	237.79	320.57
65	159.53	201.67	233.28	252.84	341.64
66	171.57	215.22	248.33	270.90	365.72
67	183.61	231.77	267.89	291.97	394.31
68	197.16	249.83	288.96	316.05	425.92
69	212.21	267.89	313.04	341.64	459.03
70	228.76	290.47	338.63	370.23	495.15
71	248.33	314.55	367.22	401.84	537.29
72	269.40	341.64	400.33	437.96	583.94
73	293.48	373.24	437.96	478.59	636.62
74	320.57	407.86	478.59	523.74	693.81
75	350.67	445.48	522.24	571.90	757.02
76	380.77	487.62	570.40	624.58	824.74
77	413.88	531.27	621.57	681.77	896.98
78	446.99	579.43	675.75	741.97	973.74
79	483.11	629.09	734.44	806.68	1056.51
80	520.73				
81	558.36				
82	598.99				
83	641.13				
84	684.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.20	76.76	88.80	97.83	126.42
45-49	67.73	84.28	99.33	106.86	141.47
50-54	82.78	103.85	121.91	132.44	179.10
55	93.31	118.90	139.97	152.01	204.68
56	97.83	124.92	147.49	159.53	213.71
57	103.85	132.44	155.02	168.56	225.75
58	109.87	139.97	164.05	179.10	239.30
59	117.39	149.00	174.58	189.63	254.35
60	126.42	159.53	185.12	201.67	269.40
61	135.45	170.07	197.16	213.71	287.46
62	144.48	182.11	209.20	228.76	307.02
63	153.51	194.15	222.74	242.31	328.09
64	162.54	206.19	237.79	258.86	347.66
65	173.08	218.23	252.84	275.42	371.74
66	185.12	233.28	270.90	296.49	395.82
67	198.66	251.34	291.97	319.06	427.42
68	213.71	270.90	316.05	346.15	460.53
69	230.27	290.47	340.13	373.24	496.65
70	248.33	316.05	368.73	403.34	535.78
71	267.89	341.64	400.33	437.96	580.93
72	291.97	371.74	434.95	477.09	632.10
73	317.56	406.35	475.58	520.73	689.29
74	346.15	442.47	519.23	568.89	751.00
75	377.76	483.11	565.88	620.06	818.72
76	410.87	526.75	617.05	675.75	889.46
77	443.98	571.90	671.23	735.95	967.72
78	480.10	621.57	729.93	800.66	1048.99
79	516.22	674.24	791.63	868.39	1137.78
80	556.85				
81	595.98				
82	639.63				
83	683.27				
84	728.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.21	79.77	93.31	102.34	132.44
45-49	70.74	88.80	103.85	112.88	147.49
50-54	87.29	109.87	127.93	138.46	186.62
55	97.83	123.41	145.99	159.53	212.21
56	102.34	129.43	153.51	167.06	222.74
57	108.36	136.96	161.04	176.09	234.78
58	114.38	145.99	170.07	186.62	248.33
59	121.91	155.02	180.60	197.16	263.38
60	130.94	165.55	191.14	209.20	279.93
61	139.97	176.09	203.18	221.24	297.99
62	149.00	188.13	216.72	236.29	317.56
63	158.03	200.17	230.27	251.34	338.63
64	168.56	212.21	245.32	267.89	359.70
65	179.10	225.75	261.87	285.95	383.78
66	191.14	240.80	281.44	307.02	409.36
67	204.68	258.86	302.51	331.10	440.97
68	219.73	279.93	326.59	358.19	475.58
69	237.79	301.00	352.17	386.79	513.21
70	255.85	326.59	380.77	418.39	553.84
71	276.92	353.68	413.88	453.01	600.50
72	301.00	385.28	450.00	493.64	653.17
73	328.09	419.90	490.63	538.79	711.87
74	356.69	457.52	535.78	588.46	775.08
75	388.29	498.16	583.94	641.13	844.31
76	422.91	543.31	636.62	698.32	918.05
77	457.52	589.96	692.30	760.03	997.82
78	493.64	639.63	752.50	826.25	1082.10
79	531.27	693.81	815.71	895.48	1172.40
80	571.90				
81	612.54				
82	656.18				
83	701.33				
84	747.99				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.64	49.67	58.70	63.21	84.28
45-49	45.15	55.69	64.72	70.74	93.31
50-54	58.70	72.24	82.78	91.81	120.40
55	67.73	82.78	96.32	105.35	142.98
56	70.74	87.29	100.84	109.87	152.01
57	75.25	93.31	108.36	117.39	162.54
58	81.27	100.84	117.39	126.42	174.58
59	87.29	108.36	126.42	136.96	188.13
60	94.82	118.90	136.96	149.00	201.67
61	103.85	127.93	149.00	161.04	218.23
62	111.37	138.46	161.04	174.58	234.78
63	118.90	149.00	173.08	186.62	252.84
64	127.93	159.53	185.12	200.17	270.90
65	135.45	170.07	197.16	213.71	290.47
66	145.99	183.61	212.21	230.27	313.04
67	158.03	198.66	230.27	249.83	340.13
68	171.57	216.72	251.34	272.41	370.23
69	186.62	236.29	273.91	297.99	403.34
70	203.18	257.36	299.50	326.59	440.97
71	222.74	282.94	328.09	358.19	481.60
72	243.81	310.03	361.20	394.31	528.26
73	267.89	341.64	397.32	434.95	580.93
74	294.98	374.75	437.96	478.59	636.62
75	323.58	412.37	481.60	526.75	698.32
76	355.18	451.50	528.26	579.43	766.05
77	386.79	495.15	579.43	635.11	836.78
78	419.90	540.30	633.61	695.31	913.54
79	456.02	589.96	690.80	758.52	993.30
80	493.64				
81	532.77				
82	573.41				
83	615.55				
84	660.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46.66	58.70	67.73	72.24	96.32
45-49	52.68	64.72	73.75	81.27	106.86
50-54	64.72	81.27	94.82	103.85	135.45
55	75.25	93.31	108.36	117.39	159.53
56	79.77	99.33	114.38	124.92	168.56
57	84.28	105.35	121.91	132.44	180.60
58	90.30	112.88	130.94	142.98	192.64
59	96.32	120.40	139.97	153.51	206.19
60	103.85	130.94	152.01	165.55	221.24
61	112.88	139.97	164.05	179.10	237.79
62	120.40	150.50	176.09	192.64	254.35
63	129.43	161.04	189.63	206.19	273.91
64	138.46	173.08	201.67	219.73	293.48
65	147.49	185.12	215.22	234.78	313.04
66	159.53	200.17	231.77	252.84	338.63
67	173.08	215.22	251.34	272.41	367.22
68	188.13	234.78	273.91	297.99	400.33
69	203.18	255.85	297.99	325.08	436.45
70	219.73	278.43	325.08	353.68	475.58
71	239.30	305.52	355.18	388.29	520.73
72	261.87	334.11	391.30	427.42	570.40
73	287.46	368.73	430.43	471.07	626.08
74	316.05	404.85	472.57	517.72	687.79
75	347.66	443.98	520.73	570.40	754.01
76	380.77	486.12	571.90	627.59	826.25
77	415.38	532.77	626.08	686.28	903.00
78	450.00	582.44	684.78	751.00	985.78
79	489.13	635.11	746.48	820.23	1073.07
80	528.26				
81	570.40				
82	612.54				
83	656.18				
84	704.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.67	61.71	70.74	76.76	102.34
45-49	55.69	67.73	78.26	85.79	112.88
50-54	67.73	84.28	99.33	108.36	141.47
55	78.26	97.83	114.38	123.41	167.06
56	82.78	103.85	120.40	130.94	176.09
57	87.29	109.87	127.93	138.46	188.13
58	93.31	117.39	136.96	149.00	200.17
59	100.84	126.42	145.99	159.53	213.71
60	108.36	135.45	158.03	173.08	228.76
61	115.89	145.99	170.07	186.62	245.32
62	124.92	156.52	182.11	200.17	263.38
63	133.95	167.06	195.65	213.71	282.94
64	142.98	179.10	209.20	228.76	302.51
65	153.51	191.14	222.74	243.81	323.58
66	165.55	206.19	240.80	261.87	349.16
67	179.10	222.74	260.37	282.94	379.26
68	194.15	242.31	282.94	308.53	412.37
69	209.20	263.38	308.53	335.62	450.00
70	227.26	287.46	335.62	365.72	490.63
71	246.82	314.55	367.22	401.84	537.29
72	269.40	344.65	403.34	440.97	588.46
73	296.49	379.26	443.98	486.12	645.65
74	325.08	416.89	487.62	534.28	710.36
75	358.19	457.52	537.29	588.46	778.09
76	391.30	501.17	589.96	647.15	851.83
77	427.42	549.33	645.65	708.86	931.60
78	463.54	600.50	705.85	775.08	1015.88
79	502.67	654.68	770.56	847.32	1106.18
80	543.31				
81	585.45				
82	629.09				
83	674.24				
84	722.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.11	40.64	43.65	48.16	61.71
45-49	37.63	46.66	49.67	52.68	69.23
50-54	46.66	54.18	61.71	66.22	84.28
55	52.68	63.21	70.74	76.76	100.84
56	57.19	67.73	76.76	81.27	106.86
57	60.20	72.24	81.27	87.29	114.38
58	66.22	78.26	88.80	93.31	123.41
59	70.74	84.28	96.32	102.34	133.95
60	76.76	91.81	103.85	111.37	147.49
61	82.78	99.33	112.88	121.91	159.53
62	90.30	108.36	123.41	132.44	173.08
63	97.83	117.39	132.44	142.98	188.13
64	102.34	123.41	142.98	153.51	200.17
65	109.87	132.44	153.51	164.05	213.71
66	117.39	142.98	167.06	179.10	231.77
67	127.93	156.52	180.60	194.15	252.84
68	139.97	170.07	197.16	213.71	278.43
69	152.01	186.62	216.72	233.28	304.01
70	167.06	203.18	234.78	257.36	334.11
71	182.11	224.25	260.37	282.94	368.73
72	201.67	249.83	288.96	314.55	409.36
73	222.74	278.43	322.07	350.67	454.51
74	248.33	310.03	358.19	391.30	504.18
75	276.92	343.14	398.83	434.95	559.86
76	304.01	380.77	442.47	483.11	620.06
77	337.12	421.40	490.63	534.28	684.78
78	370.23	465.05	541.80	591.47	754.01
79	407.86	511.70	595.98	650.16	829.26
80	445.48				
81	487.62				
82	531.27				
83	577.92				
84	626.08				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.13	48.16	52.68	54.18	72.24
45-49	43.65	52.68	58.70	61.71	79.77
50-54	51.17	61.71	70.74	76.76	99.33
55	60.20	70.74	79.77	87.29	114.38
56	63.21	73.75	84.28	91.81	120.40
57	67.73	79.77	90.30	97.83	129.43
58	72.24	87.29	97.83	103.85	138.46
59	78.26	93.31	106.86	114.38	149.00
60	82.78	102.34	114.38	123.41	161.04
61	90.30	109.87	126.42	136.96	174.58
62	97.83	118.90	136.96	147.49	189.63
63	103.85	127.93	147.49	158.03	204.68
64	111.37	136.96	156.52	168.56	219.73
65	120.40	144.48	168.56	179.10	234.78
66	127.93	156.52	180.60	192.64	254.35
67	138.46	170.07	194.15	210.70	278.43
68	150.50	183.61	213.71	231.77	304.01
69	164.05	201.67	233.28	252.84	332.61
70	180.60	222.74	254.35	278.43	367.22
71	197.16	243.81	282.94	307.02	403.34
72	218.23	272.41	313.04	341.64	445.48
73	242.31	302.51	349.16	380.77	495.15
74	267.89	337.12	389.80	422.91	549.33
75	297.99	373.24	433.44	471.07	609.53
76	328.09	413.88	481.60	523.74	674.24
77	362.71	457.52	532.77	580.93	744.98
78	398.83	504.18	589.96	642.64	820.23
79	437.96	555.35	648.66	705.85	901.50
80	478.59				
81	522.24				
82	568.89				
83	615.55				
84	668.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.64	49.67	57.19	58.70	76.76
45-49	46.66	54.18	61.71	66.22	84.28
50-54	52.68	66.22	73.75	79.77	106.86
55	61.71	73.75	82.78	90.30	120.40
56	66.22	78.26	88.80	96.32	127.93
57	69.23	82.78	93.31	102.34	133.95
58	73.75	90.30	100.84	109.87	144.48
59	79.77	97.83	109.87	120.40	156.52
60	87.29	106.86	120.40	129.43	168.56
61	93.31	114.38	130.94	141.47	182.11
62	100.84	123.41	141.47	152.01	197.16
63	108.36	132.44	152.01	162.54	212.21
64	114.38	141.47	161.04	173.08	227.26
65	123.41	150.50	173.08	186.62	243.81
66	132.44	161.04	186.62	200.17	263.38
67	142.98	174.58	201.67	218.23	288.96
68	156.52	191.14	221.24	239.30	314.55
69	170.07	209.20	240.80	261.87	344.65
70	186.62	230.27	263.38	287.46	379.26
71	203.18	252.84	291.97	317.56	418.39
72	224.25	281.44	323.58	352.17	462.04
73	249.83	313.04	361.20	392.81	513.21
74	276.92	347.66	401.84	437.96	568.89
75	307.02	385.28	448.49	487.62	630.60
76	338.63	428.93	498.16	541.80	698.32
77	373.24	472.57	550.83	600.50	770.56
78	410.87	520.73	609.53	663.71	848.82
79	450.00	573.41	671.23	731.43	931.60
80	492.14				
81	535.78				
82	583.94				
83	633.61				
84	684.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.21	79.77	91.81	100.84	132.44
45-49	70.74	88.80	102.34	111.37	147.49
50-54	87.29	108.36	126.42	136.96	188.13
55	99.33	126.42	144.48	158.03	218.23
56	103.85	132.44	153.51	167.06	228.76
57	111.37	141.47	162.54	177.59	242.31
58	118.90	150.50	173.08	189.63	257.36
59	127.93	161.04	186.62	201.67	272.41
60	136.96	171.57	198.66	213.71	290.47
61	144.48	183.61	212.21	230.27	310.03
62	156.52	197.16	227.26	246.82	331.10
63	167.06	209.20	240.80	261.87	353.68
64	177.59	222.74	257.36	279.93	377.76
65	188.13	237.79	273.91	297.99	401.84
66	201.67	252.84	291.97	319.06	430.43
67	216.72	272.41	314.55	343.14	463.54
68	231.77	293.48	340.13	371.74	501.17
69	249.83	314.55	368.73	401.84	540.30
70	269.40	341.64	398.83	434.95	582.44
71	291.97	370.23	431.94	472.57	632.10
72	317.56	401.84	471.07	514.71	686.28
73	344.65	439.46	514.71	562.87	749.49
74	377.76	480.10	562.87	615.55	815.71
75	412.37	523.74	614.04	672.74	890.96
76	448.49	573.41	671.23	734.44	970.73
77	487.62	624.58	731.43	802.17	1055.01
78	525.25	681.77	794.64	872.90	1145.31
79	568.89	740.46	863.87	949.66	1243.13
80	612.54				
81	656.18				
82	704.34				
83	754.01				
84	805.18				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.74	90.30	103.85	114.38	149.00
45-49	79.77	99.33	117.39	126.42	167.06
50-54	97.83	121.91	142.98	156.52	210.70
55	109.87	139.97	164.05	179.10	240.80
56	114.38	147.49	173.08	188.13	251.34
57	121.91	156.52	182.11	198.66	264.88
58	129.43	164.05	192.64	210.70	281.44
59	138.46	174.58	204.68	222.74	299.50
60	149.00	188.13	218.23	237.79	317.56
61	159.53	200.17	231.77	251.34	338.63
62	170.07	213.71	246.82	269.40	361.20
63	180.60	228.76	261.87	284.45	385.28
64	191.14	242.31	279.93	304.01	409.36
65	203.18	257.36	297.99	323.58	437.96
66	218.23	273.91	319.06	349.16	465.05
67	233.28	294.98	343.14	374.75	502.67
68	251.34	319.06	371.74	407.86	541.80
69	270.90	341.64	400.33	439.46	583.94
70	291.97	371.74	433.44	474.08	630.60
71	314.55	401.84	471.07	514.71	683.27
72	343.14	437.96	511.70	561.37	743.47
73	373.24	478.59	559.86	612.54	811.20
74	407.86	520.73	611.03	669.73	883.44
75	443.98	568.89	665.21	729.93	963.20
76	483.11	620.06	725.41	794.64	1045.98
77	522.24	672.74	790.13	865.38	1137.78
78	564.38	731.43	859.36	942.13	1234.10
79	608.02	793.14	931.60	1021.90	1337.95
80	654.68				
81	701.33				
82	752.50				
83	803.67				
84	856.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	73.75	93.31	109.87	120.40	156.52
45-49	82.78	103.85	121.91	132.44	173.08
50-54	102.34	129.43	150.50	162.54	219.73
55	114.38	144.48	171.57	188.13	249.83
56	120.40	152.01	180.60	197.16	261.87
57	127.93	161.04	189.63	207.69	276.92
58	133.95	171.57	200.17	219.73	291.97
59	142.98	182.11	212.21	231.77	310.03
60	153.51	194.15	224.25	246.82	329.60
61	164.05	207.69	239.30	260.37	350.67
62	174.58	221.24	254.35	278.43	373.24
63	186.62	234.78	270.90	294.98	398.83
64	198.66	249.83	288.96	314.55	422.91
65	210.70	264.88	308.53	337.12	451.50
66	224.25	282.94	331.10	361.20	481.60
67	240.80	304.01	355.18	389.80	519.23
68	258.86	329.60	383.78	421.40	559.86
69	279.93	353.68	413.88	454.51	603.51
70	301.00	383.78	448.49	492.14	651.67
71	325.08	415.38	487.62	532.77	705.85
72	353.68	453.01	529.76	580.93	769.06
73	385.28	493.64	577.92	633.61	836.78
74	419.90	538.79	630.60	692.30	912.03
75	457.52	585.45	686.28	754.01	993.30
76	498.16	639.63	749.49	821.73	1080.59
77	538.79	693.81	814.21	893.97	1173.90
78	580.93	752.50	884.94	972.23	1273.23
79	624.58	815.71	960.19	1053.50	1378.58
80	672.74				
81	720.90				
82	772.07				
83	824.74				
84	880.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.16	58.70	69.23	73.75	99.33
45-49	52.68	66.22	76.76	82.78	109.87
50-54	69.23	84.28	97.83	108.36	141.47
55	79.77	97.83	112.88	123.41	168.56
56	82.78	102.34	118.90	129.43	179.10
57	88.80	109.87	127.93	138.46	191.14
58	96.32	118.90	138.46	149.00	204.68
59	102.34	127.93	149.00	161.04	221.24
60	111.37	139.97	161.04	174.58	237.79
61	121.91	150.50	174.58	189.63	257.36
62	130.94	162.54	189.63	204.68	276.92
63	139.97	174.58	203.18	219.73	297.99
64	150.50	188.13	218.23	234.78	319.06
65	159.53	200.17	231.77	251.34	341.64
66	171.57	216.72	249.83	270.90	368.73
67	186.62	233.28	270.90	293.48	400.33
68	201.67	254.35	294.98	320.57	434.95
69	219.73	278.43	322.07	350.67	474.08
70	239.30	302.51	352.17	383.78	519.23
71	261.87	332.61	385.28	421.40	565.88
72	287.46	364.21	424.41	463.54	621.57
73	314.55	401.84	468.06	511.70	683.27
74	347.66	440.97	514.71	562.87	749.49
75	380.77	484.61	565.88	620.06	821.73
76	418.39	531.27	621.57	681.77	901.50
77	454.51	582.44	681.77	746.48	984.27
78	493.64	635.11	744.98	818.72	1074.57
79	535.78	693.81	812.70	892.47	1167.88
80	580.93				
81	626.08				
82	674.24				
83	723.91				
84	776.58				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54.18	69.23	79.77	84.28	112.88
45-49	61.71	76.76	87.29	96.32	126.42
50-54	76.76	96.32	111.37	121.91	159.53
55	88.80	109.87	127.93	138.46	188.13
56	93.31	117.39	133.95	147.49	198.66
57	99.33	123.41	142.98	156.52	212.21
58	106.86	132.44	153.51	168.56	227.26
59	112.88	141.47	164.05	180.60	242.31
60	121.91	153.51	179.10	194.15	260.37
61	132.44	164.05	192.64	210.70	279.93
62	141.47	177.59	207.69	227.26	299.50
63	152.01	189.63	222.74	242.31	322.07
64	162.54	203.18	237.79	258.86	344.65
65	173.08	218.23	252.84	276.92	368.73
66	188.13	234.78	272.41	297.99	398.83
67	203.18	252.84	294.98	320.57	431.94
68	221.24	276.92	322.07	350.67	471.07
69	239.30	301.00	350.67	382.27	513.21
70	258.86	328.09	382.27	415.38	559.86
71	281.44	359.70	418.39	457.52	612.54
72	308.53	392.81	460.53	502.67	671.23
73	338.63	433.44	505.68	553.84	735.95
74	371.74	475.58	555.35	609.53	809.69
75	409.36	522.24	612.54	671.23	886.45
76	448.49	571.90	672.74	738.96	972.23
77	489.13	626.08	735.95	806.68	1062.53
78	529.76	684.78	805.18	883.44	1160.36
79	574.91	746.48	878.92	964.71	1262.70
80	621.57				
81	671.23				
82	720.90				
83	772.07				
84	829.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.70	72.24	82.78	90.30	120.40
45-49	66.22	79.77	91.81	100.84	132.44
50-54	79.77	99.33	117.39	127.93	167.06
55	91.81	114.38	133.95	144.48	197.16
56	97.83	121.91	141.47	153.51	207.69
57	102.34	129.43	150.50	162.54	221.24
58	109.87	138.46	161.04	174.58	234.78
59	118.90	149.00	171.57	188.13	251.34
60	127.93	159.53	186.62	203.18	269.40
61	136.96	171.57	200.17	219.73	288.96
62	147.49	183.61	213.71	234.78	310.03
63	158.03	197.16	230.27	251.34	332.61
64	168.56	210.70	246.82	269.40	355.18
65	180.60	224.25	261.87	287.46	380.77
66	194.15	242.31	282.94	308.53	410.87
67	210.70	261.87	307.02	332.61	445.48
68	228.76	284.45	332.61	362.71	484.61
69	246.82	310.03	362.71	394.31	529.76
70	267.89	338.63	394.31	430.43	577.92
71	290.47	370.23	431.94	472.57	632.10
72	317.56	404.85	474.08	519.23	692.30
73	349.16	445.48	522.24	571.90	760.03
74	382.27	490.63	573.41	629.09	835.28
75	421.40	538.79	632.10	692.30	915.04
76	460.53	589.96	693.81	761.53	1002.33
77	502.67	645.65	760.03	833.77	1095.64
78	544.81	705.85	830.76	912.03	1194.97
79	591.47	770.56	906.01	996.31	1301.83
80	639.63				
81	689.29				
82	740.46				
83	793.14				
84	850.33				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.28	28.90	33.71	36.12	45.75
45-49	27.69	32.51	37.32	39.73	50.57
50-54	33.71	39.73	45.75	49.36	62.61
55	38.53	45.75	52.98	56.59	74.65
56	40.94	49.36	56.59	60.20	79.46
57	44.55	52.98	60.20	65.02	85.48
58	48.16	57.79	65.02	71.04	92.71
59	52.98	62.61	71.04	77.06	101.14
60	57.79	68.63	78.26	85.48	109.56
61	62.61	75.85	85.48	92.71	119.20
62	67.42	81.87	92.71	101.14	130.03
63	72.24	87.89	99.93	108.36	139.66
64	77.06	93.91	107.16	115.58	150.50
65	81.87	101.14	114.38	124.01	161.34
66	89.10	108.36	124.01	133.64	174.58
67	96.32	117.99	134.85	145.68	190.23
68	104.75	128.83	148.09	160.13	209.50
69	114.38	140.87	162.54	175.78	229.96
70	125.22	154.11	178.19	193.84	252.84
71	138.46	170.97	197.46	215.52	279.33
72	154.11	190.23	220.33	240.80	311.84
73	172.17	213.11	246.82	269.70	349.16
74	191.44	238.39	276.92	302.20	390.10
75	214.31	267.29	310.63	338.32	434.64
76	238.39	298.59	346.75	378.06	484.01
77	264.88	332.30	386.48	420.20	538.19
78	293.78	369.63	429.83	465.95	595.98
79	325.08	408.16	475.58	515.31	658.59
80	357.59				
81	393.71				
82	431.03				
83	470.76				
84	512.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.10	36.12	40.94	43.34	55.38
45-49	32.51	39.73	44.55	48.16	61.40
50-54	38.53	46.96	54.18	59.00	77.06
55	45.75	54.18	61.40	66.22	87.89
56	48.16	57.79	65.02	69.83	92.71
57	51.77	61.40	69.83	74.65	98.73
58	55.38	66.22	74.65	80.67	105.95
59	60.20	72.24	81.87	87.89	114.38
60	65.02	78.26	89.10	96.32	125.22
61	69.83	85.48	97.52	104.75	134.85
62	75.85	91.50	105.95	114.38	146.89
63	81.87	98.73	113.18	121.60	157.72
64	86.69	105.95	120.40	131.24	169.76
65	92.71	114.38	128.83	139.66	183.01
66	99.93	121.60	139.66	151.70	197.46
67	108.36	133.64	151.70	164.95	215.52
68	117.99	145.68	166.15	181.80	235.98
69	128.83	158.93	183.01	198.66	260.06
70	140.87	174.58	201.07	217.92	285.35
71	154.11	192.64	222.74	242.00	316.65
72	172.17	214.31	248.02	270.90	352.77
73	191.44	239.60	278.12	302.20	393.71
74	213.11	268.49	311.84	339.53	439.46
75	238.39	299.80	349.16	379.26	490.03
76	264.88	333.51	390.10	425.01	546.62
77	294.98	372.04	433.44	471.97	606.82
78	326.28	412.97	481.60	523.74	670.63
79	360.00	457.52	533.37	580.33	741.66
80	396.12				
81	434.64				
82	474.38				
83	517.72				
84	563.47				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.30	38.53	43.34	46.96	60.20
45-49	34.92	42.14	48.16	51.77	66.22
50-54	40.94	50.57	57.79	62.61	83.08
55	48.16	57.79	65.02	71.04	92.71
56	50.57	61.40	68.63	74.65	97.52
57	54.18	65.02	73.44	79.46	103.54
58	57.79	69.83	79.46	85.48	111.97
59	62.61	75.85	86.69	92.71	120.40
60	68.63	81.87	93.91	101.14	131.24
61	73.44	89.10	102.34	109.56	142.07
62	79.46	96.32	110.77	119.20	154.11
63	85.48	103.54	119.20	127.62	166.15
64	90.30	110.77	126.42	137.26	178.19
65	97.52	119.20	134.85	146.89	191.44
66	104.75	127.62	145.68	158.93	207.09
67	113.18	139.66	158.93	173.38	226.35
68	122.81	152.91	174.58	190.23	248.02
69	134.85	166.15	191.44	208.29	272.10
70	146.89	183.01	210.70	228.76	299.80
71	161.34	201.07	233.58	254.04	332.30
72	179.40	223.94	260.06	282.94	369.63
73	199.86	250.43	291.37	316.65	412.97
74	222.74	280.53	326.28	355.18	461.13
75	249.23	313.04	364.81	397.32	514.11
76	276.92	349.16	408.16	444.28	573.10
77	307.02	388.89	453.91	494.84	635.71
78	339.53	431.03	503.27	549.02	703.14
79	374.44	477.99	557.45	608.02	776.58
80	411.77				
81	451.50				
82	493.64				
83	538.19				
84	585.14				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.16	59.00	67.42	72.24	98.73
45-49	52.98	65.02	74.65	80.67	109.56
50-54	65.02	80.67	92.71	102.34	139.66
55	75.85	93.91	108.36	117.99	161.34
56	79.46	98.73	114.38	125.22	170.97
57	84.28	104.75	121.60	132.44	180.60
58	90.30	111.97	130.03	140.87	191.44
59	95.12	119.20	138.46	150.50	203.48
60	102.34	127.62	146.89	160.13	216.72
61	109.56	136.05	157.72	170.97	231.17
62	116.79	145.68	168.56	183.01	246.82
63	124.01	155.32	180.60	195.05	263.68
64	132.44	164.95	191.44	208.29	280.53
65	140.87	175.78	204.68	222.74	299.80
66	150.50	189.03	219.13	238.39	322.67
67	162.54	203.48	237.19	257.66	347.96
68	175.78	220.33	256.45	279.33	376.85
69	189.03	238.39	276.92	302.20	406.95
70	204.68	258.86	301.00	328.69	441.87
71	221.54	281.74	327.49	357.59	480.40
72	242.00	308.22	358.79	392.50	524.94
73	266.08	338.32	394.91	432.24	575.51
74	292.57	372.04	434.64	475.58	630.90
75	321.47	408.16	477.99	522.54	692.30
76	351.57	447.89	524.94	575.51	758.52
77	384.08	491.23	576.72	630.90	829.56
78	417.79	536.98	632.10	691.10	905.41
79	453.91	586.35	691.10	754.91	987.28
80	491.23				
81	529.76				
82	570.70				
83	612.84				
84	657.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.38	68.63	79.46	86.69	114.38
45-49	61.40	77.06	87.89	96.32	127.62
50-54	75.85	95.12	109.56	119.20	161.34
55	85.48	108.36	125.22	136.05	185.42
56	89.10	114.38	132.44	143.28	195.05
57	93.91	120.40	139.66	151.70	204.68
58	99.93	127.62	148.09	161.34	216.72
59	107.16	134.85	156.52	172.17	229.96
60	115.58	143.28	167.36	181.80	243.21
61	122.81	152.91	178.19	193.84	260.06
62	131.24	163.74	190.23	207.09	276.92
63	139.66	173.38	203.48	221.54	296.18
64	148.09	185.42	215.52	235.98	315.45
65	157.72	197.46	231.17	251.64	337.12
66	168.56	211.90	246.82	269.70	361.20
67	180.60	228.76	267.29	291.37	390.10
68	195.05	246.82	288.96	315.45	422.60
69	210.70	268.49	311.84	341.94	456.32
70	228.76	291.37	339.53	372.04	494.84
71	248.02	316.65	369.63	404.54	538.19
72	270.90	346.75	404.54	443.07	588.76
73	297.39	379.26	444.28	487.62	644.14
74	326.28	416.58	487.62	534.58	705.54
75	357.59	457.52	535.78	586.35	774.17
76	391.30	499.66	587.55	644.14	847.62
77	426.22	547.82	642.94	705.54	925.88
78	463.54	597.18	704.34	770.56	1010.16
79	502.07	652.57	766.95	840.39	1099.25
80	543.00				
81	585.14				
82	628.49				
83	675.44				
84	723.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.00	73.44	84.28	92.71	121.60
45-49	65.02	81.87	93.91	103.54	134.85
50-54	80.67	101.14	116.79	126.42	170.97
55	90.30	114.38	132.44	144.48	195.05
56	93.91	120.40	139.66	151.70	204.68
57	98.73	126.42	146.89	160.13	215.52
58	104.75	133.64	155.32	169.76	227.56
59	111.97	142.07	164.95	180.60	240.80
60	120.40	150.50	175.78	191.44	255.25
61	128.83	160.13	186.62	203.48	272.10
62	137.26	170.97	199.86	217.92	290.16
63	145.68	181.80	213.11	232.37	309.43
64	155.32	193.84	226.35	248.02	329.90
65	164.95	207.09	242.00	263.68	352.77
66	175.78	221.54	258.86	282.94	378.06
67	189.03	239.60	279.33	305.82	408.16
68	203.48	258.86	302.20	331.10	441.87
69	220.33	280.53	327.49	358.79	477.99
70	238.39	304.61	355.18	390.10	517.72
71	258.86	331.10	387.69	425.01	563.47
72	282.94	362.40	423.81	464.74	615.24
73	310.63	397.32	464.74	510.50	674.24
74	340.73	435.85	510.50	559.86	738.05
75	373.24	477.99	559.86	614.04	809.09
76	408.16	522.54	614.04	673.04	884.94
77	444.28	571.90	671.83	736.85	966.81
78	482.80	623.67	734.44	804.27	1054.70
79	522.54	680.26	799.46	877.72	1147.41
80	564.68				
81	608.02				
82	653.77				
83	701.93				
84	751.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.92	43.34	50.57	55.38	73.44
45-49	38.53	48.16	56.59	61.40	81.87
50-54	51.77	63.81	72.24	78.26	104.75
55	59.00	73.44	83.08	91.50	124.01
56	62.61	77.06	87.89	96.32	132.44
57	66.22	81.87	93.91	103.54	142.07
58	71.04	87.89	101.14	111.97	152.91
59	77.06	95.12	109.56	120.40	164.95
60	83.08	103.54	119.20	130.03	178.19
61	90.30	111.97	130.03	140.87	191.44
62	97.52	121.60	140.87	152.91	207.09
63	104.75	130.03	151.70	164.95	222.74
64	111.97	139.66	162.54	175.78	238.39
65	120.40	149.30	173.38	189.03	256.45
66	130.03	160.13	186.62	203.48	276.92
67	140.87	174.58	203.48	221.54	301.00
68	152.91	190.23	222.74	242.00	328.69
69	166.15	208.29	243.21	264.88	358.79
70	180.60	227.56	266.08	290.16	392.50
71	197.46	250.43	292.57	320.26	429.83
72	217.92	276.92	323.88	353.98	474.38
73	240.80	307.02	358.79	392.50	523.74
74	267.29	339.53	398.52	435.85	579.12
75	294.98	376.85	440.66	482.80	639.32
76	325.08	416.58	486.42	533.37	704.34
77	357.59	458.72	536.98	588.76	774.17
78	391.30	504.48	591.16	647.75	848.82
79	427.42	553.84	647.75	711.56	929.49
80	464.74				
81	504.48				
82	545.41				
83	588.76				
84	634.51				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.14	52.98	60.20	66.22	86.69
45-49	46.96	57.79	67.42	73.44	96.32
50-54	59.00	73.44	85.48	92.71	121.60
55	68.63	85.48	97.52	107.16	144.48
56	72.24	90.30	103.54	111.97	154.11
57	75.85	95.12	109.56	119.20	163.74
58	81.87	102.34	117.99	128.83	175.78
59	87.89	110.77	127.62	138.46	187.82
60	95.12	119.20	137.26	149.30	201.07
61	102.34	127.62	148.09	161.34	215.52
62	110.77	138.46	160.13	174.58	232.37
63	117.99	148.09	172.17	186.62	249.23
64	126.42	157.72	184.21	199.86	267.29
65	136.05	169.76	196.25	213.11	286.55
66	145.68	181.80	210.70	229.96	309.43
67	157.72	197.46	229.96	249.23	335.92
68	170.97	214.31	250.43	272.10	367.22
69	185.42	234.78	273.31	297.39	400.93
70	202.27	256.45	299.80	326.28	439.46
71	221.54	281.74	328.69	358.79	481.60
72	243.21	310.63	363.61	397.32	530.96
73	268.49	343.14	402.14	439.46	586.35
74	297.39	380.46	445.48	487.62	647.75
75	328.69	420.20	492.44	539.39	713.97
76	362.40	463.54	543.00	595.98	787.42
77	397.32	510.50	598.39	657.38	864.47
78	434.64	559.86	657.38	722.40	947.55
79	473.17	614.04	721.20	792.23	1036.64
80	514.11				
81	556.25				
82	602.00				
83	648.96				
84	698.32				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.75	56.59	65.02	71.04	92.71
45-49	50.57	62.61	72.24	78.26	102.34
50-54	62.61	78.26	90.30	98.73	128.83
55	72.24	90.30	103.54	113.18	152.91
56	75.85	95.12	109.56	119.20	162.54
57	80.67	101.14	116.79	126.42	173.38
58	86.69	108.36	125.22	136.05	185.42
59	92.71	116.79	134.85	145.68	197.46
60	99.93	125.22	145.68	157.72	210.70
61	107.16	134.85	156.52	169.76	226.35
62	115.58	145.68	168.56	183.01	243.21
63	124.01	156.52	180.60	196.25	261.27
64	132.44	166.15	192.64	209.50	279.33
65	142.07	178.19	205.88	223.94	299.80
66	151.70	191.44	221.54	240.80	322.67
67	164.95	207.09	240.80	261.27	351.57
68	179.40	225.15	262.47	285.35	384.08
69	193.84	245.62	286.55	311.84	418.99
70	211.90	268.49	314.24	341.94	458.72
71	231.17	294.98	344.34	375.65	503.27
72	254.04	325.08	380.46	415.38	555.04
73	280.53	358.79	421.40	459.93	612.84
74	310.63	397.32	465.95	509.29	676.65
75	343.14	438.26	514.11	563.47	746.48
76	378.06	484.01	567.08	622.47	822.33
77	414.18	532.17	624.88	686.28	903.00
78	452.70	583.94	686.28	754.91	989.69
79	492.44	640.53	752.50	827.15	1082.40
80	534.58				
81	579.12				
82	626.08				
83	674.24				
84	724.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.10	33.71	39.73	42.14	54.18
45-49	32.51	38.53	43.34	46.96	59.00
50-54	39.73	46.96	54.18	57.79	73.44
55	45.75	54.18	62.61	66.22	87.89
56	48.16	57.79	66.22	71.04	93.91
57	52.98	62.61	71.04	77.06	101.14
58	56.59	67.42	77.06	83.08	109.56
59	62.61	73.44	83.08	90.30	119.20
60	67.42	80.67	91.50	101.14	128.83
61	73.44	89.10	101.14	109.56	139.66
62	79.46	96.32	109.56	119.20	152.91
63	85.48	103.54	117.99	127.62	163.74
64	90.30	110.77	126.42	136.05	176.99
65	96.32	119.20	134.85	145.68	190.23
66	104.75	127.62	145.68	157.72	205.88
67	113.18	138.46	158.93	170.97	223.94
68	122.81	151.70	174.58	187.82	246.82
69	134.85	166.15	191.44	207.09	270.90
70	146.89	181.80	209.50	227.56	297.39
71	162.54	201.07	232.37	254.04	328.69
72	181.80	223.94	258.86	282.94	367.22
73	202.27	250.43	290.16	317.86	410.56
74	225.15	280.53	326.28	355.18	458.72
75	251.64	314.24	366.02	398.52	511.70
76	280.53	351.57	408.16	444.28	569.49
77	311.84	391.30	455.11	494.84	633.30
78	345.55	434.64	505.68	547.82	700.73
79	382.87	480.40	559.86	606.82	775.38
80	420.20				
81	463.54				
82	506.88				
83	553.84				
84	603.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.92	42.14	48.16	50.57	65.02
45-49	38.53	46.96	52.98	56.59	72.24
50-54	45.75	55.38	63.81	69.83	90.30
55	54.18	63.81	72.24	78.26	103.54
56	56.59	67.42	77.06	81.87	109.56
57	61.40	72.24	81.87	87.89	115.58
58	65.02	78.26	87.89	95.12	125.22
59	71.04	85.48	96.32	103.54	134.85
60	77.06	91.50	104.75	113.18	146.89
61	81.87	101.14	114.38	122.81	158.93
62	89.10	107.16	125.22	134.85	173.38
63	96.32	115.58	133.64	143.28	185.42
64	102.34	125.22	142.07	154.11	199.86
65	109.56	134.85	151.70	163.74	215.52
66	117.99	143.28	163.74	178.19	232.37
67	127.62	157.72	178.19	193.84	254.04
68	138.46	170.97	195.05	214.31	278.12
69	151.70	186.62	215.52	233.58	305.82
70	166.15	205.88	235.98	256.45	335.92
71	181.80	226.35	262.47	284.14	372.04
72	202.27	251.64	291.37	319.06	415.38
73	225.15	281.74	327.49	355.18	463.54
74	250.43	315.45	367.22	399.73	516.52
75	280.53	352.77	410.56	446.68	576.72
76	311.84	392.50	458.72	499.66	642.94
77	346.75	438.26	510.50	555.04	713.97
78	384.08	486.42	567.08	616.45	788.62
79	423.81	538.19	627.28	682.67	872.90
80	465.95				
81	511.70				
82	558.66				
83	609.22				
84	663.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.32	45.75	50.57	55.38	71.04
45-49	40.94	49.36	56.59	61.40	78.26
50-54	48.16	59.00	67.42	73.44	97.52
55	56.59	67.42	77.06	83.08	109.56
56	59.00	72.24	80.67	87.89	114.38
57	63.81	77.06	86.69	93.91	121.60
58	67.42	81.87	93.91	101.14	131.24
59	73.44	89.10	102.34	109.56	142.07
60	80.67	96.32	110.77	119.20	154.11
61	86.69	104.75	120.40	128.83	167.36
62	93.91	113.18	130.03	139.66	181.80
63	101.14	121.60	139.66	150.50	195.05
64	105.95	130.03	149.30	161.34	209.50
65	114.38	139.66	158.93	173.38	225.15
66	122.81	150.50	170.97	186.62	243.21
67	133.64	163.74	186.62	203.48	266.08
68	144.48	179.40	205.88	223.94	291.37
69	158.93	195.05	225.15	245.62	320.26
70	173.38	215.52	248.02	269.70	352.77
71	190.23	235.98	274.51	298.59	391.30
72	210.70	263.68	305.82	332.30	434.64
73	234.78	294.98	343.14	372.04	486.42
74	262.47	329.90	384.08	417.79	543.00
75	293.78	368.42	428.62	467.15	604.41
76	326.28	410.56	480.40	522.54	674.24
77	361.20	457.52	534.58	582.74	747.68
78	399.73	506.88	592.37	645.34	827.15
79	440.66	562.27	656.18	715.18	913.84
80	484.01				
81	530.96				
82	580.33				
83	633.30				
84	688.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.59	69.83	79.46	85.48	115.58
45-49	62.61	77.06	87.89	95.12	128.83
50-54	77.06	95.12	109.56	120.40	163.74
55	89.10	110.77	127.62	138.46	190.23
56	93.91	115.58	134.85	146.89	201.07
57	98.73	122.81	143.28	155.32	211.90
58	105.95	131.24	152.91	166.15	225.15
59	111.97	139.66	162.54	176.99	239.60
60	120.40	150.50	173.38	187.82	255.25
61	128.83	160.13	185.42	201.07	272.10
62	137.26	170.97	198.66	215.52	290.16
63	145.68	183.01	211.90	229.96	310.63
64	155.32	193.84	225.15	245.62	329.90
65	166.15	207.09	240.80	262.47	352.77
66	176.99	222.74	257.66	280.53	379.26
67	191.44	239.60	279.33	303.41	409.36
68	207.09	258.86	302.20	328.69	443.07
69	222.74	280.53	326.28	355.18	479.19
70	240.80	304.61	353.98	386.48	520.13
71	260.06	331.10	385.28	420.20	564.68
72	284.14	362.40	422.60	462.34	617.65
73	313.04	398.52	464.74	508.09	676.65
74	344.34	438.26	511.70	559.86	741.66
75	378.06	480.40	562.27	615.24	813.90
76	414.18	527.35	617.65	676.65	892.16
77	451.50	577.92	679.06	741.66	976.44
78	491.23	632.10	744.07	812.70	1065.54
79	534.58	689.89	812.70	888.55	1161.86
80	577.92				
81	623.67				
82	671.83				
83	721.20				
84	772.97				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	65.02	80.67	93.91	102.34	134.85
45-49	72.24	90.30	103.54	113.18	150.50
50-54	89.10	111.97	128.83	139.66	190.23
55	101.14	127.62	146.89	160.13	217.92
56	104.75	134.85	155.32	168.56	229.96
57	110.77	142.07	163.74	178.19	240.80
58	117.99	150.50	174.58	190.23	255.25
59	126.42	158.93	184.21	202.27	270.90
60	136.05	168.56	197.46	214.31	286.55
61	144.48	179.40	209.50	227.56	305.82
62	154.11	192.64	223.94	243.21	326.28
63	163.74	203.48	239.60	260.06	347.96
64	174.58	217.92	254.04	278.12	370.83
65	185.42	232.37	272.10	296.18	396.12
66	198.66	249.23	290.16	317.86	425.01
67	211.90	269.70	314.24	343.14	458.72
68	229.96	290.16	339.53	370.83	497.25
69	248.02	315.45	367.22	402.14	536.98
70	269.70	343.14	399.73	438.26	582.74
71	291.37	372.04	434.64	475.58	633.30
72	319.06	408.16	475.58	521.33	692.30
73	350.36	446.68	522.54	573.10	757.32
74	384.08	490.03	573.10	628.49	829.56
75	420.20	538.19	630.90	689.89	910.22
76	459.93	587.55	691.10	757.32	996.91
77	500.86	644.14	756.11	829.56	1089.62
78	545.41	703.14	828.35	906.61	1188.35
79	591.16	768.15	901.80	988.48	1293.10
80	639.32				
81	688.69				
82	739.26				
83	794.64				
84	851.23				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	69.83	86.69	98.73	109.56	143.28
45-49	77.06	96.32	110.77	121.60	158.93
50-54	95.12	119.20	137.26	149.30	201.07
55	105.95	134.85	155.32	169.76	229.96
56	110.77	142.07	163.74	178.19	240.80
57	115.58	149.30	173.38	187.82	254.04
58	122.81	157.72	183.01	199.86	267.29
59	131.24	167.36	193.84	211.90	282.94
60	142.07	176.99	207.09	225.15	299.80
61	151.70	187.82	219.13	239.60	320.26
62	161.34	201.07	234.78	256.45	341.94
63	170.97	214.31	250.43	273.31	363.61
64	183.01	227.56	266.08	291.37	387.69
65	193.84	243.21	284.14	310.63	415.38
66	207.09	260.06	304.61	332.30	444.28
67	222.74	281.74	328.69	360.00	480.40
68	239.60	304.61	355.18	390.10	520.13
69	258.86	329.90	385.28	422.60	562.27
70	280.53	358.79	417.79	458.72	609.22
71	304.61	390.10	456.32	499.66	663.40
72	332.30	426.22	498.46	546.62	723.60
73	366.02	467.15	546.62	600.80	793.44
74	400.93	512.90	600.80	658.59	868.08
75	439.46	562.27	658.59	722.40	952.36
76	480.40	615.24	722.40	792.23	1041.46
77	522.54	673.04	789.82	866.88	1137.78
78	568.29	733.24	864.47	946.34	1241.32
79	615.24	800.66	940.32	1033.03	1349.68
80	664.61				
81	715.18				
82	769.36				
83	825.94				
84	883.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.94	50.57	59.00	65.02	86.69
45-49	45.75	56.59	66.22	72.24	96.32
50-54	61.40	74.65	85.48	91.50	122.81
55	69.83	86.69	97.52	107.16	145.68
56	73.44	90.30	103.54	113.18	155.32
57	78.26	96.32	110.77	121.60	167.36
58	83.08	103.54	119.20	131.24	179.40
59	90.30	111.97	128.83	142.07	193.84
60	97.52	121.60	139.66	152.91	209.50
61	105.95	131.24	152.91	166.15	225.15
62	114.38	143.28	166.15	179.40	243.21
63	122.81	152.91	178.19	193.84	262.47
64	131.24	163.74	191.44	207.09	280.53
65	142.07	175.78	203.48	222.74	302.20
66	152.91	187.82	219.13	239.60	326.28
67	166.15	205.88	239.60	260.06	353.98
68	179.40	223.94	262.47	284.14	386.48
69	195.05	245.62	286.55	311.84	422.60
70	211.90	267.29	313.04	341.94	462.34
71	232.37	294.98	344.34	376.85	505.68
72	256.45	326.28	380.46	416.58	558.66
73	282.94	361.20	422.60	462.34	616.45
74	314.24	399.73	468.36	512.90	681.46
75	346.75	443.07	518.92	568.29	752.50
76	382.87	490.03	571.90	627.28	828.35
77	420.20	539.39	632.10	692.30	910.22
78	459.93	593.57	695.91	762.13	998.12
79	503.27	651.36	762.13	836.78	1093.23
80	546.62				
81	593.57				
82	641.73				
83	692.30				
84	746.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.36	62.61	71.04	78.26	102.34
45-49	55.38	67.42	79.46	86.69	113.18
50-54	69.83	86.69	101.14	109.56	143.28
55	80.67	101.14	114.38	126.42	169.76
56	85.48	105.95	121.60	131.24	181.80
57	89.10	111.97	128.83	139.66	192.64
58	96.32	120.40	138.46	151.70	207.09
59	103.54	130.03	150.50	162.54	221.54
60	111.97	139.66	161.34	175.78	235.98
61	120.40	150.50	174.58	190.23	254.04
62	130.03	162.54	187.82	205.88	273.31
63	138.46	174.58	202.27	219.13	293.78
64	149.30	185.42	216.72	234.78	314.24
65	160.13	199.86	231.17	250.43	337.12
66	170.97	214.31	248.02	270.90	363.61
67	185.42	232.37	270.90	293.78	394.91
68	201.07	251.64	294.98	320.26	432.24
69	217.92	275.72	321.47	350.36	471.97
70	238.39	302.20	352.77	384.08	516.52
71	260.06	331.10	386.48	422.60	567.08
72	286.55	366.02	427.42	467.15	624.88
73	315.45	403.34	473.17	516.52	689.89
74	350.36	447.89	523.74	573.10	762.13
75	386.48	494.84	579.12	634.51	840.39
76	426.22	545.41	639.32	700.73	925.88
77	467.15	600.80	704.34	772.97	1017.38
78	511.70	658.59	772.97	850.02	1114.90
79	556.25	722.40	848.82	931.90	1219.65
80	604.41				
81	654.98				
82	707.95				
83	763.34				
84	821.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54.18	66.22	77.06	83.08	109.56
45-49	59.00	73.44	85.48	91.50	120.40
50-54	73.44	91.50	105.95	115.58	151.70
55	85.48	105.95	121.60	133.64	179.40
56	89.10	111.97	128.83	139.66	191.44
57	95.12	119.20	137.26	149.30	203.48
58	102.34	127.62	146.89	160.13	217.92
59	109.56	137.26	158.93	170.97	232.37
60	117.99	146.89	170.97	185.42	248.02
61	126.42	158.93	184.21	199.86	266.08
62	136.05	170.97	198.66	215.52	286.55
63	145.68	184.21	211.90	231.17	307.02
64	155.32	195.05	226.35	246.82	328.69
65	167.36	209.50	242.00	263.68	352.77
66	178.19	225.15	260.06	282.94	379.26
67	193.84	243.21	282.94	307.02	414.18
68	210.70	264.88	308.22	335.92	451.50
69	227.56	288.96	337.12	367.22	492.44
70	249.23	315.45	369.63	402.14	539.39
71	272.10	346.75	404.54	441.87	592.37
72	298.59	382.87	447.89	488.82	652.57
73	329.90	422.60	496.05	540.60	721.20
74	366.02	467.15	547.82	599.59	795.84
75	403.34	515.31	604.41	663.40	877.72
76	444.28	569.49	667.02	732.03	968.02
77	487.62	626.08	735.64	807.88	1061.93
78	532.17	687.48	807.88	888.55	1164.27
79	579.12	753.70	884.94	972.83	1273.83
80	628.49				
81	681.46				
82	736.85				
83	793.44				
84	852.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.61	36.12	42.14	45.15	57.19
45-49	34.62	40.64	46.66	49.67	63.21
50-54	42.14	49.67	57.19	61.71	78.26
55	48.16	57.19	66.22	70.74	93.31
56	51.17	61.71	70.74	75.25	99.33
57	55.69	66.22	75.25	81.27	106.86
58	60.20	72.24	81.27	88.80	115.89
59	66.22	78.26	88.80	96.32	126.42
60	72.24	85.79	97.83	106.86	136.96
61	78.26	94.82	106.86	115.89	149.00
62	84.28	102.34	115.89	126.42	162.54
63	90.30	109.87	124.92	135.45	174.58
64	96.32	117.39	133.95	144.48	188.13
65	102.34	126.42	142.98	155.02	201.67
66	111.37	135.45	155.02	167.06	218.23
67	120.40	147.49	168.56	182.11	237.79
68	130.94	161.04	185.12	200.17	261.87
69	142.98	176.09	203.18	219.73	287.46
70	156.52	192.64	222.74	242.31	316.05
71	173.08	213.71	246.82	269.40	349.16
72	192.64	237.79	275.42	301.00	389.80
73	215.22	266.39	308.53	337.12	436.45
74	239.30	297.99	346.15	377.76	487.62
75	267.89	334.11	388.29	422.91	543.31
76	297.99	373.24	433.44	472.57	605.01
77	331.10	415.38	483.11	525.25	672.74
78	367.22	462.04	537.29	582.44	744.98
79	406.35	510.20	594.48	644.14	823.24
80	446.99				
81	492.14				
82	538.79				
83	588.46				
84	641.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.63	45.15	51.17	54.18	69.23
45-49	40.64	49.67	55.69	60.20	76.76
50-54	48.16	58.70	67.73	73.75	96.32
55	57.19	67.73	76.76	82.78	109.87
56	60.20	72.24	81.27	87.29	115.89
57	64.72	76.76	87.29	93.31	123.41
58	69.23	82.78	93.31	100.84	132.44
59	75.25	90.30	102.34	109.87	142.98
60	81.27	97.83	111.37	120.40	156.52
61	87.29	106.86	121.91	130.94	168.56
62	94.82	114.38	132.44	142.98	183.61
63	102.34	123.41	141.47	152.01	197.16
64	108.36	132.44	150.50	164.05	212.21
65	115.89	142.98	161.04	174.58	228.76
66	124.92	152.01	174.58	189.63	246.82
67	135.45	167.06	189.63	206.19	269.40
68	147.49	182.11	207.69	227.26	294.98
69	161.04	198.66	228.76	248.33	325.08
70	176.09	218.23	251.34	272.41	356.69
71	192.64	240.80	278.43	302.51	395.82
72	215.22	267.89	310.03	338.63	440.97
73	239.30	299.50	347.66	377.76	492.14
74	266.39	335.62	389.80	424.41	549.33
75	297.99	374.75	436.45	474.08	612.54
76	331.10	416.89	487.62	531.27	683.27
77	368.73	465.05	541.80	589.96	758.52
78	407.86	516.22	602.00	654.68	838.29
79	450.00	571.90	666.72	725.41	927.08
80	495.15				
81	543.31				
82	592.97				
83	647.15				
84	704.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.13	48.16	54.18	58.70	75.25
45-49	43.65	52.68	60.20	64.72	82.78
50-54	51.17	63.21	72.24	78.26	103.85
55	60.20	72.24	81.27	88.80	115.89
56	63.21	76.76	85.79	93.31	121.91
57	67.73	81.27	91.81	99.33	129.43
58	72.24	87.29	99.33	106.86	139.97
59	78.26	94.82	108.36	115.89	150.50
60	85.79	102.34	117.39	126.42	164.05
61	91.81	111.37	127.93	136.96	177.59
62	99.33	120.40	138.46	149.00	192.64
63	106.86	129.43	149.00	159.53	207.69
64	112.88	138.46	158.03	171.57	222.74
65	121.91	149.00	168.56	183.61	239.30
66	130.94	159.53	182.11	198.66	258.86
67	141.47	174.58	198.66	216.72	282.94
68	153.51	191.14	218.23	237.79	310.03
69	168.56	207.69	239.30	260.37	340.13
70	183.61	228.76	263.38	285.95	374.75
71	201.67	251.34	291.97	317.56	415.38
72	224.25	279.93	325.08	353.68	462.04
73	249.83	313.04	364.21	395.82	516.22
74	278.43	350.67	407.86	443.98	576.42
75	311.54	391.30	456.02	496.65	642.64
76	346.15	436.45	510.20	555.35	716.38
77	383.78	486.12	567.39	618.56	794.64
78	424.41	538.79	629.09	686.28	878.92
79	468.06	597.49	696.82	760.03	970.73
80	514.71				
81	564.38				
82	617.05				
83	672.74				
84	731.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.20	73.75	84.28	90.30	123.41
45-49	66.22	81.27	93.31	100.84	136.96
50-54	81.27	100.84	115.89	127.93	174.58
55	94.82	117.39	135.45	147.49	201.67
56	99.33	123.41	142.98	156.52	213.71
57	105.35	130.94	152.01	165.55	225.75
58	112.88	139.97	162.54	176.09	239.30
59	118.90	149.00	173.08	188.13	254.35
60	127.93	159.53	183.61	200.17	270.90
61	136.96	170.07	197.16	213.71	288.96
62	145.99	182.11	210.70	228.76	308.53
63	155.02	194.15	225.75	243.81	329.60
64	165.55	206.19	239.30	260.37	350.67
65	176.09	219.73	255.85	278.43	374.75
66	188.13	236.29	273.91	297.99	403.34
67	203.18	254.35	296.49	322.07	434.95
68	219.73	275.42	320.57	349.16	471.07
69	236.29	297.99	346.15	377.76	508.69
70	255.85	323.58	376.25	410.87	552.34
71	276.92	352.17	409.36	446.99	600.50
72	302.51	385.28	448.49	490.63	656.18
73	332.61	422.91	493.64	540.30	719.39
74	365.72	465.05	543.31	594.48	788.62
75	401.84	510.20	597.49	653.17	865.38
76	439.46	559.86	656.18	719.39	948.15
77	480.10	614.04	720.90	788.62	1036.95
78	522.24	671.23	790.13	863.87	1131.76
79	567.39	732.94	863.87	943.64	1234.10
80	614.04				
81	662.20				
82	713.37				
83	766.05				
84	821.73				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	69.23	85.79	99.33	108.36	142.98
45-49	76.76	96.32	109.87	120.40	159.53
50-54	94.82	118.90	136.96	149.00	201.67
55	106.86	135.45	156.52	170.07	231.77
56	111.37	142.98	165.55	179.10	243.81
57	117.39	150.50	174.58	189.63	255.85
58	124.92	159.53	185.12	201.67	270.90
59	133.95	168.56	195.65	215.22	287.46
60	144.48	179.10	209.20	227.26	304.01
61	153.51	191.14	222.74	242.31	325.08
62	164.05	204.68	237.79	258.86	346.15
63	174.58	216.72	254.35	276.92	370.23
64	185.12	231.77	269.40	294.98	394.31
65	197.16	246.82	288.96	314.55	421.40
66	210.70	264.88	308.53	337.12	451.50
67	225.75	285.95	334.11	364.21	487.62
68	243.81	308.53	361.20	394.31	528.26
69	263.38	335.62	389.80	427.42	570.40
70	285.95	364.21	424.41	465.05	618.56
71	310.03	395.82	462.04	505.68	672.74
72	338.63	433.44	505.68	553.84	735.95
73	371.74	474.08	555.35	609.53	805.18
74	407.86	520.73	609.53	668.22	881.93
75	446.99	571.90	669.73	732.94	967.72
76	489.13	624.58	734.44	805.18	1059.52
77	532.77	684.78	803.67	881.93	1157.35
78	579.43	746.48	880.43	963.20	1262.70
79	627.59	815.71	958.69	1050.49	1374.07
80	678.76				
81	731.43				
82	785.61				
83	844.31				
84	904.51				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	73.75	91.81	105.35	115.89	152.01
45-49	81.27	102.34	117.39	129.43	168.56
50-54	100.84	126.42	145.99	158.03	213.71
55	112.88	142.98	165.55	180.60	243.81
56	117.39	150.50	174.58	189.63	255.85
57	123.41	158.03	183.61	200.17	269.40
58	130.94	167.06	194.15	212.21	284.45
59	139.97	177.59	206.19	225.75	301.00
60	150.50	188.13	219.73	239.30	319.06
61	161.04	200.17	233.28	254.35	340.13
62	171.57	213.71	249.83	272.41	362.71
63	182.11	227.26	266.39	290.47	386.79
64	194.15	242.31	282.94	310.03	412.37
65	206.19	258.86	302.51	329.60	440.97
66	219.73	276.92	323.58	353.68	472.57
67	236.29	299.50	349.16	382.27	510.20
68	254.35	323.58	377.76	413.88	552.34
69	275.42	350.67	409.36	448.49	597.49
70	297.99	380.77	443.98	487.62	647.15
71	323.58	413.88	484.61	531.27	704.34
72	353.68	453.01	529.76	580.93	769.06
73	388.29	496.65	580.93	638.12	842.80
74	425.92	544.81	638.12	699.83	922.57
75	466.55	597.49	699.83	767.55	1011.36
76	510.20	653.17	767.55	841.30	1106.18
77	555.35	714.88	839.79	921.06	1208.52
78	603.51	779.59	918.05	1005.34	1318.38
79	653.17	850.33	999.32	1097.15	1434.27
80	705.85				
81	760.03				
82	817.22				
83	877.42				
84	939.12				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.65	54.18	63.21	69.23	91.81
45-49	48.16	60.20	70.74	76.76	102.34
50-54	64.72	79.77	90.30	97.83	130.94
55	73.75	91.81	103.85	114.38	155.02
56	78.26	96.32	109.87	120.40	165.55
57	82.78	102.34	117.39	129.43	177.59
58	88.80	109.87	126.42	139.97	191.14
59	96.32	118.90	136.96	150.50	206.19
60	103.85	129.43	149.00	162.54	222.74
61	112.88	139.97	162.54	176.09	239.30
62	121.91	152.01	176.09	191.14	258.86
63	130.94	162.54	189.63	206.19	278.43
64	139.97	174.58	203.18	219.73	297.99
65	150.50	186.62	216.72	236.29	320.57
66	162.54	200.17	233.28	254.35	346.15
67	176.09	218.23	254.35	276.92	376.25
68	191.14	237.79	278.43	302.51	410.87
69	207.69	260.37	304.01	331.10	448.49
70	225.75	284.45	332.61	362.71	490.63
71	246.82	313.04	365.72	400.33	537.29
72	272.41	346.15	404.85	442.47	592.97
73	301.00	383.78	448.49	490.63	654.68
74	334.11	424.41	498.16	544.81	723.91
75	368.73	471.07	550.83	603.51	799.16
76	406.35	520.73	608.02	666.72	880.43
77	446.99	573.41	671.23	735.95	967.72
78	489.13	630.60	738.96	809.69	1061.03
79	534.28	692.30	809.69	889.46	1161.86
80	580.93				
81	630.60				
82	681.77				
83	735.95				
84	793.14				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.68	66.22	75.25	82.78	108.36
45-49	58.70	72.24	84.28	91.81	120.40
50-54	73.75	91.81	106.86	115.89	152.01
55	85.79	106.86	121.91	133.95	180.60
56	90.30	112.88	129.43	139.97	192.64
57	94.82	118.90	136.96	149.00	204.68
58	102.34	127.93	147.49	161.04	219.73
59	109.87	138.46	159.53	173.08	234.78
60	118.90	149.00	171.57	186.62	251.34
61	127.93	159.53	185.12	201.67	269.40
62	138.46	173.08	200.17	218.23	290.47
63	147.49	185.12	215.22	233.28	311.54
64	158.03	197.16	230.27	249.83	334.11
65	170.07	212.21	245.32	266.39	358.19
66	182.11	227.26	263.38	287.46	386.79
67	197.16	246.82	287.46	311.54	419.90
68	213.71	267.89	313.04	340.13	459.03
69	231.77	293.48	341.64	371.74	501.17
70	252.84	320.57	374.75	407.86	549.33
71	276.92	352.17	410.87	448.49	602.00
72	304.01	388.29	454.51	496.65	663.71
73	335.62	428.93	502.67	549.33	732.94
74	371.74	475.58	556.85	609.53	809.69
75	410.87	525.25	615.55	674.24	892.47
76	453.01	579.43	678.76	744.98	984.27
77	496.65	638.12	747.99	821.73	1080.59
78	543.31	699.83	821.73	903.00	1184.44
79	591.47	767.55	901.50	990.29	1295.81
80	642.64				
81	695.31				
82	752.50				
83	811.20				
84	872.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.19	70.74	81.27	88.80	115.89
45-49	63.21	78.26	90.30	97.83	127.93
50-54	78.26	97.83	112.88	123.41	161.04
55	90.30	112.88	129.43	141.47	191.14
56	94.82	118.90	136.96	149.00	203.18
57	100.84	126.42	145.99	158.03	216.72
58	108.36	135.45	156.52	170.07	231.77
59	115.89	145.99	168.56	182.11	246.82
60	124.92	156.52	182.11	197.16	263.38
61	133.95	168.56	195.65	212.21	282.94
62	144.48	182.11	210.70	228.76	304.01
63	155.02	195.65	225.75	245.32	326.59
64	165.55	207.69	240.80	261.87	349.16
65	177.59	222.74	257.36	279.93	374.75
66	189.63	239.30	276.92	301.00	403.34
67	206.19	258.86	301.00	326.59	439.46
68	224.25	281.44	328.09	356.69	480.10
69	242.31	307.02	358.19	389.80	523.74
70	264.88	335.62	392.81	427.42	573.41
71	288.96	368.73	430.43	469.56	629.09
72	317.56	406.35	475.58	519.23	693.81
73	350.67	448.49	526.75	574.91	766.05
74	388.29	496.65	582.44	636.62	845.81
75	428.93	547.82	642.64	704.34	933.10
76	472.57	605.01	708.86	778.09	1027.92
77	517.72	665.21	781.10	857.85	1128.75
78	565.88	729.93	857.85	943.64	1237.11
79	615.55	800.66	940.63	1033.94	1353.00
80	668.22				
81	723.91				
82	782.60				
83	842.80				
84	906.01				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.63	42.14	49.67	52.68	67.73
45-49	40.64	48.16	54.18	58.70	73.75
50-54	49.67	58.70	67.73	72.24	91.81
55	57.19	67.73	78.26	82.78	109.87
56	60.20	72.24	82.78	88.80	117.39
57	66.22	78.26	88.80	96.32	126.42
58	70.74	84.28	96.32	103.85	136.96
59	78.26	91.81	103.85	112.88	149.00
60	84.28	100.84	114.38	126.42	161.04
61	91.81	111.37	126.42	136.96	174.58
62	99.33	120.40	136.96	149.00	191.14
63	106.86	129.43	147.49	159.53	204.68
64	112.88	138.46	158.03	170.07	221.24
65	120.40	149.00	168.56	182.11	237.79
66	130.94	159.53	182.11	197.16	257.36
67	141.47	173.08	198.66	213.71	279.93
68	153.51	189.63	218.23	234.78	308.53
69	168.56	207.69	239.30	258.86	338.63
70	183.61	227.26	261.87	284.45	371.74
71	203.18	251.34	290.47	317.56	410.87
72	227.26	279.93	323.58	353.68	459.03
73	252.84	313.04	362.71	397.32	513.21
74	281.44	350.67	407.86	443.98	573.41
75	314.55	392.81	457.52	498.16	639.63
76	350.67	439.46	510.20	555.35	711.87
77	389.80	489.13	568.89	618.56	791.63
78	431.94	543.31	632.10	684.78	875.91
79	478.59	600.50	699.83	758.52	969.22
80	525.25				
81	579.43				
82	633.61				
83	692.30				
84	754.01				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.65	52.68	60.20	63.21	81.27
45-49	48.16	58.70	66.22	70.74	90.30
50-54	57.19	69.23	79.77	87.29	112.88
55	67.73	79.77	90.30	97.83	129.43
56	70.74	84.28	96.32	102.34	136.96
57	76.76	90.30	102.34	109.87	144.48
58	81.27	97.83	109.87	118.90	156.52
59	88.80	106.86	120.40	129.43	168.56
60	96.32	114.38	130.94	141.47	183.61
61	102.34	126.42	142.98	153.51	198.66
62	111.37	133.95	156.52	168.56	216.72
63	120.40	144.48	167.06	179.10	231.77
64	127.93	156.52	177.59	192.64	249.83
65	136.96	168.56	189.63	204.68	269.40
66	147.49	179.10	204.68	222.74	290.47
67	159.53	197.16	222.74	242.31	317.56
68	173.08	213.71	243.81	267.89	347.66
69	189.63	233.28	269.40	291.97	382.27
70	207.69	257.36	294.98	320.57	419.90
71	227.26	282.94	328.09	355.18	465.05
72	252.84	314.55	364.21	398.83	519.23
73	281.44	352.17	409.36	443.98	579.43
74	313.04	394.31	459.03	499.66	645.65
75	350.67	440.97	513.21	558.36	720.90
76	389.80	490.63	573.41	624.58	803.67
77	433.44	547.82	638.12	693.81	892.47
78	480.10	608.02	708.86	770.56	985.78
79	529.76	672.74	784.11	853.34	1091.13
80	582.44				
81	639.63				
82	698.32				
83	761.53				
84	829.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46.66	57.19	63.21	69.23	88.80
45-49	51.17	61.71	70.74	76.76	97.83
50-54	60.20	73.75	84.28	91.81	121.91
55	70.74	84.28	96.32	103.85	136.96
56	73.75	90.30	100.84	109.87	142.98
57	79.77	96.32	108.36	117.39	152.01
58	84.28	102.34	117.39	126.42	164.05
59	91.81	111.37	127.93	136.96	177.59
60	100.84	120.40	138.46	149.00	192.64
61	108.36	130.94	150.50	161.04	209.20
62	117.39	141.47	162.54	174.58	227.26
63	126.42	152.01	174.58	188.13	243.81
64	132.44	162.54	186.62	201.67	261.87
65	142.98	174.58	198.66	216.72	281.44
66	153.51	188.13	213.71	233.28	304.01
67	167.06	204.68	233.28	254.35	332.61
68	180.60	224.25	257.36	279.93	364.21
69	198.66	243.81	281.44	307.02	400.33
70	216.72	269.40	310.03	337.12	440.97
71	237.79	294.98	343.14	373.24	489.13
72	263.38	329.60	382.27	415.38	543.31
73	293.48	368.73	428.93	465.05	608.02
74	328.09	412.37	480.10	522.24	678.76
75	367.22	460.53	535.78	583.94	755.51
76	407.86	513.21	600.50	653.17	842.80
77	451.50	571.90	668.22	728.42	934.61
78	499.66	633.61	740.46	806.68	1033.94
79	550.83	702.84	820.23	893.97	1142.30
80	605.01				
81	663.71				
82	725.41				
83	791.63				
84	860.86				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.74	87.29	99.33	106.86	144.48
45-49	78.26	96.32	109.87	118.90	161.04
50-54	96.32	118.90	136.96	150.50	204.68
55	111.37	138.46	159.53	173.08	237.79
56	117.39	144.48	168.56	183.61	251.34
57	123.41	153.51	179.10	194.15	264.88
58	132.44	164.05	191.14	207.69	281.44
59	139.97	174.58	203.18	221.24	299.50
60	150.50	188.13	216.72	234.78	319.06
61	161.04	200.17	231.77	251.34	340.13
62	171.57	213.71	248.33	269.40	362.71
63	182.11	228.76	264.88	287.46	388.29
64	194.15	242.31	281.44	307.02	412.37
65	207.69	258.86	301.00	328.09	440.97
66	221.24	278.43	322.07	350.67	474.08
67	239.30	299.50	349.16	379.26	511.70
68	258.86	323.58	377.76	410.87	553.84
69	278.43	350.67	407.86	443.98	598.99
70	301.00	380.77	442.47	483.11	650.16
71	325.08	413.88	481.60	525.25	705.85
72	355.18	453.01	528.26	577.92	772.07
73	391.30	498.16	580.93	635.11	845.81
74	430.43	547.82	639.63	699.83	927.08
75	472.57	600.50	702.84	769.06	1017.38
76	517.72	659.19	772.07	845.81	1115.21
77	564.38	722.40	848.82	927.08	1220.56
78	614.04	790.13	930.09	1015.88	1331.93
79	668.22	862.37	1015.88	1110.69	1452.33
80	722.40				
81	779.59				
82	839.79				
83	901.50				
84	966.21				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	81.27	100.84	117.39	127.93	168.56
45-49	90.30	112.88	129.43	141.47	188.13
50-54	111.37	139.97	161.04	174.58	237.79
55	126.42	159.53	183.61	200.17	272.41
56	130.94	168.56	194.15	210.70	287.46
57	138.46	177.59	204.68	222.74	301.00
58	147.49	188.13	218.23	237.79	319.06
59	158.03	198.66	230.27	252.84	338.63
60	170.07	210.70	246.82	267.89	358.19
61	180.60	224.25	261.87	284.45	382.27
62	192.64	240.80	279.93	304.01	407.86
63	204.68	254.35	299.50	325.08	434.95
64	218.23	272.41	317.56	347.66	463.54
65	231.77	290.47	340.13	370.23	495.15
66	248.33	311.54	362.71	397.32	531.27
67	264.88	337.12	392.81	428.93	573.41
68	287.46	362.71	424.41	463.54	621.57
69	310.03	394.31	459.03	502.67	671.23
70	337.12	428.93	499.66	547.82	728.42
71	364.21	465.05	543.31	594.48	791.63
72	398.83	510.20	594.48	651.67	865.38
73	437.96	558.36	653.17	716.38	946.65
74	480.10	612.54	716.38	785.61	1036.95
75	525.25	672.74	788.62	862.37	1137.78
76	574.91	734.44	863.87	946.65	1246.14
77	626.08	805.18	945.14	1036.95	1362.03
78	681.77	878.92	1035.44	1133.27	1485.44
79	738.96	960.19	1127.25	1235.61	1616.37
80	799.16				
81	860.86				
82	924.07				
83	993.30				
84	1064.04				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	87.29	108.36	123.41	136.96	179.10
45-49	96.32	120.40	138.46	152.01	198.66
50-54	118.90	149.00	171.57	186.62	251.34
55	132.44	168.56	194.15	212.21	287.46
56	138.46	177.59	204.68	222.74	301.00
57	144.48	186.62	216.72	234.78	317.56
58	153.51	197.16	228.76	249.83	334.11
59	164.05	209.20	242.31	264.88	353.68
60	177.59	221.24	258.86	281.44	374.75
61	189.63	234.78	273.91	299.50	400.33
62	201.67	251.34	293.48	320.57	427.42
63	213.71	267.89	313.04	341.64	454.51
64	228.76	284.45	332.61	364.21	484.61
65	242.31	304.01	355.18	388.29	519.23
66	258.86	325.08	380.77	415.38	555.35
67	278.43	352.17	410.87	450.00	600.50
68	299.50	380.77	443.98	487.62	650.16
69	323.58	412.37	481.60	528.26	702.84
70	350.67	448.49	522.24	573.41	761.53
71	380.77	487.62	570.40	624.58	829.26
72	415.38	532.77	623.07	683.27	904.51
73	457.52	583.94	683.27	751.00	991.80
74	501.17	641.13	751.00	823.24	1085.11
75	549.33	702.84	823.24	903.00	1190.46
76	600.50	769.06	903.00	990.29	1301.83
77	653.17	841.30	987.28	1083.60	1422.23
78	710.36	916.55	1080.59	1182.93	1551.66
79	769.06	1000.83	1175.41	1291.29	1687.11
80	830.76				
81	893.97				
82	961.70				
83	1032.43				
84	1104.67				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.17	63.21	73.75	81.27	108.36
45-49	57.19	70.74	82.78	90.30	120.40
50-54	76.76	93.31	106.86	114.38	153.51
55	87.29	108.36	121.91	133.95	182.11
56	91.81	112.88	129.43	141.47	194.15
57	97.83	120.40	138.46	152.01	209.20
58	103.85	129.43	149.00	164.05	224.25
59	112.88	139.97	161.04	177.59	242.31
60	121.91	152.01	174.58	191.14	261.87
61	132.44	164.05	191.14	207.69	281.44
62	142.98	179.10	207.69	224.25	304.01
63	153.51	191.14	222.74	242.31	328.09
64	164.05	204.68	239.30	258.86	350.67
65	177.59	219.73	254.35	278.43	377.76
66	191.14	234.78	273.91	299.50	407.86
67	207.69	257.36	299.50	325.08	442.47
68	224.25	279.93	328.09	355.18	483.11
69	243.81	307.02	358.19	389.80	528.26
70	264.88	334.11	391.30	427.42	577.92
71	290.47	368.73	430.43	471.07	632.10
72	320.57	407.86	475.58	520.73	698.32
73	353.68	451.50	528.26	577.92	770.56
74	392.81	499.66	585.45	641.13	851.83
75	433.44	553.84	648.66	710.36	940.63
76	478.59	612.54	714.88	784.11	1035.44
77	525.25	674.24	790.13	865.38	1137.78
78	574.91	741.97	869.89	952.67	1247.65
79	629.09	814.21	952.67	1045.98	1366.54
80	683.27				
81	741.97				
82	802.17				
83	865.38				
84	933.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.71	78.26	88.80	97.83	127.93
45-49	69.23	84.28	99.33	108.36	141.47
50-54	87.29	108.36	126.42	136.96	179.10
55	100.84	126.42	142.98	158.03	212.21
56	106.86	132.44	152.01	164.05	227.26
57	111.37	139.97	161.04	174.58	240.80
58	120.40	150.50	173.08	189.63	258.86
59	129.43	162.54	188.13	203.18	276.92
60	139.97	174.58	201.67	219.73	294.98
61	150.50	188.13	218.23	237.79	317.56
62	162.54	203.18	234.78	257.36	341.64
63	173.08	218.23	252.84	273.91	367.22
64	186.62	231.77	270.90	293.48	392.81
65	200.17	249.83	288.96	313.04	421.40
66	213.71	267.89	310.03	338.63	454.51
67	231.77	290.47	338.63	367.22	493.64
68	251.34	314.55	368.73	400.33	540.30
69	272.41	344.65	401.84	437.96	589.96
70	297.99	377.76	440.97	480.10	645.65
71	325.08	413.88	483.11	528.26	708.86
72	358.19	457.52	534.28	583.94	781.10
73	394.31	504.18	591.47	645.65	862.37
74	437.96	559.86	654.68	716.38	952.67
75	483.11	618.56	723.91	793.14	1050.49
76	532.77	681.77	799.16	875.91	1157.35
77	583.94	751.00	880.43	966.21	1271.73
78	639.63	823.24	966.21	1062.53	1393.63
79	695.31	903.00	1061.03	1164.87	1524.57
80	755.51				
81	818.72				
82	884.94				
83	954.17				
84	1026.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with First 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.73	82.78	96.32	103.85	136.96
45-49	73.75	91.81	106.86	114.38	150.50
50-54	91.81	114.38	132.44	144.48	189.63
55	106.86	132.44	152.01	167.06	224.25
56	111.37	139.97	161.04	174.58	239.30
57	118.90	149.00	171.57	186.62	254.35
58	127.93	159.53	183.61	200.17	272.41
59	136.96	171.57	198.66	213.71	290.47
60	147.49	183.61	213.71	231.77	310.03
61	158.03	198.66	230.27	249.83	332.61
62	170.07	213.71	248.33	269.40	358.19
63	182.11	230.27	264.88	288.96	383.78
64	194.15	243.81	282.94	308.53	410.87
65	209.20	261.87	302.51	329.60	440.97
66	222.74	281.44	325.08	353.68	474.08
67	242.31	304.01	353.68	383.78	517.72
68	263.38	331.10	385.28	419.90	564.38
69	284.45	361.20	421.40	459.03	615.55
70	311.54	394.31	462.04	502.67	674.24
71	340.13	433.44	505.68	552.34	740.46
72	373.24	478.59	559.86	611.03	815.71
73	412.37	528.26	620.06	675.75	901.50
74	457.52	583.94	684.78	749.49	994.81
75	504.18	644.14	755.51	829.26	1097.15
76	555.35	711.87	833.77	915.04	1210.02
77	609.53	782.60	919.56	1009.86	1327.41
78	665.21	859.36	1009.86	1110.69	1455.34
79	723.91	942.13	1106.18	1216.04	1592.29
80	785.61				
81	851.83				
82	921.06				
83	991.80				
84	1065.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.14	28.09	32.53	34.01	35.49
45-49	28.09	31.05	35.49	36.97	39.92
50-54	34.01	38.44	42.88	45.84	51.75
55	38.44	44.36	50.27	54.71	65.06
56	41.40	47.32	54.71	59.14	70.97
57	44.36	51.75	59.14	63.58	78.37
58	48.79	56.19	65.06	69.49	85.76
59	53.23	62.10	70.97	75.41	94.63
60	59.14	69.49	78.37	82.80	103.50
61	63.58	75.41	85.76	90.20	112.37
62	69.49	82.80	93.15	99.07	122.72
63	73.93	88.72	100.55	106.46	131.60
64	78.37	94.63	107.94	115.33	140.47
65	84.28	100.55	115.33	124.20	150.82
66	90.20	109.42	124.20	134.55	162.65
67	97.59	118.29	136.03	146.38	177.43
68	106.46	130.12	149.34	161.17	195.18
69	116.81	141.95	164.13	175.95	212.92
70	127.16	155.25	180.39	193.70	235.10
71	140.47	171.52	198.13	214.40	260.24
72	155.25	190.74	220.31	238.06	288.33
73	173.00	212.92	245.45	264.67	320.86
74	192.22	236.58	273.54	295.72	357.82
75	214.40	263.19	303.11	328.25	397.75
76	238.06	292.76	337.12	363.74	440.63
77	263.19	323.82	372.61	402.18	487.94
78	289.81	357.82	411.05	443.58	538.21
79	319.38	393.31	452.45	487.94	592.92
80	348.95				
81	381.48				
82	415.49				
83	450.98				
84	489.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.32	57.67	66.54	72.45	87.24
45-49	51.75	63.58	73.93	79.84	97.59
50-54	63.58	78.37	91.67	99.07	124.20
55	76.89	93.15	107.94	115.33	147.86
56	81.32	99.07	113.85	122.72	158.21
57	87.24	106.46	121.25	130.12	168.56
58	93.15	113.85	130.12	138.99	180.39
59	99.07	121.25	138.99	149.34	192.22
60	104.98	130.12	149.34	161.17	205.53
61	112.37	138.99	159.69	173.00	218.83
62	119.77	147.86	171.52	186.30	235.10
63	127.16	158.21	183.35	198.13	251.36
64	136.03	167.08	195.18	211.44	269.11
65	144.90	178.91	207.01	224.75	288.33
66	155.25	190.74	221.79	239.53	309.03
67	167.08	205.53	238.06	257.28	332.69
68	180.39	221.79	257.28	277.98	359.30
69	193.70	239.53	276.50	300.16	387.40
70	209.96	260.24	300.16	325.29	416.97
71	227.71	282.41	325.29	353.39	452.45
72	246.93	307.55	354.87	385.92	492.38
73	269.11	335.64	388.87	422.88	536.73
74	294.24	368.17	425.84	464.28	587.01
75	320.86	402.18	467.24	508.64	640.24
76	348.95	439.15	511.60	557.44	699.38
77	378.52	479.07	558.91	610.67	761.48
78	409.57	521.95	610.67	666.85	828.02
79	442.10	567.79	665.37	727.48	900.47
80	477.59				
81	513.08				
82	551.52				
83	591.44				
84	632.84				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.01	41.40	47.32	51.75	62.10
45-49	36.97	45.84	53.23	57.67	69.49
50-54	51.75	62.10	72.45	78.37	94.63
55	59.14	72.45	82.80	88.72	113.85
56	62.10	76.89	87.24	94.63	121.25
57	66.54	82.80	93.15	100.55	130.12
58	72.45	90.20	100.55	109.42	140.47
59	78.37	97.59	109.42	118.29	153.78
60	85.76	106.46	119.77	130.12	167.08
61	93.15	115.33	131.60	141.95	181.87
62	100.55	124.20	141.95	153.78	196.65
63	107.94	133.07	152.30	165.60	211.44
64	115.33	141.95	162.65	177.43	227.71
65	122.72	152.30	174.48	189.26	243.97
66	133.07	164.13	187.78	204.05	264.67
67	143.43	177.43	204.05	221.79	286.85
68	155.25	193.70	223.27	242.49	311.99
69	170.04	211.44	243.97	264.67	340.08
70	184.83	230.66	266.15	289.81	372.61
71	202.57	252.84	292.76	317.90	406.62
72	221.79	277.98	322.34	350.43	446.54
73	243.97	306.07	354.87	387.40	490.90
74	269.11	337.12	391.83	427.32	539.69
75	295.72	371.13	431.75	470.20	591.44
76	323.82	408.10	474.63	517.51	649.11
77	353.39	446.54	520.47	567.79	709.73
78	384.44	487.94	569.26	622.49	774.79
79	416.97	532.30	622.49	680.16	844.29
80	452.45				
81	487.94				
82	526.38				
83	566.31				
84	607.71				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.57	32.53	38.44	39.92	41.40
45-49	32.53	36.97	41.40	42.88	47.32
50-54	39.92	45.84	50.27	53.23	60.62
55	45.84	51.75	59.14	65.06	76.89
56	48.79	56.19	65.06	69.49	82.80
57	51.75	60.62	69.49	75.41	91.67
58	57.67	66.54	76.89	81.32	100.55
59	62.10	72.45	82.80	88.72	110.90
60	69.49	81.32	91.67	97.59	121.25
61	75.41	88.72	100.55	106.46	131.60
62	81.32	97.59	109.42	116.81	144.90
63	87.24	104.98	118.29	125.68	155.25
64	91.67	110.90	127.16	136.03	165.60
65	99.07	118.29	136.03	146.38	177.43
66	106.46	128.64	146.38	158.21	190.74
67	115.33	138.99	159.69	171.52	208.48
68	125.68	153.78	175.95	189.26	229.18
69	137.51	167.08	193.70	207.01	249.88
70	149.34	183.35	212.92	227.71	276.50
71	165.60	201.09	233.62	252.84	306.07
72	183.35	224.75	258.76	279.46	338.60
73	204.05	249.88	288.33	311.99	377.05
74	226.23	277.98	322.34	347.47	421.40
75	252.84	309.03	356.34	385.92	467.24
76	279.46	344.52	396.27	427.32	518.99
77	309.03	381.48	437.67	473.15	573.70
78	341.56	421.40	483.50	521.95	632.84
79	375.57	462.80	532.30	573.70	697.90
80	411.05				
81	449.50				
82	489.42				
83	530.82				
84	575.18				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.19	68.02	78.37	85.76	102.02
45-49	60.62	75.41	87.24	94.63	115.33
50-54	75.41	91.67	107.94	116.81	146.38
55	90.20	109.42	127.16	136.03	174.48
56	96.11	116.81	134.55	144.90	186.30
57	102.02	125.68	141.95	153.78	198.13
58	109.42	134.55	153.78	164.13	212.92
59	116.81	141.95	164.13	175.95	226.23
60	124.20	153.78	175.95	189.26	242.49
61	131.60	164.13	187.78	204.05	257.28
62	140.47	174.48	201.09	218.83	276.50
63	149.34	186.30	215.88	233.62	295.72
64	159.69	196.65	229.18	248.41	316.42
65	170.04	209.96	243.97	264.67	338.60
66	183.35	224.75	260.24	282.41	363.74
67	196.65	242.49	279.46	303.11	391.83
68	212.92	260.24	303.11	326.77	422.88
69	227.71	282.41	325.29	353.39	455.41
70	246.93	306.07	353.39	382.96	490.90
71	267.63	332.69	382.96	415.49	532.30
72	289.81	362.26	416.97	453.93	579.61
73	316.42	394.79	456.89	496.81	631.37
74	345.99	433.23	501.25	545.61	690.51
75	377.05	473.15	550.04	598.84	752.61
76	411.05	516.03	601.79	656.50	822.11
77	445.06	563.35	657.98	718.60	896.04
78	482.03	613.62	718.60	785.14	974.40
79	520.47	668.33	782.18	856.11	1058.68
80	561.87				
81	603.27				
82	649.11				
83	696.42				
84	745.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.92	48.79	56.19	60.62	72.45
45-49	42.88	53.23	62.10	68.02	81.32
50-54	60.62	72.45	85.76	91.67	110.90
55	69.49	85.76	97.59	104.98	134.55
56	72.45	90.20	102.02	110.90	141.95
57	78.37	97.59	109.42	118.29	153.78
58	85.76	106.46	118.29	128.64	165.60
59	91.67	115.33	128.64	138.99	180.39
60	100.55	125.68	140.47	153.78	196.65
61	109.42	136.03	155.25	167.08	214.40
62	118.29	146.38	167.08	180.39	230.66
63	127.16	156.73	178.91	195.18	248.41
64	136.03	167.08	190.74	208.48	267.63
65	144.90	178.91	205.53	223.27	286.85
66	156.73	193.70	220.31	239.53	311.99
67	168.56	208.48	239.53	260.24	337.12
68	183.35	227.71	263.19	285.37	366.69
69	199.61	248.41	286.85	311.99	400.70
70	217.36	272.06	313.46	341.56	437.67
71	238.06	297.20	344.52	374.09	479.07
72	260.24	326.77	378.52	412.53	524.91
73	286.85	360.78	416.97	455.41	578.14
74	316.42	396.27	461.33	502.73	634.32
75	347.47	436.19	508.64	553.00	696.42
76	381.48	480.55	558.91	609.19	762.96
77	415.49	524.91	612.14	668.33	835.41
78	452.45	573.70	669.81	731.91	910.82
79	490.90	626.93	731.91	799.93	993.62
80	532.30				
81	573.70				
82	619.54				
83	666.85				
84	715.65				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.42	35.12	40.66	42.51	44.36
45-49	35.12	38.81	44.36	46.21	49.90
50-54	42.51	48.05	53.60	57.30	64.69
55	48.05	55.45	62.84	68.39	81.32
56	51.75	59.14	68.39	73.93	88.72
57	55.45	64.69	73.93	79.48	97.96
58	60.99	70.23	81.32	86.87	107.20
59	66.54	77.63	88.72	94.26	118.29
60	73.93	86.87	97.96	103.50	129.38
61	79.48	94.26	107.20	112.74	140.47
62	86.87	103.50	116.44	123.83	153.41
63	92.41	110.90	125.68	133.07	164.50
64	97.96	118.29	134.92	144.16	175.58
65	105.35	125.68	144.16	155.25	188.52
66	112.74	136.77	155.25	168.19	203.31
67	121.99	147.86	170.04	182.98	221.79
68	133.07	162.65	186.67	201.46	243.97
69	146.01	177.43	205.16	219.94	266.15
70	158.95	194.07	225.49	242.12	293.87
71	175.58	214.40	247.67	268.00	325.29
72	194.07	238.43	275.39	297.57	360.41
73	216.25	266.15	306.81	330.84	401.07
74	240.27	295.72	341.93	369.65	447.28
75	268.00	328.99	378.89	410.31	497.18
76	297.57	365.96	421.40	454.67	550.78
77	328.99	404.77	465.76	502.73	609.93
78	362.26	447.28	513.82	554.48	672.77
79	399.22	491.64	565.57	609.93	741.15
80	436.19				
81	476.85				
82	519.36				
83	563.72				
84	611.77				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.14	72.08	83.17	90.56	109.05
45-49	64.69	79.48	92.41	99.81	121.99
50-54	79.48	97.96	114.59	123.83	155.25
55	96.11	116.44	134.92	144.16	184.83
56	101.65	123.83	142.32	153.41	197.76
57	109.05	133.07	151.56	162.65	210.70
58	116.44	142.32	162.65	173.74	225.49
59	123.83	151.56	173.74	186.67	240.27
60	131.23	162.65	186.67	201.46	256.91
61	140.47	173.74	199.61	216.25	273.54
62	149.71	184.83	214.40	232.88	293.87
63	158.95	197.76	229.18	247.67	314.20
64	170.04	208.85	243.97	264.30	336.38
65	181.13	223.64	258.76	280.94	360.41
66	194.07	238.43	277.24	299.42	386.29
67	208.85	256.91	297.57	321.60	415.86
68	225.49	277.24	321.60	347.47	449.13
69	242.12	299.42	345.62	375.20	484.24
70	262.45	325.29	375.20	406.62	521.21
71	284.63	353.02	406.62	441.73	565.57
72	308.66	384.44	443.58	482.40	615.47
73	336.38	419.56	486.09	528.60	670.92
74	367.80	460.22	532.30	580.35	733.76
75	401.07	502.73	584.05	635.80	800.30
76	436.19	548.93	639.50	696.79	874.23
77	473.15	598.84	698.64	763.33	951.85
78	511.97	652.44	763.33	833.57	1035.03
79	552.63	709.73	831.72	909.34	1125.59
80	596.99				
81	641.35				
82	689.40				
83	739.30				
84	791.06				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.51	51.75	59.14	64.69	77.63
45-49	46.21	57.30	66.54	72.08	86.87
50-54	64.69	77.63	90.56	97.96	118.29
55	73.93	90.56	103.50	110.90	142.32
56	77.63	96.11	109.05	118.29	151.56
57	83.17	103.50	116.44	125.68	162.65
58	90.56	112.74	125.68	136.77	175.58
59	97.96	121.99	136.77	147.86	192.22
60	107.20	133.07	149.71	162.65	208.85
61	116.44	144.16	164.50	177.43	227.34
62	125.68	155.25	177.43	192.22	245.82
63	134.92	166.34	190.37	207.01	264.30
64	144.16	177.43	203.31	221.79	284.63
65	153.41	190.37	218.09	236.58	304.96
66	166.34	205.16	234.73	255.06	330.84
67	179.28	221.79	255.06	277.24	358.56
68	194.07	242.12	279.09	303.11	389.98
69	212.55	264.30	304.96	330.84	425.10
70	231.03	288.33	332.69	362.26	465.76
71	253.21	316.05	365.96	397.38	508.27
72	277.24	347.47	402.92	438.04	558.17
73	304.96	382.59	443.58	484.24	613.62
74	336.38	421.40	489.79	534.15	674.62
75	369.65	463.91	539.69	587.75	739.30
76	404.77	510.12	593.29	646.89	811.39
77	441.73	558.17	650.59	709.73	887.16
78	480.55	609.93	711.58	778.12	968.49
79	521.21	665.37	778.12	850.20	1055.36
80	565.57				
81	609.93				
82	657.98				
83	707.88				
84	759.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.97	40.66	48.05	49.90	51.75
45-49	40.66	46.21	51.75	53.60	59.14
50-54	49.90	57.30	62.84	66.54	75.78
55	57.30	64.69	73.93	81.32	96.11
56	60.99	70.23	81.32	86.87	103.50
57	64.69	75.78	86.87	94.26	114.59
58	72.08	83.17	96.11	101.65	125.68
59	77.63	90.56	103.50	110.90	138.62
60	86.87	101.65	114.59	121.99	151.56
61	94.26	110.90	125.68	133.07	164.50
62	101.65	121.99	136.77	146.01	181.13
63	109.05	131.23	147.86	157.10	194.07
64	114.59	138.62	158.95	170.04	207.01
65	123.83	147.86	170.04	182.98	221.79
66	133.07	160.80	182.98	197.76	238.43
67	144.16	173.74	199.61	214.40	260.60
68	157.10	192.22	219.94	236.58	286.48
69	171.89	208.85	242.12	258.76	312.36
70	186.67	229.18	266.15	284.63	345.62
71	207.01	251.36	292.03	316.05	382.59
72	229.18	280.94	323.45	349.32	423.25
73	255.06	312.36	360.41	389.98	471.31
74	282.78	347.47	402.92	434.34	526.75
75	316.05	386.29	445.43	482.40	584.05
76	349.32	430.64	495.33	534.15	648.74
77	386.29	476.85	547.09	591.44	717.13
78	426.95	526.75	604.38	652.44	791.06
79	469.46	578.51	665.37	717.13	872.38
80	513.82				
81	561.87				
82	611.77				
83	663.53				
84	718.97				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.23	85.02	97.96	107.20	127.53
45-49	75.78	94.26	109.05	118.29	144.16
50-54	94.26	114.59	134.92	146.01	182.98
55	112.74	136.77	158.95	170.04	218.09
56	120.14	146.01	168.19	181.13	232.88
57	127.53	157.10	177.43	192.22	247.67
58	136.77	168.19	192.22	205.16	266.15
59	146.01	177.43	205.16	219.94	282.78
60	155.25	192.22	219.94	236.58	303.11
61	164.50	205.16	234.73	255.06	321.60
62	175.58	218.09	251.36	273.54	345.62
63	186.67	232.88	269.85	292.03	369.65
64	199.61	245.82	286.48	310.51	395.53
65	212.55	262.45	304.96	330.84	423.25
66	229.18	280.94	325.29	353.02	454.67
67	245.82	303.11	349.32	378.89	489.79
68	266.15	325.29	378.89	408.47	528.60
69	284.63	353.02	406.62	441.73	569.26
70	308.66	382.59	441.73	478.70	613.62
71	334.54	415.86	478.70	519.36	665.37
72	362.26	452.82	521.21	567.42	724.52
73	395.53	493.49	571.11	621.02	789.21
74	432.49	541.54	626.56	682.01	863.14
75	471.31	591.44	687.55	748.55	940.76
76	513.82	645.04	752.24	820.63	1027.63
77	556.33	704.19	822.48	898.25	1120.05
78	602.53	767.03	898.25	981.43	1218.00
79	650.59	835.41	977.73	1070.14	1323.35
80	702.34				
81	754.09				
82	811.39				
83	870.53				
84	931.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.90	60.99	70.23	75.78	90.56
45-49	53.60	66.54	77.63	85.02	101.65
50-54	75.78	90.56	107.20	114.59	138.62
55	86.87	107.20	121.99	131.23	168.19
56	90.56	112.74	127.53	138.62	177.43
57	97.96	121.99	136.77	147.86	192.22
58	107.20	133.07	147.86	160.80	207.01
59	114.59	144.16	160.80	173.74	225.49
60	125.68	157.10	175.58	192.22	245.82
61	136.77	170.04	194.07	208.85	268.00
62	147.86	182.98	208.85	225.49	288.33
63	158.95	195.92	223.64	243.97	310.51
64	170.04	208.85	238.43	260.60	334.54
65	181.13	223.64	256.91	279.09	358.56
66	195.92	242.12	275.39	299.42	389.98
67	210.70	260.60	299.42	325.29	421.40
68	229.18	284.63	328.99	356.71	458.37
69	249.52	310.51	358.56	389.98	500.88
70	271.69	340.08	391.83	426.95	547.09
71	297.57	371.50	430.64	467.61	598.84
72	325.29	408.47	473.15	515.66	656.13
73	358.56	450.98	521.21	569.26	722.67
74	395.53	495.33	576.66	628.41	792.90
75	434.34	545.24	635.80	691.25	870.53
76	476.85	600.68	698.64	761.48	953.70
77	519.36	656.13	765.18	835.41	1044.27
78	565.57	717.13	837.26	914.89	1138.53
79	613.62	783.66	914.89	999.91	1242.03
80	665.37				
81	717.13				
82	774.42				
83	833.57				
84	894.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.92	35.01	38.05	41.10	53.27
45-49	31.96	39.57	42.62	45.66	59.36
50-54	39.57	47.19	53.27	56.32	73.06
55	45.66	54.80	60.88	65.45	86.76
56	48.71	57.84	65.45	70.02	91.33
57	51.75	62.41	70.02	74.58	98.94
58	56.32	66.97	76.10	80.67	106.55
59	60.88	73.06	82.19	88.28	115.68
60	65.45	79.15	89.80	95.89	126.33
61	71.54	85.24	97.41	105.02	136.99
62	77.63	92.85	106.55	114.16	149.17
63	83.72	100.46	114.16	123.29	161.34
64	88.28	106.55	123.29	132.42	172.00
65	94.37	114.16	132.42	141.56	184.17
66	100.46	123.29	143.08	153.73	199.39
67	109.59	133.94	155.25	167.43	217.66
68	120.25	146.12	168.95	184.17	238.97
69	130.90	159.82	185.70	200.92	261.80
70	143.08	175.04	202.44	220.70	287.68
71	156.78	193.31	223.75	243.54	316.60
72	173.52	214.62	248.10	270.93	351.60
73	191.78	238.97	277.02	301.38	391.18
74	213.09	266.37	307.46	336.38	433.80
75	237.45	295.29	342.47	374.44	480.98
76	261.80	327.25	380.52	415.53	532.73
77	289.20	362.26	421.62	459.67	589.05
78	318.12	400.31	465.76	508.38	648.41
79	350.08	439.89	512.95	558.61	712.34
80	383.57				
81	418.58				
82	456.63				
83	496.20				
84	538.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.49	41.10	45.66	47.19	62.41
45-49	38.05	45.66	50.23	53.27	68.49
50-54	44.14	53.27	60.88	65.45	85.24
55	51.75	60.88	68.49	74.58	98.94
56	54.80	63.93	73.06	79.15	103.50
57	57.84	68.49	77.63	83.72	111.11
58	62.41	74.58	83.72	89.80	118.72
59	66.97	80.67	91.33	98.94	127.86
60	71.54	88.28	98.94	106.55	138.51
61	77.63	94.37	108.07	117.20	150.69
62	83.72	101.98	117.20	126.33	162.86
63	89.80	109.59	126.33	135.47	176.56
64	95.89	117.20	133.94	144.60	188.74
65	103.50	124.81	144.60	153.73	202.44
66	109.59	133.94	155.25	165.91	219.18
67	118.72	146.12	167.43	181.13	238.97
68	129.38	158.30	184.17	199.39	261.80
69	141.56	173.52	200.92	217.66	286.15
70	155.25	191.78	219.18	238.97	315.07
71	168.95	210.05	243.54	263.32	347.04
72	187.22	234.40	269.41	293.76	383.57
73	208.53	260.28	299.85	327.25	426.19
74	229.84	289.20	334.86	363.78	471.85
75	255.71	321.16	372.91	404.88	523.60
76	281.59	356.17	414.01	450.54	579.92
77	312.03	392.70	458.15	499.25	640.80
78	342.47	433.80	506.86	552.52	704.73
79	375.96	477.94	557.09	607.32	774.75
80	410.97				
81	449.02				
82	488.59				
83	529.69				
84	573.83				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.01	42.62	48.71	50.23	65.45
45-49	39.57	47.19	53.27	56.32	73.06
50-54	45.66	56.32	63.93	68.49	91.33
55	53.27	63.93	71.54	77.63	103.50
56	56.32	66.97	76.10	82.19	109.59
57	59.36	71.54	80.67	88.28	115.68
58	63.93	77.63	86.76	94.37	124.81
59	68.49	83.72	94.37	103.50	133.94
60	74.58	91.33	103.50	111.11	144.60
61	80.67	98.94	112.64	121.77	156.78
62	86.76	106.55	121.77	130.90	168.95
63	92.85	114.16	130.90	140.03	182.65
64	98.94	121.77	138.51	149.17	194.83
65	106.55	129.38	149.17	159.82	210.05
66	114.16	138.51	159.82	172.00	226.79
67	123.29	150.69	173.52	187.22	248.10
68	133.94	164.39	190.26	205.48	270.93
69	146.12	179.61	207.01	225.27	296.81
70	159.82	197.87	226.79	246.58	325.73
71	175.04	217.66	251.15	272.46	359.21
72	193.31	242.01	278.54	302.90	397.27
73	214.62	269.41	310.51	337.91	441.41
74	237.45	298.33	345.52	375.96	488.59
75	263.32	331.82	385.09	418.58	541.87
76	290.72	368.35	427.71	465.76	599.71
77	321.16	406.40	473.37	515.99	662.11
78	353.13	447.50	523.60	570.79	729.08
79	386.61	493.16	576.87	628.63	800.62
80	423.14				
81	461.20				
82	502.29				
83	544.91				
84	589.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54.80	68.49	79.15	86.76	114.16
45-49	60.88	76.10	88.28	95.89	126.33
50-54	74.58	92.85	108.07	117.20	161.34
55	85.24	108.07	124.81	135.47	187.22
56	89.80	114.16	132.42	143.08	196.35
57	95.89	121.77	140.03	152.21	208.53
58	101.98	129.38	149.17	162.86	220.70
59	109.59	138.51	159.82	173.52	234.40
60	117.20	147.64	170.47	184.17	249.62
61	124.81	158.30	182.65	197.87	266.37
62	133.94	168.95	194.83	211.57	284.63
63	143.08	179.61	207.01	225.27	304.42
64	152.21	191.78	220.70	240.49	324.21
65	161.34	203.96	235.93	255.71	345.52
66	173.52	217.66	251.15	273.98	369.87
67	185.70	234.40	270.93	295.29	398.79
68	199.39	252.67	292.24	319.64	430.75
69	214.62	270.93	316.60	345.52	464.24
70	231.36	293.76	342.47	374.44	500.77
71	251.15	318.12	371.39	406.40	543.39
72	272.46	345.52	404.88	442.93	590.57
73	296.81	377.48	442.93	484.03	643.85
74	324.21	412.49	484.03	529.69	701.69
75	354.65	450.54	528.17	578.40	765.61
76	385.09	493.16	576.87	631.67	834.11
77	418.58	537.30	628.63	689.51	907.17
78	452.06	586.01	683.42	750.39	984.80
79	488.59	636.24	742.78	815.84	1068.51
80	526.65				
81	564.70				
82	605.79				
83	648.41				
84	692.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.88	77.63	89.80	98.94	127.86
45-49	68.49	85.24	100.46	108.07	143.08
50-54	83.72	105.02	123.29	133.94	181.13
55	94.37	120.25	141.56	153.73	207.01
56	98.94	126.33	149.17	161.34	216.14
57	105.02	133.94	156.78	170.47	228.31
58	111.11	141.56	165.91	181.13	242.01
59	118.72	150.69	176.56	191.78	257.23
60	127.86	161.34	187.22	203.96	272.46
61	136.99	172.00	199.39	216.14	290.72
62	146.12	184.17	211.57	231.36	310.51
63	155.25	196.35	225.27	245.06	331.82
64	164.39	208.53	240.49	261.80	351.60
65	175.04	220.70	255.71	278.54	375.96
66	187.22	235.93	273.98	299.85	400.31
67	200.92	254.19	295.29	322.68	432.28
68	216.14	273.98	319.64	350.08	465.76
69	232.88	293.76	343.99	377.48	502.29
70	251.15	319.64	372.91	407.92	541.87
71	270.93	345.52	404.88	442.93	587.53
72	295.29	375.96	439.89	482.50	639.28
73	321.16	410.97	480.98	526.65	697.12
74	350.08	447.50	525.12	575.35	759.53
75	382.05	488.59	572.31	627.10	828.02
76	415.53	532.73	624.06	683.42	899.56
77	449.02	578.40	678.86	744.31	978.71
78	485.55	628.63	738.22	809.76	1060.90
79	522.08	681.90	800.62	878.25	1150.71
80	563.18				
81	602.75				
82	646.89				
83	691.03				
84	736.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.93	80.67	94.37	103.50	133.94
45-49	71.54	89.80	105.02	114.16	149.17
50-54	88.28	111.11	129.38	140.03	188.74
55	98.94	124.81	147.64	161.34	214.62
56	103.50	130.90	155.25	168.95	225.27
57	109.59	138.51	162.86	178.09	237.45
58	115.68	147.64	172.00	188.74	251.15
59	123.29	156.78	182.65	199.39	266.37
60	132.42	167.43	193.31	211.57	283.11
61	141.56	178.09	205.48	223.75	301.38
62	150.69	190.26	219.18	238.97	321.16
63	159.82	202.44	232.88	254.19	342.47
64	170.47	214.62	248.10	270.93	363.78
65	181.13	228.31	264.84	289.20	388.13
66	193.31	243.54	284.63	310.51	414.01
67	207.01	261.80	305.94	334.86	445.97
68	222.23	283.11	330.30	362.26	480.98
69	240.49	304.42	356.17	391.18	519.04
70	258.76	330.30	385.09	423.14	560.13
71	280.07	357.69	418.58	458.15	607.32
72	304.42	389.66	455.11	499.25	660.59
73	331.82	424.67	496.20	544.91	719.95
74	360.74	462.72	541.87	595.14	783.88
75	392.70	503.81	590.57	648.41	853.90
76	427.71	549.48	643.85	706.25	928.48
77	462.72	596.66	700.16	768.66	1009.15
78	499.25	646.89	761.05	835.63	1094.39
79	537.30	701.69	824.98	905.65	1185.71
80	578.40				
81	619.49				
82	663.63				
83	709.30				
84	756.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.10	50.23	59.36	63.93	85.24
45-49	45.66	56.32	65.45	71.54	94.37
50-54	59.36	73.06	83.72	92.85	121.77
55	68.49	83.72	97.41	106.55	144.60
56	71.54	88.28	101.98	111.11	153.73
57	76.10	94.37	109.59	118.72	164.39
58	82.19	101.98	118.72	127.86	176.56
59	88.28	109.59	127.86	138.51	190.26
60	95.89	120.25	138.51	150.69	203.96
61	105.02	129.38	150.69	162.86	220.70
62	112.64	140.03	162.86	176.56	237.45
63	120.25	150.69	175.04	188.74	255.71
64	129.38	161.34	187.22	202.44	273.98
65	136.99	172.00	199.39	216.14	293.76
66	147.64	185.70	214.62	232.88	316.60
67	159.82	200.92	232.88	252.67	343.99
68	173.52	219.18	254.19	275.50	374.44
69	188.74	238.97	277.02	301.38	407.92
70	205.48	260.28	302.90	330.30	445.97
71	225.27	286.15	331.82	362.26	487.07
72	246.58	313.55	365.30	398.79	534.26
73	270.93	345.52	401.83	439.89	587.53
74	298.33	379.00	442.93	484.03	643.85
75	327.25	417.05	487.07	532.73	706.25
76	359.21	456.63	534.26	586.01	774.75
77	391.18	500.77	586.01	642.32	846.29
78	424.67	546.43	640.80	703.21	923.91
79	461.20	596.66	698.64	767.14	1004.58
80	499.25				
81	538.82				
82	579.92				
83	622.54				
84	668.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.19	59.36	68.49	73.06	97.41
45-49	53.27	65.45	74.58	82.19	108.07
50-54	65.45	82.19	95.89	105.02	136.99
55	76.10	94.37	109.59	118.72	161.34
56	80.67	100.46	115.68	126.33	170.47
57	85.24	106.55	123.29	133.94	182.65
58	91.33	114.16	132.42	144.60	194.83
59	97.41	121.77	141.56	155.25	208.53
60	105.02	132.42	153.73	167.43	223.75
61	114.16	141.56	165.91	181.13	240.49
62	121.77	152.21	178.09	194.83	257.23
63	130.90	162.86	191.78	208.53	277.02
64	140.03	175.04	203.96	222.23	296.81
65	149.17	187.22	217.66	237.45	316.60
66	161.34	202.44	234.40	255.71	342.47
67	175.04	217.66	254.19	275.50	371.39
68	190.26	237.45	277.02	301.38	404.88
69	205.48	258.76	301.38	328.77	441.41
70	222.23	281.59	328.77	357.69	480.98
71	242.01	308.99	359.21	392.70	526.65
72	264.84	337.91	395.75	432.28	576.87
73	290.72	372.91	435.32	476.42	633.19
74	319.64	409.44	477.94	523.60	695.60
75	351.60	449.02	526.65	576.87	762.57
76	385.09	491.64	578.40	634.71	835.63
77	420.10	538.82	633.19	694.08	913.26
78	455.11	589.05	692.55	759.53	996.97
79	494.68	642.32	754.96	829.54	1085.26
80	534.26				
81	576.87				
82	619.49				
83	663.63				
84	712.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.23	62.41	71.54	77.63	103.50
45-49	56.32	68.49	79.15	86.76	114.16
50-54	68.49	85.24	100.46	109.59	143.08
55	79.15	98.94	115.68	124.81	168.95
56	83.72	105.02	121.77	132.42	178.09
57	88.28	111.11	129.38	140.03	190.26
58	94.37	118.72	138.51	150.69	202.44
59	101.98	127.86	147.64	161.34	216.14
60	109.59	136.99	159.82	175.04	231.36
61	117.20	147.64	172.00	188.74	248.10
62	126.33	158.30	184.17	202.44	266.37
63	135.47	168.95	197.87	216.14	286.15
64	144.60	181.13	211.57	231.36	305.94
65	155.25	193.31	225.27	246.58	327.25
66	167.43	208.53	243.54	264.84	353.13
67	181.13	225.27	263.32	286.15	383.57
68	196.35	245.06	286.15	312.03	417.05
69	211.57	266.37	312.03	339.43	455.11
70	229.84	290.72	339.43	369.87	496.20
71	249.62	318.12	371.39	406.40	543.39
72	272.46	348.56	407.92	445.97	595.14
73	299.85	383.57	449.02	491.64	652.98
74	328.77	421.62	493.16	540.34	718.43
75	362.26	462.72	543.39	595.14	786.92
76	395.75	506.86	596.66	654.50	861.51
77	432.28	555.57	652.98	716.91	942.18
78	468.81	607.32	713.86	783.88	1027.42
79	508.38	662.11	779.31	856.94	1118.74
80	549.48				
81	592.10				
82	636.24				
83	681.90				
84	730.61				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.49	41.10	44.14	48.71	62.41
45-49	38.05	47.19	50.23	53.27	70.02
50-54	47.19	54.80	62.41	66.97	85.24
55	53.27	63.93	71.54	77.63	101.98
56	57.84	68.49	77.63	82.19	108.07
57	60.88	73.06	82.19	88.28	115.68
58	66.97	79.15	89.80	94.37	124.81
59	71.54	85.24	97.41	103.50	135.47
60	77.63	92.85	105.02	112.64	149.17
61	83.72	100.46	114.16	123.29	161.34
62	91.33	109.59	124.81	133.94	175.04
63	98.94	118.72	133.94	144.60	190.26
64	103.50	124.81	144.60	155.25	202.44
65	111.11	133.94	155.25	165.91	216.14
66	118.72	144.60	168.95	181.13	234.40
67	129.38	158.30	182.65	196.35	255.71
68	141.56	172.00	199.39	216.14	281.59
69	153.73	188.74	219.18	235.93	307.46
70	168.95	205.48	237.45	260.28	337.91
71	184.17	226.79	263.32	286.15	372.91
72	203.96	252.67	292.24	318.12	414.01
73	225.27	281.59	325.73	354.65	459.67
74	251.15	313.55	362.26	395.75	509.90
75	280.07	347.04	403.36	439.89	566.22
76	307.46	385.09	447.50	488.59	627.10
77	340.95	426.19	496.20	540.34	692.55
78	374.44	470.33	547.95	598.18	762.57
79	412.49	517.51	602.75	657.55	838.68
80	450.54				
81	493.16				
82	537.30				
83	584.49				
84	633.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.57	48.71	53.27	54.80	73.06
45-49	44.14	53.27	59.36	62.41	80.67
50-54	51.75	62.41	71.54	77.63	100.46
55	60.88	71.54	80.67	88.28	115.68
56	63.93	74.58	85.24	92.85	121.77
57	68.49	80.67	91.33	98.94	130.90
58	73.06	88.28	98.94	105.02	140.03
59	79.15	94.37	108.07	115.68	150.69
60	83.72	103.50	115.68	124.81	162.86
61	91.33	111.11	127.86	138.51	176.56
62	98.94	120.25	138.51	149.17	191.78
63	105.02	129.38	149.17	159.82	207.01
64	112.64	138.51	158.30	170.47	222.23
65	121.77	146.12	170.47	181.13	237.45
66	129.38	158.30	182.65	194.83	257.23
67	140.03	172.00	196.35	213.09	281.59
68	152.21	185.70	216.14	234.40	307.46
69	165.91	203.96	235.93	255.71	336.38
70	182.65	225.27	257.23	281.59	371.39
71	199.39	246.58	286.15	310.51	407.92
72	220.70	275.50	316.60	345.52	450.54
73	245.06	305.94	353.13	385.09	500.77
74	270.93	340.95	394.22	427.71	555.57
75	301.38	377.48	438.36	476.42	616.45
76	331.82	418.58	487.07	529.69	681.90
77	366.83	462.72	538.82	587.53	753.44
78	403.36	509.90	596.66	649.94	829.54
79	442.93	561.65	656.02	713.86	911.74
80	484.03				
81	528.17				
82	575.35				
83	622.54				
84	675.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.10	50.23	57.84	59.36	77.63
45-49	47.19	54.80	62.41	66.97	85.24
50-54	53.27	66.97	74.58	80.67	108.07
55	62.41	74.58	83.72	91.33	121.77
56	66.97	79.15	89.80	97.41	129.38
57	70.02	83.72	94.37	103.50	135.47
58	74.58	91.33	101.98	111.11	146.12
59	80.67	98.94	111.11	121.77	158.30
60	88.28	108.07	121.77	130.90	170.47
61	94.37	115.68	132.42	143.08	184.17
62	101.98	124.81	143.08	153.73	199.39
63	109.59	133.94	153.73	164.39	214.62
64	115.68	143.08	162.86	175.04	229.84
65	124.81	152.21	175.04	188.74	246.58
66	133.94	162.86	188.74	202.44	266.37
67	144.60	176.56	203.96	220.70	292.24
68	158.30	193.31	223.75	242.01	318.12
69	172.00	211.57	243.54	264.84	348.56
70	188.74	232.88	266.37	290.72	383.57
71	205.48	255.71	295.29	321.16	423.14
72	226.79	284.63	327.25	356.17	467.28
73	252.67	316.60	365.30	397.27	519.04
74	280.07	351.60	406.40	442.93	575.35
75	310.51	389.66	453.58	493.16	637.76
76	342.47	433.80	503.81	547.95	706.25
77	377.48	477.94	557.09	607.32	779.31
78	415.53	526.65	616.45	671.24	858.46
79	455.11	579.92	678.86	739.74	942.18
80	497.73				
81	541.87				
82	590.57				
83	640.80				
84	692.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.93	80.67	92.85	101.98	133.94
45-49	71.54	89.80	103.50	112.64	149.17
50-54	88.28	109.59	127.86	138.51	190.26
55	100.46	127.86	146.12	159.82	220.70
56	105.02	133.94	155.25	168.95	231.36
57	112.64	143.08	164.39	179.61	245.06
58	120.25	152.21	175.04	191.78	260.28
59	129.38	162.86	188.74	203.96	275.50
60	138.51	173.52	200.92	216.14	293.76
61	146.12	185.70	214.62	232.88	313.55
62	158.30	199.39	229.84	249.62	334.86
63	168.95	211.57	243.54	264.84	357.69
64	179.61	225.27	260.28	283.11	382.05
65	190.26	240.49	277.02	301.38	406.40
66	203.96	255.71	295.29	322.68	435.32
67	219.18	275.50	318.12	347.04	468.81
68	234.40	296.81	343.99	375.96	506.86
69	252.67	318.12	372.91	406.40	546.43
70	272.46	345.52	403.36	439.89	589.05
71	295.29	374.44	436.84	477.94	639.28
72	321.16	406.40	476.42	520.56	694.08
73	348.56	444.45	520.56	569.26	758.00
74	382.05	485.55	569.26	622.54	824.98
75	417.05	529.69	621.02	680.38	901.08
76	453.58	579.92	678.86	742.78	981.75
77	493.16	631.67	739.74	811.28	1066.99
78	531.21	689.51	803.67	882.82	1158.32
79	575.35	748.87	873.68	960.44	1257.25
80	619.49				
81	663.63				
82	712.34				
83	762.57				
84	814.32				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	71.54	91.33	105.02	115.68	150.69
45-49	80.67	100.46	118.72	127.86	168.95
50-54	98.94	123.29	144.60	158.30	213.09
55	111.11	141.56	165.91	181.13	243.54
56	115.68	149.17	175.04	190.26	254.19
57	123.29	158.30	184.17	200.92	267.89
58	130.90	165.91	194.83	213.09	284.63
59	140.03	176.56	207.01	225.27	302.90
60	150.69	190.26	220.70	240.49	321.16
61	161.34	202.44	234.40	254.19	342.47
62	172.00	216.14	249.62	272.46	365.30
63	182.65	231.36	264.84	287.68	389.66
64	193.31	245.06	283.11	307.46	414.01
65	205.48	260.28	301.38	327.25	442.93
66	220.70	277.02	322.68	353.13	470.33
67	235.93	298.33	347.04	379.00	508.38
68	254.19	322.68	375.96	412.49	547.95
69	273.98	345.52	404.88	444.45	590.57
70	295.29	375.96	438.36	479.46	637.76
71	318.12	406.40	476.42	520.56	691.03
72	347.04	442.93	517.51	567.74	751.92
73	377.48	484.03	566.22	619.49	820.41
74	412.49	526.65	617.97	677.33	893.47
75	449.02	575.35	672.77	738.22	974.14
76	488.59	627.10	733.65	803.67	1057.86
77	528.17	680.38	799.10	875.21	1150.71
78	570.79	739.74	869.12	952.83	1248.12
79	614.93	802.15	942.18	1033.50	1353.14
80	662.11				
81	709.30				
82	761.05				
83	812.80				
84	866.07				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74.58	94.37	111.11	121.77	158.30
45-49	83.72	105.02	123.29	133.94	175.04
50-54	103.50	130.90	152.21	164.39	222.23
55	115.68	146.12	173.52	190.26	252.67
56	121.77	153.73	182.65	199.39	264.84
57	129.38	162.86	191.78	210.05	280.07
58	135.47	173.52	202.44	222.23	295.29
59	144.60	184.17	214.62	234.40	313.55
60	155.25	196.35	226.79	249.62	333.34
61	165.91	210.05	242.01	263.32	354.65
62	176.56	223.75	257.23	281.59	377.48
63	188.74	237.45	273.98	298.33	403.36
64	200.92	252.67	292.24	318.12	427.71
65	213.09	267.89	312.03	340.95	456.63
66	226.79	286.15	334.86	365.30	487.07
67	243.54	307.46	359.21	394.22	525.12
68	261.80	333.34	388.13	426.19	566.22
69	283.11	357.69	418.58	459.67	610.36
70	304.42	388.13	453.58	497.73	659.07
71	328.77	420.10	493.16	538.82	713.86
72	357.69	458.15	535.78	587.53	777.79
73	389.66	499.25	584.49	640.80	846.29
74	424.67	544.91	637.76	700.16	922.39
75	462.72	592.10	694.08	762.57	1004.58
76	503.81	646.89	758.00	831.06	1092.87
77	544.91	701.69	823.45	904.13	1187.24
78	587.53	761.05	894.99	983.27	1287.69
79	631.67	824.98	971.10	1065.47	1394.24
80	680.38				
81	729.08				
82	780.84				
83	834.11				
84	890.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.71	59.36	70.02	74.58	100.46
45-49	53.27	66.97	77.63	83.72	111.11
50-54	70.02	85.24	98.94	109.59	143.08
55	80.67	98.94	114.16	124.81	170.47
56	83.72	103.50	120.25	130.90	181.13
57	89.80	111.11	129.38	140.03	193.31
58	97.41	120.25	140.03	150.69	207.01
59	103.50	129.38	150.69	162.86	223.75
60	112.64	141.56	162.86	176.56	240.49
61	123.29	152.21	176.56	191.78	260.28
62	132.42	164.39	191.78	207.01	280.07
63	141.56	176.56	205.48	222.23	301.38
64	152.21	190.26	220.70	237.45	322.68
65	161.34	202.44	234.40	254.19	345.52
66	173.52	219.18	252.67	273.98	372.91
67	188.74	235.93	273.98	296.81	404.88
68	203.96	257.23	298.33	324.21	439.89
69	222.23	281.59	325.73	354.65	479.46
70	242.01	305.94	356.17	388.13	525.12
71	264.84	336.38	389.66	426.19	572.31
72	290.72	368.35	429.23	468.81	628.63
73	318.12	406.40	473.37	517.51	691.03
74	351.60	445.97	520.56	569.26	758.00
75	385.09	490.12	572.31	627.10	831.06
76	423.14	537.30	628.63	689.51	911.74
77	459.67	589.05	689.51	754.96	995.45
78	499.25	642.32	753.44	828.02	1086.78
79	541.87	701.69	821.93	902.60	1181.15
80	587.53				
81	633.19				
82	681.90				
83	732.13				
84	785.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54.80	70.02	80.67	85.24	114.16
45-49	62.41	77.63	88.28	97.41	127.86
50-54	77.63	97.41	112.64	123.29	161.34
55	89.80	111.11	129.38	140.03	190.26
56	94.37	118.72	135.47	149.17	200.92
57	100.46	124.81	144.60	158.30	214.62
58	108.07	133.94	155.25	170.47	229.84
59	114.16	143.08	165.91	182.65	245.06
60	123.29	155.25	181.13	196.35	263.32
61	133.94	165.91	194.83	213.09	283.11
62	143.08	179.61	210.05	229.84	302.90
63	153.73	191.78	225.27	245.06	325.73
64	164.39	205.48	240.49	261.80	348.56
65	175.04	220.70	255.71	280.07	372.91
66	190.26	237.45	275.50	301.38	403.36
67	205.48	255.71	298.33	324.21	436.84
68	223.75	280.07	325.73	354.65	476.42
69	242.01	304.42	354.65	386.61	519.04
70	261.80	331.82	386.61	420.10	566.22
71	284.63	363.78	423.14	462.72	619.49
72	312.03	397.27	465.76	508.38	678.86
73	342.47	438.36	511.42	560.13	744.31
74	375.96	480.98	561.65	616.45	818.89
75	414.01	528.17	619.49	678.86	896.52
76	453.58	578.40	680.38	747.35	983.27
77	494.68	633.19	744.31	815.84	1074.60
78	535.78	692.55	814.32	893.47	1173.54
79	581.44	754.96	888.90	975.66	1277.04
80	628.63				
81	678.86				
82	729.08				
83	780.84				
84	838.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.36	73.06	83.72	91.33	121.77
45-49	66.97	80.67	92.85	101.98	133.94
50-54	80.67	100.46	118.72	129.38	168.95
55	92.85	115.68	135.47	146.12	199.39
56	98.94	123.29	143.08	155.25	210.05
57	103.50	130.90	152.21	164.39	223.75
58	111.11	140.03	162.86	176.56	237.45
59	120.25	150.69	173.52	190.26	254.19
60	129.38	161.34	188.74	205.48	272.46
61	138.51	173.52	202.44	222.23	292.24
62	149.17	185.70	216.14	237.45	313.55
63	159.82	199.39	232.88	254.19	336.38
64	170.47	213.09	249.62	272.46	359.21
65	182.65	226.79	264.84	290.72	385.09
66	196.35	245.06	286.15	312.03	415.53
67	213.09	264.84	310.51	336.38	450.54
68	231.36	287.68	336.38	366.83	490.12
69	249.62	313.55	366.83	398.79	535.78
70	270.93	342.47	398.79	435.32	584.49
71	293.76	374.44	436.84	477.94	639.28
72	321.16	409.44	479.46	525.12	700.16
73	353.13	450.54	528.17	578.40	768.66
74	386.61	496.20	579.92	636.24	844.76
75	426.19	544.91	639.28	700.16	925.43
76	465.76	596.66	701.69	770.18	1013.72
77	508.38	652.98	768.66	843.24	1108.09
78	551.00	713.86	840.20	922.39	1208.54
79	598.18	779.31	916.30	1007.63	1316.61
80	646.89				
81	697.12				
82	748.87				
83	802.15				
84	859.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.15	43.76	47.57	51.37	66.59
45-49	39.96	49.47	53.27	57.08	74.20
50-54	49.47	58.98	66.59	70.40	91.33
55	57.08	68.49	76.10	81.81	108.45
56	60.88	72.30	81.81	87.52	114.16
57	64.69	78.01	87.52	93.23	123.67
58	70.40	83.72	95.13	100.84	133.18
59	76.10	91.33	102.74	110.35	144.60
60	81.81	98.94	112.25	119.87	157.92
61	89.42	106.55	121.77	131.28	171.24
62	97.03	116.06	133.18	142.70	186.46
63	104.64	125.57	142.70	154.11	201.68
64	110.35	133.18	154.11	165.53	215.00
65	117.96	142.70	165.53	176.94	230.22
66	125.57	154.11	178.85	192.16	249.24
67	136.99	167.43	194.07	209.29	272.07
68	150.31	182.65	211.19	230.22	298.71
69	163.63	199.78	232.12	251.15	327.25
70	178.85	218.80	253.05	275.88	359.60
71	195.97	241.63	279.69	304.42	395.75
72	216.90	268.27	310.13	338.67	439.51
73	239.73	298.71	346.28	376.72	488.97
74	266.37	332.96	384.33	420.48	542.25
75	296.81	369.11	428.09	468.04	601.23
76	327.25	409.06	475.66	519.42	665.92
77	361.50	452.82	527.03	574.59	736.31
78	397.65	500.39	582.20	635.48	810.52
79	437.60	549.86	641.18	698.26	890.43
80	479.46				
81	523.22				
82	570.79				
83	620.25				
84	673.53				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.86	51.37	57.08	58.98	78.01
45-49	47.57	57.08	62.79	66.59	85.62
50-54	55.18	66.59	76.10	81.81	106.55
55	64.69	76.10	85.62	93.23	123.67
56	68.49	79.91	91.33	98.94	129.38
57	72.30	85.62	97.03	104.64	138.89
58	78.01	93.23	104.64	112.25	148.40
59	83.72	100.84	114.16	123.67	159.82
60	89.42	110.35	123.67	133.18	173.14
61	97.03	117.96	135.09	146.50	188.36
62	104.64	127.48	146.50	157.92	203.58
63	112.25	136.99	157.92	169.33	220.70
64	119.87	146.50	167.43	180.75	235.93
65	129.38	156.01	180.75	192.16	253.05
66	136.99	167.43	194.07	207.39	273.98
67	148.40	182.65	209.29	226.41	298.71
68	161.72	197.87	230.22	249.24	327.25
69	176.94	216.90	251.15	272.07	357.69
70	194.07	239.73	273.98	298.71	393.84
71	211.19	262.56	304.42	329.15	433.80
72	234.02	293.00	336.76	367.21	479.46
73	260.66	325.35	374.82	409.06	532.73
74	287.30	361.50	418.58	454.73	589.81
75	319.64	401.45	466.14	506.10	654.50
76	351.98	445.21	517.51	563.18	724.90
77	390.04	490.88	572.69	624.06	801.00
78	428.09	542.25	633.57	690.65	880.91
79	469.95	597.42	696.36	759.15	968.43
80	513.71				
81	561.27				
82	610.74				
83	662.11				
84	717.29				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.76	53.27	60.88	62.79	81.81
45-49	49.47	58.98	66.59	70.40	91.33
50-54	57.08	70.40	79.91	85.62	114.16
55	66.59	79.91	89.42	97.03	129.38
56	70.40	83.72	95.13	102.74	136.99
57	74.20	89.42	100.84	110.35	144.60
58	79.91	97.03	108.45	117.96	156.01
59	85.62	104.64	117.96	129.38	167.43
60	93.23	114.16	129.38	138.89	180.75
61	100.84	123.67	140.79	152.21	195.97
62	108.45	133.18	152.21	163.63	211.19
63	116.06	142.70	163.63	175.04	228.31
64	123.67	152.21	173.14	186.46	243.54
65	133.18	161.72	186.46	199.78	262.56
66	142.70	173.14	199.78	215.00	283.49
67	154.11	188.36	216.90	234.02	310.13
68	167.43	205.48	237.83	256.85	338.67
69	182.65	224.51	258.76	281.59	371.01
70	199.78	247.34	283.49	308.22	407.16
71	218.80	272.07	313.93	340.57	449.02
72	241.63	302.52	348.18	378.62	496.58
73	268.27	336.76	388.13	422.38	551.76
74	296.81	372.91	431.89	469.95	610.74
75	329.15	414.77	481.36	523.22	677.33
76	363.40	460.43	534.64	582.20	749.63
77	401.45	508.00	591.72	644.99	827.64
78	441.41	559.37	654.50	713.48	911.36
79	483.27	616.45	721.09	785.78	1000.78
80	528.93				
81	576.49				
82	627.86				
83	681.14				
84	736.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.49	85.62	98.94	108.45	142.70
45-49	76.10	95.13	110.35	119.87	157.92
50-54	93.23	116.06	135.09	146.50	201.68
55	106.55	135.09	156.01	169.33	234.02
56	112.25	142.70	165.53	178.85	245.44
57	119.87	152.21	175.04	190.26	260.66
58	127.48	161.72	186.46	203.58	275.88
59	136.99	173.14	199.78	216.90	293.00
60	146.50	184.55	213.09	230.22	312.03
61	156.01	197.87	228.31	247.34	332.96
62	167.43	211.19	243.54	264.46	355.79
63	178.85	224.51	258.76	281.59	380.52
64	190.26	239.73	275.88	300.61	405.26
65	201.68	254.95	294.91	319.64	431.89
66	216.90	272.07	313.93	342.47	462.34
67	232.12	293.00	338.67	369.11	498.49
68	249.24	315.84	365.30	399.55	538.44
69	268.27	338.67	395.75	431.89	580.30
70	289.20	367.21	428.09	468.04	625.96
71	313.93	397.65	464.24	508.00	679.24
72	340.57	431.89	506.10	553.66	738.22
73	371.01	471.85	553.66	605.03	804.81
74	405.26	515.61	605.03	662.11	877.11
75	443.31	563.18	660.21	723.00	957.02
76	481.36	616.45	721.09	789.59	1042.64
77	523.22	671.63	785.78	861.89	1133.96
78	565.08	732.51	854.28	937.99	1231.00
79	610.74	795.30	928.48	1019.80	1335.64
80	658.31				
81	705.87				
82	757.24				
83	810.52				
84	865.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.10	97.03	112.25	123.67	159.82
45-49	85.62	106.55	125.57	135.09	178.85
50-54	104.64	131.28	154.11	167.43	226.41
55	117.96	150.31	176.94	192.16	258.76
56	123.67	157.92	186.46	201.68	270.17
57	131.28	167.43	195.97	213.09	285.39
58	138.89	176.94	207.39	226.41	302.52
59	148.40	188.36	220.70	239.73	321.54
60	159.82	201.68	234.02	254.95	340.57
61	171.24	215.00	249.24	270.17	363.40
62	182.65	230.22	264.46	289.20	388.13
63	194.07	245.44	281.59	306.32	414.77
64	205.48	260.66	300.61	327.25	439.51
65	218.80	275.88	319.64	348.18	469.95
66	234.02	294.91	342.47	374.82	500.39
67	251.15	317.74	369.11	403.36	540.34
68	270.17	342.47	399.55	437.60	582.20
69	291.10	367.21	429.99	471.85	627.86
70	313.93	399.55	466.14	509.90	677.33
71	338.67	431.89	506.10	553.66	734.41
72	369.11	469.95	549.86	603.13	799.10
73	401.45	513.71	601.23	658.31	871.40
74	437.60	559.37	656.40	719.19	949.41
75	477.56	610.74	715.39	783.88	1035.03
76	519.42	665.92	780.07	854.28	1124.45
77	561.27	723.00	848.57	930.38	1223.39
78	606.94	785.78	922.77	1012.19	1326.13
79	652.60	852.37	1000.78	1097.81	1438.38
80	703.97				
81	753.44				
82	808.61				
83	863.79				
84	920.87				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	79.91	100.84	117.96	129.38	167.43
45-49	89.42	112.25	131.28	142.70	186.46
50-54	110.35	138.89	161.72	175.04	235.93
55	123.67	156.01	184.55	201.68	268.27
56	129.38	163.63	194.07	211.19	281.59
57	136.99	173.14	203.58	222.61	296.81
58	144.60	184.55	215.00	235.93	313.93
59	154.11	195.97	228.31	249.24	332.96
60	165.53	209.29	241.63	264.46	353.89
61	176.94	222.61	256.85	279.69	376.72
62	188.36	237.83	273.98	298.71	401.45
63	199.78	253.05	291.10	317.74	428.09
64	213.09	268.27	310.13	338.67	454.73
65	226.41	285.39	331.06	361.50	485.17
66	241.63	304.42	355.79	388.13	517.51
67	258.76	327.25	382.43	418.58	557.47
68	277.78	353.89	412.87	452.82	601.23
69	300.61	380.52	445.21	488.97	648.79
70	323.45	412.87	481.36	528.93	700.16
71	350.08	447.12	523.22	572.69	759.15
72	380.52	487.07	568.88	624.06	825.74
73	414.77	530.83	620.25	681.14	899.94
74	450.92	578.40	677.33	743.92	979.85
75	490.88	629.77	738.22	810.52	1067.37
76	534.64	686.85	804.81	882.82	1160.60
77	578.40	745.83	875.21	960.82	1261.44
78	624.06	808.61	951.31	1044.54	1367.98
79	671.63	877.11	1031.22	1132.06	1482.14
80	723.00				
81	774.37				
82	829.54				
83	886.62				
84	945.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.37	62.79	74.20	79.91	106.55
45-49	57.08	70.40	81.81	89.42	117.96
50-54	74.20	91.33	104.64	116.06	152.21
55	85.62	104.64	121.77	133.18	180.75
56	89.42	110.35	127.48	138.89	192.16
57	95.13	117.96	136.99	148.40	205.48
58	102.74	127.48	148.40	159.82	220.70
59	110.35	136.99	159.82	173.14	237.83
60	119.87	150.31	173.14	188.36	254.95
61	131.28	161.72	188.36	203.58	275.88
62	140.79	175.04	203.58	220.70	296.81
63	150.31	188.36	218.80	235.93	319.64
64	161.72	201.68	234.02	253.05	342.47
65	171.24	215.00	249.24	270.17	367.21
66	184.55	232.12	268.27	291.10	395.75
67	199.78	251.15	291.10	315.84	429.99
68	216.90	273.98	317.74	344.37	468.04
69	235.93	298.71	346.28	376.72	509.90
70	256.85	325.35	378.62	412.87	557.47
71	281.59	357.69	414.77	452.82	608.84
72	308.22	391.94	456.63	498.49	667.82
73	338.67	431.89	502.29	549.86	734.41
74	372.91	473.75	553.66	605.03	804.81
75	409.06	521.32	608.84	665.92	882.82
76	449.02	570.79	667.82	732.51	968.43
77	488.97	625.96	732.51	802.91	1057.86
78	530.83	683.04	801.00	879.01	1154.89
79	576.49	745.83	873.30	958.92	1255.73
80	624.06				
81	673.53				
82	724.90				
83	778.17				
84	835.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.98	74.20	85.62	91.33	121.77
45-49	66.59	81.81	93.23	102.74	135.09
50-54	81.81	102.74	119.87	131.28	171.24
55	95.13	117.96	136.99	148.40	201.68
56	100.84	125.57	144.60	157.92	213.09
57	106.55	133.18	154.11	167.43	228.31
58	114.16	142.70	165.53	180.75	243.54
59	121.77	152.21	176.94	194.07	260.66
60	131.28	165.53	192.16	209.29	279.69
61	142.70	176.94	207.39	226.41	300.61
62	152.21	190.26	222.61	243.54	321.54
63	163.63	203.58	239.73	260.66	346.28
64	175.04	218.80	254.95	277.78	371.01
65	186.46	234.02	272.07	296.81	395.75
66	201.68	253.05	293.00	319.64	428.09
67	218.80	272.07	317.74	344.37	464.24
68	237.83	296.81	346.28	376.72	506.10
69	256.85	323.45	376.72	410.97	551.76
70	277.78	351.98	410.97	447.12	601.23
71	302.52	386.23	449.02	490.88	658.31
72	331.06	422.38	494.68	540.34	721.09
73	363.40	466.14	544.15	595.52	791.49
74	399.55	511.81	597.42	654.50	869.50
75	439.51	561.27	658.31	721.09	953.21
76	481.36	614.55	723.00	793.39	1044.54
77	525.12	673.53	791.49	867.60	1141.57
78	568.88	736.31	865.69	949.41	1246.22
79	618.35	802.91	943.70	1036.93	1356.57
80	667.82				
81	721.09				
82	774.37				
83	829.54				
84	890.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	62.79	78.01	89.42	97.03	129.38
45-49	70.40	85.62	98.94	108.45	142.70
50-54	85.62	106.55	125.57	136.99	178.85
55	98.94	123.67	144.60	156.01	211.19
56	104.64	131.28	152.21	165.53	222.61
57	110.35	138.89	161.72	175.04	237.83
58	117.96	148.40	173.14	188.36	253.05
59	127.48	159.82	184.55	201.68	270.17
60	136.99	171.24	199.78	218.80	289.20
61	146.50	184.55	215.00	235.93	310.13
62	157.92	197.87	230.22	253.05	332.96
63	169.33	211.19	247.34	270.17	357.69
64	180.75	226.41	264.46	289.20	382.43
65	194.07	241.63	281.59	308.22	409.06
66	209.29	260.66	304.42	331.06	441.41
67	226.41	281.59	329.15	357.69	479.46
68	245.44	306.32	357.69	390.04	521.32
69	264.46	332.96	390.04	424.28	568.88
70	287.30	363.40	424.28	462.34	620.25
71	312.03	397.65	464.24	508.00	679.24
72	340.57	435.70	509.90	557.47	743.92
73	374.82	479.46	561.27	614.55	816.22
74	410.97	527.03	616.45	675.43	898.04
75	452.82	578.40	679.24	743.92	983.66
76	494.68	633.57	745.83	818.13	1076.88
77	540.34	694.46	816.22	896.13	1177.72
78	586.01	759.15	892.33	979.85	1284.27
79	635.48	827.64	974.14	1071.18	1398.43
80	686.85				
81	740.12				
82	795.30				
83	852.37				
84	913.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.86	51.37	55.18	60.88	78.01
45-49	47.57	58.98	62.79	66.59	87.52
50-54	58.98	68.49	78.01	83.72	106.55
55	66.59	79.91	89.42	97.03	127.48
56	72.30	85.62	97.03	102.74	135.09
57	76.10	91.33	102.74	110.35	144.60
58	83.72	98.94	112.25	117.96	156.01
59	89.42	106.55	121.77	129.38	169.33
60	97.03	116.06	131.28	140.79	186.46
61	104.64	125.57	142.70	154.11	201.68
62	114.16	136.99	156.01	167.43	218.80
63	123.67	148.40	167.43	180.75	237.83
64	129.38	156.01	180.75	194.07	253.05
65	138.89	167.43	194.07	207.39	270.17
66	148.40	180.75	211.19	226.41	293.00
67	161.72	197.87	228.31	245.44	319.64
68	176.94	215.00	249.24	270.17	351.98
69	192.16	235.93	273.98	294.91	384.33
70	211.19	256.85	296.81	325.35	422.38
71	230.22	283.49	329.15	357.69	466.14
72	254.95	315.84	365.30	397.65	517.51
73	281.59	351.98	407.16	443.31	574.59
74	313.93	391.94	452.82	494.68	637.38
75	350.08	433.80	504.19	549.86	707.78
76	384.33	481.36	559.37	610.74	783.88
77	426.19	532.73	620.25	675.43	865.69
78	468.04	587.91	684.94	747.73	953.21
79	515.61	646.89	753.44	821.93	1048.34
80	563.18				
81	616.45				
82	671.63				
83	730.61				
84	791.49				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.47	60.88	66.59	68.49	91.33
45-49	55.18	66.59	74.20	78.01	100.84
50-54	64.69	78.01	89.42	97.03	125.57
55	76.10	89.42	100.84	110.35	144.60
56	79.91	93.23	106.55	116.06	152.21
57	85.62	100.84	114.16	123.67	163.63
58	91.33	110.35	123.67	131.28	175.04
59	98.94	117.96	135.09	144.60	188.36
60	104.64	129.38	144.60	156.01	203.58
61	114.16	138.89	159.82	173.14	220.70
62	123.67	150.31	173.14	186.46	239.73
63	131.28	161.72	186.46	199.78	258.76
64	140.79	173.14	197.87	213.09	277.78
65	152.21	182.65	213.09	226.41	296.81
66	161.72	197.87	228.31	243.54	321.54
67	175.04	215.00	245.44	266.37	351.98
68	190.26	232.12	270.17	293.00	384.33
69	207.39	254.95	294.91	319.64	420.48
70	228.31	281.59	321.54	351.98	464.24
71	249.24	308.22	357.69	388.13	509.90
72	275.88	344.37	395.75	431.89	563.18
73	306.32	382.43	441.41	481.36	625.96
74	338.67	426.19	492.78	534.64	694.46
75	376.72	471.85	547.95	595.52	770.56
76	414.77	523.22	608.84	662.11	852.37
77	458.53	578.40	673.53	734.41	941.80
78	504.19	637.38	745.83	812.42	1036.93
79	553.66	702.07	820.03	892.33	1139.67
80	605.03				
81	660.21				
82	719.19				
83	778.17				
84	844.76				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.37	62.79	72.30	74.20	97.03
45-49	58.98	68.49	78.01	83.72	106.55
50-54	66.59	83.72	93.23	100.84	135.09
55	78.01	93.23	104.64	114.16	152.21
56	83.72	98.94	112.25	121.77	161.72
57	87.52	104.64	117.96	129.38	169.33
58	93.23	114.16	127.48	138.89	182.65
59	100.84	123.67	138.89	152.21	197.87
60	110.35	135.09	152.21	163.63	213.09
61	117.96	144.60	165.53	178.85	230.22
62	127.48	156.01	178.85	192.16	249.24
63	136.99	167.43	192.16	205.48	268.27
64	144.60	178.85	203.58	218.80	287.30
65	156.01	190.26	218.80	235.93	308.22
66	167.43	203.58	235.93	253.05	332.96
67	180.75	220.70	254.95	275.88	365.30
68	197.87	241.63	279.69	302.52	397.65
69	215.00	264.46	304.42	331.06	435.70
70	235.93	291.10	332.96	363.40	479.46
71	256.85	319.64	369.11	401.45	528.93
72	283.49	355.79	409.06	445.21	584.10
73	315.84	395.75	456.63	496.58	648.79
74	350.08	439.51	508.00	553.66	719.19
75	388.13	487.07	566.98	616.45	797.20
76	428.09	542.25	629.77	684.94	882.82
77	471.85	597.42	696.36	759.15	974.14
78	519.42	658.31	770.56	839.06	1073.08
79	568.88	724.90	848.57	924.67	1177.72
80	622.16				
81	677.33				
82	738.22				
83	801.00				
84	865.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	79.91	100.84	116.06	127.48	167.43
45-49	89.42	112.25	129.38	140.79	186.46
50-54	110.35	136.99	159.82	173.14	237.83
55	125.57	159.82	182.65	199.78	275.88
56	131.28	167.43	194.07	211.19	289.20
57	140.79	178.85	205.48	224.51	306.32
58	150.31	190.26	218.80	239.73	325.35
59	161.72	203.58	235.93	254.95	344.37
60	173.14	216.90	251.15	270.17	367.21
61	182.65	232.12	268.27	291.10	391.94
62	197.87	249.24	287.30	312.03	418.58
63	211.19	264.46	304.42	331.06	447.12
64	224.51	281.59	325.35	353.89	477.56
65	237.83	300.61	346.28	376.72	508.00
66	254.95	319.64	369.11	403.36	544.15
67	273.98	344.37	397.65	433.80	586.01
68	293.00	371.01	429.99	469.95	633.57
69	315.84	397.65	466.14	508.00	683.04
70	340.57	431.89	504.19	549.86	736.31
71	369.11	468.04	546.05	597.42	799.10
72	401.45	508.00	595.52	650.70	867.60
73	435.70	555.57	650.70	711.58	947.51
74	477.56	606.94	711.58	778.17	1031.22
75	521.32	662.11	776.27	850.47	1126.35
76	566.98	724.90	848.57	928.48	1227.19
77	616.45	789.59	924.67	1014.10	1333.74
78	664.01	861.89	1004.58	1103.52	1447.89
79	719.19	936.09	1092.10	1200.55	1571.56
80	774.37				
81	829.54				
82	890.43				
83	953.21				
84	1017.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	89.42	114.16	131.28	144.60	188.36
45-49	100.84	125.57	148.40	159.82	211.19
50-54	123.67	154.11	180.75	197.87	266.37
55	138.89	176.94	207.39	226.41	304.42
56	144.60	186.46	218.80	237.83	317.74
57	154.11	197.87	230.22	251.15	334.86
58	163.63	207.39	243.54	266.37	355.79
59	175.04	220.70	258.76	281.59	378.62
60	188.36	237.83	275.88	300.61	401.45
61	201.68	253.05	293.00	317.74	428.09
62	215.00	270.17	312.03	340.57	456.63
63	228.31	289.20	331.06	359.60	487.07
64	241.63	306.32	353.89	384.33	517.51
65	256.85	325.35	376.72	409.06	553.66
66	275.88	346.28	403.36	441.41	587.91
67	294.91	372.91	433.80	473.75	635.48
68	317.74	403.36	469.95	515.61	684.94
69	342.47	431.89	506.10	555.57	738.22
70	369.11	469.95	547.95	599.33	797.20
71	397.65	508.00	595.52	650.70	863.79
72	433.80	553.66	646.89	709.68	939.89
73	471.85	605.03	707.78	774.37	1025.51
74	515.61	658.31	772.46	846.67	1116.84
75	561.27	719.19	840.96	922.77	1217.68
76	610.74	783.88	917.06	1004.58	1322.32
77	660.21	850.47	998.88	1094.01	1438.38
78	713.48	924.67	1086.40	1191.04	1560.15
79	768.66	1002.68	1177.72	1291.88	1691.43
80	827.64				
81	886.62				
82	951.31				
83	1016.00				
84	1082.59				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	93.23	117.96	138.89	152.21	197.87
45-49	104.64	131.28	154.11	167.43	218.80
50-54	129.38	163.63	190.26	205.48	277.78
55	144.60	182.65	216.90	237.83	315.84
56	152.21	192.16	228.31	249.24	331.06
57	161.72	203.58	239.73	262.56	350.08
58	169.33	216.90	253.05	277.78	369.11
59	180.75	230.22	268.27	293.00	391.94
60	194.07	245.44	283.49	312.03	416.67
61	207.39	262.56	302.52	329.15	443.31
62	220.70	279.69	321.54	351.98	471.85
63	235.93	296.81	342.47	372.91	504.19
64	251.15	315.84	365.30	397.65	534.64
65	266.37	334.86	390.04	426.19	570.79
66	283.49	357.69	418.58	456.63	608.84
67	304.42	384.33	449.02	492.78	656.40
68	327.25	416.67	485.17	532.73	707.78
69	353.89	447.12	523.22	574.59	762.95
70	380.52	485.17	566.98	622.16	823.83
71	410.97	525.12	616.45	673.53	892.33
72	447.12	572.69	669.72	734.41	972.24
73	487.07	624.06	730.61	801.00	1057.86
74	530.83	681.14	797.20	875.21	1152.99
75	578.40	740.12	867.60	953.21	1255.73
76	629.77	808.61	947.51	1038.83	1366.08
77	681.14	877.11	1029.32	1130.16	1484.04
78	734.41	951.31	1118.74	1229.09	1609.62
79	789.59	1031.22	1213.87	1331.83	1742.80
80	850.47				
81	911.36				
82	976.04				
83	1042.64				
84	1113.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.88	74.20	87.52	93.23	125.57
45-49	66.59	83.72	97.03	104.64	138.89
50-54	87.52	106.55	123.67	136.99	178.85
55	100.84	123.67	142.70	156.01	213.09
56	104.64	129.38	150.31	163.63	226.41
57	112.25	138.89	161.72	175.04	241.63
58	121.77	150.31	175.04	188.36	258.76
59	129.38	161.72	188.36	203.58	279.69
60	140.79	176.94	203.58	220.70	300.61
61	154.11	190.26	220.70	239.73	325.35
62	165.53	205.48	239.73	258.76	350.08
63	176.94	220.70	256.85	277.78	376.72
64	190.26	237.83	275.88	296.81	403.36
65	201.68	253.05	293.00	317.74	431.89
66	216.90	273.98	315.84	342.47	466.14
67	235.93	294.91	342.47	371.01	506.10
68	254.95	321.54	372.91	405.26	549.86
69	277.78	351.98	407.16	443.31	599.33
70	302.52	382.43	445.21	485.17	656.40
71	331.06	420.48	487.07	532.73	715.39
72	363.40	460.43	536.54	586.01	785.78
73	397.65	508.00	591.72	646.89	863.79
74	439.51	557.47	650.70	711.58	947.51
75	481.36	612.64	715.39	783.88	1038.83
76	528.93	671.63	785.78	861.89	1139.67
77	574.59	736.31	861.89	943.70	1244.31
78	624.06	802.91	941.80	1035.03	1358.47
79	677.33	877.11	1027.42	1128.25	1476.43
80	734.41				
81	791.49				
82	852.37				
83	915.16				
84	981.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.49	87.52	100.84	106.55	142.70
45-49	78.01	97.03	110.35	121.77	159.82
50-54	97.03	121.77	140.79	154.11	201.68
55	112.25	138.89	161.72	175.04	237.83
56	117.96	148.40	169.33	186.46	251.15
57	125.57	156.01	180.75	197.87	268.27
58	135.09	167.43	194.07	213.09	287.30
59	142.70	178.85	207.39	228.31	306.32
60	154.11	194.07	226.41	245.44	329.15
61	167.43	207.39	243.54	266.37	353.89
62	178.85	224.51	262.56	287.30	378.62
63	192.16	239.73	281.59	306.32	407.16
64	205.48	256.85	300.61	327.25	435.70
65	218.80	275.88	319.64	350.08	466.14
66	237.83	296.81	344.37	376.72	504.19
67	256.85	319.64	372.91	405.26	546.05
68	279.69	350.08	407.16	443.31	595.52
69	302.52	380.52	443.31	483.27	648.79
70	327.25	414.77	483.27	525.12	707.78
71	355.79	454.73	528.93	578.40	774.37
72	390.04	496.58	582.20	635.48	848.57
73	428.09	547.95	639.28	700.16	930.38
74	469.95	601.23	702.07	770.56	1023.61
75	517.51	660.21	774.37	848.57	1120.64
76	566.98	723.00	850.47	934.19	1229.09
77	618.35	791.49	930.38	1019.80	1343.25
78	669.72	865.69	1017.90	1116.84	1466.92
79	726.80	943.70	1111.13	1219.58	1596.30
80	785.78				
81	848.57				
82	911.36				
83	976.04				
84	1048.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74.20	91.33	104.64	114.16	152.21
45-49	83.72	100.84	116.06	127.48	167.43
50-54	100.84	125.57	148.40	161.72	211.19
55	116.06	144.60	169.33	182.65	249.24
56	123.67	154.11	178.85	194.07	262.56
57	129.38	163.63	190.26	205.48	279.69
58	138.89	175.04	203.58	220.70	296.81
59	150.31	188.36	216.90	237.83	317.74
60	161.72	201.68	235.93	256.85	340.57
61	173.14	216.90	253.05	277.78	365.30
62	186.46	232.12	270.17	296.81	391.94
63	199.78	249.24	291.10	317.74	420.48
64	213.09	266.37	312.03	340.57	449.02
65	228.31	283.49	331.06	363.40	481.36
66	245.44	306.32	357.69	390.04	519.42
67	266.37	331.06	388.13	420.48	563.18
68	289.20	359.60	420.48	458.53	612.64
69	312.03	391.94	458.53	498.49	669.72
70	338.67	428.09	498.49	544.15	730.61
71	367.21	468.04	546.05	597.42	799.10
72	401.45	511.81	599.33	656.40	875.21
73	441.41	563.18	660.21	723.00	960.82
74	483.27	620.25	724.90	795.30	1055.95
75	532.73	681.14	799.10	875.21	1156.79
76	582.20	745.83	877.11	962.73	1267.15
77	635.48	816.22	960.82	1054.05	1385.11
78	688.75	892.33	1050.25	1152.99	1510.68
79	747.73	974.14	1145.38	1259.54	1645.77
80	808.61				
81	871.40				
82	936.09				
83	1002.68				
84	1074.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.96	36.53	42.62	45.66	57.84
45-49	35.01	41.10	47.19	50.23	63.93
50-54	42.62	50.23	57.84	62.41	79.15
55	48.71	57.84	66.97	71.54	94.37
56	51.75	62.41	71.54	76.10	100.46
57	56.32	66.97	76.10	82.19	108.07
58	60.88	73.06	82.19	89.80	117.20
59	66.97	79.15	89.80	97.41	127.86
60	73.06	86.76	98.94	108.07	138.51
61	79.15	95.89	108.07	117.20	150.69
62	85.24	103.50	117.20	127.86	164.39
63	91.33	111.11	126.33	136.99	176.56
64	97.41	118.72	135.47	146.12	190.26
65	103.50	127.86	144.60	156.78	203.96
66	112.64	136.99	156.78	168.95	220.70
67	121.77	149.17	170.47	184.17	240.49
68	132.42	162.86	187.22	202.44	264.84
69	144.60	178.09	205.48	222.23	290.72
70	158.30	194.83	225.27	245.06	319.64
71	175.04	216.14	249.62	272.46	353.13
72	194.83	240.49	278.54	304.42	394.22
73	217.66	269.41	312.03	340.95	441.41
74	242.01	301.38	350.08	382.05	493.16
75	270.93	337.91	392.70	427.71	549.48
76	301.38	377.48	438.36	477.94	611.88
77	334.86	420.10	488.59	531.21	680.38
78	371.39	467.28	543.39	589.05	753.44
79	410.97	515.99	601.23	651.46	832.59
80	452.06				
81	497.73				
82	544.91				
83	595.14				
84	648.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.05	45.66	51.75	54.80	70.02
45-49	41.10	50.23	56.32	60.88	77.63
50-54	48.71	59.36	68.49	74.58	97.41
55	57.84	68.49	77.63	83.72	111.11
56	60.88	73.06	82.19	88.28	117.20
57	65.45	77.63	88.28	94.37	124.81
58	70.02	83.72	94.37	101.98	133.94
59	76.10	91.33	103.50	111.11	144.60
60	82.19	98.94	112.64	121.77	158.30
61	88.28	108.07	123.29	132.42	170.47
62	95.89	115.68	133.94	144.60	185.70
63	103.50	124.81	143.08	153.73	199.39
64	109.59	133.94	152.21	165.91	214.62
65	117.20	144.60	162.86	176.56	231.36
66	126.33	153.73	176.56	191.78	249.62
67	136.99	168.95	191.78	208.53	272.46
68	149.17	184.17	210.05	229.84	298.33
69	162.86	200.92	231.36	251.15	328.77
70	178.09	220.70	254.19	275.50	360.74
71	194.83	243.54	281.59	305.94	400.31
72	217.66	270.93	313.55	342.47	445.97
73	242.01	302.90	351.60	382.05	497.73
74	269.41	339.43	394.22	429.23	555.57
75	301.38	379.00	441.41	479.46	619.49
76	334.86	421.62	493.16	537.30	691.03
77	372.91	470.33	547.95	596.66	767.14
78	412.49	522.08	608.84	662.11	847.81
79	455.11	578.40	674.29	733.65	937.61
80	500.77				
81	549.48				
82	599.71				
83	654.50				
84	712.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.57	48.71	54.80	59.36	76.10
45-49	44.14	53.27	60.88	65.45	83.72
50-54	51.75	63.93	73.06	79.15	105.02
55	60.88	73.06	82.19	89.80	117.20
56	63.93	77.63	86.76	94.37	123.29
57	68.49	82.19	92.85	100.46	130.90
58	73.06	88.28	100.46	108.07	141.56
59	79.15	95.89	109.59	117.20	152.21
60	86.76	103.50	118.72	127.86	165.91
61	92.85	112.64	129.38	138.51	179.61
62	100.46	121.77	140.03	150.69	194.83
63	108.07	130.90	150.69	161.34	210.05
64	114.16	140.03	159.82	173.52	225.27
65	123.29	150.69	170.47	185.70	242.01
66	132.42	161.34	184.17	200.92	261.80
67	143.08	176.56	200.92	219.18	286.15
68	155.25	193.31	220.70	240.49	313.55
69	170.47	210.05	242.01	263.32	343.99
70	185.70	231.36	266.37	289.20	379.00
71	203.96	254.19	295.29	321.16	420.10
72	226.79	283.11	328.77	357.69	467.28
73	252.67	316.60	368.35	400.31	522.08
74	281.59	354.65	412.49	449.02	582.96
75	315.07	395.75	461.20	502.29	649.94
76	350.08	441.41	515.99	561.65	724.52
77	388.13	491.64	573.83	625.58	803.67
78	429.23	544.91	636.24	694.08	888.90
79	473.37	604.27	704.73	768.66	981.75
80	520.56				
81	570.79				
82	624.06				
83	680.38				
84	739.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.88	74.58	85.24	91.33	124.81
45-49	66.97	82.19	94.37	101.98	138.51
50-54	82.19	101.98	117.20	129.38	176.56
55	95.89	118.72	136.99	149.17	203.96
56	100.46	124.81	144.60	158.30	216.14
57	106.55	132.42	153.73	167.43	228.31
58	114.16	141.56	164.39	178.09	242.01
59	120.25	150.69	175.04	190.26	257.23
60	129.38	161.34	185.70	202.44	273.98
61	138.51	172.00	199.39	216.14	292.24
62	147.64	184.17	213.09	231.36	312.03
63	156.78	196.35	228.31	246.58	333.34
64	167.43	208.53	242.01	263.32	354.65
65	178.09	222.23	258.76	281.59	379.00
66	190.26	238.97	277.02	301.38	407.92
67	205.48	257.23	299.85	325.73	439.89
68	222.23	278.54	324.21	353.13	476.42
69	238.97	301.38	350.08	382.05	514.47
70	258.76	327.25	380.52	415.53	558.61
71	280.07	356.17	414.01	452.06	607.32
72	305.94	389.66	453.58	496.20	663.63
73	336.38	427.71	499.25	546.43	727.56
74	369.87	470.33	549.48	601.23	797.58
75	406.40	515.99	604.27	660.59	875.21
76	444.45	566.22	663.63	727.56	958.92
77	485.55	621.02	729.08	797.58	1048.72
78	528.17	678.86	799.10	873.68	1144.62
79	573.83	741.26	873.68	954.35	1248.12
80	621.02				
81	669.72				
82	721.47				
83	774.75				
84	831.06				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.02	86.76	100.46	109.59	144.60
45-49	77.63	97.41	111.11	121.77	161.34
50-54	95.89	120.25	138.51	150.69	203.96
55	108.07	136.99	158.30	172.00	234.40
56	112.64	144.60	167.43	181.13	246.58
57	118.72	152.21	176.56	191.78	258.76
58	126.33	161.34	187.22	203.96	273.98
59	135.47	170.47	197.87	217.66	290.72
60	146.12	181.13	211.57	229.84	307.46
61	155.25	193.31	225.27	245.06	328.77
62	165.91	207.01	240.49	261.80	350.08
63	176.56	219.18	257.23	280.07	374.44
64	187.22	234.40	272.46	298.33	398.79
65	199.39	249.62	292.24	318.12	426.19
66	213.09	267.89	312.03	340.95	456.63
67	228.31	289.20	337.91	368.35	493.16
68	246.58	312.03	365.30	398.79	534.26
69	266.37	339.43	394.22	432.28	576.87
70	289.20	368.35	429.23	470.33	625.58
71	313.55	400.31	467.28	511.42	680.38
72	342.47	438.36	511.42	560.13	744.31
73	375.96	479.46	561.65	616.45	814.32
74	412.49	526.65	616.45	675.81	891.95
75	452.06	578.40	677.33	741.26	978.71
76	494.68	631.67	742.78	814.32	1071.56
77	538.82	692.55	812.80	891.95	1170.49
78	586.01	754.96	890.43	974.14	1277.04
79	634.71	824.98	969.58	1062.42	1389.67
80	686.47				
81	739.74				
82	794.53				
83	853.90				
84	914.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74.58	92.85	106.55	117.20	153.73
45-49	82.19	103.50	118.72	130.90	170.47
50-54	101.98	127.86	147.64	159.82	216.14
55	114.16	144.60	167.43	182.65	246.58
56	118.72	152.21	176.56	191.78	258.76
57	124.81	159.82	185.70	202.44	272.46
58	132.42	168.95	196.35	214.62	287.68
59	141.56	179.61	208.53	228.31	304.42
60	152.21	190.26	222.23	242.01	322.68
61	162.86	202.44	235.93	257.23	343.99
62	173.52	216.14	252.67	275.50	366.83
63	184.17	229.84	269.41	293.76	391.18
64	196.35	245.06	286.15	313.55	417.05
65	208.53	261.80	305.94	333.34	445.97
66	222.23	280.07	327.25	357.69	477.94
67	238.97	302.90	353.13	386.61	515.99
68	257.23	327.25	382.05	418.58	558.61
69	278.54	354.65	414.01	453.58	604.27
70	301.38	385.09	449.02	493.16	654.50
71	327.25	418.58	490.12	537.30	712.34
72	357.69	458.15	535.78	587.53	777.79
73	392.70	502.29	587.53	645.37	852.37
74	430.75	551.00	645.37	707.78	933.05
75	471.85	604.27	707.78	776.27	1022.85
76	515.99	660.59	776.27	850.85	1118.74
77	561.65	723.00	849.33	931.52	1222.24
78	610.36	788.45	928.48	1016.76	1333.36
79	660.59	859.98	1010.67	1109.61	1450.56
80	713.86				
81	768.66				
82	826.50				
83	887.38				
84	949.79				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.14	54.80	63.93	70.02	92.85
45-49	48.71	60.88	71.54	77.63	103.50
50-54	65.45	80.67	91.33	98.94	132.42
55	74.58	92.85	105.02	115.68	156.78
56	79.15	97.41	111.11	121.77	167.43
57	83.72	103.50	118.72	130.90	179.61
58	89.80	111.11	127.86	141.56	193.31
59	97.41	120.25	138.51	152.21	208.53
60	105.02	130.90	150.69	164.39	225.27
61	114.16	141.56	164.39	178.09	242.01
62	123.29	153.73	178.09	193.31	261.80
63	132.42	164.39	191.78	208.53	281.59
64	141.56	176.56	205.48	222.23	301.38
65	152.21	188.74	219.18	238.97	324.21
66	164.39	202.44	235.93	257.23	350.08
67	178.09	220.70	257.23	280.07	380.52
68	193.31	240.49	281.59	305.94	415.53
69	210.05	263.32	307.46	334.86	453.58
70	228.31	287.68	336.38	366.83	496.20
71	249.62	316.60	369.87	404.88	543.39
72	275.50	350.08	409.44	447.50	599.71
73	304.42	388.13	453.58	496.20	662.11
74	337.91	429.23	503.81	551.00	732.13
75	372.91	476.42	557.09	610.36	808.23
76	410.97	526.65	614.93	674.29	890.43
77	452.06	579.92	678.86	744.31	978.71
78	494.68	637.76	747.35	818.89	1073.08
79	540.34	700.16	818.89	899.56	1175.06
80	587.53				
81	637.76				
82	689.51				
83	744.31				
84	802.15				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.27	66.97	76.10	83.72	109.59
45-49	59.36	73.06	85.24	92.85	121.77
50-54	74.58	92.85	108.07	117.20	153.73
55	86.76	108.07	123.29	135.47	182.65
56	91.33	114.16	130.90	141.56	194.83
57	95.89	120.25	138.51	150.69	207.01
58	103.50	129.38	149.17	162.86	222.23
59	111.11	140.03	161.34	175.04	237.45
60	120.25	150.69	173.52	188.74	254.19
61	129.38	161.34	187.22	203.96	272.46
62	140.03	175.04	202.44	220.70	293.76
63	149.17	187.22	217.66	235.93	315.07
64	159.82	199.39	232.88	252.67	337.91
65	172.00	214.62	248.10	269.41	362.26
66	184.17	229.84	266.37	290.72	391.18
67	199.39	249.62	290.72	315.07	424.67
68	216.14	270.93	316.60	343.99	464.24
69	234.40	296.81	345.52	375.96	506.86
70	255.71	324.21	379.00	412.49	555.57
71	280.07	356.17	415.53	453.58	608.84
72	307.46	392.70	459.67	502.29	671.24
73	339.43	433.80	508.38	555.57	741.26
74	375.96	480.98	563.18	616.45	818.89
75	415.53	531.21	622.54	681.90	902.60
76	458.15	586.01	686.47	753.44	995.45
77	502.29	645.37	756.48	831.06	1092.87
78	549.48	707.78	831.06	913.26	1197.89
79	598.18	776.27	911.74	1001.54	1310.53
80	649.94				
81	703.21				
82	761.05				
83	820.41				
84	882.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.84	71.54	82.19	89.80	117.20
45-49	63.93	79.15	91.33	98.94	129.38
50-54	79.15	98.94	114.16	124.81	162.86
55	91.33	114.16	130.90	143.08	193.31
56	95.89	120.25	138.51	150.69	205.48
57	101.98	127.86	147.64	159.82	219.18
58	109.59	136.99	158.30	172.00	234.40
59	117.20	147.64	170.47	184.17	249.62
60	126.33	158.30	184.17	199.39	266.37
61	135.47	170.47	197.87	214.62	286.15
62	146.12	184.17	213.09	231.36	307.46
63	156.78	197.87	228.31	248.10	330.30
64	167.43	210.05	243.54	264.84	353.13
65	179.61	225.27	260.28	283.11	379.00
66	191.78	242.01	280.07	304.42	407.92
67	208.53	261.80	304.42	330.30	444.45
68	226.79	284.63	331.82	360.74	485.55
69	245.06	310.51	362.26	394.22	529.69
70	267.89	339.43	397.27	432.28	579.92
71	292.24	372.91	435.32	474.89	636.24
72	321.16	410.97	480.98	525.12	701.69
73	354.65	453.58	532.73	581.44	774.75
74	392.70	502.29	589.05	643.85	855.42
75	433.80	554.04	649.94	712.34	943.70
76	477.94	611.88	716.91	786.92	1039.59
77	523.60	672.77	789.97	867.60	1141.57
78	572.31	738.22	867.60	954.35	1251.16
79	622.54	809.76	951.31	1045.68	1368.37
80	675.81				
81	732.13				
82	791.49				
83	852.37				
84	916.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.05	42.62	50.23	53.27	68.49
45-49	41.10	48.71	54.80	59.36	74.58
50-54	50.23	59.36	68.49	73.06	92.85
55	57.84	68.49	79.15	83.72	111.11
56	60.88	73.06	83.72	89.80	118.72
57	66.97	79.15	89.80	97.41	127.86
58	71.54	85.24	97.41	105.02	138.51
59	79.15	92.85	105.02	114.16	150.69
60	85.24	101.98	115.68	127.86	162.86
61	92.85	112.64	127.86	138.51	176.56
62	100.46	121.77	138.51	150.69	193.31
63	108.07	130.90	149.17	161.34	207.01
64	114.16	140.03	159.82	172.00	223.75
65	121.77	150.69	170.47	184.17	240.49
66	132.42	161.34	184.17	199.39	260.28
67	143.08	175.04	200.92	216.14	283.11
68	155.25	191.78	220.70	237.45	312.03
69	170.47	210.05	242.01	261.80	342.47
70	185.70	229.84	264.84	287.68	375.96
71	205.48	254.19	293.76	321.16	415.53
72	229.84	283.11	327.25	357.69	464.24
73	255.71	316.60	366.83	401.83	519.04
74	284.63	354.65	412.49	449.02	579.92
75	318.12	397.27	462.72	503.81	646.89
76	354.65	444.45	515.99	561.65	719.95
77	394.22	494.68	575.35	625.58	800.62
78	436.84	549.48	639.28	692.55	885.86
79	484.03	607.32	707.78	767.14	980.23
80	531.21				
81	586.01				
82	640.80				
83	700.16				
84	762.57				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.14	53.27	60.88	63.93	82.19
45-49	48.71	59.36	66.97	71.54	91.33
50-54	57.84	70.02	80.67	88.28	114.16
55	68.49	80.67	91.33	98.94	130.90
56	71.54	85.24	97.41	103.50	138.51
57	77.63	91.33	103.50	111.11	146.12
58	82.19	98.94	111.11	120.25	158.30
59	89.80	108.07	121.77	130.90	170.47
60	97.41	115.68	132.42	143.08	185.70
61	103.50	127.86	144.60	155.25	200.92
62	112.64	135.47	158.30	170.47	219.18
63	121.77	146.12	168.95	181.13	234.40
64	129.38	158.30	179.61	194.83	252.67
65	138.51	170.47	191.78	207.01	272.46
66	149.17	181.13	207.01	225.27	293.76
67	161.34	199.39	225.27	245.06	321.16
68	175.04	216.14	246.58	270.93	351.60
69	191.78	235.93	272.46	295.29	386.61
70	210.05	260.28	298.33	324.21	424.67
71	229.84	286.15	331.82	359.21	470.33
72	255.71	318.12	368.35	403.36	525.12
73	284.63	356.17	414.01	449.02	586.01
74	316.60	398.79	464.24	505.34	652.98
75	354.65	445.97	519.04	564.70	729.08
76	394.22	496.20	579.92	631.67	812.80
77	438.36	554.04	645.37	701.69	902.60
78	485.55	614.93	716.91	779.31	996.97
79	535.78	680.38	793.01	863.03	1103.52
80	589.05				
81	646.89				
82	706.25				
83	770.18				
84	838.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.19	57.84	63.93	70.02	89.80
45-49	51.75	62.41	71.54	77.63	98.94
50-54	60.88	74.58	85.24	92.85	123.29
55	71.54	85.24	97.41	105.02	138.51
56	74.58	91.33	101.98	111.11	144.60
57	80.67	97.41	109.59	118.72	153.73
58	85.24	103.50	118.72	127.86	165.91
59	92.85	112.64	129.38	138.51	179.61
60	101.98	121.77	140.03	150.69	194.83
61	109.59	132.42	152.21	162.86	211.57
62	118.72	143.08	164.39	176.56	229.84
63	127.86	153.73	176.56	190.26	246.58
64	133.94	164.39	188.74	203.96	264.84
65	144.60	176.56	200.92	219.18	284.63
66	155.25	190.26	216.14	235.93	307.46
67	168.95	207.01	235.93	257.23	336.38
68	182.65	226.79	260.28	283.11	368.35
69	200.92	246.58	284.63	310.51	404.88
70	219.18	272.46	313.55	340.95	445.97
71	240.49	298.33	347.04	377.48	494.68
72	266.37	333.34	386.61	420.10	549.48
73	296.81	372.91	433.80	470.33	614.93
74	331.82	417.05	485.55	528.17	686.47
75	371.39	465.76	541.87	590.57	764.09
76	412.49	519.04	607.32	660.59	852.37
77	456.63	578.40	675.81	736.69	945.22
78	505.34	640.80	748.87	815.84	1045.68
79	557.09	710.82	829.54	904.13	1155.27
80	611.88				
81	671.24				
82	733.65				
83	800.62				
84	870.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	71.54	88.28	100.46	108.07	146.12
45-49	79.15	97.41	111.11	120.25	162.86
50-54	97.41	120.25	138.51	152.21	207.01
55	112.64	140.03	161.34	175.04	240.49
56	118.72	146.12	170.47	185.70	254.19
57	124.81	155.25	181.13	196.35	267.89
58	133.94	165.91	193.31	210.05	284.63
59	141.56	176.56	205.48	223.75	302.90
60	152.21	190.26	219.18	237.45	322.68
61	162.86	202.44	234.40	254.19	343.99
62	173.52	216.14	251.15	272.46	366.83
63	184.17	231.36	267.89	290.72	392.70
64	196.35	245.06	284.63	310.51	417.05
65	210.05	261.80	304.42	331.82	445.97
66	223.75	281.59	325.73	354.65	479.46
67	242.01	302.90	353.13	383.57	517.51
68	261.80	327.25	382.05	415.53	560.13
69	281.59	354.65	412.49	449.02	605.79
70	304.42	385.09	447.50	488.59	657.55
71	328.77	418.58	487.07	531.21	713.86
72	359.21	458.15	534.26	584.49	780.84
73	395.75	503.81	587.53	642.32	855.42
74	435.32	554.04	646.89	707.78	937.61
75	477.94	607.32	710.82	777.79	1028.94
76	523.60	666.68	780.84	855.42	1127.87
77	570.79	730.61	858.46	937.61	1234.42
78	621.02	799.10	940.66	1027.42	1347.06
79	675.81	872.16	1027.42	1123.31	1468.82
80	730.61				
81	788.45				
82	849.33				
83	911.74				
84	977.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	82.19	101.98	118.72	129.38	170.47
45-49	91.33	114.16	130.90	143.08	190.26
50-54	112.64	141.56	162.86	176.56	240.49
55	127.86	161.34	185.70	202.44	275.50
56	132.42	170.47	196.35	213.09	290.72
57	140.03	179.61	207.01	225.27	304.42
58	149.17	190.26	220.70	240.49	322.68
59	159.82	200.92	232.88	255.71	342.47
60	172.00	213.09	249.62	270.93	362.26
61	182.65	226.79	264.84	287.68	386.61
62	194.83	243.54	283.11	307.46	412.49
63	207.01	257.23	302.90	328.77	439.89
64	220.70	275.50	321.16	351.60	468.81
65	234.40	293.76	343.99	374.44	500.77
66	251.15	315.07	366.83	401.83	537.30
67	267.89	340.95	397.27	433.80	579.92
68	290.72	366.83	429.23	468.81	628.63
69	313.55	398.79	464.24	508.38	678.86
70	340.95	433.80	505.34	554.04	736.69
71	368.35	470.33	549.48	601.23	800.62
72	403.36	515.99	601.23	659.07	875.21
73	442.93	564.70	660.59	724.52	957.40
74	485.55	619.49	724.52	794.53	1048.72
75	531.21	680.38	797.58	872.16	1150.71
76	581.44	742.78	873.68	957.40	1260.30
77	633.19	814.32	955.88	1048.72	1377.50
78	689.51	888.90	1047.20	1146.14	1502.31
79	747.35	971.10	1140.05	1249.64	1634.73
80	808.23				
81	870.64				
82	934.57				
83	1004.58				
84	1076.12				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	88.28	109.59	124.81	138.51	181.13
45-49	97.41	121.77	140.03	153.73	200.92
50-54	120.25	150.69	173.52	188.74	254.19
55	133.94	170.47	196.35	214.62	290.72
56	140.03	179.61	207.01	225.27	304.42
57	146.12	188.74	219.18	237.45	321.16
58	155.25	199.39	231.36	252.67	337.91
59	165.91	211.57	245.06	267.89	357.69
60	179.61	223.75	261.80	284.63	379.00
61	191.78	237.45	277.02	302.90	404.88
62	203.96	254.19	296.81	324.21	432.28
63	216.14	270.93	316.60	345.52	459.67
64	231.36	287.68	336.38	368.35	490.12
65	245.06	307.46	359.21	392.70	525.12
66	261.80	328.77	385.09	420.10	561.65
67	281.59	356.17	415.53	455.11	607.32
68	302.90	385.09	449.02	493.16	657.55
69	327.25	417.05	487.07	534.26	710.82
70	354.65	453.58	528.17	579.92	770.18
71	385.09	493.16	576.87	631.67	838.68
72	420.10	538.82	630.15	691.03	914.78
73	462.72	590.57	691.03	759.53	1003.06
74	506.86	648.41	759.53	832.59	1097.43
75	555.57	710.82	832.59	913.26	1203.98
76	607.32	777.79	913.26	1001.54	1316.61
77	660.59	850.85	998.50	1095.91	1438.38
78	718.43	926.96	1092.87	1196.37	1569.28
79	777.79	1012.19	1188.76	1305.96	1706.27
80	840.20				
81	904.13				
82	972.62				
83	1044.16				
84	1117.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.75	63.93	74.58	82.19	109.59
45-49	57.84	71.54	83.72	91.33	121.77
50-54	77.63	94.37	108.07	115.68	155.25
55	88.28	109.59	123.29	135.47	184.17
56	92.85	114.16	130.90	143.08	196.35
57	98.94	121.77	140.03	153.73	211.57
58	105.02	130.90	150.69	165.91	226.79
59	114.16	141.56	162.86	179.61	245.06
60	123.29	153.73	176.56	193.31	264.84
61	133.94	165.91	193.31	210.05	284.63
62	144.60	181.13	210.05	226.79	307.46
63	155.25	193.31	225.27	245.06	331.82
64	165.91	207.01	242.01	261.80	354.65
65	179.61	222.23	257.23	281.59	382.05
66	193.31	237.45	277.02	302.90	412.49
67	210.05	260.28	302.90	328.77	447.50
68	226.79	283.11	331.82	359.21	488.59
69	246.58	310.51	362.26	394.22	534.26
70	267.89	337.91	395.75	432.28	584.49
71	293.76	372.91	435.32	476.42	639.28
72	324.21	412.49	480.98	526.65	706.25
73	357.69	456.63	534.26	584.49	779.31
74	397.27	505.34	592.10	648.41	861.51
75	438.36	560.13	656.02	718.43	951.31
76	484.03	619.49	723.00	793.01	1047.20
77	531.21	681.90	799.10	875.21	1150.71
78	581.44	750.39	879.77	963.49	1261.82
79	636.24	823.45	963.49	1057.86	1382.06
80	691.03				
81	750.39				
82	811.28				
83	875.21				
84	943.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	62.41	79.15	89.80	98.94	129.38
45-49	70.02	85.24	100.46	109.59	143.08
50-54	88.28	109.59	127.86	138.51	181.13
55	101.98	127.86	144.60	159.82	214.62
56	108.07	133.94	153.73	165.91	229.84
57	112.64	141.56	162.86	176.56	243.54
58	121.77	152.21	175.04	191.78	261.80
59	130.90	164.39	190.26	205.48	280.07
60	141.56	176.56	203.96	222.23	298.33
61	152.21	190.26	220.70	240.49	321.16
62	164.39	205.48	237.45	260.28	345.52
63	175.04	220.70	255.71	277.02	371.39
64	188.74	234.40	273.98	296.81	397.27
65	202.44	252.67	292.24	316.60	426.19
66	216.14	270.93	313.55	342.47	459.67
67	234.40	293.76	342.47	371.39	499.25
68	254.19	318.12	372.91	404.88	546.43
69	275.50	348.56	406.40	442.93	596.66
70	301.38	382.05	445.97	485.55	652.98
71	328.77	418.58	488.59	534.26	716.91
72	362.26	462.72	540.34	590.57	789.97
73	398.79	509.90	598.18	652.98	872.16
74	442.93	566.22	662.11	724.52	963.49
75	488.59	625.58	732.13	802.15	1062.42
76	538.82	689.51	808.23	885.86	1170.49
77	590.57	759.53	890.43	977.19	1286.17
78	646.89	832.59	977.19	1074.60	1409.46
79	703.21	913.26	1073.08	1178.10	1541.88
80	764.09				
81	828.02				
82	894.99				
83	965.01				
84	1038.07				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.49	83.72	97.41	105.02	138.51
45-49	74.58	92.85	108.07	115.68	152.21
50-54	92.85	115.68	133.94	146.12	191.78
55	108.07	133.94	153.73	168.95	226.79
56	112.64	141.56	162.86	176.56	242.01
57	120.25	150.69	173.52	188.74	257.23
58	129.38	161.34	185.70	202.44	275.50
59	138.51	173.52	200.92	216.14	293.76
60	149.17	185.70	216.14	234.40	313.55
61	159.82	200.92	232.88	252.67	336.38
62	172.00	216.14	251.15	272.46	362.26
63	184.17	232.88	267.89	292.24	388.13
64	196.35	246.58	286.15	312.03	415.53
65	211.57	264.84	305.94	333.34	445.97
66	225.27	284.63	328.77	357.69	479.46
67	245.06	307.46	357.69	388.13	523.60
68	266.37	334.86	389.66	424.67	570.79
69	287.68	365.30	426.19	464.24	622.54
70	315.07	398.79	467.28	508.38	681.90
71	343.99	438.36	511.42	558.61	748.87
72	377.48	484.03	566.22	617.97	824.98
73	417.05	534.26	627.10	683.42	911.74
74	462.72	590.57	692.55	758.00	1006.11
75	509.90	651.46	764.09	838.68	1109.61
76	561.65	719.95	843.24	925.43	1223.77
77	616.45	791.49	930.00	1021.33	1342.49
78	672.77	869.12	1021.33	1123.31	1471.87
79	732.13	952.83	1118.74	1229.85	1610.38
80	794.53				
81	861.51				
82	931.52				
83	1003.06				
84	1077.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.96	45.66	53.27	57.08	72.30
45-49	43.76	51.37	58.98	62.79	79.91
50-54	53.27	62.79	72.30	78.01	98.94
55	60.88	72.30	83.72	89.42	117.96
56	64.69	78.01	89.42	95.13	125.57
57	70.40	83.72	95.13	102.74	135.09
58	76.10	91.33	102.74	112.25	146.50
59	83.72	98.94	112.25	121.77	159.82
60	91.33	108.45	123.67	135.09	173.14
61	98.94	119.87	135.09	146.50	188.36
62	106.55	129.38	146.50	159.82	205.48
63	114.16	138.89	157.92	171.24	220.70
64	121.77	148.40	169.33	182.65	237.83
65	129.38	159.82	180.75	195.97	254.95
66	140.79	171.24	195.97	211.19	275.88
67	152.21	186.46	213.09	230.22	300.61
68	165.53	203.58	234.02	253.05	331.06
69	180.75	222.61	256.85	277.78	363.40
70	197.87	243.54	281.59	306.32	399.55
71	218.80	270.17	312.03	340.57	441.41
72	243.54	300.61	348.18	380.52	492.78
73	272.07	336.76	390.04	426.19	551.76
74	302.52	376.72	437.60	477.56	616.45
75	338.67	422.38	490.88	534.64	686.85
76	376.72	471.85	547.95	597.42	764.85
77	418.58	525.12	610.74	664.01	850.47
78	464.24	584.10	679.24	736.31	941.80
79	513.71	644.99	751.54	814.32	1040.73
80	565.08				
81	622.16				
82	681.14				
83	743.92				
84	810.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.57	57.08	64.69	68.49	87.52
45-49	51.37	62.79	70.40	76.10	97.03
50-54	60.88	74.20	85.62	93.23	121.77
55	72.30	85.62	97.03	104.64	138.89
56	76.10	91.33	102.74	110.35	146.50
57	81.81	97.03	110.35	117.96	156.01
58	87.52	104.64	117.96	127.48	167.43
59	95.13	114.16	129.38	138.89	180.75
60	102.74	123.67	140.79	152.21	197.87
61	110.35	135.09	154.11	165.53	213.09
62	119.87	144.60	167.43	180.75	232.12
63	129.38	156.01	178.85	192.16	249.24
64	136.99	167.43	190.26	207.39	268.27
65	146.50	180.75	203.58	220.70	289.20
66	157.92	192.16	220.70	239.73	312.03
67	171.24	211.19	239.73	260.66	340.57
68	186.46	230.22	262.56	287.30	372.91
69	203.58	251.15	289.20	313.93	410.97
70	222.61	275.88	317.74	344.37	450.92
71	243.54	304.42	351.98	382.43	500.39
72	272.07	338.67	391.94	428.09	557.47
73	302.52	378.62	439.51	477.56	622.16
74	336.76	424.28	492.78	536.54	694.46
75	376.72	473.75	551.76	599.33	774.37
76	418.58	527.03	616.45	671.63	863.79
77	466.14	587.91	684.94	745.83	958.92
78	515.61	652.60	761.05	827.64	1059.76
79	568.88	723.00	842.86	917.06	1172.01
80	625.96				
81	686.85				
82	749.63				
83	818.13				
84	890.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.47	60.88	68.49	74.20	95.13
45-49	55.18	66.59	76.10	81.81	104.64
50-54	64.69	79.91	91.33	98.94	131.28
55	76.10	91.33	102.74	112.25	146.50
56	79.91	97.03	108.45	117.96	154.11
57	85.62	102.74	116.06	125.57	163.63
58	91.33	110.35	125.57	135.09	176.94
59	98.94	119.87	136.99	146.50	190.26
60	108.45	129.38	148.40	159.82	207.39
61	116.06	140.79	161.72	173.14	224.51
62	125.57	152.21	175.04	188.36	243.54
63	135.09	163.63	188.36	201.68	262.56
64	142.70	175.04	199.78	216.90	281.59
65	154.11	188.36	213.09	232.12	302.52
66	165.53	201.68	230.22	251.15	327.25
67	178.85	220.70	251.15	273.98	357.69
68	194.07	241.63	275.88	300.61	391.94
69	213.09	262.56	302.52	329.15	429.99
70	232.12	289.20	332.96	361.50	473.75
71	254.95	317.74	369.11	401.45	525.12
72	283.49	353.89	410.97	447.12	584.10
73	315.84	395.75	460.43	500.39	652.60
74	351.98	443.31	515.61	561.27	728.70
75	393.84	494.68	576.49	627.86	812.42
76	437.60	551.76	644.99	702.07	905.65
77	485.17	614.55	717.29	781.98	1004.58
78	536.54	681.14	795.30	867.60	1111.13
79	591.72	755.34	880.91	960.82	1227.19
80	650.70				
81	713.48				
82	780.07				
83	850.47				
84	924.67				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.10	93.23	106.55	114.16	156.01
45-49	83.72	102.74	117.96	127.48	173.14
50-54	102.74	127.48	146.50	161.72	220.70
55	119.87	148.40	171.24	186.46	254.95
56	125.57	156.01	180.75	197.87	270.17
57	133.18	165.53	192.16	209.29	285.39
58	142.70	176.94	205.48	222.61	302.52
59	150.31	188.36	218.80	237.83	321.54
60	161.72	201.68	232.12	253.05	342.47
61	173.14	215.00	249.24	270.17	365.30
62	184.55	230.22	266.37	289.20	390.04
63	195.97	245.44	285.39	308.22	416.67
64	209.29	260.66	302.52	329.15	443.31
65	222.61	277.78	323.45	351.98	473.75
66	237.83	298.71	346.28	376.72	509.90
67	256.85	321.54	374.82	407.16	549.86
68	277.78	348.18	405.26	441.41	595.52
69	298.71	376.72	437.60	477.56	643.09
70	323.45	409.06	475.66	519.42	698.26
71	350.08	445.21	517.51	565.08	759.15
72	382.43	487.07	566.98	620.25	829.54
73	420.48	534.64	624.06	683.04	909.45
74	462.34	587.91	686.85	751.54	996.97
75	508.00	644.99	755.34	825.74	1094.01
76	555.57	707.78	829.54	909.45	1198.65
77	606.94	776.27	911.36	996.97	1310.91
78	660.21	848.57	998.88	1092.10	1430.77
79	717.29	926.58	1092.10	1192.94	1560.15
80	776.27				
81	837.15				
82	901.84				
83	968.43				
84	1038.83				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	87.52	108.45	125.57	136.99	180.75
45-49	97.03	121.77	138.89	152.21	201.68
50-54	119.87	150.31	173.14	188.36	254.95
55	135.09	171.24	197.87	215.00	293.00
56	140.79	180.75	209.29	226.41	308.22
57	148.40	190.26	220.70	239.73	323.45
58	157.92	201.68	234.02	254.95	342.47
59	169.33	213.09	247.34	272.07	363.40
60	182.65	226.41	264.46	287.30	384.33
61	194.07	241.63	281.59	306.32	410.97
62	207.39	258.76	300.61	327.25	437.60
63	220.70	273.98	321.54	350.08	468.04
64	234.02	293.00	340.57	372.91	498.49
65	249.24	312.03	365.30	397.65	532.73
66	266.37	334.86	390.04	426.19	570.79
67	285.39	361.50	422.38	460.43	616.45
68	308.22	390.04	456.63	498.49	667.82
69	332.96	424.28	492.78	540.34	721.09
70	361.50	460.43	536.54	587.91	781.98
71	391.94	500.39	584.10	639.28	850.47
72	428.09	547.95	639.28	700.16	930.38
73	469.95	599.33	702.07	770.56	1017.90
74	515.61	658.31	770.56	844.76	1114.94
75	565.08	723.00	846.67	926.58	1223.39
76	618.35	789.59	928.48	1017.90	1339.45
77	673.53	865.69	1016.00	1114.94	1463.12
78	732.51	943.70	1113.03	1217.68	1596.30
79	793.39	1031.22	1211.97	1328.03	1737.09
80	858.08				
81	924.67				
82	993.17				
83	1067.37				
84	1143.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	93.23	116.06	133.18	146.50	192.16
45-49	102.74	129.38	148.40	163.63	213.09
50-54	127.48	159.82	184.55	199.78	270.17
55	142.70	180.75	209.29	228.31	308.22
56	148.40	190.26	220.70	239.73	323.45
57	156.01	199.78	232.12	253.05	340.57
58	165.53	211.19	245.44	268.27	359.60
59	176.94	224.51	260.66	285.39	380.52
60	190.26	237.83	277.78	302.52	403.36
61	203.58	253.05	294.91	321.54	429.99
62	216.90	270.17	315.84	344.37	458.53
63	230.22	287.30	336.76	367.21	488.97
64	245.44	306.32	357.69	391.94	521.32
65	260.66	327.25	382.43	416.67	557.47
66	277.78	350.08	409.06	447.12	597.42
67	298.71	378.62	441.41	483.27	644.99
68	321.54	409.06	477.56	523.22	698.26
69	348.18	443.31	517.51	566.98	755.34
70	376.72	481.36	561.27	616.45	818.13
71	409.06	523.22	612.64	671.63	890.43
72	447.12	572.69	669.72	734.41	972.24
73	490.88	627.86	734.41	806.71	1065.47
74	538.44	688.75	806.71	884.72	1166.31
75	589.81	755.34	884.72	970.34	1278.56
76	644.99	825.74	970.34	1063.57	1398.43
77	702.07	903.74	1061.66	1164.40	1527.80
78	762.95	985.56	1160.60	1270.95	1666.70
79	825.74	1074.98	1263.34	1387.01	1813.20
80	892.33				
81	960.82				
82	1033.12				
83	1109.23				
84	1187.24				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.18	68.49	79.91	87.52	116.06
45-49	60.88	76.10	89.42	97.03	129.38
50-54	81.81	100.84	114.16	123.67	165.53
55	93.23	116.06	131.28	144.60	195.97
56	98.94	121.77	138.89	152.21	209.29
57	104.64	129.38	148.40	163.63	224.51
58	112.25	138.89	159.82	176.94	241.63
59	121.77	150.31	173.14	190.26	260.66
60	131.28	163.63	188.36	205.48	281.59
61	142.70	176.94	205.48	222.61	302.52
62	154.11	192.16	222.61	241.63	327.25
63	165.53	205.48	239.73	260.66	351.98
64	176.94	220.70	256.85	277.78	376.72
65	190.26	235.93	273.98	298.71	405.26
66	205.48	253.05	294.91	321.54	437.60
67	222.61	275.88	321.54	350.08	475.66
68	241.63	300.61	351.98	382.43	519.42
69	262.56	329.15	384.33	418.58	566.98
70	285.39	359.60	420.48	458.53	620.25
71	312.03	395.75	462.34	506.10	679.24
72	344.37	437.60	511.81	559.37	749.63
73	380.52	485.17	566.98	620.25	827.64
74	422.38	536.54	629.77	688.75	915.16
75	466.14	595.52	696.36	762.95	1010.29
76	513.71	658.31	768.66	842.86	1113.03
77	565.08	724.90	848.57	930.38	1223.39
78	618.35	797.20	934.19	1023.61	1341.35
79	675.43	875.21	1023.61	1124.45	1468.82
80	734.41				
81	797.20				
82	861.89				
83	930.38				
84	1002.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	66.59	83.72	95.13	104.64	136.99
45-49	74.20	91.33	106.55	116.06	152.21
50-54	93.23	116.06	135.09	146.50	192.16
55	108.45	135.09	154.11	169.33	228.31
56	114.16	142.70	163.63	176.94	243.54
57	119.87	150.31	173.14	188.36	258.76
58	129.38	161.72	186.46	203.58	277.78
59	138.89	175.04	201.68	218.80	296.81
60	150.31	188.36	216.90	235.93	317.74
61	161.72	201.68	234.02	254.95	340.57
62	175.04	218.80	253.05	275.88	367.21
63	186.46	234.02	272.07	294.91	393.84
64	199.78	249.24	291.10	315.84	422.38
65	215.00	268.27	310.13	336.76	452.82
66	230.22	287.30	332.96	363.40	488.97
67	249.24	312.03	363.40	393.84	530.83
68	270.17	338.67	395.75	429.99	580.30
69	293.00	371.01	431.89	469.95	633.57
70	319.64	405.26	473.75	515.61	694.46
71	350.08	445.21	519.42	566.98	761.05
72	384.33	490.88	574.59	627.86	839.06
73	424.28	542.25	635.48	694.46	926.58
74	469.95	601.23	703.97	770.56	1023.61
75	519.42	664.01	778.17	852.37	1128.25
76	572.69	732.51	858.08	941.80	1244.31
77	627.86	806.71	945.60	1038.83	1366.08
78	686.85	884.72	1038.83	1141.57	1497.36
79	747.73	970.34	1139.67	1251.92	1638.16
80	812.42				
81	879.01				
82	951.31				
83	1025.51				
84	1103.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.30	89.42	102.74	112.25	146.50
45-49	79.91	98.94	114.16	123.67	161.72
50-54	98.94	123.67	142.70	156.01	203.58
55	114.16	142.70	163.63	178.85	241.63
56	119.87	150.31	173.14	188.36	256.85
57	127.48	159.82	184.55	199.78	273.98
58	136.99	171.24	197.87	215.00	293.00
59	146.50	184.55	213.09	230.22	312.03
60	157.92	197.87	230.22	249.24	332.96
61	169.33	213.09	247.34	268.27	357.69
62	182.65	230.22	266.37	289.20	384.33
63	195.97	247.34	285.39	310.13	412.87
64	209.29	262.56	304.42	331.06	441.41
65	224.51	281.59	325.35	353.89	473.75
66	239.73	302.52	350.08	380.52	509.90
67	260.66	327.25	380.52	412.87	555.57
68	283.49	355.79	414.77	450.92	606.94
69	306.32	388.13	452.82	492.78	662.11
70	334.86	424.28	496.58	540.34	724.90
71	365.30	466.14	544.15	593.62	795.30
72	401.45	513.71	601.23	656.40	877.11
73	443.31	566.98	665.92	726.80	968.43
74	490.88	627.86	736.31	804.81	1069.27
75	542.25	692.55	812.42	890.43	1179.63
76	597.42	764.85	896.13	983.66	1299.49
77	654.50	840.96	987.46	1084.49	1426.97
78	715.39	922.77	1084.49	1192.94	1563.95
79	778.17	1012.19	1189.14	1307.10	1710.46
80	844.76				
81	915.16				
82	989.36				
83	1065.47				
84	1145.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.57	53.27	62.79	66.59	85.62
45-49	51.37	60.88	68.49	74.20	93.23
50-54	62.79	74.20	85.62	91.33	116.06
55	72.30	85.62	98.94	104.64	138.89
56	76.10	91.33	104.64	112.25	148.40
57	83.72	98.94	112.25	121.77	159.82
58	89.42	106.55	121.77	131.28	173.14
59	98.94	116.06	131.28	142.70	188.36
60	106.55	127.48	144.60	159.82	203.58
61	116.06	140.79	159.82	173.14	220.70
62	125.57	152.21	173.14	188.36	241.63
63	135.09	163.63	186.46	201.68	258.76
64	142.70	175.04	199.78	215.00	279.69
65	152.21	188.36	213.09	230.22	300.61
66	165.53	201.68	230.22	249.24	325.35
67	178.85	218.80	251.15	270.17	353.89
68	194.07	239.73	275.88	296.81	390.04
69	213.09	262.56	302.52	327.25	428.09
70	232.12	287.30	331.06	359.60	469.95
71	256.85	317.74	367.21	401.45	519.42
72	287.30	353.89	409.06	447.12	580.30
73	319.64	395.75	458.53	502.29	648.79
74	355.79	443.31	515.61	561.27	724.90
75	397.65	496.58	578.40	629.77	808.61
76	443.31	555.57	644.99	702.07	899.94
77	492.78	618.35	719.19	781.98	1000.78
78	546.05	686.85	799.10	865.69	1107.33
79	605.03	759.15	884.72	958.92	1225.29
80	664.01				
81	732.51				
82	801.00				
83	875.21				
84	953.21				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.18	66.59	76.10	79.91	102.74
45-49	60.88	74.20	83.72	89.42	114.16
50-54	72.30	87.52	100.84	110.35	142.70
55	85.62	100.84	114.16	123.67	163.63
56	89.42	106.55	121.77	129.38	173.14
57	97.03	114.16	129.38	138.89	182.65
58	102.74	123.67	138.89	150.31	197.87
59	112.25	135.09	152.21	163.63	213.09
60	121.77	144.60	165.53	178.85	232.12
61	129.38	159.82	180.75	194.07	251.15
62	140.79	169.33	197.87	213.09	273.98
63	152.21	182.65	211.19	226.41	293.00
64	161.72	197.87	224.51	243.54	315.84
65	173.14	213.09	239.73	258.76	340.57
66	186.46	226.41	258.76	281.59	367.21
67	201.68	249.24	281.59	306.32	401.45
68	218.80	270.17	308.22	338.67	439.51
69	239.73	294.91	340.57	369.11	483.27
70	262.56	325.35	372.91	405.26	530.83
71	287.30	357.69	414.77	449.02	587.91
72	319.64	397.65	460.43	504.19	656.40
73	355.79	445.21	517.51	561.27	732.51
74	395.75	498.49	580.30	631.67	816.22
75	443.31	557.47	648.79	705.87	911.36
76	492.78	620.25	724.90	789.59	1016.00
77	547.95	692.55	806.71	877.11	1128.25
78	606.94	768.66	896.13	974.14	1246.22
79	669.72	850.47	991.27	1078.79	1379.40
80	736.31				
81	808.61				
82	882.82				
83	962.73				
84	1048.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.98	72.30	79.91	87.52	112.25
45-49	64.69	78.01	89.42	97.03	123.67
50-54	76.10	93.23	106.55	116.06	154.11
55	89.42	106.55	121.77	131.28	173.14
56	93.23	114.16	127.48	138.89	180.75
57	100.84	121.77	136.99	148.40	192.16
58	106.55	129.38	148.40	159.82	207.39
59	116.06	140.79	161.72	173.14	224.51
60	127.48	152.21	175.04	188.36	243.54
61	136.99	165.53	190.26	203.58	264.46
62	148.40	178.85	205.48	220.70	287.30
63	159.82	192.16	220.70	237.83	308.22
64	167.43	205.48	235.93	254.95	331.06
65	180.75	220.70	251.15	273.98	355.79
66	194.07	237.83	270.17	294.91	384.33
67	211.19	258.76	294.91	321.54	420.48
68	228.31	283.49	325.35	353.89	460.43
69	251.15	308.22	355.79	388.13	506.10
70	273.98	340.57	391.94	426.19	557.47
71	300.61	372.91	433.80	471.85	618.35
72	332.96	416.67	483.27	525.12	686.85
73	371.01	466.14	542.25	587.91	768.66
74	414.77	521.32	606.94	660.21	858.08
75	464.24	582.20	677.33	738.22	955.12
76	515.61	648.79	759.15	825.74	1065.47
77	570.79	723.00	844.76	920.87	1181.53
78	631.67	801.00	936.09	1019.80	1307.10
79	696.36	888.52	1036.93	1130.16	1444.09
80	764.85				
81	839.06				
82	917.06				
83	1000.78				
84	1088.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	89.42	110.35	125.57	135.09	182.65
45-49	98.94	121.77	138.89	150.31	203.58
50-54	121.77	150.31	173.14	190.26	258.76
55	140.79	175.04	201.68	218.80	300.61
56	148.40	182.65	213.09	232.12	317.74
57	156.01	194.07	226.41	245.44	334.86
58	167.43	207.39	241.63	262.56	355.79
59	176.94	220.70	256.85	279.69	378.62
60	190.26	237.83	273.98	296.81	403.36
61	203.58	253.05	293.00	317.74	429.99
62	216.90	270.17	313.93	340.57	458.53
63	230.22	289.20	334.86	363.40	490.88
64	245.44	306.32	355.79	388.13	521.32
65	262.56	327.25	380.52	414.77	557.47
66	279.69	351.98	407.16	443.31	599.33
67	302.52	378.62	441.41	479.46	646.89
68	327.25	409.06	477.56	519.42	700.16
69	351.98	443.31	515.61	561.27	757.24
70	380.52	481.36	559.37	610.74	821.93
71	410.97	523.22	608.84	664.01	892.33
72	449.02	572.69	667.82	730.61	976.04
73	494.68	629.77	734.41	802.91	1069.27
74	544.15	692.55	808.61	884.72	1172.01
75	597.42	759.15	888.52	972.24	1286.17
76	654.50	833.35	976.04	1069.27	1409.84
77	713.48	913.26	1073.08	1172.01	1543.03
78	776.27	998.88	1175.82	1284.27	1683.82
79	844.76	1090.20	1284.27	1404.13	1836.03
80	913.26				
81	985.56				
82	1061.66				
83	1139.67				
84	1221.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	102.74	127.48	148.40	161.72	213.09
45-49	114.16	142.70	163.63	178.85	237.83
50-54	140.79	176.94	203.58	220.70	300.61
55	159.82	201.68	232.12	253.05	344.37
56	165.53	213.09	245.44	266.37	363.40
57	175.04	224.51	258.76	281.59	380.52
58	186.46	237.83	275.88	300.61	403.36
59	199.78	251.15	291.10	319.64	428.09
60	215.00	266.37	312.03	338.67	452.82
61	228.31	283.49	331.06	359.60	483.27
62	243.54	304.42	353.89	384.33	515.61
63	258.76	321.54	378.62	410.97	549.86
64	275.88	344.37	401.45	439.51	586.01
65	293.00	367.21	429.99	468.04	625.96
66	313.93	393.84	458.53	502.29	671.63
67	334.86	426.19	496.58	542.25	724.90
68	363.40	458.53	536.54	586.01	785.78
69	391.94	498.49	580.30	635.48	848.57
70	426.19	542.25	631.67	692.55	920.87
71	460.43	587.91	686.85	751.54	1000.78
72	504.19	644.99	751.54	823.83	1094.01
73	553.66	705.87	825.74	905.65	1196.75
74	606.94	774.37	905.65	993.17	1310.91
75	664.01	850.47	996.97	1090.20	1438.38
76	726.80	928.48	1092.10	1196.75	1575.37
77	791.49	1017.90	1194.85	1310.91	1721.87
78	861.89	1111.13	1309.00	1432.67	1877.89
79	934.19	1213.87	1425.06	1562.05	2043.41
80	1010.29				
81	1088.30				
82	1168.21				
83	1255.73				
84	1345.15				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	110.35	136.99	156.01	173.14	226.41
45-49	121.77	152.21	175.04	192.16	251.15
50-54	150.31	188.36	216.90	235.93	317.74
55	167.43	213.09	245.44	268.27	363.40
56	175.04	224.51	258.76	281.59	380.52
57	182.65	235.93	273.98	296.81	401.45
58	194.07	249.24	289.20	315.84	422.38
59	207.39	264.46	306.32	334.86	447.12
60	224.51	279.69	327.25	355.79	473.75
61	239.73	296.81	346.28	378.62	506.10
62	254.95	317.74	371.01	405.26	540.34
63	270.17	338.67	395.75	431.89	574.59
64	289.20	359.60	420.48	460.43	612.64
65	306.32	384.33	449.02	490.88	656.40
66	327.25	410.97	481.36	525.12	702.07
67	351.98	445.21	519.42	568.88	759.15
68	378.62	481.36	561.27	616.45	821.93
69	409.06	521.32	608.84	667.82	888.52
70	443.31	566.98	660.21	724.90	962.73
71	481.36	616.45	721.09	789.59	1048.34
72	525.12	673.53	787.69	863.79	1143.48
73	578.40	738.22	863.79	949.41	1253.83
74	633.57	810.52	949.41	1040.73	1371.79
75	694.46	888.52	1040.73	1141.57	1504.97
76	759.15	972.24	1141.57	1251.92	1645.77
77	825.74	1063.57	1248.12	1369.89	1797.98
78	898.04	1158.70	1366.08	1495.46	1961.60
79	972.24	1265.24	1485.95	1632.45	2132.84
80	1050.25				
81	1130.16				
82	1215.77				
83	1305.20				
84	1396.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.69	79.91	93.23	102.74	136.99
45-49	72.30	89.42	104.64	114.16	152.21
50-54	97.03	117.96	135.09	144.60	194.07
55	110.35	136.99	154.11	169.33	230.22
56	116.06	142.70	163.63	178.85	245.44
57	123.67	152.21	175.04	192.16	264.46
58	131.28	163.63	188.36	207.39	283.49
59	142.70	176.94	203.58	224.51	306.32
60	154.11	192.16	220.70	241.63	331.06
61	167.43	207.39	241.63	262.56	355.79
62	180.75	226.41	262.56	283.49	384.33
63	194.07	241.63	281.59	306.32	414.77
64	207.39	258.76	302.52	327.25	443.31
65	224.51	277.78	321.54	351.98	477.56
66	241.63	296.81	346.28	378.62	515.61
67	262.56	325.35	378.62	410.97	559.37
68	283.49	353.89	414.77	449.02	610.74
69	308.22	388.13	452.82	492.78	667.82
70	334.86	422.38	494.68	540.34	730.61
71	367.21	466.14	544.15	595.52	799.10
72	405.26	515.61	601.23	658.31	882.82
73	447.12	570.79	667.82	730.61	974.14
74	496.58	631.67	740.12	810.52	1076.88
75	547.95	700.16	820.03	898.04	1189.14
76	605.03	774.37	903.74	991.27	1309.00
77	664.01	852.37	998.88	1094.01	1438.38
78	726.80	937.99	1099.71	1204.36	1577.27
79	795.30	1029.32	1204.36	1322.32	1727.58
80	863.79				
81	937.99				
82	1014.10				
83	1094.01				
84	1179.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	78.01	98.94	112.25	123.67	161.72
45-49	87.52	106.55	125.57	136.99	178.85
50-54	110.35	136.99	159.82	173.14	226.41
55	127.48	159.82	180.75	199.78	268.27
56	135.09	167.43	192.16	207.39	287.30
57	140.79	176.94	203.58	220.70	304.42
58	152.21	190.26	218.80	239.73	327.25
59	163.63	205.48	237.83	256.85	350.08
60	176.94	220.70	254.95	277.78	372.91
61	190.26	237.83	275.88	300.61	401.45
62	205.48	256.85	296.81	325.35	431.89
63	218.80	275.88	319.64	346.28	464.24
64	235.93	293.00	342.47	371.01	496.58
65	253.05	315.84	365.30	395.75	532.73
66	270.17	338.67	391.94	428.09	574.59
67	293.00	367.21	428.09	464.24	624.06
68	317.74	397.65	466.14	506.10	683.04
69	344.37	435.70	508.00	553.66	745.83
70	376.72	477.56	557.47	606.94	816.22
71	410.97	523.22	610.74	667.82	896.13
72	452.82	578.40	675.43	738.22	987.46
73	498.49	637.38	747.73	816.22	1090.20
74	553.66	707.78	827.64	905.65	1204.36
75	610.74	781.98	915.16	1002.68	1328.03
76	673.53	861.89	1010.29	1107.33	1463.12
77	738.22	949.41	1113.03	1221.48	1607.71
78	808.61	1040.73	1221.48	1343.25	1761.83
79	879.01	1141.57	1341.35	1472.63	1927.36
80	955.12				
81	1035.03				
82	1118.74				
83	1206.26				
84	1297.59				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	85.62	104.64	121.77	131.28	173.14
45-49	93.23	116.06	135.09	144.60	190.26
50-54	116.06	144.60	167.43	182.65	239.73
55	135.09	167.43	192.16	211.19	283.49
56	140.79	176.94	203.58	220.70	302.52
57	150.31	188.36	216.90	235.93	321.54
58	161.72	201.68	232.12	253.05	344.37
59	173.14	216.90	251.15	270.17	367.21
60	186.46	232.12	270.17	293.00	391.94
61	199.78	251.15	291.10	315.84	420.48
62	215.00	270.17	313.93	340.57	452.82
63	230.22	291.10	334.86	365.30	485.17
64	245.44	308.22	357.69	390.04	519.42
65	264.46	331.06	382.43	416.67	557.47
66	281.59	355.79	410.97	447.12	599.33
67	306.32	384.33	447.12	485.17	654.50
68	332.96	418.58	487.07	530.83	713.48
69	359.60	456.63	532.73	580.30	778.17
70	393.84	498.49	584.10	635.48	852.37
71	429.99	547.95	639.28	698.26	936.09
72	471.85	605.03	707.78	772.46	1031.22
73	521.32	667.82	783.88	854.28	1139.67
74	578.40	738.22	865.69	947.51	1257.63
75	637.38	814.32	955.12	1048.34	1387.01
76	702.07	899.94	1054.05	1156.79	1529.71
77	770.56	989.36	1162.50	1276.66	1678.11
78	840.96	1086.40	1276.66	1404.13	1839.83
79	915.16	1191.04	1398.43	1537.32	2012.97
80	993.17				
81	1076.88				
82	1164.40				
83	1253.83				
84	1347.06				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.64	27.54	31.89	33.34	34.79
45-49	27.54	30.44	34.79	36.24	39.14
50-54	33.34	37.69	42.04	44.94	50.74
55	37.69	43.49	49.29	53.64	63.78
56	40.59	46.39	53.64	57.98	69.58
57	43.49	50.74	57.98	62.33	76.83
58	47.84	55.09	63.78	68.13	84.08
59	52.19	60.88	69.58	73.93	92.78
60	57.98	68.13	76.83	81.18	101.47
61	62.33	73.93	84.08	88.43	110.17
62	68.13	81.18	91.33	97.12	120.32
63	72.48	86.98	98.57	104.37	129.02
64	76.83	92.78	105.82	113.07	137.71
65	82.63	98.57	113.07	121.77	147.86
66	88.43	107.27	121.77	131.92	159.46
67	95.67	115.97	133.36	143.51	173.95
68	104.37	127.57	146.41	158.01	191.35
69	114.52	139.16	160.91	172.50	208.74
70	124.67	152.21	176.85	189.90	230.49
71	137.71	168.16	194.25	210.19	255.13
72	152.21	187.00	215.99	233.39	282.68
73	169.61	208.74	240.64	259.48	314.57
74	188.45	231.94	268.18	289.92	350.81
75	210.19	258.03	297.17	321.81	389.95
76	233.39	287.02	330.51	356.61	431.99
77	258.03	317.47	365.30	394.30	478.37
78	284.12	350.81	402.99	434.88	527.66
79	313.12	385.60	443.58	478.37	581.30
80	342.11				
81	374.00				
82	407.34				
83	442.13				
84	479.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46.39	56.54	65.23	71.03	85.53
45-49	50.74	62.33	72.48	78.28	95.67
50-54	62.33	76.83	89.88	97.12	121.77
55	75.38	91.33	105.82	113.07	144.96
56	79.73	97.12	111.62	120.32	155.11
57	85.53	104.37	118.87	127.57	165.26
58	91.33	111.62	127.57	136.26	176.85
59	97.12	118.87	136.26	146.41	188.45
60	102.92	127.57	146.41	158.01	201.50
61	110.17	136.26	156.56	169.61	214.54
62	117.42	144.96	168.16	182.65	230.49
63	124.67	155.11	179.75	194.25	246.43
64	133.36	163.81	191.35	207.30	263.83
65	142.06	175.40	202.95	220.34	282.68
66	152.21	187.00	217.44	234.84	302.97
67	163.81	201.50	233.39	252.23	326.16
68	176.85	217.44	252.23	272.53	352.26
69	189.90	234.84	271.08	294.27	379.80
70	205.85	255.13	294.27	318.92	408.79
71	223.24	276.88	318.92	346.46	443.58
72	242.09	301.52	347.91	378.35	482.72
73	263.83	329.06	381.25	414.59	526.21
74	288.47	360.95	417.49	455.18	575.50
75	314.57	394.30	458.08	498.67	627.68
76	342.11	430.54	501.57	546.51	685.67
77	371.10	469.68	547.95	598.69	746.55
78	401.54	511.71	598.69	653.78	811.78
79	433.44	556.65	652.33	713.21	882.82
80	468.23				
81	503.02				
82	540.71				
83	579.85				
84	620.44				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.34	40.59	46.39	50.74	60.88
45-49	36.24	44.94	52.19	56.54	68.13
50-54	50.74	60.88	71.03	76.83	92.78
55	57.98	71.03	81.18	86.98	111.62
56	60.88	75.38	85.53	92.78	118.87
57	65.23	81.18	91.33	98.57	127.57
58	71.03	88.43	98.57	107.27	137.71
59	76.83	95.67	107.27	115.97	150.76
60	84.08	104.37	117.42	127.57	163.81
61	91.33	113.07	129.02	139.16	178.30
62	98.57	121.77	139.16	150.76	192.80
63	105.82	130.47	149.31	162.36	207.30
64	113.07	139.16	159.46	173.95	223.24
65	120.32	149.31	171.05	185.55	239.19
66	130.47	160.91	184.10	200.05	259.48
67	140.61	173.95	200.05	217.44	281.23
68	152.21	189.90	218.89	237.74	305.87
69	166.71	207.30	239.19	259.48	333.41
70	181.20	226.14	260.93	284.12	365.30
71	198.60	247.88	287.02	311.67	398.64
72	217.44	272.53	316.02	343.56	437.78
73	239.19	300.07	347.91	379.80	481.27
74	263.83	330.51	384.15	418.94	529.11
75	289.92	363.85	423.29	460.98	579.85
76	317.47	400.09	465.33	507.37	636.38
77	346.46	437.78	510.26	556.65	695.82
78	376.90	478.37	558.10	610.29	759.60
79	408.79	521.86	610.29	666.82	827.73
80	443.58				
81	478.37				
82	516.06				
83	555.20				
84	595.79				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.99	31.89	37.69	39.14	40.59
45-49	31.89	36.24	40.59	42.04	46.39
50-54	39.14	44.94	49.29	52.19	59.43
55	44.94	50.74	57.98	63.78	75.38
56	47.84	55.09	63.78	68.13	81.18
57	50.74	59.43	68.13	73.93	89.88
58	56.54	65.23	75.38	79.73	98.57
59	60.88	71.03	81.18	86.98	108.72
60	68.13	79.73	89.88	95.67	118.87
61	73.93	86.98	98.57	104.37	129.02
62	79.73	95.67	107.27	114.52	142.06
63	85.53	102.92	115.97	123.22	152.21
64	89.88	108.72	124.67	133.36	162.36
65	97.12	115.97	133.36	143.51	173.95
66	104.37	126.12	143.51	155.11	187.00
67	113.07	136.26	156.56	168.16	204.40
68	123.22	150.76	172.50	185.55	224.69
69	134.81	163.81	189.90	202.95	244.99
70	146.41	179.75	208.74	223.24	271.08
71	162.36	197.15	229.04	247.88	300.07
72	179.75	220.34	253.68	273.98	331.96
73	200.05	244.99	282.68	305.87	369.65
74	221.79	272.53	316.02	340.66	413.14
75	247.88	302.97	349.36	378.35	458.08
76	273.98	337.76	388.50	418.94	508.82
77	302.97	374.00	429.09	463.88	562.45
78	334.86	413.14	474.02	511.71	620.44
79	368.20	453.73	521.86	562.45	684.22
80	402.99				
81	440.68				
82	479.82				
83	520.41				
84	563.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.09	66.68	76.83	84.08	100.02
45-49	59.43	73.93	85.53	92.78	113.07
50-54	73.93	89.88	105.82	114.52	143.51
55	88.43	107.27	124.67	133.36	171.05
56	94.23	114.52	131.92	142.06	182.65
57	100.02	123.22	139.16	150.76	194.25
58	107.27	131.92	150.76	160.91	208.74
59	114.52	139.16	160.91	172.50	221.79
60	121.77	150.76	172.50	185.55	237.74
61	129.02	160.91	184.10	200.05	252.23
62	137.71	171.05	197.15	214.54	271.08
63	146.41	182.65	211.64	229.04	289.92
64	156.56	192.80	224.69	243.54	310.22
65	166.71	205.85	239.19	259.48	331.96
66	179.75	220.34	255.13	276.88	356.61
67	192.80	237.74	273.98	297.17	384.15
68	208.74	255.13	297.17	320.37	414.59
69	223.24	276.88	318.92	346.46	446.48
70	242.09	300.07	346.46	375.45	481.27
71	262.38	326.16	375.45	407.34	521.86
72	284.12	355.16	408.79	445.03	568.25
73	310.22	387.05	447.93	487.07	618.99
74	339.21	424.74	491.42	534.91	676.97
75	369.65	463.88	539.26	587.09	737.85
76	402.99	505.92	589.99	643.63	805.99
77	436.33	552.30	645.08	704.51	878.47
78	472.57	601.59	704.51	769.75	955.30
79	510.26	655.23	766.85	839.33	1037.93
80	550.85				
81	591.44				
82	636.38				
83	682.77				
84	730.61				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.14	47.84	55.09	59.43	71.03
45-49	42.04	52.19	60.88	66.68	79.73
50-54	59.43	71.03	84.08	89.88	108.72
55	68.13	84.08	95.67	102.92	131.92
56	71.03	88.43	100.02	108.72	139.16
57	76.83	95.67	107.27	115.97	150.76
58	84.08	104.37	115.97	126.12	162.36
59	89.88	113.07	126.12	136.26	176.85
60	98.57	123.22	137.71	150.76	192.80
61	107.27	133.36	152.21	163.81	210.19
62	115.97	143.51	163.81	176.85	226.14
63	124.67	153.66	175.40	191.35	243.54
64	133.36	163.81	187.00	204.40	262.38
65	142.06	175.40	201.50	218.89	281.23
66	153.66	189.90	215.99	234.84	305.87
67	165.26	204.40	234.84	255.13	330.51
68	179.75	223.24	258.03	279.78	359.50
69	195.70	243.54	281.23	305.87	392.85
70	213.09	266.73	307.32	334.86	429.09
71	233.39	291.37	337.76	366.75	469.68
72	255.13	320.37	371.10	404.44	514.61
73	281.23	353.71	408.79	446.48	566.80
74	310.22	388.50	452.28	492.87	621.89
75	340.66	427.64	498.67	542.16	682.77
76	374.00	471.13	547.95	597.24	748.00
77	407.34	514.61	600.14	655.23	819.03
78	443.58	562.45	656.68	717.56	892.96
79	481.27	614.64	717.56	784.24	974.14
80	521.86				
81	562.45				
82	607.39				
83	653.78				
84	701.61				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.80	34.43	39.86	41.68	43.49
45-49	34.43	38.05	43.49	45.30	48.92
50-54	41.68	47.11	52.55	56.17	63.42
55	47.11	54.36	61.61	67.04	79.73
56	50.74	57.98	67.04	72.48	86.98
57	54.36	63.42	72.48	77.92	96.04
58	59.80	68.86	79.73	85.16	105.10
59	65.23	76.10	86.98	92.41	115.97
60	72.48	85.16	96.04	101.47	126.84
61	77.92	92.41	105.10	110.53	137.71
62	85.16	101.47	114.16	121.41	150.40
63	90.60	108.72	123.22	130.47	161.27
64	96.04	115.97	132.28	141.34	172.14
65	103.29	123.22	141.34	152.21	184.83
66	110.53	134.09	152.21	164.89	199.32
67	119.59	144.96	166.71	179.39	217.44
68	130.47	159.46	183.01	197.51	239.19
69	143.15	173.95	201.13	215.63	260.93
70	155.83	190.26	221.07	237.37	288.11
71	172.14	210.19	242.81	262.74	318.92
72	190.26	233.75	269.99	291.74	353.34
73	212.01	260.93	300.80	324.35	393.21
74	235.56	289.92	335.22	362.40	438.51
75	262.74	322.54	371.46	402.27	487.43
76	291.74	358.78	413.14	445.76	539.98
77	322.54	396.83	456.63	492.87	597.97
78	355.16	438.51	503.74	543.61	659.58
79	391.40	482.00	554.48	597.97	726.62
80	427.64				
81	467.50				
82	509.18				
83	552.67				
84	599.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.98	70.67	81.54	88.79	106.91
45-49	63.42	77.92	90.60	97.85	119.59
50-54	77.92	96.04	112.35	121.41	152.21
55	94.23	114.16	132.28	141.34	181.20
56	99.66	121.41	139.53	150.40	193.89
57	106.91	130.47	148.59	159.46	206.57
58	114.16	139.53	159.46	170.33	221.07
59	121.41	148.59	170.33	183.01	235.56
60	128.65	159.46	183.01	197.51	251.87
61	137.71	170.33	195.70	212.01	268.18
62	146.77	181.20	210.19	228.31	288.11
63	155.83	193.89	224.69	242.81	308.04
64	166.71	204.76	239.19	259.12	329.79
65	177.58	219.25	253.68	275.43	353.34
66	190.26	233.75	271.80	293.55	378.71
67	204.76	251.87	291.74	315.29	407.70
68	221.07	271.80	315.29	340.66	440.32
69	237.37	293.55	338.85	367.84	474.75
70	257.31	318.92	367.84	398.64	510.99
71	279.05	346.10	398.64	433.07	554.48
72	302.61	376.90	434.88	472.94	603.40
73	329.79	411.33	476.56	518.24	657.76
74	360.59	451.19	521.86	568.97	719.37
75	393.21	492.87	572.60	623.33	784.60
76	427.64	538.17	626.96	683.13	857.09
77	463.88	587.09	684.94	748.36	933.19
78	501.93	639.64	748.36	817.22	1014.73
79	541.79	695.82	815.41	891.51	1103.52
80	585.28				
81	628.77				
82	675.88				
83	724.81				
84	775.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.68	50.74	57.98	63.42	76.10
45-49	45.30	56.17	65.23	70.67	85.16
50-54	63.42	76.10	88.79	96.04	115.97
55	72.48	88.79	101.47	108.72	139.53
56	76.10	94.23	106.91	115.97	148.59
57	81.54	101.47	114.16	123.22	159.46
58	88.79	110.53	123.22	134.09	172.14
59	96.04	119.59	134.09	144.96	188.45
60	105.10	130.47	146.77	159.46	204.76
61	114.16	141.34	161.27	173.95	222.88
62	123.22	152.21	173.95	188.45	241.00
63	132.28	163.08	186.64	202.95	259.12
64	141.34	173.95	199.32	217.44	279.05
65	150.40	186.64	213.82	231.94	298.98
66	163.08	201.13	230.13	250.06	324.35
67	175.77	217.44	250.06	271.80	351.53
68	190.26	237.37	273.62	297.17	382.34
69	208.38	259.12	298.98	324.35	416.76
70	226.50	282.68	326.16	355.16	456.63
71	248.25	309.86	358.78	389.58	498.31
72	271.80	340.66	395.02	429.45	547.23
73	298.98	375.09	434.88	474.75	601.59
74	329.79	413.14	480.19	523.67	661.39
75	362.40	454.82	529.11	576.22	724.81
76	396.83	500.12	581.66	634.21	795.48
77	433.07	547.23	637.83	695.82	869.77
78	471.13	597.97	697.63	762.86	949.50
79	510.99	652.33	762.86	833.53	1034.66
80	554.48				
81	597.97				
82	645.08				
83	694.00				
84	744.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.24	39.86	47.11	48.92	50.74
45-49	39.86	45.30	50.74	52.55	57.98
50-54	48.92	56.17	61.61	65.23	74.29
55	56.17	63.42	72.48	79.73	94.23
56	59.80	68.86	79.73	85.16	101.47
57	63.42	74.29	85.16	92.41	112.35
58	70.67	81.54	94.23	99.66	123.22
59	76.10	88.79	101.47	108.72	135.90
60	85.16	99.66	112.35	119.59	148.59
61	92.41	108.72	123.22	130.47	161.27
62	99.66	119.59	134.09	143.15	177.58
63	106.91	128.65	144.96	154.02	190.26
64	112.35	135.90	155.83	166.71	202.95
65	121.41	144.96	166.71	179.39	217.44
66	130.47	157.65	179.39	193.89	233.75
67	141.34	170.33	195.70	210.19	255.49
68	154.02	188.45	215.63	231.94	280.86
69	168.52	204.76	237.37	253.68	306.23
70	183.01	224.69	260.93	279.05	338.85
71	202.95	246.43	286.30	309.86	375.09
72	224.69	275.43	317.10	342.47	414.95
73	250.06	306.23	353.34	382.34	462.07
74	277.24	340.66	395.02	425.82	516.43
75	309.86	378.71	436.70	472.94	572.60
76	342.47	422.20	485.62	523.67	636.02
77	378.71	467.50	536.36	579.85	703.06
78	418.58	516.43	592.53	639.64	775.54
79	460.25	567.16	652.33	703.06	855.27
80	503.74				
81	550.85				
82	599.78				
83	650.52				
84	704.88				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.86	83.35	96.04	105.10	125.03
45-49	74.29	92.41	106.91	115.97	141.34
50-54	92.41	112.35	132.28	143.15	179.39
55	110.53	134.09	155.83	166.71	213.82
56	117.78	143.15	164.89	177.58	228.31
57	125.03	154.02	173.95	188.45	242.81
58	134.09	164.89	188.45	201.13	260.93
59	143.15	173.95	201.13	215.63	277.24
60	152.21	188.45	215.63	231.94	297.17
61	161.27	201.13	230.13	250.06	315.29
62	172.14	213.82	246.43	268.18	338.85
63	183.01	228.31	264.55	286.30	362.40
64	195.70	241.00	280.86	304.42	387.77
65	208.38	257.31	298.98	324.35	414.95
66	224.69	275.43	318.92	346.10	445.76
67	241.00	297.17	342.47	371.46	480.19
68	260.93	318.92	371.46	400.46	518.24
69	279.05	346.10	398.64	433.07	558.10
70	302.61	375.09	433.07	469.31	601.59
71	327.98	407.70	469.31	509.18	652.33
72	355.16	443.94	510.99	556.29	710.31
73	387.77	483.81	559.91	608.84	773.73
74	424.01	530.92	614.27	668.64	846.21
75	462.07	579.85	674.07	733.87	922.32
76	503.74	632.39	737.49	804.54	1007.48
77	545.42	690.38	806.35	880.64	1098.08
78	590.72	751.99	880.64	962.18	1194.12
79	637.83	819.03	958.56	1049.16	1297.41
80	688.57				
81	739.30				
82	795.48				
83	853.46				
84	913.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.92	59.80	68.86	74.29	88.79
45-49	52.55	65.23	76.10	83.35	99.66
50-54	74.29	88.79	105.10	112.35	135.90
55	85.16	105.10	119.59	128.65	164.89
56	88.79	110.53	125.03	135.90	173.95
57	96.04	119.59	134.09	144.96	188.45
58	105.10	130.47	144.96	157.65	202.95
59	112.35	141.34	157.65	170.33	221.07
60	123.22	154.02	172.14	188.45	241.00
61	134.09	166.71	190.26	204.76	262.74
62	144.96	179.39	204.76	221.07	282.68
63	155.83	192.07	219.25	239.19	304.42
64	166.71	204.76	233.75	255.49	327.98
65	177.58	219.25	251.87	273.62	351.53
66	192.07	237.37	269.99	293.55	382.34
67	206.57	255.49	293.55	318.92	413.14
68	224.69	279.05	322.54	349.72	449.38
69	244.62	304.42	351.53	382.34	491.06
70	266.37	333.41	384.15	418.58	536.36
71	291.74	364.22	422.20	458.44	587.09
72	318.92	400.46	463.88	505.55	643.27
73	351.53	442.13	510.99	558.10	708.50
74	387.77	485.62	565.35	616.09	777.36
75	425.82	534.55	623.33	677.70	853.46
76	467.50	588.91	684.94	746.55	935.00
77	509.18	643.27	750.18	819.03	1023.79
78	554.48	703.06	820.85	896.95	1116.20
79	601.59	768.30	896.95	980.30	1217.68
80	652.33				
81	703.06				
82	759.24				
83	817.22				
84	877.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.34	36.24	39.14	50.74
45-49	30.44	37.69	40.59	43.49	56.54
50-54	37.69	44.94	50.74	53.64	69.58
55	43.49	52.19	57.98	62.33	82.63
56	46.39	55.09	62.33	66.68	86.98
57	49.29	59.43	66.68	71.03	94.23
58	53.64	63.78	72.48	76.83	101.47
59	57.98	69.58	78.28	84.08	110.17
60	62.33	75.38	85.53	91.33	120.32
61	68.13	81.18	92.78	100.02	130.47
62	73.93	88.43	101.47	108.72	142.06
63	79.73	95.67	108.72	117.42	153.66
64	84.08	101.47	117.42	126.12	163.81
65	89.88	108.72	126.12	134.81	175.40
66	95.67	117.42	136.26	146.41	189.90
67	104.37	127.57	147.86	159.46	207.30
68	114.52	139.16	160.91	175.40	227.59
69	124.67	152.21	176.85	191.35	249.33
70	136.26	166.71	192.80	210.19	273.98
71	149.31	184.10	213.09	231.94	301.52
72	165.26	204.40	236.29	258.03	334.86
73	182.65	227.59	263.83	287.02	372.55
74	202.95	253.68	292.82	320.37	413.14
75	226.14	281.23	326.16	356.61	458.08
76	249.33	311.67	362.40	395.75	507.37
77	275.43	345.01	401.54	437.78	561.00
78	302.97	381.25	443.58	484.17	617.54
79	333.41	418.94	488.52	532.01	678.42
80	365.30				
81	398.64				
82	434.88				
83	472.57				
84	513.16				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.89	39.14	43.49	44.94	59.43
45-49	36.24	43.49	47.84	50.74	65.23
50-54	42.04	50.74	57.98	62.33	81.18
55	49.29	57.98	65.23	71.03	94.23
56	52.19	60.88	69.58	75.38	98.57
57	55.09	65.23	73.93	79.73	105.82
58	59.43	71.03	79.73	85.53	113.07
59	63.78	76.83	86.98	94.23	121.77
60	68.13	84.08	94.23	101.47	131.92
61	73.93	89.88	102.92	111.62	143.51
62	79.73	97.12	111.62	120.32	155.11
63	85.53	104.37	120.32	129.02	168.16
64	91.33	111.62	127.57	137.71	179.75
65	98.57	118.87	137.71	146.41	192.80
66	104.37	127.57	147.86	158.01	208.74
67	113.07	139.16	159.46	172.50	227.59
68	123.22	150.76	175.40	189.90	249.33
69	134.81	165.26	191.35	207.30	272.53
70	147.86	182.65	208.74	227.59	300.07
71	160.91	200.05	231.94	250.78	330.51
72	178.30	223.24	256.58	279.78	365.30
73	198.60	247.88	285.57	311.67	405.89
74	218.89	275.43	318.92	346.46	449.38
75	243.54	305.87	355.16	385.60	498.67
76	268.18	339.21	394.30	429.09	552.30
77	297.17	374.00	436.33	475.47	610.29
78	326.16	413.14	482.72	526.21	671.17
79	358.06	455.18	530.56	578.40	737.85
80	391.40				
81	427.64				
82	465.33				
83	504.47				
84	546.51				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.34	40.59	46.39	47.84	62.33
45-49	37.69	44.94	50.74	53.64	69.58
50-54	43.49	53.64	60.88	65.23	86.98
55	50.74	60.88	68.13	73.93	98.57
56	53.64	63.78	72.48	78.28	104.37
57	56.54	68.13	76.83	84.08	110.17
58	60.88	73.93	82.63	89.88	118.87
59	65.23	79.73	89.88	98.57	127.57
60	71.03	86.98	98.57	105.82	137.71
61	76.83	94.23	107.27	115.97	149.31
62	82.63	101.47	115.97	124.67	160.91
63	88.43	108.72	124.67	133.36	173.95
64	94.23	115.97	131.92	142.06	185.55
65	101.47	123.22	142.06	152.21	200.05
66	108.72	131.92	152.21	163.81	215.99
67	117.42	143.51	165.26	178.30	236.29
68	127.57	156.56	181.20	195.70	258.03
69	139.16	171.05	197.15	214.54	282.68
70	152.21	188.45	215.99	234.84	310.22
71	166.71	207.30	239.19	259.48	342.11
72	184.10	230.49	265.28	288.47	378.35
73	204.40	256.58	295.72	321.81	420.39
74	226.14	284.12	329.06	358.06	465.33
75	250.78	316.02	366.75	398.64	516.06
76	276.88	350.81	407.34	443.58	571.15
77	305.87	387.05	450.83	491.42	630.58
78	336.31	426.19	498.67	543.61	694.37
79	368.20	469.68	549.40	598.69	762.50
80	402.99				
81	439.23				
82	478.37				
83	518.96				
84	561.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.19	65.23	75.38	82.63	108.72
45-49	57.98	72.48	84.08	91.33	120.32
50-54	71.03	88.43	102.92	111.62	153.66
55	81.18	102.92	118.87	129.02	178.30
56	85.53	108.72	126.12	136.26	187.00
57	91.33	115.97	133.36	144.96	198.60
58	97.12	123.22	142.06	155.11	210.19
59	104.37	131.92	152.21	165.26	223.24
60	111.62	140.61	162.36	175.40	237.74
61	118.87	150.76	173.95	188.45	253.68
62	127.57	160.91	185.55	201.50	271.08
63	136.26	171.05	197.15	214.54	289.92
64	144.96	182.65	210.19	229.04	308.77
65	153.66	194.25	224.69	243.54	329.06
66	165.26	207.30	239.19	260.93	352.26
67	176.85	223.24	258.03	281.23	379.80
68	189.90	240.64	278.33	304.42	410.24
69	204.40	258.03	301.52	329.06	442.13
70	220.34	279.78	326.16	356.61	476.92
71	239.19	302.97	353.71	387.05	517.51
72	259.48	329.06	385.60	421.84	562.45
73	282.68	359.50	421.84	460.98	613.19
74	308.77	392.85	460.98	504.47	668.27
75	337.76	429.09	503.02	550.85	729.16
76	366.75	469.68	549.40	601.59	794.39
77	398.64	511.71	598.69	656.68	863.97
78	430.54	558.10	650.88	714.66	937.90
79	465.33	605.94	707.41	776.99	1017.63
80	501.57				
81	537.81				
82	576.95				
83	617.54				
84	659.58				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.98	73.93	85.53	94.23	121.77
45-49	65.23	81.18	95.67	102.92	136.26
50-54	79.73	100.02	117.42	127.57	172.50
55	89.88	114.52	134.81	146.41	197.15
56	94.23	120.32	142.06	153.66	205.85
57	100.02	127.57	149.31	162.36	217.44
58	105.82	134.81	158.01	172.50	230.49
59	113.07	143.51	168.16	182.65	244.99
60	121.77	153.66	178.30	194.25	259.48
61	130.47	163.81	189.90	205.85	276.88
62	139.16	175.40	201.50	220.34	295.72
63	147.86	187.00	214.54	233.39	316.02
64	156.56	198.60	229.04	249.33	334.86
65	166.71	210.19	243.54	265.28	358.06
66	178.30	224.69	260.93	285.57	381.25
67	191.35	242.09	281.23	307.32	411.69
68	205.85	260.93	304.42	333.41	443.58
69	221.79	279.78	327.61	359.50	478.37
70	239.19	304.42	355.16	388.50	516.06
71	258.03	329.06	385.60	421.84	559.55
72	281.23	358.06	418.94	459.53	608.84
73	305.87	391.40	458.08	501.57	663.92
74	333.41	426.19	500.12	547.95	723.36
75	363.85	465.33	545.06	597.24	788.59
76	395.75	507.37	594.34	650.88	856.72
77	427.64	550.85	646.53	708.86	932.10
78	462.43	598.69	703.06	771.20	1010.38
79	497.22	649.43	762.50	836.43	1095.91
80	536.36				
81	574.05				
82	616.09				
83	658.13				
84	701.61				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.88	76.83	89.88	98.57	127.57
45-49	68.13	85.53	100.02	108.72	142.06
50-54	84.08	105.82	123.22	133.36	179.75
55	94.23	118.87	140.61	153.66	204.40
56	98.57	124.67	147.86	160.91	214.54
57	104.37	131.92	155.11	169.61	226.14
58	110.17	140.61	163.81	179.75	239.19
59	117.42	149.31	173.95	189.90	253.68
60	126.12	159.46	184.10	201.50	269.63
61	134.81	169.61	195.70	213.09	287.02
62	143.51	181.20	208.74	227.59	305.87
63	152.21	192.80	221.79	242.09	326.16
64	162.36	204.40	236.29	258.03	346.46
65	172.50	217.44	252.23	275.43	369.65
66	184.10	231.94	271.08	295.72	394.30
67	197.15	249.33	291.37	318.92	424.74
68	211.64	269.63	314.57	345.01	458.08
69	229.04	289.92	339.21	372.55	494.32
70	246.43	314.57	366.75	402.99	533.46
71	266.73	340.66	398.64	436.33	578.40
72	289.92	371.10	433.44	475.47	629.13
73	316.02	404.44	472.57	518.96	685.67
74	343.56	440.68	516.06	566.80	746.55
75	374.00	479.82	562.45	617.54	813.23
76	407.34	523.31	613.19	672.62	884.27
77	440.68	568.25	666.82	732.06	961.10
78	475.47	616.09	724.81	795.84	1042.27
79	511.71	668.27	785.69	862.52	1129.25
80	550.85				
81	589.99				
82	632.03				
83	675.52				
84	720.46				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.14	47.84	56.54	60.88	81.18
45-49	43.49	53.64	62.33	68.13	89.88
50-54	56.54	69.58	79.73	88.43	115.97
55	65.23	79.73	92.78	101.47	137.71
56	68.13	84.08	97.12	105.82	146.41
57	72.48	89.88	104.37	113.07	156.56
58	78.28	97.12	113.07	121.77	168.16
59	84.08	104.37	121.77	131.92	181.20
60	91.33	114.52	131.92	143.51	194.25
61	100.02	123.22	143.51	155.11	210.19
62	107.27	133.36	155.11	168.16	226.14
63	114.52	143.51	166.71	179.75	243.54
64	123.22	153.66	178.30	192.80	260.93
65	130.47	163.81	189.90	205.85	279.78
66	140.61	176.85	204.40	221.79	301.52
67	152.21	191.35	221.79	240.64	327.61
68	165.26	208.74	242.09	262.38	356.61
69	179.75	227.59	263.83	287.02	388.50
70	195.70	247.88	288.47	314.57	424.74
71	214.54	272.53	316.02	345.01	463.88
72	234.84	298.62	347.91	379.80	508.82
73	258.03	329.06	382.70	418.94	559.55
74	284.12	360.95	421.84	460.98	613.19
75	311.67	397.19	463.88	507.37	672.62
76	342.11	434.88	508.82	558.10	737.85
77	372.55	476.92	558.10	611.74	805.99
78	404.44	520.41	610.29	669.72	879.92
79	439.23	568.25	665.37	730.61	956.75
80	475.47				
81	513.16				
82	552.30				
83	592.89				
84	636.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.94	56.54	65.23	69.58	92.78
45-49	50.74	62.33	71.03	78.28	102.92
50-54	62.33	78.28	91.33	100.02	130.47
55	72.48	89.88	104.37	113.07	153.66
56	76.83	95.67	110.17	120.32	162.36
57	81.18	101.47	117.42	127.57	173.95
58	86.98	108.72	126.12	137.71	185.55
59	92.78	115.97	134.81	147.86	198.60
60	100.02	126.12	146.41	159.46	213.09
61	108.72	134.81	158.01	172.50	229.04
62	115.97	144.96	169.61	185.55	244.99
63	124.67	155.11	182.65	198.60	263.83
64	133.36	166.71	194.25	211.64	282.68
65	142.06	178.30	207.30	226.14	301.52
66	153.66	192.80	223.24	243.54	326.16
67	166.71	207.30	242.09	262.38	353.71
68	181.20	226.14	263.83	287.02	385.60
69	195.70	246.43	287.02	313.12	420.39
70	211.64	268.18	313.12	340.66	458.08
71	230.49	294.27	342.11	374.00	501.57
72	252.23	321.81	376.90	411.69	549.40
73	276.88	355.16	414.59	453.73	603.04
74	304.42	389.95	455.18	498.67	662.47
75	334.86	427.64	501.57	549.40	726.26
76	366.75	468.23	550.85	604.49	795.84
77	400.09	513.16	603.04	661.02	869.77
78	433.44	561.00	659.58	723.36	949.50
79	471.13	611.74	719.01	790.04	1033.58
80	508.82				
81	549.40				
82	589.99				
83	632.03				
84	678.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.84	59.43	68.13	73.93	98.57
45-49	53.64	65.23	75.38	82.63	108.72
50-54	65.23	81.18	95.67	104.37	136.26
55	75.38	94.23	110.17	118.87	160.91
56	79.73	100.02	115.97	126.12	169.61
57	84.08	105.82	123.22	133.36	181.20
58	89.88	113.07	131.92	143.51	192.80
59	97.12	121.77	140.61	153.66	205.85
60	104.37	130.47	152.21	166.71	220.34
61	111.62	140.61	163.81	179.75	236.29
62	120.32	150.76	175.40	192.80	253.68
63	129.02	160.91	188.45	205.85	272.53
64	137.71	172.50	201.50	220.34	291.37
65	147.86	184.10	214.54	234.84	311.67
66	159.46	198.60	231.94	252.23	336.31
67	172.50	214.54	250.78	272.53	365.30
68	187.00	233.39	272.53	297.17	397.19
69	201.50	253.68	297.17	323.26	433.44
70	218.89	276.88	323.26	352.26	472.57
71	237.74	302.97	353.71	387.05	517.51
72	259.48	331.96	388.50	424.74	566.80
73	285.57	365.30	427.64	468.23	621.89
74	313.12	401.54	469.68	514.61	684.22
75	345.01	440.68	517.51	566.80	749.45
76	376.90	482.72	568.25	623.33	820.48
77	411.69	529.11	621.89	682.77	897.31
78	446.48	578.40	679.87	746.55	978.49
79	484.17	630.58	742.20	816.13	1065.47
80	523.31				
81	563.90				
82	605.94				
83	649.43				
84	695.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.89	39.14	42.04	46.39	59.43
45-49	36.24	44.94	47.84	50.74	66.68
50-54	44.94	52.19	59.43	63.78	81.18
55	50.74	60.88	68.13	73.93	97.12
56	55.09	65.23	73.93	78.28	102.92
57	57.98	69.58	78.28	84.08	110.17
58	63.78	75.38	85.53	89.88	118.87
59	68.13	81.18	92.78	98.57	129.02
60	73.93	88.43	100.02	107.27	142.06
61	79.73	95.67	108.72	117.42	153.66
62	86.98	104.37	118.87	127.57	166.71
63	94.23	113.07	127.57	137.71	181.20
64	98.57	118.87	137.71	147.86	192.80
65	105.82	127.57	147.86	158.01	205.85
66	113.07	137.71	160.91	172.50	223.24
67	123.22	150.76	173.95	187.00	243.54
68	134.81	163.81	189.90	205.85	268.18
69	146.41	179.75	208.74	224.69	292.82
70	160.91	195.70	226.14	247.88	321.81
71	175.40	215.99	250.78	272.53	355.16
72	194.25	240.64	278.33	302.97	394.30
73	214.54	268.18	310.22	337.76	437.78
74	239.19	298.62	345.01	376.90	485.62
75	266.73	330.51	384.15	418.94	539.26
76	292.82	366.75	426.19	465.33	597.24
77	324.71	405.89	472.57	514.61	659.58
78	356.61	447.93	521.86	569.70	726.26
79	392.85	492.87	574.05	626.23	798.74
80	429.09				
81	469.68				
82	511.71				
83	556.65				
84	603.04				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.69	46.39	50.74	52.19	69.58
45-49	42.04	50.74	56.54	59.43	76.83
50-54	49.29	59.43	68.13	73.93	95.67
55	57.98	68.13	76.83	84.08	110.17
56	60.88	71.03	81.18	88.43	115.97
57	65.23	76.83	86.98	94.23	124.67
58	69.58	84.08	94.23	100.02	133.36
59	75.38	89.88	102.92	110.17	143.51
60	79.73	98.57	110.17	118.87	155.11
61	86.98	105.82	121.77	131.92	168.16
62	94.23	114.52	131.92	142.06	182.65
63	100.02	123.22	142.06	152.21	197.15
64	107.27	131.92	150.76	162.36	211.64
65	115.97	139.16	162.36	172.50	226.14
66	123.22	150.76	173.95	185.55	244.99
67	133.36	163.81	187.00	202.95	268.18
68	144.96	176.85	205.85	223.24	292.82
69	158.01	194.25	224.69	243.54	320.37
70	173.95	214.54	244.99	268.18	353.71
71	189.90	234.84	272.53	295.72	388.50
72	210.19	262.38	301.52	329.06	429.09
73	233.39	291.37	336.31	366.75	476.92
74	258.03	324.71	375.45	407.34	529.11
75	287.02	359.50	417.49	453.73	587.09
76	316.02	398.64	463.88	504.47	649.43
77	349.36	440.68	513.16	559.55	717.56
78	384.15	485.62	568.25	618.99	790.04
79	421.84	534.91	624.78	679.87	868.32
80	460.98				
81	503.02				
82	547.95				
83	592.89				
84	643.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.14	47.84	55.09	56.54	73.93
45-49	44.94	52.19	59.43	63.78	81.18
50-54	50.74	63.78	71.03	76.83	102.92
55	59.43	71.03	79.73	86.98	115.97
56	63.78	75.38	85.53	92.78	123.22
57	66.68	79.73	89.88	98.57	129.02
58	71.03	86.98	97.12	105.82	139.16
59	76.83	94.23	105.82	115.97	150.76
60	84.08	102.92	115.97	124.67	162.36
61	89.88	110.17	126.12	136.26	175.40
62	97.12	118.87	136.26	146.41	189.90
63	104.37	127.57	146.41	156.56	204.40
64	110.17	136.26	155.11	166.71	218.89
65	118.87	144.96	166.71	179.75	234.84
66	127.57	155.11	179.75	192.80	253.68
67	137.71	168.16	194.25	210.19	278.33
68	150.76	184.10	213.09	230.49	302.97
69	163.81	201.50	231.94	252.23	331.96
70	179.75	221.79	253.68	276.88	365.30
71	195.70	243.54	281.23	305.87	402.99
72	215.99	271.08	311.67	339.21	445.03
73	240.64	301.52	347.91	378.35	494.32
74	266.73	334.86	387.05	421.84	547.95
75	295.72	371.10	431.99	469.68	607.39
76	326.16	413.14	479.82	521.86	672.62
77	359.50	455.18	530.56	578.40	742.20
78	395.75	501.57	587.09	639.28	817.58
79	433.44	552.30	646.53	704.51	897.31
80	474.02				
81	516.06				
82	562.45				
83	610.29				
84	659.58				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.88	76.83	88.43	97.12	127.57
45-49	68.13	85.53	98.57	107.27	142.06
50-54	84.08	104.37	121.77	131.92	181.20
55	95.67	121.77	139.16	152.21	210.19
56	100.02	127.57	147.86	160.91	220.34
57	107.27	136.26	156.56	171.05	233.39
58	114.52	144.96	166.71	182.65	247.88
59	123.22	155.11	179.75	194.25	262.38
60	131.92	165.26	191.35	205.85	279.78
61	139.16	176.85	204.40	221.79	298.62
62	150.76	189.90	218.89	237.74	318.92
63	160.91	201.50	231.94	252.23	340.66
64	171.05	214.54	247.88	269.63	363.85
65	181.20	229.04	263.83	287.02	387.05
66	194.25	243.54	281.23	307.32	414.59
67	208.74	262.38	302.97	330.51	446.48
68	223.24	282.68	327.61	358.06	482.72
69	240.64	302.97	355.16	387.05	520.41
70	259.48	329.06	384.15	418.94	561.00
71	281.23	356.61	416.04	455.18	608.84
72	305.87	387.05	453.73	495.77	661.02
73	331.96	423.29	495.77	542.16	721.91
74	363.85	462.43	542.16	592.89	785.69
75	397.19	504.47	591.44	647.98	858.17
76	431.99	552.30	646.53	707.41	935.00
77	469.68	601.59	704.51	772.65	1016.18
78	505.92	656.68	765.40	840.78	1103.16
79	547.95	713.21	832.08	914.71	1197.38
80	589.99				
81	632.03				
82	678.42				
83	726.26				
84	775.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.13	86.98	100.02	110.17	143.51
45-49	76.83	95.67	113.07	121.77	160.91
50-54	94.23	117.42	137.71	150.76	202.95
55	105.82	134.81	158.01	172.50	231.94
56	110.17	142.06	166.71	181.20	242.09
57	117.42	150.76	175.40	191.35	255.13
58	124.67	158.01	185.55	202.95	271.08
59	133.36	168.16	197.15	214.54	288.47
60	143.51	181.20	210.19	229.04	305.87
61	153.66	192.80	223.24	242.09	326.16
62	163.81	205.85	237.74	259.48	347.91
63	173.95	220.34	252.23	273.98	371.10
64	184.10	233.39	269.63	292.82	394.30
65	195.70	247.88	287.02	311.67	421.84
66	210.19	263.83	307.32	336.31	447.93
67	224.69	284.12	330.51	360.95	484.17
68	242.09	307.32	358.06	392.85	521.86
69	260.93	329.06	385.60	423.29	562.45
70	281.23	358.06	417.49	456.63	607.39
71	302.97	387.05	453.73	495.77	658.13
72	330.51	421.84	492.87	540.71	716.11
73	359.50	460.98	539.26	589.99	781.34
74	392.85	501.57	588.54	645.08	850.92
75	427.64	547.95	640.73	703.06	927.75
76	465.33	597.24	698.71	765.40	1007.48
77	503.02	647.98	761.05	833.53	1095.91
78	543.61	704.51	827.73	907.46	1188.69
79	585.64	763.95	897.31	984.29	1288.71
80	630.58				
81	675.52				
82	724.81				
83	774.09				
84	824.83				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	71.03	89.88	105.82	115.97	150.76
45-49	79.73	100.02	117.42	127.57	166.71
50-54	98.57	124.67	144.96	156.56	211.64
55	110.17	139.16	165.26	181.20	240.64
56	115.97	146.41	173.95	189.90	252.23
57	123.22	155.11	182.65	200.05	266.73
58	129.02	165.26	192.80	211.64	281.23
59	137.71	175.40	204.40	223.24	298.62
60	147.86	187.00	215.99	237.74	317.47
61	158.01	200.05	230.49	250.78	337.76
62	168.16	213.09	244.99	268.18	359.50
63	179.75	226.14	260.93	284.12	384.15
64	191.35	240.64	278.33	302.97	407.34
65	202.95	255.13	297.17	324.71	434.88
66	215.99	272.53	318.92	347.91	463.88
67	231.94	292.82	342.11	375.45	500.12
68	249.33	317.47	369.65	405.89	539.26
69	269.63	340.66	398.64	437.78	581.30
70	289.92	369.65	431.99	474.02	627.68
71	313.12	400.09	469.68	513.16	679.87
72	340.66	436.33	510.26	559.55	740.75
73	371.10	475.47	556.65	610.29	805.99
74	404.44	518.96	607.39	666.82	878.47
75	440.68	563.90	661.02	726.26	956.75
76	479.82	616.09	721.91	791.49	1040.82
77	518.96	668.27	784.24	861.07	1130.70
78	559.55	724.81	852.37	936.45	1226.38
79	601.59	785.69	924.86	1014.73	1327.85
80	647.98				
81	694.37				
82	743.65				
83	794.39				
84	848.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46.39	56.54	66.68	71.03	95.67
45-49	50.74	63.78	73.93	79.73	105.82
50-54	66.68	81.18	94.23	104.37	136.26
55	76.83	94.23	108.72	118.87	162.36
56	79.73	98.57	114.52	124.67	172.50
57	85.53	105.82	123.22	133.36	184.10
58	92.78	114.52	133.36	143.51	197.15
59	98.57	123.22	143.51	155.11	213.09
60	107.27	134.81	155.11	168.16	229.04
61	117.42	144.96	168.16	182.65	247.88
62	126.12	156.56	182.65	197.15	266.73
63	134.81	168.16	195.70	211.64	287.02
64	144.96	181.20	210.19	226.14	307.32
65	153.66	192.80	223.24	242.09	329.06
66	165.26	208.74	240.64	260.93	355.16
67	179.75	224.69	260.93	282.68	385.60
68	194.25	244.99	284.12	308.77	418.94
69	211.64	268.18	310.22	337.76	456.63
70	230.49	291.37	339.21	369.65	500.12
71	252.23	320.37	371.10	405.89	545.06
72	276.88	350.81	408.79	446.48	598.69
73	302.97	387.05	450.83	492.87	658.13
74	334.86	424.74	495.77	542.16	721.91
75	366.75	466.78	545.06	597.24	791.49
76	402.99	511.71	598.69	656.68	868.32
77	437.78	561.00	656.68	719.01	948.05
78	475.47	611.74	717.56	788.59	1035.03
79	516.06	668.27	782.79	859.62	1124.90
80	559.55				
81	603.04				
82	649.43				
83	697.27				
84	748.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.19	66.68	76.83	81.18	108.72
45-49	59.43	73.93	84.08	92.78	121.77
50-54	73.93	92.78	107.27	117.42	153.66
55	85.53	105.82	123.22	133.36	181.20
56	89.88	113.07	129.02	142.06	191.35
57	95.67	118.87	137.71	150.76	204.40
58	102.92	127.57	147.86	162.36	218.89
59	108.72	136.26	158.01	173.95	233.39
60	117.42	147.86	172.50	187.00	250.78
61	127.57	158.01	185.55	202.95	269.63
62	136.26	171.05	200.05	218.89	288.47
63	146.41	182.65	214.54	233.39	310.22
64	156.56	195.70	229.04	249.33	331.96
65	166.71	210.19	243.54	266.73	355.16
66	181.20	226.14	262.38	287.02	384.15
67	195.70	243.54	284.12	308.77	416.04
68	213.09	266.73	310.22	337.76	453.73
69	230.49	289.92	337.76	368.20	494.32
70	249.33	316.02	368.20	400.09	539.26
71	271.08	346.46	402.99	440.68	589.99
72	297.17	378.35	443.58	484.17	646.53
73	326.16	417.49	487.07	533.46	708.86
74	358.06	458.08	534.91	587.09	779.89
75	394.30	503.02	589.99	646.53	853.82
76	431.99	550.85	647.98	711.76	936.45
77	471.13	603.04	708.86	776.99	1023.43
78	510.26	659.58	775.54	850.92	1117.65
79	553.75	719.01	846.58	929.20	1216.23
80	598.69				
81	646.53				
82	694.37				
83	743.65				
84	798.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.54	69.58	79.73	86.98	115.97
45-49	63.78	76.83	88.43	97.12	127.57
50-54	76.83	95.67	113.07	123.22	160.91
55	88.43	110.17	129.02	139.16	189.90
56	94.23	117.42	136.26	147.86	200.05
57	98.57	124.67	144.96	156.56	213.09
58	105.82	133.36	155.11	168.16	226.14
59	114.52	143.51	165.26	181.20	242.09
60	123.22	153.66	179.75	195.70	259.48
61	131.92	165.26	192.80	211.64	278.33
62	142.06	176.85	205.85	226.14	298.62
63	152.21	189.90	221.79	242.09	320.37
64	162.36	202.95	237.74	259.48	342.11
65	173.95	215.99	252.23	276.88	366.75
66	187.00	233.39	272.53	297.17	395.75
67	202.95	252.23	295.72	320.37	429.09
68	220.34	273.98	320.37	349.36	466.78
69	237.74	298.62	349.36	379.80	510.26
70	258.03	326.16	379.80	414.59	556.65
71	279.78	356.61	416.04	455.18	608.84
72	305.87	389.95	456.63	500.12	666.82
73	336.31	429.09	503.02	550.85	732.06
74	368.20	472.57	552.30	605.94	804.54
75	405.89	518.96	608.84	666.82	881.37
76	443.58	568.25	668.27	733.51	965.44
77	484.17	621.89	732.06	803.09	1055.32
78	524.76	679.87	800.19	878.47	1151.00
79	569.70	742.20	872.67	959.65	1253.92
80	616.09				
81	663.92				
82	713.21				
83	763.95				
84	819.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	41.68	45.30	48.92	63.42
45-49	38.05	47.11	50.74	54.36	70.67
50-54	47.11	56.17	63.42	67.04	86.98
55	54.36	65.23	72.48	77.92	103.29
56	57.98	68.86	77.92	83.35	108.72
57	61.61	74.29	83.35	88.79	117.78
58	67.04	79.73	90.60	96.04	126.84
59	72.48	86.98	97.85	105.10	137.71
60	77.92	94.23	106.91	114.16	150.40
61	85.16	101.47	115.97	125.03	163.08
62	92.41	110.53	126.84	135.90	177.58
63	99.66	119.59	135.90	146.77	192.07
64	105.10	126.84	146.77	157.65	204.76
65	112.35	135.90	157.65	168.52	219.25
66	119.59	146.77	170.33	183.01	237.37
67	130.47	159.46	184.83	199.32	259.12
68	143.15	173.95	201.13	219.25	284.49
69	155.83	190.26	221.07	239.19	311.67
70	170.33	208.38	241.00	262.74	342.47
71	186.64	230.13	266.37	289.92	376.90
72	206.57	255.49	295.36	322.54	418.58
73	228.31	284.49	329.79	358.78	465.69
74	253.68	317.10	366.03	400.46	516.43
75	282.68	351.53	407.70	445.76	572.60
76	311.67	389.58	453.01	494.68	634.21
77	344.28	431.26	501.93	547.23	701.25
78	378.71	476.56	554.48	605.21	771.92
79	416.76	523.67	610.65	665.01	848.03
80	456.63				
81	498.31				
82	543.61				
83	590.72				
84	641.46				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.86	48.92	54.36	56.17	74.29
45-49	45.30	54.36	59.80	63.42	81.54
50-54	52.55	63.42	72.48	77.92	101.47
55	61.61	72.48	81.54	88.79	117.78
56	65.23	76.10	86.98	94.23	123.22
57	68.86	81.54	92.41	99.66	132.28
58	74.29	88.79	99.66	106.91	141.34
59	79.73	96.04	108.72	117.78	152.21
60	85.16	105.10	117.78	126.84	164.89
61	92.41	112.35	128.65	139.53	179.39
62	99.66	121.41	139.53	150.40	193.89
63	106.91	130.47	150.40	161.27	210.19
64	114.16	139.53	159.46	172.14	224.69
65	123.22	148.59	172.14	183.01	241.00
66	130.47	159.46	184.83	197.51	260.93
67	141.34	173.95	199.32	215.63	284.49
68	154.02	188.45	219.25	237.37	311.67
69	168.52	206.57	239.19	259.12	340.66
70	184.83	228.31	260.93	284.49	375.09
71	201.13	250.06	289.92	313.48	413.14
72	222.88	279.05	320.73	349.72	456.63
73	248.25	309.86	356.97	389.58	507.37
74	273.62	344.28	398.64	433.07	561.73
75	304.42	382.34	443.94	482.00	623.33
76	335.22	424.01	492.87	536.36	690.38
77	371.46	467.50	545.42	594.34	762.86
78	407.70	516.43	603.40	657.76	838.97
79	447.57	568.97	663.20	723.00	922.32
80	489.25				
81	534.55				
82	581.66				
83	630.58				
84	683.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.68	50.74	57.98	59.80	77.92
45-49	47.11	56.17	63.42	67.04	86.98
50-54	54.36	67.04	76.10	81.54	108.72
55	63.42	76.10	85.16	92.41	123.22
56	67.04	79.73	90.60	97.85	130.47
57	70.67	85.16	96.04	105.10	137.71
58	76.10	92.41	103.29	112.35	148.59
59	81.54	99.66	112.35	123.22	159.46
60	88.79	108.72	123.22	132.28	172.14
61	96.04	117.78	134.09	144.96	186.64
62	103.29	126.84	144.96	155.83	201.13
63	110.53	135.90	155.83	166.71	217.44
64	117.78	144.96	164.89	177.58	231.94
65	126.84	154.02	177.58	190.26	250.06
66	135.90	164.89	190.26	204.76	269.99
67	146.77	179.39	206.57	222.88	295.36
68	159.46	195.70	226.50	244.62	322.54
69	173.95	213.82	246.43	268.18	353.34
70	190.26	235.56	269.99	293.55	387.77
71	208.38	259.12	298.98	324.35	427.64
72	230.13	288.11	331.60	360.59	472.94
73	255.49	320.73	369.65	402.27	525.49
74	282.68	355.16	411.33	447.57	581.66
75	313.48	395.02	458.44	498.31	645.08
76	346.10	438.51	509.18	554.48	713.94
77	382.34	483.81	563.54	614.27	788.23
78	420.39	532.73	623.33	679.51	867.96
79	460.25	587.09	686.76	748.36	953.12
80	503.74				
81	549.04				
82	597.97				
83	648.70				
84	701.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	65.23	81.54	94.23	103.29	135.90
45-49	72.48	90.60	105.10	114.16	150.40
50-54	88.79	110.53	128.65	139.53	192.07
55	101.47	128.65	148.59	161.27	222.88
56	106.91	135.90	157.65	170.33	233.75
57	114.16	144.96	166.71	181.20	248.25
58	121.41	154.02	177.58	193.89	262.74
59	130.47	164.89	190.26	206.57	279.05
60	139.53	175.77	202.95	219.25	297.17
61	148.59	188.45	217.44	235.56	317.10
62	159.46	201.13	231.94	251.87	338.85
63	170.33	213.82	246.43	268.18	362.40
64	181.20	228.31	262.74	286.30	385.96
65	192.07	242.81	280.86	304.42	411.33
66	206.57	259.12	298.98	326.16	440.32
67	221.07	279.05	322.54	351.53	474.75
68	237.37	300.80	347.91	380.52	512.80
69	255.49	322.54	376.90	411.33	552.67
70	275.43	349.72	407.70	445.76	596.15
71	298.98	378.71	442.13	483.81	646.89
72	324.35	411.33	482.00	527.30	703.06
73	353.34	449.38	527.30	576.22	766.48
74	385.96	491.06	576.22	630.58	835.34
75	422.20	536.36	628.77	688.57	911.45
76	458.44	587.09	686.76	751.99	992.99
77	498.31	639.64	748.36	820.85	1079.96
78	538.17	697.63	813.60	893.33	1172.38
79	581.66	757.42	884.27	971.24	1272.04
80	626.96				
81	672.26				
82	721.18				
83	771.92				
84	824.47				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.48	92.41	106.91	117.78	152.21
45-49	81.54	101.47	119.59	128.65	170.33
50-54	99.66	125.03	146.77	159.46	215.63
55	112.35	143.15	168.52	183.01	246.43
56	117.78	150.40	177.58	192.07	257.31
57	125.03	159.46	186.64	202.95	271.80
58	132.28	168.52	197.51	215.63	288.11
59	141.34	179.39	210.19	228.31	306.23
60	152.21	192.07	222.88	242.81	324.35
61	163.08	204.76	237.37	257.31	346.10
62	173.95	219.25	251.87	275.43	369.65
63	184.83	233.75	268.18	291.74	395.02
64	195.70	248.25	286.30	311.67	418.58
65	208.38	262.74	304.42	331.60	447.57
66	222.88	280.86	326.16	356.97	476.56
67	239.19	302.61	351.53	384.15	514.61
68	257.31	326.16	380.52	416.76	554.48
69	277.24	349.72	409.52	449.38	597.97
70	298.98	380.52	443.94	485.62	645.08
71	322.54	411.33	482.00	527.30	699.44
72	351.53	447.57	523.67	574.41	761.05
73	382.34	489.25	572.60	626.96	829.91
74	416.76	532.73	625.15	684.94	904.20
75	454.82	581.66	681.32	746.55	985.74
76	494.68	634.21	742.93	813.60	1070.90
77	534.55	688.57	808.16	886.08	1165.13
78	578.03	748.36	878.83	963.99	1262.98
79	621.52	811.78	953.12	1045.54	1369.89
80	670.45				
81	717.56				
82	770.11				
83	822.66				
84	877.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.10	96.04	112.35	123.22	159.46
45-49	85.16	106.91	125.03	135.90	177.58
50-54	105.10	132.28	154.02	166.71	224.69
55	117.78	148.59	175.77	192.07	255.49
56	123.22	155.83	184.83	201.13	268.18
57	130.47	164.89	193.89	212.01	282.68
58	137.71	175.77	204.76	224.69	298.98
59	146.77	186.64	217.44	237.37	317.10
60	157.65	199.32	230.13	251.87	337.04
61	168.52	212.01	244.62	266.37	358.78
62	179.39	226.50	260.93	284.49	382.34
63	190.26	241.00	277.24	302.61	407.70
64	202.95	255.49	295.36	322.54	433.07
65	215.63	271.80	315.29	344.28	462.07
66	230.13	289.92	338.85	369.65	492.87
67	246.43	311.67	364.22	398.64	530.92
68	264.55	337.04	393.21	431.26	572.60
69	286.30	362.40	424.01	465.69	617.90
70	308.04	393.21	458.44	503.74	666.82
71	333.41	425.82	498.31	545.42	723.00
72	362.40	463.88	541.79	594.34	786.42
73	395.02	505.55	590.72	648.70	857.09
74	429.45	550.85	645.08	708.50	933.19
75	467.50	599.78	703.06	771.92	1016.54
76	509.18	654.14	766.48	840.78	1105.33
77	550.85	710.31	833.53	915.07	1201.37
78	594.34	770.11	906.01	994.80	1302.84
79	639.64	835.34	982.11	1078.15	1411.56
80	688.57				
81	737.49				
82	790.04				
83	844.40				
84	900.57				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.92	59.80	70.67	76.10	101.47
45-49	54.36	67.04	77.92	85.16	112.35
50-54	70.67	86.98	99.66	110.53	144.96
55	81.54	99.66	115.97	126.84	172.14
56	85.16	105.10	121.41	132.28	183.01
57	90.60	112.35	130.47	141.34	195.70
58	97.85	121.41	141.34	152.21	210.19
59	105.10	130.47	152.21	164.89	226.50
60	114.16	143.15	164.89	179.39	242.81
61	125.03	154.02	179.39	193.89	262.74
62	134.09	166.71	193.89	210.19	282.68
63	143.15	179.39	208.38	224.69	304.42
64	154.02	192.07	222.88	241.00	326.16
65	163.08	204.76	237.37	257.31	349.72
66	175.77	221.07	255.49	277.24	376.90
67	190.26	239.19	277.24	300.80	409.52
68	206.57	260.93	302.61	327.98	445.76
69	224.69	284.49	329.79	358.78	485.62
70	244.62	309.86	360.59	393.21	530.92
71	268.18	340.66	395.02	431.26	579.85
72	293.55	373.28	434.88	474.75	636.02
73	322.54	411.33	478.37	523.67	699.44
74	355.16	451.19	527.30	576.22	766.48
75	389.58	496.49	579.85	634.21	840.78
76	427.64	543.61	636.02	697.63	922.32
77	465.69	596.15	697.63	764.67	1007.48
78	505.55	650.52	762.86	837.15	1099.90
79	549.04	710.31	831.72	913.26	1195.93
80	594.34				
81	641.46				
82	690.38				
83	741.12				
84	795.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.17	70.67	81.54	86.98	115.97
45-49	63.42	77.92	88.79	97.85	128.65
50-54	77.92	97.85	114.16	125.03	163.08
55	90.60	112.35	130.47	141.34	192.07
56	96.04	119.59	137.71	150.40	202.95
57	101.47	126.84	146.77	159.46	217.44
58	108.72	135.90	157.65	172.14	231.94
59	115.97	144.96	168.52	184.83	248.25
60	125.03	157.65	183.01	199.32	266.37
61	135.90	168.52	197.51	215.63	286.30
62	144.96	181.20	212.01	231.94	306.23
63	155.83	193.89	228.31	248.25	329.79
64	166.71	208.38	242.81	264.55	353.34
65	177.58	222.88	259.12	282.68	376.90
66	192.07	241.00	279.05	304.42	407.70
67	208.38	259.12	302.61	327.98	442.13
68	226.50	282.68	329.79	358.78	482.00
69	244.62	308.04	358.78	391.40	525.49
70	264.55	335.22	391.40	425.82	572.60
71	288.11	367.84	427.64	467.50	626.96
72	315.29	402.27	471.13	514.61	686.76
73	346.10	443.94	518.24	567.16	753.80
74	380.52	487.43	568.97	623.33	828.09
75	418.58	534.55	626.96	686.76	907.82
76	458.44	585.28	688.57	755.61	994.80
77	500.12	641.46	753.80	826.28	1087.21
78	541.79	701.25	824.47	904.20	1186.87
79	588.91	764.67	898.76	987.55	1291.97
80	636.02				
81	686.76				
82	737.49				
83	790.04				
84	848.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.80	74.29	85.16	92.41	123.22
45-49	67.04	81.54	94.23	103.29	135.90
50-54	81.54	101.47	119.59	130.47	170.33
55	94.23	117.78	137.71	148.59	201.13
56	99.66	125.03	144.96	157.65	212.01
57	105.10	132.28	154.02	166.71	226.50
58	112.35	141.34	164.89	179.39	241.00
59	121.41	152.21	175.77	192.07	257.31
60	130.47	163.08	190.26	208.38	275.43
61	139.53	175.77	204.76	224.69	295.36
62	150.40	188.45	219.25	241.00	317.10
63	161.27	201.13	235.56	257.31	340.66
64	172.14	215.63	251.87	275.43	364.22
65	184.83	230.13	268.18	293.55	389.58
66	199.32	248.25	289.92	315.29	420.39
67	215.63	268.18	313.48	340.66	456.63
68	233.75	291.74	340.66	371.46	496.49
69	251.87	317.10	371.46	404.08	541.79
70	273.62	346.10	404.08	440.32	590.72
71	297.17	378.71	442.13	483.81	646.89
72	324.35	414.95	485.62	530.92	708.50
73	356.97	456.63	534.55	585.28	777.36
74	391.40	501.93	587.09	643.27	855.27
75	431.26	550.85	646.89	708.50	936.81
76	471.13	603.40	710.31	779.17	1025.60
77	514.61	661.39	777.36	853.46	1121.64
78	558.10	723.00	849.84	933.19	1223.11
79	605.21	788.23	927.75	1020.17	1331.83
80	654.14				
81	704.88				
82	757.42				
83	811.78				
84	869.77				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.86	48.92	52.55	57.98	74.29
45-49	45.30	56.17	59.80	63.42	83.35
50-54	56.17	65.23	74.29	79.73	101.47
55	63.42	76.10	85.16	92.41	121.41
56	68.86	81.54	92.41	97.85	128.65
57	72.48	86.98	97.85	105.10	137.71
58	79.73	94.23	106.91	112.35	148.59
59	85.16	101.47	115.97	123.22	161.27
60	92.41	110.53	125.03	134.09	177.58
61	99.66	119.59	135.90	146.77	192.07
62	108.72	130.47	148.59	159.46	208.38
63	117.78	141.34	159.46	172.14	226.50
64	123.22	148.59	172.14	184.83	241.00
65	132.28	159.46	184.83	197.51	257.31
66	141.34	172.14	201.13	215.63	279.05
67	154.02	188.45	217.44	233.75	304.42
68	168.52	204.76	237.37	257.31	335.22
69	183.01	224.69	260.93	280.86	366.03
70	201.13	244.62	282.68	309.86	402.27
71	219.25	269.99	313.48	340.66	443.94
72	242.81	300.80	347.91	378.71	492.87
73	268.18	335.22	387.77	422.20	547.23
74	298.98	373.28	431.26	471.13	607.03
75	333.41	413.14	480.19	523.67	674.07
76	366.03	458.44	532.73	581.66	746.55
77	405.89	507.37	590.72	643.27	824.47
78	445.76	559.91	652.33	712.12	907.82
79	491.06	616.09	717.56	782.79	998.42
80	536.36				
81	587.09				
82	639.64				
83	695.82				
84	753.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.11	57.98	63.42	65.23	86.98
45-49	52.55	63.42	70.67	74.29	96.04
50-54	61.61	74.29	85.16	92.41	119.59
55	72.48	85.16	96.04	105.10	137.71
56	76.10	88.79	101.47	110.53	144.96
57	81.54	96.04	108.72	117.78	155.83
58	86.98	105.10	117.78	125.03	166.71
59	94.23	112.35	128.65	137.71	179.39
60	99.66	123.22	137.71	148.59	193.89
61	108.72	132.28	152.21	164.89	210.19
62	117.78	143.15	164.89	177.58	228.31
63	125.03	154.02	177.58	190.26	246.43
64	134.09	164.89	188.45	202.95	264.55
65	144.96	173.95	202.95	215.63	282.68
66	154.02	188.45	217.44	231.94	306.23
67	166.71	204.76	233.75	253.68	335.22
68	181.20	221.07	257.31	279.05	366.03
69	197.51	242.81	280.86	304.42	400.46
70	217.44	268.18	306.23	335.22	442.13
71	237.37	293.55	340.66	369.65	485.62
72	262.74	327.98	376.90	411.33	536.36
73	291.74	364.22	420.39	458.44	596.15
74	322.54	405.89	469.31	509.18	661.39
75	358.78	449.38	521.86	567.16	733.87
76	395.02	498.31	579.85	630.58	811.78
77	436.70	550.85	641.46	699.44	896.95
78	480.19	607.03	710.31	773.73	987.55
79	527.30	668.64	780.98	849.84	1085.40
80	576.22				
81	628.77				
82	684.94				
83	741.12				
84	804.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.92	59.80	68.86	70.67	92.41
45-49	56.17	65.23	74.29	79.73	101.47
50-54	63.42	79.73	88.79	96.04	128.65
55	74.29	88.79	99.66	108.72	144.96
56	79.73	94.23	106.91	115.97	154.02
57	83.35	99.66	112.35	123.22	161.27
58	88.79	108.72	121.41	132.28	173.95
59	96.04	117.78	132.28	144.96	188.45
60	105.10	128.65	144.96	155.83	202.95
61	112.35	137.71	157.65	170.33	219.25
62	121.41	148.59	170.33	183.01	237.37
63	130.47	159.46	183.01	195.70	255.49
64	137.71	170.33	193.89	208.38	273.62
65	148.59	181.20	208.38	224.69	293.55
66	159.46	193.89	224.69	241.00	317.10
67	172.14	210.19	242.81	262.74	347.91
68	188.45	230.13	266.37	288.11	378.71
69	204.76	251.87	289.92	315.29	414.95
70	224.69	277.24	317.10	346.10	456.63
71	244.62	304.42	351.53	382.34	503.74
72	269.99	338.85	389.58	424.01	556.29
73	300.80	376.90	434.88	472.94	617.90
74	333.41	418.58	483.81	527.30	684.94
75	369.65	463.88	539.98	587.09	759.24
76	407.70	516.43	599.78	652.33	840.78
77	449.38	568.97	663.20	723.00	927.75
78	494.68	626.96	733.87	799.10	1021.98
79	541.79	690.38	808.16	880.64	1121.64
80	592.53				
81	645.08				
82	703.06				
83	762.86				
84	824.47				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.10	96.04	110.53	121.41	159.46
45-49	85.16	106.91	123.22	134.09	177.58
50-54	105.10	130.47	152.21	164.89	226.50
55	119.59	152.21	173.95	190.26	262.74
56	125.03	159.46	184.83	201.13	275.43
57	134.09	170.33	195.70	213.82	291.74
58	143.15	181.20	208.38	228.31	309.86
59	154.02	193.89	224.69	242.81	327.98
60	164.89	206.57	239.19	257.31	349.72
61	173.95	221.07	255.49	277.24	373.28
62	188.45	237.37	273.62	297.17	398.64
63	201.13	251.87	289.92	315.29	425.82
64	213.82	268.18	309.86	337.04	454.82
65	226.50	286.30	329.79	358.78	483.81
66	242.81	304.42	351.53	384.15	518.24
67	260.93	327.98	378.71	413.14	558.10
68	279.05	353.34	409.52	447.57	603.40
69	300.80	378.71	443.94	483.81	650.52
70	324.35	411.33	480.19	523.67	701.25
71	351.53	445.76	520.05	568.97	761.05
72	382.34	483.81	567.16	619.71	826.28
73	414.95	529.11	619.71	677.70	902.39
74	454.82	578.03	677.70	741.12	982.11
75	496.49	630.58	739.30	809.97	1072.72
76	539.98	690.38	808.16	884.27	1168.75
77	587.09	751.99	880.64	965.81	1270.23
78	632.39	820.85	956.75	1050.97	1378.95
79	684.94	891.51	1040.10	1143.38	1496.73
80	737.49				
81	790.04				
82	848.03				
83	907.82				
84	969.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	85.16	108.72	125.03	137.71	179.39
45-49	96.04	119.59	141.34	152.21	201.13
50-54	117.78	146.77	172.14	188.45	253.68
55	132.28	168.52	197.51	215.63	289.92
56	137.71	177.58	208.38	226.50	302.61
57	146.77	188.45	219.25	239.19	318.92
58	155.83	197.51	231.94	253.68	338.85
59	166.71	210.19	246.43	268.18	360.59
60	179.39	226.50	262.74	286.30	382.34
61	192.07	241.00	279.05	302.61	407.70
62	204.76	257.31	297.17	324.35	434.88
63	217.44	275.43	315.29	342.47	463.88
64	230.13	291.74	337.04	366.03	492.87
65	244.62	309.86	358.78	389.58	527.30
66	262.74	329.79	384.15	420.39	559.91
67	280.86	355.16	413.14	451.19	605.21
68	302.61	384.15	447.57	491.06	652.33
69	326.16	411.33	482.00	529.11	703.06
70	351.53	447.57	521.86	570.79	759.24
71	378.71	483.81	567.16	619.71	822.66
72	413.14	527.30	616.09	675.88	895.14
73	449.38	576.22	674.07	737.49	976.68
74	491.06	626.96	735.68	806.35	1063.66
75	534.55	684.94	800.91	878.83	1159.69
76	581.66	746.55	873.39	956.75	1259.35
77	628.77	809.97	951.31	1041.91	1369.89
78	679.51	880.64	1034.66	1134.32	1485.86
79	732.06	954.93	1121.64	1230.36	1610.89
80	788.23				
81	844.40				
82	906.01				
83	967.62				
84	1031.04				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	88.79	112.35	132.28	144.96	188.45
45-49	99.66	125.03	146.77	159.46	208.38
50-54	123.22	155.83	181.20	195.70	264.55
55	137.71	173.95	206.57	226.50	300.80
56	144.96	183.01	217.44	237.37	315.29
57	154.02	193.89	228.31	250.06	333.41
58	161.27	206.57	241.00	264.55	351.53
59	172.14	219.25	255.49	279.05	373.28
60	184.83	233.75	269.99	297.17	396.83
61	197.51	250.06	288.11	313.48	422.20
62	210.19	266.37	306.23	335.22	449.38
63	224.69	282.68	326.16	355.16	480.19
64	239.19	300.80	347.91	378.71	509.18
65	253.68	318.92	371.46	405.89	543.61
66	269.99	340.66	398.64	434.88	579.85
67	289.92	366.03	427.64	469.31	625.15
68	311.67	396.83	462.07	507.37	674.07
69	337.04	425.82	498.31	547.23	726.62
70	362.40	462.07	539.98	592.53	784.60
71	391.40	500.12	587.09	641.46	849.84
72	425.82	545.42	637.83	699.44	925.94
73	463.88	594.34	695.82	762.86	1007.48
74	505.55	648.70	759.24	833.53	1098.08
75	550.85	704.88	826.28	907.82	1195.93
76	599.78	770.11	902.39	989.36	1301.03
77	648.70	835.34	980.30	1076.34	1413.38
78	699.44	906.01	1065.47	1170.56	1532.97
79	751.99	982.11	1156.07	1268.41	1659.81
80	809.97				
81	867.96				
82	929.57				
83	992.99				
84	1060.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.98	70.67	83.35	88.79	119.59
45-49	63.42	79.73	92.41	99.66	132.28
50-54	83.35	101.47	117.78	130.47	170.33
55	96.04	117.78	135.90	148.59	202.95
56	99.66	123.22	143.15	155.83	215.63
57	106.91	132.28	154.02	166.71	230.13
58	115.97	143.15	166.71	179.39	246.43
59	123.22	154.02	179.39	193.89	266.37
60	134.09	168.52	193.89	210.19	286.30
61	146.77	181.20	210.19	228.31	309.86
62	157.65	195.70	228.31	246.43	333.41
63	168.52	210.19	244.62	264.55	358.78
64	181.20	226.50	262.74	282.68	384.15
65	192.07	241.00	279.05	302.61	411.33
66	206.57	260.93	300.80	326.16	443.94
67	224.69	280.86	326.16	353.34	482.00
68	242.81	306.23	355.16	385.96	523.67
69	264.55	335.22	387.77	422.20	570.79
70	288.11	364.22	424.01	462.07	625.15
71	315.29	400.46	463.88	507.37	681.32
72	346.10	438.51	510.99	558.10	748.36
73	378.71	483.81	563.54	616.09	822.66
74	418.58	530.92	619.71	677.70	902.39
75	458.44	583.47	681.32	746.55	989.36
76	503.74	639.64	748.36	820.85	1085.40
77	547.23	701.25	820.85	898.76	1185.06
78	594.34	764.67	896.95	985.74	1293.78
79	645.08	835.34	978.49	1074.53	1406.13
80	699.44				
81	753.80				
82	811.78				
83	871.58				
84	935.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	65.23	83.35	96.04	101.47	135.90
45-49	74.29	92.41	105.10	115.97	152.21
50-54	92.41	115.97	134.09	146.77	192.07
55	106.91	132.28	154.02	166.71	226.50
56	112.35	141.34	161.27	177.58	239.19
57	119.59	148.59	172.14	188.45	255.49
58	128.65	159.46	184.83	202.95	273.62
59	135.90	170.33	197.51	217.44	291.74
60	146.77	184.83	215.63	233.75	313.48
61	159.46	197.51	231.94	253.68	337.04
62	170.33	213.82	250.06	273.62	360.59
63	183.01	228.31	268.18	291.74	387.77
64	195.70	244.62	286.30	311.67	414.95
65	208.38	262.74	304.42	333.41	443.94
66	226.50	282.68	327.98	358.78	480.19
67	244.62	304.42	355.16	385.96	520.05
68	266.37	333.41	387.77	422.20	567.16
69	288.11	362.40	422.20	460.25	617.90
70	311.67	395.02	460.25	500.12	674.07
71	338.85	433.07	503.74	550.85	737.49
72	371.46	472.94	554.48	605.21	808.16
73	407.70	521.86	608.84	666.82	886.08
74	447.57	572.60	668.64	733.87	974.87
75	492.87	628.77	737.49	808.16	1067.28
76	539.98	688.57	809.97	889.70	1170.56
77	588.91	753.80	886.08	971.24	1279.29
78	637.83	824.47	969.43	1063.66	1397.07
79	692.19	898.76	1058.22	1161.50	1520.28
80	748.36				
81	808.16				
82	867.96				
83	929.57				
84	998.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.67	86.98	99.66	108.72	144.96
45-49	79.73	96.04	110.53	121.41	159.46
50-54	96.04	119.59	141.34	154.02	201.13
55	110.53	137.71	161.27	173.95	237.37
56	117.78	146.77	170.33	184.83	250.06
57	123.22	155.83	181.20	195.70	266.37
58	132.28	166.71	193.89	210.19	282.68
59	143.15	179.39	206.57	226.50	302.61
60	154.02	192.07	224.69	244.62	324.35
61	164.89	206.57	241.00	264.55	347.91
62	177.58	221.07	257.31	282.68	373.28
63	190.26	237.37	277.24	302.61	400.46
64	202.95	253.68	297.17	324.35	427.64
65	217.44	269.99	315.29	346.10	458.44
66	233.75	291.74	340.66	371.46	494.68
67	253.68	315.29	369.65	400.46	536.36
68	275.43	342.47	400.46	436.70	583.47
69	297.17	373.28	436.70	474.75	637.83
70	322.54	407.70	474.75	518.24	695.82
71	349.72	445.76	520.05	568.97	761.05
72	382.34	487.43	570.79	625.15	833.53
73	420.39	536.36	628.77	688.57	915.07
74	460.25	590.72	690.38	757.42	1005.67
75	507.37	648.70	761.05	833.53	1101.71
76	554.48	710.31	835.34	916.88	1206.81
77	605.21	777.36	915.07	1003.86	1319.15
78	655.95	849.84	1000.24	1098.08	1438.74
79	712.12	927.75	1090.84	1199.56	1567.40
80	770.11				
81	829.91				
82	891.51				
83	954.93				
84	1023.79				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.44	34.79	40.59	43.49	55.09
45-49	33.34	39.14	44.94	47.84	60.88
50-54	40.59	47.84	55.09	59.43	75.38
55	46.39	55.09	63.78	68.13	89.88
56	49.29	59.43	68.13	72.48	95.67
57	53.64	63.78	72.48	78.28	102.92
58	57.98	69.58	78.28	85.53	111.62
59	63.78	75.38	85.53	92.78	121.77
60	69.58	82.63	94.23	102.92	131.92
61	75.38	91.33	102.92	111.62	143.51
62	81.18	98.57	111.62	121.77	156.56
63	86.98	105.82	120.32	130.47	168.16
64	92.78	113.07	129.02	139.16	181.20
65	98.57	121.77	137.71	149.31	194.25
66	107.27	130.47	149.31	160.91	210.19
67	115.97	142.06	162.36	175.40	229.04
68	126.12	155.11	178.30	192.80	252.23
69	137.71	169.61	195.70	211.64	276.88
70	150.76	185.55	214.54	233.39	304.42
71	166.71	205.85	237.74	259.48	336.31
72	185.55	229.04	265.28	289.92	375.45
73	207.30	256.58	297.17	324.71	420.39
74	230.49	287.02	333.41	363.85	469.68
75	258.03	321.81	374.00	407.34	523.31
76	287.02	359.50	417.49	455.18	582.75
77	318.92	400.09	465.33	505.92	647.98
78	353.71	445.03	517.51	561.00	717.56
79	391.40	491.42	572.60	620.44	792.94
80	430.54				
81	474.02				
82	518.96				
83	566.80				
84	617.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.24	43.49	49.29	52.19	66.68
45-49	39.14	47.84	53.64	57.98	73.93
50-54	46.39	56.54	65.23	71.03	92.78
55	55.09	65.23	73.93	79.73	105.82
56	57.98	69.58	78.28	84.08	111.62
57	62.33	73.93	84.08	89.88	118.87
58	66.68	79.73	89.88	97.12	127.57
59	72.48	86.98	98.57	105.82	137.71
60	78.28	94.23	107.27	115.97	150.76
61	84.08	102.92	117.42	126.12	162.36
62	91.33	110.17	127.57	137.71	176.85
63	98.57	118.87	136.26	146.41	189.90
64	104.37	127.57	144.96	158.01	204.40
65	111.62	137.71	155.11	168.16	220.34
66	120.32	146.41	168.16	182.65	237.74
67	130.47	160.91	182.65	198.60	259.48
68	142.06	175.40	200.05	218.89	284.12
69	155.11	191.35	220.34	239.19	313.12
70	169.61	210.19	242.09	262.38	343.56
71	185.55	231.94	268.18	291.37	381.25
72	207.30	258.03	298.62	326.16	424.74
73	230.49	288.47	334.86	363.85	474.02
74	256.58	323.26	375.45	408.79	529.11
75	287.02	360.95	420.39	456.63	589.99
76	318.92	401.54	469.68	511.71	658.13
77	355.16	447.93	521.86	568.25	730.61
78	392.85	497.22	579.85	630.58	807.44
79	433.44	550.85	642.18	698.71	892.96
80	476.92				
81	523.31				
82	571.15				
83	623.33				
84	678.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.69	46.39	52.19	56.54	72.48
45-49	42.04	50.74	57.98	62.33	79.73
50-54	49.29	60.88	69.58	75.38	100.02
55	57.98	69.58	78.28	85.53	111.62
56	60.88	73.93	82.63	89.88	117.42
57	65.23	78.28	88.43	95.67	124.67
58	69.58	84.08	95.67	102.92	134.81
59	75.38	91.33	104.37	111.62	144.96
60	82.63	98.57	113.07	121.77	158.01
61	88.43	107.27	123.22	131.92	171.05
62	95.67	115.97	133.36	143.51	185.55
63	102.92	124.67	143.51	153.66	200.05
64	108.72	133.36	152.21	165.26	214.54
65	117.42	143.51	162.36	176.85	230.49
66	126.12	153.66	175.40	191.35	249.33
67	136.26	168.16	191.35	208.74	272.53
68	147.86	184.10	210.19	229.04	298.62
69	162.36	200.05	230.49	250.78	327.61
70	176.85	220.34	253.68	275.43	360.95
71	194.25	242.09	281.23	305.87	400.09
72	215.99	269.63	313.12	340.66	445.03
73	240.64	301.52	350.81	381.25	497.22
74	268.18	337.76	392.85	427.64	555.20
75	300.07	376.90	439.23	478.37	618.99
76	333.41	420.39	491.42	534.91	690.02
77	369.65	468.23	546.51	595.79	765.40
78	408.79	518.96	605.94	661.02	846.58
79	450.83	575.50	671.17	732.06	935.00
80	495.77				
81	543.61				
82	594.34				
83	647.98				
84	704.51				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.98	71.03	81.18	86.98	118.87
45-49	63.78	78.28	89.88	97.12	131.92
50-54	78.28	97.12	111.62	123.22	168.16
55	91.33	113.07	130.47	142.06	194.25
56	95.67	118.87	137.71	150.76	205.85
57	101.47	126.12	146.41	159.46	217.44
58	108.72	134.81	156.56	169.61	230.49
59	114.52	143.51	166.71	181.20	244.99
60	123.22	153.66	176.85	192.80	260.93
61	131.92	163.81	189.90	205.85	278.33
62	140.61	175.40	202.95	220.34	297.17
63	149.31	187.00	217.44	234.84	317.47
64	159.46	198.60	230.49	250.78	337.76
65	169.61	211.64	246.43	268.18	360.95
66	181.20	227.59	263.83	287.02	388.50
67	195.70	244.99	285.57	310.22	418.94
68	211.64	265.28	308.77	336.31	453.73
69	227.59	287.02	333.41	363.85	489.97
70	246.43	311.67	362.40	395.75	532.01
71	266.73	339.21	394.30	430.54	578.40
72	291.37	371.10	431.99	472.57	632.03
73	320.37	407.34	475.47	520.41	692.92
74	352.26	447.93	523.31	572.60	759.60
75	387.05	491.42	575.50	629.13	833.53
76	423.29	539.26	632.03	692.92	913.26
77	462.43	591.44	694.37	759.60	998.79
78	503.02	646.53	761.05	832.08	1090.11
79	546.51	705.96	832.08	908.91	1188.69
80	591.44				
81	637.83				
82	687.12				
83	737.85				
84	791.49				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	66.68	82.63	95.67	104.37	137.71
45-49	73.93	92.78	105.82	115.97	153.66
50-54	91.33	114.52	131.92	143.51	194.25
55	102.92	130.47	150.76	163.81	223.24
56	107.27	137.71	159.46	172.50	234.84
57	113.07	144.96	168.16	182.65	246.43
58	120.32	153.66	178.30	194.25	260.93
59	129.02	162.36	188.45	207.30	276.88
60	139.16	172.50	201.50	218.89	292.82
61	147.86	184.10	214.54	233.39	313.12
62	158.01	197.15	229.04	249.33	333.41
63	168.16	208.74	244.99	266.73	356.61
64	178.30	223.24	259.48	284.12	379.80
65	189.90	237.74	278.33	302.97	405.89
66	202.95	255.13	297.17	324.71	434.88
67	217.44	275.43	321.81	350.81	469.68
68	234.84	297.17	347.91	379.80	508.82
69	253.68	323.26	375.45	411.69	549.40
70	275.43	350.81	408.79	447.93	595.79
71	298.62	381.25	445.03	487.07	647.98
72	326.16	417.49	487.07	533.46	708.86
73	358.06	456.63	534.91	587.09	775.54
74	392.85	501.57	587.09	643.63	849.47
75	430.54	550.85	645.08	705.96	932.10
76	471.13	601.59	707.41	775.54	1020.53
77	513.16	659.58	774.09	849.47	1114.75
78	558.10	719.01	848.03	927.75	1216.23
79	604.49	785.69	923.41	1011.83	1323.50
80	653.78				
81	704.51				
82	756.70				
83	813.23				
84	871.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	71.03	88.43	101.47	111.62	146.41
45-49	78.28	98.57	113.07	124.67	162.36
50-54	97.12	121.77	140.61	152.21	205.85
55	108.72	137.71	159.46	173.95	234.84
56	113.07	144.96	168.16	182.65	246.43
57	118.87	152.21	176.85	192.80	259.48
58	126.12	160.91	187.00	204.40	273.98
59	134.81	171.05	198.60	217.44	289.92
60	144.96	181.20	211.64	230.49	307.32
61	155.11	192.80	224.69	244.99	327.61
62	165.26	205.85	240.64	262.38	349.36
63	175.40	218.89	256.58	279.78	372.55
64	187.00	233.39	272.53	298.62	397.19
65	198.60	249.33	291.37	317.47	424.74
66	211.64	266.73	311.67	340.66	455.18
67	227.59	288.47	336.31	368.20	491.42
68	244.99	311.67	363.85	398.64	532.01
69	265.28	337.76	394.30	431.99	575.50
70	287.02	366.75	427.64	469.68	623.33
71	311.67	398.64	466.78	511.71	678.42
72	340.66	436.33	510.26	559.55	740.75
73	374.00	478.37	559.55	614.64	811.78
74	410.24	524.76	614.64	674.07	888.61
75	449.38	575.50	674.07	739.30	974.14
76	491.42	629.13	739.30	810.34	1065.47
77	534.91	688.57	808.89	887.16	1164.04
78	581.30	750.90	884.27	968.34	1269.86
79	629.13	819.03	962.55	1056.77	1381.48
80	679.87				
81	732.06				
82	787.14				
83	845.13				
84	904.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.04	52.19	60.88	66.68	88.43
45-49	46.39	57.98	68.13	73.93	98.57
50-54	62.33	76.83	86.98	94.23	126.12
55	71.03	88.43	100.02	110.17	149.31
56	75.38	92.78	105.82	115.97	159.46
57	79.73	98.57	113.07	124.67	171.05
58	85.53	105.82	121.77	134.81	184.10
59	92.78	114.52	131.92	144.96	198.60
60	100.02	124.67	143.51	156.56	214.54
61	108.72	134.81	156.56	169.61	230.49
62	117.42	146.41	169.61	184.10	249.33
63	126.12	156.56	182.65	198.60	268.18
64	134.81	168.16	195.70	211.64	287.02
65	144.96	179.75	208.74	227.59	308.77
66	156.56	192.80	224.69	244.99	333.41
67	169.61	210.19	244.99	266.73	362.40
68	184.10	229.04	268.18	291.37	395.75
69	200.05	250.78	292.82	318.92	431.99
70	217.44	273.98	320.37	349.36	472.57
71	237.74	301.52	352.26	385.60	517.51
72	262.38	333.41	389.95	426.19	571.15
73	289.92	369.65	431.99	472.57	630.58
74	321.81	408.79	479.82	524.76	697.27
75	355.16	453.73	530.56	581.30	769.75
76	391.40	501.57	585.64	642.18	848.03
77	430.54	552.30	646.53	708.86	932.10
78	471.13	607.39	711.76	779.89	1021.98
79	514.61	666.82	779.89	856.72	1119.10
80	559.55				
81	607.39				
82	656.68				
83	708.86				
84	763.95				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.74	63.78	72.48	79.73	104.37
45-49	56.54	69.58	81.18	88.43	115.97
50-54	71.03	88.43	102.92	111.62	146.41
55	82.63	102.92	117.42	129.02	173.95
56	86.98	108.72	124.67	134.81	185.55
57	91.33	114.52	131.92	143.51	197.15
58	98.57	123.22	142.06	155.11	211.64
59	105.82	133.36	153.66	166.71	226.14
60	114.52	143.51	165.26	179.75	242.09
61	123.22	153.66	178.30	194.25	259.48
62	133.36	166.71	192.80	210.19	279.78
63	142.06	178.30	207.30	224.69	300.07
64	152.21	189.90	221.79	240.64	321.81
65	163.81	204.40	236.29	256.58	345.01
66	175.40	218.89	253.68	276.88	372.55
67	189.90	237.74	276.88	300.07	404.44
68	205.85	258.03	301.52	327.61	442.13
69	223.24	282.68	329.06	358.06	482.72
70	243.54	308.77	360.95	392.85	529.11
71	266.73	339.21	395.75	431.99	579.85
72	292.82	374.00	437.78	478.37	639.28
73	323.26	413.14	484.17	529.11	705.96
74	358.06	458.08	536.36	587.09	779.89
75	395.75	505.92	592.89	649.43	859.62
76	436.33	558.10	653.78	717.56	948.05
77	478.37	614.64	720.46	791.49	1040.82
78	523.31	674.07	791.49	869.77	1140.85
79	569.70	739.30	868.32	953.85	1248.12
80	618.99				
81	669.72				
82	724.81				
83	781.34				
84	840.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.09	68.13	78.28	85.53	111.62
45-49	60.88	75.38	86.98	94.23	123.22
50-54	75.38	94.23	108.72	118.87	155.11
55	86.98	108.72	124.67	136.26	184.10
56	91.33	114.52	131.92	143.51	195.70
57	97.12	121.77	140.61	152.21	208.74
58	104.37	130.47	150.76	163.81	223.24
59	111.62	140.61	162.36	175.40	237.74
60	120.32	150.76	175.40	189.90	253.68
61	129.02	162.36	188.45	204.40	272.53
62	139.16	175.40	202.95	220.34	292.82
63	149.31	188.45	217.44	236.29	314.57
64	159.46	200.05	231.94	252.23	336.31
65	171.05	214.54	247.88	269.63	360.95
66	182.65	230.49	266.73	289.92	388.50
67	198.60	249.33	289.92	314.57	423.29
68	215.99	271.08	316.02	343.56	462.43
69	233.39	295.72	345.01	375.45	504.47
70	255.13	323.26	378.35	411.69	552.30
71	278.33	355.16	414.59	452.28	605.94
72	305.87	391.40	458.08	500.12	668.27
73	337.76	431.99	507.37	553.75	737.85
74	374.00	478.37	561.00	613.19	814.68
75	413.14	527.66	618.99	678.42	898.76
76	455.18	582.75	682.77	749.45	990.09
77	498.67	640.73	752.35	826.28	1087.21
78	545.06	703.06	826.28	908.91	1191.58
79	592.89	771.20	906.01	995.89	1303.20
80	643.63				
81	697.27				
82	753.80				
83	811.78				
84	872.67				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.24	40.59	47.84	50.74	65.23
45-49	39.14	46.39	52.19	56.54	71.03
50-54	47.84	56.54	65.23	69.58	88.43
55	55.09	65.23	75.38	79.73	105.82
56	57.98	69.58	79.73	85.53	113.07
57	63.78	75.38	85.53	92.78	121.77
58	68.13	81.18	92.78	100.02	131.92
59	75.38	88.43	100.02	108.72	143.51
60	81.18	97.12	110.17	121.77	155.11
61	88.43	107.27	121.77	131.92	168.16
62	95.67	115.97	131.92	143.51	184.10
63	102.92	124.67	142.06	153.66	197.15
64	108.72	133.36	152.21	163.81	213.09
65	115.97	143.51	162.36	175.40	229.04
66	126.12	153.66	175.40	189.90	247.88
67	136.26	166.71	191.35	205.85	269.63
68	147.86	182.65	210.19	226.14	297.17
69	162.36	200.05	230.49	249.33	326.16
70	176.85	218.89	252.23	273.98	358.06
71	195.70	242.09	279.78	305.87	395.75
72	218.89	269.63	311.67	340.66	442.13
73	243.54	301.52	349.36	382.70	494.32
74	271.08	337.76	392.85	427.64	552.30
75	302.97	378.35	440.68	479.82	616.09
76	337.76	423.29	491.42	534.91	685.67
77	375.45	471.13	547.95	595.79	762.50
78	416.04	523.31	608.84	659.58	843.68
79	460.98	578.40	674.07	730.61	933.55
80	505.92				
81	558.10				
82	610.29				
83	666.82				
84	726.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.04	50.74	57.98	60.88	78.28
45-49	46.39	56.54	63.78	68.13	86.98
50-54	55.09	66.68	76.83	84.08	108.72
55	65.23	76.83	86.98	94.23	124.67
56	68.13	81.18	92.78	98.57	131.92
57	73.93	86.98	98.57	105.82	139.16
58	78.28	94.23	105.82	114.52	150.76
59	85.53	102.92	115.97	124.67	162.36
60	92.78	110.17	126.12	136.26	176.85
61	98.57	121.77	137.71	147.86	191.35
62	107.27	129.02	150.76	162.36	208.74
63	115.97	139.16	160.91	172.50	223.24
64	123.22	150.76	171.05	185.55	240.64
65	131.92	162.36	182.65	197.15	259.48
66	142.06	172.50	197.15	214.54	279.78
67	153.66	189.90	214.54	233.39	305.87
68	166.71	205.85	234.84	258.03	334.86
69	182.65	224.69	259.48	281.23	368.20
70	200.05	247.88	284.12	308.77	404.44
71	218.89	272.53	316.02	342.11	447.93
72	243.54	302.97	350.81	384.15	500.12
73	271.08	339.21	394.30	427.64	558.10
74	301.52	379.80	442.13	481.27	621.89
75	337.76	424.74	494.32	537.81	694.37
76	375.45	472.57	552.30	601.59	774.09
77	417.49	527.66	614.64	668.27	859.62
78	462.43	585.64	682.77	742.20	949.50
79	510.26	647.98	755.25	821.93	1050.97
80	561.00				
81	616.09				
82	672.62				
83	733.51				
84	798.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.94	55.09	60.88	66.68	85.53
45-49	49.29	59.43	68.13	73.93	94.23
50-54	57.98	71.03	81.18	88.43	117.42
55	68.13	81.18	92.78	100.02	131.92
56	71.03	86.98	97.12	105.82	137.71
57	76.83	92.78	104.37	113.07	146.41
58	81.18	98.57	113.07	121.77	158.01
59	88.43	107.27	123.22	131.92	171.05
60	97.12	115.97	133.36	143.51	185.55
61	104.37	126.12	144.96	155.11	201.50
62	113.07	136.26	156.56	168.16	218.89
63	121.77	146.41	168.16	181.20	234.84
64	127.57	156.56	179.75	194.25	252.23
65	137.71	168.16	191.35	208.74	271.08
66	147.86	181.20	205.85	224.69	292.82
67	160.91	197.15	224.69	244.99	320.37
68	173.95	215.99	247.88	269.63	350.81
69	191.35	234.84	271.08	295.72	385.60
70	208.74	259.48	298.62	324.71	424.74
71	229.04	284.12	330.51	359.50	471.13
72	253.68	317.47	368.20	400.09	523.31
73	282.68	355.16	413.14	447.93	585.64
74	316.02	397.19	462.43	503.02	653.78
75	353.71	443.58	516.06	562.45	727.71
76	392.85	494.32	578.40	629.13	811.78
77	434.88	550.85	643.63	701.61	900.21
78	481.27	610.29	713.21	776.99	995.89
79	530.56	676.97	790.04	861.07	1100.26
80	582.75				
81	639.28				
82	698.71				
83	762.50				
84	829.18				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.13	84.08	95.67	102.92	139.16
45-49	75.38	92.78	105.82	114.52	155.11
50-54	92.78	114.52	131.92	144.96	197.15
55	107.27	133.36	153.66	166.71	229.04
56	113.07	139.16	162.36	176.85	242.09
57	118.87	147.86	172.50	187.00	255.13
58	127.57	158.01	184.10	200.05	271.08
59	134.81	168.16	195.70	213.09	288.47
60	144.96	181.20	208.74	226.14	307.32
61	155.11	192.80	223.24	242.09	327.61
62	165.26	205.85	239.19	259.48	349.36
63	175.40	220.34	255.13	276.88	374.00
64	187.00	233.39	271.08	295.72	397.19
65	200.05	249.33	289.92	316.02	424.74
66	213.09	268.18	310.22	337.76	456.63
67	230.49	288.47	336.31	365.30	492.87
68	249.33	311.67	363.85	395.75	533.46
69	268.18	337.76	392.85	427.64	576.95
70	289.92	366.75	426.19	465.33	626.23
71	313.12	398.64	463.88	505.92	679.87
72	342.11	436.33	508.82	556.65	743.65
73	376.90	479.82	559.55	611.74	814.68
74	414.59	527.66	616.09	674.07	892.96
75	455.18	578.40	676.97	740.75	979.94
76	498.67	634.93	743.65	814.68	1074.17
77	543.61	695.82	817.58	892.96	1175.64
78	591.44	761.05	895.86	978.49	1282.91
79	643.63	830.63	978.49	1069.82	1398.88
80	695.82				
81	750.90				
82	808.89				
83	868.32				
84	930.65				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	78.28	97.12	113.07	123.22	162.36
45-49	86.98	108.72	124.67	136.26	181.20
50-54	107.27	134.81	155.11	168.16	229.04
55	121.77	153.66	176.85	192.80	262.38
56	126.12	162.36	187.00	202.95	276.88
57	133.36	171.05	197.15	214.54	289.92
58	142.06	181.20	210.19	229.04	307.32
59	152.21	191.35	221.79	243.54	326.16
60	163.81	202.95	237.74	258.03	345.01
61	173.95	215.99	252.23	273.98	368.20
62	185.55	231.94	269.63	292.82	392.85
63	197.15	244.99	288.47	313.12	418.94
64	210.19	262.38	305.87	334.86	446.48
65	223.24	279.78	327.61	356.61	476.92
66	239.19	300.07	349.36	382.70	511.71
67	255.13	324.71	378.35	413.14	552.30
68	276.88	349.36	408.79	446.48	598.69
69	298.62	379.80	442.13	484.17	646.53
70	324.71	413.14	481.27	527.66	701.61
71	350.81	447.93	523.31	572.60	762.50
72	384.15	491.42	572.60	627.68	833.53
73	421.84	537.81	629.13	690.02	911.81
74	462.43	589.99	690.02	756.70	998.79
75	505.92	647.98	759.60	830.63	1095.91
76	553.75	707.41	832.08	911.81	1200.28
77	603.04	775.54	910.36	998.79	1311.90
78	656.68	846.58	997.34	1091.56	1430.77
79	711.76	924.86	1085.76	1190.13	1556.89
80	769.75				
81	829.18				
82	890.06				
83	956.75				
84	1024.88				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	84.08	104.37	118.87	131.92	172.50
45-49	92.78	115.97	133.36	146.41	191.35
50-54	114.52	143.51	165.26	179.75	242.09
55	127.57	162.36	187.00	204.40	276.88
56	133.36	171.05	197.15	214.54	289.92
57	139.16	179.75	208.74	226.14	305.87
58	147.86	189.90	220.34	240.64	321.81
59	158.01	201.50	233.39	255.13	340.66
60	171.05	213.09	249.33	271.08	360.95
61	182.65	226.14	263.83	288.47	385.60
62	194.25	242.09	282.68	308.77	411.69
63	205.85	258.03	301.52	329.06	437.78
64	220.34	273.98	320.37	350.81	466.78
65	233.39	292.82	342.11	374.00	500.12
66	249.33	313.12	366.75	400.09	534.91
67	268.18	339.21	395.75	433.44	578.40
68	288.47	366.75	427.64	469.68	626.23
69	311.67	397.19	463.88	508.82	676.97
70	337.76	431.99	503.02	552.30	733.51
71	366.75	469.68	549.40	601.59	798.74
72	400.09	513.16	600.14	658.13	871.22
73	440.68	562.45	658.13	723.36	955.30
74	482.72	617.54	723.36	792.94	1045.17
75	529.11	676.97	792.94	869.77	1146.65
76	578.40	740.75	869.77	953.85	1253.92
77	629.13	810.34	950.95	1043.72	1369.89
78	684.22	882.82	1040.82	1139.40	1494.55
79	740.75	963.99	1132.15	1243.77	1625.02
80	800.19				
81	861.07				
82	926.30				
83	994.44				
84	1064.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.29	60.88	71.03	78.28	104.37
45-49	55.09	68.13	79.73	86.98	115.97
50-54	73.93	89.88	102.92	110.17	147.86
55	84.08	104.37	117.42	129.02	175.40
56	88.43	108.72	124.67	136.26	187.00
57	94.23	115.97	133.36	146.41	201.50
58	100.02	124.67	143.51	158.01	215.99
59	108.72	134.81	155.11	171.05	233.39
60	117.42	146.41	168.16	184.10	252.23
61	127.57	158.01	184.10	200.05	271.08
62	137.71	172.50	200.05	215.99	292.82
63	147.86	184.10	214.54	233.39	316.02
64	158.01	197.15	230.49	249.33	337.76
65	171.05	211.64	244.99	268.18	363.85
66	184.10	226.14	263.83	288.47	392.85
67	200.05	247.88	288.47	313.12	426.19
68	215.99	269.63	316.02	342.11	465.33
69	234.84	295.72	345.01	375.45	508.82
70	255.13	321.81	376.90	411.69	556.65
71	279.78	355.16	414.59	453.73	608.84
72	308.77	392.85	458.08	501.57	672.62
73	340.66	434.88	508.82	556.65	742.20
74	378.35	481.27	563.90	617.54	820.48
75	417.49	533.46	624.78	684.22	906.01
76	460.98	589.99	688.57	755.25	997.34
77	505.92	649.43	761.05	833.53	1095.91
78	553.75	714.66	837.88	917.61	1201.73
79	605.94	784.24	917.61	1007.48	1316.25
80	658.13				
81	714.66				
82	772.65				
83	833.53				
84	898.76				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.43	75.38	85.53	94.23	123.22
45-49	66.68	81.18	95.67	104.37	136.26
50-54	84.08	104.37	121.77	131.92	172.50
55	97.12	121.77	137.71	152.21	204.40
56	102.92	127.57	146.41	158.01	218.89
57	107.27	134.81	155.11	168.16	231.94
58	115.97	144.96	166.71	182.65	249.33
59	124.67	156.56	181.20	195.70	266.73
60	134.81	168.16	194.25	211.64	284.12
61	144.96	181.20	210.19	229.04	305.87
62	156.56	195.70	226.14	247.88	329.06
63	166.71	210.19	243.54	263.83	353.71
64	179.75	223.24	260.93	282.68	378.35
65	192.80	240.64	278.33	301.52	405.89
66	205.85	258.03	298.62	326.16	437.78
67	223.24	279.78	326.16	353.71	475.47
68	242.09	302.97	355.16	385.60	520.41
69	262.38	331.96	387.05	421.84	568.25
70	287.02	363.85	424.74	462.43	621.89
71	313.12	398.64	465.33	508.82	682.77
72	345.01	440.68	514.61	562.45	752.35
73	379.80	485.62	569.70	621.89	830.63
74	421.84	539.26	630.58	690.02	917.61
75	465.33	595.79	697.27	763.95	1011.83
76	513.16	656.68	769.75	843.68	1114.75
77	562.45	723.36	848.03	930.65	1224.93
78	616.09	792.94	930.65	1023.43	1342.34
79	669.72	869.77	1021.98	1122.00	1468.46
80	727.71				
81	788.59				
82	852.37				
83	919.06				
84	988.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	65.23	79.73	92.78	100.02	131.92
45-49	71.03	88.43	102.92	110.17	144.96
50-54	88.43	110.17	127.57	139.16	182.65
55	102.92	127.57	146.41	160.91	215.99
56	107.27	134.81	155.11	168.16	230.49
57	114.52	143.51	165.26	179.75	244.99
58	123.22	153.66	176.85	192.80	262.38
59	131.92	165.26	191.35	205.85	279.78
60	142.06	176.85	205.85	223.24	298.62
61	152.21	191.35	221.79	240.64	320.37
62	163.81	205.85	239.19	259.48	345.01
63	175.40	221.79	255.13	278.33	369.65
64	187.00	234.84	272.53	297.17	395.75
65	201.50	252.23	291.37	317.47	424.74
66	214.54	271.08	313.12	340.66	456.63
67	233.39	292.82	340.66	369.65	498.67
68	253.68	318.92	371.10	404.44	543.61
69	273.98	347.91	405.89	442.13	592.89
70	300.07	379.80	445.03	484.17	649.43
71	327.61	417.49	487.07	532.01	713.21
72	359.50	460.98	539.26	588.54	785.69
73	397.19	508.82	597.24	650.88	868.32
74	440.68	562.45	659.58	721.91	958.20
75	485.62	620.44	727.71	798.74	1056.77
76	534.91	685.67	803.09	881.37	1165.49
77	587.09	753.80	885.72	972.69	1278.56
78	640.73	827.73	972.69	1069.82	1401.78
79	697.27	907.46	1065.47	1171.29	1533.69
80	756.70				
81	820.48				
82	887.16				
83	955.30				
84	1026.33				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.05	43.49	50.74	54.36	68.86
45-49	41.68	48.92	56.17	59.80	76.10
50-54	50.74	59.80	68.86	74.29	94.23
55	57.98	68.86	79.73	85.16	112.35
56	61.61	74.29	85.16	90.60	119.59
57	67.04	79.73	90.60	97.85	128.65
58	72.48	86.98	97.85	106.91	139.53
59	79.73	94.23	106.91	115.97	152.21
60	86.98	103.29	117.78	128.65	164.89
61	94.23	114.16	128.65	139.53	179.39
62	101.47	123.22	139.53	152.21	195.70
63	108.72	132.28	150.40	163.08	210.19
64	115.97	141.34	161.27	173.95	226.50
65	123.22	152.21	172.14	186.64	242.81
66	134.09	163.08	186.64	201.13	262.74
67	144.96	177.58	202.95	219.25	286.30
68	157.65	193.89	222.88	241.00	315.29
69	172.14	212.01	244.62	264.55	346.10
70	188.45	231.94	268.18	291.74	380.52
71	208.38	257.31	297.17	324.35	420.39
72	231.94	286.30	331.60	362.40	469.31
73	259.12	320.73	371.46	405.89	525.49
74	288.11	358.78	416.76	454.82	587.09
75	322.54	402.27	467.50	509.18	654.14
76	358.78	449.38	521.86	568.97	728.43
77	398.64	500.12	581.66	632.39	809.97
78	442.13	556.29	646.89	701.25	896.95
79	489.25	614.27	715.75	775.54	991.17
80	538.17				
81	592.53				
82	648.70				
83	708.50				
84	771.92				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.30	54.36	61.61	65.23	83.35
45-49	48.92	59.80	67.04	72.48	92.41
50-54	57.98	70.67	81.54	88.79	115.97
55	68.86	81.54	92.41	99.66	132.28
56	72.48	86.98	97.85	105.10	139.53
57	77.92	92.41	105.10	112.35	148.59
58	83.35	99.66	112.35	121.41	159.46
59	90.60	108.72	123.22	132.28	172.14
60	97.85	117.78	134.09	144.96	188.45
61	105.10	128.65	146.77	157.65	202.95
62	114.16	137.71	159.46	172.14	221.07
63	123.22	148.59	170.33	183.01	237.37
64	130.47	159.46	181.20	197.51	255.49
65	139.53	172.14	193.89	210.19	275.43
66	150.40	183.01	210.19	228.31	297.17
67	163.08	201.13	228.31	248.25	324.35
68	177.58	219.25	250.06	273.62	355.16
69	193.89	239.19	275.43	298.98	391.40
70	212.01	262.74	302.61	327.98	429.45
71	231.94	289.92	335.22	364.22	476.56
72	259.12	322.54	373.28	407.70	530.92
73	288.11	360.59	418.58	454.82	592.53
74	320.73	404.08	469.31	510.99	661.39
75	358.78	451.19	525.49	570.79	737.49
76	398.64	501.93	587.09	639.64	822.66
77	443.94	559.91	652.33	710.31	913.26
78	491.06	621.52	724.81	788.23	1009.30
79	541.79	688.57	802.72	873.39	1116.20
80	596.15				
81	654.14				
82	713.94				
83	779.17				
84	848.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.11	57.98	65.23	70.67	90.60
45-49	52.55	63.42	72.48	77.92	99.66
50-54	61.61	76.10	86.98	94.23	125.03
55	72.48	86.98	97.85	106.91	139.53
56	76.10	92.41	103.29	112.35	146.77
57	81.54	97.85	110.53	119.59	155.83
58	86.98	105.10	119.59	128.65	168.52
59	94.23	114.16	130.47	139.53	181.20
60	103.29	123.22	141.34	152.21	197.51
61	110.53	134.09	154.02	164.89	213.82
62	119.59	144.96	166.71	179.39	231.94
63	128.65	155.83	179.39	192.07	250.06
64	135.90	166.71	190.26	206.57	268.18
65	146.77	179.39	202.95	221.07	288.11
66	157.65	192.07	219.25	239.19	311.67
67	170.33	210.19	239.19	260.93	340.66
68	184.83	230.13	262.74	286.30	373.28
69	202.95	250.06	288.11	313.48	409.52
70	221.07	275.43	317.10	344.28	451.19
71	242.81	302.61	351.53	382.34	500.12
72	269.99	337.04	391.40	425.82	556.29
73	300.80	376.90	438.51	476.56	621.52
74	335.22	422.20	491.06	534.55	694.00
75	375.09	471.13	549.04	597.97	773.73
76	416.76	525.49	614.27	668.64	862.52
77	462.07	585.28	683.13	744.74	956.75
78	510.99	648.70	757.42	826.28	1058.22
79	563.54	719.37	838.97	915.07	1168.75
80	619.71				
81	679.51				
82	742.93				
83	809.97				
84	880.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.48	88.79	101.47	108.72	148.59
45-49	79.73	97.85	112.35	121.41	164.89
50-54	97.85	121.41	139.53	154.02	210.19
55	114.16	141.34	163.08	177.58	242.81
56	119.59	148.59	172.14	188.45	257.31
57	126.84	157.65	183.01	199.32	271.80
58	135.90	168.52	195.70	212.01	288.11
59	143.15	179.39	208.38	226.50	306.23
60	154.02	192.07	221.07	241.00	326.16
61	164.89	204.76	237.37	257.31	347.91
62	175.77	219.25	253.68	275.43	371.46
63	186.64	233.75	271.80	293.55	396.83
64	199.32	248.25	288.11	313.48	422.20
65	212.01	264.55	308.04	335.22	451.19
66	226.50	284.49	329.79	358.78	485.62
67	244.62	306.23	356.97	387.77	523.67
68	264.55	331.60	385.96	420.39	567.16
69	284.49	358.78	416.76	454.82	612.46
70	308.04	389.58	453.01	494.68	665.01
71	333.41	424.01	492.87	538.17	723.00
72	364.22	463.88	539.98	590.72	790.04
73	400.46	509.18	594.34	650.52	866.15
74	440.32	559.91	654.14	715.75	949.50
75	483.81	614.27	719.37	786.42	1041.91
76	529.11	674.07	790.04	866.15	1141.57
77	578.03	739.30	867.96	949.50	1248.48
78	628.77	808.16	951.31	1040.10	1362.64
79	683.13	882.45	1040.10	1136.14	1485.86
80	739.30				
81	797.29				
82	858.90				
83	922.32				
84	989.36				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	83.35	103.29	119.59	130.47	172.14
45-49	92.41	115.97	132.28	144.96	192.07
50-54	114.16	143.15	164.89	179.39	242.81
55	128.65	163.08	188.45	204.76	279.05
56	134.09	172.14	199.32	215.63	293.55
57	141.34	181.20	210.19	228.31	308.04
58	150.40	192.07	222.88	242.81	326.16
59	161.27	202.95	235.56	259.12	346.10
60	173.95	215.63	251.87	273.62	366.03
61	184.83	230.13	268.18	291.74	391.40
62	197.51	246.43	286.30	311.67	416.76
63	210.19	260.93	306.23	333.41	445.76
64	222.88	279.05	324.35	355.16	474.75
65	237.37	297.17	347.91	378.71	507.37
66	253.68	318.92	371.46	405.89	543.61
67	271.80	344.28	402.27	438.51	587.09
68	293.55	371.46	434.88	474.75	636.02
69	317.10	404.08	469.31	514.61	686.76
70	344.28	438.51	510.99	559.91	744.74
71	373.28	476.56	556.29	608.84	809.97
72	407.70	521.86	608.84	666.82	886.08
73	447.57	570.79	668.64	733.87	969.43
74	491.06	626.96	733.87	804.54	1061.84
75	538.17	688.57	806.35	882.45	1165.13
76	588.91	751.99	884.27	969.43	1275.66
77	641.46	824.47	967.62	1061.84	1393.44
78	697.63	898.76	1060.03	1159.69	1520.28
79	755.61	982.11	1154.26	1264.79	1654.37
80	817.22				
81	880.64				
82	945.87				
83	1016.54				
84	1089.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	88.79	110.53	126.84	139.53	183.01
45-49	97.85	123.22	141.34	155.83	202.95
50-54	121.41	152.21	175.77	190.26	257.31
55	135.90	172.14	199.32	217.44	293.55
56	141.34	181.20	210.19	228.31	308.04
57	148.59	190.26	221.07	241.00	324.35
58	157.65	201.13	233.75	255.49	342.47
59	168.52	213.82	248.25	271.80	362.40
60	181.20	226.50	264.55	288.11	384.15
61	193.89	241.00	280.86	306.23	409.52
62	206.57	257.31	300.80	327.98	436.70
63	219.25	273.62	320.73	349.72	465.69
64	233.75	291.74	340.66	373.28	496.49
65	248.25	311.67	364.22	396.83	530.92
66	264.55	333.41	389.58	425.82	568.97
67	284.49	360.59	420.39	460.25	614.27
68	306.23	389.58	454.82	498.31	665.01
69	331.60	422.20	492.87	539.98	719.37
70	358.78	458.44	534.55	587.09	779.17
71	389.58	498.31	583.47	639.64	848.03
72	425.82	545.42	637.83	699.44	925.94
73	467.50	597.97	699.44	768.30	1014.73
74	512.80	655.95	768.30	842.59	1110.77
75	561.73	719.37	842.59	924.13	1217.68
76	614.27	786.42	924.13	1012.92	1331.83
77	668.64	860.71	1011.11	1108.96	1455.05
78	726.62	938.63	1105.33	1210.43	1587.33
79	786.42	1023.79	1203.18	1320.96	1726.86
80	849.84				
81	915.07				
82	983.93				
83	1056.41				
84	1130.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.55	65.23	76.10	83.35	110.53
45-49	57.98	72.48	85.16	92.41	123.22
50-54	77.92	96.04	108.72	117.78	157.65
55	88.79	110.53	125.03	137.71	186.64
56	94.23	115.97	132.28	144.96	199.32
57	99.66	123.22	141.34	155.83	213.82
58	106.91	132.28	152.21	168.52	230.13
59	115.97	143.15	164.89	181.20	248.25
60	125.03	155.83	179.39	195.70	268.18
61	135.90	168.52	195.70	212.01	288.11
62	146.77	183.01	212.01	230.13	311.67
63	157.65	195.70	228.31	248.25	335.22
64	168.52	210.19	244.62	264.55	358.78
65	181.20	224.69	260.93	284.49	385.96
66	195.70	241.00	280.86	306.23	416.76
67	212.01	262.74	306.23	333.41	453.01
68	230.13	286.30	335.22	364.22	494.68
69	250.06	313.48	366.03	398.64	539.98
70	271.80	342.47	400.46	436.70	590.72
71	297.17	376.90	440.32	482.00	646.89
72	327.98	416.76	487.43	532.73	713.94
73	362.40	462.07	539.98	590.72	788.23
74	402.27	510.99	599.78	655.95	871.58
75	443.94	567.16	663.20	726.62	962.18
76	489.25	626.96	732.06	802.72	1060.03
77	538.17	690.38	808.16	886.08	1165.13
78	588.91	759.24	889.70	974.87	1277.47
79	643.27	833.53	974.87	1070.90	1398.88
80	699.44				
81	759.24				
82	820.85				
83	886.08				
84	954.93				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.42	79.73	90.60	99.66	130.47
45-49	70.67	86.98	101.47	110.53	144.96
50-54	88.79	110.53	128.65	139.53	183.01
55	103.29	128.65	146.77	161.27	217.44
56	108.72	135.90	155.83	168.52	231.94
57	114.16	143.15	164.89	179.39	246.43
58	123.22	154.02	177.58	193.89	264.55
59	132.28	166.71	192.07	208.38	282.68
60	143.15	179.39	206.57	224.69	302.61
61	154.02	192.07	222.88	242.81	324.35
62	166.71	208.38	241.00	262.74	349.72
63	177.58	222.88	259.12	280.86	375.09
64	190.26	237.37	277.24	300.80	402.27
65	204.76	255.49	295.36	320.73	431.26
66	219.25	273.62	317.10	346.10	465.69
67	237.37	297.17	346.10	375.09	505.55
68	257.31	322.54	376.90	409.52	552.67
69	279.05	353.34	411.33	447.57	603.40
70	304.42	385.96	451.19	491.06	661.39
71	333.41	424.01	494.68	539.98	724.81
72	366.03	467.50	547.23	597.97	799.10
73	404.08	516.43	605.21	661.39	882.45
74	447.57	572.60	670.45	733.87	974.87
75	494.68	632.39	741.12	811.78	1074.53
76	545.42	697.63	817.22	896.95	1185.06
77	597.97	768.30	900.57	989.36	1301.03
78	654.14	842.59	989.36	1087.21	1426.06
79	712.12	924.13	1085.40	1192.31	1560.15
80	773.73				
81	837.15				
82	906.01				
83	976.68				
84	1050.97				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.86	85.16	97.85	106.91	139.53
45-49	76.10	94.23	108.72	117.78	154.02
50-54	94.23	117.78	135.90	148.59	193.89
55	108.72	135.90	155.83	170.33	230.13
56	114.16	143.15	164.89	179.39	244.62
57	121.41	152.21	175.77	190.26	260.93
58	130.47	163.08	188.45	204.76	279.05
59	139.53	175.77	202.95	219.25	297.17
60	150.40	188.45	219.25	237.37	317.10
61	161.27	202.95	235.56	255.49	340.66
62	173.95	219.25	253.68	275.43	366.03
63	186.64	235.56	271.80	295.36	393.21
64	199.32	250.06	289.92	315.29	420.39
65	213.82	268.18	309.86	337.04	451.19
66	228.31	288.11	333.41	362.40	485.62
67	248.25	311.67	362.40	393.21	529.11
68	269.99	338.85	395.02	429.45	578.03
69	291.74	369.65	431.26	469.31	630.58
70	318.92	404.08	472.94	514.61	690.38
71	347.91	443.94	518.24	565.35	757.42
72	382.34	489.25	572.60	625.15	835.34
73	422.20	539.98	634.21	692.19	922.32
74	467.50	597.97	701.25	766.48	1018.36
75	516.43	659.58	773.73	848.03	1123.45
76	568.97	728.43	853.46	936.81	1237.61
77	623.33	800.91	940.44	1032.85	1359.02
78	681.32	878.83	1032.85	1136.14	1489.48
79	741.12	963.99	1132.51	1244.86	1629.01
80	804.54				
81	871.58				
82	942.25				
83	1014.73				
84	1090.84				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.30	50.74	59.80	63.42	81.54
45-49	48.92	57.98	65.23	70.67	88.79
50-54	59.80	70.67	81.54	86.98	110.53
55	68.86	81.54	94.23	99.66	132.28
56	72.48	86.98	99.66	106.91	141.34
57	79.73	94.23	106.91	115.97	152.21
58	85.16	101.47	115.97	125.03	164.89
59	94.23	110.53	125.03	135.90	179.39
60	101.47	121.41	137.71	152.21	193.89
61	110.53	134.09	152.21	164.89	210.19
62	119.59	144.96	164.89	179.39	230.13
63	128.65	155.83	177.58	192.07	246.43
64	135.90	166.71	190.26	204.76	266.37
65	144.96	179.39	202.95	219.25	286.30
66	157.65	192.07	219.25	237.37	309.86
67	170.33	208.38	239.19	257.31	337.04
68	184.83	228.31	262.74	282.68	371.46
69	202.95	250.06	288.11	311.67	407.70
70	221.07	273.62	315.29	342.47	447.57
71	244.62	302.61	349.72	382.34	494.68
72	273.62	337.04	389.58	425.82	552.67
73	304.42	376.90	436.70	478.37	617.90
74	338.85	422.20	491.06	534.55	690.38
75	378.71	472.94	550.85	599.78	770.11
76	422.20	529.11	614.27	668.64	857.09
77	469.31	588.91	684.94	744.74	953.12
78	520.05	654.14	761.05	824.47	1054.60
79	576.22	723.00	842.59	913.26	1166.94
80	632.39				
81	697.63				
82	762.86				
83	833.53				
84	907.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.55	63.42	72.48	76.10	97.85
45-49	57.98	70.67	79.73	85.16	108.72
50-54	68.86	83.35	96.04	105.10	135.90
55	81.54	96.04	108.72	117.78	155.83
56	85.16	101.47	115.97	123.22	164.89
57	92.41	108.72	123.22	132.28	173.95
58	97.85	117.78	132.28	143.15	188.45
59	106.91	128.65	144.96	155.83	202.95
60	115.97	137.71	157.65	170.33	221.07
61	123.22	152.21	172.14	184.83	239.19
62	134.09	161.27	188.45	202.95	260.93
63	144.96	173.95	201.13	215.63	279.05
64	154.02	188.45	213.82	231.94	300.80
65	164.89	202.95	228.31	246.43	324.35
66	177.58	215.63	246.43	268.18	349.72
67	192.07	237.37	268.18	291.74	382.34
68	208.38	257.31	293.55	322.54	418.58
69	228.31	280.86	324.35	351.53	460.25
70	250.06	309.86	355.16	385.96	505.55
71	273.62	340.66	395.02	427.64	559.91
72	304.42	378.71	438.51	480.19	625.15
73	338.85	424.01	492.87	534.55	697.63
74	376.90	474.75	552.67	601.59	777.36
75	422.20	530.92	617.90	672.26	867.96
76	469.31	590.72	690.38	751.99	967.62
77	521.86	659.58	768.30	835.34	1074.53
78	578.03	732.06	853.46	927.75	1186.87
79	637.83	809.97	944.06	1027.42	1313.71
80	701.25				
81	770.11				
82	840.78				
83	916.88				
84	998.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.17	68.86	76.10	83.35	106.91
45-49	61.61	74.29	85.16	92.41	117.78
50-54	72.48	88.79	101.47	110.53	146.77
55	85.16	101.47	115.97	125.03	164.89
56	88.79	108.72	121.41	132.28	172.14
57	96.04	115.97	130.47	141.34	183.01
58	101.47	123.22	141.34	152.21	197.51
59	110.53	134.09	154.02	164.89	213.82
60	121.41	144.96	166.71	179.39	231.94
61	130.47	157.65	181.20	193.89	251.87
62	141.34	170.33	195.70	210.19	273.62
63	152.21	183.01	210.19	226.50	293.55
64	159.46	195.70	224.69	242.81	315.29
65	172.14	210.19	239.19	260.93	338.85
66	184.83	226.50	257.31	280.86	366.03
67	201.13	246.43	280.86	306.23	400.46
68	217.44	269.99	309.86	337.04	438.51
69	239.19	293.55	338.85	369.65	482.00
70	260.93	324.35	373.28	405.89	530.92
71	286.30	355.16	413.14	449.38	588.91
72	317.10	396.83	460.25	500.12	654.14
73	353.34	443.94	516.43	559.91	732.06
74	395.02	496.49	578.03	628.77	817.22
75	442.13	554.48	645.08	703.06	909.63
76	491.06	617.90	723.00	786.42	1014.73
77	543.61	688.57	804.54	877.02	1125.26
78	601.59	762.86	891.51	971.24	1244.86
79	663.20	846.21	987.55	1076.34	1375.32
80	728.43				
81	799.10				
82	873.39				
83	953.12				
84	1036.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	85.16	105.10	119.59	128.65	173.95
45-49	94.23	115.97	132.28	143.15	193.89
50-54	115.97	143.15	164.89	181.20	246.43
55	134.09	166.71	192.07	208.38	286.30
56	141.34	173.95	202.95	221.07	302.61
57	148.59	184.83	215.63	233.75	318.92
58	159.46	197.51	230.13	250.06	338.85
59	168.52	210.19	244.62	266.37	360.59
60	181.20	226.50	260.93	282.68	384.15
61	193.89	241.00	279.05	302.61	409.52
62	206.57	257.31	298.98	324.35	436.70
63	219.25	275.43	318.92	346.10	467.50
64	233.75	291.74	338.85	369.65	496.49
65	250.06	311.67	362.40	395.02	530.92
66	266.37	335.22	387.77	422.20	570.79
67	288.11	360.59	420.39	456.63	616.09
68	311.67	389.58	454.82	494.68	666.82
69	335.22	422.20	491.06	534.55	721.18
70	362.40	458.44	532.73	581.66	782.79
71	391.40	498.31	579.85	632.39	849.84
72	427.64	545.42	636.02	695.82	929.57
73	471.13	599.78	699.44	764.67	1018.36
74	518.24	659.58	770.11	842.59	1116.20
75	568.97	723.00	846.21	925.94	1224.93
76	623.33	793.66	929.57	1018.36	1342.71
77	679.51	869.77	1021.98	1116.20	1469.55
78	739.30	951.31	1119.83	1223.11	1603.64
79	804.54	1038.29	1223.11	1337.27	1748.60
80	869.77				
81	938.63				
82	1011.11				
83	1085.40				
84	1163.32				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	97.85	121.41	141.34	154.02	202.95
45-49	108.72	135.90	155.83	170.33	226.50
50-54	134.09	168.52	193.89	210.19	286.30
55	152.21	192.07	221.07	241.00	327.98
56	157.65	202.95	233.75	253.68	346.10
57	166.71	213.82	246.43	268.18	362.40
58	177.58	226.50	262.74	286.30	384.15
59	190.26	239.19	277.24	304.42	407.70
60	204.76	253.68	297.17	322.54	431.26
61	217.44	269.99	315.29	342.47	460.25
62	231.94	289.92	337.04	366.03	491.06
63	246.43	306.23	360.59	391.40	523.67
64	262.74	327.98	382.34	418.58	558.10
65	279.05	349.72	409.52	445.76	596.15
66	298.98	375.09	436.70	478.37	639.64
67	318.92	405.89	472.94	516.43	690.38
68	346.10	436.70	510.99	558.10	748.36
69	373.28	474.75	552.67	605.21	808.16
70	405.89	516.43	601.59	659.58	877.02
71	438.51	559.91	654.14	715.75	953.12
72	480.19	614.27	715.75	784.60	1041.91
73	527.30	672.26	786.42	862.52	1139.76
74	578.03	737.49	862.52	945.87	1248.48
75	632.39	809.97	949.50	1038.29	1369.89
76	692.19	884.27	1040.10	1139.76	1500.35
77	753.80	969.43	1137.95	1248.48	1639.88
78	820.85	1058.22	1246.67	1364.45	1788.46
79	889.70	1156.07	1357.20	1487.67	1946.11
80	962.18				
81	1036.48				
82	1112.58				
83	1195.93				
84	1281.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	105.10	130.47	148.59	164.89	215.63
45-49	115.97	144.96	166.71	183.01	239.19
50-54	143.15	179.39	206.57	224.69	302.61
55	159.46	202.95	233.75	255.49	346.10
56	166.71	213.82	246.43	268.18	362.40
57	173.95	224.69	260.93	282.68	382.34
58	184.83	237.37	275.43	300.80	402.27
59	197.51	251.87	291.74	318.92	425.82
60	213.82	266.37	311.67	338.85	451.19
61	228.31	282.68	329.79	360.59	482.00
62	242.81	302.61	353.34	385.96	514.61
63	257.31	322.54	376.90	411.33	547.23
64	275.43	342.47	400.46	438.51	583.47
65	291.74	366.03	427.64	467.50	625.15
66	311.67	391.40	458.44	500.12	668.64
67	335.22	424.01	494.68	541.79	723.00
68	360.59	458.44	534.55	587.09	782.79
69	389.58	496.49	579.85	636.02	846.21
70	422.20	539.98	628.77	690.38	916.88
71	458.44	587.09	686.76	751.99	998.42
72	500.12	641.46	750.18	822.66	1089.02
73	550.85	703.06	822.66	904.20	1194.12
74	603.40	771.92	904.20	991.17	1306.47
75	661.39	846.21	991.17	1087.21	1433.31
76	723.00	925.94	1087.21	1192.31	1567.40
77	786.42	1012.92	1188.69	1304.65	1712.36
78	855.27	1103.52	1301.03	1424.25	1868.19
79	925.94	1204.99	1415.19	1554.71	2031.27
80	1000.24				
81	1076.34				
82	1157.88				
83	1243.05				
84	1330.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.61	76.10	88.79	97.85	130.47
45-49	68.86	85.16	99.66	108.72	144.96
50-54	92.41	112.35	128.65	137.71	184.83
55	105.10	130.47	146.77	161.27	219.25
56	110.53	135.90	155.83	170.33	233.75
57	117.78	144.96	166.71	183.01	251.87
58	125.03	155.83	179.39	197.51	269.99
59	135.90	168.52	193.89	213.82	291.74
60	146.77	183.01	210.19	230.13	315.29
61	159.46	197.51	230.13	250.06	338.85
62	172.14	215.63	250.06	269.99	366.03
63	184.83	230.13	268.18	291.74	395.02
64	197.51	246.43	288.11	311.67	422.20
65	213.82	264.55	306.23	335.22	454.82
66	230.13	282.68	329.79	360.59	491.06
67	250.06	309.86	360.59	391.40	532.73
68	269.99	337.04	395.02	427.64	581.66
69	293.55	369.65	431.26	469.31	636.02
70	318.92	402.27	471.13	514.61	695.82
71	349.72	443.94	518.24	567.16	761.05
72	385.96	491.06	572.60	626.96	840.78
73	425.82	543.61	636.02	695.82	927.75
74	472.94	601.59	704.88	771.92	1025.60
75	521.86	666.82	780.98	855.27	1132.51
76	576.22	737.49	860.71	944.06	1246.67
77	632.39	811.78	951.31	1041.91	1369.89
78	692.19	893.33	1047.35	1147.01	1502.16
79	757.42	980.30	1147.01	1259.35	1645.31
80	822.66				
81	893.33				
82	965.81				
83	1041.91				
84	1123.45				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74.29	94.23	106.91	117.78	154.02
45-49	83.35	101.47	119.59	130.47	170.33
50-54	105.10	130.47	152.21	164.89	215.63
55	121.41	152.21	172.14	190.26	255.49
56	128.65	159.46	183.01	197.51	273.62
57	134.09	168.52	193.89	210.19	289.92
58	144.96	181.20	208.38	228.31	311.67
59	155.83	195.70	226.50	244.62	333.41
60	168.52	210.19	242.81	264.55	355.16
61	181.20	226.50	262.74	286.30	382.34
62	195.70	244.62	282.68	309.86	411.33
63	208.38	262.74	304.42	329.79	442.13
64	224.69	279.05	326.16	353.34	472.94
65	241.00	300.80	347.91	376.90	507.37
66	257.31	322.54	373.28	407.70	547.23
67	279.05	349.72	407.70	442.13	594.34
68	302.61	378.71	443.94	482.00	650.52
69	327.98	414.95	483.81	527.30	710.31
70	358.78	454.82	530.92	578.03	777.36
71	391.40	498.31	581.66	636.02	853.46
72	431.26	550.85	643.27	703.06	940.44
73	474.75	607.03	712.12	777.36	1038.29
74	527.30	674.07	788.23	862.52	1147.01
75	581.66	744.74	871.58	954.93	1264.79
76	641.46	820.85	962.18	1054.60	1393.44
77	703.06	904.20	1060.03	1163.32	1531.16
78	770.11	991.17	1163.32	1279.29	1677.93
79	837.15	1087.21	1277.47	1402.50	1835.58
80	909.63				
81	985.74				
82	1065.47				
83	1148.82				
84	1235.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with Second 20.4% Increase (Cumulative 44.96%)
per $10 of Maximum Daily Facility Benefit
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	81.54	99.66	115.97	125.03	164.89
45-49	88.79	110.53	128.65	137.71	181.20
50-54	110.53	137.71	159.46	173.95	228.31
55	128.65	159.46	183.01	201.13	269.99
56	134.09	168.52	193.89	210.19	288.11
57	143.15	179.39	206.57	224.69	306.23
58	154.02	192.07	221.07	241.00	327.98
59	164.89	206.57	239.19	257.31	349.72
60	177.58	221.07	257.31	279.05	373.28
61	190.26	239.19	277.24	300.80	400.46
62	204.76	257.31	298.98	324.35	431.26
63	219.25	277.24	318.92	347.91	462.07
64	233.75	293.55	340.66	371.46	494.68
65	251.87	315.29	364.22	396.83	530.92
66	268.18	338.85	391.40	425.82	570.79
67	291.74	366.03	425.82	462.07	623.33
68	317.10	398.64	463.88	505.55	679.51
69	342.47	434.88	507.37	552.67	741.12
70	375.09	474.75	556.29	605.21	811.78
71	409.52	521.86	608.84	665.01	891.51
72	449.38	576.22	674.07	735.68	982.11
73	496.49	636.02	746.55	813.60	1085.40
74	550.85	703.06	824.47	902.39	1197.75
75	607.03	775.54	909.63	998.42	1320.96
76	668.64	857.09	1003.86	1101.71	1456.86
77	733.87	942.25	1107.14	1215.87	1598.20
78	800.91	1034.66	1215.87	1337.27	1752.22
79	871.58	1134.32	1331.83	1464.11	1917.12
80	945.87				
81	1025.60				
82	1108.96				
83	1194.12				
84	1282.91				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	Please see actuarial certification in Section 22 of the actuarial memorandum.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	10/27/2014

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA_PS Act Memo_LR_44.96%_20150720.pdf
Item Status:	Received & Acknowledged
Status Date:	11/17/2015

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	VA_PS CovLtr_LR_20130426.pdf
Item Status:	Received & Acknowledged
Status Date:	10/27/2014

Satisfied - Item:	Supplement to the Actuarial Memorandum
Comments:	
Attachment(s):	VA_PS_Supplement_20130426.pdf PS RI Notice in use.pdf PS RI Notice with CNF in use.pdf PS mailing FAQ in use.pdf
Item Status:	Received & Acknowledged
Status Date:	07/01/2015

Satisfied - Item:	Rate Revision Review Requirements Checklist
Comments:	
Attachment(s):	VA_Rate Revision Checklist_20130426.pdf
Item Status:	Received & Acknowledged
Status Date:	10/27/2014

Satisfied - Item:	Letter of Authorization
Comments:	

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Attachment(s):	CCC_Authorization_20130426.pdf
Item Status:	Received & Acknowledged
Status Date:	10/27/2014

Satisfied - Item:	Response to July 19, 2013 Objection
Comments:	
Attachment(s):	VA_Response to 20130719 Letter_20130809.pdf
Item Status:	Received & Acknowledged
Status Date:	10/27/2014

Satisfied - Item:	Response to August 25, 2013 Objection
Comments:	
Attachment(s):	VA_Response to 20130825 Letter_20131015.pdf VA PS_Exhibits_20131015.xlsb
Item Status:	Received & Acknowledged
Status Date:	10/27/2014

Satisfied - Item:	Response to December 20, 2013 Objection
Comments:	
Attachment(s):	VA_Response to 20131220 Letter_20140218.pdf
Item Status:	Received & Acknowledged
Status Date:	10/27/2014

Satisfied - Item:	Response to May 12, 2014 Objection
Comments:	
Attachment(s):	VA_Response to 20140512 Letter_20140718.pdf
Item Status:	Received & Acknowledged
Status Date:	10/27/2014

Satisfied - Item:	Response to August 14, 2014 Objection
Comments:	
Attachment(s):	VA_Response to 20140814 Letter_20140909.pdf Rate Request Summary_20140909.pdf PS VA 09_04_2014.pdf PS VA w CNF 09_02_2014.pdf PS mailing FAQ draft 09042014.pdf
Item Status:	Received & Acknowledged
Status Date:	01/29/2015

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Satisfied - Item:	Response to October 27, 2014 Objection
Comments:	
Attachment(s):	VA_Response to 20141027 Letter_20141201.pdf Premium Billing Notice.pdf Premium Reduction Quote.pdf Nonforfeiture Nonpayment Termination.pdf Nonforfeiture Voluntary Termination.pdf
Item Status:	Received & Acknowledged
Status Date:	07/01/2015

Satisfied - Item:	Response to January 29, 2015 Objection
Comments:	
Attachment(s):	VA_Response to 20150129 Letter_20150311.pdf ActMemo_P1_N0075.pdf ActMemo_P1_N0076.pdf ActMemo_P1_N0080.pdf ActMemo_P1_N0081.pdf ActMemo_P1_N0085.pdf ActMemo_P1_N0086.pdf ActMemo_P1_N0090.pdf ActMemo_P1_N0091.pdf ActMemo_P1_N0095.pdf ActMemo_P1_N0100.pdf PS VA w CNF for filing 2015-02-26.pdf ActMemo_P1_N0096.pdf ActMemo_P1_N0101.pdf PS VA no CNF for filing 2015-02-26.pdf
Item Status:	Received & Acknowledged
Status Date:	04/16/2015

Satisfied - Item:	Response to April 3, 2015 Phone Call
Comments:	
Attachment(s):	VA_Response to 20150403 Phone Call_20150407.pdf VA_PS Act Memo_LR_45%_20150407.pdf PS VA Draft no CNF for filing 2015-04-03.pdf PS VA w CNF Draft for filing 2015-04-03.pdf
Item Status:	Received & Acknowledged
Status Date:	04/16/2015

Satisfied - Item:	Response to April 16, 2015 Objection
Comments:	

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Attachment(s):	VA_Response to 20150416 Letter_20150618.pdf VA PS mailing FAQ 2015-04-20.pdf PS VA no CNF Draft for filing 2015-04-20.pdf PS VA w CNF Draft for filing 2015-04-20.pdf Rate Request Summary_20150618.pdf
Item Status:	Received & Acknowledged
Status Date:	11/23/2015

Satisfied - Item:	Certificate of Compliance
Comments:	
Attachment(s):	Cert of Compliance.pdf
Item Status:	Received & Acknowledged
Status Date:	11/17/2015

Satisfied - Item:	Readability Certifications
Comments:	
Attachment(s):	Readability Cert_Endorsement.pdf Readability Cert_Inflation Rider REVISED.pdf Readability Cert.pdf
Item Status:	Received & Acknowledged
Status Date:	11/17/2015

Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	Statement of Variability - Endorsement - FINAL.pdf Statement of Variability - CNF rider - FINAL.pdf Statement of Variability - Simple Inflation rider - FINAL REVISED.pdf Statement of Variability - PS VA w CNF Draft for Filing - A - 2015-11-02.pdf Statement of Variability - PS VA no CNF Draft for Filing - A - 2015-11-02.pdf
Item Status:	Received & Acknowledged
Status Date:	11/17/2015

Satisfied - Item:	Response to July 1, 2015 Objection
Comments:	
Attachment(s):	VA_Response to 20150701 Letter_20150720.pdf
Item Status:	Received & Acknowledged
Status Date:	11/17/2015

Satisfied - Item:	Response to September 18, 2015 Note To Filer

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Comments:	
Attachment(s):	VA PS_Status Listing_20150923.pdf VA PS_Status Listing_20150923.xlsb
Item Status:	Received & Acknowledged
Status Date:	11/17/2015

Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	Current (RS_PS_VA_A45)_20151119.pdf
Item Status:	Received & Acknowledged
Status Date:	11/23/2015

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Attachment VA PS_Exhibits_20131015.xlsb is not a PDF document and cannot be reproduced here.

Attachment VA PS_Status Listing_20150923.xlsb is not a PDF document and cannot be reproduced here.

Continental Casualty Company (CCC)
Address: 333 S. Wabash Ave, Chicago, IL 60604

Actuarial Memorandum for the Preferred Solution Series
July 20, 2015

Product	Number
Comprehensive Long Term Care	P1-N0080-A45
Comprehensive Long Term Care	P1-N0081-A45
Comprehensive Long Term Care	P1-N0085-A45
Comprehensive Long Term Care	P1-N0086-A45
Comprehensive Long Term Care	P1-N0095-A45
Comprehensive Long Term Care	P1-N0096-A45
Comprehensive Long Term Care	P1-N0100-A45
Comprehensive Long Term Care	P1-N0101-A45
Nursing Home Only	P1-N0075-A45
Nursing Home Only	P1-N0076-A45
Nursing Home Only	P1-N0090-A45
Nursing Home Only	P1-N0091-A45
Compound Automatic Increase Benefit Rider	R1-N0078-A
Simple Automatic Increase Benefit Rider	R1-N0079-A
Compound Automatic Increase Benefit Rider	R1-N0088-A
Simple Automatic Increase Benefit Rider	R1-N0098-A
Survivorship Benefit Rider	R1-N0103-A
Dual Waiver of Premium Rider	R1-N0104-A
Shared Advantage Rider	R1-N0105-A
Restoration of Benefits Rider	R1-N0106-A
Cost of Living Increase Rider	R1-N0107-A
Restoration of Benefits Rider	R1-N0108-A

The above captioned policy forms provide comprehensive or facility only coverage. These forms were sold concurrently with identical original pricing assumptions and have been grouped into policy group “Preferred Solution” for experience purposes. These policy forms were issued in Virginia by CCC from August 1998 through July 2003 and are no longer being marketed in any jurisdiction.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of documenting the rates and demonstrating that the anticipated loss ratio of these policy forms with those rates meets the minimum requirements of the jurisdiction. It may not be suitable for other purposes.

This is a rate increase filing for the above captioned forms. An 80% rate increase was originally requested for all policyholders covered under these policy forms including all associated riders. As described in Section 17 below, the company is revising the request to 44.96%, to be implemented over a two-year period as two consecutive annual increases of 20.4%.

2. Description of Benefits

All of the forms are guaranteed renewable individual long term care policies sold through non-captive agents. These tax qualified and non-tax qualified forms provide long-term care confinement and home health care benefits with lifetime limits. Benefits are limited to the policy’s lifetime maximum which is equal to the following multipliers times the

facility daily benefit amount: 365x, 730x, 1095x, 1460x, 1825x, or Unlimited. Benefit eligibility for the tax qualified forms requires inability to perform two or more activities of daily living or being cognitively impaired. Benefit eligibility for the non-tax qualified forms requires inability to perform two or more activities of daily living, being cognitively impaired, or medical necessity.

Long-Term Care Benefits: This policy pays the Long-Term Care Daily Benefit Amount, as shown on insured's policy schedule, for each day of Long-Term Care confinement in a nursing home or assisted living facility, limited to the Benefit Lifetime Maximum.

Home Health Care Benefits: For comprehensive policy forms, this policy pays 100% of the expenses incurred for each day of care for therapist or nurse, 100% or 80% (percentage varies by form) of the expenses incurred for each day of care for home health aide, medical social worker, or homemaker, and 100% or 80% (percentage varies by form) of expenses incurred for each day of care for Adult Day Care or Alternate Care Facility. The total benefits payable each day for Home Health Care benefits are limited to the daily benefit amount shown on the insured's application and are subject to the policy's Benefit Lifetime Maximum.

Other Benefits: The policies may include a bed reservation, waiver of premium, nonforfeiture, and alternate plan of care benefit.

Optional Benefits: Optional riders may include inflation protection, survivorship, shared benefit, dual waiver of premium, and restoration of benefits.

3. Renewability

These forms are guaranteed renewable long-term care policy forms.

4. Applicability

This filing applies to in-force insureds only, as these forms are no longer being marketed. The premium change will apply to the base forms and all riders associated with the base forms.

5. Actuarial Assumptions

a. Morbidity. The Milliman 2002 *Long-Term Care Guidelines* (Milliman *LTCGs*) provide the basis for the claim costs. The Milliman *LTCGs* provide a flexible, but consistent, basis for the determination of claim costs for a wide variety of long-term care benefit packages. These rating structures can be used to anticipate future claim levels, evaluate past experience, and establish inter-relationships between different long-term care coverages. Milliman analyzed nearly $1.8 billion in long-term care insurance incurred claims to develop the Milliman *LTCGs*.

   Adjustments were then made to incorporate CCC individual long-term care actual claim experience which is deemed 100% credible on a nationwide basis. A global actual-to-expected (A/E) scalar of 99.6% was derived and is applied to the Milliman *LTCGs* claim costs. An A/E adjustment based on issue age is also applied to the base claim costs, shown in the table below.

Issue Ages	A/E Adjustment
<60	73.9%
60-69	109.2
70-74	119.0
75+	124.1

A 1.6% annual improvement in projected morbidity is assumed to apply for 15 years, as supported by the National Long Term Care Survey results, and presented at the Society of Actuaries 2004 Spring Meeting, "Morbidity Improvement and Its Impact on LTC Insurance Pricing and Valuation".

A scalar experience adjustment of 91.0% was applied to all claim costs based on the comparison of projected incurred claims to actual experience. This adjustment was made to reflect that actual historical experience has been running better than the LTCGs best estimate. The adjustment was developed by inspection of the progression of the historical to projected values and smoothing the transition of annual loss ratios from the historical period to the projection period.

Additional adjustments for inflation protection (if applicable), underwriting risk classification, selection, and election of other riders were also used.

b. Persistency. Mortality is assumed to follow the 1994 Group Annuitant Mortality (1994 GAM) Static table, with selection consistent with experience. Additionally, projected mortality rates are assumed to improve by 0.6% annually for 15 years.

   The projected annual voluntary lapse rates are 0% for limited-pay policies that are fully paid up and 1.5% all other policies.

c. Policyholder Behavior Due to the Rate Increase. In the year of rate increase notification to policyholders, an additional 4% of in-force policyholders are assumed to lapse. An additional portion of policyholders will elect to reduce benefits resulting in a cumulative 14% reduction in premiums and benefits. We assume a cumulative 2% increase in morbidity due to adverse selection from the rate increase. These values are based on the original 80% rate increase request.

d. Expenses. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commissions will not be paid on the increased premium.

The assumptions in this filing are based on the experience of CCC, industry experience, and judgment. The experience period is inception through December 31, 2011. These assumptions are based on the nationwide experience of the particular policy forms in this filing and similar nationwide forms and are deemed reasonable for the particular policy forms in this filing. The assumptions described above reflect an estimate of the most likely outcome and do not reflect an explicit margin for conservatism.

In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policies were taken into consideration.

6. Marketing Method

These policies were sold through non-captive agents.

7. Underwriting Description

These policy forms were fully underwritten with the use of various tools in addition to the application which may have included medical records, an attending physician's statement, telephone interviews, and/or face-to-face assessments.

8. Premiums

Premiums are unisex, level, and payable for life unless the insured selected a limited pay option. The premiums may vary by issue age, elimination period, benefit period / lifetime maximum, initial daily benefit amount, level of home health care coverage, inflation protection option, premium mode, underwriting class, marital status, and optional coverages chosen.

9. Issue Age Range

Issue ages range from 18 to 84.

10. Area Factors

Area factors are not used for these products.

11. Premium Modalization Rules

The following modal factors remain unchanged and are applied to the annual premium to obtain the modal premium. The nationwide percent distribution (based on CCC's in-force count as of 12/31/2011) is shown below:

Premium Mode	Modal Factor	Percent Distribution
Annual	1.00*AP	60.7%
Semi-Annual	0.52*AP	7.9
Quarterly	0.27*AP	11.6
Monthly	0.09*AP	19.8

12. Reserves

Active life reserves have not been used in this rate increase demonstration, except as indicated in Exhibits IV and V and in the supplement to the actuarial memorandum.

Reserves for known open claims are computed using a continuance table derived from Milliman *LTCGs*, adjusted for CCC-specific experience. The discount rate used to calculate the reserves varies by year of claim incurral as summarized in the table below. Incurred but not reported (IBNR) reserves are computed using standard lag techniques.

Incurral Year	Discount Rate
1998-2005	4.5%
2006-2011	4.0

Reserves for known open claims as of December 31, 2011 have been discounted to the incurral date for each respective claim using a 5.0% interest rate and included in the historical incurred claims. IBNR reserve balances as of December 31, 2011 have been allocated to a calendar year of incurral and included in the historical incurred claims.

13. Trend Assumptions

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

14. Past and Future Experience

Nationwide experience of CCC, across the above-listed forms and corresponding nationwide Preferred Solution forms, is shown in Exhibit I and includes earned premiums, paid claims, incurred claims, and loss ratios. Exhibit II provides Virginia-specific experience.

The company has chosen a credibility standard of 1,082 claims. Based on this parameter, CCC does not view Virginia-specific as credible, but is providing it as required.

Incurred claims are shown by incurral year, whereas paid claims are shown by the year in which the payments were made. The paid loss ratio is equal to paid claims divided by earned premium. The incurred loss ratio is equal to the incurred claims divided by earned premium. The difference between the incurred and paid lifetime loss ratios is driven by 1) a 5.0% discount rate underlying the calculation of the incurred claim amounts not reflected in the paid claim amounts, and 2) a difference in the currently assumed continuance table underlying the development of the paid claims and that assumed in the development of the base claim cost tables that are the basis for projected incurred claims.

Historical experience is shown by claim incurral year with the incurred loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_k \sum_t {}_jPmt_t^k * v^{t-k} + \sum_k ({}_jCR_{ValDate}^k + {}_jIBNR_{ValDate}^k) * v^{ValDate-k}}{EP_j}$$

LR_j = loss ratio for year *j*

${}_jPmt_t^k$ = claim payments at time *t* on claims incurred at time *k* in year *j*

${}_jCR_{ValDate}^k$ = open claim reserve held on December 31, 2011 for claims incurred at time *k* in year *j*

${}_jIBNR_{ValDate}^k$ = incurred but not reported reserve as of December 31, 2011 attributable to claims incurred at time *k* in year *j*

EP_j = earned premium in year *j*

ValDate = December 31, 2011

j = year of claim incurral

k = date of claim incurral

t = date of claim payment

v = 1 / 1.050 = 0.95238

Exhibits I and II also show future anticipated experience for calendar years 2012 to 2051, based on in-force experience as of December 31, 2011, using the assumptions in this filing. Exhibit III provides supplementary justification in support of the current assumptions described in section 5.

Exhibits I and II provide historical and projected values for premium, paid claims, incurred claims and policy count. Accumulated past, discounted future, and lifetime values both without and with the originally requested 80% rate increase are shown.

The original pricing memoranda for these products indicates that an after-tax net investment earnings rate of 5.0% was used to demonstrate that the lifetime loss ratio for these forms was anticipated to be at least 60% over the life of the policy. CCC's internal documentation shows that an assumed pre-tax net investment earnings rate of 7.14% was used in the original determination of premiums.

Pursuant to 14VAC5-130-70.C, the loss ratios are calculated using an interest rate consistent with that assumed in the determination of premiums. That is, CCC's actual and future expected pre-tax net investment earnings rate is used in determining the lifetime loss ratio for this business. CCC's actual historical pre-tax net investment earnings rates vary between 7.0% and 7.2%, and its projected pre-tax net investment earnings rates vary between 5.1% and 6.2% between 2012 and 2051. The rates are shown in Exhibits I and II.

Exhibit IV shows nationwide past experience including earned premiums, incurred claims, increase in active life reserves, and incurred loss ratios by calendar year. Exhibit V provides similar information on a Virginia-specific basis. Please note that Virginia-specific experience is not considered fully credible, but is being provided as required by the rate revisions checklist. As defined by 14VAC5-130-70.B.6, the incurred loss ratio is equal to the sum of incurred claims and increase in active life reserves divided by earned premium. The values in these exhibits are shown without interest accumulation.

For projection purposes, the rate increase is assumed to occur on each policy's first anniversary on or after July 1, 2013, although the increases will be effective on the insured's next premium due date, after the appropriate policyholder notification period.

15. History of Previous Rate Revisions

There have been no rate increases on these forms in Virginia or nationwide.

16. Analysis Performed to Consider a Rate Increase

The initial premium schedules were based on pricing assumptions believed to be appropriate, given industry experience available when the initial rate schedules were developed. The original pricing assumptions for claim costs, voluntary termination rates, mortality, and interest were as follows:

a. Original Pricing Claim Costs. The underlying claim costs were based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

   Claim frequency was based on actual claim experience of similar policy forms issued by CCC from 1984 to 1993. To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with CCC's experience. Average lengths of stay for each benefit period and elimination period were calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" by Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

   Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advance data, Number 135, and CCC's claims payment experience on policy forms P1-54076 and P1-59433.

b. Original Pricing Voluntary Termination Rates. Vary by duration and issue age as shown in the following table.

Issue Ages	Year 1	Year 2	Years 3+
18-59	4.0%	4.0%	4.0%
60-64	4.8	4.0	4.0
65-69	5.9	4.0	4.0
70-74	7.2	4.0	4.0
75-79	9.0	4.1	4.0
80-84	10.0	5.4	4.0

c. Original Pricing Mortality. 1983 GAM blended 60% female/40% male

d. Original Pricing Investment Earnings. An after-tax net investment earnings rate of 5.0% was used to determine the expected lifetime loss ratio, and a pre-tax net investment earnings rate of 7.14% was used in the determination of premiums.

As part of the in-force management of the business, CCC monitors the performance of the business by completing periodic analysis of morbidity and persistency. An analysis of the projected lifetime loss ratio based on current assumptions compared to that assumed at the time of original pricing revealed that experience has deteriorated significantly.

The assumptions used in this filing (described in Section 5) are based on actual in-force experience of CCC, industry experience, and judgment. Actual persistency has been higher than that assumed in original pricing, while actual morbidity has been lower than expected in original pricing.

17. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company originally requested an increase of 80%. After extensive review and analysis of the data presented, the Virginia State Corporation Commission determined that a rate increase of 45% was the maximum percentage increase that could be actuarially justified. The company revised its request to 44.96%, implemented over a two-year period as two consecutive annual increases of 20.4%.

The originally requested 80% rate increase was determined by targeting a 71.0% lifetime loss ratio using the company's current assumptions. The company's current assumptions are those listed in section 5 of this actuarial memorandum and a 5.0% interest assumption (representing the historical and projected long-term after-tax net investment earnings rate for this business). These assumptions do not include any margin for conservatism. Pursuant to 14VAC5-130-70.C, this rate filing uses the company's pre-tax net investment earnings rates, which is consistent with that used in the original determination of premiums.

Projected experience assuming the originally requested 80% increase is implemented is shown in Exhibits I and II. As shown in Exhibits I and II, the expected lifetime loss ratio

with and without the requested rate increase exceeds the 60% minimum required by loss ratio regulation. As required by 14VAC5-130-70.C, the lifetime loss ratio is calculated using an interest rate consistent with that assumed in the original determination of premiums.

Corresponding rate pages reflecting the reduced increase of a cumulative 44.96% are enclosed with this memorandum. The proposed rates reflect the two year phase-in of the increase as consecutive 20.4% rate increases.

18. Average Annual Premium
(Annualized Premium Based on 12/31/2011 In-force)

	Virginia	Nationwide
Before the Rate Increase	$1,629	$1,682
After the 80% Rate Increase	$2,933	$3,028

19. Proposed Effective Date

The rate increase will apply to policies on their next premium due date following a policyholder notification period at least as long as required in your state following approval. The majority of these policies were issued with a 10-year rate guarantee. No policy will receive a rate increase while still in its rate guarantee period.

20. Nationwide Distribution of Business as of 12/31/2011 (based on in-force insured count)

By Issue Age:

Issue Ages	Percent Distribution
<45	2.6%
45-49	6.3
50-54	15.9
55-59	24.7
60-64	23.5
65-69	16.1
70-74	7.8
75-79	2.8
80+	0.3

By Elimination Period:

Elimination Period	Percent Distribution
0-Day	10.1%
30-Day	38.2
60-Day	0.9
90-Day	48.1
180-Day	2.2
360-Day	0.5

By Benefit Period:

Benefit Period	Percent Distribution
365x	0.1%
730x	5.5
1095x	22.3
1460x	14.4
1825x	20.7
Lifetime	37.0

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	15.8%
5% Simple for Life	27.7
5% Compound for Life	55.1
Guaranteed Purchase Option	1.4

By Coverage Type:

Home Health Care Coverage	Percent Distribution
0%	4.9%
50%	11.8
75%	6.0
100%	77.3

21. Number of Insureds and Annualized Premium

Based on CCC's 12/31/2011 in-force count, the number of insureds and annualized premium that will be affected by this increase in this jurisdiction and nationwide are:

Jurisdiction	Number of Insured	Annualized Premium
Virginia	3,662	$5,966,447
Nationwide	94,619	$159,189,123

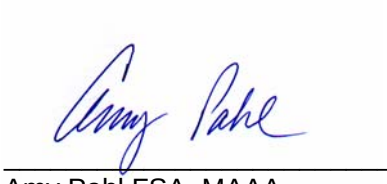
22. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8, "Regulatory Filings for Health Plan Entities" and 18, "Long-Term Care Insurance".

I have relied on data and information provided by CCC to develop this actuarial memorandum. I have not audited or independently verified the data provided, but have reviewed it for reasonableness.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of Virginia and the rules of the Bureau. In my opinion, the rates are reasonable in relation to the benefits provided.



Amy Pahl FSA, MAAA
Principal and Consulting Actuary

Date: July 20, 2015

Exhibit I
Continental Casualty Company
Nationwide Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors					
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	1998	47,921	0	0	0.0%	0.0%	218	120,985	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	11,301,893	838	126,537	0.0%	1.1%	17,663	26,631,353	1,974	298,166	0.0%	1.1%				0.0084		0.992		7.1%	2.3564
	2000	52,939,330	60,019	2,503,199	0.1%	4.7%	44,834	116,427,951	131,998	5,505,214	0.1%	4.7%				0.0300		0.970		7.1%	2.1993
	2001	103,034,628	767,023	4,802,497	0.7%	4.7%	75,878	211,494,362	1,574,432	9,857,860	0.7%	4.7%				0.0381		0.962		7.1%	2.0527
	2002	162,218,751	2,027,120	10,819,128	1.2%	6.7%	111,262	310,868,006	3,884,674	20,733,243	1.2%	6.7%				0.0379		0.962		7.1%	1.9164
	2003	204,897,876	4,567,338	13,013,852	2.2%	6.4%	116,091	366,633,224	8,172,549	23,286,286	2.2%	6.4%				0.0485		0.951		7.1%	1.7893
	2004	197,124,946	7,706,004	19,931,702	3.9%	10.1%	111,353	329,450,012	12,878,853	33,311,357	3.9%	10.1%				0.0408		0.959		7.0%	1.6713
	2005	189,821,210	11,683,070	23,829,608	6.2%	12.6%	108,034	296,407,789	18,243,235	37,210,180	6.2%	12.6%				0.0298		0.970		7.0%	1.5615
	2006	184,514,248	16,666,803	33,832,414	9.0%	18.3%	105,513	269,020,507	24,300,084	49,327,428	9.0%	18.3%				0.0233		0.977		7.2%	1.4580
	2007	179,969,445	22,137,875	37,138,363	12.3%	20.6%	103,354	244,790,758	30,111,485	50,514,842	12.3%	20.6%				0.0205		0.980		7.2%	1.3602
	2008	175,750,089	29,597,783	51,011,726	16.8%	29.0%	101,153	223,133,487	37,577,543	64,764,829	16.8%	29.0%				0.0213		0.979		7.0%	1.2696
	2009	170,876,585	37,748,757	53,446,206	22.1%	31.3%	98,664	202,686,372	44,775,933	63,395,564	22.1%	31.3%				0.0246		0.975		7.0%	1.1862
	2010	165,999,568	46,070,891	67,823,885	27.8%	40.9%	96,369	183,871,929	51,031,118	75,126,151	27.8%	40.9%				0.0233		0.977		7.1%	1.1077
	2011	161,072,812	52,553,345	85,032,369	32.6%	52.8%	94,619	166,622,579	54,364,072	87,962,161	32.6%	52.8%				0.0182		0.982		7.0%	1.0345
Projected Future Experience	2012	155,749,002	71,268,093	91,092,452	45.8%	58.5%	91,910	151,105,679	69,143,387	88,376,726	45.8%	58.5%	1.0000	1.1028	1.0000	0.0286	0.0000	0.971	0.967	6.2%	0.9702
	2013	149,248,689	91,913,211	102,106,840	61.6%	68.4%	89,128	136,383,169	83,990,118	93,305,037	61.6%	68.4%	1.0000	1.1559	1.0000	0.0303	0.0000	0.970	0.958	6.1%	0.9138
	2014	143,904,200	105,868,041	114,018,521	73.6%	79.2%	86,260	123,999,401	91,224,396	98,247,503	73.6%	79.2%	1.0000	1.1538	1.0000	0.0322	0.0000	0.968	0.964	6.0%	0.8617
	2015	138,464,167	115,544,236	126,747,566	83.4%	91.5%	83,285	112,589,823	93,952,864	103,062,665	83.4%	91.5%	1.0000	1.1513	1.0000	0.0345	0.0000	0.966	0.962	5.9%	0.8131
	2016	132,807,215	125,731,027	140,196,044	94.7%	105.6%	80,183	101,960,109	96,527,505	107,632,735	94.7%	105.6%	1.0000	1.1489	1.0000	0.0372	0.0000	0.963	0.959	5.9%	0.7677
	2017	126,905,082	136,621,305	154,184,566	107.7%	121.5%	76,931	92,027,898	99,073,822	111,810,191	107.7%	121.5%	1.0000	1.1463	1.0000	0.0406	0.0000	0.959	0.956	5.9%	0.7252
	2018	120,729,582	149,509,558	168,509,789	123.8%	139.6%	73,519	82,722,002	102,441,586	115,460,244	123.8%	139.6%	1.0000	1.1436	1.0000	0.0444	0.0000	0.956	0.951	5.8%	0.6852
	2019	114,295,648	163,216,760	182,687,826	142.8%	159.8%	69,961	74,031,086	105,718,057	118,329,772	142.8%	159.8%	1.0000	1.1393	1.0000	0.0484	0.0000	0.952	0.947	5.8%	0.6477
	2020	107,662,270	177,198,662	195,895,396	164.6%	182.0%	66,285	65,953,287	108,550,880	120,004,392	164.6%	182.0%	1.0000	1.1318	1.0000	0.0525	0.0000	0.947	0.942	5.7%	0.6126
	2021	100,915,095	190,761,117	207,742,532	189.0%	205.9%	62,542	58,482,654	110,550,521	120,391,648	189.0%	205.9%	1.0000	1.1239	1.0000	0.0565	0.0000	0.944	0.937	5.7%	0.5795
	2022	94,154,163	203,597,887	217,857,639	216.2%	231.4%	58,785	51,628,291	111,640,427	119,459,589	216.2%	231.4%	1.0000	1.1157	1.0000	0.0601	0.0000	0.940	0.933	5.7%	0.5483
	2023	87,493,800	215,362,096	226,367,670	246.1%	258.7%	55,065	45,405,367	111,763,289	117,474,689	246.1%	258.7%	1.0000	1.1093	1.0000	0.0633	0.0000	0.937	0.929	5.6%	0.5190
	2024	81,015,503	225,946,995	234,053,824	278.9%	288.9%	51,421	39,797,450	110,992,511	114,974,850	278.9%	288.9%	1.0000	1.1072	1.0000	0.0662	0.0000	0.934	0.926	5.6%	0.4912
	2025	74,768,394	235,414,882	240,704,813	314.9%	321.9%	47,863	34,771,700	109,481,763	111,941,892	314.9%	321.9%	1.0000	1.1049	1.0000	0.0692	0.0000	0.931	0.923	5.6%	0.4651
	2026	68,754,072	244,081,469	248,139,309	355.0%	360.9%	44,393	30,275,700	107,480,724	109,267,585	355.0%	360.9%	1.0000	1.1115	1.0000	0.0725	0.0000	0.927	0.920	5.6%	0.4403
	2027	62,978,140	252,483,274	256,227,655	400.9%	406.9%	41,014	26,263,568	105,292,275	106,853,782	400.9%	406.9%	1.0000	1.1177	1.0000	0.0761	0.0000	0.924	0.916	5.6%	0.4170
	2028	57,446,440	260,692,377	262,970,897	453.8%	457.8%	37,738	22,694,795	102,989,150	103,889,302	453.8%	457.8%	1.0000	1.1154	1.0000	0.0799	0.0000	0.920	0.912	5.5%	0.3951
	2029	52,171,969	268,342,147	268,110,720	514.3%	513.9%	34,576	19,531,397	100,458,101	100,371,463	514.3%	513.9%	1.0000	1.1128	1.0000	0.0838	0.0000	0.916	0.908	5.5%	0.3744
	2030	47,168,185	275,012,165	271,380,535	583.0%	575.3%	31,538	16,739,062	97,596,416	96,307,622	583.0%	575.3%	1.0000	1.1097	1.0000	0.0879	0.0000	0.912	0.904	5.5%	0.3549
	2031	42,444,587	280,307,882	272,573,945	660.4%	642.2%	28,634	14,284,837	94,338,354	91,735,477	660.4%	642.2%	1.0000	1.1063	1.0000	0.0921	0.0000	0.908	0.900	5.4%	0.3366
	2032	38,007,464	283,926,637	271,656,970	747.0%	714.7%	25,873	12,132,679	90,634,590	86,717,887	747.0%	714.7%	1.0000	1.1030	1.0000	0.0965	0.0000	0.904	0.895	5.4%	0.3192
	2033	33,860,852	285,714,160	268,850,764	843.8%	794.0%	23,260	10,250,840	86,495,467	81,390,339	843.8%	794.0%	1.0000	1.1008	1.0000	0.1010	0.0000	0.899	0.891	5.5%	0.3027
	2034	30,007,549	285,626,715	264,184,407	951.8%	880.4%	20,802	8,614,579	81,997,829	75,842,163	951.8%	880.4%	1.0000	1.0987	1.0000	0.1057	0.0000	0.894	0.886	5.5%	0.2871
	2035	26,448,401	283,627,349	257,482,390	1072.4%	973.5%	18,503	7,201,480	77,227,224	70,108,367	1072.4%	973.5%	1.0000	1.0957	1.0000	0.1105	0.0000	0.889	0.881	5.4%	0.2723
	2036	23,179,697	279,661,363	248,707,736	1206.5%	1073.0%	16,366	5,988,094	72,245,918	64,249,557	1206.5%	1073.0%	1.0000	1.0921	1.0000	0.1155	0.0000	0.884	0.876	5.4%	0.2583
	2037	20,196,365	273,727,658	238,224,283	1355.3%	1179.5%	14,392	4,952,558	67,123,574	58,417,426	1355.3%	1179.5%	1.0000	1.0892	1.0000	0.1206	0.0000	0.879	0.871	5.3%	0.2452
	2038	17,491,081	265,944,098	226,469,953	1520.5%	1294.8%	12,580	4,073,839	61,940,914	52,747,009	1520.5%	1294.8%	1.0000	1.0876	1.0000	0.1259	0.0000	0.874	0.866	5.3%	0.2329
	2039	15,054,715	256,502,659	213,671,630	1703.8%	1419.3%	10,929	3,332,259	56,775,121	47,294,764	1703.8%	1419.3%	1.0000	1.0860	1.0000	0.1313	0.0000	0.869	0.861	5.2%	0.2213
	2040	12,875,274	245,590,939	199,791,183	1907.5%	1551.7%	9,435	2,710,446	51,700,728	42,059,164	1907.5%	1551.7%	1.0000	1.0831	1.0000	0.1367	0.0000	0.863	0.855	5.1%	0.2105
	2041	10,940,140	233,348,692	184,859,881	2133.0%	1689.7%	8,093	2,191,672	46,747,472	37,033,557	2133.0%	1689.7%	1.0000	1.0787	1.0000	0.1422	0.0000	0.858	0.850	5.1%	0.2003
	2042	9,234,981	219,944,017	169,411,250	2381.6%	1834.5%	6,897	1,759,435	41,903,418	32,275,988	2381.6%	1834.5%	1.0000	1.0753	1.0000	0.1478	0.0000	0.852	0.844	5.2%	0.1905
	2043	7,743,722	205,640,479	153,995,100	2655.6%	1988.6%	5,839	1,400,794	37,199,149	27,856,805	2655.6%	1988.6%	1.0000	1.0737	1.0000	0.1534	0.0000	0.847	0.839	5.4%	0.1809
	2044	6,449,849	190,756,767	138,895,367	2957.5%	2153.5%	4,911	1,106,610	32,728,415	23,830,480	2957.5%	2153.5%	1.0000	1.0724	1.0000	0.1590	0.0000	0.841	0.833	5.5%	0.1716
	2045	5,336,132	175,600,278	124,244,065	3290.8%	2328.4%	4,103	867,933	28,561,737	20,208,546	3290.8%	2328.4%	1.0000	1.0707	1.0000	0.1645	0.0000	0.835	0.827	5.5%	0.1627
	2046	4,384,743	160,427,290	110,118,511	3658.8%	2511.4%	3,405	675,877	24,728,728	16,973,987	3658.8%	2511.4%	1.0000	1.0680	1.0000	0.1701	0.0000	0.830	0.822	5.5%	0.1541
	2047	3,578,736	145,452,639	96,698,420	4064.4%	2702.0%	2,807	522,718	21,245,146	14,123,993	4064.4%	2702.0%	1.0000	1.0651	1.0000	0.1756	0.0000	0.824	0.816	5.5%	0.1461
	2048	2,901,447	130,878,651	84,234,771	4510.8%	2903.2%	2,299	401,593	18,115,099	11,659,054	4510.8%	2903.2%	1.0000	1.0635	1.0000	0.1809	0.0000	0.819	0.811	5.5%	0.1384
	2049	2,337,103	116,894,255	72,819,778	5001.7%	3115.8%	1,872	306,456	15,327,904	9,548,584	5001.7%	3115.8%	1.0000	1.0621	1.0000	0.1860	0.0000	0.814	0.805	5.6%	0.1311
	2050	1,871,152	103,647,310	62,427,384	5539.2%	3336.3%	1,514	232,321	12,868,769	7,750,935	5539.2%	3336.3%	1.0000	1.0599	1.0000	0.1912	0.0000	0.809	0.801	5.6%	0.1242
	2051	1,488,657	91,240,282	53,072,344	6129.0%	3565.1%	1,217	174,943	10,722,292	6,236,907	6129.0%	3565.1%	1.0000	1.0577	1.0000	0.1962	0.0000	0.804	0.796	5.7%	0.1175
	Past	1,959,569,303	231,586,866	403,311,486	11.8%	20.6%	1,185,005	2,948,159,313	287,047,948	521,293,280	9.7%	17.7%									
	Future	2,232,464,265	8,023,025,423	7,421,384,726	359.4%	332.4%	1,406,126	1,369,544,400	2,949,495,640	2,935,222,673	215.4%	214.3%									
	Lifetime	4,192,033,567	8,254,612,289	7,824,696,212	196.9%	186.7%	2,591,131	4,317,703,713	3,236,543,588	3,456,515,953	75.0%	80.1%									

Exhibit I
Continental Casualty Company
Nationwide Experience Projections with 80% Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	47,921	0	0	0.0%	0.0%	218	120,985	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	11,301,893	838	126,537	0.0%	1.1%	17,663	26,631,353	1,974	298,166	0.0%	1.1%				0.0084		0.992		7.1%	2.3564
	2000	52,939,330	60,019	2,503,199	0.1%	4.7%	44,834	116,427,951	131,998	5,505,214	0.1%	4.7%				0.0300		0.970		7.1%	2.1993
	2001	103,034,628	767,023	4,802,497	0.7%	4.7%	75,878	211,494,362	1,574,432	9,857,860	0.7%	4.7%				0.0381		0.962		7.1%	2.0527
	2002	162,218,751	2,027,120	10,819,128	1.2%	6.7%	111,262	310,868,006	3,884,674	20,733,243	1.2%	6.7%				0.0379		0.962		7.1%	1.9164
	2003	204,897,876	4,567,338	13,013,852	2.2%	6.4%	116,091	366,633,224	8,172,549	23,286,286	2.2%	6.4%				0.0485		0.951		7.1%	1.7893
	2004	197,124,946	7,706,004	19,931,702	3.9%	10.1%	111,353	329,450,012	12,878,853	33,311,357	3.9%	10.1%				0.0408		0.959		7.0%	1.6713
	2005	189,821,210	11,683,070	23,829,608	6.2%	12.6%	108,034	296,407,789	18,243,235	37,210,180	6.2%	12.6%				0.0298		0.970		7.0%	1.5615
	2006	184,514,248	16,666,803	33,832,414	9.0%	18.3%	105,513	269,020,507	24,300,084	49,327,428	9.0%	18.3%				0.0233		0.977		7.2%	1.4580
	2007	179,969,445	22,137,875	37,138,363	12.3%	20.6%	103,354	244,790,758	30,111,485	50,514,842	12.3%	20.6%				0.0205		0.980		7.2%	1.3602
	2008	175,750,089	29,597,783	51,011,726	16.8%	29.0%	101,153	223,133,487	37,577,543	64,764,829	16.8%	29.0%				0.0213		0.979		7.0%	1.2696
	2009	170,876,585	37,748,757	53,446,206	22.1%	31.3%	98,664	202,686,372	44,775,933	63,395,564	22.1%	31.3%				0.0246		0.975		7.0%	1.1862
	2010	165,999,568	46,070,891	67,823,885	27.8%	40.9%	96,369	183,871,929	51,031,118	75,126,151	27.8%	40.9%				0.0233		0.977		7.1%	1.1077
	2011	161,072,812	52,553,345	85,032,369	32.6%	52.8%	94,619	166,622,579	54,364,072	87,962,161	32.6%	52.8%				0.0182		0.982		7.0%	1.0345
Projected Future Experience	2012	155,749,002	71,268,093	91,092,452	45.8%	58.5%	91,910	151,105,679	69,143,387	88,376,726	45.8%	58.5%	1.0000	1.1028	1.0000	0.0286	0.0000	0.971	0.967	6.2%	0.9702
	2013	158,463,642	91,592,333	100,172,626	57.8%	63.2%	87,363	144,803,776	83,696,900	91,537,556	57.8%	63.2%	1.1024	1.1537	1.0028	0.0505	0.0198	0.951	1.017	6.1%	0.9138
	2014	205,589,106	103,003,958	100,430,423	50.1%	48.9%	82,837	177,152,064	88,756,473	86,538,908	50.1%	48.9%	1.5392	1.0419	1.0177	0.0529	0.0203	0.948	1.297	6.0%	0.8617
	2015	205,768,827	107,936,910	109,632,561	52.5%	53.3%	79,981	167,317,483	87,767,094	89,145,885	52.5%	53.3%	1.0536	1.1282	1.0199	0.0345	0.0000	0.966	1.001	5.9%	0.8131
	2016	197,362,145	113,629,245	121,087,744	57.6%	61.4%	77,003	151,520,877	87,236,602	92,962,717	57.6%	61.4%	1.0000	1.1472	1.0199	0.0372	0.0000	0.963	0.959	5.9%	0.7677
	2017	188,591,103	120,766,392	132,976,564	64.0%	70.5%	73,881	136,760,817	87,576,297	96,430,761	64.0%	70.5%	1.0000	1.1446	1.0199	0.0405	0.0000	0.959	0.956	5.9%	0.7252
	2018	179,413,816	130,604,257	145,124,279	72.8%	80.9%	70,604	122,931,511	89,487,973	99,436,862	72.8%	80.9%	1.0000	1.1420	1.0199	0.0443	0.0000	0.956	0.951	5.8%	0.6852
	2019	169,852,476	141,656,569	157,117,756	83.4%	92.5%	67,188	110,016,115	91,753,183	101,767,637	83.4%	92.5%	1.0000	1.1377	1.0198	0.0484	0.0000	0.952	0.947	5.8%	0.6477
	2020	159,994,745	153,203,804	168,256,293	95.8%	105.2%	63,658	98,011,860	93,851,769	103,072,837	95.8%	105.2%	1.0000	1.1303	1.0198	0.0525	0.0000	0.947	0.942	5.7%	0.6126
	2021	149,967,903	164,452,516	178,211,094	109.7%	118.8%	60,064	86,909,901	95,304,072	103,277,490	109.7%	118.8%	1.0000	1.1226	1.0198	0.0565	0.0000	0.944	0.937	5.7%	0.5795
	2022	139,920,618	175,121,996	186,670,093	125.2%	133.4%	56,457	76,723,770	96,026,018	102,358,277	125.2%	133.4%	1.0000	1.1144	1.0198	0.0601	0.0000	0.940	0.933	5.7%	0.5483
	2023	130,022,786	184,905,986	193,748,978	142.2%	149.0%	52,885	67,476,006	95,957,931	100,547,048	142.2%	149.0%	1.0000	1.1080	1.0198	0.0633	0.0000	0.937	0.929	5.6%	0.5190
	2024	120,395,518	193,710,704	200,122,839	160.9%	166.2%	49,385	59,142,194	95,156,997	98,306,847	160.9%	166.2%	1.0000	1.1061	1.0198	0.0662	0.0000	0.934	0.926	5.6%	0.4912
	2025	111,111,813	201,579,174	205,615,231	181.4%	185.1%	45,969	51,673,527	93,746,169	95,623,173	181.4%	185.1%	1.0000	1.1038	1.0198	0.0692	0.0000	0.931	0.923	5.6%	0.4651
	2026	102,174,050	208,773,971	211,780,716	204.3%	207.3%	42,636	44,992,112	91,933,147	93,257,160	204.3%	207.3%	1.0000	1.1105	1.0198	0.0725	0.0000	0.928	0.920	5.6%	0.4403
	2027	93,590,553	215,749,884	218,508,255	230.5%	233.5%	39,392	39,029,763	89,973,469	91,123,783	230.5%	233.5%	1.0000	1.1168	1.0198	0.0761	0.0000	0.924	0.916	5.6%	0.4170
	2028	85,370,005	222,567,324	224,093,073	260.7%	262.5%	36,246	33,726,281	87,927,464	88,530,226	260.7%	262.5%	1.0000	1.1146	1.0198	0.0799	0.0000	0.920	0.912	5.5%	0.3951
	2029	77,531,718	228,913,625	228,318,610	295.3%	294.5%	33,209	29,025,218	85,697,414	85,474,661	295.3%	294.5%	1.0000	1.1120	1.0198	0.0838	0.0000	0.916	0.908	5.5%	0.3744
	2030	70,095,695	234,431,155	230,959,390	334.4%	329.5%	30,292	24,875,585	83,195,012	81,962,951	334.4%	329.5%	1.0000	1.1090	1.0198	0.0878	0.0000	0.912	0.904	5.5%	0.3549
	2031	63,076,050	238,785,479	231,841,674	378.6%	367.6%	27,503	21,228,410	80,363,880	78,026,924	378.6%	367.6%	1.0000	1.1056	1.0198	0.0921	0.0000	0.908	0.900	5.4%	0.3366
	2032	56,482,131	241,720,594	230,940,594	428.0%	408.9%	24,851	18,030,132	77,161,647	73,720,473	428.0%	408.9%	1.0000	1.1024	1.0198	0.0964	0.0000	0.904	0.895	5.4%	0.3192
	2033	50,319,934	243,107,212	228,445,494	483.1%	454.0%	22,342	15,233,569	73,596,884	69,158,280	483.1%	454.0%	1.0000	1.1003	1.0198	0.1010	0.0000	0.899	0.891	5.5%	0.3027
	2034	44,593,617	242,909,741	224,383,714	544.7%	503.2%	19,982	12,801,953	69,734,623	64,416,164	544.7%	503.2%	1.0000	1.0983	1.0197	0.1056	0.0000	0.894	0.886	5.5%	0.2871
	2035	39,304,439	241,098,378	218,606,898	613.4%	556.2%	17,774	10,701,975	65,647,260	59,523,187	613.4%	556.2%	1.0000	1.0953	1.0197	0.1105	0.0000	0.890	0.881	5.4%	0.2723
	2036	34,446,884	237,627,874	211,083,054	689.8%	612.8%	15,721	8,898,786	61,387,257	54,529,839	689.8%	612.8%	1.0000	1.0917	1.0197	0.1155	0.0000	0.885	0.876	5.4%	0.2583
	2037	30,013,414	232,498,163	202,121,836	774.6%	673.4%	13,825	7,359,898	57,013,265	49,564,374	774.6%	673.4%	1.0000	1.0889	1.0197	0.1206	0.0000	0.879	0.871	5.3%	0.2452
	2038	25,993,146	225,809,958	192,095,774	868.7%	739.0%	12,085	6,054,051	52,593,290	44,740,936	868.7%	739.0%	1.0000	1.0873	1.0197	0.1259	0.0000	0.874	0.866	5.3%	0.2329
	2039	22,372,510	217,726,373	181,197,699	973.2%	809.9%	10,499	4,952,003	48,192,254	40,106,880	973.2%	809.9%	1.0000	1.0858	1.0197	0.1312	0.0000	0.869	0.861	5.2%	0.2213
	2040	19,133,687	208,406,800	169,392,849	1089.2%	885.3%	9,064	4,027,940	43,872,886	35,659,840	1089.2%	885.3%	1.0000	1.0829	1.0197	0.1367	0.0000	0.863	0.855	5.1%	0.2105
	2041	16,257,923	197,969,637	156,706,317	1217.7%	963.9%	7,775	3,257,000	39,659,875	31,393,466	1217.7%	963.9%	1.0000	1.0785	1.0197	0.1422	0.0000	0.858	0.850	5.1%	0.2003
	2042	13,723,920	186,557,452	143,588,944	1359.4%	1046.3%	6,626	2,614,661	35,542,657	27,356,359	1359.4%	1046.3%	1.0000	1.0752	1.0197	0.1478	0.0000	0.852	0.844	5.2%	0.1905
	2043	11,507,791	174,392,940	130,506,914	1515.4%	1134.1%	5,610	2,081,691	31,546,654	23,607,930	1515.4%	1134.1%	1.0000	1.0735	1.0197	0.1534	0.0000	0.847	0.839	5.4%	0.1809
	2044	9,584,991	161,745,404	117,699,898	1687.5%	1228.0%	4,718	1,644,511	27,750,894	20,193,942	1687.5%	1228.0%	1.0000	1.0723	1.0196	0.1589	0.0000	0.841	0.833	5.5%	0.1716
	2045	7,929,919	148,874,270	105,277,266	1877.4%	1327.6%	3,942	1,289,817	24,214,699	17,123,558	1877.4%	1327.6%	1.0000	1.0706	1.0196	0.1645	0.0000	0.835	0.827	5.5%	0.1627
	2046	6,516,079	135,995,591	93,303,103	2087.1%	1431.9%	3,272	1,004,407	20,962,755	14,382,011	2087.1%	1431.9%	1.0000	1.0679	1.0196	0.1701	0.0000	0.830	0.822	5.5%	0.1541
	2047	5,318,288	123,290,293	81,928,933	2318.2%	1540.5%	2,697	776,801	18,008,063	11,966,728	2318.2%	1540.5%	1.0000	1.0651	1.0196	0.1756	0.0000	0.824	0.816	5.5%	0.1461
	2048	4,311,782	110,928,845	71,367,243	2572.7%	1655.2%	2,209	596,800	15,353,818	9,878,041	2572.7%	1655.2%	1.0000	1.0635	1.0196	0.1809	0.0000	0.819	0.811	5.5%	0.1384
	2049	3,473,123	99,070,513	61,695,981	2852.5%	1776.4%	1,798	455,418	12,990,744	8,089,962	2852.5%	1776.4%	1.0000	1.0621	1.0196	0.1860	0.0000	0.814	0.805	5.6%	0.1311
	2050	2,780,681	87,839,856	52,892,078	3158.9%	1902.1%	1,455	345,247	10,906,128	6,567,039	3158.9%	1902.1%	1.0000	1.0599	1.0196	0.1911	0.0000	0.809	0.801	5.6%	0.1242
	2051	2,212,263	77,322,998	44,966,935	3495.2%	2032.6%	1,169	259,979	9,086,773	5,284,383	3495.2%	2032.6%	1.0000	1.0577	1.0195	0.1962	0.0000	0.804	0.796	5.7%	0.1175
	Past	1,959,569,303	231,586,866	403,311,486	11.8%	20.6%	1,185,005	2,948,159,313	287,047,948	521,293,280	9.7%	17.7%									
	Future	3,170,318,093	6,897,546,264	6,353,962,179	217.6%	200.4%	1,355,880	1,896,809,588	2,569,773,676	2,535,021,820	135.5%	133.6%									
	Lifetime	5,129,887,396	7,129,133,130	6,757,273,665	139.0%	131.7%	2,540,885	4,844,968,901	2,856,821,625	3,056,315,100	59.0%	63.1%									

Exhibit II
Continental Casualty Company
Virginia-Specific Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	941	0	0	0.0%	0.0%	4	2,376	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	398,989	0	0	0.0%	0.0%	570	940,162	0	0	0.0%	0.0%				0.0104		0.990		7.1%	2.3564
	2000	1,548,349	0	0	0.0%	0.0%	1,394	3,405,240	0	0	0.0%	0.0%				0.0299		0.970		7.1%	2.1993
	2001	3,130,890	0	4,476	0.0%	0.1%	2,407	6,426,631	0	9,188	0.0%	0.1%				0.0368		0.963		7.1%	2.0527
	2002	5,186,510	16,523	384,766	0.3%	7.4%	3,971	9,939,171	31,665	737,346	0.3%	7.4%				0.0253		0.975		7.1%	1.9164
	2003	7,170,692	105,531	188,623	1.5%	2.6%	4,249	12,830,850	188,832	337,512	1.5%	2.6%				0.0400		0.960		7.1%	1.7893
	2004	6,978,371	104,736	356,749	1.5%	5.1%	4,126	11,662,777	175,043	596,226	1.5%	5.1%				0.0289		0.971		7.0%	1.6713
	2005	6,822,680	139,467	602,854	2.0%	8.8%	4,050	10,653,685	217,779	941,362	2.0%	8.8%				0.0184		0.982		7.0%	1.5615
	2006	6,691,663	329,249	1,721,500	4.9%	25.7%	3,976	9,756,399	480,043	2,509,935	4.9%	25.7%				0.0183		0.982		7.2%	1.4580
	2007	6,551,910	731,716	1,436,422	11.2%	21.9%	3,911	8,911,773	995,265	1,953,792	11.2%	21.9%				0.0163		0.984		7.2%	1.3602
	2008	6,438,447	1,193,728	1,321,150	18.5%	20.5%	3,843	8,174,296	1,515,565	1,677,341	18.5%	20.5%				0.0174		0.983		7.0%	1.2696
	2009	6,304,317	1,417,099	2,669,838	22.5%	42.3%	3,767	7,477,907	1,680,901	3,166,846	22.5%	42.3%				0.0198		0.980		7.0%	1.1862
	2010	6,158,883	1,703,747	1,845,646	27.7%	30.0%	3,692	6,821,980	1,887,181	2,044,358	27.7%	30.0%				0.0199		0.980		7.1%	1.1077
	2011	6,018,203	1,730,240	2,628,450	28.8%	43.7%	3,662	6,225,560	1,789,856	2,719,013	28.8%	43.7%				0.0081		0.992		7.0%	1.0345
Projected Future Experience	2012	5,837,617	2,229,756	3,075,978	38.2%	52.7%	3,564	5,663,581	2,163,281	2,984,274	38.2%	52.7%	1.0000	1.2025	1.0000	0.0268	0.0000	0.973	0.970	6.2%	0.9702
	2013	5,571,059	2,967,462	3,466,130	53.3%	62.2%	3,463	5,090,823	2,711,661	3,167,343	53.3%	62.2%	1.0000	1.1596	1.0000	0.0282	0.0000	0.972	0.954	6.1%	0.9138
	2014	5,387,536	3,490,209	3,893,925	64.8%	72.3%	3,359	4,642,333	3,007,444	3,355,318	64.8%	72.3%	1.0000	1.1581	1.0000	0.0299	0.0000	0.970	0.967	6.0%	0.8617
	2015	5,199,391	3,860,999	4,358,933	74.3%	83.8%	3,252	4,227,798	3,139,507	3,544,393	74.3%	83.8%	1.0000	1.1563	1.0000	0.0319	0.0000	0.968	0.965	5.9%	0.8131
	2016	5,004,286	4,283,031	4,860,921	85.6%	97.1%	3,141	3,841,941	3,288,212	3,731,876	85.6%	97.1%	1.0000	1.1547	1.0000	0.0343	0.0000	0.966	0.962	5.9%	0.7677
	2017	4,800,943	4,683,688	5,394,161	97.6%	112.4%	3,024	3,481,505	3,396,475	3,911,689	97.6%	112.4%	1.0000	1.1525	1.0000	0.0371	0.0000	0.963	0.959	5.9%	0.7252
	2018	4,588,216	5,167,124	5,956,546	112.6%	129.8%	2,902	3,143,773	3,540,432	4,081,332	112.6%	129.8%	1.0000	1.1508	1.0000	0.0405	0.0000	0.960	0.956	5.8%	0.6852
	2019	4,366,190	5,695,258	6,526,077	130.4%	149.5%	2,774	2,828,050	3,688,908	4,227,042	130.4%	149.5%	1.0000	1.1461	1.0000	0.0440	0.0000	0.956	0.952	5.8%	0.6477
	2020	4,136,334	6,249,468	7,079,990	151.1%	171.2%	2,642	2,533,894	3,828,388	4,337,161	151.1%	171.2%	1.0000	1.1393	1.0000	0.0478	0.0000	0.952	0.947	5.7%	0.6126
	2021	3,901,162	6,806,797	7,606,470	174.5%	195.0%	2,506	2,260,815	3,944,698	4,408,127	174.5%	195.0%	1.0000	1.1326	1.0000	0.0514	0.0000	0.949	0.943	5.7%	0.5795
	2022	3,663,954	7,357,234	8,088,507	200.8%	220.8%	2,369	2,009,084	4,034,250	4,435,234	200.8%	220.8%	1.0000	1.1250	1.0000	0.0548	0.0000	0.945	0.939	5.7%	0.5483
	2023	3,428,142	7,886,081	8,514,237	230.0%	248.4%	2,231	1,779,052	4,092,523	4,418,508	230.0%	248.4%	1.0000	1.1173	1.0000	0.0579	0.0000	0.942	0.936	5.6%	0.5190
	2024	3,196,880	8,384,419	8,912,929	262.3%	278.8%	2,096	1,570,411	4,118,699	4,378,320	262.3%	278.8%	1.0000	1.1143	1.0000	0.0606	0.0000	0.939	0.933	5.6%	0.4912
	2025	2,971,883	8,852,170	9,283,843	297.9%	312.4%	1,963	1,382,100	4,116,780	4,317,533	297.9%	312.4%	1.0000	1.1122	1.0000	0.0634	0.0000	0.937	0.930	5.6%	0.4651
	2026	2,753,418	9,300,593	9,699,777	337.8%	352.3%	1,833	1,212,462	4,095,495	4,271,275	337.8%	352.3%	1.0000	1.1193	1.0000	0.0666	0.0000	0.933	0.926	5.6%	0.4403
	2027	2,541,492	9,749,418	10,152,466	383.6%	399.5%	1,704	1,059,870	4,065,768	4,233,850	383.6%	399.5%	1.0000	1.1255	1.0000	0.0700	0.0000	0.930	0.923	5.6%	0.4170
	2028	2,336,537	10,200,172	10,559,268	436.6%	451.9%	1,579	923,072	4,029,681	4,171,545	436.6%	451.9%	1.0000	1.1228	1.0000	0.0737	0.0000	0.926	0.919	5.5%	0.3951
	2029	2,139,092	10,636,680	10,899,832	497.3%	509.6%	1,456	800,803	3,982,008	4,080,524	497.3%	509.6%	1.0000	1.1189	1.0000	0.0775	0.0000	0.923	0.915	5.5%	0.3744
	2030	1,949,733	11,041,050	11,170,403	566.3%	572.9%	1,338	691,922	3,918,252	3,964,157	566.3%	572.9%	1.0000	1.1156	1.0000	0.0814	0.0000	0.919	0.911	5.5%	0.3549
	2031	1,768,963	11,397,289	11,361,599	644.3%	642.3%	1,223	595,349	3,835,788	3,823,776	644.3%	642.3%	1.0000	1.1123	1.0000	0.0856	0.0000	0.914	0.907	5.4%	0.3366
	2032	1,597,253	11,691,024	11,469,115	731.9%	718.1%	1,113	509,872	3,731,989	3,661,152	731.9%	718.1%	1.0000	1.1091	1.0000	0.0899	0.0000	0.910	0.903	5.4%	0.3192
	2033	1,434,939	11,912,913	11,497,473	830.2%	801.3%	1,008	434,405	3,606,447	3,480,679	830.2%	801.3%	1.0000	1.1069	1.0000	0.0944	0.0000	0.906	0.898	5.5%	0.3027
	2034	1,282,331	12,057,238	11,436,734	940.3%	891.9%	909	368,132	3,461,396	3,283,262	940.3%	891.9%	1.0000	1.1040	1.0000	0.0990	0.0000	0.901	0.894	5.5%	0.2871
	2035	1,139,688	12,118,602	11,283,020	1063.3%	990.0%	814	310,319	3,299,703	3,072,187	1063.3%	990.0%	1.0000	1.1009	1.0000	0.1038	0.0000	0.896	0.889	5.4%	0.2723
	2036	1,007,157	12,091,211	11,025,878	1200.5%	1094.8%	726	260,182	3,123,566	2,848,354	1200.5%	1094.8%	1.0000	1.0966	1.0000	0.1088	0.0000	0.891	0.884	5.4%	0.2583
	2037	884,739	11,971,088	10,684,286	1353.1%	1207.6%	643	216,956	2,935,554	2,620,004	1353.1%	1207.6%	1.0000	1.0937	1.0000	0.1140	0.0000	0.886	0.878	5.3%	0.2452
	2038	772,481	11,759,784	10,270,296	1522.3%	1329.5%	566	179,918	2,738,966	2,392,050	1522.3%	1329.5%	1.0000	1.0914	1.0000	0.1192	0.0000	0.881	0.873	5.3%	0.2329
	2039	670,283	11,463,648	9,798,058	1710.3%	1461.8%	496	148,363	2,537,401	2,168,734	1710.3%	1461.8%	1.0000	1.0897	1.0000	0.1245	0.0000	0.875	0.868	5.2%	0.2213
	2040	577,885	11,090,910	9,266,799	1919.2%	1603.6%	431	121,654	2,334,810	1,950,806	1919.2%	1603.6%	1.0000	1.0871	1.0000	0.1300	0.0000	0.870	0.862	5.1%	0.2105
	2041	494,926	10,647,061	8,672,887	2151.2%	1752.4%	373	99,150	2,132,959	1,737,466	2151.2%	1752.4%	1.0000	1.0825	1.0000	0.1354	0.0000	0.865	0.856	5.1%	0.2003
	2042	421,121	10,137,489	8,033,735	2407.3%	1907.7%	320	80,231	1,931,380	1,530,576	2407.3%	1907.7%	1.0000	1.0780	1.0000	0.1407	0.0000	0.859	0.851	5.2%	0.1905
	2043	355,984	9,571,894	7,379,248	2688.9%	2072.9%	274	64,395	1,731,499	1,334,862	2688.9%	2072.9%	1.0000	1.0757	1.0000	0.1461	0.0000	0.854	0.845	5.4%	0.1809
	2044	298,938	8,965,164	6,731,515	2999.0%	2251.8%	232	51,289	1,538,166	1,154,936	2999.0%	2251.8%	1.0000	1.0750	1.0000	0.1514	0.0000	0.849	0.840	5.5%	0.1716
	2045	249,360	8,333,565	6,099,193	3342.0%	2445.9%	196	40,559	1,355,471	992,046	3342.0%	2445.9%	1.0000	1.0744	1.0000	0.1566	0.0000	0.843	0.834	5.5%	0.1627
	2046	206,620	7,691,293	5,481,896	3722.4%	2653.1%	164	31,849	1,185,558	844,995	3722.4%	2653.1%	1.0000	1.0723	1.0000	0.1618	0.0000	0.838	0.829	5.5%	0.1541
	2047	170,148	7,048,971	4,884,257	4142.8%	2870.6%	137	24,852	1,029,589	713,406	4142.8%	2870.6%	1.0000	1.0691	1.0000	0.1666	0.0000	0.833	0.823	5.5%	0.1461
	2048	139,252	6,415,658	4,319,271	4607.2%	3101.8%	113	19,274	888,000	597,836	4607.2%	3101.8%	1.0000	1.0673	1.0000	0.1715	0.0000	0.829	0.818	5.5%	0.1384
	2049	113,271	5,800,381	3,799,180	5120.8%	3354.1%	93	14,853	760,582	498,172	5120.8%	3354.1%	1.0000	1.0677	1.0000	0.1762	0.0000	0.824	0.813	5.6%	0.1311
	2050	91,598	5,211,146	3,323,629	5689.1%	3628.5%	76	11,373	647,012	412,659	5689.1%	3628.5%	1.0000	1.0678	1.0000	0.1807	0.0000	0.819	0.809	5.6%	0.1242
	2051	73,628	4,653,541	2,886,873	6320.3%	3920.9%	62	8,653	546,871	339,257	6320.3%	3920.9%	1.0000	1.0656	1.0000	0.1849	0.0000	0.815	0.804	5.7%	0.1175
	Past	69,400,844	7,472,037	13,160,474	10.8%	19.0%	43,622	103,228,807	8,962,130	16,692,919	8.7%	16.2%									
	Future	87,524,429	330,871,480	309,205,335	378.0%	353.3%	57,166	52,734,919	114,515,167	115,476,717	217.2%	219.0%									
	Lifetime	156,925,273	338,343,517	322,365,809	215.6%	205.4%	100,788	155,963,726	123,477,297	132,169,636	79.2%	84.7%									

Exhibit II
Continental Casualty Company
Virginia-Specific Experience Projections with 80% Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	941	0	0	0.0%	0.0%	4	2,376	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	398,989	0	0	0.0%	0.0%	570	940,162	0	0	0.0%	0.0%				0.0104		0.990		7.1%	2.3564
	2000	1,548,349	0	0	0.0%	0.0%	1,394	3,405,240	0	0	0.0%	0.0%				0.0299		0.970		7.1%	2.1993
	2001	3,130,890	0	4,476	0.0%	0.1%	2,407	6,426,631	0	9,188	0.0%	0.1%				0.0368		0.963		7.1%	2.0527
	2002	5,186,510	16,523	384,766	0.3%	7.4%	3,971	9,939,171	31,665	737,346	0.3%	7.4%				0.0253		0.975		7.1%	1.9164
	2003	7,170,692	105,531	188,623	1.5%	2.6%	4,249	12,830,850	188,832	337,512	1.5%	2.6%				0.0400		0.960		7.1%	1.7893
	2004	6,978,371	104,736	356,749	1.5%	5.1%	4,126	11,662,777	175,043	596,226	1.5%	5.1%				0.0289		0.971		7.0%	1.6713
	2005	6,822,680	139,467	602,854	2.0%	8.8%	4,050	10,653,685	217,779	941,362	2.0%	8.8%				0.0184		0.982		7.0%	1.5615
	2006	6,691,663	329,249	1,721,500	4.9%	25.7%	3,976	9,756,399	480,043	2,509,935	4.9%	25.7%				0.0183		0.982		7.2%	1.4580
	2007	6,551,910	731,716	1,436,422	11.2%	21.9%	3,911	8,911,773	995,265	1,953,792	11.2%	21.9%				0.0163		0.984		7.2%	1.3602
	2008	6,438,447	1,193,728	1,321,150	18.5%	20.5%	3,843	8,174,296	1,515,565	1,677,341	18.5%	20.5%				0.0174		0.983		7.0%	1.2696
	2009	6,304,317	1,417,099	2,669,838	22.5%	42.3%	3,767	7,477,907	1,680,901	3,166,846	22.5%	42.3%				0.0198		0.980		7.0%	1.1862
	2010	6,158,883	1,703,747	1,845,646	27.7%	30.0%	3,692	6,821,980	1,887,181	2,044,358	27.7%	30.0%				0.0199		0.980		7.1%	1.1077
	2011	6,018,203	1,730,240	2,628,450	28.8%	43.7%	3,662	6,225,560	1,789,856	2,719,013	28.8%	43.7%				0.0081		0.992		7.0%	1.0345
Projected Future Experience	2012	5,837,617	2,229,756	3,075,978	38.2%	52.7%	3,564	5,663,581	2,163,281	2,984,274	38.2%	52.7%	1.0000	1.2025	1.0000	0.0268	0.0000	0.973	0.970	6.2%	0.9702
	2013	5,916,773	2,956,914	3,401,069	50.0%	57.5%	3,394	5,406,736	2,702,023	3,107,890	50.0%	57.5%	1.1020	1.1577	1.0028	0.0485	0.0199	0.952	1.014	6.1%	0.9138
	2014	7,703,113	3,395,784	3,431,185	44.1%	44.5%	3,226	6,637,620	2,926,079	2,956,584	44.1%	44.5%	1.5369	1.0460	1.0175	0.0505	0.0202	0.951	1.302	6.0%	0.8617
	2015	7,726,711	3,609,361	3,770,101	46.7%	48.8%	3,123	6,282,846	2,934,892	3,065,594	46.7%	48.8%	1.0524	1.1325	1.0197	0.0319	0.0000	0.968	1.003	5.9%	0.8131
	2016	7,436,769	3,879,689	4,197,915	52.2%	56.4%	3,016	5,709,432	2,978,554	3,222,866	52.2%	56.4%	1.0000	1.1530	1.0197	0.0343	0.0000	0.966	0.962	5.9%	0.7677
	2017	7,134,585	4,148,579	4,651,326	58.1%	65.2%	2,904	5,173,795	3,008,430	3,373,007	58.1%	65.2%	1.0000	1.1507	1.0197	0.0371	0.0000	0.963	0.959	5.9%	0.7252
	2018	6,818,456	4,519,140	5,128,539	66.3%	75.2%	2,787	4,671,898	3,096,443	3,513,994	66.3%	75.2%	1.0000	1.1491	1.0197	0.0404	0.0000	0.960	0.956	5.8%	0.6852
	2019	6,488,508	4,945,942	5,610,808	76.2%	86.5%	2,664	4,202,708	3,203,564	3,634,208	76.2%	86.5%	1.0000	1.1444	1.0197	0.0440	0.0000	0.956	0.952	5.8%	0.6477
	2020	6,146,923	5,404,580	6,078,735	87.9%	98.9%	2,537	3,765,570	3,310,815	3,723,798	87.9%	98.9%	1.0000	1.1377	1.0197	0.0478	0.0000	0.952	0.947	5.7%	0.6126
	2021	5,797,439	5,868,104	6,522,343	101.2%	112.5%	2,407	3,359,751	3,400,703	3,779,850	101.2%	112.5%	1.0000	1.1311	1.0197	0.0514	0.0000	0.949	0.943	5.7%	0.5795
	2022	5,444,928	6,327,216	6,927,267	116.2%	127.2%	2,275	2,985,660	3,469,452	3,798,483	116.2%	127.2%	1.0000	1.1236	1.0197	0.0548	0.0000	0.945	0.939	5.7%	0.5483
	2023	5,094,494	6,768,969	7,283,730	132.9%	143.0%	2,143	2,643,814	3,512,792	3,779,930	132.9%	143.0%	1.0000	1.1160	1.0197	0.0579	0.0000	0.942	0.936	5.6%	0.5190
	2024	4,750,819	7,185,653	7,616,756	151.3%	160.3%	2,013	2,333,757	3,529,827	3,741,598	151.3%	160.3%	1.0000	1.1132	1.0198	0.0606	0.0000	0.939	0.933	5.6%	0.4912
	2025	4,416,456	7,576,756	7,925,982	171.6%	179.5%	1,886	2,053,912	3,523,637	3,686,048	171.6%	179.5%	1.0000	1.1111	1.0198	0.0634	0.0000	0.937	0.930	5.6%	0.4651
	2026	4,091,800	7,951,597	8,273,654	194.3%	202.2%	1,760	1,801,815	3,501,468	3,643,285	194.3%	202.2%	1.0000	1.1183	1.0198	0.0666	0.0000	0.933	0.926	5.6%	0.4403
	2027	3,776,860	8,326,873	8,652,668	220.5%	229.1%	1,637	1,575,052	3,472,529	3,608,394	220.5%	229.1%	1.0000	1.1246	1.0198	0.0700	0.0000	0.930	0.923	5.6%	0.4170
	2028	3,472,281	8,703,846	8,992,580	250.7%	259.0%	1,516	1,371,760	3,438,542	3,552,609	250.7%	259.0%	1.0000	1.1219	1.0198	0.0736	0.0000	0.926	0.919	5.5%	0.3951
	2029	3,178,861	9,068,721	9,276,101	285.3%	291.8%	1,399	1,190,057	3,395,018	3,472,654	285.3%	291.8%	1.0000	1.1181	1.0198	0.0774	0.0000	0.923	0.915	5.5%	0.3744
	2030	2,897,460	9,406,279	9,500,108	324.6%	327.9%	1,285	1,028,252	3,338,104	3,371,402	324.6%	327.9%	1.0000	1.1149	1.0198	0.0814	0.0000	0.919	0.911	5.5%	0.3549
	2031	2,628,821	9,702,994	9,656,940	369.1%	367.3%	1,175	884,737	3,265,568	3,250,068	369.1%	367.3%	1.0000	1.1116	1.0198	0.0855	0.0000	0.914	0.907	5.4%	0.3366
	2032	2,373,646	9,946,743	9,743,145	419.0%	410.5%	1,070	757,711	3,175,183	3,110,191	419.0%	410.5%	1.0000	1.1085	1.0198	0.0898	0.0000	0.910	0.903	5.4%	0.3192
	2033	2,132,434	10,129,699	9,762,510	475.0%	457.8%	969	645,561	3,066,607	2,955,446	475.0%	457.8%	1.0000	1.1064	1.0198	0.0943	0.0000	0.906	0.898	5.5%	0.3027
	2034	1,905,646	10,247,080	9,706,823	537.7%	509.4%	873	547,074	2,941,736	2,786,638	537.7%	509.4%	1.0000	1.1036	1.0198	0.0990	0.0000	0.901	0.894	5.5%	0.2871
	2035	1,693,668	10,294,423	9,572,944	607.8%	565.2%	782	461,159	2,803,008	2,606,561	607.8%	565.2%	1.0000	1.1005	1.0198	0.1038	0.0000	0.896	0.889	5.4%	0.2723
	2036	1,496,716	10,266,928	9,352,091	686.0%	624.8%	697	386,652	2,652,292	2,415,959	686.0%	624.8%	1.0000	1.0962	1.0198	0.1088	0.0000	0.891	0.884	5.4%	0.2583
	2037	1,314,793	10,161,336	9,060,470	772.8%	689.1%	618	322,414	2,491,766	2,221,811	772.8%	689.1%	1.0000	1.0934	1.0197	0.1140	0.0000	0.886	0.878	5.3%	0.2452
	2038	1,147,968	9,979,052	8,708,210	869.3%	758.6%	544	267,373	2,324,216	2,028,225	869.3%	758.6%	1.0000	1.0912	1.0197	0.1192	0.0000	0.881	0.873	5.3%	0.2329
	2039	996,094	9,725,499	8,307,352	976.4%	834.0%	476	220,479	2,152,673	1,838,776	976.4%	834.0%	1.0000	1.0897	1.0197	0.1245	0.0000	0.875	0.868	5.2%	0.2213
	2040	858,783	9,407,670	7,856,949	1095.5%	914.9%	414	180,787	1,980,461	1,654,010	1095.5%	914.9%	1.0000	1.0871	1.0197	0.1299	0.0000	0.870	0.862	5.1%	0.2105
	2041	735,500	9,030,212	7,354,097	1227.8%	999.9%	358	147,345	1,809,051	1,473,269	1227.8%	999.9%	1.0000	1.0825	1.0196	0.1353	0.0000	0.865	0.856	5.1%	0.2003
	2042	625,820	8,597,690	6,813,294	1373.8%	1088.7%	308	119,230	1,638,020	1,298,059	1373.8%	1088.7%	1.0000	1.0782	1.0196	0.1407	0.0000	0.859	0.851	5.2%	0.1905
	2043	529,021	8,118,250	6,259,716	1534.6%	1183.3%	263	95,697	1,468,544	1,132,346	1534.6%	1183.3%	1.0000	1.0759	1.0195	0.1461	0.0000	0.854	0.845	5.4%	0.1809
	2044	444,246	7,604,431	5,712,192	1711.8%	1285.8%	223	76,220	1,304,703	980,049	1711.8%	1285.8%	1.0000	1.0753	1.0195	0.1513	0.0000	0.849	0.840	5.5%	0.1716
	2045	370,569	7,069,907	5,177,638	1907.8%	1397.2%	188	60,274	1,149,934	842,153	1907.8%	1397.2%	1.0000	1.0747	1.0194	0.1566	0.0000	0.843	0.834	5.5%	0.1627
	2046	307,054	6,526,592	4,655,897	2125.6%	1516.3%	158	47,330	1,006,028	717,673	2125.6%	1516.3%	1.0000	1.0728	1.0193	0.1617	0.0000	0.838	0.829	5.5%	0.1541
	2047	252,854	5,983,430	4,150,941	2366.4%	1641.6%	131	36,932	873,953	606,296	2366.4%	1641.6%	1.0000	1.0697	1.0192	0.1665	0.0000	0.834	0.823	5.5%	0.1461
	2048	206,940	5,448,040	3,673,596	2632.7%	1775.2%	109	28,643	754,071	508,468	2632.7%	1775.2%	1.0000	1.0681	1.0192	0.1714	0.0000	0.829	0.818	5.5%	0.1384
	2049	168,330	4,928,022	3,234,326	2927.6%	1921.4%	90	22,072	646,193	424,105	2927.6%	1921.4%	1.0000	1.0686	1.0190	0.1760	0.0000	0.824	0.813	5.6%	0.1311
	2050	136,122	4,430,099	2,832,508	3254.5%	2080.9%	74	16,901	550,038	351,682	3254.5%	2080.9%	1.0000	1.0689	1.0189	0.1806	0.0000	0.819	0.809	5.6%	0.1242
	2051	109,417	3,958,898	2,463,111	3618.2%	2251.1%	60	12,858	465,238	289,458	3618.2%	2251.1%	1.0000	1.0668	1.0188	0.1848	0.0000	0.815	0.804	5.7%	0.1175
	Past	69,400,844	7,472,037	13,160,474	10.8%	19.0%	43,622	103,228,807	8,962,130	16,692,919	8.7%	16.2%									
	Future	124,565,293	283,830,754	264,371,592	227.9%	212.2%	55,117	73,195,463	99,425,435	99,507,712	135.8%	135.9%									
	Lifetime	193,966,137	291,302,792	277,532,066	150.2%	143.1%	98,739	176,424,270	108,387,565	116,200,631	61.4%	65.9%									

8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

April 26, 2013

Honorable Jacqueline Cunningham
Commissioner of Insurance
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, Virginia 23219

RE: Continental Casualty Company (CCC)
Company NAIC # 20443
SERFF Tracking # MILL-128834437
Policy Forms:

Comprehensive Long Term Care	P1-N0080-A45
Comprehensive Long Term Care	P1-N0081-A45
Comprehensive Long Term Care	P1-N0085-A45
Comprehensive Long Term Care	P1-N0086-A45
Comprehensive Long Term Care	P1-N0095-A45
Comprehensive Long Term Care	P1-N0096-A45
Comprehensive Long Term Care	P1-N0100-A45
Comprehensive Long Term Care	P1-N0101-A45
Nursing Home Only	P1-N0075-A45
Nursing Home Only	P1-N0076-A45
Nursing Home Only	P1-N0090-A45
Nursing Home Only	P1-N0091-A45

Dear Commissioner Cunningham:

The referenced rate filing is being submitted on behalf of CCC for your review.

These forms are existing individual policy forms providing comprehensive and facility only long-term care coverage. These policy forms were issued in Virginia from August 1998 through July 2003 and are no longer being marketed in any jurisdiction.

CCC is requesting the approval of a premium rate increase on the above-listed forms. The increase is needed due to actual persistency running higher than expected in original pricing. The company is requesting an 80% increase for policies and all associated riders for policyholders.

There have been no previous rate revisions on this policy form nationwide or in Virginia.

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

CCC will offer insureds affected by the premium increase the option of reducing their policy benefits to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase.

If the Bureau approves a rate increase, the company will offer insureds a contingent nonforfeiture benefit if the policy was issued on or after December 1, 2001 and the cumulative rate increase for that policy triggers the definition of a substantial rate increase.

The following electronic items are included with this submission:

- this cover letter;
- the Review Requirements Checklist;
- letter from CCC authorizing us to submit this filing on their behalf;
- an actuarial memorandum
- a supplement to the actuarial memorandum; and
- rate schedules.

In addition, this filing is also intended to reflect the premium modalization rules which remain unchanged and which are applicable to the referenced programs.

No filing fee is required for this submission.

The contact person for this filing is:

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary
8500 Normandale Lake Blvd., Suite 1850
Minneapolis, MN 55437
(952) 820-2419
amy.pahl@milliman.com

Thank you for your assistance in reviewing this filing.

Respectfully,

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary

AP/lbg

Enclosures

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

Continental Casualty Company (CCC)
Address: 333 S. Wabash Ave, Chicago, IL 60604

Supplement to the Actuarial Memorandum for the Preferred Solution Series
April 26, 2013

Product	Form Number
Comprehensive Long Term Care	P1-N0080-A45
Comprehensive Long Term Care	P1-N0081-A45
Comprehensive Long Term Care	P1-N0085-A45
Comprehensive Long Term Care	P1-N0086-A45
Comprehensive Long Term Care	P1-N0095-A45
Comprehensive Long Term Care	P1-N0096-A45
Comprehensive Long Term Care	P1-N0100-A45
Comprehensive Long Term Care	P1-N0101-A45
Nursing Home Only	P1-N0075-A45
Nursing Home Only	P1-N0076-A45
Nursing Home Only	P1-N0090-A45
Nursing Home Only	P1-N0091-A45

1. Purpose of Filing

This supplement has been prepared for the purpose of providing additional information that the Bureau has indicated they generally like to see when reviewing long-term care (LTC) rate increase filings. These additional items (stated in italics) have been assembled based on correspondence with the Bureau as it relates to other LTC filings. It is provided to expedite the review process and may not be appropriate for other purposes.

2. Additional Information Previously Requested (stated in italics)

Please demonstrate compliance with 14VAC5-200-150 for those policy forms issued prior to October 1, 2003 and demonstrate compliance with 14VAC5-200-153 for those policy forms issued on or after October 1, 2003.

The above-referenced policy forms were issued in Virginia from August 1998 through July 2003. Since no policies were issued on or after October 1, 2003, the attached actuarial memorandum has been prepared in accordance with the requirements of 14VAC5-200-150.

In providing the experience, the exhibits should show the earned premiums, paid claims, incurred claims and loss ratio for each calendar year from the date of the forms' inception through the most recent date that information is available. Separate exhibits, and projections thereof, should be provided based on the Virginia only and national data.

Exhibits I and II of the actuarial memorandum provide the referenced information based on experience through 2011. More recent data is not yet readily available.

Please state the number of policies in force in Virginia and nationwide.

Section 21 of the actuarial memorandum provides the referenced information.

Please state the approval and issued dates of all applicable forms.

These policy forms were approved in Virginia on September 1, 1998.

Continental Casualty Company (CCC)
Address: 333 S. Wabash Ave, Chicago, IL 60604

Supplement to the Actuarial Memorandum for the Preferred Solution Series
April 26, 2013

Please provide justification for all assumptions used in the projections.

Section 5 and Exhibit III of the actuarial memorandum provide the referenced information.

Please provide an explanation of the reserve basis and justification for the reserve levels.

Statutory active life reserves are calculated as the mid-terminal reserve plus unearned gross premium using a one-year full preliminary term method. A 4.5% interest rate is used for all issue years (1998 through 2003). Mortality is equal to the 1983 group annuitant mortality table. Voluntary lapse rates are equal to 80% of the original pricing assumption, limited to 8% in the first duration and 4% thereafter. Morbidity is equal to the original pricing morbidity assumption. See section 16 of the actuarial memorandum for a description of the original pricing assumptions.

Section 12 of the actuarial memorandum provides a description of the reserve bases for known open claims and incurred but not reported claims.

If a prior rate increase has been approved for the forms in the filing, please provide an explanation as to why an additional rate increase is needed and a comparison of the differences in the assumptions used in the prior filing with those actually experienced and with those used in the original filing. If no previous rate increase has been approved, then just provide a comparison of the differences in the assumptions actually experienced with those used in the original filing.

There have been no previous rate revisions on these policy forms. Please see sections 5 and 16 of the actuarial memorandum for a comparison of the current filing assumptions and original pricing assumptions, respectively. Exhibit III of the actuarial memorandum provides additional information in support of the current filing assumptions.

The original pricing memoranda for these products indicate that an after-tax net investment earnings rate of 5.0% was originally used to determine that the lifetime loss ratio for these forms was anticipated to be at least 60% over the life of the policy. CCC's internal documentation shows that an assumed pre-tax net investment earnings rate of 7.14% was used in the original determination of premiums.

Pursuant to 14VAC5-130-70.C, the interest rate used in this filing is consistent with that used in the original determination of premiums. That is, CCC's actual and future expected pre-tax net investment earnings rate is used in determining the lifetime loss ratio for this business. CCC's actual historical pre-tax net investment earnings rates vary between 7.0% and 7.2%, and its projected pre-tax net investment earnings rates vary between 5.1% and 6.2% between 2012 and 2051. The rates are shown in Exhibits I and II of the actuarial memorandum, and in Attachments 1 and 2 of this supplement.

Please provide the anticipated loss ratio where the numerator is equal to the anticipated incurred claims less the policy reserves, and the denominator is equal to the anticipated earned premium.

Anticipated loss ratios calculated with the numerator equal to anticipated incurred claims less policy reserves and the denominator equal to anticipated earned premium prior to

the 80% rate increase are shown in Tables 1 and 2, for both nationwide and Virginia-specific experience, respectively. As required by 14VAC5-130-70.C, the present value of future claims and premium in Tables 1 and 2 use an interest rate consistent with that assumed in the original determination of premiums. The active life reserves in Tables 1 and 2 are presented on a GAAP basis to be more consistent with the best-estimate assumptions presented in this filing.

Table 1
Nationwide Anticipated Loss Ratio before the Increase

1	Present Value of Future Claims	$ 2,935,222,673
2	GAAP Active Life Reserves	1,635,355,112
3	Present Value of Future Premium	1,369,544,400
	Anticipated Loss Ratio = (1 - 2) / 3	94.9%

Table 2
Virginia Anticipated Loss Ratio before the Increase

1	Present Value of Future Claims	$ 115,476,717
2	GAAP Active Life Reserves	65,717,333
3	Present Value of Future Premium	52,734,919
	Anticipated Loss Ratio = (1 - 2) / 3	94.4%

Please state the lifetime loss ratio anticipated in the original filing and, if applicable, an explanation why the current projected loss ratio is less than the originally anticipated.

The lifetime loss ratio of the original filing based on an assumed sales mix was 58%, using the interest rate used in the original determination of premiums (i.e., 7.1%). The current projected loss ratios of 80% and 63% before and after the requested increase are both higher than that expected in pricing.

Please provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms' introduction.

Attachments 1 and 2 to this supplement provide information similar to Exhibits I and II of the actuarial memorandum, but with the historical premiums restated with the proposed premium back to the forms' introduction. Please note that Virginia-specific experience is not considered fully credible, but is being provided as required.

Please provide assurances that the assumptions used in the projections, other than the interest rate, are no more conservative (i.e., do not produce a higher loss ratio) than those used in the company's prior year's asset adequacy testing.

The assumptions used in this filing, other than the interest rate, are the same as those used in the company's 2011 asset adequacy testing.

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Supplement to the Actuarial Memorandum for the Preferred Solution Series
April 26, 2013

Please disclose the nature and magnitude of any conservatism included in any of the assumptions used in making the lifetime loss ratio projections.

The assumptions represent CCC's best estimate of future experience based on information available today; they do not include any provision for conservatism.

Please clearly detail how the rate changes requested in Virginia compare with those requested in other states.

Attachment 3 to this letter provides a status listing showing the requested increase amount and the current status of the increase for each jurisdiction in which these forms were issued. In certain jurisdictions, the requested rate increase may vary due to regulatory restrictions. In jurisdictions where the entire 80% rate increase is not approved, the company plans to file additional increases over the next few years with the ultimate goal of bringing this block to an actuarially appropriate level.

If approved, please explain what, if any, options will be offered to policyholders in lieu of accepting the rate increase.

Policyholders have many options to keep their premium levels closer to what they were paying prior to the increase. Some of these options include: reducing their daily benefit amount, shortening their benefit period, or choosing a longer elimination period. Policyholders are also allowed to change their inflation option, including dropping or reducing inflation protection.

Additionally, if the Bureau approves a rate increase, the company will offer insureds a contingent nonforfeiture benefit if the policy was issued on or after December 1, 2001 and the cumulative rate increase for that policy triggers the definition of a substantial rate increase.

Please explain steps the company has taken to minimize rate increases on this block of business.

The company continues to use best practices in claim adjudication to balance cost effectiveness with insured satisfaction. The company is requesting an 80% rate increase and has indicated that if an 80% rate increase is implemented, no future rate increases are anticipated under moderately adverse conditions. This increase is believed to be in compliance with the requirements of 14VAC5-130-70.C and 14VAC5-200-150.B.

Does the company have other blocks of long term care business? If so, how has the experience on those blocks developed? If applicable, has the company considered combining different blocks for rate making purposes?

The company has several older blocks of long-term care business. It has also requested rate increases on its older business, but has not pooled the older blocks with this Preferred Solution business for rate making purposes. Each block of business has unique benefit characteristics and pricing and underwriting practices, therefore the company prefers to keep them separate.

Please provide an actual to expected analysis based on the original assumptions and those included in the prior filing.

There have been no previous rate revisions on these policy forms. Attachments 4 and 5 to this supplement provide a calendar year actual-to-expected (A:E) analysis for nationwide and Virginia-specific experience, respectively. The expected experience reflects the actual mix of business sold and the original pricing assumptions since inception. Please note that Virginia-specific experience is not considered fully credible, but is being provided as required.

Provide a copy of the premium notification letter that the company intends to send to policyholders notifying them of the rate increase.

Enclosed is a copy of the policyholder letter that the company proposes to send to policyholders informing them of the planned rate increase. A frequently asked questions document that will be sent to policyholders is also enclosed. Please note that in the future, slight variations in language may occur in these documents that do not materially change the information being provided to the policyholder. It is our understanding that such variations do not need to be filed with the state of Virginia.

3. Summary of Attachments and Enclosures

Attachment 1: Nationwide Restated Experience Projections
Attachment 2: Virginia-specific Restated Experience Projections
Attachment 3: State Status Listing
Attachment 4: Nationwide A:E Experience by Calendar Year
Attachment 5: Virginia-specific A:E Experience by Calendar Year

Enclosure: Sample Policyholder Notification Letter
Enclosure: Premium Rate Increase Frequently Asked Questions

Attachment 1
Continental Casualty Company
Nationwide Restated Experience Projections
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	86,258	0	0	0.0%	0.0%	218	217,772	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	20,343,407	838	126,537	0.0%	0.6%	17,663	47,936,435	1,974	298,166	0.0%	0.6%				0.0084		0.992		7.1%	2.3564
	2000	95,290,795	60,019	2,503,199	0.1%	2.6%	44,834	209,570,312	131,998	5,505,214	0.1%	2.6%				0.0300		0.970		7.1%	2.1993
	2001	185,462,330	767,023	4,802,497	0.4%	2.6%	75,878	380,689,852	1,574,432	9,857,860	0.4%	2.6%				0.0381		0.962		7.1%	2.0527
	2002	291,993,751	2,027,120	10,819,128	0.7%	3.7%	111,262	559,562,410	3,884,674	20,733,243	0.7%	3.7%				0.0379		0.962		7.1%	1.9164
	2003	368,816,177	4,567,338	13,013,852	1.2%	3.5%	116,091	659,939,803	8,172,549	23,286,286	1.2%	3.5%				0.0485		0.951		7.1%	1.7893
	2004	354,824,903	7,706,004	19,931,702	2.2%	5.6%	111,353	593,010,022	12,878,853	33,311,357	2.2%	5.6%				0.0408		0.959		7.0%	1.6713
	2005	341,678,179	11,683,070	23,829,608	3.4%	7.0%	108,034	533,534,021	18,243,235	37,210,180	3.4%	7.0%				0.0298		0.970		7.0%	1.5615
	2006	332,125,647	16,666,803	33,832,414	5.0%	10.2%	105,513	484,236,912	24,300,084	49,327,428	5.0%	10.2%				0.0233		0.977		7.2%	1.4580
	2007	323,945,001	22,137,875	37,138,363	6.8%	11.5%	103,354	440,623,364	30,111,485	50,514,842	6.8%	11.5%				0.0205		0.980		7.2%	1.3602
	2008	316,350,160	29,597,783	51,011,726	9.4%	16.1%	101,153	401,640,277	37,577,543	64,764,829	9.4%	16.1%				0.0213		0.979		7.0%	1.2696
	2009	307,577,854	37,748,757	53,446,206	12.3%	17.4%	98,664	364,835,469	44,775,933	63,395,564	12.3%	17.4%				0.0246		0.975		7.0%	1.1862
	2010	298,799,223	46,070,891	67,823,885	15.4%	22.7%	96,369	330,969,472	51,031,118	75,126,151	15.4%	22.7%				0.0233		0.977		7.1%	1.1077
	2011	289,931,061	52,553,345	85,032,369	18.1%	29.3%	94,619	299,920,643	54,364,072	87,962,161	18.1%	29.3%				0.0182		0.982		7.0%	1.0345
Projected Future Experience	2012	280,348,203	71,268,093	91,092,452	25.4%	32.5%	91,910	271,990,222	69,143,387	88,376,726	25.4%	32.5%	1.0000	1.1028	1.0000	0.0286	0.0000	0.971	0.967	6.2%	0.9702
	2013	268,647,640	91,913,211	102,106,840	34.2%	38.0%	89,128	245,489,704	83,990,118	93,305,037	34.2%	38.0%	1.0000	1.1559	1.0000	0.0303	0.0000	0.970	0.958	6.1%	0.9138
	2014	259,027,560	105,868,041	114,018,521	40.9%	44.0%	86,260	223,198,923	91,224,396	98,247,503	40.9%	44.0%	1.0000	1.1538	1.0000	0.0322	0.0000	0.968	0.964	6.0%	0.8617
	2015	249,235,500	115,544,236	126,747,566	46.4%	50.9%	83,285	202,661,681	93,952,864	103,062,665	46.4%	50.9%	1.0000	1.1513	1.0000	0.0345	0.0000	0.966	0.962	5.9%	0.8131
	2016	239,052,988	125,731,027	140,196,044	52.6%	58.6%	80,183	183,528,196	96,527,505	107,632,735	52.6%	58.6%	1.0000	1.1489	1.0000	0.0372	0.0000	0.963	0.959	5.9%	0.7677
	2017	228,429,148	136,621,305	154,184,566	59.8%	67.5%	76,931	165,650,216	99,073,822	111,810,191	59.8%	67.5%	1.0000	1.1463	1.0000	0.0406	0.0000	0.959	0.956	5.9%	0.7252
	2018	217,313,248	149,509,558	168,509,789	68.8%	77.5%	73,519	148,899,603	102,441,586	115,460,244	68.8%	77.5%	1.0000	1.1436	1.0000	0.0444	0.0000	0.956	0.951	5.8%	0.6852
	2019	205,732,167	163,216,760	182,687,826	79.3%	88.8%	69,961	133,255,954	105,718,057	118,329,772	79.3%	88.8%	1.0000	1.1393	1.0000	0.0484	0.0000	0.952	0.947	5.8%	0.6477
	2020	193,792,087	177,198,662	195,895,396	91.4%	101.1%	66,285	118,715,917	108,550,880	120,004,392	91.4%	101.1%	1.0000	1.1318	1.0000	0.0525	0.0000	0.947	0.942	5.7%	0.6126
	2021	181,647,171	190,761,117	207,742,532	105.0%	114.4%	62,542	105,268,777	110,550,521	120,391,648	105.0%	114.4%	1.0000	1.1239	1.0000	0.0565	0.0000	0.944	0.937	5.7%	0.5795
	2022	169,477,494	203,597,887	217,857,639	120.1%	128.5%	58,785	92,930,924	111,640,427	119,459,589	120.1%	128.5%	1.0000	1.1157	1.0000	0.0601	0.0000	0.940	0.933	5.7%	0.5483
	2023	157,488,841	215,362,096	226,367,670	136.7%	143.7%	55,065	81,729,660	111,763,289	117,474,689	136.7%	143.7%	1.0000	1.1093	1.0000	0.0633	0.0000	0.937	0.929	5.6%	0.5190
	2024	145,827,906	225,946,995	234,053,824	154.9%	160.5%	51,421	71,635,410	110,992,511	114,974,850	154.9%	160.5%	1.0000	1.1072	1.0000	0.0662	0.0000	0.934	0.926	5.6%	0.4912
	2025	134,583,108	235,414,882	240,704,813	174.9%	178.9%	47,863	62,589,059	109,481,763	111,941,892	174.9%	178.9%	1.0000	1.1049	1.0000	0.0692	0.0000	0.931	0.923	5.6%	0.4651
	2026	123,757,329	244,081,469	248,139,309	197.2%	200.5%	44,393	54,496,260	107,480,724	109,267,585	197.2%	200.5%	1.0000	1.1115	1.0000	0.0725	0.0000	0.927	0.920	5.6%	0.4403
	2027	113,360,652	252,483,274	256,227,655	222.7%	226.0%	41,014	47,274,422	105,292,275	106,853,782	222.7%	226.0%	1.0000	1.1177	1.0000	0.0761	0.0000	0.924	0.916	5.6%	0.4170
	2028	103,403,593	260,692,377	262,970,897	252.1%	254.3%	37,738	40,850,631	102,989,150	103,889,302	252.1%	254.3%	1.0000	1.1154	1.0000	0.0799	0.0000	0.920	0.912	5.5%	0.3951
	2029	93,909,544	268,342,147	268,110,720	285.7%	285.5%	34,576	35,156,514	100,458,101	100,371,463	285.7%	285.5%	1.0000	1.1128	1.0000	0.0838	0.0000	0.916	0.908	5.5%	0.3744
	2030	84,902,733	275,012,165	271,380,535	323.9%	319.6%	31,538	30,130,312	97,596,416	96,307,622	323.9%	319.6%	1.0000	1.1097	1.0000	0.0879	0.0000	0.912	0.904	5.5%	0.3549
	2031	76,400,256	280,307,882	272,573,945	366.9%	356.8%	28,634	25,712,707	94,338,354	91,735,477	366.9%	356.8%	1.0000	1.1063	1.0000	0.0921	0.0000	0.908	0.900	5.4%	0.3366
	2032	68,413,434	283,926,637	271,656,970	415.0%	397.1%	25,873	21,838,823	90,634,590	86,717,887	415.0%	397.1%	1.0000	1.1030	1.0000	0.0965	0.0000	0.904	0.895	5.4%	0.3192
	2033	60,949,534	285,714,160	268,850,764	468.8%	441.1%	23,260	18,451,513	86,495,467	81,390,339	468.8%	441.1%	1.0000	1.1008	1.0000	0.1010	0.0000	0.899	0.891	5.5%	0.3027
	2034	54,013,588	285,626,715	264,184,407	528.8%	489.1%	20,802	15,506,242	81,997,829	75,842,163	528.8%	489.1%	1.0000	1.0987	1.0000	0.1057	0.0000	0.894	0.886	5.5%	0.2871
	2035	47,607,122	283,627,349	257,482,390	595.8%	540.8%	18,503	12,962,663	77,227,224	70,108,367	595.8%	540.8%	1.0000	1.0957	1.0000	0.1105	0.0000	0.889	0.881	5.4%	0.2723
	2036	41,723,455	279,661,363	248,707,736	670.3%	596.1%	16,366	10,778,569	72,245,918	64,249,557	670.3%	596.1%	1.0000	1.0921	1.0000	0.1155	0.0000	0.884	0.876	5.4%	0.2583
	2037	36,353,457	273,727,658	238,224,283	753.0%	655.3%	14,392	8,914,605	67,123,574	58,417,426	753.0%	655.3%	1.0000	1.0892	1.0000	0.1206	0.0000	0.879	0.871	5.3%	0.2452
	2038	31,483,946	265,944,098	226,469,953	844.7%	719.3%	12,580	7,332,911	61,940,914	52,747,009	844.7%	719.3%	1.0000	1.0876	1.0000	0.1259	0.0000	0.874	0.866	5.3%	0.2329
	2039	27,098,486	256,502,659	213,671,630	946.6%	788.5%	10,929	5,998,066	56,775,121	47,294,764	946.6%	788.5%	1.0000	1.0860	1.0000	0.1313	0.0000	0.869	0.861	5.2%	0.2213
	2040	23,175,494	245,590,939	199,791,183	1059.7%	862.1%	9,435	4,878,803	51,700,728	42,059,164	1059.7%	862.1%	1.0000	1.0831	1.0000	0.1367	0.0000	0.863	0.855	5.1%	0.2105
	2041	19,692,252	233,348,692	184,859,881	1185.0%	938.7%	8,093	3,945,010	46,747,472	37,033,557	1185.0%	938.7%	1.0000	1.0787	1.0000	0.1422	0.0000	0.858	0.850	5.1%	0.2003
	2042	16,622,965	219,944,017	169,411,250	1323.1%	1019.1%	6,897	3,166,983	41,903,418	32,275,988	1323.1%	1019.1%	1.0000	1.0753	1.0000	0.1478	0.0000	0.852	0.844	5.2%	0.1905
	2043	13,938,700	205,640,479	153,995,100	1475.3%	1104.8%	5,839	2,521,429	37,199,149	27,856,805	1475.3%	1104.8%	1.0000	1.0737	1.0000	0.1534	0.0000	0.847	0.839	5.4%	0.1809
	2044	11,609,728	190,756,767	138,895,367	1643.1%	1196.4%	4,911	1,991,898	32,728,415	23,830,480	1643.1%	1196.4%	1.0000	1.0724	1.0000	0.1590	0.0000	0.841	0.833	5.5%	0.1716
	2045	9,605,038	175,600,278	124,244,065	1828.2%	1293.5%	4,103	1,562,279	28,561,737	20,208,546	1828.2%	1293.5%	1.0000	1.0707	1.0000	0.1645	0.0000	0.835	0.827	5.5%	0.1627
	2046	7,892,537	160,427,290	110,118,511	2032.6%	1395.2%	3,405	1,216,579	24,728,728	16,973,987	2032.6%	1395.2%	1.0000	1.0680	1.0000	0.1701	0.0000	0.830	0.822	5.5%	0.1541
	2047	6,441,725	145,452,639	96,698,420	2258.0%	1501.1%	2,807	940,893	21,245,146	14,123,993	2258.0%	1501.1%	1.0000	1.0651	1.0000	0.1756	0.0000	0.824	0.816	5.5%	0.1461
	2048	5,222,605	130,878,651	84,234,771	2506.0%	1612.9%	2,299	722,868	18,115,099	11,659,054	2506.0%	1612.9%	1.0000	1.0635	1.0000	0.1809	0.0000	0.819	0.811	5.5%	0.1384
	2049	4,206,786	116,894,255	72,819,778	2778.7%	1731.0%	1,872	551,620	15,327,904	9,548,584	2778.7%	1731.0%	1.0000	1.0621	1.0000	0.1860	0.0000	0.814	0.805	5.6%	0.1311
	2050	3,368,074	103,647,310	62,427,384	3077.3%	1853.5%	1,514	418,177	12,868,769	7,750,935	3077.3%	1853.5%	1.0000	1.0599	1.0000	0.1912	0.0000	0.809	0.801	5.6%	0.1242
	2051	2,679,583	91,240,282	53,072,344	3405.0%	1980.6%	1,217	314,897	10,722,292	6,236,907	3405.0%	1980.6%	1.0000	1.0577	1.0000	0.1962	0.0000	0.804	0.796	5.7%	0.1175
	Past	3,527,224,745	231,586,866	403,311,486	6.6%	11.4%	1,185,005	5,306,686,763	287,047,948	521,293,280	5.4%	9.8%									
	Future	4,018,435,676	8,023,025,423	7,421,384,726	199.7%	184.7%	1,406,126	2,465,179,920	2,949,495,640	2,935,222,673	119.6%	119.1%									
	Lifetime	7,545,660,421	8,254,612,289	7,824,696,212	109.4%	103.7%	2,591,131	7,771,866,683	3,236,543,588	3,456,515,953	41.6%	44.5%									

Attachment 2
Continental Casualty Company
Virginia-specific Restated Experience Projections
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	1,694	0	0	0.0%	0.0%	4	4,276	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	718,180	0	0	0.0%	0.0%	570	1,692,292	0	0	0.0%	0.0%				0.0104		0.990		7.1%	2.3564
	2000	2,787,028	0	0	0.0%	0.0%	1,394	6,129,431	0	0	0.0%	0.0%				0.0299		0.970		7.1%	2.1993
	2001	5,635,601	0	4,476	0.0%	0.1%	2,407	11,567,935	0	9,188	0.0%	0.1%				0.0368		0.963		7.1%	2.0527
	2002	9,335,718	16,523	384,766	0.2%	4.1%	3,971	17,890,508	31,665	737,346	0.2%	4.1%				0.0253		0.975		7.1%	1.9164
	2003	12,907,246	105,531	188,623	0.8%	1.5%	4,249	23,095,530	188,832	337,512	0.8%	1.5%				0.0400		0.960		7.1%	1.7893
	2004	12,561,067	104,736	356,749	0.8%	2.8%	4,126	20,992,999	175,043	596,226	0.8%	2.8%				0.0289		0.971		7.0%	1.6713
	2005	12,280,823	139,467	602,854	1.1%	4.9%	4,050	19,176,633	217,779	941,362	1.1%	4.9%				0.0184		0.982		7.0%	1.5615
	2006	12,044,994	329,249	1,721,500	2.7%	14.3%	3,976	17,561,518	480,043	2,509,935	2.7%	14.3%				0.0183		0.982		7.2%	1.4580
	2007	11,793,437	731,716	1,436,422	6.2%	12.2%	3,911	16,041,192	995,265	1,953,792	6.2%	12.2%				0.0163		0.984		7.2%	1.3602
	2008	11,589,205	1,193,728	1,321,150	10.3%	11.4%	3,843	14,713,732	1,515,565	1,677,341	10.3%	11.4%				0.0174		0.983		7.0%	1.2696
	2009	11,347,771	1,417,099	2,669,838	12.5%	23.5%	3,767	13,460,233	1,680,901	3,166,846	12.5%	23.5%				0.0198		0.980		7.0%	1.1862
	2010	11,085,989	1,703,747	1,845,646	15.4%	16.6%	3,692	12,279,563	1,887,181	2,044,358	15.4%	16.6%				0.0199		0.980		7.1%	1.1077
	2011	10,832,765	1,730,240	2,628,450	16.0%	24.3%	3,662	11,206,009	1,789,856	2,719,013	16.0%	24.3%				0.0081		0.992		7.0%	1.0345
Projected Future Experience	2012	10,507,710	2,229,756	3,075,978	21.2%	29.3%	3,564	10,194,445	2,163,281	2,984,274	21.2%	29.3%	1.0000	1.2025	1.0000	0.0268	0.0000	0.973	0.970	6.2%	0.9702
	2013	10,027,906	2,967,462	3,466,130	29.6%	34.6%	3,463	9,163,482	2,711,661	3,167,343	29.6%	34.6%	1.0000	1.1596	1.0000	0.0282	0.0000	0.972	0.954	6.1%	0.9138
	2014	9,697,564	3,490,209	3,893,925	36.0%	40.2%	3,359	8,356,199	3,007,444	3,355,318	36.0%	40.2%	1.0000	1.1581	1.0000	0.0299	0.0000	0.970	0.967	6.0%	0.8617
	2015	9,358,904	3,860,999	4,358,933	41.3%	46.6%	3,252	7,610,036	3,139,507	3,544,393	41.3%	46.6%	1.0000	1.1563	1.0000	0.0319	0.0000	0.968	0.965	5.9%	0.8131
	2016	9,007,715	4,283,031	4,860,921	47.5%	54.0%	3,141	6,915,494	3,288,212	3,731,876	47.5%	54.0%	1.0000	1.1547	1.0000	0.0343	0.0000	0.966	0.962	5.9%	0.7677
	2017	8,641,697	4,683,688	5,394,161	54.2%	62.4%	3,024	6,266,709	3,396,475	3,911,689	54.2%	62.4%	1.0000	1.1525	1.0000	0.0371	0.0000	0.963	0.959	5.9%	0.7252
	2018	8,258,788	5,167,124	5,956,546	62.6%	72.1%	2,902	5,658,791	3,540,432	4,081,332	62.6%	72.1%	1.0000	1.1508	1.0000	0.0405	0.0000	0.960	0.956	5.8%	0.6852
	2019	7,859,142	5,695,258	6,526,077	72.5%	83.0%	2,774	5,090,490	3,688,908	4,227,042	72.5%	83.0%	1.0000	1.1461	1.0000	0.0440	0.0000	0.956	0.952	5.8%	0.6477
	2020	7,445,401	6,249,468	7,079,990	83.9%	95.1%	2,642	4,561,010	3,828,388	4,337,161	83.9%	95.1%	1.0000	1.1393	1.0000	0.0478	0.0000	0.952	0.947	5.7%	0.6126
	2021	7,022,092	6,806,797	7,606,470	96.9%	108.3%	2,506	4,069,466	3,944,698	4,408,127	96.9%	108.3%	1.0000	1.1326	1.0000	0.0514	0.0000	0.949	0.943	5.7%	0.5795
	2022	6,595,116	7,357,234	8,088,507	111.6%	122.6%	2,369	3,616,352	4,034,250	4,435,234	111.6%	122.6%	1.0000	1.1250	1.0000	0.0548	0.0000	0.945	0.939	5.7%	0.5483
	2023	6,170,656	7,886,081	8,514,237	127.8%	138.0%	2,231	3,202,294	4,092,523	4,418,508	127.8%	138.0%	1.0000	1.1173	1.0000	0.0579	0.0000	0.942	0.936	5.6%	0.5190
	2024	5,754,383	8,384,419	8,912,929	145.7%	154.9%	2,096	2,826,740	4,118,699	4,378,320	145.7%	154.9%	1.0000	1.1143	1.0000	0.0606	0.0000	0.939	0.933	5.6%	0.4912
	2025	5,349,389	8,852,170	9,283,843	165.5%	173.5%	1,963	2,487,780	4,116,780	4,317,533	165.5%	173.5%	1.0000	1.1122	1.0000	0.0634	0.0000	0.937	0.930	5.6%	0.4651
	2026	4,956,153	9,300,593	9,699,777	187.7%	195.7%	1,833	2,182,431	4,095,495	4,271,275	187.7%	195.7%	1.0000	1.1193	1.0000	0.0666	0.0000	0.933	0.926	5.6%	0.4403
	2027	4,574,686	9,749,418	10,152,466	213.1%	221.9%	1,704	1,907,766	4,065,768	4,233,850	213.1%	221.9%	1.0000	1.1255	1.0000	0.0700	0.0000	0.930	0.923	5.6%	0.4170
	2028	4,205,766	10,200,172	10,559,268	242.5%	251.1%	1,579	1,661,530	4,029,681	4,171,545	242.5%	251.1%	1.0000	1.1228	1.0000	0.0737	0.0000	0.926	0.919	5.5%	0.3951
	2029	3,850,365	10,636,680	10,899,832	276.3%	283.1%	1,456	1,441,445	3,982,008	4,080,524	276.3%	283.1%	1.0000	1.1189	1.0000	0.0775	0.0000	0.923	0.915	5.5%	0.3744
	2030	3,509,520	11,041,050	11,170,403	314.6%	318.3%	1,338	1,245,460	3,918,252	3,964,157	314.6%	318.3%	1.0000	1.1156	1.0000	0.0814	0.0000	0.919	0.911	5.5%	0.3549
	2031	3,184,134	11,397,289	11,361,599	357.9%	356.8%	1,223	1,071,629	3,835,788	3,823,776	357.9%	356.8%	1.0000	1.1123	1.0000	0.0856	0.0000	0.914	0.907	5.4%	0.3366
	2032	2,875,056	11,691,024	11,469,115	406.6%	398.9%	1,113	917,770	3,731,989	3,661,152	406.6%	398.9%	1.0000	1.1091	1.0000	0.0899	0.0000	0.910	0.903	5.4%	0.3192
	2033	2,582,890	11,912,913	11,497,473	461.2%	445.1%	1,008	781,929	3,606,447	3,480,679	461.2%	445.1%	1.0000	1.1069	1.0000	0.0944	0.0000	0.906	0.898	5.5%	0.3027
	2034	2,308,196	12,057,238	11,436,734	522.4%	495.5%	909	662,638	3,461,396	3,283,262	522.4%	495.5%	1.0000	1.1040	1.0000	0.0990	0.0000	0.901	0.894	5.5%	0.2871
	2035	2,051,439	12,118,602	11,283,020	590.7%	550.0%	814	558,574	3,299,703	3,072,187	590.7%	550.0%	1.0000	1.1009	1.0000	0.1038	0.0000	0.896	0.889	5.4%	0.2723
	2036	1,812,882	12,091,211	11,025,878	667.0%	608.2%	726	468,328	3,123,566	2,848,354	667.0%	608.2%	1.0000	1.0966	1.0000	0.1088	0.0000	0.891	0.884	5.4%	0.2583
	2037	1,592,530	11,971,088	10,684,286	751.7%	670.9%	643	390,521	2,935,554	2,620,004	751.7%	670.9%	1.0000	1.0937	1.0000	0.1140	0.0000	0.886	0.878	5.3%	0.2452
	2038	1,390,465	11,759,784	10,270,296	845.7%	738.6%	566	323,853	2,738,966	2,392,050	845.7%	738.6%	1.0000	1.0914	1.0000	0.1192	0.0000	0.881	0.873	5.3%	0.2329
	2039	1,206,509	11,463,648	9,798,058	950.2%	812.1%	496	267,053	2,537,401	2,168,734	950.2%	812.1%	1.0000	1.0897	1.0000	0.1245	0.0000	0.875	0.868	5.2%	0.2213
	2040	1,040,192	11,090,910	9,266,799	1066.2%	890.9%	431	218,977	2,334,810	1,950,806	1066.2%	890.9%	1.0000	1.0871	1.0000	0.1300	0.0000	0.870	0.862	5.1%	0.2105
	2041	890,867	10,647,061	8,672,887	1195.1%	973.5%	373	178,470	2,132,959	1,737,466	1195.1%	973.5%	1.0000	1.0825	1.0000	0.1354	0.0000	0.865	0.856	5.1%	0.2003
	2042	758,019	10,137,489	8,033,735	1337.4%	1059.8%	320	144,417	1,931,380	1,530,576	1337.4%	1059.8%	1.0000	1.0780	1.0000	0.1407	0.0000	0.859	0.851	5.2%	0.1905
	2043	640,771	9,571,894	7,379,248	1493.8%	1151.6%	274	115,912	1,731,499	1,334,862	1493.8%	1151.6%	1.0000	1.0757	1.0000	0.1461	0.0000	0.854	0.845	5.4%	0.1809
	2044	538,089	8,965,164	6,731,515	1666.1%	1251.0%	232	92,321	1,538,166	1,154,936	1666.1%	1251.0%	1.0000	1.0750	1.0000	0.1514	0.0000	0.849	0.840	5.5%	0.1716
	2045	448,849	8,333,565	6,099,193	1856.7%	1358.9%	196	73,006	1,355,471	992,046	1856.7%	1358.9%	1.0000	1.0744	1.0000	0.1566	0.0000	0.843	0.834	5.5%	0.1627
	2046	371,916	7,691,293	5,481,896	2068.0%	1474.0%	164	57,328	1,185,558	844,995	2068.0%	1474.0%	1.0000	1.0723	1.0000	0.1618	0.0000	0.838	0.829	5.5%	0.1541
	2047	306,266	7,048,971	4,884,257	2301.6%	1594.8%	137	44,734	1,029,589	713,406	2301.6%	1594.8%	1.0000	1.0691	1.0000	0.1666	0.0000	0.833	0.823	5.5%	0.1461
	2048	250,654	6,415,658	4,319,271	2559.6%	1723.2%	113	34,693	888,000	597,836	2559.6%	1723.2%	1.0000	1.0673	1.0000	0.1715	0.0000	0.829	0.818	5.5%	0.1384
	2049	203,888	5,800,381	3,799,180	2844.9%	1863.4%	93	26,735	760,582	498,172	2844.9%	1863.4%	1.0000	1.0677	1.0000	0.1762	0.0000	0.824	0.813	5.6%	0.1311
	2050	164,876	5,211,146	3,323,629	3160.6%	2015.8%	76	20,471	647,012	412,659	3160.6%	2015.8%	1.0000	1.0678	1.0000	0.1807	0.0000	0.819	0.809	5.6%	0.1242
	2051	132,531	4,653,541	2,886,873	3511.3%	2178.3%	62	15,575	546,871	339,257	3511.3%	2178.3%	1.0000	1.0656	1.0000	0.1849	0.0000	0.815	0.804	5.7%	0.1175
	Past	124,921,519	7,472,037	13,160,474	6.0%	10.5%	43,622	185,811,853	8,962,130	16,692,919	4.8%	9.0%									
	Future	157,543,972	330,871,480	309,205,335	210.0%	196.3%	57,166	94,922,854	114,515,167	115,476,717	120.6%	121.7%									
	Lifetime	282,465,491	338,343,517	322,365,809	119.8%	114.1%	100,788	280,734,706	123,477,297	132,169,636	44.0%	47.1%									

Attachment 3
Continental Casualty Company
Status of Filings as of April 26, 2013
All Jurisdictions in which these Forms are Active
All Policy Forms

Jurisdiction	Requested Increase	Date of Submission	Date Approved or Filed	Amount Approved or Filed	12/31/2011 In-force Premium	Proportion of Nationwide
Alaska*	80.0%	11/26/2012	12/18/2012	80.0%	$ 252,485	0.16%
Alabama	80.0%	11/8/2012	3/18/2013	80.0%	$ 1,125,919	0.71%
Arkansas	80.0%	11/29/2012	Disapproved, Intend to Re-file		$ 974,467	0.61%
Arizona	80.0%	12/10/2012	2/7/2013	50.0%	$ 1,762,497	1.11%
California - LR**	80.0%	1/29/2013	Pending	Pending	$ 10,884,211	6.84%
California - RS**	80.0%	Not Yet Filed	Not Yet Filed	Not Yet Filed	$ 3,477,306	2.18%
California - PTNR**	80.0%	Not Yet Filed	Not Yet Filed	Not Yet Filed	$ 3,806,299	2.39%
Colorado - COMP**	80.0%	12/13/2012	3/1/2013	22.0%	$ 2,705,980	1.70%
Colorado - NHO**	80.0%	12/13/2012	3/1/2013	22.0%	$ 133,437	0.08%
Connecticut	80.0%	12/4/2012	Disapproved, Intend to Re-file		$ 1,998,084	1.26%
District of Columbia	80.0%	1/7/2013	Pending	Pending	$ 182,342	0.11%
Delaware	90.8%	12/27/2012	3/21/2013	25.0%	$ 122,730	0.08%
Florida	80.0%	Not Yet Filed	Not Yet Filed	Not Yet Filed	$ 8,721,070	5.48%
Georgia	80.0%	11/5/2012	3/27/2013	15.0%	$ 2,620,097	1.65%
Hawaii	80.0%	12/3/2012	Pending	Pending	$ 855,310	0.54%
Iowa	80.0%	11/12/2012	Pending	Pending	$ 1,071,365	0.67%
Idaho	80.0%	12/3/2012	Pending	Pending	$ 425,781	0.27%
Illinois	80.0%	10/30/2012	4/16/2013	76.5%	$ 10,337,105	6.49%
Indiana - non-PTNR**	80.0%	3/13/2013	Pending	Pending	$ 702,088	0.44%
Indiana - PTNR**	80.0%	Not Yet Filed	Not Yet Filed	Not Yet Filed	$ 4,620,627	2.90%
Kansas	80.0%	11/30/2012	Pending	Pending	$ 2,683,356	1.69%
Kentucky	80.0%	10/31/2012	2/4/2013	16.1%	$ 1,402,948	0.88%
Louisiana	80.0%	11/8/2012	Disapproved, Intend to Re-file		$ 1,016,481	0.64%
Massachusetts	80.0%	Not Yet Filed	Not Yet Filed	Not Yet Filed	$ 3,267,085	2.05%
Maryland	15.0%	4/8/2013	Pending	Pending	$ 8,299,413	5.21%
Maine	41.7%	1/16/2013	Pending	Pending	$ 1,018,238	0.64%
Michigan	80.0%	10/30/2012	11/19/2012	80.0%	$ 8,429,768	5.30%
Minnesota	80.0%	11/5/2012	Disapproved, Intend to Re-file		$ 1,873,307	1.18%
Missouri	80.0%	10/31/2012	Pending	Pending	$ 3,032,519	1.90%
Mississippi	90.8%	2/4/2013	4/23/2013	25.0%	$ 455,003	0.29%
Montana	80.0%	12/18/2012	3/11/2013	20.0%	$ 411,358	0.26%
North Carolina	80.0%	Not Yet Filed	Not Yet Filed	Not Yet Filed	$ 3,429,467	2.15%
North Dakota	80.0%	12/10/2012	Withdrawn, Intend to Re-file		$ 228,335	0.14%
Nebraska	80.0%	11/21/2012	Pending	Pending	$ 1,299,812	0.82%
New Hampshire	80.0%	12/3/2012	Pending	Pending	$ 620,804	0.39%
New Jersey	80.0%	1/16/2013	Pending	Pending	$ 5,525,559	3.47%
New Mexico	80.0%	12/13/2012	Disapproved, Intend to Re-file		$ 445,038	0.28%
Nevada	80.0%	12/7/2012	Pending	Pending	$ 760,927	0.48%
New York	80.0%	11/28/2012	Disapproved, Intend to Re-file		$ 10,584,555	6.65%
Ohio	80.0%	12/11/2012	Pending	Pending	$ 6,342,683	3.98%
Oklahoma	80.0%	11/30/2012	3/25/2013	25.0%	$ 1,025,446	0.64%
Oregon	80.0%	11/14/2012	Pending	Pending	$ 3,887,320	2.44%
Pennsylvania	80.0%	11/8/2012	3/14/2013	20.0%	$ 10,885,260	6.84%
Rhode Island	80.0%	12/17/2012	Pending	Pending	$ 207,247	0.13%
South Carolina	80.0%	11/9/2012	Pending	Pending	$ 1,448,305	0.91%
South Dakota	80.0%	12/3/2012	1/28/2013	80.0%	$ 708,350	0.44%
Tennessee	80.0%	10/31/2012	2/20/2013	77.2%	$ 4,030,164	2.53%
Texas - LR**	80.0%	12/13/2012	Pending	Pending	$ 4,736,476	2.98%
Texas - RS**	80.0%	12/13/2012	Pending	Pending	$ 1,549,239	0.97%
Utah	80.0%	12/28/2012	Pending	Pending	$ 376,423	0.24%
Virginia	80.0%	Not Yet Filed	Not Yet Filed	Not Yet Filed	$ 5,966,447	3.75%
Vermont	80.0%	12/17/2012	Pending	Pending	$ 136,624	0.09%
Washington	80.0%	4/11/2013	Pending	Pending	$ 4,068,867	2.56%
Wisconsin	80.0%	11/5/2012	2/6/2013	80.0%	$ 1,914,850	1.20%
West Virginia	80.0%	12/28/2012	Pending	Pending	$ 201,162	0.13%
Wyoming	80.0%	Not Yet Filed	Not Yet Filed	Not Yet Filed	$ 141,084	0.09%
				Total	**$ 159,189,122**	**100.00%**

** Alaska does not require Long Term Care rates to be filed before use.*
*** LR = policies issued prior to the effective date of rate stability in that state.*
RS = policies issued on or after the effective date of rate stability in that state.
PTNR = policies issued under the partnership program.
non-PTNR = policies not issued under the partnership program.
COMP = Comprehensive policy forms
NHO = Nursing home only policy forms

Attachment 4
Continental Casualty Company
Actual-to-Expected Experience by Calendar Year
Nationwide Experience Before Requested Increase
All Policy Forms

		Actual or Projected Experience using Current Assumptions			Expected Experience using Pricing Assumptions			Actual-to-Expected	Cumulative Loss Ratios		
		A	B	C = B / A	D	E	F = E / D	G = C / F	H	I	J = H / I
	Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio	Earned Premium	Incurred Claims	Incurred Loss Ratio	Actual-to-Expected Ratio	Actual at Varies* (on Col C)	Expected at 7.1% (on Col F)	Actual-to-Expected Ratio
Historical Experience	1998	47,921	0	0.0%	47,166	2,945	6.2%	0.000	0.0%	6.2%	0.000
	1999	11,301,893	126,537	1.1%	11,156,584	717,295	6.4%	0.174	1.1%	6.4%	0.173
	2000	52,939,330	2,503,199	4.7%	52,384,309	3,703,755	7.1%	0.669	4.1%	7.0%	0.583
	2001	103,034,628	4,802,497	4.7%	102,090,875	8,586,622	8.4%	0.554	4.4%	7.8%	0.565
	2002	162,218,751	10,819,128	6.7%	160,423,752	16,046,640	10.0%	0.667	5.5%	8.8%	0.619
	2003	204,897,876	13,013,852	6.4%	202,293,300	25,254,529	12.5%	0.509	5.8%	10.1%	0.571
	2004	197,124,946	19,931,702	10.1%	192,998,602	32,903,767	17.0%	0.593	6.8%	11.8%	0.579
	2005	189,821,210	23,829,608	12.6%	182,155,551	40,076,534	22.0%	0.571	7.9%	13.6%	0.579
	2006	184,514,248	33,832,414	18.3%	171,719,812	45,949,069	26.8%	0.685	9.3%	15.3%	0.608
	2007	179,969,445	37,138,363	20.6%	161,600,458	49,888,435	30.9%	0.668	10.6%	17.0%	0.625
	2008	175,750,089	51,011,726	29.0%	151,826,707	53,610,541	35.3%	0.822	12.3%	18.5%	0.665
	2009	170,876,585	53,446,206	31.3%	142,370,454	57,608,221	40.5%	0.773	13.8%	20.0%	0.689
	2010	165,999,568	67,823,885	40.9%	133,173,142	61,880,409	46.5%	0.879	15.6%	21.5%	0.725
	2011	161,072,812	85,032,369	52.8%	124,056,166	66,425,491	53.5%	0.986	17.7%	23.0%	0.769
Projected Future Experience (40 Years)	2012	155,749,002	91,092,452	58.5%	114,682,190	71,233,477	62.1%	0.942	19.7%	24.5%	0.802
	2013	149,248,689	102,106,840	68.4%	105,540,950	76,312,400	72.3%	0.946	21.7%	26.1%	0.834
	2014	143,904,200	114,018,521	79.2%	97,737,637	81,655,261	83.5%	0.948	23.8%	27.6%	0.864
	2015	138,464,167	126,747,566	91.5%	90,320,925	87,232,584	96.6%	0.948	26.0%	29.2%	0.892
	2016	132,807,215	140,196,044	105.6%	83,226,300	93,008,017	111.8%	0.945	28.3%	30.8%	0.920
	2017	126,905,082	154,184,566	121.5%	76,458,876	98,924,143	129.4%	0.939	30.7%	32.4%	0.946
	2018	120,729,582	168,509,789	139.6%	70,023,411	104,909,370	149.8%	0.932	33.1%	34.0%	0.972
	2019	114,295,648	182,687,826	159.8%	63,919,724	110,908,697	173.5%	0.921	35.5%	35.6%	0.997
	2020	107,662,270	195,895,396	182.0%	58,150,729	116,852,867	200.9%	0.905	38.0%	37.2%	1.021
	2021	100,915,095	207,742,532	205.9%	52,715,224	122,616,679	232.6%	0.885	40.5%	38.8%	1.043
	2022	94,154,163	217,857,639	231.4%	47,604,652	128,067,303	269.0%	0.860	42.9%	40.4%	1.064
	2023	87,493,800	226,367,670	258.7%	42,824,002	133,138,576	310.9%	0.832	45.4%	41.9%	1.082
	2024	81,015,503	234,053,824	288.9%	38,370,251	137,760,637	359.0%	0.805	47.7%	43.4%	1.100
	2025	74,768,394	240,704,813	321.9%	34,236,504	141,718,444	413.9%	0.778	50.1%	44.9%	1.115
	2026	68,754,072	248,139,309	360.9%	30,415,455	144,896,124	476.4%	0.758	52.3%	46.3%	1.131
	2027	62,978,140	256,227,655	406.9%	26,900,428	147,273,999	547.5%	0.743	54.6%	47.6%	1.146
	2028	57,446,440	262,970,897	457.8%	23,680,610	148,767,336	628.2%	0.729	56.7%	48.9%	1.160
	2029	52,171,969	268,110,720	513.9%	20,744,384	149,295,077	719.7%	0.714	58.8%	50.1%	1.175
	2030	47,168,185	271,380,535	575.3%	18,081,998	148,792,451	822.9%	0.699	60.9%	51.2%	1.189
	2031	42,444,587	272,573,945	642.2%	15,680,651	147,184,174	938.6%	0.684	62.8%	52.3%	1.203
	2032	38,007,464	271,656,970	714.7%	13,527,037	144,487,222	1068.1%	0.669	64.7%	53.2%	1.216
	2033	33,860,852	268,850,764	794.0%	11,605,345	140,698,673	1212.4%	0.655	66.5%	54.1%	1.229
	2034	30,007,549	264,184,407	880.4%	9,900,915	135,946,805	1373.1%	0.641	68.1%	54.9%	1.241
	2035	26,448,401	257,482,390	973.5%	8,398,452	130,389,898	1552.5%	0.627	69.6%	55.6%	1.252
	2036	23,179,697	248,707,736	1073.0%	7,082,117	124,026,993	1751.3%	0.613	71.0%	56.2%	1.263
	2037	20,196,365	238,224,283	1179.5%	5,936,206	116,844,663	1968.3%	0.599	72.3%	56.8%	1.273
	2038	17,491,081	226,469,953	1294.8%	4,945,242	108,907,649	2202.3%	0.588	73.4%	57.3%	1.282
	2039	15,054,715	213,671,630	1419.3%	4,094,165	100,677,267	2459.0%	0.577	74.5%	57.7%	1.291
	2040	12,875,274	199,791,183	1551.7%	3,368,430	92,407,207	2743.3%	0.566	75.4%	58.1%	1.299
	2041	10,940,140	184,859,881	1689.7%	2,754,063	84,071,753	3052.6%	0.554	76.2%	58.4%	1.306
	2042	9,234,981	169,411,250	1834.5%	2,237,773	75,601,546	3378.4%	0.543	77.0%	58.6%	1.312
	2043	7,743,722	153,995,100	1988.6%	1,807,122	67,182,692	3717.7%	0.535	77.6%	58.9%	1.318
	2044	6,449,849	138,895,367	2153.5%	1,450,636	59,330,420	4090.0%	0.527	78.1%	59.0%	1.323
	2045	5,336,132	124,244,065	2328.4%	1,157,806	52,085,982	4498.7%	0.518	78.6%	59.2%	1.328
	2046	4,384,743	110,118,511	2511.4%	919,078	45,370,787	4936.6%	0.509	78.9%	59.3%	1.331
	2047	3,578,736	96,698,420	2702.0%	725,883	39,167,192	5395.8%	0.501	79.3%	59.4%	1.335
	2048	2,901,447	84,234,771	2903.2%	570,641	33,456,004	5862.9%	0.495	79.5%	59.5%	1.337
	2049	2,337,103	72,819,778	3115.8%	446,745	28,379,625	6352.5%	0.490	79.7%	59.5%	1.339
	2050	1,871,152	62,427,384	3336.3%	348,501	23,977,913	6880.3%	0.485	79.9%	59.6%	1.341
	2051	1,488,657	53,072,344	3565.1%	271,056	20,160,470	7437.7%	0.479	80.1%	59.6%	1.343

** This is CCC's actual historical and expected future pre-tax net investment earnings rates (NIER), which vary between 7.0% and 7.2% historically and 5.1% and 6.2% between 2012 and 2051.*

Attachment 4
Continental Casualty Company
Actual-to-Expected Experience by Calendar Year
Nationwide Experience Projections with 80% Increase
All Policy Forms

		Actual or Projected Experience using Current Assumptions			Expected Experience using Pricing Assumptions			Actual-to-Expected	Cumulative Loss Ratios		
		A	B	C = B / A	D	E	F = E / D	G = C / F	H	I	J = H / I
	Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio	Earned Premium	Incurred Claims	Incurred Loss Ratio	Actual-to-Expected Ratio	Actual at Varies* (on Col C)	Expected at 7.1% (on Col F)	Actual-to-Expected Ratio
Historical Experience	1998	47,921	0	0.0%	47,166	2,945	6.2%	0.000	0.0%	6.2%	0.000
	1999	11,301,893	126,537	1.1%	11,156,584	717,295	6.4%	0.174	1.1%	6.4%	0.173
	2000	52,939,330	2,503,199	4.7%	52,384,309	3,703,755	7.1%	0.669	4.1%	7.0%	0.583
	2001	103,034,628	4,802,497	4.7%	102,090,875	8,586,622	8.4%	0.554	4.4%	7.8%	0.565
	2002	162,218,751	10,819,128	6.7%	160,423,752	16,046,640	10.0%	0.667	5.5%	8.8%	0.619
	2003	204,897,876	13,013,852	6.4%	202,293,300	25,254,529	12.5%	0.509	5.8%	10.1%	0.571
	2004	197,124,946	19,931,702	10.1%	192,998,602	32,903,767	17.0%	0.593	6.8%	11.8%	0.579
	2005	189,821,210	23,829,608	12.6%	182,155,551	40,076,534	22.0%	0.571	7.9%	13.6%	0.579
	2006	184,514,248	33,832,414	18.3%	171,719,812	45,949,069	26.8%	0.685	9.3%	15.3%	0.608
	2007	179,969,445	37,138,363	20.6%	161,600,458	49,888,435	30.9%	0.668	10.6%	17.0%	0.625
	2008	175,750,089	51,011,726	29.0%	151,826,707	53,610,541	35.3%	0.822	12.3%	18.5%	0.665
	2009	170,876,585	53,446,206	31.3%	142,370,454	57,608,221	40.5%	0.773	13.8%	20.0%	0.689
	2010	165,999,568	67,823,885	40.9%	133,173,142	61,880,409	46.5%	0.879	15.6%	21.5%	0.725
	2011	161,072,812	85,032,369	52.8%	124,056,166	66,425,491	53.5%	0.986	17.7%	23.0%	0.769
Projected Future Experience (40 Years)	2012	155,749,002	91,092,452	58.5%	114,682,190	71,233,477	62.1%	0.942	19.7%	24.5%	0.802
	2013	158,463,642	100,172,626	63.2%	105,540,950	76,312,400	72.3%	0.874	21.6%	26.1%	0.830
	2014	205,589,106	100,430,423	48.9%	97,737,637	81,655,261	83.5%	0.585	23.0%	27.6%	0.834
	2015	205,768,827	109,632,561	53.3%	90,320,925	87,232,584	96.6%	0.552	24.4%	29.2%	0.837
	2016	197,362,145	121,087,744	61.4%	83,226,300	93,008,017	111.8%	0.549	25.9%	30.8%	0.842
	2017	188,591,103	132,976,564	70.5%	76,458,876	98,924,143	129.4%	0.545	27.5%	32.4%	0.849
	2018	179,413,816	145,124,279	80.9%	70,023,411	104,909,370	149.8%	0.540	29.1%	34.0%	0.857
	2019	169,852,476	157,117,756	92.5%	63,919,724	110,908,697	173.5%	0.533	30.8%	35.6%	0.866
	2020	159,994,745	168,256,293	105.2%	58,150,729	116,852,867	200.9%	0.523	32.6%	37.2%	0.875
	2021	149,967,903	178,211,094	118.8%	52,715,224	122,616,679	232.6%	0.511	34.3%	38.8%	0.884
	2022	139,920,618	186,670,093	133.4%	47,604,652	128,067,303	269.0%	0.496	36.1%	40.4%	0.893
	2023	130,022,786	193,748,978	149.0%	42,824,002	133,138,576	310.9%	0.479	37.8%	41.9%	0.901
	2024	120,395,518	200,122,839	166.2%	38,370,251	137,760,637	359.0%	0.463	39.5%	43.4%	0.909
	2025	111,111,813	205,615,231	185.1%	34,236,504	141,718,444	413.9%	0.447	41.1%	44.9%	0.916
	2026	102,174,050	211,780,716	207.3%	30,415,455	144,896,124	476.4%	0.435	42.7%	46.3%	0.924
	2027	93,590,553	218,508,255	233.5%	26,900,428	147,273,999	547.5%	0.426	44.3%	47.6%	0.931
	2028	85,370,005	224,093,073	262.5%	23,680,610	148,767,336	628.2%	0.418	45.9%	48.9%	0.939
	2029	77,531,718	228,318,610	294.5%	20,744,384	149,295,077	719.7%	0.409	47.5%	50.1%	0.948
	2030	70,095,695	230,959,390	329.5%	18,081,998	148,792,451	822.9%	0.400	48.9%	51.2%	0.956
	2031	63,076,050	231,841,674	367.6%	15,680,651	147,184,174	938.6%	0.392	50.4%	52.3%	0.964
	2032	56,482,131	230,940,594	408.9%	13,527,037	144,487,222	1068.1%	0.383	51.7%	53.2%	0.972
	2033	50,319,934	228,445,494	454.0%	11,605,345	140,698,673	1212.4%	0.374	53.0%	54.1%	0.980
	2034	44,593,617	224,383,714	503.2%	9,900,915	135,946,805	1373.1%	0.366	54.2%	54.9%	0.988
	2035	39,304,439	218,606,898	556.2%	8,398,452	130,389,898	1552.5%	0.358	55.3%	55.6%	0.995
	2036	34,446,884	211,083,054	612.8%	7,082,117	124,026,993	1751.3%	0.350	56.4%	56.2%	1.002
	2037	30,013,414	202,121,836	673.4%	5,936,206	116,844,663	1968.3%	0.342	57.3%	56.8%	1.009
	2038	25,993,146	192,095,774	739.0%	4,945,242	108,907,649	2202.3%	0.336	58.2%	57.3%	1.015
	2039	22,372,510	181,197,699	809.9%	4,094,165	100,677,267	2459.0%	0.329	58.9%	57.7%	1.021
	2040	19,133,687	169,392,849	885.3%	3,368,430	92,407,207	2743.3%	0.323	59.6%	58.1%	1.027
	2041	16,257,923	156,706,317	963.9%	2,754,063	84,071,753	3052.6%	0.316	60.2%	58.4%	1.032
	2042	13,723,920	143,588,944	1046.3%	2,237,773	75,601,546	3378.4%	0.310	60.8%	58.6%	1.036
	2043	11,507,791	130,506,914	1134.1%	1,807,122	67,182,692	3717.7%	0.305	61.2%	58.9%	1.040
	2044	9,584,991	117,699,898	1228.0%	1,450,636	59,330,420	4090.0%	0.300	61.6%	59.0%	1.044
	2045	7,929,919	105,277,266	1327.6%	1,157,806	52,085,982	4498.7%	0.295	62.0%	59.2%	1.047
	2046	6,516,079	93,303,103	1431.9%	919,078	45,370,787	4936.6%	0.290	62.3%	59.3%	1.050
	2047	5,318,288	81,928,933	1540.5%	725,883	39,167,192	5395.8%	0.286	62.5%	59.4%	1.052
	2048	4,311,782	71,367,243	1655.2%	570,641	33,456,004	5862.9%	0.282	62.7%	59.5%	1.054
	2049	3,473,123	61,695,981	1776.4%	446,745	28,379,625	6352.5%	0.280	62.8%	59.5%	1.056
	2050	2,780,681	52,892,078	1902.1%	348,501	23,977,913	6880.3%	0.276	63.0%	59.6%	1.057
	2051	2,212,263	44,966,935	2032.6%	271,056	20,160,470	7437.7%	0.273	63.1%	59.6%	1.058

** This is CCC's actual historical and expected future pre-tax net investment earnings rates (NIER), which vary between 7.0% and 7.2% historically and 5.1% and 6.2% between 2012 and 2051.*

Attachment 5
Continental Casualty Company
Actual-to-Expected Experience by Calendar Year
Virginia-specific Experience Before Requested Increase
All Policy Forms

		Actual or Projected Experience using Current Assumptions			Expected Experience using Pricing Assumptions			Actual-to-Expected	Cumulative Loss Ratios		
		A	B	C = B / A	D	E	F = E / D	G = C / F	H	I	J = H / I
	Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio	Earned Premium	Incurred Claims	Incurred Loss Ratio	Actual-to-Expected Ratio	Actual at Varies* (on Col C)	Expected at 7.1% (on Col F)	Actual-to-Expected Ratio
Historical Experience	1998	941	0	0.0%	937	47	5.0%	0.000	0.0%	5.0%	0.000
	1999	398,989	0	0.0%	394,366	25,157	6.4%	0.000	0.0%	6.4%	0.000
	2000	1,548,349	0	0.0%	1,538,260	107,928	7.0%	0.000	0.0%	6.9%	0.000
	2001	3,130,890	4,476	0.1%	3,104,130	253,382	8.2%	0.018	0.1%	7.6%	0.011
	2002	5,186,510	384,766	7.4%	5,103,078	489,092	9.6%	0.774	3.6%	8.6%	0.420
	2003	7,170,692	188,623	2.6%	7,004,211	800,978	11.4%	0.230	3.2%	9.7%	0.335
	2004	6,978,371	356,749	5.1%	6,710,483	1,053,358	15.7%	0.326	3.7%	11.2%	0.332
	2005	6,822,680	602,854	8.8%	6,350,501	1,298,279	20.4%	0.432	4.7%	12.9%	0.364
	2006	6,691,663	1,721,500	25.7%	6,003,881	1,509,670	25.1%	1.023	7.8%	14.6%	0.536
	2007	6,551,910	1,436,422	21.9%	5,666,535	1,644,623	29.0%	0.755	9.5%	16.2%	0.588
	2008	6,438,447	1,321,150	20.5%	5,339,247	1,769,984	33.2%	0.619	10.6%	17.6%	0.600
	2009	6,304,317	2,669,838	42.3%	5,025,145	1,906,374	37.9%	1.116	13.2%	19.1%	0.693
	2010	6,158,883	1,845,646	30.0%	4,719,252	2,053,472	43.5%	0.689	14.4%	20.5%	0.702
	2011	6,018,203	2,628,450	43.7%	4,404,004	2,211,430	50.2%	0.870	16.2%	22.0%	0.736
Projected Future Experience (40 Years)	2012	5,837,617	3,075,978	52.7%	4,080,075	2,382,091	58.4%	0.903	18.1%	23.5%	0.770
	2013	5,571,059	3,466,130	62.2%	3,752,497	2,564,244	68.3%	0.910	20.0%	25.0%	0.803
	2014	5,387,536	3,893,925	72.3%	3,493,343	2,759,434	79.0%	0.915	22.1%	26.5%	0.834
	2015	5,199,391	4,358,933	83.8%	3,244,962	2,967,900	91.5%	0.917	24.2%	28.1%	0.863
	2016	5,004,286	4,860,921	97.1%	3,006,514	3,190,238	106.1%	0.915	26.4%	29.6%	0.891
	2017	4,800,943	5,394,161	112.4%	2,778,047	3,422,190	123.2%	0.912	28.7%	31.3%	0.919
	2018	4,588,216	5,956,546	129.8%	2,559,614	3,662,829	143.1%	0.907	31.1%	32.9%	0.946
	2019	4,366,190	6,526,077	149.5%	2,351,266	3,912,166	166.4%	0.898	33.6%	34.5%	0.972
	2020	4,136,334	7,079,990	171.2%	2,153,051	4,168,570	193.6%	0.884	36.1%	36.2%	0.997
	2021	3,901,162	7,606,470	195.0%	1,964,999	4,425,811	225.2%	0.866	38.6%	37.9%	1.020
	2022	3,663,954	8,088,507	220.8%	1,787,123	4,677,941	261.8%	0.843	41.2%	39.5%	1.042
	2023	3,428,142	8,514,237	248.4%	1,619,414	4,923,180	304.0%	0.817	43.7%	41.2%	1.062
	2024	3,196,880	8,912,929	278.8%	1,461,834	5,160,980	353.0%	0.790	46.3%	42.8%	1.080
	2025	2,971,883	9,283,843	312.4%	1,314,308	5,378,475	409.2%	0.763	48.7%	44.4%	1.097
	2026	2,753,418	9,699,777	352.3%	1,176,728	5,567,803	473.2%	0.745	51.2%	46.0%	1.114
	2027	2,541,492	10,152,466	399.5%	1,048,953	5,732,428	546.5%	0.731	53.7%	47.5%	1.130
	2028	2,336,537	10,559,268	451.9%	930,803	5,867,094	630.3%	0.717	56.1%	48.9%	1.146
	2029	2,139,092	10,899,832	509.6%	822,057	5,964,823	725.6%	0.702	58.5%	50.3%	1.162
	2030	1,949,733	11,170,403	572.9%	722,447	6,020,531	833.4%	0.687	60.8%	51.7%	1.178
	2031	1,768,963	11,361,599	642.3%	631,668	6,023,326	953.6%	0.674	63.1%	52.9%	1.193
	2032	1,597,253	11,469,115	718.1%	549,379	5,984,866	1089.4%	0.659	65.3%	54.0%	1.208
	2033	1,434,939	11,497,473	801.3%	475,198	5,895,658	1240.7%	0.646	67.4%	55.1%	1.222
	2034	1,282,331	11,436,734	891.9%	408,718	5,763,554	1410.2%	0.632	69.3%	56.1%	1.236
	2035	1,139,688	11,283,020	990.0%	349,501	5,589,631	1599.3%	0.619	71.2%	57.0%	1.249
	2036	1,007,157	11,025,878	1094.8%	297,085	5,371,860	1808.2%	0.605	72.9%	57.8%	1.262
	2037	884,739	10,684,286	1207.6%	250,993	5,113,496	2037.3%	0.593	74.5%	58.5%	1.274
	2038	772,481	10,270,296	1329.5%	210,735	4,814,756	2284.7%	0.582	75.9%	59.1%	1.285
	2039	670,283	9,798,058	1461.8%	175,823	4,497,948	2558.2%	0.571	77.3%	59.6%	1.295
	2040	577,885	9,266,799	1603.6%	145,771	4,165,943	2857.9%	0.561	78.5%	60.1%	1.305
	2041	494,926	8,672,887	1752.4%	120,099	3,823,719	3183.8%	0.550	79.5%	60.5%	1.314
	2042	421,121	8,033,735	1907.7%	98,336	3,464,997	3523.6%	0.541	80.5%	60.9%	1.322
	2043	355,984	7,379,248	2072.9%	80,034	3,103,312	3877.5%	0.535	81.3%	61.2%	1.329
	2044	298,938	6,731,515	2251.8%	64,766	2,762,107	4264.7%	0.528	82.0%	61.4%	1.336
	2045	249,360	6,099,193	2445.9%	52,134	2,442,795	4685.6%	0.522	82.6%	61.6%	1.341
	2046	206,620	5,481,896	2653.1%	41,768	2,150,288	5148.2%	0.515	83.1%	61.8%	1.346
	2047	170,148	4,884,257	2870.6%	33,327	1,875,357	5627.2%	0.510	83.6%	61.9%	1.351
	2048	139,252	4,319,271	3101.8%	26,503	1,622,010	6120.1%	0.507	84.0%	62.0%	1.354
	2049	113,271	3,799,180	3354.1%	21,026	1,396,081	6639.9%	0.505	84.3%	62.1%	1.357
	2050	91,598	3,323,629	3628.5%	16,656	1,200,784	7209.1%	0.503	84.5%	62.2%	1.360
	2051	73,628	2,886,873	3920.9%	13,189	1,034,246	7841.5%	0.500	84.7%	62.2%	1.362

** This is CCC's actual historical and expected future pre-tax net investment earnings rates (NIER), which vary between 7.0% and 7.2% historically and 5.1% and 6.2% between 2012 and 2051.*

Attachment 5
Continental Casualty Company
Actual-to-Expected Experience by Calendar Year
Virginia-specific Experience Projections with 80% Increase
All Policy Forms

		Actual or Projected Experience using Current Assumptions			Expected Experience using Pricing Assumptions			Actual-to-Expected	Cumulative Loss Ratios		
		A	B	C = B / A	D	E	F = E / D	G = C / F	H	I	J = H / I
	Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio	Earned Premium	Incurred Claims	Incurred Loss Ratio	Actual-to-Expected Ratio	Actual at Varies* (on Col C)	Expected at 7.1% (on Col F)	Actual-to-Expected Ratio
Historical Experience	1998	941	0	0.0%	937	47	5.0%	0.000	0.0%	5.0%	0.000
	1999	398,989	0	0.0%	394,366	25,157	6.4%	0.000	0.0%	6.4%	0.000
	2000	1,548,349	0	0.0%	1,538,260	107,928	7.0%	0.000	0.0%	6.9%	0.000
	2001	3,130,890	4,476	0.1%	3,104,130	253,382	8.2%	0.018	0.1%	7.6%	0.011
	2002	5,186,510	384,766	7.4%	5,103,078	489,092	9.6%	0.774	3.6%	8.6%	0.420
	2003	7,170,692	188,623	2.6%	7,004,211	800,978	11.4%	0.230	3.2%	9.7%	0.335
	2004	6,978,371	356,749	5.1%	6,710,483	1,053,358	15.7%	0.326	3.7%	11.2%	0.332
	2005	6,822,680	602,854	8.8%	6,350,501	1,298,279	20.4%	0.432	4.7%	12.9%	0.364
	2006	6,691,663	1,721,500	25.7%	6,003,881	1,509,670	25.1%	1.023	7.8%	14.6%	0.536
	2007	6,551,910	1,436,422	21.9%	5,666,535	1,644,623	29.0%	0.755	9.5%	16.2%	0.588
	2008	6,438,447	1,321,150	20.5%	5,339,247	1,769,984	33.2%	0.619	10.6%	17.6%	0.600
	2009	6,304,317	2,669,838	42.3%	5,025,145	1,906,374	37.9%	1.116	13.2%	19.1%	0.693
	2010	6,158,883	1,845,646	30.0%	4,719,252	2,053,472	43.5%	0.689	14.4%	20.5%	0.702
	2011	6,018,203	2,628,450	43.7%	4,404,004	2,211,430	50.2%	0.870	16.2%	22.0%	0.736
Projected Future Experience (40 Years)	2012	5,837,617	3,075,978	52.7%	4,080,075	2,382,091	58.4%	0.903	18.1%	23.5%	0.770
	2013	5,916,773	3,401,069	57.5%	3,752,497	2,564,244	68.3%	0.841	19.9%	25.0%	0.799
	2014	7,703,113	3,431,185	44.5%	3,493,343	2,759,434	79.0%	0.564	21.3%	26.5%	0.803
	2015	7,726,711	3,770,101	48.8%	3,244,962	2,967,900	91.5%	0.533	22.6%	28.1%	0.807
	2016	7,436,769	4,197,915	56.4%	3,006,514	3,190,238	106.1%	0.532	24.1%	29.6%	0.813
	2017	7,134,585	4,651,326	65.2%	2,778,047	3,422,190	123.2%	0.529	25.6%	31.3%	0.820
	2018	6,818,456	5,128,539	75.2%	2,559,614	3,662,829	143.1%	0.526	27.3%	32.9%	0.829
	2019	6,488,508	5,610,808	86.5%	2,351,266	3,912,166	166.4%	0.520	29.0%	34.5%	0.838
	2020	6,146,923	6,078,735	98.9%	2,153,051	4,168,570	193.6%	0.511	30.7%	36.2%	0.848
	2021	5,797,439	6,522,343	112.5%	1,964,999	4,425,811	225.2%	0.500	32.5%	37.9%	0.858
	2022	5,444,928	6,927,267	127.2%	1,787,123	4,677,941	261.8%	0.486	34.3%	39.5%	0.867
	2023	5,094,494	7,283,730	143.0%	1,619,414	4,923,180	304.0%	0.470	36.1%	41.2%	0.876
	2024	4,750,819	7,616,756	160.3%	1,461,834	5,160,980	353.0%	0.454	37.9%	42.8%	0.884
	2025	4,416,456	7,925,982	179.5%	1,314,308	5,378,475	409.2%	0.439	39.6%	44.4%	0.892
	2026	4,091,800	8,273,654	202.2%	1,176,728	5,567,803	473.2%	0.427	41.4%	46.0%	0.901
	2027	3,776,860	8,652,668	229.1%	1,048,953	5,732,428	546.5%	0.419	43.2%	47.5%	0.909
	2028	3,472,281	8,992,580	259.0%	930,803	5,867,094	630.3%	0.411	44.9%	48.9%	0.918
	2029	3,178,861	9,276,101	291.8%	822,057	5,964,823	725.6%	0.402	46.7%	50.3%	0.927
	2030	2,897,460	9,500,108	327.9%	722,447	6,020,531	833.4%	0.393	48.3%	51.7%	0.936
	2031	2,628,821	9,656,940	367.3%	631,668	6,023,326	953.6%	0.385	50.0%	52.9%	0.945
	2032	2,373,646	9,743,145	410.5%	549,379	5,984,866	1089.4%	0.377	51.6%	54.0%	0.954
	2033	2,132,434	9,762,510	457.8%	475,198	5,895,658	1240.7%	0.369	53.1%	55.1%	0.963
	2034	1,905,646	9,706,823	509.4%	408,718	5,763,554	1410.2%	0.361	54.5%	56.1%	0.972
	2035	1,693,668	9,572,944	565.2%	349,501	5,589,631	1599.3%	0.353	55.9%	57.0%	0.981
	2036	1,496,716	9,352,091	624.8%	297,085	5,371,860	1808.2%	0.346	57.1%	57.8%	0.989
	2037	1,314,793	9,060,470	689.1%	250,993	5,113,496	2037.3%	0.338	58.3%	58.5%	0.997
	2038	1,147,968	8,708,210	758.6%	210,735	4,814,756	2284.7%	0.332	59.4%	59.1%	1.004
	2039	996,094	8,307,352	834.0%	175,823	4,497,948	2558.2%	0.326	60.3%	59.6%	1.011
	2040	858,783	7,856,949	914.9%	145,771	4,165,943	2857.9%	0.320	61.2%	60.1%	1.018
	2041	735,500	7,354,097	999.9%	120,099	3,823,719	3183.8%	0.314	62.0%	60.5%	1.024
	2042	625,820	6,813,294	1088.7%	98,336	3,464,997	3523.6%	0.309	62.7%	60.9%	1.030
	2043	529,021	6,259,716	1183.3%	80,034	3,103,312	3877.5%	0.305	63.3%	61.2%	1.035
	2044	444,246	5,712,192	1285.8%	64,766	2,762,107	4264.7%	0.301	63.8%	61.4%	1.040
	2045	370,569	5,177,638	1397.2%	52,134	2,442,795	4685.6%	0.298	64.3%	61.6%	1.044
	2046	307,054	4,655,897	1516.3%	41,768	2,150,288	5148.2%	0.295	64.7%	61.8%	1.047
	2047	252,854	4,150,941	1641.6%	33,327	1,875,357	5627.2%	0.292	65.0%	61.9%	1.050
	2048	206,940	3,673,596	1775.2%	26,503	1,622,010	6120.1%	0.290	65.3%	62.0%	1.053
	2049	168,330	3,234,326	1921.4%	21,026	1,396,081	6639.9%	0.289	65.5%	62.1%	1.055
	2050	136,122	2,832,508	2080.9%	16,656	1,200,784	7209.1%	0.289	65.7%	62.2%	1.057
	2051	109,417	2,463,111	2251.1%	13,189	1,034,246	7841.5%	0.287	65.9%	62.2%	1.059

** This is CCC's actual historical and expected future pre-tax net investment earnings rates (NIER), which vary between 7.0% and 7.2% historically and 5.1% and 6.2% between 2012 and 2051.*

P.O. Box 64912
St. Paul MN 55164-0912
1-800-262-6692
Fax: 952-983-5193

April 5, 2013

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Premium Adjustment Notice

Company: «Continental Casualty Company»
Policy Number:«POLICY NUMBER»
Insured: «FNAME» «MI» «LNAME»

Dear «FNAME» «LNAME»:

The purpose of this letter is to notify you that the long-term care insurance premium for policy number «POLICY NUMBER» issued by «Continental Casualty Company» is being increased. Specifically, the premium you currently pay «current premium» will increase on the first premium due date on or after «renewal date» as shown below:

Premium Renewal Date	Percentage Increase	New «FIELD_17» Premium
«renewal date»	«increase percentage»	«Premium amount»

While this is not a bill, you should keep a copy of this letter with your policy.

The decision to implement a premium increase is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CNA are facing significant challenges as it relates to the pricing of its long term care policies. CNA, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

After careful review and analysis of the long-term care policy experience, CNA determined that the Preferred Solution policies need a premium rate increase.

When CNA originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on CNA's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with CNA’s actual

experience. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

CNA's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. Your policy provides the ability for you to decrease your coverage which will help reduce the impact of the rate increase. Some possible option may be as follows:

1. **Reducing the Maximum Lifetime Benefit; or**
2. **Reducing the Maximum Daily Facility Benefit and/or Maximum Home and Community Based Care Benefit; or**
3. **Increasing the Elimination Period; or**
4. **Deleting an optional rider for which a premium is charged.**

In no event may your benefits be decreased below the minimum benefits available for new applicants or required by the regulations of your state. If you elect to reduce your coverage under this provision, the premium will be based on the reduced amount of coverage elected.

Should you wish to explore these options further, please contact us at our administrative office directly at 1-888-397-5824. We will be happy to provide you with whatever assistance we can offer to help you maintain your valuable coverage.

Sincerely,

Jennifer White

Director, Long Term Care Administration

P.O. Box 64912
St. Paul MN 55164-0912
1-800-262-6692
Fax: 952-983-5193

April 11, 2013

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Premium Adjustment Notice

Company: «Continental Casualty Company»
Policy Number: «POLICY NUMBER»
Insured: «FNAME» «MI» «LNAME»

Dear «FNAME» «LNAME»:

The purpose of this letter is to notify you that the premium for your Long-Term Care Insurance Policy number «POLICY NUMBER» issued by «Continental Casualty Company» is being increased. Specifically, the premium you currently pay «current premium» will increase on the first premium due date on or after «renewal date» as shown below:

Premium Renewal Date	Percentage Increase	New «FIELD_17» Premium
«renewal date»	«increase percentage»	«Premium amount»

While this is not a bill, you should keep a copy of this letter with your policy.

You have the option to cancel your policy and exercise a Contingent Non-Forfeiture benefit. Please see the attached illustration, which describes this benefit in detail.

The decision to implement a premium increase is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CNA are facing significant challenges as it relates to the pricing of its long term care policies. CNA, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

When CNA originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on CNA's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with CNA’s actual experience. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

After careful review and analysis of the long-term care policy experience, CNA determined that the Preferred Solution policies required a premium rate increase.

CNA's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. Your policy provides the ability for you to decrease your coverage which will help reduce the impact of the rate increase. Some possible options may be as follows:

1. **Reducing the Maximum Lifetime Benefit; or**
2. **Reducing the Maximum Daily Facility Benefit and/or Maximum Home and Community Based Care Benefit; or**
3. **Increasing the Elimination Period; or**
4. **Deleting an optional rider for which a premium is charged.**

In no event may your benefits be decreased below the minimum benefits available for new applicants or required by the regulations of your state. If you elect to reduce your coverage under this provision, the premium will be based on the reduced amount of coverage elected.

Should you wish to explore these options further, please contact us at our administrative office directly at 1-888-397-5824. We will be happy to provide you with whatever assistance we can offer to help you maintain your valuable coverage.

Sincerely,

Jennifer White

Director, Long Term Care Administration

Sincerely,

Jennifer White
Director, Long Term Care Administration

Contingent Non-Forfeiture Benefit Illustration

As described below, you may cancel your policy and receive a Contingent Non-Forfeiture Benefit in the form of a Reduced Maximum Lifetime Benefit. In order to be eligible for this benefit, you must pay **all premiums due for periods of coverage up to your renewal date of << renewal date>>**. If such premiums are not paid, your policy will terminate and you will **not** receive the Reduced Maximum Lifetime Benefit, regardless of whether you provide written certification that you are terminating your policy due to the premium rate increase. Your policy must be paid to **<<renewal date>>.**

If you wish to accept the Reduced Lifetime Maximum Benefit offer, you must cancel your policy within 120 days after the effective date of your rate increase which is <<renewal date>>. You may cancel your policy either by writing to us or by not paying your *increased* premium for renewal periods starting <<**renewal date**>>. Please remember, however, that you must pay your *current* premium up to <<**renewal date**>> in order to keep your policy in force and be eligible for the Reduced Lifetime Maximum Benefit..

If you exercise the Reduced Lifetime Maximum Benefit, your current *daily* benefit(s) will remain at the level attained at the time of policy cancellation. However, any *lifetime* maximum benefit amount or benefit periods in effect at time of cancellation will be replaced by the **Reduced Lifetime Maximum Benefit** amount shown below. This amount is the maximum amount of benefits payable under this policy after the cancellation occurs. If your policy includes an Automatic Increase Benefit Rider or any other inflation protection rider, those benefits will *not* continue increasing after cancellation.

If you pay the increased premium amount as billed but decide afterward that you wish to cancel your policy and receive the Reduced Maximum Lifetime Benefit, your policy cancellation must occur within 120 days after the effective date of this rate increase. We will refund any premiums you may have paid for periods on or after **«renewal date».**

If you cancel your policy or fail to make your premium payments after the 120-day window following the effective date of your rate increase, your policy will be terminated and all benefits forfeited. You will not be eligible for the Reduced Lifetime Maximum Benefit.

The reverse side of this page reflects your current premium, daily and lifetime maximum benefits as well as what your premium and benefit levels will be if you choose the contingent non-forfeiture offer.

Please note: Policy data is based on CNA's records as of **<<notification generation date>>.**

Insured Name	«FNAME» «MI» «LNAME»
Policy Number	«POLICY NUMBER»
Increased «new premium» premium *(if elect to maintain current coverage)*	<<Premium amount>>
Current Maximum Facility Daily Benefit	<<Daily max amount>>
Current Lifetime Maximum Benefit	<<lifetime max>>

The information below describes the impact on your policy if you choose to exercise the Reduced Lifetime Maximum Benefit offer.

Maximum Facility Daily Benefit Upon Cancellation	<<Daily max amount>>
Reduced Lifetime Maximum Benefit Upon Cancellation*	<<reduced lifetime max>>
Premium Due after <<renewal date>>	Zero

- Reduced Lifetime Maximum includes both Maximum Facility Daily Benefit upon Cancellation and any Home Health Care benefits that may be included in your policy.
- The Reduced Lifetime Maximum Benefit is the greater of 100% of the total premiums you have paid or 30X the Maximum Facility Daily Benefit.

Premium Rate Increase FAQs – Preferred Solution

1. Why is CNA increasing my premium rates and how was the increase percentage determined?

The decision to implement a premium increase was and is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CNA are facing significant challenges as it relates to the pricing of its long term care policies. CNA, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

After careful review and analysis of the long-term care policy experience, CNA determined that the Preferred Solution policies need a premium rate increase.

When CNA originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on CNA's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with CNA's actual experience. The premium rates need to be updated to help ensure that future premiums in combination with existing reserves will be adequate to fund anticipated future claims. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

CNA implemented this premium rate increase in accordance with State laws and regulations. CNA also filed the premium rate increase request with your state regulator. In addition, the increase was determined on a class basis. This means that no one policyholder was singled out for an increase based on that policyholder's age or health.

CNA recognizes that premium rate increases are difficult for its customers. Therefore, CNA developed options which enable policyholders to adjust certain policy features to keep premiums at or close to their same levels. Options can be discussed with our customer service representative.

2. Where does my Policy state you can increase my premium rates?

CNA's long-term care policies are written on a guaranteed renewable basis. This means that, while a company can never cancel coverage (except for nonpayment of premium), it reserves the right to change premiums, as long as the increase applies to all policies within the same class in a given state. This right is set forth on the first page of CNA's long-term care policies.

3. In your letter, you talk about "options" available to me. What do you mean by that?

CNA recognizes that premium rate increases are difficult for its customers. Therefore, options may enable you to adjust certain policy features to keep premiums close to their same level. Your policy also allows you to decrease your coverage at any premium renewal period.

CNA's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. In light of the rate increase, you may wish to reconsider and adjust your policy's features. That adjustment may help you reduce your premium to a point that it would be close to the premium you were charged before the rate increase.

However, it is important to carefully think about what these changes will mean to the long-term care coverage you think you might need some day. We recommend that you discuss them with your financial advisor or insurance agent. **Also, if you adjust your policy's features, you will not be able to restore those features at a later date. In addition, you are not able to increase your benefits under your policy.**

4. What if I want to reduce coverage now but increase coverage later?

You are not able to increase benefits under your policy.

5. What options for adjusting my policy are available to me?

[NOTE: Keep in mind that not every potential option change listed or discussed below may be available in every state or to every policyholder.] CNA sold its long-term care policies with different policy features. Policy features that may be adjustable for you include the daily benefit amount, the elimination period, the benefit period, and the riders you may have elected to add to your policy. Each of these policy features may affect your premium rate. Here is a brief description of these policy features and how they can be adjusted.

I. Benefit Period/Lifetime Maximum Benefit: This is the total period of time for which benefits will be paid or total dollar amount of benefits that can be paid by the policy. The benefit period, or maximum lifetime benefit is specified on your policy schedule. Note that if your policy has a lifetime maximum benefit specified as a dollar amount (as opposed to a period of time, such as 3 years or 5 years), the amount shown in the schedule may not reflect the current amount available to you in the future. (e.g. It may be too high if you have had claims paid in the past, or it may be too low if you have inflation protection). Reducing the benefit period (e.g., changing from a lifetime benefit period to a 4 year benefit period) or reducing the lifetime maximum benefit amount will reduce your premium.

II. Elimination Period: This is the number of days that **covered** services must be provided to you before the policy begins to pay benefits. For example, if your policy has a 15 day elimination period, you must receive covered services for 15 days before we will start paying benefits for services received on Day 16 or after. Increasing the elimination period (e.g., changing a 15 day elimination period to a 30 day elimination period, if available) would reduce your premium.

III. Daily Benefit Amount: This is the dollar amount specified on your policy schedule (although be aware that if you purchased the inflation protection benefit, the maximum amount shown in your schedule may be incorrectly too low) and represents the maximum benefit we will pay on a daily or weekly basis. Reducing this amount will reduce the amount per day or amount per week that we will pay for covered services received (e.g., $100.00 per day daily benefit can be reduced to $67.00 per day), and this reduction would reduce the premium charged for your policy.

IV. Riders: A rider is an optional policy benefit that you may or may not have purchased at the time you purchased your policy. One example of an optional policy benefit you may have purchased is an inflation rider. If you cancel an inflation rider, you will reduce your premiums.

V. Keep in mind that your particular policy may have additional features that can be adjusted as well. It is important to carefully think about what these changes will mean to the long-term care coverage you think you might need some day. And, please be aware that once you reduce coverage, you can never restore the benefits you dropped. We recommend that you discuss your benefit reduction options with your financial advisor or insurance agent.

6. Is this the last rate increase I can expect to receive on my policy? If CNA receives less than anticipated responses to accept the rate increase, will CNA implement another rate increase?

CNA will continue to monitor the experience on its policies after this rate increase. It is possible that, as CNA continues to monitor this experience, another increase may be needed in the future. If this happens, CNA will let you know at least 90 days in advance.

7. I thought the Company was committed to rate stability and that my rates would not be raised. Why am I now receiving a rate increase?

CNA's long-term care policies are written on a guaranteed renewable basis. This means that, while a company can never cancel coverage (except for nonpayment of premium), it reserves the right to change premiums, as long as the increase applies to all policies within the same class in a given state. These increases are made in accordance with State laws and regulations. In addition, they are determined on a

"class" basis. This means that no one policyholder can be singled out for a premium increase based on age or health.

8. When was the last rate increase on my policy?

This is the first time that CNA is raising rates on the Preferred Solution product.

9. Are premiums being raised because of current market conditions?

No. Our decision to increase premiums is not related to the market conditions that the U.S. has recently experienced.

10. Are you raising premiums because policyholders are older and sicker now?

No. Long-term care insurance companies are not permitted to increase premiums for specific individuals based on their advancing age or changing health. This increase was requested after a careful analysis of policy experience and affects all policyholders in the impacted policy series.

11. Are you increasing my premiums because CNA decided to stop selling the type of long-term care policy I purchased, or because CNA stopped selling new long-term care policies?

No. CNA's decision to seek and implement premium rate increases did not relate to any decision to stop selling any particular long-term care policy form or long term care policies generally. CNA does not base its premium rates on any expectation that new policies would be sold in the future.

12. Is my state the only state where you are implementing a rate increase?

No. CNA will request a premium rate increase in all states for all Preferred Solution policyholders, unless otherwise restricted by applicable state laws. We will implement rate increases in each state as they are filed and authorized.

13. If I purchased my policy in a state where a premium rate increase has been filed (or approved), but have since moved to another state, will my premiums still increase?

Yes, your premium rate increase is based on the policy form and the state in which your policy was originally issued, not where you presently live.

14 What is the amount of the premium adjustment to my policy and will the percentage increase be the same for everyone (within a particular state)?

Everyone who was issued the same policy form and benefits in the same state as you resided when you purchased your policy will receive the same percentage increase in premium rates as you did.

15. Is my State aware of this premium rate increase? I was told that the State's Department of Insurance must approve rate increases before you implement them. Is that true?

Yes, all states require that insurance companies at a minimum provide notification to the state before they start implementing rate increases. In addition, some states do not allow insurance companies to implement premium rate increases until the state has approved the increase. The premium rate increase applied to your Policy was made in accordance with the laws and regulations of the state where your policy was issued.

16. Does CNA have enough reserves to pay claims under its Policies? Are CNA's financial strength and claims paying ability still strong? Will CNA be able to pay my claims now and in the future?

CNA believes its reserves are adequate and appropriate at this time. To obtain information regarding CNA's financial strength, please visit www.cna.com.

17. Is CNA going bankrupt?

No. To obtain information regarding CNA's financial strength, please visit www.cna.com

18. Will lowering the policy coverage affect the tax-qualified status?

No. The tax-qualified or grandfathered status of the policies are unaffected. However, we recommend that you discuss this issue with your insurance, financial or tax advisor to determine what would be the best decision for you.

19. What happens if I do not pay the increased premiums?

As stated in your policy, if you don't pay the increased premiums, your policy will lapse and therefore terminate.

20. I did not use my policy, can I cancel my policy and get all my premiums back?

No, this option is not available to you under the terms of your Policy.

21. Why didn't my Inflation Protection Benefit Increase rider protect me from this premium rate increase?

The inflation rider increases your benefit levels on a periodic basis over the life of your Policy. It does not provide any type of protection or guarantee regarding your premiums. CNA's long-term care policies are written on a guaranteed renewable basis. This means that while the company can never cancel coverage (except for nonpayment of premium), it reserves the right to change premiums in accordance with state laws and regulations.

22. Does the rate increase apply to policy holders on claim?

Policyholders who are currently on claim and ***are not paying premiums under a Waiver of Premium provision*** in their policy will not be impacted by this rate increase at this time. If the policyholder ceases to be on claim, the rate increase will be effective on the policyholder's next modal premium date.

23. My policy had a 10-year rate guarantee. Am I receiving this rate increase because my 10-year rate guarantee has expired?

No. The rider would have prevented CNA from applying the rate increase to your policy during the term of your 10-year guarantee period. Since the term of your policy has expired, it no longer applies.

Review Requirements Checklist
RATE REVISIONS

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
	14 VAC 5-100-40	**For Paper Filings:** A letter of transmittal must be submitted in duplicate with each filing.
	14 VAC 5-100-40 6	**For Paper Filings:** At least one copy of each rate must be included in the filing. A duplicate copy of rates must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to, State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	14 VAC 5-100-70	When an insurer submits a change of Individual accident and sickness premium rates previously filed with the Bureau of Insurance, the following information must be provided. 1. That the filing is an increase, decrease, or revision of former rate filings and the percentage mounts of such changes. 2. That the claim/earned premium loss ratio and other bases for such increase, decrease, or revision of premium rates. An actuarial memorandum and other relevant material should be attached to the letter of transmittal.
	Administrative Letter 1983-7	The transmittal letter must include the name and NAIC number of the company for which the filing is made.
All Accident and Sickness Forms	14 VAC 5-130-70 A	New Rate Sheet
	14 VAC 5-130-70 B	Actuarial Memorandum
	14 VAC 5-130-70 B 1	A description of the type of policy, including benefits, renewability, and issue age limits.
	14 VAC 5-130-70 B 2	The scope and reason for the rate revision.
	14 VAC 5-130-70 B 3	A comparison of the revised premiums with the current premium scale.
	14 VAC 5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.
	14 VAC 5-130-70 B 5	The estimated average annual premium per policy, before and after the proposed rate increase.
	14 VAC 5-130-70 B 6	Provide Earned Premiums, paid claims, incurred claims and loss from inception through most recent quarter*. Virginia and national experience should be shown separately. Missing experience should be estimated with all estimation assumptions and methodologies provided in detail.
	14 VAC 5-130-70 B 7	Details and dates of all past rate increases on this form.
	14 VAC 5-130-70 B 8	A description of how revised rates were determined, including the general description and source of each assumption used. For expenses, include percent of premium, dollars per policy, and/or dollars per unit of benefit.
	14 VAC 5-130-70 B 9	If the rate revision applies to new business, the anticipated loss ratio and a description of how it was calculated.

* The filing reflects data through the most recent, available calendar year.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
	14 VAC 5-130-70 B 10	If the rate revision applies to in-force business provide (a) the anticipated future loss ratio and a description of how it was calculated and (b) the estimated cumulative loss ratio, past and future and a description of how it was calculated.
	14 VAC 5-130-70 B 11	Minimum loss ratio presumed reasonable in 14 VAC 5-130-60 C.
	14 VAC 5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums.
	14 VAC 5-130-70 B 13	The current number of Virginia policyholders and either premiums in force, premiums earned, or premiums collected for such policyholders in the year immediately prior to the filing of the rate increase.
	14 VAC 5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.
	14 VAC 5-130-70 C	Revised rate filings for previously approved forms must demonstrate reasonableness of benefits in relation to premiums.
	14 VAC 5-130-70 C 1	The anticipated loss ratio over the entire period for which the revised rates are computed to provide coverage, and the ratio of the sum of the accumulated benefits from the original effective date of the form to the effective date of the revision and the present value of future benefits to the sum of the accumulated premiums from the original effective date of the form to the effective date of the revision and the present value of future premiums must be at least as great as the standards in 14 VAC 5-130-60 C.
	14 VAC 5-130-70 C 2	Revised premiums for policies issued on or after the effective date of the revision must meet the standards in 14 VAC 5-130-70 C, except the average annual premium shall be determined on actual rather than anticipated distribution of business.
Medicare Supplement Requirements		Applicable requirements for accident and sickness forms in addition to the following.
Standard Medicare Supplement Forms	14 VAC 5-170-120 A 2	All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of this section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Pre-Standardized Medicare Supplement Forms	14 VAC 5-170-120 A 3	For policies issued prior to July 30, 1992, expected claims in relation to premiums shall meet: a. The originally filed anticipated loss ratio when combined with the actual experience since inception; b. The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection when combined with actual experience beginning with July 1, 1991, to date; and c. The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection over the entire future period for which the rates are computed to provide coverage.
Annual Rate and Experience Filing	14 VAC 5-170-120 C	An issuer of Medicare supplement policies and certificates issued before or after July 30, 1992, in this Commonwealth shall file annually its rates, rating schedule, and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the State Corporation Commission in accordance with the filing requirements and procedures prescribed by the State Corporation Commission. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. The demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years.
Actuarial Certification for Medicare Supplement Rate Filings	14 VAC 5-170-120 C	For annual rate and experience filings, an actuarial certificate by a qualified actuary that to the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows: 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratios all exceed the applicable ratio; 3. Except for policies issued prior to July 30, 1992, the filed rates maintain the proper relationship between policies which had different rating methodologies; 4. The filing was prepared based on the current standards of practices as promulgated by the Actuarial Standards Board, including the data quality standard of practice, as described at www.actuary.org; 5. The filing is in compliance with the applicable laws and regulations in this Commonwealth; and 6. The premiums are reasonable in relation to the benefits provided.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Actuarial Certification for Medicare Supplement Rate Filings	14 VAC 5-170-130 B	For proposed rate changes, an actuarial certificate by a qualified actuary that the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows: 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratio all exceed the applicable ratio; 3. The filing was prepared based on the current standards or practices as promulgated by the Actuarial Standards Board including the data quality standard of practice as described at: www.actuary.org; 4. The filing is in compliance with applicable laws and regulations in this Commonwealth; and 5. The premiums are reasonable in relation to the benefits provided.
Change in the Rating Structure or Methodology of a Medicare Supplement Form	14 VAC 5-170-130 D 3	A change in the rating structure or methodology shall be considered a discontinuance under subdivision 1 of t his subsection unless the issuer complies with the following requirements: a. The issuer provides an actuarial memorandum, in a form and manner prescribed by the State Corporation Commission, describing the manner in which the revised rating methodology and resultant rates differ from the existing rating methodology and existing rates. b. The issuer does not subsequently put into effect a change of rates or rating factors that would cause the percentage differential between the discontinued and subsequent rates as described in the actuarial memorandum to change.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
http://www.scc.virginia.gov/boi/laws.aspx

The Life and Health Division, Forms and Rates Section handles rate revisions. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
RATE REVISIONS

I hereby certify that I have reviewed the attached rate revision filing and believe that it is in compliance with the rate revision checklist.

Signed: Amy Pahl

Name (please print): Amy Pahl

Company Name: Milliman, Inc.

Date: 4/26/2013 Phone No: (952) 820-2419 FAX No: (952) 897-5301

E-Mail Address: amy.pahl@milliman.com

CNA

333 S. Wabash Ave. Chicago IL 60604

Philip Sanchez, FSA, MAAA
Vice President & Actuary
Life & Health Actuarial
Telephone 312-822-1414
Internet philip.sanchez@cna.com

Letter of Authorization

To: Department of Insurance

Continental Casualty Company (CCC) has entered into a service agreement with Milliman, Inc. (Milliman) effective April 23, 2003, that includes long-term care rate filing services on our behalf. The agreement provides, in part, that Milliman is responsible for preparing and filing for approval with state insurance departments CCC's long-term care rate increase filings. Milliman is also authorized to receive, on CCC's behalf, written and oral communication from each state department of insurance for the purpose of completing the rate increase filing process.

Please accept this letter of authorization for the purpose stated above. Should you have any questions regarding the above, please forward your comments to:

Continental Casualty Company
333 S. Wabash Ave
Chicago, IL 60604

Philip Sanchez
Vice President & Actuary

10/24/12
Date

8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

August 9, 2013

Bob Grissom
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: Continental Casualty Company (CCC)
Company NAIC # 20443
SERFF Tracking # MILL-128834437
Policy Forms:

Comprehensive Long Term Care	P1-N0080-A45
Comprehensive Long Term Care	P1-N0081-A45
Comprehensive Long Term Care	P1-N0085-A45
Comprehensive Long Term Care	P1-N0086-A45
Comprehensive Long Term Care	P1-N0095-A45
Comprehensive Long Term Care	P1-N0096-A45
Comprehensive Long Term Care	P1-N0100-A45
Comprehensive Long Term Care	P1-N0101-A45
Nursing Home Only	P1-N0075-A45
Nursing Home Only	P1-N0076-A45
Nursing Home Only	P1-N0090-A45
Nursing Home Only	P1-N0091-A45

Dear Mr. Grissom:

Thank you for reviewing our filing. This letter is in response to your letter dated July 19, 2013 regarding information needed for the above-referenced filing. The remainder of this letter provides additional information requested in your July 19 letter. The comments from your letter are restated in italics for reference.

Based on the requirements of 14VAC5-200-150 B, Virginia requires companies to calculate the anticipated loss ratio for long term care policies taking into account the pre-funding associated with the level-premium nature of long-term care insurance. Specifically, companies are required to subtract the policy reserve from the numerator of the loss ratio when performing the anticipated loss ratio test. If this calculation results in a loss ratio less than the minimum required, the requested rate increase cannot be approved since the future loss ratio requirement has not been met. Our review indicates that the requirements of the future loss ratio will be less than the minimum required of 60% using the active life reserves. Therefore, this filing has been DISAPPROVED in the Commonwealth

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

of Virginia since it is not compliant with the requirements of either 14VAC5-130-70 C or 14VAC5-200-150 B. Please let me know if you have any questions.

Anticipated loss ratios calculated with the numerator equal to anticipated incurred claims less policy reserves and the denominator equal to anticipated earned premium assuming a 52% rate increase are shown in Tables 1 and 2 below, for nationwide and Virginia-specific experience, respectively. Please note that Virginia-specific experience is not considered fully credible, but is being provided as required.

As required by 14VAC5-130-70.C, the present value of future claims and premium in Tables 1 and 2 use an interest rate consistent with that assumed in the original determination of premiums. The active life reserves in Tables 1 and 2 are presented on a GAAP basis to be more consistent with the best-estimate assumptions presented in this filing.

Table 1
Nationwide Anticipated Loss Ratio with 52% Increase

1	Present Value of Future Claims	$ 2,692,627,291
2	GAAP Active Life Reserves	1,635,355,112
3	Present Value of Future Premium	1,755,740,557
	Anticipated Loss Ratio = (1 - 2) / 3	60.2%

Table 2
Virginia-Specific Anticipated Loss Ratio with 52% Increase

1	Present Value of Future Claims	$ 105,783,019
2	GAAP Active Life Reserves	65,717,333
3	Present Value of Future Premium	67,721,275
	Anticipated Loss Ratio = (1 - 2) / 3	59.2%

CCC has chosen to manage this block of business based on the fully-credible nationwide experience. Therefore, the company respectfully requests that the Bureau consider approving a 52% rate increase. This level of increase passes the anticipated loss ratio test based on the nationwide experience as shown in Table 1.

Attachments 1 and 2 provide nationwide and Virginia-specific experience and projections assuming a 52% rate increase, respectively. Please note that Virginia-specific experience is not considered fully credible, but is being provided as required. As shown in Attachments 1 and 2, the expected lifetime loss ratio with and without the requested rate increase exceeds the 60% minimum required by loss ratio regulation. As required by 14VAC5-130-70.C, the lifetime loss ratio is calculated using an interest rate consistent with that assumed in the original determination of premiums.

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

Limitations and Qualifications

Milliman's work has been prepared for the use and benefit of CCC. Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Milliman's work is being delivered to the Bureau, in accordance with its statutory and regulatory requirements. Milliman recognizes that materials it delivers to the Bureau may be public records subject to disclosure to third parties, however, Milliman does not intend to benefit and assumes no duty or liability to any third parties, including the Bureau, who receive Milliman's work and may include disclaimer language on its work product so stating. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, the Bureau agrees that it shall not disclose Milliman's work product to third parties without Milliman's prior written consent; provided, however, that the Bureau may distribute Milliman's work to (i) its professional service providers who are subject to a duty of confidentiality and who agree to not use Milliman's work product for any purpose other than to provide services to the Bureau, or (ii) any applicable regulatory or governmental agency, as required.

In performing this analysis, we relied on data and other information provided by CCC. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

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Bob, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2419 or by e-mail at amy.pahl@milliman.com.

Respectfully,

Amy Pahl, FSA, MAAA
Principal & Consulting Actuary

ABP/tcr

Attachment 1: Nationwide Experience and Projections with and without 52% Increase
Attachment 2: Virginia-Specific Experience and Projections with and without 52% Increase

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

Attachment 1
Continental Casualty Company
Nationwide Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors					
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	1998	47,921	0	0	0.0%	0.0%	218	120,985	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	11,301,893	838	126,537	0.0%	1.1%	17,663	26,631,353	1,974	298,166	0.0%	1.1%				0.0084		0.992		7.1%	2.3564
	2000	52,939,330	60,019	2,503,199	0.1%	4.7%	44,834	116,427,951	131,998	5,505,214	0.1%	4.7%				0.0300		0.970		7.1%	2.1993
	2001	103,034,628	767,023	4,802,497	0.7%	4.7%	75,878	211,494,362	1,574,432	9,857,860	0.7%	4.7%				0.0381		0.962		7.1%	2.0527
	2002	162,218,751	2,027,120	10,819,128	1.2%	6.7%	111,262	310,868,006	3,884,674	20,733,243	1.2%	6.7%				0.0379		0.962		7.1%	1.9164
	2003	204,897,876	4,567,338	13,013,852	2.2%	6.4%	116,091	366,633,224	8,172,549	23,286,286	2.2%	6.4%				0.0485		0.951		7.1%	1.7893
	2004	197,124,946	7,706,004	19,931,702	3.9%	10.1%	111,353	329,450,012	12,878,853	33,311,357	3.9%	10.1%				0.0408		0.959		7.0%	1.6713
	2005	189,821,210	11,683,070	23,829,608	6.2%	12.6%	108,034	296,407,789	18,243,235	37,210,180	6.2%	12.6%				0.0298		0.970		7.0%	1.5615
	2006	184,514,248	16,666,803	33,832,414	9.0%	18.3%	105,513	269,020,507	24,300,084	49,327,428	9.0%	18.3%				0.0233		0.977		7.2%	1.4580
	2007	179,969,445	22,137,875	37,138,363	12.3%	20.6%	103,354	244,790,758	30,111,485	50,514,842	12.3%	20.6%				0.0205		0.980		7.2%	1.3602
	2008	175,750,089	29,597,783	51,011,726	16.8%	29.0%	101,153	223,133,487	37,577,543	64,764,829	16.8%	29.0%				0.0213		0.979		7.0%	1.2696
	2009	170,876,585	37,748,757	53,446,206	22.1%	31.3%	98,664	202,686,372	44,775,933	63,395,564	22.1%	31.3%				0.0246		0.975		7.0%	1.1862
	2010	165,999,568	46,070,891	67,823,885	27.8%	40.9%	96,369	183,871,929	51,031,118	75,126,151	27.8%	40.9%				0.0233		0.977		7.1%	1.1077
	2011	161,072,812	52,553,345	85,032,369	32.6%	52.8%	94,619	166,622,579	54,364,072	87,962,161	32.6%	52.8%				0.0182		0.982		7.0%	1.0345
Projected Future Experience	2012	155,749,002	71,268,093	91,092,452	45.8%	58.5%	91,910	151,105,679	69,143,387	88,376,726	45.8%	58.5%	1.0000	1.1028	1.0000	0.0286	0.0000	0.971	0.967	6.2%	0.9702
	2013	149,248,689	91,913,211	102,106,840	61.6%	68.4%	89,128	136,383,169	83,990,118	93,305,037	61.6%	68.4%	1.0000	1.1559	1.0000	0.0303	0.0000	0.970	0.958	6.1%	0.9138
	2014	143,904,200	105,868,041	114,018,521	73.6%	79.2%	86,260	123,999,401	91,224,396	98,247,503	73.6%	79.2%	1.0000	1.1538	1.0000	0.0322	0.0000	0.968	0.964	6.0%	0.8617
	2015	138,464,167	115,544,236	126,747,566	83.4%	91.5%	83,285	112,589,823	93,952,864	103,062,665	83.4%	91.5%	1.0000	1.1513	1.0000	0.0345	0.0000	0.966	0.962	5.9%	0.8131
	2016	132,807,215	125,731,027	140,196,044	94.7%	105.6%	80,183	101,960,109	96,527,505	107,632,735	94.7%	105.6%	1.0000	1.1489	1.0000	0.0372	0.0000	0.963	0.959	5.9%	0.7677
	2017	126,905,082	136,621,305	154,184,566	107.7%	121.5%	76,931	92,027,898	99,073,822	111,810,191	107.7%	121.5%	1.0000	1.1463	1.0000	0.0406	0.0000	0.959	0.956	5.9%	0.7252
	2018	120,729,582	149,509,558	168,509,789	123.8%	139.6%	73,519	82,722,002	102,441,586	115,460,244	123.8%	139.6%	1.0000	1.1436	1.0000	0.0444	0.0000	0.956	0.951	5.8%	0.6852
	2019	114,295,648	163,216,760	182,687,826	142.8%	159.8%	69,961	74,031,086	105,718,057	118,329,772	142.8%	159.8%	1.0000	1.1393	1.0000	0.0484	0.0000	0.952	0.947	5.8%	0.6477
	2020	107,662,270	177,198,662	195,895,396	164.6%	182.0%	66,285	65,953,287	108,550,880	120,004,392	164.6%	182.0%	1.0000	1.1318	1.0000	0.0525	0.0000	0.947	0.942	5.7%	0.6126
	2021	100,915,095	190,761,117	207,742,532	189.0%	205.9%	62,542	58,482,654	110,550,521	120,391,648	189.0%	205.9%	1.0000	1.1239	1.0000	0.0565	0.0000	0.944	0.937	5.7%	0.5795
	2022	94,154,163	203,597,887	217,857,639	216.2%	231.4%	58,785	51,628,291	111,640,427	119,459,589	216.2%	231.4%	1.0000	1.1157	1.0000	0.0601	0.0000	0.940	0.933	5.7%	0.5483
	2023	87,493,800	215,362,096	226,367,670	246.1%	258.7%	55,065	45,405,367	111,763,289	117,474,689	246.1%	258.7%	1.0000	1.1093	1.0000	0.0633	0.0000	0.937	0.929	5.6%	0.5190
	2024	81,015,503	225,946,995	234,053,824	278.9%	288.9%	51,421	39,797,450	110,992,511	114,974,850	278.9%	288.9%	1.0000	1.1072	1.0000	0.0662	0.0000	0.934	0.926	5.6%	0.4912
	2025	74,768,394	235,414,882	240,704,813	314.9%	321.9%	47,863	34,771,700	109,481,763	111,941,892	314.9%	321.9%	1.0000	1.1049	1.0000	0.0692	0.0000	0.931	0.923	5.6%	0.4651
	2026	68,754,072	244,081,469	248,139,309	355.0%	360.9%	44,393	30,275,700	107,480,724	109,267,585	355.0%	360.9%	1.0000	1.1115	1.0000	0.0725	0.0000	0.927	0.920	5.6%	0.4403
	2027	62,978,140	252,483,274	256,227,655	400.9%	406.9%	41,014	26,263,568	105,292,275	106,853,782	400.9%	406.9%	1.0000	1.1177	1.0000	0.0761	0.0000	0.924	0.916	5.6%	0.4170
	2028	57,446,440	260,692,377	262,970,897	453.8%	457.8%	37,738	22,694,795	102,989,150	103,889,302	453.8%	457.8%	1.0000	1.1154	1.0000	0.0799	0.0000	0.920	0.912	5.5%	0.3951
	2029	52,171,969	268,342,147	268,110,720	514.3%	513.9%	34,576	19,531,397	100,458,101	100,371,463	514.3%	513.9%	1.0000	1.1128	1.0000	0.0838	0.0000	0.916	0.908	5.5%	0.3744
	2030	47,168,185	275,012,165	271,380,535	583.0%	575.3%	31,538	16,739,062	97,596,416	96,307,622	583.0%	575.3%	1.0000	1.1097	1.0000	0.0879	0.0000	0.912	0.904	5.5%	0.3549
	2031	42,444,587	280,307,882	272,573,945	660.4%	642.2%	28,634	14,284,837	94,338,354	91,735,477	660.4%	642.2%	1.0000	1.1063	1.0000	0.0921	0.0000	0.908	0.900	5.4%	0.3366
	2032	38,007,464	283,926,637	271,656,970	747.0%	714.7%	25,873	12,132,679	90,634,590	86,717,887	747.0%	714.7%	1.0000	1.1030	1.0000	0.0965	0.0000	0.904	0.895	5.4%	0.3192
	2033	33,860,852	285,714,160	268,850,764	843.8%	794.0%	23,260	10,250,840	86,495,467	81,390,339	843.8%	794.0%	1.0000	1.1008	1.0000	0.1010	0.0000	0.899	0.891	5.5%	0.3027
	2034	30,007,549	285,626,715	264,184,407	951.8%	880.4%	20,802	8,614,579	81,997,829	75,842,163	951.8%	880.4%	1.0000	1.0987	1.0000	0.1057	0.0000	0.894	0.886	5.5%	0.2871
	2035	26,448,401	283,627,349	257,482,390	1072.4%	973.5%	18,503	7,201,480	77,227,224	70,108,367	1072.4%	973.5%	1.0000	1.0957	1.0000	0.1105	0.0000	0.889	0.881	5.4%	0.2723
	2036	23,179,697	279,661,363	248,707,736	1206.5%	1073.0%	16,366	5,988,094	72,245,918	64,249,557	1206.5%	1073.0%	1.0000	1.0921	1.0000	0.1155	0.0000	0.884	0.876	5.4%	0.2583
	2037	20,196,365	273,727,658	238,224,283	1355.3%	1179.5%	14,392	4,952,558	67,123,574	58,417,426	1355.3%	1179.5%	1.0000	1.0892	1.0000	0.1206	0.0000	0.879	0.871	5.3%	0.2452
	2038	17,491,081	265,944,098	226,469,953	1520.5%	1294.8%	12,580	4,073,839	61,940,914	52,747,009	1520.5%	1294.8%	1.0000	1.0876	1.0000	0.1259	0.0000	0.874	0.866	5.3%	0.2329
	2039	15,054,715	256,502,659	213,671,630	1703.8%	1419.3%	10,929	3,332,259	56,775,121	47,294,764	1703.8%	1419.3%	1.0000	1.0860	1.0000	0.1313	0.0000	0.869	0.861	5.2%	0.2213
	2040	12,875,274	245,590,939	199,791,183	1907.5%	1551.7%	9,435	2,710,446	51,700,728	42,059,164	1907.5%	1551.7%	1.0000	1.0831	1.0000	0.1367	0.0000	0.863	0.855	5.1%	0.2105
	2041	10,940,140	233,348,692	184,859,881	2133.0%	1689.7%	8,093	2,191,672	46,747,472	37,033,557	2133.0%	1689.7%	1.0000	1.0787	1.0000	0.1422	0.0000	0.858	0.850	5.1%	0.2003
	2042	9,234,981	219,944,017	169,411,250	2381.6%	1834.5%	6,897	1,759,435	41,903,418	32,275,988	2381.6%	1834.5%	1.0000	1.0753	1.0000	0.1478	0.0000	0.852	0.844	5.2%	0.1905
	2043	7,743,722	205,640,479	153,995,100	2655.6%	1988.6%	5,839	1,400,794	37,199,149	27,856,805	2655.6%	1988.6%	1.0000	1.0737	1.0000	0.1534	0.0000	0.847	0.839	5.4%	0.1809
	2044	6,449,849	190,756,767	138,895,367	2957.5%	2153.5%	4,911	1,106,610	32,728,415	23,830,480	2957.5%	2153.5%	1.0000	1.0724	1.0000	0.1590	0.0000	0.841	0.833	5.5%	0.1716
	2045	5,336,132	175,600,278	124,244,065	3290.8%	2328.4%	4,103	867,933	28,561,737	20,208,546	3290.8%	2328.4%	1.0000	1.0707	1.0000	0.1645	0.0000	0.835	0.827	5.5%	0.1627
	2046	4,384,743	160,427,290	110,118,511	3658.8%	2511.4%	3,405	675,877	24,728,728	16,973,987	3658.8%	2511.4%	1.0000	1.0680	1.0000	0.1701	0.0000	0.830	0.822	5.5%	0.1541
	2047	3,578,736	145,452,639	96,698,420	4064.4%	2702.0%	2,807	522,718	21,245,146	14,123,993	4064.4%	2702.0%	1.0000	1.0651	1.0000	0.1756	0.0000	0.824	0.816	5.5%	0.1461
	2048	2,901,447	130,878,651	84,234,771	4510.8%	2903.2%	2,299	401,593	18,115,099	11,659,054	4510.8%	2903.2%	1.0000	1.0635	1.0000	0.1809	0.0000	0.819	0.811	5.5%	0.1384
	2049	2,337,103	116,894,255	72,819,778	5001.7%	3115.8%	1,872	306,456	15,327,904	9,548,584	5001.7%	3115.8%	1.0000	1.0621	1.0000	0.1860	0.0000	0.814	0.805	5.6%	0.1311
	2050	1,871,152	103,647,310	62,427,384	5539.2%	3336.3%	1,514	232,321	12,868,769	7,750,935	5539.2%	3336.3%	1.0000	1.0599	1.0000	0.1912	0.0000	0.809	0.801	5.6%	0.1242
	2051	1,488,657	91,240,282	53,072,344	6129.0%	3565.1%	1,217	174,943	10,722,292	6,236,907	6129.0%	3565.1%	1.0000	1.0577	1.0000	0.1962	0.0000	0.804	0.796	5.7%	0.1175
	Past	1,959,569,303	231,586,866	403,311,486	11.8%	20.6%	1,185,005	2,948,159,313	287,047,948	521,293,280	9.7%	17.7%									
	Future	2,232,464,265	8,023,025,423	7,421,384,726	359.4%	332.4%	1,406,126	1,369,544,400	2,949,495,640	2,935,222,673	215.4%	214.3%									
	Lifetime	4,192,033,567	8,254,612,289	7,824,696,212	196.9%	186.7%	2,591,131	4,317,703,713	3,236,543,588	3,456,515,953	75.0%	80.1%									

Attachment 1
Continental Casualty Company
Nationwide Experience Projections with 52% Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors					
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	1998	47,921	0	0	0.0%	0.0%	218	120,985	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	11,301,893	838	126,537	0.0%	1.1%	17,663	26,631,353	1,974	298,166	0.0%	1.1%				0.0084		0.992		7.1%	2.3564
	2000	52,939,330	60,019	2,503,199	0.1%	4.7%	44,834	116,427,951	131,998	5,505,214	0.1%	4.7%				0.0300		0.970		7.1%	2.1993
	2001	103,034,628	767,023	4,802,497	0.7%	4.7%	75,878	211,494,362	1,574,432	9,857,860	0.7%	4.7%				0.0381		0.962		7.1%	2.0527
	2002	162,218,751	2,027,120	10,819,128	1.2%	6.7%	111,262	310,868,006	3,884,674	20,733,243	1.2%	6.7%				0.0379		0.962		7.1%	1.9164
	2003	204,897,876	4,567,338	13,013,852	2.2%	6.4%	116,091	366,633,224	8,172,549	23,286,286	2.2%	6.4%				0.0485		0.951		7.1%	1.7893
	2004	197,124,946	7,706,004	19,931,702	3.9%	10.1%	111,353	329,450,012	12,878,853	33,311,357	3.9%	10.1%				0.0408		0.959		7.0%	1.6713
	2005	189,821,210	11,683,070	23,829,608	6.2%	12.6%	108,034	296,407,789	18,243,235	37,210,180	6.2%	12.6%				0.0298		0.970		7.0%	1.5615
	2006	184,514,248	16,666,803	33,832,414	9.0%	18.3%	105,513	269,020,507	24,300,084	49,327,428	9.0%	18.3%				0.0233		0.977		7.2%	1.4580
	2007	179,969,445	22,137,875	37,138,363	12.3%	20.6%	103,354	244,790,758	30,111,485	50,514,842	12.3%	20.6%				0.0205		0.980		7.2%	1.3602
	2008	175,750,089	29,597,783	51,011,726	16.8%	29.0%	101,153	223,133,487	37,577,543	64,764,829	16.8%	29.0%				0.0213		0.979		7.0%	1.2696
	2009	170,876,585	37,748,757	53,446,206	22.1%	31.3%	98,664	202,686,372	44,775,933	63,395,564	22.1%	31.3%				0.0246		0.975		7.0%	1.1862
	2010	165,999,568	46,070,891	67,823,885	27.8%	40.9%	96,369	183,871,929	51,031,118	75,126,151	27.8%	40.9%				0.0233		0.977		7.1%	1.1077
	2011	161,072,812	52,553,345	85,032,369	32.6%	52.8%	94,619	166,622,579	54,364,072	87,962,161	32.6%	52.8%				0.0182		0.982		7.0%	1.0345
Projected Future Experience	2012	155,749,002	71,268,093	91,092,452	45.8%	58.5%	91,910	151,105,679	69,143,387	88,376,726	45.8%	58.5%	1.0000	1.1028	1.0000	0.0286	0.0000	0.971	0.967	6.2%	0.9702
	2013	155,998,195	91,721,555	100,950,902	58.8%	64.7%	88,025	142,550,855	83,814,983	92,248,743	58.8%	64.7%	1.0665	1.1551	1.0018	0.0428	0.0124	0.958	1.002	6.1%	0.9138
	2014	189,085,399	104,156,187	105,892,041	55.1%	56.0%	84,121	162,931,147	89,749,325	91,245,076	55.1%	56.0%	1.3623	1.0875	1.0111	0.0449	0.0126	0.956	1.212	6.0%	0.8617
	2015	187,761,563	110,993,091	116,496,802	59.1%	62.0%	81,220	152,675,177	90,252,177	94,727,428	59.1%	62.0%	1.0407	1.1379	1.0124	0.0345	0.0000	0.966	0.993	5.9%	0.8131
	2016	180,090,568	118,483,121	128,733,504	65.8%	71.5%	78,195	138,260,966	90,963,069	98,832,598	65.8%	71.5%	1.0000	1.1478	1.0124	0.0372	0.0000	0.963	0.959	5.9%	0.7677
	2017	172,087,098	127,114,435	141,443,112	73.9%	82.2%	75,025	124,792,590	92,179,715	102,570,457	73.9%	82.2%	1.0000	1.1452	1.0124	0.0405	0.0000	0.959	0.956	5.9%	0.7252
	2018	163,712,935	138,159,640	154,439,506	84.4%	94.3%	71,697	112,173,515	94,664,802	105,819,508	84.4%	94.3%	1.0000	1.1426	1.0124	0.0443	0.0000	0.956	0.951	5.8%	0.6852
	2019	154,988,327	150,256,427	167,281,677	96.9%	107.9%	68,228	100,388,372	97,323,446	108,350,968	96.9%	107.9%	1.0000	1.1382	1.0124	0.0484	0.0000	0.952	0.947	5.8%	0.6477
	2020	145,993,268	162,756,268	179,220,831	111.5%	122.8%	64,643	89,434,636	99,703,553	109,789,649	111.5%	122.8%	1.0000	1.1308	1.0124	0.0525	0.0000	0.947	0.942	5.7%	0.6126
	2021	136,843,896	174,906,369	189,904,550	127.8%	138.8%	60,993	79,304,232	101,362,324	110,054,121	127.8%	138.8%	1.0000	1.1230	1.0124	0.0565	0.0000	0.944	0.937	5.7%	0.5795
	2022	127,675,869	186,416,676	198,997,967	146.0%	155.9%	57,330	70,009,511	102,219,319	109,118,116	146.0%	155.9%	1.0000	1.1148	1.0124	0.0601	0.0000	0.940	0.933	5.7%	0.5483
	2023	118,644,218	196,965,546	206,621,899	166.0%	174.2%	53,703	61,571,039	102,216,303	107,227,518	166.0%	174.2%	1.0000	1.1085	1.0124	0.0633	0.0000	0.937	0.929	5.6%	0.5190
	2024	109,859,453	206,454,684	213,493,848	187.9%	194.3%	50,149	53,966,536	101,417,255	104,875,121	187.9%	194.3%	1.0000	1.1065	1.0124	0.0662	0.0000	0.934	0.926	5.6%	0.4912
	2025	101,388,184	214,935,357	219,424,059	212.0%	216.4%	46,679	47,151,468	99,957,580	102,045,090	212.0%	216.4%	1.0000	1.1042	1.0124	0.0692	0.0000	0.931	0.923	5.6%	0.4651
	2026	93,232,583	222,691,574	226,071,108	238.9%	242.5%	43,295	41,054,758	98,061,732	99,549,902	238.9%	242.5%	1.0000	1.1108	1.0124	0.0725	0.0000	0.928	0.920	5.6%	0.4403
	2027	85,400,247	230,210,616	233,316,581	269.6%	273.2%	40,000	35,614,186	96,003,981	97,299,251	269.6%	273.2%	1.0000	1.1171	1.0124	0.0761	0.0000	0.924	0.916	5.6%	0.4170
	2028	77,899,096	237,557,710	239,340,210	305.0%	307.2%	36,805	30,774,823	93,849,567	94,553,761	305.0%	307.2%	1.0000	1.1149	1.0124	0.0799	0.0000	0.920	0.912	5.5%	0.3951
	2029	70,746,754	244,399,192	243,909,324	345.5%	344.8%	33,722	26,485,160	91,494,680	91,311,290	345.5%	344.8%	1.0000	1.1123	1.0124	0.0838	0.0000	0.916	0.908	5.5%	0.3744
	2030	63,961,474	250,352,994	246,782,587	391.4%	385.8%	30,759	22,698,671	88,845,360	87,578,293	391.4%	385.8%	1.0000	1.1092	1.0124	0.0878	0.0000	0.912	0.904	5.5%	0.3549
	2031	57,556,133	255,061,315	247,773,713	443.2%	430.5%	27,928	19,370,667	85,841,555	83,388,893	443.2%	430.5%	1.0000	1.1058	1.0124	0.0921	0.0000	0.908	0.900	5.4%	0.3366
	2032	51,539,261	258,250,078	246,854,510	501.1%	479.0%	25,234	16,452,277	82,438,162	78,800,487	501.1%	479.0%	1.0000	1.1026	1.0124	0.0964	0.0000	0.904	0.895	5.4%	0.3192
	2033	45,916,331	259,780,425	244,226,978	565.8%	531.9%	22,686	13,900,447	78,644,437	73,935,875	565.8%	531.9%	1.0000	1.1005	1.0123	0.1010	0.0000	0.899	0.891	5.5%	0.3027
	2034	40,691,136	259,613,768	239,919,264	638.0%	589.6%	20,289	11,681,627	74,530,022	68,876,116	638.0%	589.6%	1.0000	1.0984	1.0123	0.1057	0.0000	0.894	0.886	5.5%	0.2871
	2035	35,864,825	257,717,683	233,772,548	718.6%	651.8%	18,047	9,765,422	70,172,433	63,652,553	718.6%	651.8%	1.0000	1.0954	1.0123	0.1105	0.0000	0.890	0.881	5.4%	0.2723
	2036	31,432,364	254,043,383	225,752,985	808.2%	718.2%	15,963	8,120,035	65,627,934	58,319,575	808.2%	718.2%	1.0000	1.0918	1.0123	0.1155	0.0000	0.885	0.876	5.4%	0.2583
	2037	27,386,877	248,590,520	216,191,404	907.7%	789.4%	14,038	6,715,818	60,959,438	53,014,517	907.7%	789.4%	1.0000	1.0890	1.0123	0.1206	0.0000	0.879	0.871	5.3%	0.2452
	2038	23,718,431	241,466,586	205,485,846	1018.1%	866.4%	12,271	5,524,248	56,239,868	47,859,611	1018.1%	866.4%	1.0000	1.0874	1.0123	0.1259	0.0000	0.874	0.866	5.3%	0.2329
	2039	20,414,645	232,846,006	193,842,386	1140.6%	949.5%	10,660	4,518,643	51,538,882	42,905,695	1140.6%	949.5%	1.0000	1.0859	1.0123	0.1312	0.0000	0.869	0.861	5.2%	0.2213
	2040	17,459,258	222,899,195	181,224,909	1276.7%	1038.0%	9,203	3,675,447	46,923,761	38,150,673	1276.7%	1038.0%	1.0000	1.0830	1.0123	0.1367	0.0000	0.863	0.855	5.1%	0.2105
	2041	14,835,158	211,752,885	167,660,890	1427.4%	1130.2%	7,894	2,971,974	42,421,116	33,588,029	1427.4%	1130.2%	1.0000	1.0785	1.0123	0.1422	0.0000	0.858	0.850	5.1%	0.2003
	2042	12,522,911	199,559,577	153,633,272	1593.6%	1226.8%	6,728	2,385,847	38,019,803	29,269,990	1593.6%	1226.8%	1.0000	1.0752	1.0123	0.1478	0.0000	0.852	0.844	5.2%	0.1905
	2043	10,500,720	186,557,846	139,640,681	1776.6%	1329.8%	5,696	1,899,518	33,747,213	25,260,175	1776.6%	1329.8%	1.0000	1.0736	1.0123	0.1534	0.0000	0.847	0.839	5.4%	0.1809
	2044	8,746,188	173,036,160	125,939,909	1978.4%	1439.9%	4,791	1,500,596	29,688,065	21,607,693	1978.4%	1439.9%	1.0000	1.0723	1.0123	0.1589	0.0000	0.841	0.833	5.5%	0.1716
	2045	7,235,955	159,272,549	112,649,036	2201.1%	1556.8%	4,002	1,176,943	25,905,999	18,322,592	2201.1%	1556.8%	1.0000	1.0706	1.0123	0.1645	0.0000	0.835	0.827	5.5%	0.1627
	2046	5,945,843	145,498,640	99,837,217	2447.1%	1679.1%	3,322	916,509	22,427,583	15,389,199	2447.1%	1679.1%	1.0000	1.0679	1.0123	0.1701	0.0000	0.830	0.822	5.5%	0.1541
	2047	4,852,874	131,908,477	87,666,853	2718.2%	1806.5%	2,739	708,822	19,266,854	12,804,821	2718.2%	1806.5%	1.0000	1.0651	1.0123	0.1756	0.0000	0.824	0.816	5.5%	0.1461
	2048	3,934,449	118,684,843	76,365,304	3016.6%	1940.9%	2,243	544,573	16,427,337	10,569,830	3016.6%	1940.9%	1.0000	1.0635	1.0122	0.1809	0.0000	0.819	0.811	5.5%	0.1384
	2049	3,169,182	105,998,458	66,015,978	3344.7%	2083.1%	1,826	415,563	13,899,179	8,656,427	3344.7%	2083.1%	1.0000	1.0621	1.0122	0.1860	0.0000	0.814	0.805	5.6%	0.1311
	2050	2,537,338	93,982,863	56,594,573	3704.0%	2230.5%	1,477	315,034	11,668,838	7,026,738	3704.0%	2230.5%	1.0000	1.0599	1.0122	0.1912	0.0000	0.809	0.801	5.6%	0.1242
	2051	2,018,664	82,730,458	48,113,737	4098.3%	2383.4%	1,187	237,227	9,722,242	5,654,186	4098.3%	2383.4%	1.0000	1.0577	1.0122	0.1962	0.0000	0.804	0.796	5.7%	0.1175
	Past	1,959,569,303	231,586,866	403,311,486	11.8%	20.6%	1,185,005	2,948,159,313	287,047,948	521,293,280	9.7%	17.7%									
	Future	2,919,396,672	7,339,051,250	6,772,574,954	251.4%	232.0%	1,374,722	1,755,740,557	2,719,333,279	2,692,627,291	154.9%	153.4%									
	Lifetime	4,878,965,975	7,570,638,116	7,175,886,440	155.2%	147.1%	2,559,727	4,703,899,870	3,006,381,228	3,213,920,572	63.9%	68.3%									

Attachment 2
Continental Casualty Company
Virginia-Specific Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors					
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	1998	941	0	0	0.0%	0.0%	4	2,376	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	398,989	0	0	0.0%	0.0%	570	940,162	0	0	0.0%	0.0%				0.0104		0.990		7.1%	2.3564
	2000	1,548,349	0	0	0.0%	0.0%	1,394	3,405,240	0	0	0.0%	0.0%				0.0299		0.970		7.1%	2.1993
	2001	3,130,890	0	4,476	0.0%	0.1%	2,407	6,426,631	0	9,188	0.0%	0.1%				0.0368		0.963		7.1%	2.0527
	2002	5,186,510	16,523	384,766	0.3%	7.4%	3,971	9,939,171	31,665	737,346	0.3%	7.4%				0.0253		0.975		7.1%	1.9164
	2003	7,170,692	105,531	188,623	1.5%	2.6%	4,249	12,830,850	188,832	337,512	1.5%	2.6%				0.0400		0.960		7.1%	1.7893
	2004	6,978,371	104,736	356,749	1.5%	5.1%	4,126	11,662,777	175,043	596,226	1.5%	5.1%				0.0289		0.971		7.0%	1.6713
	2005	6,822,680	139,467	602,854	2.0%	8.8%	4,050	10,653,685	217,779	941,362	2.0%	8.8%				0.0184		0.982		7.0%	1.5615
	2006	6,691,663	329,249	1,721,500	4.9%	25.7%	3,976	9,756,399	480,043	2,509,935	4.9%	25.7%				0.0183		0.982		7.2%	1.4580
	2007	6,551,910	731,716	1,436,422	11.2%	21.9%	3,911	8,911,773	995,265	1,953,792	11.2%	21.9%				0.0163		0.984		7.2%	1.3602
	2008	6,438,447	1,193,728	1,321,150	18.5%	20.5%	3,843	8,174,296	1,515,565	1,677,341	18.5%	20.5%				0.0174		0.983		7.0%	1.2696
	2009	6,304,317	1,417,099	2,669,838	22.5%	42.3%	3,767	7,477,907	1,680,901	3,166,846	22.5%	42.3%				0.0198		0.980		7.0%	1.1862
	2010	6,158,883	1,703,747	1,845,646	27.7%	30.0%	3,692	6,821,980	1,887,181	2,044,358	27.7%	30.0%				0.0199		0.980		7.1%	1.1077
	2011	6,018,203	1,730,240	2,628,450	28.8%	43.7%	3,662	6,225,560	1,789,856	2,719,013	28.8%	43.7%				0.0081		0.992		7.0%	1.0345
Projected Future Experience	2012	5,837,617	2,229,756	3,075,978	38.2%	52.7%	3,564	5,663,581	2,163,281	2,984,274	38.2%	52.7%	1.0000	1.2025	1.0000	0.0268	0.0000	0.973	0.970	6.2%	0.9702
	2013	5,571,059	2,967,462	3,466,130	53.3%	62.2%	3,463	5,090,823	2,711,661	3,167,343	53.3%	62.2%	1.0000	1.1596	1.0000	0.0282	0.0000	0.972	0.954	6.1%	0.9138
	2014	5,387,536	3,490,209	3,893,925	64.8%	72.3%	3,359	4,642,333	3,007,444	3,355,318	64.8%	72.3%	1.0000	1.1581	1.0000	0.0299	0.0000	0.970	0.967	6.0%	0.8617
	2015	5,199,391	3,860,999	4,358,933	74.3%	83.8%	3,252	4,227,798	3,139,507	3,544,393	74.3%	83.8%	1.0000	1.1563	1.0000	0.0319	0.0000	0.968	0.965	5.9%	0.8131
	2016	5,004,286	4,283,031	4,860,921	85.6%	97.1%	3,141	3,841,941	3,288,212	3,731,876	85.6%	97.1%	1.0000	1.1547	1.0000	0.0343	0.0000	0.966	0.962	5.9%	0.7677
	2017	4,800,943	4,683,688	5,394,161	97.6%	112.4%	3,024	3,481,505	3,396,475	3,911,689	97.6%	112.4%	1.0000	1.1525	1.0000	0.0371	0.0000	0.963	0.959	5.9%	0.7252
	2018	4,588,216	5,167,124	5,956,546	112.6%	129.8%	2,902	3,143,773	3,540,432	4,081,332	112.6%	129.8%	1.0000	1.1508	1.0000	0.0405	0.0000	0.960	0.956	5.8%	0.6852
	2019	4,366,190	5,695,258	6,526,077	130.4%	149.5%	2,774	2,828,050	3,688,908	4,227,042	130.4%	149.5%	1.0000	1.1461	1.0000	0.0440	0.0000	0.956	0.952	5.8%	0.6477
	2020	4,136,334	6,249,468	7,079,990	151.1%	171.2%	2,642	2,533,894	3,828,388	4,337,161	151.1%	171.2%	1.0000	1.1393	1.0000	0.0478	0.0000	0.952	0.947	5.7%	0.6126
	2021	3,901,162	6,806,797	7,606,470	174.5%	195.0%	2,506	2,260,815	3,944,698	4,408,127	174.5%	195.0%	1.0000	1.1326	1.0000	0.0514	0.0000	0.949	0.943	5.7%	0.5795
	2022	3,663,954	7,357,234	8,088,507	200.8%	220.8%	2,369	2,009,084	4,034,250	4,435,234	200.8%	220.8%	1.0000	1.1250	1.0000	0.0548	0.0000	0.945	0.939	5.7%	0.5483
	2023	3,428,142	7,886,081	8,514,237	230.0%	248.4%	2,231	1,779,052	4,092,523	4,418,508	230.0%	248.4%	1.0000	1.1173	1.0000	0.0579	0.0000	0.942	0.936	5.6%	0.5190
	2024	3,196,880	8,384,419	8,912,929	262.3%	278.8%	2,096	1,570,411	4,118,699	4,378,320	262.3%	278.8%	1.0000	1.1143	1.0000	0.0606	0.0000	0.939	0.933	5.6%	0.4912
	2025	2,971,883	8,852,170	9,283,843	297.9%	312.4%	1,963	1,382,100	4,116,780	4,317,533	297.9%	312.4%	1.0000	1.1122	1.0000	0.0634	0.0000	0.937	0.930	5.6%	0.4651
	2026	2,753,418	9,300,593	9,699,777	337.8%	352.3%	1,833	1,212,462	4,095,495	4,271,275	337.8%	352.3%	1.0000	1.1193	1.0000	0.0666	0.0000	0.933	0.926	5.6%	0.4403
	2027	2,541,492	9,749,418	10,152,466	383.6%	399.5%	1,704	1,059,870	4,065,768	4,233,850	383.6%	399.5%	1.0000	1.1255	1.0000	0.0700	0.0000	0.930	0.923	5.6%	0.4170
	2028	2,336,537	10,200,172	10,559,268	436.6%	451.9%	1,579	923,072	4,029,681	4,171,545	436.6%	451.9%	1.0000	1.1228	1.0000	0.0737	0.0000	0.926	0.919	5.5%	0.3951
	2029	2,139,092	10,636,680	10,899,832	497.3%	509.6%	1,456	800,803	3,982,008	4,080,524	497.3%	509.6%	1.0000	1.1189	1.0000	0.0775	0.0000	0.923	0.915	5.5%	0.3744
	2030	1,949,733	11,041,050	11,170,403	566.3%	572.9%	1,338	691,922	3,918,252	3,964,157	566.3%	572.9%	1.0000	1.1156	1.0000	0.0814	0.0000	0.919	0.911	5.5%	0.3549
	2031	1,768,963	11,397,289	11,361,599	644.3%	642.3%	1,223	595,349	3,835,788	3,823,776	644.3%	642.3%	1.0000	1.1123	1.0000	0.0856	0.0000	0.914	0.907	5.4%	0.3366
	2032	1,597,253	11,691,024	11,469,115	731.9%	718.1%	1,113	509,872	3,731,989	3,661,152	731.9%	718.1%	1.0000	1.1091	1.0000	0.0899	0.0000	0.910	0.903	5.4%	0.3192
	2033	1,434,939	11,912,913	11,497,473	830.2%	801.3%	1,008	434,405	3,606,447	3,480,679	830.2%	801.3%	1.0000	1.1069	1.0000	0.0944	0.0000	0.906	0.898	5.5%	0.3027
	2034	1,282,331	12,057,238	11,436,734	940.3%	891.9%	909	368,132	3,461,396	3,283,262	940.3%	891.9%	1.0000	1.1040	1.0000	0.0990	0.0000	0.901	0.894	5.5%	0.2871
	2035	1,139,688	12,118,602	11,283,020	1063.3%	990.0%	814	310,319	3,299,703	3,072,187	1063.3%	990.0%	1.0000	1.1009	1.0000	0.1038	0.0000	0.896	0.889	5.4%	0.2723
	2036	1,007,157	12,091,211	11,025,878	1200.5%	1094.8%	726	260,182	3,123,566	2,848,354	1200.5%	1094.8%	1.0000	1.0966	1.0000	0.1088	0.0000	0.891	0.884	5.4%	0.2583
	2037	884,739	11,971,088	10,684,286	1353.1%	1207.6%	643	216,956	2,935,554	2,620,004	1353.1%	1207.6%	1.0000	1.0937	1.0000	0.1140	0.0000	0.886	0.878	5.3%	0.2452
	2038	772,481	11,759,784	10,270,296	1522.3%	1329.5%	566	179,918	2,738,966	2,392,050	1522.3%	1329.5%	1.0000	1.0914	1.0000	0.1192	0.0000	0.881	0.873	5.3%	0.2329
	2039	670,283	11,463,648	9,798,058	1710.3%	1461.8%	496	148,363	2,537,401	2,168,734	1710.3%	1461.8%	1.0000	1.0897	1.0000	0.1245	0.0000	0.875	0.868	5.2%	0.2213
	2040	577,885	11,090,910	9,266,799	1919.2%	1603.6%	431	121,654	2,334,810	1,950,806	1919.2%	1603.6%	1.0000	1.0871	1.0000	0.1300	0.0000	0.870	0.862	5.1%	0.2105
	2041	494,926	10,647,061	8,672,887	2151.2%	1752.4%	373	99,150	2,132,959	1,737,466	2151.2%	1752.4%	1.0000	1.0825	1.0000	0.1354	0.0000	0.865	0.856	5.1%	0.2003
	2042	421,121	10,137,489	8,033,735	2407.3%	1907.7%	320	80,231	1,931,380	1,530,576	2407.3%	1907.7%	1.0000	1.0780	1.0000	0.1407	0.0000	0.859	0.851	5.2%	0.1905
	2043	355,984	9,571,894	7,379,248	2688.9%	2072.9%	274	64,395	1,731,499	1,334,862	2688.9%	2072.9%	1.0000	1.0757	1.0000	0.1461	0.0000	0.854	0.845	5.4%	0.1809
	2044	298,938	8,965,164	6,731,515	2999.0%	2251.8%	232	51,289	1,538,166	1,154,936	2999.0%	2251.8%	1.0000	1.0750	1.0000	0.1514	0.0000	0.849	0.840	5.5%	0.1716
	2045	249,360	8,333,565	6,099,193	3342.0%	2445.9%	196	40,559	1,355,471	992,046	3342.0%	2445.9%	1.0000	1.0744	1.0000	0.1566	0.0000	0.843	0.834	5.5%	0.1627
	2046	206,620	7,691,293	5,481,896	3722.4%	2653.1%	164	31,849	1,185,558	844,995	3722.4%	2653.1%	1.0000	1.0723	1.0000	0.1618	0.0000	0.838	0.829	5.5%	0.1541
	2047	170,148	7,048,971	4,884,257	4142.8%	2870.6%	137	24,852	1,029,589	713,406	4142.8%	2870.6%	1.0000	1.0691	1.0000	0.1666	0.0000	0.833	0.823	5.5%	0.1461
	2048	139,252	6,415,658	4,319,271	4607.2%	3101.8%	113	19,274	888,000	597,836	4607.2%	3101.8%	1.0000	1.0673	1.0000	0.1715	0.0000	0.829	0.818	5.5%	0.1384
	2049	113,271	5,800,381	3,799,180	5120.8%	3354.1%	93	14,853	760,582	498,172	5120.8%	3354.1%	1.0000	1.0677	1.0000	0.1762	0.0000	0.824	0.813	5.6%	0.1311
	2050	91,598	5,211,146	3,323,629	5689.1%	3628.5%	76	11,373	647,012	412,659	5689.1%	3628.5%	1.0000	1.0678	1.0000	0.1807	0.0000	0.819	0.809	5.6%	0.1242
	2051	73,628	4,653,541	2,886,873	6320.3%	3920.9%	62	8,653	546,871	339,257	6320.3%	3920.9%	1.0000	1.0656	1.0000	0.1849	0.0000	0.815	0.804	5.7%	0.1175
	Past	69,400,844	7,472,037	13,160,474	10.8%	19.0%	43,622	103,228,807	8,962,130	16,692,919	8.7%	16.2%									
	Future	87,524,429	330,871,480	309,205,335	378.0%	353.3%	57,166	52,734,919	114,515,167	115,476,717	217.2%	219.0%									
	Lifetime	156,925,273	338,343,517	322,365,809	215.6%	205.4%	100,788	155,963,726	123,477,297	132,169,636	79.2%	84.7%									

Attachment 2
Continental Casualty Company
Virginia-Specific Experience Projections with 52% Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors					
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	1998	941	0	0	0.0%	0.0%	4	2,376	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	398,989	0	0	0.0%	0.0%	570	940,162	0	0	0.0%	0.0%				0.0104		0.990		7.1%	2.3564
	2000	1,548,349	0	0	0.0%	0.0%	1,394	3,405,240	0	0	0.0%	0.0%				0.0299		0.970		7.1%	2.1993
	2001	3,130,890	0	4,476	0.0%	0.1%	2,407	6,426,631	0	9,188	0.0%	0.1%				0.0368		0.963		7.1%	2.0527
	2002	5,186,510	16,523	384,766	0.3%	7.4%	3,971	9,939,171	31,665	737,346	0.3%	7.4%				0.0253		0.975		7.1%	1.9164
	2003	7,170,692	105,531	188,623	1.5%	2.6%	4,249	12,830,850	188,832	337,512	1.5%	2.6%				0.0400		0.960		7.1%	1.7893
	2004	6,978,371	104,736	356,749	1.5%	5.1%	4,126	11,662,777	175,043	596,226	1.5%	5.1%				0.0289		0.971		7.0%	1.6713
	2005	6,822,680	139,467	602,854	2.0%	8.8%	4,050	10,653,685	217,779	941,362	2.0%	8.8%				0.0184		0.982		7.0%	1.5615
	2006	6,691,663	329,249	1,721,500	4.9%	25.7%	3,976	9,756,399	480,043	2,509,935	4.9%	25.7%				0.0183		0.982		7.2%	1.4580
	2007	6,551,910	731,716	1,436,422	11.2%	21.9%	3,911	8,911,773	995,265	1,953,792	11.2%	21.9%				0.0163		0.984		7.2%	1.3602
	2008	6,438,447	1,193,728	1,321,150	18.5%	20.5%	3,843	8,174,296	1,515,565	1,677,341	18.5%	20.5%				0.0174		0.983		7.0%	1.2696
	2009	6,304,317	1,417,099	2,669,838	22.5%	42.3%	3,767	7,477,907	1,680,901	3,166,846	22.5%	42.3%				0.0198		0.980		7.0%	1.1862
	2010	6,158,883	1,703,747	1,845,646	27.7%	30.0%	3,692	6,821,980	1,887,181	2,044,358	27.7%	30.0%				0.0199		0.980		7.1%	1.1077
	2011	6,018,203	1,730,240	2,628,450	28.8%	43.7%	3,662	6,225,560	1,789,856	2,719,013	28.8%	43.7%				0.0081		0.992		7.0%	1.0345
Projected Future Experience	2012	5,837,617	2,229,756	3,075,978	38.2%	52.7%	3,564	5,663,581	2,163,281	2,984,274	38.2%	52.7%	1.0000	1.2025	1.0000	0.0268	0.0000	0.973	0.970	6.2%	0.9702
	2013	5,824,278	2,961,145	3,427,136	50.8%	58.8%	3,420	5,322,214	2,705,889	3,131,710	50.8%	58.8%	1.0663	1.1590	1.0017	0.0408	0.0124	0.960	0.998	6.1%	0.9138
	2014	7,083,584	3,433,671	3,616,700	48.5%	51.1%	3,276	6,103,784	2,958,726	3,116,438	48.5%	51.1%	1.3607	1.0916	1.0109	0.0426	0.0125	0.958	1.216	6.0%	0.8617
	2015	7,050,531	3,710,196	4,005,735	52.6%	56.8%	3,172	5,733,021	3,016,884	3,257,196	52.6%	56.8%	1.0398	1.1425	1.0123	0.0319	0.0000	0.968	0.995	5.9%	0.8131
	2016	6,785,962	4,041,052	4,462,622	59.6%	65.8%	3,063	5,209,788	3,102,438	3,426,090	59.6%	65.8%	1.0000	1.1536	1.0123	0.0343	0.0000	0.966	0.962	5.9%	0.7677
	2017	6,510,222	4,362,296	4,947,249	67.0%	76.0%	2,949	4,721,025	3,163,411	3,587,602	67.0%	76.0%	1.0000	1.1513	1.0123	0.0371	0.0000	0.963	0.959	5.9%	0.7252
	2018	6,221,758	4,777,500	5,457,690	76.8%	87.7%	2,830	4,263,050	3,273,468	3,739,523	76.8%	87.7%	1.0000	1.1497	1.0123	0.0405	0.0000	0.960	0.956	5.8%	0.6852
	2019	5,920,685	5,244,178	5,973,914	88.6%	100.9%	2,705	3,834,921	3,396,737	3,869,398	88.6%	100.9%	1.0000	1.1450	1.0123	0.0440	0.0000	0.956	0.952	5.8%	0.6477
	2020	5,608,993	5,740,253	6,475,200	102.3%	115.4%	2,576	3,436,037	3,516,446	3,966,670	102.3%	115.4%	1.0000	1.1383	1.0123	0.0478	0.0000	0.952	0.947	5.7%	0.6126
	2021	5,290,093	6,240,389	6,950,865	118.0%	131.4%	2,444	3,065,732	3,616,451	4,028,189	118.0%	131.4%	1.0000	1.1316	1.0123	0.0514	0.0000	0.949	0.943	5.7%	0.5795
	2022	4,968,431	6,735,032	7,385,522	135.6%	148.6%	2,310	2,724,379	3,693,073	4,049,761	135.6%	148.6%	1.0000	1.1241	1.0123	0.0548	0.0000	0.945	0.939	5.7%	0.5483
	2023	4,648,664	7,210,562	7,768,598	155.1%	167.1%	2,176	2,412,448	3,741,959	4,031,555	155.1%	167.1%	1.0000	1.1165	1.0123	0.0579	0.0000	0.942	0.936	5.6%	0.5190
	2024	4,335,065	7,658,814	8,126,799	176.7%	187.5%	2,044	2,129,525	3,762,258	3,992,148	176.7%	187.5%	1.0000	1.1136	1.0123	0.0606	0.0000	0.939	0.933	5.6%	0.4912
	2025	4,029,962	8,079,465	8,459,630	200.5%	209.9%	1,915	1,874,169	3,757,426	3,934,226	200.5%	209.9%	1.0000	1.1115	1.0123	0.0634	0.0000	0.937	0.930	5.6%	0.4651
	2026	3,733,718	8,482,614	8,833,492	227.2%	236.6%	1,787	1,644,134	3,735,300	3,889,808	227.2%	236.6%	1.0000	1.1187	1.0124	0.0666	0.0000	0.933	0.926	5.6%	0.4403
	2027	3,446,339	8,886,163	9,240,818	257.8%	268.1%	1,662	1,437,216	3,705,768	3,853,668	257.8%	268.1%	1.0000	1.1249	1.0124	0.0700	0.0000	0.930	0.923	5.6%	0.4170
	2028	3,168,414	9,291,484	9,606,378	293.3%	303.2%	1,540	1,251,714	3,670,694	3,795,097	293.3%	303.2%	1.0000	1.1222	1.0124	0.0737	0.0000	0.926	0.919	5.5%	0.3951
	2029	2,900,672	9,683,857	9,911,694	333.8%	341.7%	1,420	1,085,912	3,625,304	3,710,598	333.8%	341.7%	1.0000	1.1184	1.0124	0.0774	0.0000	0.923	0.915	5.5%	0.3744
	2030	2,643,897	10,047,022	10,153,403	380.0%	384.0%	1,305	938,267	3,565,491	3,603,243	380.0%	384.0%	1.0000	1.1152	1.0124	0.0814	0.0000	0.919	0.911	5.5%	0.3549
	2031	2,398,767	10,366,493	10,323,185	432.2%	430.4%	1,193	807,311	3,488,870	3,474,295	432.2%	430.4%	1.0000	1.1118	1.0124	0.0855	0.0000	0.914	0.907	5.4%	0.3366
	2032	2,165,923	10,629,276	10,417,263	490.8%	481.0%	1,086	691,402	3,393,060	3,325,382	490.8%	481.0%	1.0000	1.1087	1.0124	0.0899	0.0000	0.910	0.903	5.4%	0.3192
	2033	1,945,820	10,826,958	10,439,719	556.4%	536.5%	984	589,066	3,277,691	3,160,461	556.4%	536.5%	1.0000	1.1066	1.0124	0.0943	0.0000	0.906	0.898	5.5%	0.3027
	2034	1,738,879	10,954,400	10,381,672	630.0%	597.0%	886	499,198	3,144,793	2,980,375	630.0%	597.0%	1.0000	1.1037	1.0124	0.0990	0.0000	0.901	0.894	5.5%	0.2871
	2035	1,545,451	11,006,782	10,239,704	712.2%	662.6%	794	420,802	2,996,972	2,788,109	712.2%	662.6%	1.0000	1.1006	1.0124	0.1038	0.0000	0.896	0.889	5.4%	0.2723
	2036	1,365,735	10,978,923	10,004,385	803.9%	732.5%	708	352,815	2,836,224	2,584,468	803.9%	732.5%	1.0000	1.0963	1.0123	0.1088	0.0000	0.891	0.884	5.4%	0.2583
	2037	1,199,732	10,867,291	9,693,007	905.8%	807.9%	627	294,199	2,664,880	2,376,922	905.8%	807.9%	1.0000	1.0935	1.0123	0.1140	0.0000	0.886	0.878	5.3%	0.2452
	2038	1,047,507	10,673,353	9,316,453	1018.9%	889.4%	552	243,974	2,485,925	2,169,891	1018.9%	889.4%	1.0000	1.0912	1.0123	0.1192	0.0000	0.881	0.873	5.3%	0.2329
	2039	908,924	10,402,896	8,887,583	1144.5%	977.8%	484	201,184	2,302,610	1,967,206	1144.5%	977.8%	1.0000	1.0897	1.0123	0.1245	0.0000	0.875	0.868	5.2%	0.2213
	2040	783,629	10,063,400	8,405,519	1284.2%	1072.6%	421	164,966	2,118,503	1,769,493	1284.2%	1072.6%	1.0000	1.0870	1.0123	0.1299	0.0000	0.870	0.862	5.1%	0.2105
	2041	671,135	9,659,841	7,867,073	1439.3%	1172.2%	364	134,450	1,935,186	1,576,035	1439.3%	1172.2%	1.0000	1.0825	1.0123	0.1354	0.0000	0.865	0.856	5.1%	0.2003
	2042	571,053	9,197,107	7,287,877	1610.6%	1276.2%	313	108,796	1,752,220	1,388,476	1610.6%	1276.2%	1.0000	1.0781	1.0122	0.1407	0.0000	0.859	0.851	5.2%	0.1905
	2043	482,725	8,683,948	6,694,944	1798.9%	1386.9%	267	87,322	1,570,875	1,211,076	1798.9%	1386.9%	1.0000	1.0758	1.0122	0.1461	0.0000	0.854	0.845	5.4%	0.1809
	2044	405,369	8,133,817	6,108,365	2006.5%	1506.9%	227	69,550	1,395,531	1,048,021	2006.5%	1506.9%	1.0000	1.0752	1.0122	0.1514	0.0000	0.849	0.840	5.5%	0.1716
	2045	338,140	7,561,392	5,535,730	2236.2%	1637.1%	191	54,999	1,229,876	900,398	2236.2%	1637.1%	1.0000	1.0746	1.0121	0.1566	0.0000	0.843	0.834	5.5%	0.1627
	2046	280,183	6,979,475	4,976,791	2491.0%	1776.3%	160	43,188	1,075,837	767,137	2491.0%	1776.3%	1.0000	1.0726	1.0121	0.1618	0.0000	0.838	0.829	5.5%	0.1541
	2047	230,726	6,397,659	4,435,774	2772.8%	1922.5%	133	33,700	934,457	647,899	2772.8%	1922.5%	1.0000	1.0694	1.0120	0.1665	0.0000	0.833	0.823	5.5%	0.1461
	2048	188,830	5,824,120	3,924,343	3084.3%	2078.2%	111	26,136	806,125	543,174	3084.3%	2078.2%	1.0000	1.0678	1.0120	0.1714	0.0000	0.829	0.818	5.5%	0.1384
	2049	153,599	5,267,010	3,453,652	3429.1%	2248.5%	91	20,141	690,643	452,864	3429.1%	2248.5%	1.0000	1.0682	1.0119	0.1761	0.0000	0.824	0.813	5.6%	0.1311
	2050	124,210	4,733,549	3,023,175	3810.9%	2433.9%	75	15,422	587,714	375,355	3810.9%	2433.9%	1.0000	1.0685	1.0118	0.1807	0.0000	0.819	0.809	5.6%	0.1242
	2051	99,842	4,228,732	2,627,605	4235.4%	2631.8%	61	11,733	496,948	308,788	4235.4%	2631.8%	1.0000	1.0663	1.0117	0.1848	0.0000	0.815	0.804	5.7%	0.1175
	Past	69,400,844	7,472,037	13,160,474	10.8%	19.0%	43,622	103,228,807	8,962,130	16,692,919	8.7%	16.2%									
	Future	114,655,065	302,251,871	281,923,243	263.6%	245.9%	55,885	67,721,275	105,355,943	105,783,019	155.6%	156.2%									
	Lifetime	184,055,909	309,723,909	295,083,717	168.3%	160.3%	99,507	170,950,082	114,318,073	122,475,938	66.9%	71.6%									

8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

October 15, 2013

Bob Grissom
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: Continental Casualty Company (CCC)
Company NAIC # 20443
SERFF Tracking # MILL-128834437
Policy Forms:

Comprehensive Long Term Care	P1-N0080-A45
Comprehensive Long Term Care	P1-N0081-A45
Comprehensive Long Term Care	P1-N0085-A45
Comprehensive Long Term Care	P1-N0086-A45
Comprehensive Long Term Care	P1-N0095-A45
Comprehensive Long Term Care	P1-N0096-A45
Comprehensive Long Term Care	P1-N0100-A45
Comprehensive Long Term Care	P1-N0101-A45
Nursing Home Only	P1-N0075-A45
Nursing Home Only	P1-N0076-A45
Nursing Home Only	P1-N0090-A45
Nursing Home Only	P1-N0091-A45

Dear Mr. Grissom:

Thank you for reviewing our filing. This letter is in response to your letter dated August 25, 2013 regarding information needed for the above-referenced filing. The remainder of this letter provides additional information requested in your August 25 letter. Each request is restated in italics for reference.

1. *Please provide the Exhibits I and II of the actuarial memorandum in Excel format.*

   As part of this response, we have updated Exhibits I and II of the April 26, 2013 actuarial memorandum to include 2012 experience. Also, as requested in item 12 below, the updated projections and exhibits are based on the revised rate increase request of 52%. These updated exhibits are provided in Attachments 1 and 2 to this letter and are also being provided in Excel format.

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

Attachment 3 to this letter provides a description of the 2012 projection assumptions, which corresponds with section 5 of the April 26 actuarial memorandum.

2. *Exhibits I and II show 2012 as a projection year and not as an historical year. Why is this? Please provide premium and claim experience for calendar 2012. Also, update the premium and claims for calendar years 2009-2011, reflecting development of experience in calendar year 2012. The restated experience would reflect changes in incurred claims due to the runout of reported and unreported claims. We expect the earned premiums are not much different.*

   At the time of submission in late April, the 2012 experience and projection data for the above-referenced forms had not yet been assembled or processed.

   Attachment 1 provides nationwide experience of CCC, across the above-listed forms and corresponding nationwide Preferred Solution forms, through December 31, 2012. Attachment 2 provides information similar to Attachment 1, except with Virginia-specific experience. Please note that Virginia-specific experience is not considered fully credible, but is being provided as requested. Incurred claims in Attachments 1 and 2 for all historical years have been updated for runout of reported and unreported claims.

3. *We have a number of questions regarding the revised morbidity assumption.*
   a. *The actuarial memorandum states the starting point is the Milliman 2002 Long-Term Care Guidelines. These Guidelines have been updated several times since 2002. Why did you not use a current version of the Guidelines as it presumably is more reflective of recent industry data?*

      The company generally reviews its experience quarterly and adjusts its morbidity assumption annually if the experience warrants a change. The company has considered changing its claim cost basis to a more recent version of the Milliman *LTCGs*, but given the scope of such a project it has not done so. Rather than update the base claim costs, the company develops and updates its actual-to-expected (A/E) factors to modify the base claim cost curve.

   b. *There are two scalar adjustments and an issue age adjustment. Please confirm our understanding that these are multiplicative.*

      Your understanding of the adjustment factors being multiplicative is correct. A projected incurred claim is calculated as the product of the unadjusted claim cost and the following adjustment factors: 1) the global actual-to-expected (A/E) scalar, 2) the issue age A/E adjustment, 3) morbidity improvement, and 4) the scalar adjustment to smooth the transition of annual loss ratios from the historical period to the projection period. Additional information regarding these adjustments can be found in Attachment 3 to this letter.

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c. *The memorandum states the issue age adjustments are based on the company experience in the ultimate durations. What is the definition of ultimate durations? Is it when selection factors are no longer applied? What are the ultimate durations? Did you consider doing this analysis by attained age, which we suspect would be more meaningful?*

The durational cutoff used in the study varies by product and are those representing recent experience. Durations 9 and later were used for the Preferred Solution product. The company considered doing the analysis by attained age but decided to perform the analysis on an issue age basis to reflect that it anticipates experience to continue to differ by issue age long term. Because the recent experience available by issue age for just the Preferred Solution product was limited, the adjustments were developed based on recent experience across all of CCC's long-term care (LTC) business.

4. *The issue age adjustments are based on all experience of the company. How well does the revised assumption fit the actual experience? In other words, show the actual to expected results for the Preferred Solution series only.*

A test of fit of the revised assumption to actual experience for Preferred Solution only is not readily available. Information regarding Preferred Solution A/E claim experience by issue age is available, however, and is provided below in Table 1. This information corresponds to Exhibit III of the April 26 actuarial memorandum (in Table 2 below for reference). As discussed above, the experience reflects only experience in recent durations, which are durations 9 and later for Preferred Solution. The expected claims shown in the tables below are based on the 2002 *Milliman LTCGs* and do not reflect the global A/E scalar, the issue age scalars, or the smoothing scalar. The normalized factors for just Preferred Solution business are different than those for all of CCC's experience, but, as discussed above, the adjustments used in this filing were developed based on recent experience across all of CCC's LTC business to increase the credibility in the ultimate durations for each issue age band.

Table 1
A/E Claim Experience by Issue Age, using Preferred Solution
Experience through June 2011 for Durations 9 and Later

Issue Ages	Issue Age Distribution	Actual Claims	Expected Claims	A/E Ratio	Normalized A/E Ratio
< 60	49.5%	17,552,558	35,269,145	49.8%	61.0%
60 – 64	23.5%	31,291,901	28,398,262	110.2%	138.8%
65 – 69	16.1%	51,044,471	43,460,006	117.5%	
70 – 74	7.8%	45,221,948	39,962,394	113.2%	138.8%
75 +	3.1%	27,205,389	28,065,647	96.9%	118.9%
Weighted Average	100%	28,630,952	35,115,981	81.5%	100.0%

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Table 2
A/E Claim Experience by Issue Age
For Recent Experience Durations on All of CCC's Experience through June 2011

Issue Ages	Issue Age Distribution	Actual Claims	Expected Claims	A/E Ratio	Normalized A/E Ratio
< 60	40%	87,261,487	136,640,973	63.9%	73.9%
60 – 64	26%	205,457,429	213,408,139	96.3%	109.2%
65 – 69	21%	278,640,257	302,735,771	92.0%	
70 – 74	10%	180,046,046	174,984,929	102.9%	119.0%
75 +	3%	75,666,887	70,527,287	107.3%	124.1%
Weighted Average	100%	167,112,591	193,331,329	86.4%	100.0%

5. *Again, the Total Termination study is based on all experience of the company. Please show the Policy Termination Experience of just the Preferred Solution series only. Use the same format as the table in Exhibit III of the actuarial memorandum.*

Table 3 below provides the results of a policy termination study on Preferred Solution policies, for complete policy durations only. Note that the company's data does not have completely reliable termination codes (e.g., death versus voluntary lapse), so actual total terminations, along with the expected number of deaths according to the current mortality assumption, were used to back into lapse rates. This is consistent with the approach used to develop the current persistency assumptions.

Table 3
Policy Termination Study
Preferred Solution, for Complete Durations Only through December 31, 2011

Duration	Total Exposure	Total Terminations	Estimated Deaths	Imputed Lapses	Imputed Lapse Rate
1	130,937	8,635	244	8,391	6.4%
2	122,302	5,952	314	5,638	4.6
3	116,350	4,283	370	3,913	3.4
4	112,067	3,182	451	2,731	2.4
5	108,885	2,642	529	2,113	2.0
6	106,243	2,188	617	1,571	1.5
7	104,055	2,220	733	1,487	1.4
8	101,835	2,183	861	1,322	1.3
9	91,454	2,043	936	1,107	1.2
10	60,106	1,516	717	799	1.3
11	33,995	960	473	487	1.5
12	12,883	442	209	233	1.8
Total	1,101,112	36,246	6,453	29,793	2.7
Durations 5+	619,456	14,194	5,074	9,120	1.5

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Table 3 shows that the current ultimate voluntary lapse assumption of 1.5%, developed from all of CCC's LTC business, is reasonable for the Preferred Solution business alone. As a reminder, an additional lapse in later durations is now included in the 2012 assumptions to account for benefit exhaustions.

6. *Is the anti-selection of shock lapses of 2% a single year phenomenon or does it continue throughout the projection period?*

   The 2% increase in morbidity due to anti-selection from the rate increase is assumed to continue in all projection years following rate increase implementation.

7. *We are confused by inconsistent information between the actuarial memorandum and the supplement to the actuarial memorandum. The active life reserves shown in Tables 1 and 2 in the supplement do not match the active life reserves shown in Exhibits IV and V attached to the memo.*

   The active life reserves in Tables 1 and 2 of the supplement to the actuarial memorandum are presented on a GAAP basis to be more consistent with the best-estimate assumptions presented in this filing.

   The active life reserves shown in Exhibits IV and V of the actuarial memorandum are provided on a statutory basis.

8. *Please provide the following distribution of the nationwide inforce business by gender and by attained age.*

   Table 4 below provides the distribution of the nationwide inforce business, as of December 31, 2012, by gender and attained age.

Table 4
Nationwide Distribution of Business as of December 31, 2012
By Gender and Attained Age

Attained Ages	Percent Distribution	
	Male	Female
<45	0.1%	0.1%
45-49	0.2	0.3
50-54	0.6	1.1
55-59	1.8	3.5
60-64	4.9	8.5
65-69	9.9	14.2
70-74	10.3	13.1
75-79	8.3	9.7
80+	5.9	7.5
Total	42.0	58.0

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9. *Does the Company have any limited pay policies? If so, please provide a distribution of business by the various payment options. Please confirm the premium payment periods were properly reflected in the projections.*

   Table 5 below provides the distribution of the nationwide inforce business, as of December 31, 2012, by payment option. All premium payment periods were properly reflected in the projected experience.

Table 5
Nationwide Distribution of Business as of December 31, 2012
By Payment Option

Payment Option	Percent Distribution
Lifetime	99.2%
10-Pay	0.8
Paid-up at Age 65	<0.1

10. *How are waived premiums handled in the financial exhibits? Are they a reduction to premiums or an addition to claims? Are they handled consistently between the historical period and the projection period?*

    Historical and future waived premiums are included as an addition to incurred claims. Waived premium is also included (i.e., not removed) in earned premiums.

11. *Please provide Attachment 3 to the Supplement of the Actuarial Memorandum in an Excel workbook. Include any updates to the status.*

    An updated status listing is provided in Attachment 4 to this letter and is also being provided in Excel format.

12. *Please be sure to include revised projections and exhibits based on the revised rate increase percentage requested where applicable, if not already included.*

    The updated projections and exhibits provided with this response have been updated based on the revised 52% rate increase request.

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Limitations and Qualifications

Milliman's work has been prepared for the use and benefit of CCC. Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Milliman's work is being delivered to the Bureau, in accordance with its statutory and regulatory requirements. Milliman recognizes that materials it delivers to the Bureau may be public records subject to disclosure to third parties, however, Milliman does not intend to benefit and assumes no duty or liability to any third parties, including the Bureau, who receive Milliman's work and may include disclaimer language on its work product so stating. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, the Bureau agrees that it shall not disclose Milliman's work product to third parties without Milliman's prior written consent; provided, however, that the Bureau may distribute Milliman's work to (i) its professional service providers who are subject to a duty of confidentiality and who agree to not use Milliman's work product for any purpose other than to provide services to the Bureau, or (ii) any applicable regulatory or governmental agency, as required.

In performing this analysis, we relied on data and other information provided by CCC. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

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Bob, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2419 or by e-mail at amy.pahl@milliman.com.

Respectfully,

Amy Pahl, FSA, MAAA
Principal & Consulting Actuary

ABP/tcr

Attachment 1: Nationwide Experience and Projections with and without 52% Increase
Attachment 2: Virginia-Specific Experience and Projections with and without 52% Increase
Attachment 3: 2012 Projection Assumptions
Attachment 4: State Status Listing

Enclosure: VA PS Exhibits_20131015.xlsb

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Attachment 1
Continental Casualty Company
Nationwide Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	47,921	0	0	0.0%	218	128,534	0	0	0.0%				0.0000		1.000		7.1%	2.6822
	1999	11,303,400	838	126,537	1.1%	17,663	28,296,981	2,097	316,773	1.1%				0.0084		0.992		7.1%	2.5034
	2000	52,949,905	60,019	2,457,893	4.6%	44,834	123,718,021	140,235	5,742,892	4.6%				0.0300		0.970		7.1%	2.3365
	2001	103,049,932	767,023	4,961,045	4.8%	75,878	224,725,454	1,672,680	10,818,766	4.8%				0.0381		0.962		7.1%	2.1807
	2002	162,243,603	2,027,120	10,733,027	6.6%	111,262	330,317,458	4,127,086	21,851,746	6.6%				0.0379		0.962		7.1%	2.0359
	2003	204,929,900	4,567,338	14,404,165	7.0%	116,091	389,572,831	8,682,535	27,382,395	7.0%				0.0485		0.951		7.1%	1.9010
	2004	197,153,653	7,706,004	20,812,681	10.6%	111,353	350,059,397	13,682,522	36,954,297	10.6%				0.0408		0.959		7.0%	1.7756
	2005	189,849,713	11,659,227	24,179,858	12.7%	108,034	314,951,580	19,342,098	40,113,226	12.7%				0.0298		0.970		7.0%	1.6590
	2006	184,541,993	16,690,646	36,111,337	19.6%	105,512	285,850,961	25,853,396	55,935,563	19.6%				0.0233		0.977		7.2%	1.5490
	2007	179,996,999	22,137,765	37,546,540	20.9%	103,353	260,106,063	31,990,349	54,256,919	20.9%				0.0205		0.980		7.2%	1.4451
	2008	175,777,760	29,596,290	54,052,018	30.8%	101,152	237,094,837	39,920,452	72,907,144	30.8%				0.0213		0.979		7.0%	1.3488
	2009	170,900,747	37,748,280	52,872,136	30.9%	98,662	215,364,900	47,569,451	66,628,159	30.9%				0.0246		0.975		7.0%	1.2602
	2010	166,027,576	46,067,922	69,805,207	42.0%	96,366	195,378,905	54,212,079	82,145,782	42.0%				0.0233		0.977		7.1%	1.1768
	2011	160,988,049	56,569,462	82,858,177	51.5%	94,235	176,927,044	62,170,253	91,061,743	51.5%				0.0221		0.978		7.0%	1.0990
	2012	155,266,647	60,609,133	100,398,268	64.7%	92,390	160,037,832	62,471,590	103,483,404	64.7%				0.0196		0.980		6.2%	1.0307
Projected Future Experience	2013	149,533,415	85,287,101	102,654,629	68.6%	89,605	145,170,200	82,798,520	99,659,284	68.6%	1.0000	1.0543	1.0000	0.0301	0.0000	0.970	0.963	6.1%	0.9708
	2014	144,208,390	108,098,634	114,745,477	79.6%	86,732	132,015,711	98,958,999	105,043,858	79.6%	1.0000	1.1548	1.0000	0.0321	0.0000	0.968	0.964	6.0%	0.9155
	2015	138,782,304	122,970,613	127,677,005	92.0%	83,749	119,890,509	106,231,190	110,296,923	92.0%	1.0000	1.1523	1.0000	0.0344	0.0000	0.966	0.962	5.9%	0.8639
	2016	133,128,073	132,935,463	141,344,763	106.2%	80,633	108,584,350	108,427,250	115,286,196	106.2%	1.0000	1.1498	1.0000	0.0372	0.0000	0.963	0.959	5.9%	0.8156
	2017	127,215,521	143,016,316	155,567,994	122.3%	77,362	98,009,813	110,183,115	119,853,221	122.3%	1.0000	1.1472	1.0000	0.0406	0.0000	0.959	0.956	5.9%	0.7704
	2018	121,017,570	153,760,707	170,151,846	140.6%	73,926	88,093,676	111,928,756	123,860,541	140.6%	1.0000	1.1446	1.0000	0.0444	0.0000	0.956	0.951	5.8%	0.7279
	2019	114,553,922	166,623,549	184,625,162	161.2%	70,343	78,828,517	114,659,428	127,046,961	161.2%	1.0000	1.1403	1.0000	0.0485	0.0000	0.952	0.947	5.8%	0.6881
	2020	107,889,714	180,241,759	198,175,618	183.7%	66,642	70,216,944	117,305,210	128,976,950	183.7%	1.0000	1.1330	1.0000	0.0526	0.0000	0.947	0.942	5.7%	0.6508
	2021	101,115,797	193,858,025	210,420,072	208.1%	62,876	62,255,671	119,355,845	129,552,880	208.1%	1.0000	1.1254	1.0000	0.0565	0.0000	0.943	0.937	5.7%	0.6157
	2022	94,335,521	206,669,022	220,989,192	234.3%	59,099	54,955,662	120,396,144	128,738,436	234.3%	1.0000	1.1173	1.0000	0.0601	0.0000	0.940	0.933	5.7%	0.5826
	2023	87,662,944	218,556,109	230,023,704	262.4%	55,361	48,332,018	120,498,551	126,821,086	262.4%	1.0000	1.1112	1.0000	0.0633	0.0000	0.937	0.929	5.6%	0.5513
	2024	81,174,412	229,433,724	238,313,234	293.6%	51,697	42,363,832	119,738,368	124,372,465	293.6%	1.0000	1.1095	1.0000	0.0662	0.0000	0.934	0.926	5.6%	0.5219
	2025	74,912,436	239,339,601	245,611,849	327.9%	48,113	37,012,700	118,252,792	121,351,781	327.9%	1.0000	1.1074	1.0000	0.0693	0.0000	0.931	0.923	5.6%	0.4941
	2026	68,873,070	248,547,529	253,730,634	368.4%	44,611	32,220,642	116,277,101	118,701,895	368.4%	1.0000	1.1142	1.0000	0.0728	0.0000	0.927	0.919	5.6%	0.4678
	2027	63,058,921	257,561,500	262,515,332	416.3%	41,191	27,938,263	114,112,656	116,307,452	416.3%	1.0000	1.1205	1.0000	0.0766	0.0000	0.923	0.916	5.6%	0.4431
	2028	57,476,888	266,419,810	269,909,140	469.6%	37,870	24,123,780	111,819,779	113,284,295	469.6%	1.0000	1.1183	1.0000	0.0806	0.0000	0.919	0.911	5.5%	0.4197
	2029	52,145,918	274,726,884	275,655,638	528.6%	34,662	20,739,838	109,266,293	109,635,683	528.6%	1.0000	1.1158	1.0000	0.0847	0.0000	0.915	0.907	5.5%	0.3977
	2030	47,086,543	282,045,547	279,506,854	593.6%	31,581	17,752,836	106,338,415	105,381,262	593.6%	1.0000	1.1129	1.0000	0.0889	0.0000	0.911	0.903	5.5%	0.3770
	2031	42,315,060	287,970,818	281,264,607	664.7%	28,641	15,129,930	102,965,192	100,567,358	664.7%	1.0000	1.1096	1.0000	0.0931	0.0000	0.907	0.899	5.4%	0.3576
	2032	37,843,029	292,209,686	280,924,150	742.3%	25,852	12,834,020	99,099,489	95,272,132	742.3%	1.0000	1.1065	1.0000	0.0974	0.0000	0.903	0.894	5.4%	0.3391
	2033	33,676,231	294,622,352	278,735,633	827.7%	23,222	10,831,137	94,758,079	89,648,504	827.7%	1.0000	1.1046	1.0000	0.1018	0.0000	0.898	0.890	5.5%	0.3216
	2034	29,815,607	295,177,076	274,698,275	921.3%	20,754	9,093,606	90,027,487	83,781,558	921.3%	1.0000	1.1027	1.0000	0.1063	0.0000	0.894	0.885	5.5%	0.3050
	2035	26,259,635	293,828,863	268,571,483	1022.8%	18,451	7,596,263	84,997,420	77,691,085	1022.8%	1.0000	1.0997	1.0000	0.1110	0.0000	0.889	0.881	5.4%	0.2893
	2036	23,001,682	290,493,115	260,237,761	1131.4%	16,313	6,312,907	79,727,044	71,423,336	1131.4%	1.0000	1.0959	1.0000	0.1158	0.0000	0.884	0.876	5.4%	0.2745
	2037	20,032,975	285,123,498	250,014,177	1248.0%	14,340	5,219,042	74,281,107	65,134,337	1248.0%	1.0000	1.0929	1.0000	0.1210	0.0000	0.879	0.871	5.3%	0.2605
	2038	17,341,956	277,791,065	238,306,423	1374.2%	12,528	4,291,156	68,737,620	58,967,399	1374.2%	1.0000	1.0911	1.0000	0.1264	0.0000	0.874	0.866	5.3%	0.2474
	2039	14,915,773	268,643,841	225,295,235	1510.4%	10,872	3,507,526	63,173,081	52,979,417	1510.4%	1.0000	1.0894	1.0000	0.1322	0.0000	0.868	0.860	5.2%	0.2352
	2040	12,740,000	257,818,809	210,883,223	1655.3%	9,367	2,849,330	57,661,759	47,164,509	1655.3%	1.0000	1.0863	1.0000	0.1384	0.0000	0.862	0.854	5.1%	0.2237
	2041	10,801,521	245,411,203	195,074,272	1806.0%	8,011	2,298,935	52,231,935	41,518,507	1806.0%	1.0000	1.0816	1.0000	0.1448	0.0000	0.855	0.848	5.1%	0.2128
	2042	9,088,304	231,560,643	178,479,378	1963.8%	6,800	1,839,539	46,869,574	36,125,537	1963.8%	1.0000	1.0780	1.0000	0.1513	0.0000	0.849	0.841	5.2%	0.2024
	2043	7,587,326	216,542,862	161,745,359	2131.8%	5,727	1,458,150	41,615,703	31,084,594	2131.8%	1.0000	1.0760	1.0000	0.1578	0.0000	0.842	0.835	5.4%	0.1922
	2044	6,284,982	200,713,564	145,252,591	2311.1%	4,786	1,145,613	36,585,645	26,476,336	2311.1%	1.0000	1.0744	1.0000	0.1642	0.0000	0.836	0.828	5.5%	0.1823
	2045	5,166,603	184,439,379	129,223,187	2501.1%	3,971	892,799	31,871,466	22,330,006	2501.1%	1.0000	1.0723	1.0000	0.1704	0.0000	0.830	0.822	5.5%	0.1728
	2046	4,215,453	168,045,403	113,792,878	2699.4%	3,270	690,330	27,519,412	18,634,922	2699.4%	1.0000	1.0692	1.0000	0.1764	0.0000	0.824	0.816	5.5%	0.1638
	2047	3,413,736	151,810,547	99,176,769	2905.2%	2,674	529,733	23,557,490	15,389,944	2905.2%	1.0000	1.0661	1.0000	0.1825	0.0000	0.818	0.810	5.5%	0.1552
	2048	2,743,892	135,990,599	85,650,626	3121.5%	2,170	403,485	19,997,227	12,594,804	3121.5%	1.0000	1.0641	1.0000	0.1884	0.0000	0.812	0.804	5.5%	0.1470
	2049	2,189,348	120,818,458	73,327,846	3349.3%	1,749	304,995	16,831,076	10,215,215	3349.3%	1.0000	1.0624	1.0000	0.1942	0.0000	0.806	0.798	5.6%	0.1393
	2050	1,734,643	106,478,150	62,200,077	3585.8%	1,399	228,812	14,045,216	8,204,627	3585.8%	1.0000	1.0603	1.0000	0.2000	0.0000	0.800	0.792	5.6%	0.1319
	2051	1,364,290	93,098,927	52,272,771	3831.5%	1,111	170,332	11,623,439	6,526,277	3831.5%	1.0000	1.0581	1.0000	0.2057	0.0000	0.794	0.786	5.7%	0.1249
	2052	1,065,219	80,770,828	43,542,134	4087.6%	876	125,845	9,542,282	5,144,076	4087.6%	1.0000	1.0564	1.0000	0.2115	0.0000	0.789	0.781	5.7%	0.1181
	Past	2,115,027,797	296,207,067	511,318,888	24.2%	1,277,003	3,292,530,799	371,836,821	669,598,810	20.3%									
	Future	2,077,768,624	8,289,451,579	7,590,286,998	365.3%	1,318,938	1,296,258,447	3,154,267,156	3,101,045,649	239.2%									
	Lifetime	4,192,796,421	8,585,658,647	8,101,605,886	193.2%	2,595,941	4,588,789,246	3,526,103,978	3,770,644,458	82.2%									

Attachment 1
Continental Casualty Company
Nationwide Experience Projections with 52% Increase
All Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	47,921	0	0	0.0%	218	128,534	0	0	0.0%				0.0000		1.000		7.1%	2.6822
	1999	11,303,400	838	126,537	1.1%	17,663	28,296,981	2,097	316,773	1.1%				0.0084		0.992		7.1%	2.5034
	2000	52,949,905	60,019	2,457,893	4.6%	44,834	123,718,021	140,235	5,742,892	4.6%				0.0300		0.970		7.1%	2.3365
	2001	103,049,932	767,023	4,961,045	4.8%	75,878	224,725,454	1,672,680	10,818,766	4.8%				0.0381		0.962		7.1%	2.1807
	2002	162,243,603	2,027,120	10,733,027	6.6%	111,262	330,317,458	4,127,086	21,851,746	6.6%				0.0379		0.962		7.1%	2.0359
	2003	204,929,900	4,567,338	14,404,165	7.0%	116,091	389,572,831	8,682,535	27,382,395	7.0%				0.0485		0.951		7.1%	1.9010
	2004	197,153,653	7,706,004	20,812,681	10.6%	111,353	350,059,397	13,682,522	36,954,297	10.6%				0.0408		0.959		7.0%	1.7756
	2005	189,849,713	11,659,227	24,179,858	12.7%	108,034	314,951,580	19,342,098	40,113,226	12.7%				0.0298		0.970		7.0%	1.6590
	2006	184,541,993	16,690,646	36,111,337	19.6%	105,512	285,850,961	25,853,396	55,935,563	19.6%				0.0233		0.977		7.2%	1.5490
	2007	179,996,999	22,137,765	37,546,540	20.9%	103,353	260,106,063	31,990,349	54,256,919	20.9%				0.0205		0.980		7.2%	1.4451
	2008	175,777,760	29,596,290	54,052,018	30.8%	101,152	237,094,837	39,920,452	72,907,144	30.8%				0.0213		0.979		7.0%	1.3488
	2009	170,900,747	37,748,280	52,872,136	30.9%	98,662	215,364,900	47,569,451	66,628,159	30.9%				0.0246		0.975		7.0%	1.2602
	2010	166,027,576	46,067,922	69,805,207	42.0%	96,366	195,378,905	54,212,079	82,145,782	42.0%				0.0233		0.977		7.1%	1.1768
	2011	160,988,049	56,569,462	82,858,177	51.5%	94,235	176,927,044	62,170,253	91,061,743	51.5%				0.0221		0.978		7.0%	1.0990
	2012	155,266,647	60,609,133	100,398,268	64.7%	92,390	160,037,832	62,471,590	103,483,404	64.7%				0.0196		0.980		6.2%	1.0307
Projected Future Experience	2013	156,287,298	85,095,175	101,491,818	64.9%	88,497	151,727,012	82,612,195	98,530,403	64.9%	1.0672	1.0535	1.0018	0.0427	0.0124	0.958	1.007	6.1%	0.9708
	2014	189,478,242	106,378,982	106,547,893	56.2%	84,582	173,458,041	97,384,742	97,539,373	56.2%	1.3662	1.0883	1.0111	0.0448	0.0126	0.956	1.212	6.0%	0.9155
	2015	188,192,967	118,392,845	117,326,903	62.3%	81,673	162,575,126	102,276,573	101,355,732	62.3%	1.0411	1.1389	1.0124	0.0344	0.0000	0.966	0.993	5.9%	0.8639
	2016	180,525,660	125,635,903	129,763,741	71.9%	78,634	147,243,635	102,473,450	105,840,272	71.9%	1.0000	1.1487	1.0124	0.0372	0.0000	0.963	0.959	5.9%	0.8156
	2017	172,508,062	133,429,154	142,686,989	82.7%	75,445	132,904,246	102,796,941	109,929,393	82.7%	1.0000	1.1461	1.0124	0.0406	0.0000	0.959	0.956	5.9%	0.7704
	2018	164,103,454	142,302,008	155,918,211	95.0%	72,095	119,457,667	103,587,497	113,499,292	95.0%	1.0000	1.1435	1.0124	0.0444	0.0000	0.956	0.951	5.8%	0.7279
	2019	155,338,554	153,527,651	169,028,178	108.8%	68,600	106,893,833	105,647,688	116,314,137	108.8%	1.0000	1.1393	1.0124	0.0485	0.0000	0.952	0.947	5.8%	0.6881
	2020	146,301,689	165,636,630	181,278,265	123.9%	64,991	95,216,283	107,799,878	117,979,790	123.9%	1.0000	1.1320	1.0124	0.0526	0.0000	0.947	0.942	5.7%	0.6508
	2021	137,116,054	177,810,684	192,322,362	140.3%	61,319	84,420,557	109,475,708	118,410,358	140.3%	1.0000	1.1245	1.0124	0.0565	0.0000	0.943	0.937	5.7%	0.6157
	2022	127,921,796	189,261,444	201,827,874	157.8%	57,637	74,521,527	110,255,267	117,575,907	157.8%	1.0000	1.1165	1.0124	0.0601	0.0000	0.940	0.933	5.7%	0.5826
	2023	118,873,581	199,894,555	209,928,225	176.6%	53,991	65,539,666	110,209,705	115,741,661	176.6%	1.0000	1.1104	1.0124	0.0632	0.0000	0.937	0.929	5.6%	0.5513
	2024	110,074,938	209,632,216	217,348,522	197.5%	50,418	57,446,626	109,404,228	113,431,264	197.5%	1.0000	1.1087	1.0124	0.0662	0.0000	0.934	0.926	5.6%	0.5219
	2025	101,583,511	218,500,902	223,867,398	220.4%	46,923	50,190,331	107,956,818	110,608,294	220.4%	1.0000	1.1067	1.0124	0.0693	0.0000	0.931	0.923	5.6%	0.4941
	2026	93,393,949	226,743,248	231,136,241	247.5%	43,508	43,692,157	106,076,482	108,131,641	247.5%	1.0000	1.1135	1.0124	0.0728	0.0000	0.927	0.919	5.6%	0.4678
	2027	85,509,789	234,814,989	239,014,165	279.5%	40,173	37,885,123	104,034,811	105,895,257	279.5%	1.0000	1.1199	1.0124	0.0766	0.0000	0.923	0.916	5.6%	0.4431
	2028	77,940,384	242,749,576	245,628,505	315.1%	36,934	32,712,569	101,885,080	103,093,404	315.1%	1.0000	1.1178	1.0124	0.0806	0.0000	0.919	0.911	5.5%	0.4197
	2029	70,711,429	250,186,715	250,748,361	354.6%	33,806	28,123,843	99,506,005	99,729,387	354.6%	1.0000	1.1153	1.0124	0.0847	0.0000	0.915	0.907	5.5%	0.3977
	2030	63,850,765	256,728,883	254,149,348	398.0%	30,801	24,073,378	96,793,382	95,820,831	398.0%	1.0000	1.1124	1.0124	0.0889	0.0000	0.911	0.903	5.5%	0.3770
	2031	57,380,490	262,008,113	255,652,647	445.5%	27,934	20,516,639	93,682,116	91,409,692	445.5%	1.0000	1.1092	1.0124	0.0931	0.0000	0.907	0.899	5.4%	0.3576
	2032	51,316,283	265,759,380	255,256,675	497.4%	25,215	17,403,316	90,129,178	86,567,309	497.4%	1.0000	1.1061	1.0123	0.0974	0.0000	0.903	0.894	5.4%	0.3391
	2033	45,665,980	267,856,894	253,189,781	554.4%	22,649	14,687,346	86,149,624	81,432,305	554.4%	1.0000	1.1043	1.0123	0.1017	0.0000	0.898	0.890	5.5%	0.3216
	2034	40,430,857	268,273,046	249,452,984	617.0%	20,242	12,331,203	81,821,896	76,081,874	617.0%	1.0000	1.1024	1.0123	0.1063	0.0000	0.894	0.885	5.5%	0.3050
	2035	35,608,853	266,967,973	243,828,345	684.7%	17,996	10,300,760	77,227,229	70,533,507	684.7%	1.0000	1.0994	1.0123	0.1110	0.0000	0.889	0.881	5.4%	0.2893
	2036	31,190,971	263,865,690	236,208,863	757.3%	15,912	8,560,492	72,419,036	64,828,505	757.3%	1.0000	1.0957	1.0123	0.1158	0.0000	0.884	0.876	5.4%	0.2745
	2037	27,165,315	258,924,766	226,882,967	835.2%	13,987	7,077,178	67,455,746	59,108,134	835.2%	1.0000	1.0927	1.0123	0.1209	0.0000	0.879	0.871	5.3%	0.2605
	2038	23,516,213	252,210,272	216,219,720	919.4%	12,220	5,818,936	62,407,817	53,502,185	919.4%	1.0000	1.0909	1.0123	0.1264	0.0000	0.874	0.866	5.3%	0.2474
	2039	20,226,236	243,857,036	204,383,465	1010.5%	10,604	4,756,311	57,344,327	48,061,899	1010.5%	1.0000	1.0892	1.0123	0.1322	0.0000	0.868	0.860	5.2%	0.2352
	2040	17,275,822	233,989,241	191,284,416	1107.2%	9,137	3,863,777	52,332,222	42,781,192	1107.2%	1.0000	1.0862	1.0123	0.1383	0.0000	0.862	0.854	5.1%	0.2237
	2041	14,647,186	222,693,346	176,925,249	1207.9%	7,815	3,117,424	47,396,794	37,655,771	1207.9%	1.0000	1.0815	1.0123	0.1447	0.0000	0.855	0.848	5.1%	0.2128
	2042	12,324,013	210,095,919	161,859,142	1313.4%	6,633	2,494,471	42,524,957	32,761,479	1313.4%	1.0000	1.0779	1.0123	0.1513	0.0000	0.849	0.841	5.2%	0.2024
	2043	10,288,641	196,447,083	146,672,726	1425.6%	5,586	1,977,295	37,753,650	28,187,901	1425.6%	1.0000	1.0759	1.0123	0.1578	0.0000	0.842	0.835	5.4%	0.1922
	2044	8,522,624	182,068,819	131,710,179	1545.4%	4,669	1,553,486	33,187,121	24,007,854	1545.4%	1.0000	1.0744	1.0123	0.1642	0.0000	0.836	0.828	5.5%	0.1823
	2045	7,006,068	167,292,768	117,171,105	1672.4%	3,874	1,210,662	28,908,500	20,247,384	1672.4%	1.0000	1.0723	1.0123	0.1703	0.0000	0.830	0.822	5.5%	0.1728
	2046	5,716,281	152,412,867	103,177,464	1805.0%	3,190	936,108	24,959,400	16,896,524	1805.0%	1.0000	1.0692	1.0122	0.1764	0.0000	0.824	0.816	5.5%	0.1638
	2047	4,629,128	137,681,170	89,923,683	1942.6%	2,608	718,334	21,364,937	13,954,079	1942.6%	1.0000	1.0661	1.0122	0.1825	0.0000	0.818	0.810	5.5%	0.1552
	2048	3,720,800	123,328,863	77,659,581	2087.2%	2,117	547,138	18,135,336	11,419,732	2087.2%	1.0000	1.0641	1.0122	0.1884	0.0000	0.812	0.804	5.5%	0.1470
	2049	2,968,822	109,566,479	66,487,771	2239.5%	1,706	413,583	15,263,576	9,262,332	2239.5%	1.0000	1.0624	1.0122	0.1942	0.0000	0.806	0.798	5.6%	0.1393
	2050	2,352,228	96,560,301	56,399,965	2397.7%	1,365	310,275	12,736,982	7,439,552	2397.7%	1.0000	1.0603	1.0122	0.2000	0.0000	0.800	0.792	5.6%	0.1319
	2051	1,850,019	84,426,983	47,400,336	2562.2%	1,084	230,976	10,540,743	5,917,951	2562.2%	1.0000	1.0581	1.0122	0.2057	0.0000	0.794	0.786	5.7%	0.1249
	2052	1,444,469	73,247,670	39,485,320	2733.6%	855	170,650	8,653,494	4,664,804	2733.6%	1.0000	1.0564	1.0122	0.2114	0.0000	0.789	0.781	5.7%	0.1181
	Past	2,115,027,797	296,207,067	511,318,888	24.2%	1,277,003	3,292,530,799	371,836,821	669,598,810	20.3%									
	Future	2,764,959,418	7,576,256,239	6,917,245,385	250.2%	1,287,426	1,707,077,979	2,902,571,133	2,836,148,359	166.1%									
	Lifetime	4,879,987,216	7,872,463,306	7,428,564,274	152.2%	2,564,429	4,999,608,778	3,274,407,954	3,505,747,169	70.1%									

Attachment 2
Continental Casualty Company
Virginia-Specific Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	941	0	0	0.0%	4	2,524	0	0	0.0%				0.0000		1.000		7.1%	2.6822
	1999	398,906	0	0	0.0%	570	998,623	0	0	0.0%				0.0104		0.990		7.1%	2.5034
	2000	1,548,298	0	0	0.0%	1,394	3,617,614	0	0	0.0%				0.0299		0.970		7.1%	2.3365
	2001	3,130,911	0	4,476	0.1%	2,407	6,827,713	0	9,761	0.1%				0.0368		0.963		7.1%	2.1807
	2002	5,186,669	16,523	384,766	7.4%	3,971	10,559,721	33,641	783,358	7.4%				0.0253		0.975		7.1%	2.0359
	2003	7,168,622	105,531	188,623	2.6%	4,249	13,627,589	200,615	358,573	2.6%				0.0400		0.960		7.1%	1.9010
	2004	6,976,232	104,736	356,749	5.1%	4,126	12,386,764	185,966	633,432	5.1%				0.0289		0.971		7.0%	1.7756
	2005	6,820,541	139,467	629,577	9.2%	4,050	11,314,951	231,369	1,044,439	9.2%				0.0184		0.982		7.0%	1.6590
	2006	6,689,525	329,249	1,690,653	25.3%	3,976	10,361,908	509,999	2,618,780	25.3%				0.0183		0.982		7.2%	1.5490
	2007	6,549,771	731,716	1,293,627	19.8%	3,911	9,464,798	1,057,372	1,869,366	19.8%				0.0163		0.984		7.2%	1.4451
	2008	6,436,309	1,193,728	1,161,838	18.1%	3,843	8,681,506	1,610,140	1,567,126	18.1%				0.0174		0.983		7.0%	1.3488
	2009	6,302,179	1,417,099	2,438,340	38.7%	3,767	7,941,850	1,785,793	3,072,736	38.7%				0.0198		0.980		7.0%	1.2602
	2010	6,156,383	1,703,747	1,697,116	27.6%	3,692	7,244,744	2,004,945	1,997,142	27.6%				0.0199		0.980		7.1%	1.1768
	2011	6,012,702	1,844,356	1,801,910	30.0%	3,649	6,608,004	2,026,961	1,980,312	30.0%				0.0116		0.988		7.0%	1.0990
	2012	5,822,994	1,707,672	3,786,584	65.0%	3,593	6,001,929	1,760,147	3,902,942	65.0%				0.0153		0.985		6.2%	1.0307
Projected Future Experience	2013	5,588,972	2,394,541	3,464,402	62.0%	3,492	5,425,892	2,324,671	3,363,314	62.0%	1.0000	0.9413	1.0000	0.0281	0.0000	0.972	0.960	6.1%	0.9708
	2014	5,406,979	3,264,996	3,900,215	72.1%	3,388	4,949,824	2,988,944	3,570,456	72.1%	1.0000	1.1603	1.0000	0.0297	0.0000	0.970	0.967	6.0%	0.9155
	2015	5,220,152	3,838,061	4,374,386	83.8%	3,281	4,509,557	3,315,604	3,778,921	83.8%	1.0000	1.1583	1.0000	0.0317	0.0000	0.968	0.965	5.9%	0.8639
	2016	5,026,044	4,318,308	4,888,260	97.3%	3,169	4,099,434	3,522,177	3,987,052	97.3%	1.0000	1.1569	1.0000	0.0341	0.0000	0.966	0.963	5.9%	0.8156
	2017	4,823,312	4,794,329	5,435,725	112.7%	3,052	3,715,992	3,693,663	4,187,810	112.7%	1.0000	1.1547	1.0000	0.0370	0.0000	0.963	0.960	5.9%	0.7704
	2018	4,610,805	5,247,163	6,013,575	130.4%	2,928	3,356,395	3,819,626	4,377,529	130.4%	1.0000	1.1528	1.0000	0.0404	0.0000	0.960	0.956	5.8%	0.7279
	2019	4,388,703	5,768,917	6,600,105	150.4%	2,800	3,020,019	3,969,791	4,541,761	150.4%	1.0000	1.1480	1.0000	0.0440	0.0000	0.956	0.952	5.8%	0.6881
	2020	4,158,583	6,329,154	7,173,506	172.5%	2,666	2,706,495	4,119,149	4,668,672	172.5%	1.0000	1.1413	1.0000	0.0477	0.0000	0.952	0.948	5.7%	0.6508
	2021	3,923,068	6,904,673	7,722,227	196.8%	2,529	2,415,381	4,251,117	4,754,474	196.8%	1.0000	1.1347	1.0000	0.0513	0.0000	0.949	0.943	5.7%	0.6157
	2022	3,685,511	7,469,707	8,229,113	223.3%	2,391	2,147,014	4,351,518	4,793,914	223.3%	1.0000	1.1272	1.0000	0.0546	0.0000	0.945	0.939	5.7%	0.5826
	2023	3,449,340	8,015,422	8,682,439	251.7%	2,253	1,901,757	4,419,216	4,786,969	251.7%	1.0000	1.1197	1.0000	0.0577	0.0000	0.942	0.936	5.6%	0.5513
	2024	3,217,585	8,535,164	9,113,015	283.2%	2,117	1,679,214	4,454,387	4,755,960	283.2%	1.0000	1.1172	1.0000	0.0605	0.0000	0.940	0.933	5.6%	0.5219
	2025	2,991,806	9,029,470	9,519,384	318.2%	1,983	1,478,190	4,461,276	4,703,333	318.2%	1.0000	1.1153	1.0000	0.0634	0.0000	0.937	0.930	5.6%	0.4941
	2026	2,772,110	9,508,805	9,973,056	359.8%	1,850	1,296,866	4,448,470	4,665,659	359.8%	1.0000	1.1226	1.0000	0.0667	0.0000	0.933	0.927	5.6%	0.4678
	2027	2,558,393	9,992,121	10,465,469	409.1%	1,720	1,133,496	4,427,011	4,636,727	409.1%	1.0000	1.1288	1.0000	0.0704	0.0000	0.930	0.923	5.6%	0.4431
	2028	2,351,112	10,479,890	10,911,671	464.1%	1,593	986,792	4,398,543	4,579,767	464.1%	1.0000	1.1262	1.0000	0.0742	0.0000	0.926	0.919	5.5%	0.4197
	2029	2,151,030	10,954,995	11,290,776	524.9%	1,468	855,523	4,357,097	4,490,646	524.9%	1.0000	1.1225	1.0000	0.0781	0.0000	0.922	0.915	5.5%	0.3977
	2030	1,958,935	11,398,765	11,599,497	592.1%	1,347	738,569	4,297,627	4,373,308	592.1%	1.0000	1.1193	1.0000	0.0822	0.0000	0.918	0.911	5.5%	0.3770
	2031	1,775,634	11,794,264	11,826,803	666.1%	1,231	634,885	4,217,089	4,228,724	666.1%	1.0000	1.1160	1.0000	0.0864	0.0000	0.914	0.906	5.4%	0.3576
	2032	1,601,750	12,126,742	11,968,962	747.2%	1,120	543,215	4,112,642	4,059,133	747.2%	1.0000	1.1129	1.0000	0.0906	0.0000	0.909	0.902	5.4%	0.3391
	2033	1,437,781	12,386,798	12,031,950	836.8%	1,013	462,427	3,983,911	3,869,783	836.8%	1.0000	1.1108	1.0000	0.0950	0.0000	0.905	0.898	5.5%	0.3216
	2034	1,283,978	12,568,788	12,004,317	934.9%	912	391,607	3,833,416	3,661,255	934.9%	1.0000	1.1080	1.0000	0.0996	0.0000	0.900	0.893	5.5%	0.3050
	2035	1,140,505	12,666,736	11,879,815	1041.6%	817	329,920	3,664,173	3,436,536	1041.6%	1.0000	1.1049	1.0000	0.1043	0.0000	0.896	0.888	5.4%	0.2893
	2036	1,007,432	12,673,425	11,644,546	1155.9%	728	276,494	3,478,274	3,195,894	1155.9%	1.0000	1.1004	1.0000	0.1092	0.0000	0.891	0.883	5.4%	0.2745
	2037	884,663	12,582,984	11,315,636	1279.1%	645	230,475	3,278,151	2,947,979	1279.1%	1.0000	1.0973	1.0000	0.1144	0.0000	0.886	0.878	5.3%	0.2605
	2038	772,097	12,394,979	10,903,853	1412.2%	567	191,050	3,067,058	2,698,089	1412.2%	1.0000	1.0948	1.0000	0.1198	0.0000	0.880	0.873	5.3%	0.2474
	2039	669,469	12,114,000	10,421,656	1556.7%	496	157,429	2,848,674	2,450,710	1556.7%	1.0000	1.0931	1.0000	0.1256	0.0000	0.874	0.867	5.2%	0.2352
	2040	576,413	11,746,219	9,865,130	1711.5%	431	128,916	2,627,068	2,206,359	1711.5%	1.0000	1.0903	1.0000	0.1318	0.0000	0.868	0.861	5.1%	0.2237
	2041	492,556	11,294,964	9,228,741	1873.6%	371	104,833	2,403,956	1,964,193	1873.6%	1.0000	1.0855	1.0000	0.1382	0.0000	0.862	0.855	5.1%	0.2128
	2042	417,686	10,764,103	8,532,743	2042.9%	318	84,543	2,178,734	1,727,090	2042.9%	1.0000	1.0808	1.0000	0.1445	0.0000	0.855	0.848	5.2%	0.2024
	2043	351,445	10,163,389	7,811,527	2222.7%	270	67,542	1,953,223	1,501,237	2222.7%	1.0000	1.0783	1.0000	0.1510	0.0000	0.849	0.841	5.4%	0.1922
	2044	293,402	9,509,355	7,092,558	2417.3%	227	53,481	1,733,345	1,292,816	2417.3%	1.0000	1.0773	1.0000	0.1572	0.0000	0.843	0.835	5.5%	0.1823
	2045	243,067	8,821,031	6,388,876	2628.4%	190	42,002	1,524,290	1,104,010	2628.4%	1.0000	1.0763	1.0000	0.1630	0.0000	0.837	0.828	5.5%	0.1728
	2046	199,880	8,116,108	5,703,464	2853.4%	158	32,733	1,329,108	934,009	2853.4%	1.0000	1.0740	1.0000	0.1688	0.0000	0.831	0.822	5.5%	0.1638
	2047	163,214	7,408,567	5,042,643	3089.6%	131	25,327	1,149,638	782,502	3089.6%	1.0000	1.0706	1.0000	0.1742	0.0000	0.826	0.817	5.5%	0.1552
	2048	132,332	6,710,117	4,420,233	3340.3%	107	19,459	986,713	649,989	3340.3%	1.0000	1.0686	1.0000	0.1797	0.0000	0.820	0.811	5.5%	0.1470
	2049	106,542	6,032,011	3,849,981	3613.6%	87	14,842	840,312	536,336	3613.6%	1.0000	1.0687	1.0000	0.1850	0.0000	0.815	0.805	5.6%	0.1393
	2050	85,193	5,384,067	3,332,387	3911.6%	71	11,238	710,196	439,565	3911.6%	1.0000	1.0689	1.0000	0.1902	0.0000	0.810	0.800	5.6%	0.1319
	2051	67,642	4,773,296	2,861,366	4230.1%	57	8,445	595,948	357,243	4230.1%	1.0000	1.0669	1.0000	0.1952	0.0000	0.805	0.794	5.7%	0.1249
	2052	53,365	4,204,014	2,437,528	4567.7%	45	6,305	496,663	287,970	4567.7%	1.0000	1.0657	1.0000	0.2006	0.0000	0.799	0.789	5.7%	0.1181
	Past	75,200,984	9,293,825	15,434,260	20.5%	47,202	115,640,239	11,406,947	19,837,966	17.2%									
	Future	82,038,487	344,480,437	319,921,536	390.0%	54,020	50,233,577	122,632,474	123,347,693	245.5%									
	Lifetime	157,239,471	353,774,262	335,355,796	213.3%	101,222	165,873,816	134,039,421	143,185,659	86.3%									

Attachment 2
Continental Casualty Company
Virginia-Specific Experience Projections with 52% Increase
All Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	941	0	0	0.0%	4	2,524	0	0	0.0%				0.0000		1.000		7.1%	2.6822
	1999	398,906	0	0	0.0%	570	998,623	0	0	0.0%				0.0104		0.990		7.1%	2.5034
	2000	1,548,298	0	0	0.0%	1,394	3,617,614	0	0	0.0%				0.0299		0.970		7.1%	2.3365
	2001	3,130,911	0	4,476	0.1%	2,407	6,827,713	0	9,761	0.1%				0.0368		0.963		7.1%	2.1807
	2002	5,186,669	16,523	384,766	7.4%	3,971	10,559,721	33,641	783,358	7.4%				0.0253		0.975		7.1%	2.0359
	2003	7,168,622	105,531	188,623	2.6%	4,249	13,627,589	200,615	358,573	2.6%				0.0400		0.960		7.1%	1.9010
	2004	6,976,232	104,736	356,749	5.1%	4,126	12,386,764	185,966	633,432	5.1%				0.0289		0.971		7.0%	1.7756
	2005	6,820,541	139,467	629,577	9.2%	4,050	11,314,951	231,369	1,044,439	9.2%				0.0184		0.982		7.0%	1.6590
	2006	6,689,525	329,249	1,690,653	25.3%	3,976	10,361,908	509,999	2,618,780	25.3%				0.0183		0.982		7.2%	1.5490
	2007	6,549,771	731,716	1,293,627	19.8%	3,911	9,464,798	1,057,372	1,869,366	19.8%				0.0163		0.984		7.2%	1.4451
	2008	6,436,309	1,193,728	1,161,838	18.1%	3,843	8,681,506	1,610,140	1,567,126	18.1%				0.0174		0.983		7.0%	1.3488
	2009	6,302,179	1,417,099	2,438,340	38.7%	3,767	7,941,850	1,785,793	3,072,736	38.7%				0.0198		0.980		7.0%	1.2602
	2010	6,156,383	1,703,747	1,697,116	27.6%	3,692	7,244,744	2,004,945	1,997,142	27.6%				0.0199		0.980		7.1%	1.1768
	2011	6,012,702	1,844,356	1,801,910	30.0%	3,649	6,608,004	2,026,961	1,980,312	30.0%				0.0116		0.988		7.0%	1.0990
	2012	5,822,994	1,707,672	3,786,584	65.0%	3,593	6,001,929	1,760,147	3,902,942	65.0%				0.0153		0.985		6.2%	1.0307
Projected Future Experience	2013	5,844,167	2,388,130	3,424,665	58.6%	3,449	5,673,641	2,318,447	3,324,737	58.6%	1.0679	0.9406	1.0017	0.0407	0.0125	0.960	1.004	6.1%	0.9708
	2014	7,111,049	3,208,023	3,620,191	50.9%	3,304	6,509,817	2,936,787	3,314,107	50.9%	1.3676	1.0932	1.0109	0.0424	0.0125	0.958	1.217	6.0%	0.9155
	2015	7,078,683	3,686,333	4,018,218	56.8%	3,200	6,115,095	3,184,529	3,471,236	56.8%	1.0399	1.1448	1.0123	0.0317	0.0000	0.968	0.995	5.9%	0.8639
	2016	6,815,467	4,074,740	4,486,035	65.8%	3,090	5,558,956	3,323,514	3,658,982	65.8%	1.0000	1.1559	1.0123	0.0341	0.0000	0.966	0.963	5.9%	0.8156
	2017	6,540,555	4,470,359	4,983,743	76.2%	2,976	5,038,997	3,444,069	3,839,592	76.2%	1.0000	1.1536	1.0123	0.0370	0.0000	0.963	0.960	5.9%	0.7704
	2018	6,252,390	4,853,803	5,508,359	88.1%	2,856	4,551,373	3,533,283	4,009,762	88.1%	1.0000	1.1517	1.0123	0.0404	0.0000	0.960	0.956	5.8%	0.7279
	2019	5,951,213	5,312,854	6,040,131	101.5%	2,730	4,095,236	3,655,959	4,156,423	101.5%	1.0000	1.1470	1.0123	0.0440	0.0000	0.956	0.952	5.8%	0.6881
	2020	5,639,163	5,813,587	6,559,194	116.3%	2,600	3,670,089	3,783,607	4,268,865	116.3%	1.0000	1.1403	1.0123	0.0477	0.0000	0.952	0.948	5.7%	0.6508
	2021	5,319,798	6,330,358	7,055,123	132.6%	2,467	3,275,330	3,897,518	4,343,747	132.6%	1.0000	1.1337	1.0123	0.0513	0.0000	0.949	0.943	5.7%	0.6157
	2022	4,997,663	6,837,814	7,512,404	150.3%	2,332	2,911,416	3,983,405	4,376,391	150.3%	1.0000	1.1264	1.0123	0.0546	0.0000	0.945	0.939	5.7%	0.5826
	2023	4,677,409	7,328,182	7,920,583	169.3%	2,198	2,578,839	4,040,314	4,366,928	169.3%	1.0000	1.1189	1.0123	0.0577	0.0000	0.942	0.936	5.6%	0.5513
	2024	4,363,142	7,795,521	8,307,783	190.4%	2,065	2,277,065	4,068,377	4,335,720	190.4%	1.0000	1.1164	1.0123	0.0605	0.0000	0.940	0.933	5.6%	0.5219
	2025	4,056,979	8,240,093	8,672,855	213.8%	1,934	2,004,470	4,071,261	4,285,080	213.8%	1.0000	1.1146	1.0123	0.0634	0.0000	0.937	0.930	5.6%	0.4941
	2026	3,759,065	8,671,208	9,081,005	241.6%	1,805	1,758,590	4,056,620	4,248,334	241.6%	1.0000	1.1219	1.0124	0.0667	0.0000	0.933	0.927	5.6%	0.4678
	2027	3,469,257	9,106,012	9,524,402	274.5%	1,678	1,537,055	4,034,420	4,219,788	274.5%	1.0000	1.1282	1.0124	0.0704	0.0000	0.930	0.923	5.6%	0.4431
	2028	3,188,179	9,544,891	9,925,731	311.3%	1,553	1,338,119	4,006,112	4,165,955	311.3%	1.0000	1.1256	1.0124	0.0742	0.0000	0.926	0.919	5.5%	0.4197
	2029	2,916,861	9,972,273	10,266,027	352.0%	1,432	1,160,114	3,966,242	4,083,076	352.0%	1.0000	1.1219	1.0124	0.0781	0.0000	0.922	0.915	5.5%	0.3977
	2030	2,656,374	10,371,188	10,542,355	396.9%	1,314	1,001,521	3,910,204	3,974,738	396.9%	1.0000	1.1189	1.0124	0.0822	0.0000	0.918	0.911	5.5%	0.3770
	2031	2,407,813	10,726,271	10,744,896	446.3%	1,201	860,924	3,835,224	3,841,883	446.3%	1.0000	1.1155	1.0124	0.0864	0.0000	0.914	0.906	5.4%	0.3576
	2032	2,172,021	11,024,195	10,870,398	500.5%	1,092	736,615	3,738,727	3,686,568	500.5%	1.0000	1.1125	1.0124	0.0906	0.0000	0.909	0.902	5.4%	0.3391
	2033	1,949,674	11,256,494	10,924,262	560.3%	988	627,065	3,620,376	3,513,522	560.3%	1.0000	1.1104	1.0124	0.0950	0.0000	0.905	0.898	5.5%	0.3216
	2034	1,741,113	11,418,101	10,896,242	625.8%	890	531,031	3,482,462	3,323,298	625.8%	1.0000	1.1077	1.0124	0.0996	0.0000	0.900	0.893	5.5%	0.3050
	2035	1,546,559	11,503,668	10,780,773	697.1%	797	447,381	3,327,727	3,118,611	697.1%	1.0000	1.1046	1.0124	0.1043	0.0000	0.896	0.888	5.4%	0.2893
	2036	1,366,109	11,506,724	10,565,304	773.4%	710	374,934	3,158,068	2,899,692	773.4%	1.0000	1.1002	1.0123	0.1092	0.0000	0.891	0.883	5.4%	0.2745
	2037	1,199,629	11,422,022	10,265,453	855.7%	629	312,530	2,975,695	2,674,382	855.7%	1.0000	1.0971	1.0123	0.1144	0.0000	0.886	0.878	5.3%	0.2605
	2038	1,046,986	11,249,233	9,890,940	944.7%	553	259,070	2,783,551	2,447,450	944.7%	1.0000	1.0947	1.0123	0.1198	0.0000	0.880	0.873	5.3%	0.2474
	2039	907,820	10,992,562	9,453,101	1041.3%	484	213,479	2,584,962	2,222,949	1041.3%	1.0000	1.0930	1.0123	0.1256	0.0000	0.874	0.867	5.2%	0.2352
	2040	781,634	10,657,616	8,948,201	1144.8%	420	174,814	2,383,600	2,001,285	1144.8%	1.0000	1.0903	1.0123	0.1318	0.0000	0.868	0.861	5.1%	0.2237
	2041	667,920	10,247,411	8,371,348	1253.3%	362	142,156	2,181,001	1,781,710	1253.3%	1.0000	1.0855	1.0123	0.1381	0.0000	0.862	0.855	5.1%	0.2128
	2042	566,395	9,765,453	7,740,733	1366.7%	310	114,642	1,976,599	1,566,781	1366.7%	1.0000	1.0809	1.0122	0.1445	0.0000	0.855	0.848	5.2%	0.2024
	2043	476,570	9,220,548	7,087,430	1487.2%	263	91,588	1,772,026	1,362,079	1487.2%	1.0000	1.0784	1.0122	0.1509	0.0000	0.849	0.841	5.4%	0.1922
	2044	397,862	8,627,643	6,436,413	1617.7%	222	72,521	1,572,629	1,173,216	1617.7%	1.0000	1.0775	1.0122	0.1571	0.0000	0.843	0.835	5.5%	0.1823
	2045	329,606	8,003,919	5,799,218	1759.4%	186	56,957	1,383,092	1,002,116	1759.4%	1.0000	1.0765	1.0121	0.1630	0.0000	0.837	0.828	5.5%	0.1728
	2046	271,044	7,365,337	5,178,657	1910.6%	154	44,387	1,206,161	848,066	1910.6%	1.0000	1.0743	1.0121	0.1687	0.0000	0.831	0.822	5.5%	0.1638
	2047	221,323	6,724,529	4,580,483	2069.6%	127	34,344	1,043,492	710,785	2069.6%	1.0000	1.0710	1.0120	0.1741	0.0000	0.826	0.817	5.5%	0.1552
	2048	179,446	6,092,071	4,017,102	2238.6%	105	26,387	895,830	590,709	2238.6%	1.0000	1.0691	1.0119	0.1796	0.0000	0.820	0.811	5.5%	0.1470
	2049	144,474	5,478,127	3,501,033	2423.3%	85	20,126	763,151	487,725	2423.3%	1.0000	1.0693	1.0119	0.1849	0.0000	0.815	0.805	5.6%	0.1393
	2050	115,524	4,891,559	3,032,517	2625.0%	69	15,238	645,231	400,010	2625.0%	1.0000	1.0696	1.0118	0.1901	0.0000	0.810	0.800	5.6%	0.1319
	2051	91,725	4,338,643	2,605,921	2841.0%	56	11,452	541,681	325,350	2841.0%	1.0000	1.0677	1.0117	0.1950	0.0000	0.805	0.794	5.7%	0.1249
	2052	72,364	3,823,223	2,221,820	3070.3%	44	8,549	451,676	262,486	3070.3%	1.0000	1.0666	1.0115	0.2005	0.0000	0.799	0.789	5.7%	0.1181
	Past	75,200,984	9,293,825	15,434,260	20.5%	47,202	115,640,239	11,406,947	19,837,966	17.2%									
	Future	109,291,029	314,340,714	291,361,049	266.6%	52,729	66,231,915	112,537,629	112,684,133	170.1%									
	Lifetime	184,492,013	323,634,539	306,795,308	166.3%	99,931	181,872,154	123,944,576	132,522,100	72.9%									

Attachment 3
Continental Casualty Company
2012 Projection Assumptions

The assumptions in this filing are based on the company's experience, industry experience, and judgment. The experience period is inception through December 31, 2012. These assumptions are based on the nationwide experience of the particular policy forms in this filing and similar nationwide forms and are deemed reasonable for the particular policy forms in this filing. The assumptions described below reflect an estimate of the most likely outcome and do not reflect an explicit margin for conservatism.

In establishing the assumptions described here, the policy design, underwriting, and claims adjudication practices for the above-referenced policies were taken into consideration.

Morbidity

The Milliman 2002 *Long-Term Guidelines* (Milliman *LTCGs*) provide the basis for the claim costs. The Milliman *LTCGs* provide a flexible, but consistent, basis for the determination of claim costs for a wide variety of long-term care benefit packages. These rating structures can be used to anticipate future claim levels, evaluate past experience, and establish inter-relationships between different long-term care coverages. Milliman analyzed nearly $1.8 billion in long-term care insurance incurred claims to develop the Milliman *LTCGs*.

Adjustments were then made to incorporate the company's individual long-term care actual claim experience which is deemed 100% credible on a nationwide basis. A global actual-to-expected (A/E) scalar of 103.1% was derived and is applied to the Milliman *LTCGs* claim costs. An A/E adjustment based on issue age is also applied to the base claim costs, shown in the table below.

Issue Ages	A/E Adjustment
<60	**76.5%**
60-69	**104.2%**
70-74	**119.0%**
75+	**119.9%**

A 1.6% annual improvement in projected morbidity is assumed to apply for 15 years, as supported by the National Long Term Care Survey results, and presented at the Society of Actuaries 2004 Spring Meeting, "Morbidity Improvement and Its Impact on LTC Insurance Pricing and Valuation".

A scalar experience adjustment of 91.0% was applied to all claim costs based on the comparison of projected incurred claims to actual experience. This adjustment was made to reflect that actual historical experience has been running better than the LTCGs best estimate. The adjustment was developed by inspection of the progression of the historical to projected values and smoothing the transition of annual loss ratios from the historical period to the projection period.

Additional adjustments for inflation protection (if applicable), underwriting risk classification, selection, and election of other riders were also used.

Attachment 3
Continental Casualty Company
2012 Projection Assumptions

Persistency

Mortality is assumed to follow the 1994 Group Annuitant Mortality (1994 GAM) Static table, with selection consistent with experience. Additionally, projected mortality rates are assumed to improve by 0.6% annually for 15 years.

The projected annual voluntary lapse rates are 0% for limited-pay policies that are fully paid up. For all other policies, the voluntary lapse rates are 1.5% with an additional lapse for benefit exhaustion in later durations, as shown in the table below.

Policy	Issue Ages		
Duration	<60	60 - 69	70+
1	1.50%	1.50%	1.50%
2	1.50%	1.50%	1.50%
3	1.50%	1.50%	1.50%
4	1.50%	1.50%	1.50%
5	1.50%	1.50%	1.50%
6	1.50%	1.50%	1.50%
7	1.50%	1.50%	1.50%
8	1.50%	1.50%	1.50%
9	1.50%	1.50%	1.50%
10	1.50%	1.50%	1.50%
11	1.50%	1.50%	1.50%
12	1.50%	1.50%	1.50%
13	1.50%	1.50%	1.51%
14	1.50%	1.50%	1.54%
15	1.50%	1.50%	1.64%
16	1.50%	1.50%	1.75%
17	1.50%	1.50%	1.88%
18	1.50%	1.50%	2.02%
19	1.50%	1.50%	2.18%
20	1.50%	1.50%	2.24%
21	1.50%	1.50%	2.31%
22	1.50%	1.50%	2.37%
23	1.50%	1.51%	2.44%
24	1.50%	1.54%	2.52%
25	1.50%	1.64%	2.60%
26	1.50%	1.75%	2.68%
27	1.50%	1.88%	2.76%
28	1.50%	2.02%	2.85%
29	1.50%	2.18%	2.95%
30	1.50%	2.24%	3.04%

Policy	Issue Ages		
Duration	<60	60 - 69	70+
31	1.50%	2.31%	3.15%
32	1.50%	2.37%	3.25%
33	1.50%	2.44%	3.37%
34	1.50%	2.52%	3.48%
35	1.50%	2.60%	3.61%
36	1.51%	2.68%	3.71%
37	1.54%	2.76%	3.71%
38	1.64%	2.85%	3.71%
39	1.75%	2.95%	3.71%
40	1.88%	3.04%	3.71%
41	2.02%	3.15%	3.71%
42	2.18%	3.25%	3.71%
43	2.24%	3.37%	3.71%
44	2.31%	3.48%	3.71%
45	2.37%	3.61%	3.71%
46	2.44%	3.71%	3.71%
47	2.52%	3.71%	3.71%
48	2.60%	3.71%	3.71%
49	2.68%	3.71%	3.71%
50	2.76%	3.71%	3.71%
51	2.85%	3.71%	3.71%
52	2.95%	3.71%	3.71%
53	3.04%	3.71%	3.71%
54	3.15%	3.71%	3.71%
55	3.25%	3.71%	3.71%
56	3.37%	3.71%	3.71%
57	3.48%	3.71%	3.71%
58	3.61%	3.71%	3.71%
59+	3.71%	3.71%	3.71%

Policyholder Behavior Due to the Rate Increase

In the year of rate increase notification to policyholders, an additional 4% of in-force policyholders are assumed to lapse. An additional portion of policyholders will elect to reduce benefits resulting in a 14% reduction in premiums and benefits. We assume a cumulative 2% increase in morbidity due to adverse selection from the rate increase.

Expenses

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commissions will not be paid on the increased premium.

Attachment 4
Continental Casualty Company
Status of Filings as of October 14, 2013
All Jurisdictions in which these Forms are Active
All Policy Forms

Jurisdiction	Requested Increase	Date of Submission	Date Approved or Filed	Amount Approved or Filed	12/31/2011 In-force Premium	Proportion of Nationwide
Alaska*	80.0%	11/26/2012	12/18/2012	80.0%	$ 252,485	0.16%
Alabama	80.0%	11/8/2012	3/18/2013	80.0%	$ 1,125,919	0.71%
Arkansas	80.0%	11/29/2012	9/30/2013	15.0%	$ 974,467	0.61%
Arizona	80.0%	12/10/2012	2/7/2013	50.0%	$ 1,762,497	1.11%
California - LR**	80.0%	1/29/2013	Pending	Pending	$ 10,884,211	6.84%
California - RS**	80.0%	Not Yet Filed	Not Yet Filed	Not Yet Filed	$ 3,477,306	2.18%
California - PTNR**	80.0%	Not Yet Filed	Not Yet Filed	Not Yet Filed	$ 3,806,299	2.39%
Colorado - COMP**	80.0%	12/13/2012	3/1/2013	22.0%	$ 2,705,980	1.70%
Colorado - NHO**	80.0%	12/13/2012	3/1/2013	22.0%	$ 133,437	0.08%
Connecticut	80.0%	12/4/2012	Disapproved		$ 1,998,084	1.26%
District of Columbia	80.0%	1/7/2013	5/9/2013	10.0%	$ 182,342	0.11%
Delaware	90.8%	12/27/2012	3/21/2013	25.0%	$ 122,730	0.08%
Florida	80.0%	Not Yet Filed	Not Yet Filed	Not Yet Filed	$ 8,721,070	5.48%
Georgia	80.0%	11/5/2012	3/27/2013	15.0%	$ 2,620,097	1.65%
Hawaii	80.0%	12/3/2012	Pending	Pending	$ 855,310	0.54%
Iowa	80.0%	11/12/2012	5/13/2013	18.0%	$ 1,071,365	0.67%
Idaho	80.0%	12/3/2012	5/29/2013	25.0%	$ 425,781	0.27%
Illinois	80.0%	10/30/2012	4/16/2013	76.5%	$ 10,337,105	6.49%
Indiana - non-PTNR**	80.0%	3/13/2013	Disapproved, Intend to Re-file		$ 702,088	0.44%
Indiana - PTNR**	80.0%	Not Yet Filed	Not Yet Filed	Not Yet Filed	$ 4,620,627	2.90%
Kansas	80.0%	11/30/2012	Pending	Pending	$ 2,683,356	1.69%
Kentucky	80.0%	10/31/2012	2/4/2013	16.1%	$ 1,402,948	0.88%
Louisiana	30.0%	8/6/2012	Resubmission Pending		$ 1,016,481	0.64%
Massachusetts	80.0%	5/22/2013	Pending	Pending	$ 3,267,085	2.05%
Maryland	15.0%	4/8/2013	6/26/2013	15.0%	$ 8,299,413	5.21%
Maine	41.7%	1/16/2013	5/14/2013	38.9%	$ 1,018,238	0.64%
Michigan	80.0%	10/30/2012	11/19/2012	80.0%	$ 8,429,768	5.30%
Minnesota	25.0%	8/28/2013	Resubmission Pending		$ 1,873,307	1.18%
Missouri	80.0%	10/31/2012	5/7/2013	25.0%	$ 3,032,519	1.90%
Mississippi	90.8%	2/4/2013	4/23/2013	25.0%	$ 455,003	0.29%
Montana	80.0%	12/18/2012	3/11/2013	20.0%	$ 411,358	0.26%
North Carolina	80.0%	7/1/2013	7/23/2013	30.0%	$ 3,429,467	2.15%
North Dakota	25.0%	8/19/2013	9/6/2013	20.0%	$ 228,335	0.14%
Nebraska	80.0%	11/21/2012	5/21/2013	80.0%	$ 1,299,812	0.82%
New Hampshire	80.0%	12/3/2012	10/10/2013	33.1%	$ 620,804	0.39%
New Jersey	80.0%	1/16/2013	Withdrawn, Intend to Re-file		$ 5,525,559	3.47%
New Mexico	122.3%	9/16/2013	Resubmission Pending		$ 445,038	0.28%
Nevada	80.0%	12/7/2012	8/9/2013	80.0%	$ 760,927	0.48%
New York	80.0%	11/28/2012	Disapproved, Intend to Re-file		$ 10,584,555	6.65%
Ohio	80.0%	12/11/2012	Pending	Pending	$ 6,342,683	3.98%
Oklahoma	80.0%	11/30/2012	3/25/2013	25.0%	$ 1,025,446	0.64%
Oregon	80.0%	11/14/2012	Pending	Pending	$ 3,887,320	2.44%
Pennsylvania	80.0%	11/8/2012	3/14/2013	20.0%	$ 10,885,260	6.84%
Rhode Island	80.0%	12/17/2012	Pending	Pending	$ 207,247	0.13%
South Carolina	80.0%	11/9/2012	8/2/2013	20.0%	$ 1,448,305	0.91%
South Dakota	80.0%	12/3/2012	1/28/2013	80.0%	$ 708,350	0.44%
Tennessee	80.0%	10/31/2012	2/20/2013	77.2%	$ 4,030,164	2.53%
Texas - LR**	80.0%	12/13/2012	5/24/2013	50.0%	$ 4,736,476	2.98%
Texas - RS**	80.0%	12/13/2012	9/10/2013	80.0%	$ 1,549,239	0.97%
Utah	80.0%	12/28/2012	6/26/2013	50.0%	$ 376,423	0.24%
Virginia	80.0%	4/26/2013	Pending	Pending	$ 5,966,447	3.75%
Vermont	80.0%	12/17/2012	Pending	Pending	$ 136,624	0.09%
Washington	80.0%	4/11/2013	Pending	Pending	$ 4,068,867	2.56%
Wisconsin	80.0%	11/5/2012	2/6/2013	80.0%	$ 1,914,850	1.20%
West Virginia	80.0%	12/28/2012	Pending	Pending	$ 201,162	0.13%
Wyoming	80.0%	6/28/2013	8/16/2013	80.0%	$ 141,084	0.09%
				Total	**$ 159,189,122**	**100.00%**

** Alaska does not require Long Term Care rates to be filed before use.*

*** LR = policies issued prior to the effective date of rate stability in that state.*
RS = policies issued on or after the effective date of rate stability in that state.
PTNR = policies issued under the partnership program.
non-PTNR = policies not issued under the partnership program.
COMP = Comprehensive policy forms
NHO = Nursing home only policy forms

8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

February 18, 2014

Bob Grissom
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: Continental Casualty Company (CCC)
Company NAIC # 20443
SERFF Tracking # MILL-128834437
Policy Forms:

Comprehensive Long Term Care	P1-N0080-A45
Comprehensive Long Term Care	P1-N0081-A45
Comprehensive Long Term Care	P1-N0085-A45
Comprehensive Long Term Care	P1-N0086-A45
Comprehensive Long Term Care	P1-N0095-A45
Comprehensive Long Term Care	P1-N0096-A45
Comprehensive Long Term Care	P1-N0100-A45
Comprehensive Long Term Care	P1-N0101-A45
Nursing Home Only	P1-N0075-A45
Nursing Home Only	P1-N0076-A45
Nursing Home Only	P1-N0090-A45
Nursing Home Only	P1-N0091-A45

Dear Mr. Grissom:

Thank you for reviewing our filing. This letter is in response to your letter dated December 20, 2013 regarding information needed for the above-referenced filing. The remainder of this letter provides additional information requested in your December 20 letter. Each request is restated in italics for reference.

1. *What is the range of issue dates on a nationwide basis?*

   The Preferred Solution policy forms were issued nationwide from June 16, 1998 through December 28, 2003 and are no longer being marketed in any jurisdiction.

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2. *The actuarial memorandum states you believe the experience is 100% credible. We see there is more than $500 million in historical incurred claims. How many claims and what incurred amount are in the experience study?*

   CCC has chosen a credibility standard of a 90% confidence interval for the number of claims with an error of plus or minus 5%. Based on these parameters, 1,082 claims (over the entire historical period) is the criterion for full credibility. As there have been 5,279 claims for Preferred Solution policy forms as of December 31, 2012, nationwide experience is considered fully credible.

   Attachment 1 to this letter provides the claim data (actual and expected claims, etc.) underlying the global A/E factor and the issue age A/E factors described in the October 15, 2013 response letter. There is about $275 million in historical incurred claims for Preferred Solution policies in durations 9 and above that is used to develop the global morbidity A/E factor. There is over $1.3 billion of late duration experience for all companies that is used to develop the issue age morbidity A/E factors. The issue age A/E study focuses on the most recent five years of experience during which there were in excess of 20,000 claims incurred.

3. *The actuarial memorandum shows the use of issue age adjustments when setting the new morbidity assumption. Do the issue age adjustments to morbidity result in a weighted factor of 1.00 when applied to the historical experience?*

   As shown in Attachment 1, the issue age adjustments result in a weighted factor of 1.00 when applied to the *expected* historical experience and weighted with issue age distributions based on inforce policy counts as of June 30, 2012.

4. *The memorandum also shows a global scalar experience adjustment of 103.1%. Is this an adjustment to bring the Milliman Guidelines up to date or is it an adjustment to reflect the Company experience? If the latter, then why is there an additional 91.0% adjustment? If the 103.1% already reflects Company experience, why is there a need to further adjust it? If one considers an appropriate baseline period from the historical experience, should not the transition already be smooth?*

   The 103.1% scalar is an adjustment to reflect company experience on Preferred Solution policy forms. Other adjustments reflecting company experience are the issue age adjustments described above and in Attachment 1 and morbidity improvement, which is based on the entire block of individual long term care combined.

   A 91% scalar grading adjustment is applied to the Milliman 2002 *Long-Term Care Guidelines* (Milliman *LTCGs*) claim cost over and above the adjustments noted above. The primary purpose of this final adjustment is to produce a smooth transition from recent actual past experience to near-term future projected experience. Factors contributing to the need for this final adjustment include:

   - Minor modeling differences between the experience analysis system and the projection system concerning when the claim cost for the next age is applied

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- Inconsistency between the experience analysis system and the projection system in the handling of certain riders which, in effect, double-loads for them in the product level actual-to-expected (A/E)
- Global improvement (e.g., relative to the Milliman *LTCGs*) over time was not reflected in the A/E calculations. The actual accident year A/E's had been following a downward trend from 2002 to 2011.

The scalar grading adjustment factor is reviewed annually and is subject to change if required.

5. *We reviewed the section on shock lapses, benefit buy-downs and anti-selection. It is not clear if you expect two effects of 4% for shock lapses and additional 14% for buy-downs or if the 14% includes both phenomena. Please show how you arrived at the revised reduction in premium of 14%? What percentage of the policyholders do you expect to have benefit buy-downs and by how much will they buy-down?*

As clarification, Attachment 3 of the October 15, 2013 response describes the policyholder behavior assumptions due to an 80% rate increase, which was requested or will be requested in all jurisdictions nationwide except where limited by regulation. However, the updated projections and exhibits provided in the October 15 response are based on the revised rate increase request of 52%. Different effects for shock lapse and reduced benefit options are expected for this lower increase request.

Specific policyholder actions such as accepting the full rate increase, decreasing benefit option, etc. are not assumed at a policy level in the after-increase projections. Policyholder action is assumed at an aggregate level. In the year of a 52% rate increase notification to policyholders, 2.5% of in-force policyholders are assumed to lapse. A separate portion of policyholders will elect to reduce benefits resulting in an 8.5% reduction in premiums and benefits. We assumed a cumulative 1.25% increase in morbidity due to adverse selection from the rate increase.

The assumptions for shock lapse and reduced benefit option election are loosely based on the experience of CCC and other companies, and actuarial judgment. It is assumed that more policyholders will opt to reduce benefits to offset the rate increase than will lapse their policy completely, resulting in a larger impact on premium and claims from benefit reductions (8.5% impact) than from shock lapses (2.5% impact).

The adverse selection assumption was developed from the following formula and actuarial judgment. We assume that at the time of the rate increase, policyholders that voluntarily lapse their policy will be selective in that their relative morbidity is, on average, 50% lower than that of the remaining pool.

PoolMorb = AdvSelMorb x (1 – Shock) + [(1 – 50%) x AdvSelMorb] x Shock, where

PoolMorb = morbidity of the pool before the rate increase = 1.0
AdvSelMorb = adverse morbidity of the remaining pool after the rate increase due to selective lapses

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Shock = percentage of additional lapse due to the rate increase

Solving the above for the adverse selection component results in the following formula:

Adverse Selection = AdvSelMorb = 1 / (1 – 50% x Shock)

6. *The revised projections show the premiums with the 52% rate increase are 35.5% higher than without the rate increase. This doesn't quite match our expectation of 1.52 x (1-.14) = 1.307, or 1.52 x (1-.14) x (1-.04) = 1.255 [whichever it is, see question 5]. The revised incurred claims with the rate increase are about 9% lower than with the rate increase. This doesn't quite match our expectation of 14% lower, or 1-((1-.14) x (1-.04)) = 17.4% [whichever it is, see question 5]. Is there some other nuance here?*

   As described in item 5 above, the impacts from benefit reductions and shock lapses for the modified 52% rate increase request are 8.5% and 2.5%, respectively. A cumulative 1.25% increase in morbidity due to adverse selection from the rate increase is also assumed. The impacts on premium and incurred claims in the projections with the requested increase reflect these assumptions, as shown below.

   Impact on Premium = 1.52 x (1 – 0.085) x (1 – 0.025) – 1 = 35.6% higher

   Impact on Incurred Claims = 1.0125 x [(1 – 0.085) x (1 – 0.025)] – 1 = 9.7% lower

   Note that the impact on incurred claims varies some from year-to-year in the projections due to an increased cost of waiver of premium resulting from the rate increase.

7. *We calculated the ratio of successive annual loss ratios in the projection period. This should be a good proxy for the slope of the claim cost curve. The initial slope is 16% which is on the high side. Is there any remaining morbidity selection in 2013? The slope declines gradually over the projection period to an ultimate level of 6.5%. Most companies believe there is a great leveling of claim costs at the advanced ages. Please explain why you believe the starting slope of 16% is appropriate and why the ultimate level is not in the 1-3% range.*

   I agree the ratio of successive loss ratios may be considered a good proxy for the slope of the claim cost curve. The intial slope is on the high side for two reasons. The first reason is that the morbidity assumption includes selection factors through 20 durations for all policies with issue ages under 80. Preferred Solution policies were issued from 1998 to 2003, so policies have another five to ten years of selection wear-off remaining in the projections. The continued selection wear-off leads to the ratios of successive loss ratios being higher than the ratios would be absent selection wear-off. The second reason is that the block's average attained age has now reached the point where incurred claims begin to significantly increase. Attachment 2a provides a graph of historical and projected incurred claims per $100 of original daily benefit by attained age. As can be seen in Attachment 2a, the slope of the graph is steepest between attained ages of 70 and 90. Attachment 2b provides the Preferred Solution's average attained age by calendar year, and shows that the average attained age as of December 31, 2012 is 71.

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The ratio of successive loss ratios declines to an ultimate level of around 6.5%. As shown in Attachments 2a and 2b, the average attained age at the end of the projection period is 96 and therefore the loss ratio pattern in the late years does not capture the leveling or decreasing of incurred claims per original daily benefit that will occur at older ages. It is also of note that the latest projection years have a larger proportion of younger issue age insureds because older issue age insureds may have already reached the terminal age of the mortality table. An increased portion of younger insureds in later projection years may prevent a block's ultimate claim cost curve from ultimately leveling, as younger issue age insureds are much more likely to have purchased compound inflation protection.

8. *Please provide the full history of GAAP active life reserves on a nationwide basis.*

Table 1 below provides the history of the GAAP active life reserves (ALR) on a nationwide basis.

Table 1

Year	GAAP ALR
1999	$ 6,905,527
2000	42,562,614
2001	113,525,042
2002	231,514,502
2003	382,127,399
2004	525,047,033
2005	678,678,890
2006	836,727,203
2007	1,000,942,707
2008	1,165,659,582
2009	1,332,749,965
2010	1,505,026,769
2011	1,683,694,287
2012	1,864,891,475

Please note the 2011 GAAP ALR balance provided in our August 9, 2013 response excluded the maintenance expense component of the ALR and, therefore, does not tie to the value in Table 1 above.

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9. *Please provide a more detailed distribution by attained age. Please show the distribution for each age / gender combination.*

Table 2 below provides the policyholder counts for the nationwide inforce business, as of December 31, 2012, by attained age and gender.

Table 2
Nationwide Inforce Policyholders as of December 31, 2012

Attained Age	Inforce Lives		Attained Age	Inforce Lives	
	Male	Female		Male	Female
< 27	0	0	**63**	980	1,709
27	1	1	**64**	1,447	2,389
28	0	0	**65**	1,778	2,881
29	1	0	**66**	1,589	2,324
30	1	1	**67**	1,707	2,397
31	0	0	**68**	1,810	2,637
32	1	2	**69**	2,272	2,936
33	3	2	**70**	2,034	2,666
34	1	1	**71**	1,945	2,514
35	4	2	**72**	1,870	2,340
36	4	2	**73**	1,820	2,268
37	1	4	**74**	1,911	2,336
38	3	3	**75**	1,876	2,197
39	6	6	**76**	1,687	2,024
40	4	10	**77**	1,559	1,748
41	6	6	**78**	1,325	1,540
42	10	13	**79**	1,235	1,424
43	10	20	**80**	1,038	1,256
44	13	21	**81**	910	1,086
45	20	24	**82**	827	995
46	21	37	**83**	646	793
47	31	48	**84**	505	646
48	31	57	**85**	403	548
49	43	96	**86**	321	443
50	61	101	**87**	260	359
51	75	151	**88**	186	279
52	95	180	**89**	141	226
53	131	246	**90**	102	143
54	162	322	**91**	54	99
55	199	367	**92**	43	46
56	211	481	**93**	15	27
57	314	596	**94**	6	11
58	382	729	**95**	3	10
59	525	1,021	**96**	2	2
60	601	1,119	**97**	2	1
61	713	1,164	**98 +**	0	0
62	818	1,446	**Total**	38,811	53,579

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In performing this analysis, we relied on data and other information provided by CCC. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

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❖❖❖

Bob, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2419 or by e-mail at amy.pahl@milliman.com.

Respectfully,

Amy Pahl, FSA, MAAA
Principal & Consulting Actuary

ABP/tcr

Attachment 1: Morbidity Experience Summary
Attachment 2a: Nationwide Incurred Claims by Attained Age
Attachment 2b: Average Attained Age by Calendar Year

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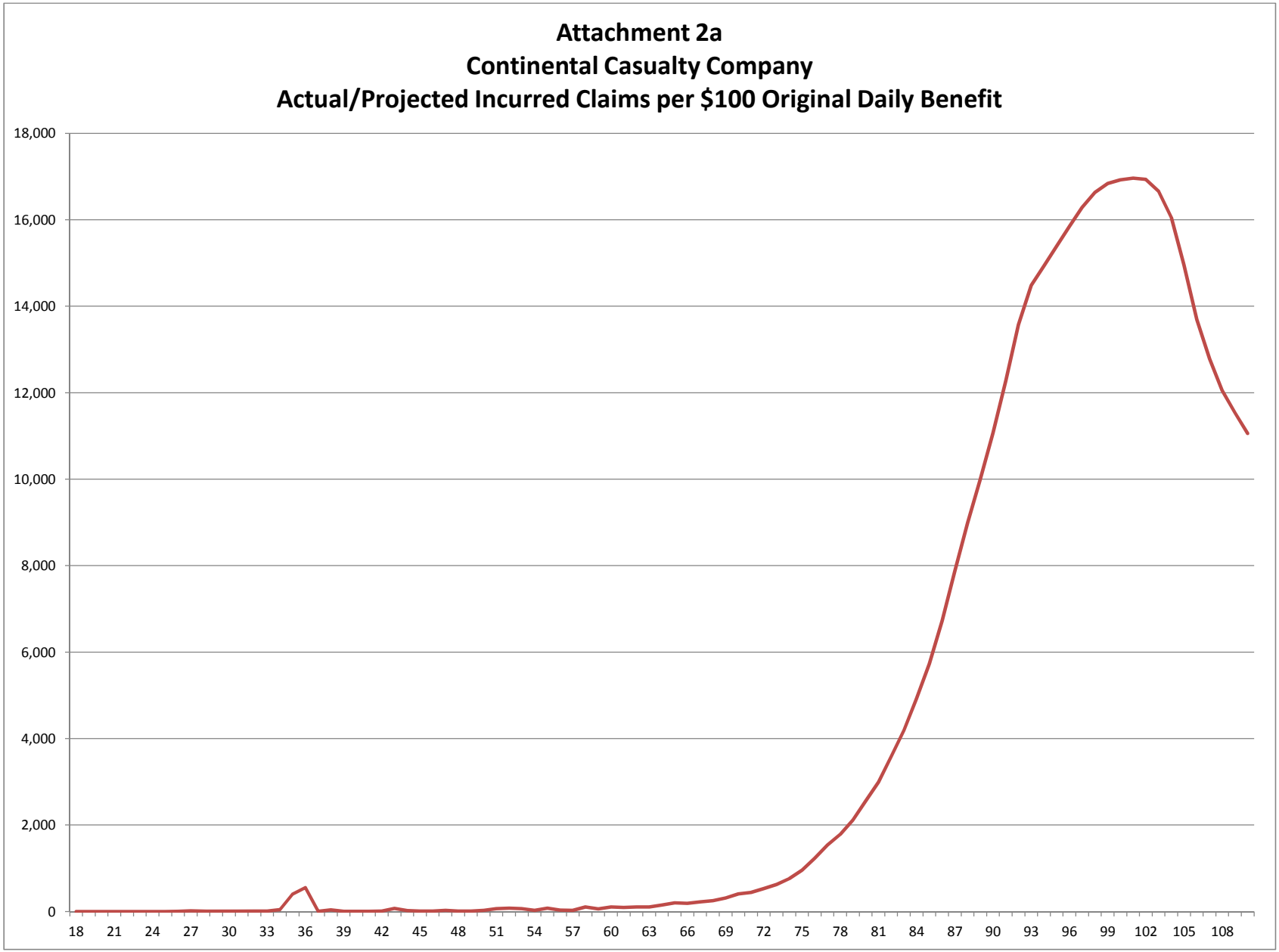
Attachment 1
Continental Casualty Company
Preferred Solution Global Morbidity A/E Scalar

Duration	Actual Claims	Expected Claims	A/E	Inforce at 6/30/12 (policies)	Inforce at 6/30/12 (DBA)
1	7,926,914	10,201,259	77.7%		
2	15,341,399	15,130,267	101.4%		
3	24,083,116	21,466,722	112.2%		
4	26,540,757	28,505,225	93.1%		
5	28,368,780	36,621,952	77.5%		
6	45,703,099	45,681,604	100.0%		
7	49,400,540	55,094,104	89.7%		
8	64,349,826	64,384,635	99.9%		
9	72,612,898	73,974,069	98.2%	46	8,608
10	76,013,957	77,856,950	97.6%	23,464	4,402,525
11	66,546,175	61,502,129	108.2%	26,224	4,976,646
12+	62,645,855	60,892,616	102.9%	43,769	8,345,054
Total	539,533,317	551,311,531	97.9%	93,503	17,732,834
	Weighted Average A/E for Durations 9+			103.1%	**103.1%**

Attachment 1
Continental Casualty Company
Issue Age Morbidity A/E Adjustments

Issue Age and Product	Durations Used	Actual Claims	Expected Claims	A/E	Age Normalized A/E	Age Distribution
Ages <60						
Pref. Advantage	15+	17,378,667	21,225,975	81.9%		
Pref. Solution	9+	39,338,974	57,013,338	69.0%		
TQ	13+	19,595,056	21,189,486	92.5%		
Premier/Classic	16+	8,932,355	11,400,877	78.3%		
LTC1	16+	43,616,474	79,265,427	55.0%		
Con Care B	20+	23,482,328	37,320,672	62.9%		
Total		152,343,854	227,415,774	67.0%	**76.5%**	41%
Ages 60-69						
Pref. Advantage	15+	81,359,064	85,643,710	95.0%		
Pref. Solution	9+	128,510,706	114,800,390	111.9%		
TQ	13+	94,887,520	88,902,839	106.7%		
Premier/Classic	16+	62,337,375	63,215,094	98.6%		
LTC1	16+	231,879,622	276,094,613	84.0%		
Con Care B	20+	154,930,281	197,713,284	78.4%		
Total		753,904,567	826,369,929	91.2%	**104.2%**	46%
Ages 70-74						
Pref. Advantage	15+	38,664,727	37,850,525	102.2%		
Pref. Solution	9+	68,884,766	60,996,807	112.9%		
TQ	13+	55,987,834	50,735,529	110.4%		
Premier/Classic	16+	29,852,671	26,818,046	111.3%		
LTC1	16+	60,610,795	64,726,686	93.6%		
Con Care B	20+	32,514,420	33,894,572	95.9%		
Total		286,515,213	275,022,166	104.2%	**119.0%**	10%
Ages 75+						
Pref. Advantage	15+	12,553,984	12,113,606	103.6%		
Pref. Solution	9+	42,321,820	41,415,228	102.2%		
TQ	13+	29,748,353	25,960,157	114.6%		
Premier/Classic	16+	12,806,713	11,622,511	110.2%		
LTC1	16+	12,716,565	13,928,501	91.3%		
Con Care B	20+	3,651,902	3,384,476	107.9%		
Total		113,799,338	108,424,479	105.0%	**119.9%**	3%

Weighted Average - All Ages	**442,804,870**	**505,802,376**	**87.5%**	**100.0%**	


Attachment 2a
Continental Casualty Company
Actual/Projected Incurred Claims per $100 Original Daily Benefit
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
18 21 24 27 30 33 36 39 42 45 48 51 54 57 60 63 66 69 72 75 78 81 84 87 90 93 96 99 102 105 108

Attachment 2b
Continental Casualty Company
Average Attained Age by Calendar Year

	Calendar Year	Average Attained Age
Historical Experience	1998	60
	1999	61
	2000	61
	2001	61
	2002	62
	2003	62
	2004	63
	2005	64
	2006	65
	2007	66
	2008	67
	2009	68
	2010	69
	2011	70
	2012	71
Projected Future Experience	2013	72
	2014	72
	2015	73
	2016	74
	2017	75
	2018	76
	2019	77
	2020	77
	2021	78
	2022	79
	2023	80
	2024	80
	2025	81
	2026	82
	2027	82
	2028	83
	2029	84
	2030	84
	2031	85
	2032	86
	2033	86
	2034	87
	2035	88
	2036	88
	2037	89
	2038	89
	2039	90
	2040	90
	2041	91
	2042	92
	2043	92
	2044	93
	2045	93
	2046	93
	2047	94
	2048	94
	2049	95
	2050	95
	2051	95
	2052	96

8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

July 18, 2014

Janet Houser
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: Continental Casualty Company (CCC)
Company NAIC # 20443
SERFF Tracking # MILL-128834437
Policy Forms:

Comprehensive Long Term Care	P1-N0080-A45
Comprehensive Long Term Care	P1-N0081-A45
Comprehensive Long Term Care	P1-N0085-A45
Comprehensive Long Term Care	P1-N0086-A45
Comprehensive Long Term Care	P1-N0095-A45
Comprehensive Long Term Care	P1-N0096-A45
Comprehensive Long Term Care	P1-N0100-A45
Comprehensive Long Term Care	P1-N0101-A45
Nursing Home Only	P1-N0075-A45
Nursing Home Only	P1-N0076-A45
Nursing Home Only	P1-N0090-A45
Nursing Home Only	P1-N0091-A45

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your letter dated May 12, 2014 regarding information needed for the above-referenced filing. The remainder of this letter provides additional information requested in your May 12 letter. The relevant comments from each request are restated in italics for reference.

1. *Please provide a schedule of historical year-end active life reserves which a) are calculated using the pricing rate of 7.14%, b) do not contain any other components such as loss adjustment expense, and c) use best estimate assumptions, i.e., have no margins. We appreciate this is not easy to do. We are willing to accept a reasonable approximation.*

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

The nationwide GAAP active life reserve (ALR) balance as of December 31, 2012, calculated using an interest rate of 7.14% and excluding expense components is $1,467,944,247. This balance was calculated without any explicit margins and the original GAAP valuation assumptions. Corresponding values for other valuation dates are not readily available but may be approximated based on the relationship to reported GAAP ALR as of December 31, 2012, if required.

2. *Please provide a comparison of the actual incurred claims for the Preferred Solutions form to those expected based on the original pricing morbidity assumption. If possible show both claim counts and actual amounts. A comparison with calendar year as the only variable is sufficient.*

Table 1 below provides a comparison of actual incurred claims to that expected at pricing for the Preferred Solutions block. Actual historical claim counts are provided as requested; however, expected claim counts are not available. The expected incurred claims in Table 1 are being provided on an actual exposure basis so that the actual-to-expected comparison represents only differences attributable to changes in the morbidity assumption.

As shown in Table 1, actual morbidity experience has been favorable compared to original pricing expectations. The rate increase request is not being driven by adverse morbidity. Instead, this increase is needed due to actual persistency running higher than expected in original pricing.

Table 1
Actual-to-Expected Incurred Claims Using Actual Exposure
Nationwide Experience, without Interest

Calendar Year	(a) Historical Claim Counts	(b) Historical Incurred Claims	(c) Pricing Expected Incurred Claims	(d) = (b) / (c) Actual-to-Expected
1998	0	$ 0	$ 3,000	0%
1999	4	126,537	728,221	17
2000	31	2,457,893	3,772,518	65
2001	64	4,961,045	8,780,373	57
2002	144	10,733,027	16,549,811	65
2003	217	14,404,165	26,296,525	55
2004	288	20,812,681	34,776,119	60
2005	320	24,179,858	43,311,363	56
2006	407	36,111,337	51,266,186	70
2007	457	37,546,540	57,925,521	65
2008	566	54,052,018	65,031,361	83
2009	585	52,872,136	72,790,399	73
2010	702	69,805,207	81,521,458	86
2011	740	82,858,177	91,354,843	91
2012	754	100,398,268	102,485,160	98

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In performing this analysis, we relied on data and other information provided by CCC. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

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Janet, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2419 or by e-mail at amy.pahl@milliman.com.

Respectfully,

Amy Pahl, FSA, MAAA
Principal & Consulting Actuary

ABP/tcr

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8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

September 9, 2014

Janet Houser
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: Continental Casualty Company (CCC)
Company NAIC # 20443
SERFF Tracking # MILL-128834437
Policy Forms:

Comprehensive Long Term Care	P1-N0080-A45
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Comprehensive Long Term Care	P1-N0100-A45
Comprehensive Long Term Care	P1-N0101-A45
Nursing Home Only	P1-N0075-A45
Nursing Home Only	P1-N0076-A45
Nursing Home Only	P1-N0090-A45
Nursing Home Only	P1-N0091-A45

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your letter dated August 14, 2014 regarding information needed for the above-referenced filing. The remainder of this letter provides additional information requested in your August 14 letter. The relevant comment relating to each request is restated in italics for reference.

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1. *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.*

   A completed rate summary form is enclosed with this letter. Included with the form is an explanation of the justification for the rate increase in consumer-friendly language.

2. *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.*

   All applicable sections of the provided NAIC bulletin are addressed below.

   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?

   The company agrees to not implement future increases before three years following the implementation of the 52% requested rate increase. The company reserves the right to seek additional rate increases in the future in advance of the end of the three-year rate guarantee period, but any future increase will not be implemented until three years following the implementation of the 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. If the company is agreeable to this, what implementation schedule would be offered?

   The company prefers to implement the requested rate increase as a single rate increase but understands that if the Bureau approves a series of scheduled rate increases in lieu of the single rate increase that a contingent nonforfeiture benefit be available to all policyholders, regardless of issue date, if the sum of all scheduled rate increases for that policy triggers the definition of a substantial rate increase.

   If the Bureau approves a series of scheduled rate increases, CCC would prefer the increase be phased in over two years by implementing a 24.7% increase in each year. This rate increase

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schedule produces the same projected lifetime loss ratio as the one-time 52% rate increase request.

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) Contingent Benefit upon lapse may be required to be provided 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 agrees to offer a contingent nonforfeiture benefit to all policyholders, regardless of issue date, if the rate increase for that policy triggers the definition of a substantial rate increase. For policies that have reached their 20th duration, the contingent nonforfeiture benefit will be available regardless of rate increase level. For policies that have not yet reached their 20th duration, the trigger for a substantial increase will be capped at 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

Enclosed with this letter is a copy of the sample policyholder notification letter which will be provided to policyholders upon notification of their rate increase. All of the required items listed above are contained within the enclosed document. In the future, slight variations in letter language may occur that do not materially change the information being provided to the policyholder. As the letter does not require approval, we understand that it will not be necessary to file each of these minor variations with the state of Virginia.

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. Please be more specific in the letter to explain what assumptions were found not to be consistent with actual experience.

In addition to the policyholder notification letter, policyholders will receive a Frequently Asked Questions document which will provide policyholders with additional information on the rate increase in consumer-friendly language. A sample copy of this document is also enclosed with this letter. In the future, slight variations in language may occur that do not materially change the information being provided to the policyholder in the Frequently Asked Questions document. As the document does not require approval, we understand that it will not be necessary to file each of these minor variations with the state of Virginia.

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The management also prefers that any reference to laws and regulations of the state be expanded to state Virginia's State Corporation Commission reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was compliant, the increase was approved or words of similar import.

The enclosed sample policyholder notification letter complies with this request.

e) Compliance with the New Loss Ratio Standards

Attachment 1 to this letter provides a demonstration that the requested rate increase meets the loss ratio standards as described in the NAICs Executive/Plenary bulletin. This attachment shows that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the historical earned premium times 60%,
2. Present value of future projected earned premium without the requested rate increase, times 60%, and
3. Present value of future projected earned premium with the requested rate increase in excess of the future projected earned premium without the requested rate increase, times 80%.

As required by the NAICs Executive/Plenary bulletin, present and accumulated values in Attachment 1 are determined at the maximum valuation interest rate, which is 4.5% for all policies in this block of business.

3. *Please advise how the policy is updated to reflect any changes the policyholder may select. If the form is updated via endorsement, please provide a copy of such form and its form number, SERFF tracking number and approval date. If the policy is updated via a revised Schedule of Benefits, please provide evidence the policy was initially approved for such variability. Please advise if any forms requesting changes are attached to the policy. If so, such forms would need to be reviewed and approved. If forms are currently in use, please provide the form number, SERFF tracking number, and approval date.*

Policyholder changes including contingent nonforfeiture and coverage reductions would be effected administratively by letter.

If a policyholder elects the contingent nonforfeiture benefit, the request from the policyholder would be processed as a cancellation. Upon cancellation the policyholder would receive a confirmation letter showing the policy was placed in nonforfeiture status.

If a policyholder chooses to reduce coverage, the policyholder would be mailed a confirmation letter illustrating their new reduced benefits.

The policyholder confirmation letters are imaged and stored in the long term care administrative system.

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Milliman's work is being delivered to the Bureau, in accordance with its statutory and regulatory requirements. Milliman recognizes that materials it delivers to the Bureau may be public records subject to disclosure to third parties, however, Milliman does not intend to benefit and assumes no duty or liability to any third parties, including the Bureau, who receive Milliman's work and may include disclaimer language on its work product so stating. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, the Bureau agrees that it shall not disclose Milliman's work product to third parties without Milliman's prior written consent; provided, however, that the Bureau may distribute Milliman's work to (i) its professional service providers who are subject to a duty of confidentiality and who agree to not use Milliman's work product for any purpose other than to provide services to the Bureau, or (ii) any applicable regulatory or governmental agency, as required.

In performing this analysis, we relied on data and other information provided by CCC. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

❖❖❖

Janet, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2419 or by e-mail at amy.pahl@milliman.com.

Respectfully,

Amy Pahl, FSA, MAAA
Principal & Consulting Actuary

ABP/tcr

Attachment 1: Nationwide 60/80 Test with 52% Requested Increase

Enclosures: Health Insurance Rate Request Summary
Sample Policyholder Notification Letter
Premium Rate Increase Frequently Asked Questions

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

Attachment 1
Continental Casualty Company
Nationwide 60/80 Test with 52% Increase
All Policy Forms

1	Accumulated value of initial earned premium	2,807,584,555	x	60%	=	1,684,550,733
2a	Accumulated value of earned premium	2,807,584,555				
2b	Accumulated value of prior premium rate schedule increases (2a - 1)	0	x	80%	=	0
3	Present value of future projected initial earned premium	1,283,904,320	x	60%	=	770,342,592
4a	Present value of future projected premium	1,876,816,733				
4b	Present value of future projected premium in excess of the projected initial earned premiums (4a - 3)	592,912,413	x	80%	=	474,329,931
5	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b**					**2,929,223,255**
6a	Accumulated value of incurred claims without the inclusion of active life reserves					608,081,717
6b	Present value of future projected incurred claims without the inclusion of active life reserves					3,343,526,984
7	**Lifetime Incurred Claims with Rate Increase: Sum 6a and 6b**					**3,951,608,701**
8	Test: 7 is not less than 5					True

All values are accumulated or discounted at an average maximum valuation interest rate for contract reserves.

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

Company Name and NAIC Number: Continental Casualty Company - NAIC # 20443

SERFF Tracking Number: MILL-128834437

Effective Date: The rate increase will apply to policies on their next premium due date following a 90 day policyholder notification period following approval.

(Projected) Number of Insureds Affected: 3,662

New Rates

Average Annual Premium Per Member: N/A

Revised Rates

Average Annual Premium Per Member: $2,477

Average Requested Percentage Rate Change Per Member: 52%

Minimum Requested Percentage Rate Change Per Member: 52%

Maximum Requested Percentage Rate Change Per Member: 52%

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

Form#	"Product Name"(if applicable)
P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45	Preferred Solution

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.

Health Insurance Rate Request Summary
Summary of Key Information

When the company originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on the company's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with the company's actual experience. This rate increase is necessary because the total expected claims are higher than originally expected, and policyholder termination rates are lower than originally expected. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

P.O. Box 64912
St. Paul MN 55164-0912
1-800-262-6692
Fax: 952-983-5193

September 4, 2014

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Premium Adjustment Notice

Company: «Continental Casualty Company»
Policy Number: «POLICY NUMBER»
Insured: «FNAME» «MI» «LNAME»

Dear «FNAME» «LNAME»:

The purpose of this letter is to notify you that the long-term care insurance premium for policy number «POLICY NUMBER» issued by «Continental Casualty Company» is being increased. Specifically, the premium you currently pay «current premium» will increase on the first premium due date on or after «renewal date» as shown below:

Premium Renewal Date	Percentage Increase	New «FIELD_17» Premium
«renewal date»	«increase percentage»	«Premium amount»

While this is not a bill, you should keep a copy of this letter with your policy.

The decision to implement a premium increase is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CNA, are facing significant challenges as it relates to the pricing of its long term care policies. CNA, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

When CNA originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on CNA's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with CNA’s actual experience. This rate increase is necessary because the total expected claims are higher than originally expected, and policyholder termination rates are lower than originally expected. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

Therefore, after careful review and analysis of the long-term care policy experience, CNA determined, that the Preferred Solution policies required a premium adjustment and a <<increase percentage>> increase is being implemented for the state where your policy was originally issued. Your policy is guaranteed renewable which means that although CNA can never cancel your coverage (except for nonpayment of premium), we reserve the right to change premiums as long as the increase applies to all policies with the same class in a given state. This means that you will not be singled out for a rate increase based on your age or health. CNA will continue to evaluate this block of business, and may seek additional premium rate increases in the future. Further, please note that the state in which your policy was issued has reviewed and approved this premium adjustment.

CNA's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. Your policy provides the ability for you to decrease your coverage which will help reduce the impact of the rate increase**.** Some possible options may be as follows:

1. Reducing the Maximum Lifetime Benefit; or
2. Reducing the Maximum Daily Facility Benefit and/or Maximum Home and Community Based Care Benefit; or
3. Increasing the Elimination Period; or
4. Deleting an optional rider for which a premium is charged.

In no event may your benefits be decreased below the minimum benefits available for new applicants or below what is required by the regulations of your state. If you elect to reduce your coverage under this provision, the premium will be based on the reduced amount of coverage elected.

Should you wish to explore these options further, please contact us at our administrative office directly at 1-888-397-5824. We will be happy to provide you with whatever assistance we can to help you maintain your valuable coverage.

Sincerely,

Jennifer White

Director, Long Term Care Administration

P.O. Box 64912
St. Paul MN 55164-0912
1-800-262-6692
Fax: 952-983-5193

September 4, 2014

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Premium Adjustment Notice

Company: «Continental Casualty Company»
Policy Number: «POLICY NUMBER»
Insured: «FNAME» «MI» «LNAME»

Dear «FNAME» «LNAME»:

The purpose of this letter is to notify you that the long-term care insurance premium for policy number «POLICY NUMBER» issued by «Continental Casualty Company» is being increased. Specifically, the premium you currently pay «current premium» will increase on the first premium due date on or after «renewal date» as shown below:

Premium Renewal Date	Percentage Increase	New «FIELD_17» Premium
«renewal date»	«increase percentage»	«Premium amount»

While this is not a bill, you should keep a copy of this letter with your policy.

You have the option to cancel your policy and exercise a Contingent Non-Forfeiture benefit. Please see the attached illustration that describes this benefit in detail.

The decision to implement a premium increase is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CNA, are facing significant challenges as it relates to the pricing of its long term care policies. CNA, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

When CNA originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on CNA's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with CNA's actual experience. This rate increase is necessary because the total expected claims are higher than originally expected, and policyholder termination rates are lower than originally expected. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

Therefore, after careful review and analysis of the long-term care policy experience, CNA determined, that the Preferred Solution policies required a premium adjustment and a <<increase percentage>> increase is being implemented for the state where your policy was originally issued. Your policy is guaranteed renewable which means that although CNA can never cancel your coverage (except for nonpayment of premium), we reserve the right to change premiums as long as the increase applies to all policies with the same class in a given state. This means that you will not be singled out for a rate increase based on your age or health. CNA will continue to evaluate this block of business, and may seek additional premium rate increases in the future. Further, please note that the state in which your policy was issued has reviewed and approved this premium adjustment..

CNA's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. Your policy provides the ability for you to decrease your coverage which will help reduce the impact of the rate increase**.** Some possible options may be as follows:

1. Reducing the Maximum Lifetime Benefit; or
2. Reducing the Maximum Daily Facility Benefit and/or Maximum Home and Community Based Care Benefit; or
3. Increasing the Elimination Period; or
4. Deleting an optional rider for which a premium is charged.

In no event may your benefits be decreased below the minimum benefits available for new applicants or below what is required by the regulations of your state. If you elect to reduce your coverage under this provision, the premium will be based on the reduced amount of coverage elected.

Should you wish to explore these options further, please contact us at our administrative office directly at 1-888-397-5824. We will be happy to provide you with whatever assistance we can to help you maintain your valuable coverage.

Sincerely,

Jennifer White

Director, Long Term Care Administration

Contingent Non-Forfeiture Benefit Illustration

As described below, you may cancel your policy and receive a Contingent Non-Forfeiture Benefit in the form of a Reduced Maximum Lifetime Benefit. In order to be eligible for this benefit, you must pay **all premiums due for periods of coverage up to your renewal date of << renewal date>>**. If such premiums are not paid, your policy will terminate and you will **not** receive the Reduced Maximum Lifetime Benefit, regardless of whether you provide written certification that you are terminating your policy due to the premium rate increase. Your policy must be paid to **<<renewal date>>.**

If you wish to accept the Reduced Lifetime Maximum Benefit offer, you must cancel your policy within 120 days after the effective date of your rate increase which is <<renewal date>>. You may cancel your policy either by writing to us or by not paying your *increased* premium for renewal periods starting <<**renewal date**>>. Please remember, however, that you must pay your *current* premium up to <<**renewal date**>> in order to keep your policy in force and be eligible for the Reduced Lifetime Maximum Benefit..

If you exercise the Reduced Lifetime Maximum Benefit, your current *daily* benefit(s) will remain at the level attained at the time of policy cancellation. However, any *lifetime* maximum benefit amount or benefit periods in effect at time of cancellation will be replaced by the **Reduced Lifetime Maximum Benefit** amount shown below. This amount is the maximum amount of benefits payable under this policy after the cancellation occurs. If your policy includes an Automatic Increase Benefit Rider or any other inflation protection rider, those benefits will *not* continue increasing after cancellation.

If you pay the increased premium amount as billed but decide afterward that you wish to cancel your policy and receive the Reduced Maximum Lifetime Benefit, your policy cancellation must occur within 120 days after the effective date of this rate increase. We will refund any premiums you may have paid for periods on or after **«renewal date».**

If you cancel your policy or fail to make your premium payments after the 120-day window following the effective date of your rate increase, your policy will be terminated and all benefits forfeited. You will not be eligible for the Reduced Lifetime Maximum Benefit.

The reverse side of this page reflects your current premium, daily and lifetime maximum benefits as well as what your premium and benefit levels will be if you choose the contingent non-forfeiture offer.

Please note: Policy data is based on CNA's records as of **<<notification generation date>>.**

Insured Name	«FNAME» «MI» «LNAME»
Policy Number	«POLICY NUMBER»
Increased «new premium» premium *(if elect to maintain current coverage)*	<<Premium amount>>
Current Maximum Facility Daily Benefit	<<Daily max amount>>
Current Lifetime Maximum Benefit	<<lifetime max>>

The information below describes the impact on your policy if you choose to exercise the Reduced Lifetime Maximum Benefit offer.

Maximum Facility Daily Benefit Upon Cancellation	<<Daily max amount>>
Reduced Lifetime Maximum Benefit Upon Cancellation*	<<reduced lifetime max>>
Premium Due after <<renewal date>>	Zero

* Reduced Lifetime Maximum includes both Maximum Facility Daily Benefit upon Cancellation and any Home Health Care benefits that may be included in your policy.
* The Reduced Lifetime Maximum Benefit is the greater of 100% of the total premiums you have paid or 30X the Maximum Facility Daily Benefit.

Premium Rate Increase FAQs – Preferred Solution

1. Why is CNA increasing my premium rates and how was the increase percentage determined?

The decision to implement a premium increase was and is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CNA are facing significant challenges as it relates to the pricing of its long term care policies. CNA, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

After careful review and analysis of the long-term care policy experience, CNA determined that the Preferred Solution policies need a premium rate increase.

When CNA originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on CNA's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with CNA's actual experience. The premium rates need to be updated to help ensure that future premiums in combination with existing reserves will be adequate to fund anticipated future claims. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

CNA implemented this premium rate increase in accordance with State laws and regulations. CNA also filed the premium rate increase request with your state regulator. In addition, the increase was determined on a class basis. This means that no one policyholder was singled out for an increase based on that policyholder's age or health.

CNA recognizes that premium rate increases are difficult for its customers. Therefore, CNA developed options which enable policyholders to adjust certain policy features to keep premiums at or close to their same levels. Options can be discussed with our customer service representative.

2. Where does my Policy state you can increase my premium rates?

CNA's long-term care policies are written on a guaranteed renewable basis. This means that, while a company can never cancel coverage (except for nonpayment of premium), it reserves the right to change premiums, as long as the increase applies to all policies within the same class in a given state. This right is set forth on the first page of CNA's long-term care policies.

3. In your letter, you talk about "options" available to me. What do you mean by that?

CNA recognizes that premium rate increases are difficult for its customers. Therefore, options may enable you to adjust certain policy features to keep premiums close to their same level. Your policy also allows you to decrease your coverage at any premium renewal period.

CNA's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. In light of the rate increase, you may wish to reconsider and adjust your policy's features. That adjustment may help you reduce your premium to a point that it would be close to the premium you were charged before the rate increase.

However, it is important to carefully think about what these changes will mean to the long-term care coverage you think you might need some day. We recommend that you discuss them with your financial advisor or insurance agent. **Also, if you adjust your policy's features, you will not be able to restore those features at a later date. In addition, you are not able to increase your benefits under your policy.**

4. What if I want to reduce coverage now but increase coverage later?

You are not able to increase benefits under your policy.

5. What options for adjusting my policy are available to me?

[NOTE: Keep in mind that not every potential option change listed or discussed below may be available in every state or to every policyholder.] CNA sold its long-term care policies with different policy features. Policy features that may be adjustable for you include the daily benefit amount, the elimination period, the benefit period, and the riders you may have elected to add to your policy. Each of these policy features may affect your premium rate. Here is a brief description of these policy features and how they can be adjusted.

I. Benefit Period/Lifetime Maximum Benefit: This is the total period of time for which benefits will be paid or total dollar amount of benefits that can be paid by the policy. The benefit period, or maximum lifetime benefit is specified on your policy schedule. Note that if your policy has a lifetime maximum benefit specified as a dollar amount (as opposed to a period of time, such as 3 years or 5 years), the amount shown in the schedule may not reflect the current amount available to you in the future. (e.g. It may be too high if you have had claims paid in the past, or it may be too low if you have inflation protection). Reducing the benefit period (e.g., changing from a lifetime benefit period to a 4 year benefit period) or reducing the lifetime maximum benefit amount will reduce your premium.

II. Elimination Period: This is the number of days that **covered** services must be provided to you before the policy begins to pay benefits. For example, if your policy has a 15 day elimination period, you must receive covered services for 15 days before we will start paying benefits for services received on Day 16 or after. Increasing the elimination period (e.g., changing a 15 day elimination period to a 30 day elimination period, if available) would reduce your premium.

III. Daily Benefit Amount: This is the dollar amount specified on your policy schedule (although be aware that if you purchased the inflation protection benefit, the maximum amount shown in your schedule may be incorrectly too low) and represents the maximum benefit we will pay on a daily or weekly basis. Reducing this amount will reduce the amount per day or amount per week that we will pay for covered services received (e.g., $100.00 per day daily benefit can be reduced to $67.00 per day), and this reduction would reduce the premium charged for your policy.

IV. Riders: A rider is an optional policy benefit that you may or may not have purchased at the time you purchased your policy. One example of an optional policy benefit you may have purchased is an inflation protection rider. If you cancel or reduce an inflation protection rider, you will reduce your premiums and be allowed to retain any inflated benefit that as accrued to the date of the change.

Keep in mind that your particular policy may have additional features that can be adjusted as well. It is important to carefully think about what these changes will mean to the long-term care coverage you think you might need some day. And, please be aware that once you reduce coverage, you can never restore the benefits you dropped. We recommend that you discuss your benefit reduction options with your financial advisor or insurance agent.

6. Is this the last rate increase I can expect to receive on my policy? If CNA receives less than anticipated responses to accept the rate increase, will CNA implement another rate increase?

CNA will continue to monitor the experience on its policies after this rate increase. It is possible that, as CNA continues to monitor this experience, another increase may be needed in the future. If this happens, CNA will notify you in advance as required by the state in which your policy was issued.

7. I thought the Company was committed to rate stability and that my rates would not be raised. Why am I now receiving a rate increase?

CNA's long-term care policies are written on a guaranteed renewable basis. This means that, while a company can never cancel coverage (except for nonpayment of premium), it reserves the right to change premiums, as long as the increase applies to all policies within the same class in a given state. These increases are made in accordance with State laws and regulations. In addition, they are determined on a "class" basis. This means that no one policyholder can be singled out for a premium increase based on age or health.

8. When was the last rate increase on my policy?

This is the first time that CNA is raising rates on the Preferred Solution product.

9. Are premiums being raised because of current market conditions?

No. Our decision to increase premiums is not related to the market conditions that the U.S. has recently experienced.

10. Are you raising premiums because policyholders are older and sicker now?

No. Long-term care insurance companies are not permitted to increase premiums for specific individuals based on their advancing age or changing health. This increase was requested after a careful analysis of policy experience and affects all policyholders in the impacted policy series.

11. Are you increasing my premiums because CNA decided to stop selling the type of long-term care policy I purchased, or because CNA stopped selling new long-term care policies?

No. CNA's decision to seek and implement premium rate increases did not relate to any decision to stop selling any particular long-term care policy form or long term care policies generally. CNA does not base its premium rates on any expectation that new policies would be sold in the future.

12. Is my state the only state where you are implementing a rate increase?

No. CNA will request a premium rate increase in all states for all Preferred Solution policyholders, unless otherwise restricted by applicable state laws. We will implement rate increases in each state as they are filed and authorized.

13. If I purchased my policy in a state where a premium rate increase has been filed (or approved), but have since moved to another state, will my premiums still increase?

Yes, your premium rate increase is based on the policy form and the state in which your policy was originally issued, not where you presently live.

14 What is the amount of the premium adjustment to my policy and will the percentage increase be the same for everyone (within a particular state)?

Everyone who was issued the same policy form and benefits in the same state as you resided when you purchased your policy will receive the same percentage increase in premium rates as you did.

15. Is my State aware of this premium rate increase? I was told that the State's Department of Insurance must approve rate increases before you implement them. Is that true?

Yes, all states require that insurance companies at a minimum provide notification to the state before they start implementing rate increases. In addition, some states do not allow insurance companies to implement premium rate increases until the state has approved the increase. The premium rate increase applied to your Policy was made in accordance with the laws and regulations of the state where your policy was issued.

16. Does CNA have enough reserves to pay claims under its Policies? Are CNA's financial strength and claims paying ability still strong? Will CNA be able to pay my claims now and in the future?

CNA believes its reserves are adequate and appropriate at this time. To obtain information regarding CNA's financial strength, please visit www.cna.com.

17. Is CNA going bankrupt?
No. To obtain information regarding CNA's financial strength, please visit www.cna.com

18. Will lowering the policy coverage affect the tax-qualified status?
No. The tax-qualified or grandfathered status of the policies are unaffected. However, we recommend that you discuss this issue with your insurance, financial or tax advisor to determine what would be the best decision for you.

19. What happens if I do not pay the increased premiums?
As stated in your policy, if you don't pay the increased premiums, your policy will lapse and therefore terminate.

20. I did not use my policy, can I cancel my policy and get all my premiums back?
No, this option is not available to you under the terms of your Policy.

21. Why didn't my Inflation Protection Benefit Increase rider protect me from this premium rate increase?
The inflation rider increases your benefit levels on a periodic basis over the life of your Policy. It does not provide any type of protection or guarantee regarding your premiums. CNA's long-term care policies are written on a guaranteed renewable basis. This means that while the company can never cancel coverage (except for nonpayment of premium), it reserves the right to change premiums in accordance with state laws and regulations.

22. Does the rate increase apply to policy holders on claim?
Policyholders who are currently on claim and ***are not paying premiums under a Waiver of Premium provision*** in their policy will not be impacted by this rate increase at this time. If the policyholder ceases to be on claim, the rate increase will be effective on the policyholder's next modal premium date.

23. My policy had a 10-year rate guarantee. Am I receiving this rate increase because my 10-year rate guarantee has expired?
No. The rider would have prevented CNA from applying the rate increase to your policy during the term of your 10-year guarantee period. Since the term of your policy has expired, it no longer applies.

8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

December 1, 2014

Janet Houser
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: Continental Casualty Company (CCC)
Company NAIC # 20443
SERFF Tracking # MILL-128834437
Policy Forms:

Comprehensive Long Term Care	P1-N0080-A45
Comprehensive Long Term Care	P1-N0081-A45
Comprehensive Long Term Care	P1-N0085-A45
Comprehensive Long Term Care	P1-N0086-A45
Comprehensive Long Term Care	P1-N0095-A45
Comprehensive Long Term Care	P1-N0096-A45
Comprehensive Long Term Care	P1-N0100-A45
Comprehensive Long Term Care	P1-N0101-A45
Nursing Home Only	P1-N0075-A45
Nursing Home Only	P1-N0076-A45
Nursing Home Only	P1-N0090-A45
Nursing Home Only	P1-N0091-A45

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your letter dated October 27, 2014 regarding information needed for the above-referenced filing. The remainder of this letter provides additional information requested in your October 27 letter. Each request is restated in italics for reference.

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

1. *In the Supplement to the Actuarial Memorandum dated 4/26/2013, the company stated on page three "The lifetime loss ratio of the original filing based on an assumed sales mix was 58% using the interest rate of the original determination of premiums (i.e., 7.1%)." Because this loss ratio is below the required loss ratio of 60% as set forth in 14VAC5-200-150 B, please provide documentation supporting the initial approval of this targeted loss ratio.*

   At the time of original pricing, CCC used a post-tax net investment earnings rate of 5.0% which produced a lifetime loss ratio above the minimum requirement in Virgina. Pursuant to 14VAC5-130-50.B, the interest rate used in this filing is consistent with that used in the original determination of premiums and produces the lifetime loss ratio of 57.6% in the supplement to the actuarial memorandum. If the post-tax net investment earnings rate of 5.0% from original pricing is used in the calculation, the original pricing loss ratio is 70.7%, which is in excess of the 60% minimum requirement.

2. *The letters states the insured should keep a copy of the letter with the policy. Is the notification letter intended to become part of the entire contract?*

   No. The contract would remain a separate document. Since the notification letter has pertinent information about an insured's policy, the company is recommending the insured keep a copy with the actual contract.

3. *The communications refers to CNA in the text instead of the full and proper name of the carrier. Using the name of an affiliated company which in some way implies another company is responsible for the obligations undertaken in the policy is prohibited by 14 VAC5-100-50. Please amend the policyholder communication accordingly.*

   Please note that the company's legal name is "CNA". Continental Casualty Company is the underwriting company that financially backs CNA. As such, the company respectfully requests that the letter remain as is.

4. *Is payment of the increased premium considered acceptance of the election change? Please provide us a copy of what the bill would look like in this instance.*

   Yes. Payment of the increased premium would be considered acceptance of the rate increase. Please see the enclosed copy of a premium statement. Please note the company's statement format does not change for an insured who experiences a rate increase, with the exception of the amount of premium due. There are no special indicators on a post rate action bill.

5. *According to the correspondence, the insured should contact the administrative office to explore the options available to reduce the impact of the rate increase. Is there an election form the insured completes? If so, please provide us with a copy of such form(s).*

   If an insured calls in to request options to reduce the impact of the rate increase, Customer Service will send out a quote (please see enclosed Premium Reduction Quote). The insured can choose an option on the form, sign and return. The company will also accept a free form request, as long as the request is in writing and signed.

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6. *Your response dated 9/9/2014 indicates if a person [selects] a contingent nonforfeiture benefit, the request is processed as a cancellation, and the policyholder would be mailed a confirmation letter. Is the policy actually canceled or place in a paid up status? Please provide us with a copy of such letter.*

   Please see the enclosed letters. One is utilized to inform an insured the company has moved them to nonforfeiture due to nonpayment, and the other for a voluntary termination and move to nonforfeiture status. While the company processes each as a cancellation of the full policy, the company places coverage in a paid-up status with a reduced Lifetime Maximum Benefit as outlined in the Contingent Nonforfeiture Benefit illustration of the rate increase letter.

7. *Do the policyholder confirmation letters become a part of the policy if the insured implements a change to reduce the premium such as reducing the benefit period, increasing the elimination period, etc?*

   No. The contract would remain a separate document. Any supporting documentation for coverage changes is stored in the company's data warehousing system attached to the insured's file, however, these documents are not considered part of the contract. Once a coverage change is processed, CCC sends a new Schedule of Benefits page (which is part of the policy) and a confirmation letter.

Limitations and Qualifications

Milliman's work has been prepared for the use and benefit of CCC. Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Milliman's work is being delivered to the Bureau, in accordance with its statutory and regulatory requirements. Milliman recognizes that materials it delivers to the Bureau may be public records subject to disclosure to third parties, however, Milliman does not intend to benefit and assumes no duty or liability to any third parties, including the Bureau, who receive Milliman's work and may include disclaimer language on its work product so stating. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, the Bureau agrees that it shall not disclose Milliman's work product to third parties without Milliman's prior written consent; provided, however, that the Bureau may distribute Milliman's work to (i) its professional service providers who are subject to a duty of confidentiality and who agree to not use Milliman's work product for any purpose other than to provide services to the Bureau, or (ii) any applicable regulatory or governmental agency, as required.

In performing this analysis, we relied on data and other information provided by CCC. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data

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values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

❖❖❖

Janet, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2419 or by e-mail at amy.pahl@milliman.com.

Respectfully,

Amy Pahl, FSA, MAAA
Principal & Consulting Actuary

ABP/rbmj

Enclosures: Premium Billing Notice
Premium Reduction Quote
Nonforfeiture Nonpayment Termination
Nonforfeiture Voluntary Termination

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

Continental Casualty Company

CNA LTC

Send written inquiries to:
P.O. BOX 64912
ST PAUL MN 55164-0912
LTC POS 1-800-775-1541

Premium Billing Notice

September 08, 2014

Individual Long Term Care Insurance for:
Policy Number:

Annual Renewal Premium for:
Amount Due:
Date Due:

IMPORTANT MESSAGES

This bill is for your Long Term Care coverage. Please refer to the back of the Premium Billing Notice for the following: Payment Explanation, Third Party Notice, and notification of name or address change. Premium payments made on a monthly, quarterly, or semi-annual basis include a nominal charge that reflects the additional processing, handling, and lapse expenses. You can avoid extra expenses by paying your premium annually. This billing notice does not extend the grace period for any prior premiums that are unpaid. Please make your checks payable to Continental Casualty Company.

Your policy is administered by Long Term Care Group, Inc.

Continental Casualty Company

CNA LTC

To ensure timely and accurate processing of your premium payment, please enclose a check for the amount indicated for this policy only. If paying two bills include a separate check for each. Please detach and return this portion with your payment.

Insured:
Policy Number:
Renewal Date: October 01, 2014

ILTC PREMIUM PAYMENTS
P.O. BOX 644105
CINCINNATI OH 45264-4105

Internal Use Only: BCN:0385180-23163621

Amount Due: $1,031.51
Amount Remitted:
Check Number:

Please Remit U.S. Currency Only

P.O. Box 64912
St. Paul MN 55164-0912
1-800-775-1541
Fax: 952-983-5193

February 13, 2014

RE: Policy Number
Continental Casualty Company

Dear :

Enclosed are the premium quote(s) for the benefit reduction(s) you requested. We have also included a schedule of your current base benefits so that you can perform a side by side comparison of your available options.

If you would like to make a change to your benefits, please select the desired option and mail the completed form to the address below:

Long Term Care Operations
P.O. Box 64912
St. Paul, MN 55164-0912

Please note the premium amounts are approximate and are not guaranteed. Once the change in benefits is requested and administered, you will receive a confirmation which will reflect the actual premium. The enclosed quotes are valid for 90 days from the date of this letter. Keep in mind the request for quotes does not change your premium renewal date. Any premium notice received must be paid to keep your policy active.

We encourage you to make a copy of the completed form for your records.

We thank you for choosing us to serve your long-term care insurance needs. If we can be of any further assistance, feel free to contact us at 1-800-775-1541. Representatives are available Monday through Friday, 8:00 a.m. to 5:00 p.m. Central Time.

Sincerely,

Pam Harrison
LTC Policy Owner Services

Enclosure: Benefit Reduction Quotes

Policy Number

Benefit Reduction Quotes

The chart below reflects your requested Long–Term Care quote options with the corresponding premium cost.

Only the identified benefit reduction quote option(s) noted in the table will be changed. All other benefits on your policy will remain the same.

Please use this form to request your benefit reduction change by following the steps below:

- Place an "X" by the benefit reduction quote option you wish to change
- Please sign, date and return the completed form in the enclosed self-addressed envelope

Change Benefits and Premium Quotes Option

Benefit Change Selection	Facility Benefit	Facility Benefit Period	Home Care Benefit	Home Care Benefit Period	Elimination Period	Inflation Rider	Optional Riders (remove)	New Annual Premium
		3 Years						$1,927.38
		4 Years						$2,101.02
		4 Years			90 Days			$1,911.94
		3 Years			90 Days			$1,753.92
					90 Days			$1,999.46

Optional Rider Abbreviation Legend:

DWOP:	**Dual Waiver of Premium Rider**	**Survshp:**	**Survivorship Rider**
Shared Adv:	**Shared Advantage Rider**	**ROB:**	**Restoration of Benefits**
COLI:	**Cost of Living Rider**		

Please be advised that this policy includes a Shared Advantage rider; therefore, all benefits must be identical. As a result, any changes made to this policy must also be made on your spouse's policy

****Please note the premium amounts are approximate and are not guaranteed until the actual change in benefits is requested and administered. Quotes are valid for 90 days from the date of this letter. Any premium notice received must be paid to keep your policy active.**

Please change my coverage to the benefit selected above.

Signature: _____ Date: _____

P.O. Box 64912
St. Paul MN 55164-0912
1-800-775-1541
Fax: 952-983-5193

October 7, 2014

RE: Policy Number
Continental Casualty Company

Dear :

This letter is to advise you that we have terminated the coverage under the Continental Casualty Company due to non-payment of premium. According to your Policy, you are eligible for non-forfeiture status. Non-forfeiture is designed to protect your investment in long-term care. Under the non-forfeiture terms of your policy, premium will no longer be due; however, coverage will remain available for your future long-term care needs.

The total coverage amount available for payment of services has been reduced to an amount less than your current amount and all other benefits will remain available to you as outlined in your Policy.

The effective date of your non-forfeiture status is August 1, 2014.

If you have any questions or require an explanation of your coverage, please call us at 1-800-775-1541. Our Customer Service Representatives are available Monday through Friday, 8:00 a.m. to 5:00 p.m. Central Time.

Sincerely,

Pam Harrison
LTC Policy Owner Services

P.O. Box 64912
St. Paul MN 55164-0912
1-800-775-1541
Fax: 952-983-5193

October 15, 2014

RE: Policy Number
Continental Casualty Company

Dear :

We have received your request to terminate coverage under the Continental Casualty Company. The Policy also contains a non-forfeiture benefit. Under the non-forfeiture terms of the Policy, premiums will no longer be due; however, coverage will remain available for future long-term care needs. As of October 1, 2014, premium payment is no longer required.

The total coverage amount available for payment of services has been reduced to an amount less than the current amount and all other benefits will remain available as outlined in the Policy. The effective date of non-forfeiture status is October 1, 2014.

If we can be of any further assistance, please call us at 1-800-775-1541. Our Customer Service Representatives are available Monday through Friday, 8:00 a.m. to 5:00 p.m. Central Time.

Sincerely,

Pam Harrison
LTC Policy Owner Services

8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

March 11, 2015

Janet Houser
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: Continental Casualty Company (CCC)
Company NAIC # 20443
SERFF Tracking # MILL-128834437
Policy Forms:

Comprehensive Long Term Care	P1-N0080-A45
Comprehensive Long Term Care	P1-N0081-A45
Comprehensive Long Term Care	P1-N0085-A45
Comprehensive Long Term Care	P1-N0086-A45
Comprehensive Long Term Care	P1-N0095-A45
Comprehensive Long Term Care	P1-N0096-A45
Comprehensive Long Term Care	P1-N0100-A45
Comprehensive Long Term Care	P1-N0101-A45
Nursing Home Only	P1-N0075-A45
Nursing Home Only	P1-N0076-A45
Nursing Home Only	P1-N0090-A45
Nursing Home Only	P1-N0091-A45

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your letter dated January 29, 2015 regarding information needed for the above-referenced filing. The remainder of this letter provides additional information requested in your January 29 letter. Each request is restated in italics for reference.

1. *According to the company's response to our previous objection one, a lifetime loss ratio of 57.6% results when the assumed interest rate is 7.1%, while a lifetime loss ratio of 70.7% results when the assumed interest rate is 5.0%. These results are directionally opposite of what is expected, i.e., a lower interest rate should result in a lower loss ratio, all else being equal. Please clearly explain these apparently contradictory results.*

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Also, please provide a copy of the actuarial memorandum and any other supplemental exhibits associated with the initial approval of the rates for this form.

All else being equal, assuming a lower interest rate for both historical experience and future projections generally results in a higher lifetime loss ratio for the long-term care business. If a higher interest rate is used, experience in later projection years (where loss ratios are generally the highest) is discounted more. This results in less "weight" on the highest loss ratios, thus a lower lifetime loss ratio.

Enclosed with this letter are the original pricing actuarial memoranda for the above referenced forms. The originally approved rates were provided in the April 26, 2013 actuarial memorandum along with multiplier sheets indicating the initial proposed increase.

2. *We have given further consideration to your response to objection three regarding the use of CNA in the policyholder communications. This filing was made on behalf of Continental Casualty Company with a distinct NAIC number separate from CNA and licensed in Virginia in that manner. As we stated previously,14VAC5-100-50 prohibits using the name of an affiliated company in some way that may imply another company is responsible for the obligations undertaken in the policy. The policy was issued under the Continental Casualty Company as the proper name of the insurer and is responsible for the obligations as set forth in such policy. Please amend the policyholder communications accordingly.*

   The company has modified the policyholder notification letters to include "Underwritten by Continental Casualty Company" right under the CNA logo. The company also changed all references in the notifications from "CNA" to "CCC".

   Please note that CNA is not a legal entity, it is a trade name. The company hopes these revisions are satisfactory to the Bureau. Copies of the revised notifications are enclosed with this letter for your review.

   Please also note that in the future slight variations in language may occur in these documents that do not materially change the information being provided. As the documents do not require Bureau approval, we understand that it will not be necessary to file each of these minor variations with the state of Virginia.

3. *Thank you for providing copies of the correspondence sent to your policyholders. As an observation, we feel the information regarding the non-forfeiture option in the nonforfeiture termination letter may not be completely accurate. If the premiums are not paid, the policy does not actually terminate; the policy lapses and would remain in force as a paid-up policy with reduced benefits. We assume there would be a somewhat different letter if the policy is lapsing due to nonpayment of premium and becomes a paid-up policy with reduced benefits as a result of the contingent benefit upon lapse option.*

   Even in the case of the insured requesting voluntary termination of the policy, it would be more appropriate to indicate the policy will not be terminated but remain in force as a paid-up policy with reduced benefits as a result of the non-forfeiture benefit contained in the policy or contingent benefit upon lapse, if appropriate.

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We suggest the amount of the reduced paid up amount be stated in the letters; otherwise, it is unclear how the individual would know the paid-up amount of coverage in force.

The enclosed sample notification letters include revisions based on your comments above. The company hopes these revisions appropriately address your concerns.

4. *In reviewing the Contingent Non-Forfeiture Benefit Illustration form we have some concerns as follows:*

If the increased premium is not paid, the insured may be offered a contingent benefit upon lapse option. The policy is not canceled; the policy lapses and will become a reduced paid up benefit. Please refrain from using the word cancel or terminate and replace it with more appropriate language.

The illustration addresses that premiums must be paid to the renewal date for this option to be available and we do not disagree with this statement. For clarification purposes and avoid any conflict with the grace period provision in the policy, please include a statement that premiums must be paid as specified in your policy.

Please expand the illustration to explain how benefits are determined. This information should be specific and consistent with 14VAC5-200-185 E 3.

Please clarify what determines which letter to send to policyholders: PS VA 09 04 2014 letter or PS VA w CNF 09 02 2014 letter. If the individual has non-forfeiture option in the policy that may be exercised to reduce the rate impact, how is that communicated?

The enclosed sample notification letters include revisions based on your comments above.

The company has two distinct notification letters; one for policyholders that do not trigger contingent nonforfeiture and one for policyholders that do trigger contingent nonforfeiture.

Please note that the company included a nonforfeiture option in the list of benefit reduction options in the notification letter for policyholders that do not trigger contingent nonforfeiture. Policyholders that bought a contractual nonforfeiture benefit would receive the same letter as those policyholders that do not trigger contingent nonforfeiture.

Limitations and Qualifications

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duty or liability to any third parties, including the Bureau, who receive Milliman's work and may include disclaimer language on its work product so stating. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, the Bureau agrees that it shall not disclose Milliman's work product to third parties without Milliman's prior written consent; provided, however, that the Bureau may distribute Milliman's work to (i) its professional service providers who are subject to a duty of confidentiality and who agree to not use Milliman's work product for any purpose other than to provide services to the Bureau, or (ii) any applicable regulatory or governmental agency, as required.

In performing this analysis, we relied on data and other information provided by CCC. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

❖❖❖

Janet, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2419 or by e-mail at amy.pahl@milliman.com.

Respectfully,

Amy Pahl

Amy Pahl, FSA, MAAA
Principal & Consulting Actuary

ABP/tcr

Enclosures: Original Pricing Actuarial Memoranda
Sample Policyholder Notification Letters

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0075-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY: FACILITY ONLY COVERAGE
RIDER R1-N0078-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0079-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0108-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 82.5%
Years 2-10: 17.5%
Years 11+: 7.0%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	5.7%	11	69.8%
2	9.0	12	81.3
3	13.4	13	94.9
4	21.5	14	112.7
5	26.6	15	131.5
6	31.2	16	153.1
7	36.4	17	177.8
8	42.5	18	206.5
9	50.8	19	240.7
10	59.5	20	280.4

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1200.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.
2. Alternate Care Facility Benefit: 80% of expense incurred up to daily limit.
3. Waiver of Premium: after 12 days of covered facility care.
4. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.
5. Optional Benefits:
   a. 5% Simple or Compound Automatic Increase Benefit Riders.
   b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.
   c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.
   d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.
   e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.
   f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum is exhausted.

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

Brian E. Millsap, ASA, MAAA
Vice President and Actuary
CNA LTC - 34S
(312) 822-2720
FAX: (312) 755-3767

CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0076-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY: FACILITY ONLY COVERAGE
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Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

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Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 67.0%
Years 2-10: 14.0%
Years 11+: 5.5%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	4.6%	11	75.2%
2	7.3	12	86.6
3	15.2	13	99.8
4	23.2	14	116.4
5	29.0	15	133.7
6	34.4	16	153.6
7	40.3	17	175.8
8	47.2	18	201.3
9	55.8	19	231.3
10	64.9	20	265.7

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1500.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.
2. Alternate Care Facility Benefit: 80% of expense incurred up to daily limit.
3. Waiver of Premium: after 12 days of covered facility care.
4. Nonforfeiture Benefit Shortened Benefit Period: If policy lapses after at least three years, continues coverage with lifetime maximum equal to greater of 30 times the facility daily benefit or 100% of the premiums paid for the policy.
5. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.
6. Optional Benefits:
   a. 5% Simple or Compound Automatic Increase Benefit Riders.
   b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.
   c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.
   d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.
   e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.
   f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum is exhausted.

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

Brian E. Millsap, ASA, MAAA
Vice President and Actuary
CNA LTC - 34S
(312) 822-2720
FAX: (312) 755-3767

CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0080-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY
RIDER R1-N0088-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0098-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0108-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 82.5%
Years 2-10: 17.5%
Years 11+: 7.0%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	6.5%	11	71.3%
2	10.2	12	82.6
3	14.9	13	95.8
4	23.5	14	112.8
5	28.7	15	131.0
6	33.3	16	152.1
7	38.5	17	175.8
8	44.6	18	203.2
9	52.6	19	235.8
10	61.2	20	273.8

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1400.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Home and Community-Based Care Maximum Daily Benefit: 50%, 75% or 100% of facility daily benefit

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.

2. Alternate Care Facility Benefit: 80% of expense incurred up to daily limit.

3. Home and Community-Based Care Benefit: Up to daily limit for total of (a) 100% of daily expenses for therapy or nursing care, and (b) 80% of daily expenses for services of a medical social worker, home health aide or homemaker, home delivered meals, special meals, and nutrition services, and adult day care, including transportation.

Benefit Provisions (cont.):

4. Respite Care: pays up to 30 times facility daily benefit in a calendar year for respite care. Pays 100% of expense up to facility daily benefit for each day of respite care in a nursing home or alternate care facility; or 80% of expense up to the daily home and community-based care benefit for each day of respite care in an adult day care center or the home. The elimination period does not apply to this benefit.

5. Home Medical Help Benefit: monthly expense up to 25% of the daily home and community-based care limit for rental or lease of medical help system during a plan of care.

6. Caregiver Training Benefit: Expense incurred to train any informal caregiver up to five times the daily home and community-based care benefit limit in a plan of care.

7. Waiver of Premium: after 12 days of covered facility care.

8. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.

9. Optional Benefits:

   a. 5% Simple or Compound Automatic Increase Benefit Riders.

   b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.

   c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.

   d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.

   e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.

   f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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Vice President and Actuary
CNA LTC - 34S
(312) 822-2720
FAX: (312) 755-3767

CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0081-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY
RIDER R1-N0088-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0098-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0108-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 67.0%
Years 2-10: 14.0%
Years 11+: 5.5%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	5.3%	11	76.2%
2	8.2	12	87.4
3	16.3	13	100.3
4	24.8	14	116.2
5	30.6	15	133.1
6	36.0	16	152.4
7	41.9	17	173.8
8	48.7	18	198.3
9	57.1	19	227.0
10	66.0	20	260.0

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1750.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Home and Community-Based Care Maximum Daily Benefit: 50%, 75% or 100% of facility daily benefit

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.

2. Alternate Care Facility Benefit: 80% of expense incurred up to daily limit.

3. Home and Community-Based Care Benefit: Up to daily limit for total of (a) 100% of daily expenses for therapy or nursing care, and (b) 80% of daily expenses for services of a medical social worker, home health aide or homemaker, home delivered meals, special meals, and nutrition services, and adult day care, including transportation.

Benefits Provisions (cont.):

4. Respite Care: pays up to 30 times facility daily benefit in a calendar year for respite care. Pays 100% of expense up to facility daily benefit for each day of respite care in a nursing home or alternate care facility; or 80% of expense up to the daily home and community-based care benefit for each day of respite care in an adult day care center or the home. The elimination period does not apply to this benefit.

5. Home Medical Help Benefit: monthly expense up to 25% of the daily home and community-based care limit for rental or lease of medical help system during a plan of care.

6. Caregiver Training Benefit: Expense incurred to train any informal caregiver up to five times the daily home and community-based care benefit limit in a plan of care.

7. Waiver of Premium: after 12 days of covered facility care.

8. Nonforfeiture Benefit Shortened Benefit Period: If policy lapses after at least three years, continues coverage with lifetime maximum equal to greater of 30 times the facility daily benefit or 100% of the premiums paid for the policy.

9. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.

10. Optional Benefits:

    a. 5% Simple or Compound Automatic Increase Benefit Riders.

    b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.

    c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.

    d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.

    e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.

    f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum is exhausted

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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Vice President and Actuary
CNA LTC - 34S
(312) 822-2720
FAX: (312) 755-3767

CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0085-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY
RIDER R1-N0078-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0079-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0108-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 82.5%
Years 2-10: 17.5%
Years 11+: 7.0%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	6.6%	11	72.2%
2	10.3	12	83.6
3	15.1	13	97.0
4	23.9	14	114.1
5	29.1	15	132.5
6	33.8	16	153.8
7	39.0	17	177.7
8	45.2	18	205.5
9	53.3	19	238.3
10	62.0	20	276.7

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1600.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Home and Community-Based Care Maximum Weekly Benefit: 50%, 75% or 100% of facility daily benefit times 7

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.

2. Alternate Care Facility Benefit: Expense incurred up to daily limit.

3. Home and Community-Based Care Benefit: Up to weekly limit for total weekly expenses for therapy, nursing care, services of a medical social worker, home health aide or homemaker, home delivered meals, special meals, and nutrition services, and adult day care, including transportation.

4. Independent Caregiver Training Benefit: pays for training of a person needing certification to provide care. Services of such trained individual would then be a covered expense.

Benefit Provisions (cont.):

5. Respite Care: pays up to 30 times facility daily benefit in a calendar year for respite care. Pays up to facility daily benefit for each day of respite care in a nursing home or alternate care facility; and up to the weekly home and community-based care benefit for each week of respite care in an adult day care center or the home. The elimination period does not apply to this benefit.

6. Home Medical Technology Benefit: monthly expense up to 10% of the weekly home and community-based care limit for rental or lease of medical monitoring, diagnostic, or medication compliance equipment during a plan of care.

7. Flexible Home Care Benefit: If care manager is used, may pay for alternate services in the home not specifically covered in the policy.

8. Caregiver Training Benefit: Expense incurred to train any informal caregiver up to the weekly home and community-based care benefit limit in a plan of care.

9. Waiver of Premium: after 12 days of covered facility or home and community-based care.

10. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.

11. Optional Benefits:

    a. 5% Simple or Compound Automatic Increase Benefit Riders.

    b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.

    c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.

    d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.

    e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.

    f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum is exhausted.

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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Vice President and Actuary
CNA LTC - 34S
(312) 822-2720
FAX: (312) 755-3767

CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0086-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY
RIDER R1-N0078-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0079-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0108-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 67.0%
Years 2-10: 14.0%
Years 11+: 5.5%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	5.4%	11	77.3%
2	8.4	12	88.6
3	16.6	13	101.6
4	25.2	14	117.6
5	31.1	15	134.8
6	36.6	16	154.3
7	42.6	17	175.9
8	49.4	18	200.7
9	57.9	19	229.6
10	67.0	20	263.0

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $2000.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Home and Community-Based Care Maximum Weekly Benefit: 50%, 75% or 100% of facility daily benefit times 7

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.

2. Alternate Care Facility Benefit: Expense incurred up to daily limit.

3. Home and Community-Based Care Benefit: Up to weekly limit for total weekly expenses for therapy, nursing care, services of a medical social worker, home health aide or homemaker, home delivered meals, special meals, and nutrition services, and adult day care, including transportation.

4. Independent Caregiver Training Benefit: pays for training of a person needing certification to provide care. Services of such trained individual would then be a covered expense.

Benefit Provisions (cont.):

5. Respite Care: pays up to 30 times facility daily benefit in a calendar year for respite care. Pays up to facility daily benefit for each day of respite care in a nursing home or alternate care facility; and up to the weekly home and community-based care benefit for each week of respite care in an adult day care center or the home. The elimination period does not apply to this benefit.

6. Home Medical Technology Benefit: monthly expense up to 10% of the weekly home and community-based care limit for rental or lease of medical monitoring, diagnostic, or medication compliance equipment during a plan of care.

7. Flexible Home Care Benefit: If care manager is used, may pay for alternate services in the home not specifically covered in the policy.

8. Caregiver Training Benefit: Expense incurred to train any informal caregiver up to the weekly home and community-based care benefit limit in a plan of care.

9. Waiver of Premium: after 12 days of covered facility or home and community-based care.

10. Nonforfeiture Benefit Shortened Benefit Period: If policy lapses after at least three years, continues coverage with lifetime maximum equal to greater of 30 times the facility daily benefit or 100% of the premiums paid for the policy.

11. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.

12. Optional Benefits:

    a. 5% Simple or Compound Automatic Increase Benefit Riders.

    b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.

    c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.

    d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.

    e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.

    f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

Brian E. Millsap, ASA, MAAA
Vice President and Actuary
CNA LTC - 34S
(312) 822-2720
FAX: (312) 755-3767

CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0090-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY: FACILITY ONLY COVERAGE
RIDER R1-N0078-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0079-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0106-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 82.5%
Years 2-10: 17.5%
Years 11+: 7.0%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	5.7%	11	69.8%
2	9.0	12	81.3
3	13.4	13	94.9
4	21.5	14	112.7
5	26.6	15	131.5
6	31.2	16	153.1
7	36.4	17	177.8
8	42.5	18	206.5
9	50.8	19	240.7
10	59.5	20	280.4

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1200.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.
2. Alternate Care Facility Benefit: 80% of expense incurred up to daily limit.
3. Waiver of Premium: after 12 days of covered facility care.
4. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.
5. Optional Benefits:
   a. 5% Simple or Compound Automatic Increase Benefit Riders.
   b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.
   c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.
   d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.
   e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.
   f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum is exhausted.

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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Vice President and Actuary
CNA LTC - 34S
(312) 822-2720
FAX: (312) 755-3767

CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0091-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY: FACILITY ONLY COVERAGE
RIDER R1-N0078-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0079-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0106-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 67.0%
Years 2-10: 14.0%
Years 11+: 5.5%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	4.6%	11	75.2%
2	7.3	12	86.6
3	15.2	13	99.8
4	23.2	14	116.4
5	29.0	15	133.7
6	34.4	16	153.6
7	40.3	17	175.8
8	47.2	18	201.3
9	55.8	19	231.3
10	64.9	20	265.7

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1500.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.
2. Alternate Care Facility Benefit: 80% of expense incurred up to daily limit.
3. Waiver of Premium: after 12 days of covered facility care.
4. Nonforfeiture Benefit Shortened Benefit Period: If policy lapses after at least three years, continues coverage with lifetime maximum equal to greater of 30 times the facility daily benefit or 100% of the premiums paid for the policy.
5. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.
6. Optional Benefits:
   a. 5% Simple or Compound Automatic Increase Benefit Riders.
   b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.
   c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.
   d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.
   e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.
   f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum is exhausted.

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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Vice President and Actuary
CNA LTC - 34S
(312) 822-2720
FAX: (312) 755-3767

CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0095-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY
RIDER R1-N0088-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0098-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0106-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 82.5%
Years 2-10: 17.5%
Years 11+: 7.0%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	6.5%	11	71.3%
2	10.2	12	82.6
3	14.9	13	95.8
4	23.5	14	112.8
5	28.7	15	131.0
6	33.3	16	152.1
7	38.5	17	175.8
8	44.6	18	203.2
9	52.6	19	235.8
10	61.2	20	273.8

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1400.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Home and Community-Based Care Maximum Daily Benefit: 50%, 75% or 100% of facility daily benefit

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.

2. Alternate Care Facility Benefit: 80% of expense incurred up to daily limit.

3. Home and Community-Based Care Benefit: Up to daily limit for total of (a) 100% of daily expenses for therapy or nursing care, and (b) 80% of daily expenses for services of a medical social worker, home health aide or homemaker, home delivered meals, special meals, and nutrition services, and adult day care, including transportation.

Benefit Provisions (cont.):

4. Respite Care: pays up to 30 times facility daily benefit in a calendar year for respite care. Pays 100% of expense up to facility daily benefit for each day of respite care in a nursing home or alternate care facility; or 80% of expense up to the daily home and community-based care benefit for each day of respite care in an adult day care center or the home. The elimination period does not apply to this benefit.

5. Home Medical Help Benefit: monthly expense up to 25% of the daily home and community-based care limit for rental or lease of medical help system during a plan of care.

6. Caregiver Training Benefit: Expense incurred to train any informal caregiver up to five times the daily home and community-based care benefit limit in a plan of care.

7. Waiver of Premium: after 12 days of covered facility care.

8. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.

9. Optional Benefits:

   a. 5% Simple or Compound Automatic Increase Benefit Riders.

   b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.

   c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.

   d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.

   e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.

   f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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Vice President and Actuary
CNA LTC - 34S
(312) 822-2720
FAX: (312) 755-3767

CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0100-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY
RIDER R1-N0078-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0079-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0106-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 82.5%
Years 2-10: 17.5%
Years 11+: 7.0%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	6.6%	11	72.2%
2	10.3	12	83.6
3	15.1	13	97.0
4	23.9	14	114.1
5	29.1	15	132.5
6	33.8	16	153.8
7	39.0	17	177.7
8	45.2	18	205.5
9	53.3	19	238.3
10	62.0	20	276.7

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1600.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Home and Community-Based Care Maximum Weekly Benefit: 50%, 75% or 100% of facility daily benefit times 7

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.

2. Alternate Care Facility Benefit: Expense incurred up to daily limit.

3. Home and Community-Based Care Benefit: Up to weekly limit for total weekly expenses for therapy, nursing care, services of a medical social worker, home health aide or homemaker, home delivered meals, special meals, and nutrition services, and adult day care, including transportation.

4. Independent Caregiver Training Benefit: pays for training of a person needing certification to provide care. Services of such trained individual would then be a covered expense.

Benefit Provisions (cont.):

5. Respite Care: pays up to 30 times facility daily benefit in a calendar year for respite care. Pays up to facility daily benefit for each day of respite care in a nursing home or alternate care facility; and up to the weekly home and community-based care benefit for each week of respite care in an adult day care center or the home. The elimination period does not apply to this benefit.

6. Home Medical Technology Benefit: monthly expense up to 10% of the weekly home and community-based care limit for rental or lease of medical monitoring, diagnostic, or medication compliance equipment during a plan of care.

7. Flexible Home Care Benefit: If care manager is used, may pay for alternate services in the home not specifically covered in the policy.

8. Caregiver Training Benefit: Expense incurred to train any informal caregiver up to the weekly home and community-based care benefit limit in a plan of care.

9. Waiver of Premium: after 12 days of covered facility or home and community-based care.

10. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.

11. Optional Benefits:

    a. 5% Simple or Compound Automatic Increase Benefit Riders.

    b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.

    c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.

    d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.

    e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.

    f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum is exhausted.

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

Brian E. Millsap, ASA, MAAA
Vice President and Actuary
CNA LTC - 34S
(312) 822-2720
FAX: (312) 755-3767

Underwritten by Continental Casualty Company

P.O. Box 64912
St. Paul MN 55164-0912
1-800-262-6692
Fax: 952-983-5193

February 27, 2015

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Premium Adjustment Notice

Company: «Continental Casualty Company» (CCC)
Policy Number:«POLICY NUMBER»
Insured: «FNAME» «MI» «LNAME»

Dear «FNAME» «LNAME»:

The purpose of this letter is to notify you that the long-term care insurance premium for policy number «POLICY NUMBER» issued by «Continental Casualty Company» is being increased. Specifically, the premium you currently pay «current premium» will increase on the first premium due date on or after «renewal date» as shown below:

Premium Renewal Date	Percentage Increase	New «FIELD_17» Premium
«renewal date»	«increase percentage»	«Premium amount»

While this is not a bill, you should keep a copy of this letter with your policy.

You have the option to lapse your policy and exercise a Contingent Non-Forfeiture benefit. Please see the attached illustration that describes this benefit in detail.

The decision to implement a premium increase is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CCC, are facing significant challenges as it relates to the pricing of its long term care policies. CCC, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

When CCC originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on CCC's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with CCC's actual experience. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

Therefore, after careful review and analysis of the long-term care policy experience, CCC determined that the Preferred Solution policies required a premium adjustment and a <<increase percentage>> increase is being implemented for the state where your policy was originally issued. CCC will continue to evaluate this block of business, and may seek additional premium rate increases over the next few years as part of a multiyear effort to achieve an actuarially appropriate rate level.

CCC's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. Your policy provides the ability for you to decrease your coverage which will help reduce the impact of the rate increase**.** Some possible options may be as follows:

1. Reducing the Maximum Lifetime Benefit; or
2. Reducing the Maximum Daily Facility Benefit and/or Maximum Home and Community Based Care Benefit; or
3. Increasing the Elimination Period; or
4. Deleting an optional rider for which a premium is charged.

In no event may your benefits be decreased below the minimum benefits available for new applicants or below what is required by the regulations of your state. If you elect to reduce your coverage under this provision, the premium will be based on the reduced amount of coverage elected.

Should you wish to explore these options further, please contact us at our administrative office directly at 1-888-397-5824. We will be happy to provide you with whatever assistance we can to help you maintain your valuable coverage.

Sincerely,

Jennifer White

Director, Long Term Care Administration

Contingent Non-Forfeiture Benefit Illustration

As described below, if you decide you do not wish to pay the increased premiums taking effect after the renewal date of your policy, you may elect to lapse your policy after the renewal date, and exercise the Contingent Non-Forfeiture Benefit.

If you wish to exercise the Contingent Non-Forfeiture Benefit offer:

1. **Coverage must be in effect, and all current premiums for periods of coverage up to your renewal date of «renewal date» must be paid**. If all current premiums for periods of coverage up to «renewal date» are not paid, your policy will terminate back to the first unpaid premium period, and **you will not be eligible** for the Contingent Non-Forfeiture Benefit.
2. You must lapse your policy within 120 days after your rate increase takes effect on «renewal date». You may lapse your policy either by writing to us indicating your desire to terminate the policy after «renewal date», or by simply not paying the *increased* premium applicable to your renewal term starting «renewal date». If premium for coverage periods prior to «renewal date» is not paid within 120 days after «renewal date», you will not be eligible to exercise the Contingent Non-Forfeiture Benefit, regardless of intent to lapse due to the premium rate increase.
3. CCC will refund any increased renewal premiums you may have paid for periods beginning on or after «renewal date», as long as you lapse your coverage as described above within 120 days after «renewal date».
4. Your *daily* maximum benefit amount(s) in effect for the coverage period prior to «renewal date» will remain the same.
5. Your *lifetime* maximum benefit amount in effect for the coverage period prior to «renewal date» will be replaced by the Reduced Lifetime Maximum Benefit. This amount is the maximum amount of benefits payable under this policy after the lapse occurs.
6. Your coverage, with the Reduced Maximum Lifetime Benefit, will be considered “paid-up” with no further premiums due.
7. If your policy includes an Automatic Increase Benefit Rider, or any other inflation protection rider, your benefits will **not** continue increasing after lapse.

If you lapse your policy at any time after the 120-day window following «renewal date», **you will not be eligible** for the Contingent Non-Forfeiture Benefit, your policy will be terminated, and all benefits may be forfeited.

The next page reflects your current premium, daily and lifetime maximum benefits, as well as what your premium and Reduced Lifetime Maximum will be if you choose the Contingent Non-Forfeiture Benefit offer.

Please note: Policy data is based on CCC's records as of **<<notification generation date>>.**

Insured Name	«FNAME» «MI» «LNAME»
Policy Number	«POLICY NUMBER»
Increased Premium *(if elect to maintain current coverage)*	«new premium»
Current Maximum Facility Daily Benefit	<<Daily max amount>>
Current Lifetime Maximum Benefit	<<lifetime max>>

The information below describes the impact on your policy if you choose to exercise the Reduced Lifetime Maximum Benefit offer.

Maximum Facility Daily Benefit Upon Lapse	<<Daily max amount>>
Reduced Lifetime Maximum Benefit Upon Lapse*	<<reduced lifetime max>>
Premium Due after <<renewal date>>	Zero

* The Reduced Lifetime Maximum includes both Maximum Facility Daily Benefit upon lapse and any Home Health Care benefits that may be included in your policy. The Reduced Lifetime Maximum Benefit is the greater of 100% of the total premiums you have paid or 30X the Maximum Facility Daily Benefit.

CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0096-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY
RIDER R1-N0088-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0098-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0106-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 67.0%
Years 2-10: 14.0%
Years 11+: 5.5%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	5.3%	11	76.2%
2	8.2	12	87.4
3	16.3	13	100.3
4	24.8	14	116.2
5	30.6	15	133.1
6	36.0	16	152.4
7	41.9	17	173.8
8	48.7	18	198.3
9	57.1	19	227.0
10	66.0	20	260.0

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1750.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Home and Community-Based Care Maximum Daily Benefit: 50%, 75% or 100% of facility daily benefit

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.

2. Alternate Care Facility Benefit: 80% of expense incurred up to daily limit.

3. Home and Community-Based Care Benefit: Up to daily limit for total of (a) 100% of daily expenses for therapy or nursing care, and (b) 80% of daily expenses for services of a medical social worker, home health aide or homemaker, home delivered meals, special meals, and nutrition services, and adult day care, including transportation.

Benefits Provisions (cont.):

4. Respite Care: pays up to 30 times facility daily benefit in a calendar year for respite care. Pays 100% of expense up to facility daily benefit for each day of respite care in a nursing home or alternate care facility; or 80% of expense up to the daily home and community-based care benefit for each day of respite care in an adult day care center or the home. The elimination period does not apply to this benefit.

5. Home Medical Help Benefit: monthly expense up to 25% of the daily home and community-based care limit for rental or lease of medical help system during a plan of care.

6. Caregiver Training Benefit: Expense incurred to train any informal caregiver up to five times the daily home and community-based care benefit limit in a plan of care.

7. Waiver of Premium: after 12 days of covered facility care.

8. Nonforfeiture Benefit Shortened Benefit Period: If policy lapses after at least three years, continues coverage with lifetime maximum equal to greater of 30 times the facility daily benefit or 100% of the premiums paid for the policy.

9. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.

10. Optional Benefits:

    a. 5% Simple or Compound Automatic Increase Benefit Riders.

    b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.

    c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.

    d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.

    e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.

    f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum is exhausted

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

Brian E. Millsap, ASA, MAAA
Vice President and Actuary
CNA LTC - 34S
(312) 822-2720
FAX: (312) 755-3767

CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0101-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY
RIDER R1-N0078-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0079-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0106-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 67.0%
Years 2-10: 14.0%
Years 11+: 5.5%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
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Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
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60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	5.4%	11	77.3%
2	8.4	12	88.6
3	16.6	13	101.6
4	25.2	14	117.6
5	31.1	15	134.8
6	36.6	16	154.3
7	42.6	17	175.9
8	49.4	18	200.7
9	57.9	19	229.6
10	67.0	20	263.0

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $2000.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Home and Community-Based Care Maximum Weekly Benefit: 50%, 75% or 100% of facility daily benefit times 7

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.

2. Alternate Care Facility Benefit: Expense incurred up to daily limit.

3. Home and Community-Based Care Benefit: Up to weekly limit for total weekly expenses for therapy, nursing care, services of a medical social worker, home health aide or homemaker, home delivered meals, special meals, and nutrition services, and adult day care, including transportation.

4. Independent Caregiver Training Benefit: pays for training of a person needing certification to provide care. Services of such trained individual would then be a covered expense.

Benefit Provisions (cont.):

5. Respite Care: pays up to 30 times facility daily benefit in a calendar year for respite care. Pays up to facility daily benefit for each day of respite care in a nursing home or alternate care facility; and up to the weekly home and community-based care benefit for each week of respite care in an adult day care center or the home. The elimination period does not apply to this benefit.

6. Home Medical Technology Benefit: monthly expense up to 10% of the weekly home and community-based care limit for rental or lease of medical monitoring, diagnostic, or medication compliance equipment during a plan of care.

7. Flexible Home Care Benefit: If care manager is used, may pay for alternate services in the home not specifically covered in the policy.

8. Caregiver Training Benefit: Expense incurred to train any informal caregiver up to the weekly home and community-based care benefit limit in a plan of care.

9. Waiver of Premium: after 12 days of covered facility or home and community-based care.

10. Nonforfeiture Benefit Shortened Benefit Period: If policy lapses after at least three years, continues coverage with lifetime maximum equal to greater of 30 times the facility daily benefit or 100% of the premiums paid for the policy.

11. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.

12. Optional Benefits:

    a. 5% Simple or Compound Automatic Increase Benefit Riders.

    b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.

    c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.

    d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.

    e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.

    f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

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Brian E. Millsap, ASA, MAAA
Vice President and Actuary
CNA LTC - 34S
(312) 822-2720
FAX: (312) 755-3767

Underwritten by Continental Casualty Company

P.O. Box 64912
St. Paul MN 55164-0912
1-800-262-6692
Fax: 952-983-5193

February 26, 2015

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Premium Adjustment Notice

Company: «Continental Casualty Company» (CCC)
Policy Number:«POLICY NUMBER»
Insured: «FNAME» «MI» «LNAME»

Dear «FNAME» «LNAME»:

The purpose of this letter is to notify you that the long-term care insurance premium for policy number «POLICY NUMBER» issued by «Continental Casualty Company» is being increased. Specifically, the premium you currently pay «current premium» will increase on the first premium due date on or after «renewal date» as shown below:

Premium Renewal Date	Percentage Increase	New «FIELD_17» Premium
«renewal date»	«increase percentage»	«Premium amount»

While this is not a bill, you should keep a copy of this letter with your policy.

The decision to implement a premium increase is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CCC, are facing significant challenges as it relates to the pricing of its long term care policies. CCC, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

When CCC originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on CCC's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with CCC’s actual experience. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

Therefore, after careful review and analysis of the long-term care policy experience, CCC determined that the Preferred Solution policies required a premium adjustment and a <<increase percentage>> increase is being implemented for the state where your policy was originally issued. CCC will continue to evaluate this block of business, and may seek additional premium rate increases over the next few years as part of a multiyear effort to achieve an actuarially appropriate rate level.

CCC's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. Your policy provides the ability for you to decrease your coverage which will help reduce the impact of the rate increase**.** Some possible options may be as follows:

1. **Reducing the Maximum Lifetime Benefit; or**
2. **Reducing the Maximum Daily Facility Benefit and/or Maximum Home and Community Based Care Benefit; or**
3. **Increasing the Elimination Period; or**
4. **Deleting an optional rider for which a premium is charged; or**
5. **Exercising a non-forfeiture benefit as outlined in your policy (if applicable).**

In no event may your benefits be decreased below the minimum benefits available for new applicants or below what is required by the regulations of your state. If you elect to reduce your coverage under this provision, the premium will be based on the reduced amount of coverage elected.

Should you wish to explore these options further, please contact us at our administrative office directly at 1-888-397-5824. We will be happy to provide you with whatever assistance we can to help you maintain your valuable coverage.

Sincerely,

Jennifer White

Director, Long Term Care Administration

8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

April 7, 2015

Ms. Janet Houser
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: Continental Casualty Company (CCC)
Company NAIC # 20443
SERFF Tracking # MILL-128834437
Policy Forms:

Comprehensive Long Term Care	P1-N0080-A45
Comprehensive Long Term Care	P1-N0081-A45
Comprehensive Long Term Care	P1-N0085-A45
Comprehensive Long Term Care	P1-N0086-A45
Comprehensive Long Term Care	P1-N0095-A45
Comprehensive Long Term Care	P1-N0096-A45
Comprehensive Long Term Care	P1-N0100-A45
Comprehensive Long Term Care	P1-N0101-A45
Nursing Home Only	P1-N0075-A45
Nursing Home Only	P1-N0076-A45
Nursing Home Only	P1-N0090-A45
Nursing Home Only	P1-N0091-A45

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your recent phone conversations with Mike Bergerson regarding the above-referenced filing. Based on your most recent conversation on April 3, 2015, I understand that the Bureau is willing to approve a 45.0% increase on the above-referenced policy forms to be implemented as two consecutive annual 20.4% rate increases.

I have spoken with the company regarding the Bureau's offer of a reduced multi-year rate increase. Even though the company believes that a higher increase is needed to alleviate the poor performance on this block of business, it is willing to accept two annual 20.4% increases at this time as part of a longer term multi-year transition approach.

Under this approach, the company will implement the first 20.4% increase on the insured's next premium due date following a policyholder notification period at least as long as required in Virginia

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following approval. The subsequent rate increase will be implemented one year after the implementation date of the first rate increase. Each policyholder will be notified of the entire 45.0% cumulative rate increase prior to the implementation of the first rate increase. The company plans to file for additional increases in the future with the ultimate goal of bringing the block to an actuarially appropriate level.

The remainder of this letter provides additional information requested in your April 3 phone conversation. Each request is paraphrased in italics for reference.

1. *Please update the actuarial memorandum to discuss accepting the reduced rate increase offer. The numerical exhibits and values do not need to be updated for the reduced rate increase.*

   Enclosed with this letter is an updated actuarial memorandum. Section 17 of the actuarial memorandum has been updated to indicate that the company is accepting a reduced offer of 45.0%. As discussed, any references to the rate increase request (including Exhibits I and II) and policyholder reactions to the rate increase reflect the original 80.0% rate increase request.

2. *Please provide updated rate schedules that show each phase of the rate increase.*

   Updated rate tables are enclosed with this letter. Consistent with the two-year plan, the rate pages include the original rate sheets and “multiplier” rate sheets with factors for each year of the increase.

   A post-submission update has been submitted for this filing via SERFF. Once the update is processed, the Rate/Rule Schedule tab will reflect an overall increase of 45.0%.

3. *Please provide updated policyholder notification letters disclosing the phase-in of the rate increase.*

   Updated sample policyholder rate increase notification letters are enclosed with this letter. The letters have been updated to describe the two-year rate increase phase-in. Please note that in the future slight variations in language may occur in these letters that do not materially change the information being provided. As these letters do not require Bureau approval, we understand that it will not be necessary to file each of these minor variations with the state of Virginia.

Limitations and Qualifications

Milliman's work has been prepared for the use and benefit of CCC. Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

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however, that the Bureau may distribute Milliman's work to (i) its professional service providers who are subject to a duty of confidentiality and who agree to not use Milliman's work product for any purpose other than to provide services to the Bureau, or (ii) any applicable regulatory or governmental agency, as required.

In performing this analysis, we relied on data and other information provided by CCC. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

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Janet, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2419 or by e-mail at amy.pahl@milliman.com.

Respectfully,

Amy Pahl, FSA, MAAA
Principal & Consulting Actuary

ABP/tcr

Enclosures: Updated Actuarial Memorandum
Rate Pages Reflecting Cumulative 45.0% Rate Increase
Updated Sample Policyholder Notification Letters

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Continental Casualty Company (CCC)
Address: 333 S. Wabash Ave, Chicago, IL 60604

Actuarial Memorandum for the Preferred Solution Series
April 7, 2015

Product	Number
Comprehensive Long Term Care	P1-N0080-A45
Comprehensive Long Term Care	P1-N0081-A45
Comprehensive Long Term Care	P1-N0085-A45
Comprehensive Long Term Care	P1-N0086-A45
Comprehensive Long Term Care	P1-N0095-A45
Comprehensive Long Term Care	P1-N0096-A45
Comprehensive Long Term Care	P1-N0100-A45
Comprehensive Long Term Care	P1-N0101-A45
Nursing Home Only	P1-N0075-A45
Nursing Home Only	P1-N0076-A45
Nursing Home Only	P1-N0090-A45
Nursing Home Only	P1-N0091-A45

The above captioned policy forms provide comprehensive or facility only coverage. These forms were sold concurrently with identical original pricing assumptions and have been grouped into policy group "Preferred Solution" for experience purposes. These policy forms were issued in Virginia by CCC from August 1998 through July 2003 and are no longer being marketed in any jurisdiction.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of documenting the rates and demonstrating that the anticipated loss ratio of these policy forms with those rates meets the minimum requirements of the jurisdiction. It may not be suitable for other purposes.

This is a rate increase filing for the above captioned forms. An 80% rate increase was originally requested for all policyholders covered under these policy forms including all associated riders.

2. Description of Benefits

All of the forms are guaranteed renewable individual long term care policies sold through non-captive agents. These tax qualified and non-tax qualified forms provide long-term care confinement and home health care benefits with lifetime limits. Benefits are limited to the policy's lifetime maximum which is equal to the following multipliers times the facility daily benefit amount: 365x, 730x, 1095x, 1460x, 1825x, or Unlimited. Benefit eligibility for the tax qualified forms requires inability to perform two or more activities of daily living or being cognitively impaired. Benefit eligibility for the non-tax qualified forms requires inability to perform two or more activities of daily living, being cognitively impaired, or medical necessity.

Long-Term Care Benefits: This policy pays the Long-Term Care Daily Benefit Amount, as shown on insured's policy schedule, for each day of Long-Term Care confinement in a nursing home or assisted living facility, limited to the Benefit Lifetime Maximum.

Home Health Care Benefits: For comprehensive policy forms, this policy pays 100% of the expenses incurred for each day of care for therapist or nurse, 100% or 80%

(percentage varies by form) of the expenses incurred for each day of care for home health aide, medical social worker, or homemaker, and 100% or 80% (percentage varies by form) of expenses incurred for each day of care for Adult Day Care or Alternate Care Facility. The total benefits payable each day for Home Health Care benefits are limited to the daily benefit amount shown on the insured's application and are subject to the policy's Benefit Lifetime Maximum.

Other Benefits: The policies may include a bed reservation, waiver of premium, nonforfeiture, and alternate plan of care benefit.

Optional Benefits: Optional riders may include inflation protection, survivorship, shared benefit, dual waiver of premium, and restoration of benefits.

3. Renewability

These forms are guaranteed renewable long-term care policy forms.

4. Applicability

This filing applies to in-force insureds only, as these forms are no longer being marketed. The premium change will apply to the base forms and all riders associated with the base forms.

5. Actuarial Assumptions

a. Morbidity. The Milliman 2002 *Long-Term Care Guidelines* (Milliman *LTCGs*) provide the basis for the claim costs. The Milliman *LTCGs* provide a flexible, but consistent, basis for the determination of claim costs for a wide variety of long-term care benefit packages. These rating structures can be used to anticipate future claim levels, evaluate past experience, and establish inter-relationships between different long-term care coverages. Milliman analyzed nearly $1.8 billion in long-term care insurance incurred claims to develop the Milliman *LTCGs*.

Adjustments were then made to incorporate CCC individual long-term care actual claim experience which is deemed 100% credible on a nationwide basis. A global actual-to-expected (A/E) scalar of 99.6% was derived and is applied to the Milliman *LTCGs* claim costs. An A/E adjustment based on issue age is also applied to the base claim costs, shown in the table below.

Issue Ages	A/E Adjustment
<60	73.9%
60-69	109.2
70-74	119.0
75+	124.1

A 1.6% annual improvement in projected morbidity is assumed to apply for 15 years, as supported by the National Long Term Care Survey results, and presented at the Society of Actuaries 2004 Spring Meeting, "Morbidity Improvement and Its Impact on LTC Insurance Pricing and Valuation".

A scalar experience adjustment of 91.0% was applied to all claim costs based on the comparison of projected incurred claims to actual experience. This adjustment was made to reflect that actual historical experience has been running better than the LTCGs best estimate. The adjustment was developed by inspection of the progression of the historical to projected values and smoothing the transition of annual loss ratios from the historical period to the projection period.

Additional adjustments for inflation protection (if applicable), underwriting risk classification, selection, and election of other riders were also used.

b. Persistency. Mortality is assumed to follow the 1994 Group Annuitant Mortality (1994 GAM) Static table, with selection consistent with experience. Additionally, projected mortality rates are assumed to improve by 0.6% annually for 15 years.

   The projected annual voluntary lapse rates are 0% for limited-pay policies that are fully paid up and 1.5% all other policies.

c. Policyholder Behavior Due to the Rate Increase. In the year of rate increase notification to policyholders, an additional 4% of in-force policyholders are assumed to lapse. An additional portion of policyholders will elect to reduce benefits resulting in a cumulative 14% reduction in premiums and benefits. We assume a cumulative 2% increase in morbidity due to adverse selection from the rate increase. These values are based on the original 80% rate increase request.

d. Expenses. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commissions will not be paid on the increased premium.

The assumptions in this filing are based on the experience of CCC, industry experience, and judgment. The experience period is inception through December 31, 2011. These assumptions are based on the nationwide experience of the particular policy forms in this filing and similar nationwide forms and are deemed reasonable for the particular policy forms in this filing. The assumptions described above reflect an estimate of the most likely outcome and do not reflect an explicit margin for conservatism.

In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policies were taken into consideration.

6. Marketing Method

These policies were sold through non-captive agents.

7. Underwriting Description

These policy forms were fully underwritten with the use of various tools in addition to the application which may have included medical records, an attending physician's statement, telephone interviews, and/or face-to-face assessments.

8. Premiums

Premiums are unisex, level, and payable for life unless the insured selected a limited pay option. The premiums may vary by issue age, elimination period, benefit period / lifetime maximum, initial daily benefit amount, level of home health care coverage, inflation protection option, premium mode, underwriting class, marital status, and optional coverages chosen.

9. Issue Age Range

Issue ages range from 18 to 84.

10. Area Factors

Area factors are not used for these products.

11. Premium Modalization Rules

The following modal factors remain unchanged and are applied to the annual premium to obtain the modal premium. The nationwide percent distribution (based on CCC's in-force count as of 12/31/2011) is shown below:

Premium Mode	Modal Factor	Percent Distribution
Annual	1.00*AP	60.7%
Semi-Annual	0.52*AP	7.9
Quarterly	0.27*AP	11.6
Monthly	0.09*AP	19.8

12. Reserves

Active life reserves have not been used in this rate increase demonstration, except as indicated in Exhibits IV and V and in the supplement to the actuarial memorandum.

Reserves for known open claims are computed using a continuance table derived from Milliman *LTCGs*, adjusted for CCC-specific experience. The discount rate used to calculate the reserves varies by year of claim incurral as summarized in the table below. Incurred but not reported (IBNR) reserves are computed using standard lag techniques.

Incurral Year	Discount Rate
1998-2005	4.5%
2006-2011	4.0

Reserves for known open claims as of December 31, 2011 have been discounted to the incurral date for each respective claim using a 5.0% interest rate and included in the historical incurred claims. IBNR reserve balances as of December 31, 2011 have been allocated to a calendar year of incurral and included in the historical incurred claims.

13. Trend Assumptions

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

14. Past and Future Experience

Nationwide experience of CCC, across the above-listed forms and corresponding nationwide Preferred Solution forms, is shown in Exhibit I and includes earned premiums, paid claims, incurred claims, and loss ratios. Exhibit II provides Virginia-specific experience.

The company has chosen a credibility standard of 1,082 claims. Based on this parameter, CCC does not view Virginia-specific as credible, but is providing it as required.

Incurred claims are shown by incurral year, whereas paid claims are shown by the year in which the payments were made. The paid loss ratio is equal to paid claims divided by earned premium. The incurred loss ratio is equal to the incurred claims divided by earned premium. The difference between the incurred and paid lifetime loss ratios is driven by 1) a 5.0% discount rate underlying the calculation of the incurred claim amounts not reflected in the paid claim amounts, and 2) a difference in the currently assumed continuance table underlying the development of the paid claims and that assumed in the development of the base claim cost tables that are the basis for projected incurred claims.

Historical experience is shown by claim incurral year with the incurred loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_k \sum_t {}_jPmt_t^k * v^{t-k} + \sum_k ({}_jCR_{ValDate}^k + {}_jIBNR_{ValDate}^k) * v^{ValDate-k}}{EP_j}$$

LR_j = loss ratio for year *j*

${}_jPmt_t^k$ = claim payments at time *t* on claims incurred at time *k* in year *j*

${}_jCR_{ValDate}^k$ = open claim reserve held on December 31, 2011 for claims incurred at time *k* in year *j*

${}_jIBNR_{ValDate}^k$ = incurred but not reported reserve as of December 31, 2011 attributable to claims incurred at time *k* in year *j*

EP_j = earned premium in year *j*

ValDate = December 31, 2011

j = year of claim incurral

k = date of claim incurral

t = date of claim payment

v = 1 / 1.050 = 0.95238

Exhibits I and II also show future anticipated experience for calendar years 2012 to 2051, based on in-force experience as of December 31, 2011, using the assumptions in this filing. Exhibit III provides supplementary justification in support of the current assumptions described in section 5.

Exhibits I and II provide historical and projected values for premium, paid claims, incurred claims and policy count. Accumulated past, discounted future, and lifetime values both without and with the originally requested 80% rate increase are shown.

The original pricing memoranda for these products indicates that an after-tax net investment earnings rate of 5.0% was used to demonstrate that the lifetime loss ratio for these forms was anticipated to be at least 60% over the life of the policy. CCC's internal documentation shows that an assumed pre-tax net investment earnings rate of 7.14% was used in the original determination of premiums.

Pursuant to 14VAC5-130-70.C, the loss ratios are calculated using an interest rate consistent with that assumed in the determination of premiums. That is, CCC's actual and future expected pre-tax net investment earnings rate is used in determining the lifetime loss ratio for this business. CCC's actual historical pre-tax net investment earnings rates vary between 7.0% and 7.2%, and its projected pre-tax net investment earnings rates vary between 5.1% and 6.2% between 2012 and 2051. The rates are shown in Exhibits I and II.

Exhibit IV shows nationwide past experience including earned premiums, incurred claims, increase in active life reserves, and incurred loss ratios by calendar year. Exhibit V provides similar information on a Virginia-specific basis. Please note that Virginia-specific experience is not considered fully credible, but is being provided as required by the rate revisions checklist. As defined by 14VAC5-130-70.B.6, the incurred loss ratio is equal to the sum of incurred claims and increase in active life reserves divided by earned premium. The values in these exhibits are shown without interest accumulation.

For projection purposes, the rate increase is assumed to occur on each policy's first anniversary on or after July 1, 2013, although the increases will be effective on the insured's next premium due date, after the appropriate policyholder notification period.

15. History of Previous Rate Revisions

There have been no rate increases on these forms in Virginia or nationwide.

16. Analysis Performed to Consider a Rate Increase

The initial premium schedules were based on pricing assumptions believed to be appropriate, given industry experience available when the initial rate schedules were

developed. The original pricing assumptions for claim costs, voluntary termination rates, mortality, and interest were as follows:

a. Original Pricing Claim Costs. The underlying claim costs were based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

   Claim frequency was based on actual claim experience of similar policy forms issued by CCC from 1984 to 1993. To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with CCC's experience. Average lengths of stay for each benefit period and elimination period were calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" by Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

   Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advance data, Number 135, and CCC's claims payment experience on policy forms P1-54076 and P1-59433.

b. Original Pricing Voluntary Termination Rates. Vary by duration and issue age as shown in the following table.

Issue Ages	Year 1	Year 2	Years 3+
18-59	4.0%	4.0%	4.0%
60-64	4.8	4.0	4.0
65-69	5.9	4.0	4.0
70-74	7.2	4.0	4.0
75-79	9.0	4.1	4.0
80-84	10.0	5.4	4.0

c. Original Pricing Mortality. 1983 GAM blended 60% female/40% male

d. Original Pricing Investment Earnings. An after-tax net investment earnings rate of 5.0% was used to determine the expected lifetime loss ratio, and a pre-tax net investment earnings rate of 7.14% was used in the determination of premiums.

As part of the in-force management of the business, CCC monitors the performance of the business by completing periodic analysis of morbidity and persistency. An analysis of the projected lifetime loss ratio based on current assumptions compared to that

assumed at the time of original pricing revealed that experience has deteriorated significantly.

The assumptions used in this filing (described in Section 5) are based on actual in-force experience of CCC, industry experience, and judgment. Actual persistency has been higher than that assumed in original pricing, while actual morbidity has been lower than expected in original pricing.

17. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company originally requested an increase of 80%. To comply with the Bureau's request, the company will limit the rate increase to 45% at this time, to be implemented as two consecutive annual increases of 20.4%.

The originally requested 80% rate increase was determined by targeting a 71.0% lifetime loss ratio using the company's current assumptions. The company's current assumptions are those listed in section 5 of this actuarial memorandum and a 5.0% interest assumption (representing the historical and projected long-term after-tax net investment earnings rate for this business). These assumptions do not include any margin for conservatism. Pursuant to 14VAC5-130-70.C, this rate filing uses the company's pre-tax net investment earnings rates, which is consistent with that used in the original determination of premiums.

Projected experience assuming the originally requested 80% increase is implemented is shown in Exhibits I and II. As shown in Exhibits I and II, the expected lifetime loss ratio with and without the requested rate increase exceeds the 60% minimum required by loss ratio regulation. As required by 14VAC5-130-70.C, the lifetime loss ratio is calculated using an interest rate consistent with that assumed in the original determination of premiums.

Corresponding rate pages reflecting the reduced increase of a cumulative 45.0% are enclosed with this memorandum. The proposed rates reflect the two year phase-in of the increase as consecutive 20.4% rate increases.

18. Average Annual Premium (Annualized Premium Based on 12/31/2011 In-force)

	Virginia	Nationwide
Before the Rate Increase	$1,629	$1,682
After the 80% Rate Increase	$2,933	$3,028

19. Proposed Effective Date

The rate increase will apply to policies on their next premium due date following a policyholder notification period at least as long as required in your state following approval. The majority of these policies were issued with a 10-year rate guarantee. No policy will receive a rate increase while still in its rate guarantee period.

20. Nationwide Distribution of Business as of 12/31/2011 (based on in-force insured count)

By Issue Age:

Issue Ages	Percent Distribution
<45	2.6%
45-49	6.3
50-54	15.9
55-59	24.7
60-64	23.5
65-69	16.1
70-74	7.8
75-79	2.8
80+	0.3

By Elimination Period:

Elimination Period	Percent Distribution
0-Day	10.1%
30-Day	38.2
60-Day	0.9
90-Day	48.1
180-Day	2.2
360-Day	0.5

By Benefit Period:

Benefit Period	Percent Distribution
365x	0.1%
730x	5.5
1095x	22.3
1460x	14.4
1825x	20.7
Lifetime	37.0

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	15.8%
5% Simple for Life	27.7
5% Compound for Life	55.1
Guaranteed Purchase Option	1.4

By Coverage Type:

Home Health Care Coverage	Percent Distribution
0%	4.9%
50%	11.8
75%	6.0
100%	77.3

21. Number of Insureds and Annualized Premium

Based on CCC's 12/31/2011 in-force count, the number of insureds and annualized premium that will be affected by this increase in this jurisdiction and nationwide are:

Jurisdiction	Number of Insured	Annualized Premium
Virginia	3,662	$5,966,447
Nationwide	94,619	$159,189,123

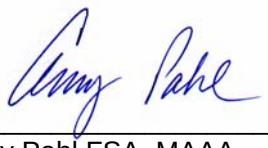
22. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8, "Regulatory Filings for Health Plan Entities" and 18, "Long-Term Care Insurance".

I have relied on data and information provided by CCC to develop this actuarial memorandum. I have not audited or independently verified the data provided, but have reviewed it for reasonableness.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of Virginia and the rules of the Bureau. In my opinion, the rates are reasonable in relation to the benefits provided.



Amy Pahl FSA, MAAA
Principal and Consulting Actuary

Date: April 7, 2015

Exhibit I
Continental Casualty Company
Nationwide Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	47,921	0	0	0.0%	0.0%	218	120,985	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	11,301,893	838	126,537	0.0%	1.1%	17,663	26,631,353	1,974	298,166	0.0%	1.1%				0.0084		0.992		7.1%	2.3564
	2000	52,939,330	60,019	2,503,199	0.1%	4.7%	44,834	116,427,951	131,998	5,505,214	0.1%	4.7%				0.0300		0.970		7.1%	2.1993
	2001	103,034,628	767,023	4,802,497	0.7%	4.7%	75,878	211,494,362	1,574,432	9,857,860	0.7%	4.7%				0.0381		0.962		7.1%	2.0527
	2002	162,218,751	2,027,120	10,819,128	1.2%	6.7%	111,262	310,868,006	3,884,674	20,733,243	1.2%	6.7%				0.0379		0.962		7.1%	1.9164
	2003	204,897,876	4,567,338	13,013,852	2.2%	6.4%	116,091	366,633,224	8,172,549	23,286,286	2.2%	6.4%				0.0485		0.951		7.1%	1.7893
	2004	197,124,946	7,706,004	19,931,702	3.9%	10.1%	111,353	329,450,012	12,878,853	33,311,357	3.9%	10.1%				0.0408		0.959		7.0%	1.6713
	2005	189,821,210	11,683,070	23,829,608	6.2%	12.6%	108,034	296,407,789	18,243,235	37,210,180	6.2%	12.6%				0.0298		0.970		7.0%	1.5615
	2006	184,514,248	16,666,803	33,832,414	9.0%	18.3%	105,513	269,020,507	24,300,084	49,327,428	9.0%	18.3%				0.0233		0.977		7.2%	1.4580
	2007	179,969,445	22,137,875	37,138,363	12.3%	20.6%	103,354	244,790,758	30,111,485	50,514,842	12.3%	20.6%				0.0205		0.980		7.2%	1.3602
	2008	175,750,089	29,597,783	51,011,726	16.8%	29.0%	101,153	223,133,487	37,577,543	64,764,829	16.8%	29.0%				0.0213		0.979		7.0%	1.2696
	2009	170,876,585	37,748,757	53,446,206	22.1%	31.3%	98,664	202,686,372	44,775,933	63,395,564	22.1%	31.3%				0.0246		0.975		7.0%	1.1862
	2010	165,999,568	46,070,891	67,823,885	27.8%	40.9%	96,369	183,871,929	51,031,118	75,126,151	27.8%	40.9%				0.0233		0.977		7.1%	1.1077
	2011	161,072,812	52,553,345	85,032,369	32.6%	52.8%	94,619	166,622,579	54,364,072	87,962,161	32.6%	52.8%				0.0182		0.982		7.0%	1.0345
Projected Future Experience	2012	155,749,002	71,268,093	91,092,452	45.8%	58.5%	91,910	151,105,679	69,143,387	88,376,726	45.8%	58.5%	1.0000	1.1028	1.0000	0.0286	0.0000	0.971	0.967	6.2%	0.9702
	2013	149,248,689	91,913,211	102,106,840	61.6%	68.4%	89,128	136,383,169	83,990,118	93,305,037	61.6%	68.4%	1.0000	1.1559	1.0000	0.0303	0.0000	0.970	0.958	6.1%	0.9138
	2014	143,904,200	105,868,041	114,018,521	73.6%	79.2%	86,260	123,999,401	91,224,396	98,247,503	73.6%	79.2%	1.0000	1.1538	1.0000	0.0322	0.0000	0.968	0.964	6.0%	0.8617
	2015	138,464,167	115,544,236	126,747,566	83.4%	91.5%	83,285	112,589,823	93,952,864	103,062,665	83.4%	91.5%	1.0000	1.1513	1.0000	0.0345	0.0000	0.966	0.962	5.9%	0.8131
	2016	132,807,215	125,731,027	140,196,044	94.7%	105.6%	80,183	101,960,109	96,527,505	107,632,735	94.7%	105.6%	1.0000	1.1489	1.0000	0.0372	0.0000	0.963	0.959	5.9%	0.7677
	2017	126,905,082	136,621,305	154,184,566	107.7%	121.5%	76,931	92,027,898	99,073,822	111,810,191	107.7%	121.5%	1.0000	1.1463	1.0000	0.0406	0.0000	0.959	0.956	5.9%	0.7252
	2018	120,729,582	149,509,558	168,509,789	123.8%	139.6%	73,519	82,722,002	102,441,586	115,460,244	123.8%	139.6%	1.0000	1.1436	1.0000	0.0444	0.0000	0.956	0.951	5.8%	0.6852
	2019	114,295,648	163,216,760	182,687,826	142.8%	159.8%	69,961	74,031,086	105,718,057	118,329,772	142.8%	159.8%	1.0000	1.1393	1.0000	0.0484	0.0000	0.952	0.947	5.8%	0.6477
	2020	107,662,270	177,198,662	195,895,396	164.6%	182.0%	66,285	65,953,287	108,550,880	120,004,392	164.6%	182.0%	1.0000	1.1318	1.0000	0.0525	0.0000	0.947	0.942	5.7%	0.6126
	2021	100,915,095	190,761,117	207,742,532	189.0%	205.9%	62,542	58,482,654	110,550,521	120,391,648	189.0%	205.9%	1.0000	1.1239	1.0000	0.0565	0.0000	0.944	0.937	5.7%	0.5795
	2022	94,154,163	203,597,887	217,857,639	216.2%	231.4%	58,785	51,628,291	111,640,427	119,459,589	216.2%	231.4%	1.0000	1.1157	1.0000	0.0601	0.0000	0.940	0.933	5.7%	0.5483
	2023	87,493,800	215,362,096	226,367,670	246.1%	258.7%	55,065	45,405,367	111,763,289	117,474,689	246.1%	258.7%	1.0000	1.1093	1.0000	0.0633	0.0000	0.937	0.929	5.6%	0.5190
	2024	81,015,503	225,946,995	234,053,824	278.9%	288.9%	51,421	39,797,450	110,992,511	114,974,850	278.9%	288.9%	1.0000	1.1072	1.0000	0.0662	0.0000	0.934	0.926	5.6%	0.4912
	2025	74,768,394	235,414,882	240,704,813	314.9%	321.9%	47,863	34,771,700	109,481,763	111,941,892	314.9%	321.9%	1.0000	1.1049	1.0000	0.0692	0.0000	0.931	0.923	5.6%	0.4651
	2026	68,754,072	244,081,469	248,139,309	355.0%	360.9%	44,393	30,275,700	107,480,724	109,267,585	355.0%	360.9%	1.0000	1.1115	1.0000	0.0725	0.0000	0.927	0.920	5.6%	0.4403
	2027	62,978,140	252,483,274	256,227,655	400.9%	406.9%	41,014	26,263,568	105,292,275	106,853,782	400.9%	406.9%	1.0000	1.1177	1.0000	0.0761	0.0000	0.924	0.916	5.6%	0.4170
	2028	57,446,440	260,692,377	262,970,897	453.8%	457.8%	37,738	22,694,795	102,989,150	103,889,302	453.8%	457.8%	1.0000	1.1154	1.0000	0.0799	0.0000	0.920	0.912	5.5%	0.3951
	2029	52,171,969	268,342,147	268,110,720	514.3%	513.9%	34,576	19,531,397	100,458,101	100,371,463	514.3%	513.9%	1.0000	1.1128	1.0000	0.0838	0.0000	0.916	0.908	5.5%	0.3744
	2030	47,168,185	275,012,165	271,380,535	583.0%	575.3%	31,538	16,739,062	97,596,416	96,307,622	583.0%	575.3%	1.0000	1.1097	1.0000	0.0879	0.0000	0.912	0.904	5.5%	0.3549
	2031	42,444,587	280,307,882	272,573,945	660.4%	642.2%	28,634	14,284,837	94,338,354	91,735,477	660.4%	642.2%	1.0000	1.1063	1.0000	0.0921	0.0000	0.908	0.900	5.4%	0.3366
	2032	38,007,464	283,926,637	271,656,970	747.0%	714.7%	25,873	12,132,679	90,634,590	86,717,887	747.0%	714.7%	1.0000	1.1030	1.0000	0.0965	0.0000	0.904	0.895	5.4%	0.3192
	2033	33,860,852	285,714,160	268,850,764	843.8%	794.0%	23,260	10,250,840	86,495,467	81,390,339	843.8%	794.0%	1.0000	1.1008	1.0000	0.1010	0.0000	0.899	0.891	5.5%	0.3027
	2034	30,007,549	285,626,715	264,184,407	951.8%	880.4%	20,802	8,614,579	81,997,829	75,842,163	951.8%	880.4%	1.0000	1.0987	1.0000	0.1057	0.0000	0.894	0.886	5.5%	0.2871
	2035	26,448,401	283,627,349	257,482,390	1072.4%	973.5%	18,503	7,201,480	77,227,224	70,108,367	1072.4%	973.5%	1.0000	1.0957	1.0000	0.1105	0.0000	0.889	0.881	5.4%	0.2723
	2036	23,179,697	279,661,363	248,707,736	1206.5%	1073.0%	16,366	5,988,094	72,245,918	64,249,557	1206.5%	1073.0%	1.0000	1.0921	1.0000	0.1155	0.0000	0.884	0.876	5.4%	0.2583
	2037	20,196,365	273,727,658	238,224,283	1355.3%	1179.5%	14,392	4,952,558	67,123,574	58,417,426	1355.3%	1179.5%	1.0000	1.0892	1.0000	0.1206	0.0000	0.879	0.871	5.3%	0.2452
	2038	17,491,081	265,944,098	226,469,953	1520.5%	1294.8%	12,580	4,073,839	61,940,914	52,747,009	1520.5%	1294.8%	1.0000	1.0876	1.0000	0.1259	0.0000	0.874	0.866	5.3%	0.2329
	2039	15,054,715	256,502,659	213,671,630	1703.8%	1419.3%	10,929	3,332,259	56,775,121	47,294,764	1703.8%	1419.3%	1.0000	1.0860	1.0000	0.1313	0.0000	0.869	0.861	5.2%	0.2213
	2040	12,875,274	245,590,939	199,791,183	1907.5%	1551.7%	9,435	2,710,446	51,700,728	42,059,164	1907.5%	1551.7%	1.0000	1.0831	1.0000	0.1367	0.0000	0.863	0.855	5.1%	0.2105
	2041	10,940,140	233,348,692	184,859,881	2133.0%	1689.7%	8,093	2,191,672	46,747,472	37,033,557	2133.0%	1689.7%	1.0000	1.0787	1.0000	0.1422	0.0000	0.858	0.850	5.1%	0.2003
	2042	9,234,981	219,944,017	169,411,250	2381.6%	1834.5%	6,897	1,759,435	41,903,418	32,275,988	2381.6%	1834.5%	1.0000	1.0753	1.0000	0.1478	0.0000	0.852	0.844	5.2%	0.1905
	2043	7,743,722	205,640,479	153,995,100	2655.6%	1988.6%	5,839	1,400,794	37,199,149	27,856,805	2655.6%	1988.6%	1.0000	1.0737	1.0000	0.1534	0.0000	0.847	0.839	5.4%	0.1809
	2044	6,449,849	190,756,767	138,895,367	2957.5%	2153.5%	4,911	1,106,610	32,728,415	23,830,480	2957.5%	2153.5%	1.0000	1.0724	1.0000	0.1590	0.0000	0.841	0.833	5.5%	0.1716
	2045	5,336,132	175,600,278	124,244,065	3290.8%	2328.4%	4,103	867,933	28,561,737	20,208,546	3290.8%	2328.4%	1.0000	1.0707	1.0000	0.1645	0.0000	0.835	0.827	5.5%	0.1627
	2046	4,384,743	160,427,290	110,118,511	3658.8%	2511.4%	3,405	675,877	24,728,728	16,973,987	3658.8%	2511.4%	1.0000	1.0680	1.0000	0.1701	0.0000	0.830	0.822	5.5%	0.1541
	2047	3,578,736	145,452,639	96,698,420	4064.4%	2702.0%	2,807	522,718	21,245,146	14,123,993	4064.4%	2702.0%	1.0000	1.0651	1.0000	0.1756	0.0000	0.824	0.816	5.5%	0.1461
	2048	2,901,447	130,878,651	84,234,771	4510.8%	2903.2%	2,299	401,593	18,115,099	11,659,054	4510.8%	2903.2%	1.0000	1.0635	1.0000	0.1809	0.0000	0.819	0.811	5.5%	0.1384
	2049	2,337,103	116,894,255	72,819,778	5001.7%	3115.8%	1,872	306,456	15,327,904	9,548,584	5001.7%	3115.8%	1.0000	1.0621	1.0000	0.1860	0.0000	0.814	0.805	5.6%	0.1311
	2050	1,871,152	103,647,310	62,427,384	5539.2%	3336.3%	1,514	232,321	12,868,769	7,750,935	5539.2%	3336.3%	1.0000	1.0599	1.0000	0.1912	0.0000	0.809	0.801	5.6%	0.1242
	2051	1,488,657	91,240,282	53,072,344	6129.0%	3565.1%	1,217	174,943	10,722,292	6,236,907	6129.0%	3565.1%	1.0000	1.0577	1.0000	0.1962	0.0000	0.804	0.796	5.7%	0.1175
	Past	1,959,569,303	231,586,866	403,311,486	11.8%	20.6%	1,185,005	2,948,159,313	287,047,948	521,293,280	9.7%	17.7%									
	Future	2,232,464,265	8,023,025,423	7,421,384,726	359.4%	332.4%	1,406,126	1,369,544,400	2,949,495,640	2,935,222,673	215.4%	214.3%									
	Lifetime	4,192,033,567	8,254,612,289	7,824,696,212	196.9%	186.7%	2,591,131	4,317,703,713	3,236,543,588	3,456,515,953	75.0%	80.1%									

Exhibit I
Continental Casualty Company
Nationwide Experience Projections with 80% Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	47,921	0	0	0.0%	0.0%	218	120,985	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	11,301,893	838	126,537	0.0%	1.1%	17,663	26,631,353	1,974	298,166	0.0%	1.1%				0.0084		0.992		7.1%	2.3564
	2000	52,939,330	60,019	2,503,199	0.1%	4.7%	44,834	116,427,951	131,998	5,505,214	0.1%	4.7%				0.0300		0.970		7.1%	2.1993
	2001	103,034,628	767,023	4,802,497	0.7%	4.7%	75,878	211,494,362	1,574,432	9,857,860	0.7%	4.7%				0.0381		0.962		7.1%	2.0527
	2002	162,218,751	2,027,120	10,819,128	1.2%	6.7%	111,262	310,868,006	3,884,674	20,733,243	1.2%	6.7%				0.0379		0.962		7.1%	1.9164
	2003	204,897,876	4,567,338	13,013,852	2.2%	6.4%	116,091	366,633,224	8,172,549	23,286,286	2.2%	6.4%				0.0485		0.951		7.1%	1.7893
	2004	197,124,946	7,706,004	19,931,702	3.9%	10.1%	111,353	329,450,012	12,878,853	33,311,357	3.9%	10.1%				0.0408		0.959		7.0%	1.6713
	2005	189,821,210	11,683,070	23,829,608	6.2%	12.6%	108,034	296,407,789	18,243,235	37,210,180	6.2%	12.6%				0.0298		0.970		7.0%	1.5615
	2006	184,514,248	16,666,803	33,832,414	9.0%	18.3%	105,513	269,020,507	24,300,084	49,327,428	9.0%	18.3%				0.0233		0.977		7.2%	1.4580
	2007	179,969,445	22,137,875	37,138,363	12.3%	20.6%	103,354	244,790,758	30,111,485	50,514,842	12.3%	20.6%				0.0205		0.980		7.2%	1.3602
	2008	175,750,089	29,597,783	51,011,726	16.8%	29.0%	101,153	223,133,487	37,577,543	64,764,829	16.8%	29.0%				0.0213		0.979		7.0%	1.2696
	2009	170,876,585	37,748,757	53,446,206	22.1%	31.3%	98,664	202,686,372	44,775,933	63,395,564	22.1%	31.3%				0.0246		0.975		7.0%	1.1862
	2010	165,999,568	46,070,891	67,823,885	27.8%	40.9%	96,369	183,871,929	51,031,118	75,126,151	27.8%	40.9%				0.0233		0.977		7.1%	1.1077
	2011	161,072,812	52,553,345	85,032,369	32.6%	52.8%	94,619	166,622,579	54,364,072	87,962,161	32.6%	52.8%				0.0182		0.982		7.0%	1.0345
Projected Future Experience	2012	155,749,002	71,268,093	91,092,452	45.8%	58.5%	91,910	151,105,679	69,143,387	88,376,726	45.8%	58.5%	1.0000	1.1028	1.0000	0.0286	0.0000	0.971	0.967	6.2%	0.9702
	2013	158,463,642	91,592,333	100,172,626	57.8%	63.2%	87,363	144,803,776	83,696,900	91,537,556	57.8%	63.2%	1.1024	1.1537	1.0028	0.0505	0.0198	0.951	1.017	6.1%	0.9138
	2014	205,589,106	103,003,958	100,430,423	50.1%	48.9%	82,837	177,152,064	88,756,473	86,538,908	50.1%	48.9%	1.5392	1.0419	1.0177	0.0529	0.0203	0.948	1.297	6.0%	0.8617
	2015	205,768,827	107,936,910	109,632,561	52.5%	53.3%	79,981	167,317,483	87,767,094	89,145,885	52.5%	53.3%	1.0536	1.1282	1.0199	0.0345	0.0000	0.966	1.001	5.9%	0.8131
	2016	197,362,145	113,629,245	121,087,744	57.6%	61.4%	77,003	151,520,877	87,236,602	92,962,717	57.6%	61.4%	1.0000	1.1472	1.0199	0.0372	0.0000	0.963	0.959	5.9%	0.7677
	2017	188,591,103	120,766,392	132,976,564	64.0%	70.5%	73,881	136,760,817	87,576,297	96,430,761	64.0%	70.5%	1.0000	1.1446	1.0199	0.0405	0.0000	0.959	0.956	5.9%	0.7252
	2018	179,413,816	130,604,257	145,124,279	72.8%	80.9%	70,604	122,931,511	89,487,973	99,436,862	72.8%	80.9%	1.0000	1.1420	1.0199	0.0443	0.0000	0.956	0.951	5.8%	0.6852
	2019	169,852,476	141,656,569	157,117,756	83.4%	92.5%	67,188	110,016,115	91,753,183	101,767,637	83.4%	92.5%	1.0000	1.1377	1.0198	0.0484	0.0000	0.952	0.947	5.8%	0.6477
	2020	159,994,745	153,203,804	168,256,293	95.8%	105.2%	63,658	98,011,860	93,851,769	103,072,837	95.8%	105.2%	1.0000	1.1303	1.0198	0.0525	0.0000	0.947	0.942	5.7%	0.6126
	2021	149,967,903	164,452,516	178,211,094	109.7%	118.8%	60,064	86,909,901	95,304,072	103,277,490	109.7%	118.8%	1.0000	1.1226	1.0198	0.0565	0.0000	0.944	0.937	5.7%	0.5795
	2022	139,920,618	175,121,996	186,670,093	125.2%	133.4%	56,457	76,723,770	96,026,018	102,358,277	125.2%	133.4%	1.0000	1.1144	1.0198	0.0601	0.0000	0.940	0.933	5.7%	0.5483
	2023	130,022,786	184,905,986	193,748,978	142.2%	149.0%	52,885	67,476,006	95,957,931	100,547,048	142.2%	149.0%	1.0000	1.1080	1.0198	0.0633	0.0000	0.937	0.929	5.6%	0.5190
	2024	120,395,518	193,710,704	200,122,839	160.9%	166.2%	49,385	59,142,194	95,156,997	98,306,847	160.9%	166.2%	1.0000	1.1061	1.0198	0.0662	0.0000	0.934	0.926	5.6%	0.4912
	2025	111,111,813	201,579,174	205,615,231	181.4%	185.1%	45,969	51,673,527	93,746,169	95,623,173	181.4%	185.1%	1.0000	1.1038	1.0198	0.0692	0.0000	0.931	0.923	5.6%	0.4651
	2026	102,174,050	208,773,971	211,780,716	204.3%	207.3%	42,636	44,992,112	91,933,147	93,257,160	204.3%	207.3%	1.0000	1.1105	1.0198	0.0725	0.0000	0.928	0.920	5.6%	0.4403
	2027	93,590,553	215,749,884	218,508,255	230.5%	233.5%	39,392	39,029,763	89,973,469	91,123,783	230.5%	233.5%	1.0000	1.1168	1.0198	0.0761	0.0000	0.924	0.916	5.6%	0.4170
	2028	85,370,005	222,567,324	224,093,073	260.7%	262.5%	36,246	33,726,281	87,927,464	88,530,226	260.7%	262.5%	1.0000	1.1146	1.0198	0.0799	0.0000	0.920	0.912	5.5%	0.3951
	2029	77,531,718	228,913,625	228,318,610	295.3%	294.5%	33,209	29,025,218	85,697,414	85,474,661	295.3%	294.5%	1.0000	1.1120	1.0198	0.0838	0.0000	0.916	0.908	5.5%	0.3744
	2030	70,095,695	234,431,155	230,959,390	334.4%	329.5%	30,292	24,875,585	83,195,012	81,962,951	334.4%	329.5%	1.0000	1.1090	1.0198	0.0878	0.0000	0.912	0.904	5.5%	0.3549
	2031	63,076,050	238,785,479	231,841,674	378.6%	367.6%	27,503	21,228,410	80,363,880	78,026,924	378.6%	367.6%	1.0000	1.1056	1.0198	0.0921	0.0000	0.908	0.900	5.4%	0.3366
	2032	56,482,131	241,720,594	230,940,594	428.0%	408.9%	24,851	18,030,132	77,161,647	73,720,473	428.0%	408.9%	1.0000	1.1024	1.0198	0.0964	0.0000	0.904	0.895	5.4%	0.3192
	2033	50,319,934	243,107,212	228,445,494	483.1%	454.0%	22,342	15,233,569	73,596,884	69,158,280	483.1%	454.0%	1.0000	1.1003	1.0198	0.1010	0.0000	0.899	0.891	5.5%	0.3027
	2034	44,593,617	242,909,741	224,383,714	544.7%	503.2%	19,982	12,801,953	69,734,623	64,416,164	544.7%	503.2%	1.0000	1.0983	1.0197	0.1056	0.0000	0.894	0.886	5.5%	0.2871
	2035	39,304,439	241,098,378	218,606,898	613.4%	556.2%	17,774	10,701,975	65,647,260	59,523,187	613.4%	556.2%	1.0000	1.0953	1.0197	0.1105	0.0000	0.890	0.881	5.4%	0.2723
	2036	34,446,884	237,627,874	211,083,054	689.8%	612.8%	15,721	8,898,786	61,387,257	54,529,839	689.8%	612.8%	1.0000	1.0917	1.0197	0.1155	0.0000	0.885	0.876	5.4%	0.2583
	2037	30,013,414	232,498,163	202,121,836	774.6%	673.4%	13,825	7,359,898	57,013,265	49,564,374	774.6%	673.4%	1.0000	1.0889	1.0197	0.1206	0.0000	0.879	0.871	5.3%	0.2452
	2038	25,993,146	225,809,958	192,095,774	868.7%	739.0%	12,085	6,054,051	52,593,290	44,740,936	868.7%	739.0%	1.0000	1.0873	1.0197	0.1259	0.0000	0.874	0.866	5.3%	0.2329
	2039	22,372,510	217,726,373	181,197,699	973.2%	809.9%	10,499	4,952,003	48,192,254	40,106,880	973.2%	809.9%	1.0000	1.0858	1.0197	0.1312	0.0000	0.869	0.861	5.2%	0.2213
	2040	19,133,687	208,406,800	169,392,849	1089.2%	885.3%	9,064	4,027,940	43,872,886	35,659,840	1089.2%	885.3%	1.0000	1.0829	1.0197	0.1367	0.0000	0.863	0.855	5.1%	0.2105
	2041	16,257,923	197,969,637	156,706,317	1217.7%	963.9%	7,775	3,257,000	39,659,875	31,393,466	1217.7%	963.9%	1.0000	1.0785	1.0197	0.1422	0.0000	0.858	0.850	5.1%	0.2003
	2042	13,723,920	186,557,452	143,588,944	1359.4%	1046.3%	6,626	2,614,661	35,542,657	27,356,359	1359.4%	1046.3%	1.0000	1.0752	1.0197	0.1478	0.0000	0.852	0.844	5.2%	0.1905
	2043	11,507,791	174,392,940	130,506,914	1515.4%	1134.1%	5,610	2,081,691	31,546,654	23,607,930	1515.4%	1134.1%	1.0000	1.0735	1.0197	0.1534	0.0000	0.847	0.839	5.4%	0.1809
	2044	9,584,991	161,745,404	117,699,898	1687.5%	1228.0%	4,718	1,644,511	27,750,894	20,193,942	1687.5%	1228.0%	1.0000	1.0723	1.0196	0.1589	0.0000	0.841	0.833	5.5%	0.1716
	2045	7,929,919	148,874,270	105,277,266	1877.4%	1327.6%	3,942	1,289,817	24,214,699	17,123,558	1877.4%	1327.6%	1.0000	1.0706	1.0196	0.1645	0.0000	0.835	0.827	5.5%	0.1627
	2046	6,516,079	135,995,591	93,303,103	2087.1%	1431.9%	3,272	1,004,407	20,962,755	14,382,011	2087.1%	1431.9%	1.0000	1.0679	1.0196	0.1701	0.0000	0.830	0.822	5.5%	0.1541
	2047	5,318,288	123,290,293	81,928,933	2318.2%	1540.5%	2,697	776,801	18,008,063	11,966,728	2318.2%	1540.5%	1.0000	1.0651	1.0196	0.1756	0.0000	0.824	0.816	5.5%	0.1461
	2048	4,311,782	110,928,845	71,367,243	2572.7%	1655.2%	2,209	596,800	15,353,818	9,878,041	2572.7%	1655.2%	1.0000	1.0635	1.0196	0.1809	0.0000	0.819	0.811	5.5%	0.1384
	2049	3,473,123	99,070,513	61,695,981	2852.5%	1776.4%	1,798	455,418	12,990,744	8,089,962	2852.5%	1776.4%	1.0000	1.0621	1.0196	0.1860	0.0000	0.814	0.805	5.6%	0.1311
	2050	2,780,681	87,839,856	52,892,078	3158.9%	1902.1%	1,455	345,247	10,906,128	6,567,039	3158.9%	1902.1%	1.0000	1.0599	1.0196	0.1911	0.0000	0.809	0.801	5.6%	0.1242
	2051	2,212,263	77,322,998	44,966,935	3495.2%	2032.6%	1,169	259,979	9,086,773	5,284,383	3495.2%	2032.6%	1.0000	1.0577	1.0195	0.1962	0.0000	0.804	0.796	5.7%	0.1175
	Past	1,959,569,303	231,586,866	403,311,486	11.8%	20.6%	1,185,005	2,948,159,313	287,047,948	521,293,280	9.7%	17.7%									
	Future	3,170,318,093	6,897,546,264	6,353,962,179	217.6%	200.4%	1,355,880	1,896,809,588	2,569,773,676	2,535,021,820	135.5%	133.6%									
	Lifetime	5,129,887,396	7,129,133,130	6,757,273,665	139.0%	131.7%	2,540,885	4,844,968,901	2,856,821,625	3,056,315,100	59.0%	63.1%									

Exhibit II
Continental Casualty Company
Virginia-Specific Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	941	0	0	0.0%	0.0%	4	2,376	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	398,989	0	0	0.0%	0.0%	570	940,162	0	0	0.0%	0.0%				0.0104		0.990		7.1%	2.3564
	2000	1,548,349	0	0	0.0%	0.0%	1,394	3,405,240	0	0	0.0%	0.0%				0.0299		0.970		7.1%	2.1993
	2001	3,130,890	0	4,476	0.0%	0.1%	2,407	6,426,631	0	9,188	0.0%	0.1%				0.0368		0.963		7.1%	2.0527
	2002	5,186,510	16,523	384,766	0.3%	7.4%	3,971	9,939,171	31,665	737,346	0.3%	7.4%				0.0253		0.975		7.1%	1.9164
	2003	7,170,692	105,531	188,623	1.5%	2.6%	4,249	12,830,850	188,832	337,512	1.5%	2.6%				0.0400		0.960		7.1%	1.7893
	2004	6,978,371	104,736	356,749	1.5%	5.1%	4,126	11,662,777	175,043	596,226	1.5%	5.1%				0.0289		0.971		7.0%	1.6713
	2005	6,822,680	139,467	602,854	2.0%	8.8%	4,050	10,653,685	217,779	941,362	2.0%	8.8%				0.0184		0.982		7.0%	1.5615
	2006	6,691,663	329,249	1,721,500	4.9%	25.7%	3,976	9,756,399	480,043	2,509,935	4.9%	25.7%				0.0183		0.982		7.2%	1.4580
	2007	6,551,910	731,716	1,436,422	11.2%	21.9%	3,911	8,911,773	995,265	1,953,792	11.2%	21.9%				0.0163		0.984		7.2%	1.3602
	2008	6,438,447	1,193,728	1,321,150	18.5%	20.5%	3,843	8,174,296	1,515,565	1,677,341	18.5%	20.5%				0.0174		0.983		7.0%	1.2696
	2009	6,304,317	1,417,099	2,669,838	22.5%	42.3%	3,767	7,477,907	1,680,901	3,166,846	22.5%	42.3%				0.0198		0.980		7.0%	1.1862
	2010	6,158,883	1,703,747	1,845,646	27.7%	30.0%	3,692	6,821,980	1,887,181	2,044,358	27.7%	30.0%				0.0199		0.980		7.1%	1.1077
	2011	6,018,203	1,730,240	2,628,450	28.8%	43.7%	3,662	6,225,560	1,789,856	2,719,013	28.8%	43.7%				0.0081		0.992		7.0%	1.0345
Projected Future Experience	2012	5,837,617	2,229,756	3,075,978	38.2%	52.7%	3,564	5,663,581	2,163,281	2,984,274	38.2%	52.7%	1.0000	1.2025	1.0000	0.0268	0.0000	0.973	0.970	6.2%	0.9702
	2013	5,571,059	2,967,462	3,466,130	53.3%	62.2%	3,463	5,090,823	2,711,661	3,167,343	53.3%	62.2%	1.0000	1.1596	1.0000	0.0282	0.0000	0.972	0.954	6.1%	0.9138
	2014	5,387,536	3,490,209	3,893,925	64.8%	72.3%	3,359	4,642,333	3,007,444	3,355,318	64.8%	72.3%	1.0000	1.1581	1.0000	0.0299	0.0000	0.970	0.967	6.0%	0.8617
	2015	5,199,391	3,860,999	4,358,933	74.3%	83.8%	3,252	4,227,798	3,139,507	3,544,393	74.3%	83.8%	1.0000	1.1563	1.0000	0.0319	0.0000	0.968	0.965	5.9%	0.8131
	2016	5,004,286	4,283,031	4,860,921	85.6%	97.1%	3,141	3,841,941	3,288,212	3,731,876	85.6%	97.1%	1.0000	1.1547	1.0000	0.0343	0.0000	0.966	0.962	5.9%	0.7677
	2017	4,800,943	4,683,688	5,394,161	97.6%	112.4%	3,024	3,481,505	3,396,475	3,911,689	97.6%	112.4%	1.0000	1.1525	1.0000	0.0371	0.0000	0.963	0.959	5.9%	0.7252
	2018	4,588,216	5,167,124	5,956,546	112.6%	129.8%	2,902	3,143,773	3,540,432	4,081,332	112.6%	129.8%	1.0000	1.1508	1.0000	0.0405	0.0000	0.960	0.956	5.8%	0.6852
	2019	4,366,190	5,695,258	6,526,077	130.4%	149.5%	2,774	2,828,050	3,688,908	4,227,042	130.4%	149.5%	1.0000	1.1461	1.0000	0.0440	0.0000	0.956	0.952	5.8%	0.6477
	2020	4,136,334	6,249,468	7,079,990	151.1%	171.2%	2,642	2,533,894	3,828,388	4,337,161	151.1%	171.2%	1.0000	1.1393	1.0000	0.0478	0.0000	0.952	0.947	5.7%	0.6126
	2021	3,901,162	6,806,797	7,606,470	174.5%	195.0%	2,506	2,260,815	3,944,698	4,408,127	174.5%	195.0%	1.0000	1.1326	1.0000	0.0514	0.0000	0.949	0.943	5.7%	0.5795
	2022	3,663,954	7,357,234	8,088,507	200.8%	220.8%	2,369	2,009,084	4,034,250	4,435,234	200.8%	220.8%	1.0000	1.1250	1.0000	0.0548	0.0000	0.945	0.939	5.7%	0.5483
	2023	3,428,142	7,886,081	8,514,237	230.0%	248.4%	2,231	1,779,052	4,092,523	4,418,508	230.0%	248.4%	1.0000	1.1173	1.0000	0.0579	0.0000	0.942	0.936	5.6%	0.5190
	2024	3,196,880	8,384,419	8,912,929	262.3%	278.8%	2,096	1,570,411	4,118,699	4,378,320	262.3%	278.8%	1.0000	1.1143	1.0000	0.0606	0.0000	0.939	0.933	5.6%	0.4912
	2025	2,971,883	8,852,170	9,283,843	297.9%	312.4%	1,963	1,382,100	4,116,780	4,317,533	297.9%	312.4%	1.0000	1.1122	1.0000	0.0634	0.0000	0.937	0.930	5.6%	0.4651
	2026	2,753,418	9,300,593	9,699,777	337.8%	352.3%	1,833	1,212,462	4,095,495	4,271,275	337.8%	352.3%	1.0000	1.1193	1.0000	0.0666	0.0000	0.933	0.926	5.6%	0.4403
	2027	2,541,492	9,749,418	10,152,466	383.6%	399.5%	1,704	1,059,870	4,065,768	4,233,850	383.6%	399.5%	1.0000	1.1255	1.0000	0.0700	0.0000	0.930	0.923	5.6%	0.4170
	2028	2,336,537	10,200,172	10,559,268	436.6%	451.9%	1,579	923,072	4,029,681	4,171,545	436.6%	451.9%	1.0000	1.1228	1.0000	0.0737	0.0000	0.926	0.919	5.5%	0.3951
	2029	2,139,092	10,636,680	10,899,832	497.3%	509.6%	1,456	800,803	3,982,008	4,080,524	497.3%	509.6%	1.0000	1.1189	1.0000	0.0775	0.0000	0.923	0.915	5.5%	0.3744
	2030	1,949,733	11,041,050	11,170,403	566.3%	572.9%	1,338	691,922	3,918,252	3,964,157	566.3%	572.9%	1.0000	1.1156	1.0000	0.0814	0.0000	0.919	0.911	5.5%	0.3549
	2031	1,768,963	11,397,289	11,361,599	644.3%	642.3%	1,223	595,349	3,835,788	3,823,776	644.3%	642.3%	1.0000	1.1123	1.0000	0.0856	0.0000	0.914	0.907	5.4%	0.3366
	2032	1,597,253	11,691,024	11,469,115	731.9%	718.1%	1,113	509,872	3,731,989	3,661,152	731.9%	718.1%	1.0000	1.1091	1.0000	0.0899	0.0000	0.910	0.903	5.4%	0.3192
	2033	1,434,939	11,912,913	11,497,473	830.2%	801.3%	1,008	434,405	3,606,447	3,480,679	830.2%	801.3%	1.0000	1.1069	1.0000	0.0944	0.0000	0.906	0.898	5.5%	0.3027
	2034	1,282,331	12,057,238	11,436,734	940.3%	891.9%	909	368,132	3,461,396	3,283,262	940.3%	891.9%	1.0000	1.1040	1.0000	0.0990	0.0000	0.901	0.894	5.5%	0.2871
	2035	1,139,688	12,118,602	11,283,020	1063.3%	990.0%	814	310,319	3,299,703	3,072,187	1063.3%	990.0%	1.0000	1.1009	1.0000	0.1038	0.0000	0.896	0.889	5.4%	0.2723
	2036	1,007,157	12,091,211	11,025,878	1200.5%	1094.8%	726	260,182	3,123,566	2,848,354	1200.5%	1094.8%	1.0000	1.0966	1.0000	0.1088	0.0000	0.891	0.884	5.4%	0.2583
	2037	884,739	11,971,088	10,684,286	1353.1%	1207.6%	643	216,956	2,935,554	2,620,004	1353.1%	1207.6%	1.0000	1.0937	1.0000	0.1140	0.0000	0.886	0.878	5.3%	0.2452
	2038	772,481	11,759,784	10,270,296	1522.3%	1329.5%	566	179,918	2,738,966	2,392,050	1522.3%	1329.5%	1.0000	1.0914	1.0000	0.1192	0.0000	0.881	0.873	5.3%	0.2329
	2039	670,283	11,463,648	9,798,058	1710.3%	1461.8%	496	148,363	2,537,401	2,168,734	1710.3%	1461.8%	1.0000	1.0897	1.0000	0.1245	0.0000	0.875	0.868	5.2%	0.2213
	2040	577,885	11,090,910	9,266,799	1919.2%	1603.6%	431	121,654	2,334,810	1,950,806	1919.2%	1603.6%	1.0000	1.0871	1.0000	0.1300	0.0000	0.870	0.862	5.1%	0.2105
	2041	494,926	10,647,061	8,672,887	2151.2%	1752.4%	373	99,150	2,132,959	1,737,466	2151.2%	1752.4%	1.0000	1.0825	1.0000	0.1354	0.0000	0.865	0.856	5.1%	0.2003
	2042	421,121	10,137,489	8,033,735	2407.3%	1907.7%	320	80,231	1,931,380	1,530,576	2407.3%	1907.7%	1.0000	1.0780	1.0000	0.1407	0.0000	0.859	0.851	5.2%	0.1905
	2043	355,984	9,571,894	7,379,248	2688.9%	2072.9%	274	64,395	1,731,499	1,334,862	2688.9%	2072.9%	1.0000	1.0757	1.0000	0.1461	0.0000	0.854	0.845	5.4%	0.1809
	2044	298,938	8,965,164	6,731,515	2999.0%	2251.8%	232	51,289	1,538,166	1,154,936	2999.0%	2251.8%	1.0000	1.0750	1.0000	0.1514	0.0000	0.849	0.840	5.5%	0.1716
	2045	249,360	8,333,565	6,099,193	3342.0%	2445.9%	196	40,559	1,355,471	992,046	3342.0%	2445.9%	1.0000	1.0744	1.0000	0.1566	0.0000	0.843	0.834	5.5%	0.1627
	2046	206,620	7,691,293	5,481,896	3722.4%	2653.1%	164	31,849	1,185,558	844,995	3722.4%	2653.1%	1.0000	1.0723	1.0000	0.1618	0.0000	0.838	0.829	5.5%	0.1541
	2047	170,148	7,048,971	4,884,257	4142.8%	2870.6%	137	24,852	1,029,589	713,406	4142.8%	2870.6%	1.0000	1.0691	1.0000	0.1666	0.0000	0.833	0.823	5.5%	0.1461
	2048	139,252	6,415,658	4,319,271	4607.2%	3101.8%	113	19,274	888,000	597,836	4607.2%	3101.8%	1.0000	1.0673	1.0000	0.1715	0.0000	0.829	0.818	5.5%	0.1384
	2049	113,271	5,800,381	3,799,180	5120.8%	3354.1%	93	14,853	760,582	498,172	5120.8%	3354.1%	1.0000	1.0677	1.0000	0.1762	0.0000	0.824	0.813	5.6%	0.1311
	2050	91,598	5,211,146	3,323,629	5689.1%	3628.5%	76	11,373	647,012	412,659	5689.1%	3628.5%	1.0000	1.0678	1.0000	0.1807	0.0000	0.819	0.809	5.6%	0.1242
	2051	73,628	4,653,541	2,886,873	6320.3%	3920.9%	62	8,653	546,871	339,257	6320.3%	3920.9%	1.0000	1.0656	1.0000	0.1849	0.0000	0.815	0.804	5.7%	0.1175
	Past	69,400,844	7,472,037	13,160,474	10.8%	19.0%	43,622	103,228,807	8,962,130	16,692,919	8.7%	16.2%									
	Future	87,524,429	330,871,480	309,205,335	378.0%	353.3%	57,166	52,734,919	114,515,167	115,476,717	217.2%	219.0%									
	Lifetime	156,925,273	338,343,517	322,365,809	215.6%	205.4%	100,788	155,963,726	123,477,297	132,169,636	79.2%	84.7%									

Exhibit II
Continental Casualty Company
Virginia-Specific Experience Projections with 80% Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	941	0	0	0.0%	0.0%	4	2,376	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	398,989	0	0	0.0%	0.0%	570	940,162	0	0	0.0%	0.0%				0.0104		0.990		7.1%	2.3564
	2000	1,548,349	0	0	0.0%	0.0%	1,394	3,405,240	0	0	0.0%	0.0%				0.0299		0.970		7.1%	2.1993
	2001	3,130,890	0	4,476	0.0%	0.1%	2,407	6,426,631	0	9,188	0.0%	0.1%				0.0368		0.963		7.1%	2.0527
	2002	5,186,510	16,523	384,766	0.3%	7.4%	3,971	9,939,171	31,665	737,346	0.3%	7.4%				0.0253		0.975		7.1%	1.9164
	2003	7,170,692	105,531	188,623	1.5%	2.6%	4,249	12,830,850	188,832	337,512	1.5%	2.6%				0.0400		0.960		7.1%	1.7893
	2004	6,978,371	104,736	356,749	1.5%	5.1%	4,126	11,662,777	175,043	596,226	1.5%	5.1%				0.0289		0.971		7.0%	1.6713
	2005	6,822,680	139,467	602,854	2.0%	8.8%	4,050	10,653,685	217,779	941,362	2.0%	8.8%				0.0184		0.982		7.0%	1.5615
	2006	6,691,663	329,249	1,721,500	4.9%	25.7%	3,976	9,756,399	480,043	2,509,935	4.9%	25.7%				0.0183		0.982		7.2%	1.4580
	2007	6,551,910	731,716	1,436,422	11.2%	21.9%	3,911	8,911,773	995,265	1,953,792	11.2%	21.9%				0.0163		0.984		7.2%	1.3602
	2008	6,438,447	1,193,728	1,321,150	18.5%	20.5%	3,843	8,174,296	1,515,565	1,677,341	18.5%	20.5%				0.0174		0.983		7.0%	1.2696
	2009	6,304,317	1,417,099	2,669,838	22.5%	42.3%	3,767	7,477,907	1,680,901	3,166,846	22.5%	42.3%				0.0198		0.980		7.0%	1.1862
	2010	6,158,883	1,703,747	1,845,646	27.7%	30.0%	3,692	6,821,980	1,887,181	2,044,358	27.7%	30.0%				0.0199		0.980		7.1%	1.1077
	2011	6,018,203	1,730,240	2,628,450	28.8%	43.7%	3,662	6,225,560	1,789,856	2,719,013	28.8%	43.7%				0.0081		0.992		7.0%	1.0345
Projected Future Experience	2012	5,837,617	2,229,756	3,075,978	38.2%	52.7%	3,564	5,663,581	2,163,281	2,984,274	38.2%	52.7%	1.0000	1.2025	1.0000	0.0268	0.0000	0.973	0.970	6.2%	0.9702
	2013	5,916,773	2,956,914	3,401,069	50.0%	57.5%	3,394	5,406,736	2,702,023	3,107,890	50.0%	57.5%	1.1020	1.1577	1.0028	0.0485	0.0199	0.952	1.014	6.1%	0.9138
	2014	7,703,113	3,395,784	3,431,185	44.1%	44.5%	3,226	6,637,620	2,926,079	2,956,584	44.1%	44.5%	1.5369	1.0460	1.0175	0.0505	0.0202	0.951	1.302	6.0%	0.8617
	2015	7,726,711	3,609,361	3,770,101	46.7%	48.8%	3,123	6,282,846	2,934,892	3,065,594	46.7%	48.8%	1.0524	1.1325	1.0197	0.0319	0.0000	0.968	1.003	5.9%	0.8131
	2016	7,436,769	3,879,689	4,197,915	52.2%	56.4%	3,016	5,709,432	2,978,554	3,222,866	52.2%	56.4%	1.0000	1.1530	1.0197	0.0343	0.0000	0.966	0.962	5.9%	0.7677
	2017	7,134,585	4,148,579	4,651,326	58.1%	65.2%	2,904	5,173,795	3,008,430	3,373,007	58.1%	65.2%	1.0000	1.1507	1.0197	0.0371	0.0000	0.963	0.959	5.9%	0.7252
	2018	6,818,456	4,519,140	5,128,539	66.3%	75.2%	2,787	4,671,898	3,096,443	3,513,994	66.3%	75.2%	1.0000	1.1491	1.0197	0.0404	0.0000	0.960	0.956	5.8%	0.6852
	2019	6,488,508	4,945,942	5,610,808	76.2%	86.5%	2,664	4,202,708	3,203,564	3,634,208	76.2%	86.5%	1.0000	1.1444	1.0197	0.0440	0.0000	0.956	0.952	5.8%	0.6477
	2020	6,146,923	5,404,580	6,078,735	87.9%	98.9%	2,537	3,765,570	3,310,815	3,723,798	87.9%	98.9%	1.0000	1.1377	1.0197	0.0478	0.0000	0.952	0.947	5.7%	0.6126
	2021	5,797,439	5,868,104	6,522,343	101.2%	112.5%	2,407	3,359,751	3,400,703	3,779,850	101.2%	112.5%	1.0000	1.1311	1.0197	0.0514	0.0000	0.949	0.943	5.7%	0.5795
	2022	5,444,928	6,327,216	6,927,267	116.2%	127.2%	2,275	2,985,660	3,469,452	3,798,483	116.2%	127.2%	1.0000	1.1236	1.0197	0.0548	0.0000	0.945	0.939	5.7%	0.5483
	2023	5,094,494	6,768,969	7,283,730	132.9%	143.0%	2,143	2,643,814	3,512,792	3,779,930	132.9%	143.0%	1.0000	1.1160	1.0197	0.0579	0.0000	0.942	0.936	5.6%	0.5190
	2024	4,750,819	7,185,653	7,616,756	151.3%	160.3%	2,013	2,333,757	3,529,827	3,741,598	151.3%	160.3%	1.0000	1.1132	1.0198	0.0606	0.0000	0.939	0.933	5.6%	0.4912
	2025	4,416,456	7,576,756	7,925,982	171.6%	179.5%	1,886	2,053,912	3,523,637	3,686,048	171.6%	179.5%	1.0000	1.1111	1.0198	0.0634	0.0000	0.937	0.930	5.6%	0.4651
	2026	4,091,800	7,951,597	8,273,654	194.3%	202.2%	1,760	1,801,815	3,501,468	3,643,285	194.3%	202.2%	1.0000	1.1183	1.0198	0.0666	0.0000	0.933	0.926	5.6%	0.4403
	2027	3,776,860	8,326,873	8,652,668	220.5%	229.1%	1,637	1,575,052	3,472,529	3,608,394	220.5%	229.1%	1.0000	1.1246	1.0198	0.0700	0.0000	0.930	0.923	5.6%	0.4170
	2028	3,472,281	8,703,846	8,992,580	250.7%	259.0%	1,516	1,371,760	3,438,542	3,552,609	250.7%	259.0%	1.0000	1.1219	1.0198	0.0736	0.0000	0.926	0.919	5.5%	0.3951
	2029	3,178,861	9,068,721	9,276,101	285.3%	291.8%	1,399	1,190,057	3,395,018	3,472,654	285.3%	291.8%	1.0000	1.1181	1.0198	0.0774	0.0000	0.923	0.915	5.5%	0.3744
	2030	2,897,460	9,406,279	9,500,108	324.6%	327.9%	1,285	1,028,252	3,338,104	3,371,402	324.6%	327.9%	1.0000	1.1149	1.0198	0.0814	0.0000	0.919	0.911	5.5%	0.3549
	2031	2,628,821	9,702,994	9,656,940	369.1%	367.3%	1,175	884,737	3,265,568	3,250,068	369.1%	367.3%	1.0000	1.1116	1.0198	0.0855	0.0000	0.914	0.907	5.4%	0.3366
	2032	2,373,646	9,946,743	9,743,145	419.0%	410.5%	1,070	757,711	3,175,183	3,110,191	419.0%	410.5%	1.0000	1.1085	1.0198	0.0898	0.0000	0.910	0.903	5.4%	0.3192
	2033	2,132,434	10,129,699	9,762,510	475.0%	457.8%	969	645,561	3,066,607	2,955,446	475.0%	457.8%	1.0000	1.1064	1.0198	0.0943	0.0000	0.906	0.898	5.5%	0.3027
	2034	1,905,646	10,247,080	9,706,823	537.7%	509.4%	873	547,074	2,941,736	2,786,638	537.7%	509.4%	1.0000	1.1036	1.0198	0.0990	0.0000	0.901	0.894	5.5%	0.2871
	2035	1,693,668	10,294,423	9,572,944	607.8%	565.2%	782	461,159	2,803,008	2,606,561	607.8%	565.2%	1.0000	1.1005	1.0198	0.1038	0.0000	0.896	0.889	5.4%	0.2723
	2036	1,496,716	10,266,928	9,352,091	686.0%	624.8%	697	386,652	2,652,292	2,415,959	686.0%	624.8%	1.0000	1.0962	1.0198	0.1088	0.0000	0.891	0.884	5.4%	0.2583
	2037	1,314,793	10,161,336	9,060,470	772.8%	689.1%	618	322,414	2,491,766	2,221,811	772.8%	689.1%	1.0000	1.0934	1.0197	0.1140	0.0000	0.886	0.878	5.3%	0.2452
	2038	1,147,968	9,979,052	8,708,210	869.3%	758.6%	544	267,373	2,324,216	2,028,225	869.3%	758.6%	1.0000	1.0912	1.0197	0.1192	0.0000	0.881	0.873	5.3%	0.2329
	2039	996,094	9,725,499	8,307,352	976.4%	834.0%	476	220,479	2,152,673	1,838,776	976.4%	834.0%	1.0000	1.0897	1.0197	0.1245	0.0000	0.875	0.868	5.2%	0.2213
	2040	858,783	9,407,670	7,856,949	1095.5%	914.9%	414	180,787	1,980,461	1,654,010	1095.5%	914.9%	1.0000	1.0871	1.0197	0.1299	0.0000	0.870	0.862	5.1%	0.2105
	2041	735,500	9,030,212	7,354,097	1227.8%	999.9%	358	147,345	1,809,051	1,473,269	1227.8%	999.9%	1.0000	1.0825	1.0196	0.1353	0.0000	0.865	0.856	5.1%	0.2003
	2042	625,820	8,597,690	6,813,294	1373.8%	1088.7%	308	119,230	1,638,020	1,298,059	1373.8%	1088.7%	1.0000	1.0782	1.0196	0.1407	0.0000	0.859	0.851	5.2%	0.1905
	2043	529,021	8,118,250	6,259,716	1534.6%	1183.3%	263	95,697	1,468,544	1,132,346	1534.6%	1183.3%	1.0000	1.0759	1.0195	0.1461	0.0000	0.854	0.845	5.4%	0.1809
	2044	444,246	7,604,431	5,712,192	1711.8%	1285.8%	223	76,220	1,304,703	980,049	1711.8%	1285.8%	1.0000	1.0753	1.0195	0.1513	0.0000	0.849	0.840	5.5%	0.1716
	2045	370,569	7,069,907	5,177,638	1907.8%	1397.2%	188	60,274	1,149,934	842,153	1907.8%	1397.2%	1.0000	1.0747	1.0194	0.1566	0.0000	0.843	0.834	5.5%	0.1627
	2046	307,054	6,526,592	4,655,897	2125.6%	1516.3%	158	47,330	1,006,028	717,673	2125.6%	1516.3%	1.0000	1.0728	1.0193	0.1617	0.0000	0.838	0.829	5.5%	0.1541
	2047	252,854	5,983,430	4,150,941	2366.4%	1641.6%	131	36,932	873,953	606,296	2366.4%	1641.6%	1.0000	1.0697	1.0192	0.1665	0.0000	0.834	0.823	5.5%	0.1461
	2048	206,940	5,448,040	3,673,596	2632.7%	1775.2%	109	28,643	754,071	508,468	2632.7%	1775.2%	1.0000	1.0681	1.0192	0.1714	0.0000	0.829	0.818	5.5%	0.1384
	2049	168,330	4,928,022	3,234,326	2927.6%	1921.4%	90	22,072	646,193	424,105	2927.6%	1921.4%	1.0000	1.0686	1.0190	0.1760	0.0000	0.824	0.813	5.6%	0.1311
	2050	136,122	4,430,099	2,832,508	3254.5%	2080.9%	74	16,901	550,038	351,682	3254.5%	2080.9%	1.0000	1.0689	1.0189	0.1806	0.0000	0.819	0.809	5.6%	0.1242
	2051	109,417	3,958,898	2,463,111	3618.2%	2251.1%	60	12,858	465,238	289,458	3618.2%	2251.1%	1.0000	1.0668	1.0188	0.1848	0.0000	0.815	0.804	5.7%	0.1175
	Past	69,400,844	7,472,037	13,160,474	10.8%	19.0%	43,622	103,228,807	8,962,130	16,692,919	8.7%	16.2%									
	Future	124,565,293	283,830,754	264,371,592	227.9%	212.2%	55,117	73,195,463	99,425,435	99,507,712	135.8%	135.9%									
	Lifetime	193,966,137	291,302,792	277,532,066	150.2%	143.1%	98,739	176,424,270	108,387,565	116,200,631	61.4%	65.9%									

Exhibit III
Continental Casualty Company
Supplementary Justification for Projection Assumptions

Morbidity – Global A/E Scalar

A global actual-to-expected (A/E) scalar of 99.6% was derived and is applied to the Milliman 2002 *Long-Term Guidelines* (Milliman *LTCGs*) claim costs. This scalar was developed by reviewing the Preferred Solution A/E experience through June 2011 on a durational basis, where the Milliman *LTCGs* provide the expected basis. The durational A/E ratios for durations 8 to 12 are weighted together, using the daily benefit amounts (DBA) in force as of June 30, 2011 as weights, to produce the ultimate level 99.6% scalar multiplier for future projections. The table below summarizes the derivation of the global scalar.

A/E Claim Experience by Duration
Using Preferred Solution Experience through June 2011

Policy Duration	Actual Claims	Expected Claims	A/E Ratio	6/30/2011 DBA In Force
1	6,664,387	10,201,235	65.3%	
2	13,799,936	15,130,299	91.2%	
3	22,098,410	21,466,890	102.9%	
4	24,289,895	28,506,741	85.2%	
5	25,790,663	36,621,911	70.4%	
6	41,333,094	45,681,414	90.5%	
7	45,592,923	55,095,806	82.8%	
8	59,621,031	64,379,813	92.6%	8,464
9	65,011,688	68,019,477	95.6%	4,302,871
10	51,115,466	53,730,750	95.1%	4,873,960
11	38,318,166	35,934,170	106.6%	4,083,250
12	16,709,961	16,336,000	102.3%	4,127,271
Total	410,345,621	451,104,506	91.0%	
			Weighted Average	**99.6%**

Morbidity – Issue Age A/E Scalars

An A/E adjustment based on issue age is also applied to the base claim costs, shown in section 5 of the actuarial memorandum. The issue age adjustments were developed by reviewing all of CCC's long-term care A/E experience through June 2011, for ultimate durations only, where the Milliman *LTCGs* provide the expected basis. The table below summarizes the derivation of the issue age A/E adjustments.

A/E Claim Experience by Issue Age
For Ultimate Durations on All of CCC's Experience through June 2011

Issue Ages	Issue Age Distribution	Actual Claims	Expected Claims	A/E Ratio	Normalized A/E Ratio
< 60	40%	87,261,487	136,640,973	63.9%	73.9%
60 – 64	26%	205,457,429	213,408,139	96.3%	109.2%
65 – 69	21%	278,640,257	302,735,771	92.0%	
70 – 74	10%	180,046,046	174,984,929	102.9%	119.0%
75 +	3%	75,666,887	70,527,287	107.3%	124.1%
Weighted Average	100%	167,112,591	193,331,329	86.4%	100.0%

Exhibit III
Continental Casualty Company
Supplementary Justification for Projection Assumptions

Persistency

Mortality is assumed to follow the 1994 GAM Static table, with selection consistent with experience on all of CCC's long-term care policy forms. The mortality selection factors are shown in the table below.

Mortality Selection Factors
For All of CCC's Policy Forms

Policy Duration	Selection Factors	Policy Duration	Selection Factors
1	0.20	11	0.54
2	0.25	12	0.56
3	0.28	13	0.58
4	0.32	14	0.60
5	0.35	15	0.62
6	0.38	16	0.67
7	0.42	17	0.72
8	0.46	18	0.77
9	0.50	19	0.82
10	0.52	20	0.86
		21+	0.90

The projected annual voluntary lapse rate is 1.5% for all premium-paying policies. The ultimate voluntary lapse assumption was selected based on the results of a policy termination study that analyzed experience from January 2006 through June 2011 on all of CCC's long-term care policy forms. The actual total terminations were combined with the expected number of deaths using the mortality assumption above to back into the ultimate voluntary lapse rate. The table below provides the results of the termination study.

Policy Termination Experience
Using All of CCC's Experience from January 2006 through June 2011

Policy Duration	Total Exposure	Total Terminations	Estimated Deaths	Imputed Lapses	Imputed Lapse Rate
1	0	0	0	0	0.0%
2	<1	0	<1	<0	-0.2%
3	7,326	194	20	174	2.4%
4	41,416	928	159	769	1.9%
5	72,628	1,576	347	1,229	1.7%
6	98,943	1,937	580	1,357	1.4%
7	123,736	2,657	912	1,745	1.4%
8	147,074	3,477	1,358	2,119	1.4%
9	148,370	3,864	1,734	2,130	1.4%
10	144,029	4,194	2,024	2,170	1.5%
11	130,315	4,058	2,184	1,874	1.4%
12	113,366	4,075	2,230	1,845	1.6%
13	99,680	3,803	2,231	1,572	1.6%
14	85,923	3,646	2,138	1,508	1.8%
15	68,229	3,182	1,903	1,279	1.9%
16+	212,025	14,792	9,943	4,849	2.3%
Total	1,493,060	52,383	27,764	24,619	1.6%

Exhibit III
Continental Casualty Company
Supplementary Justification for Projection Assumptions

Interest

CCC's actual historical pre-tax net investment earnings rates vary between 7.0% and 7.2%, and its projected pre-tax net investment earnings rates vary between 5.1% and 6.2% between 2012 and 2051. The interest rate assumption used in this filing is consistent with that assumed in the original determination of premiums.

Policyholder Behavior Due to the Rate Increase

The additional lapse and reduced benefit election assumptions of 4% and 14%, respectively, are loosely based on the experience for other companies and actuarial judgment.

The adverse selection assumption of 2% was developed from the following formula and actuarial judgment. We assume that at the time of the rate increase, policyholders that voluntarily lapse their policy will be selective in that their relative morbidity is 50% lower than that of the remaining pool.

PoolMorb = AdvSelMorb x (1 – Shock) + [(1 – 50%) x AdvSelMorb] x Shock, where

PoolMorb =	morbidity of the pool before the rate increase = 1.0
AdvSelMorb =	adverse morbidity of the remaining pool after the rate increase due to selective lapses
Shock =	percentage of additional lapse due to the rate increase

Solving the above for the adverse selection component results in the following formula:

Adverse Selection = AdvSelMorb = 1 / (1 – 50% x Shock)

Exhibit IV
Continental Casualty Company
Incurred Loss Ratio Including the Change in Active Life Reserves
Nationwide Experience, without Interest
All Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Loss Ratio
1998	47,921	0	0	0%
1999	11,301,893	126,537	206,306	3%
2000	52,939,330	2,503,199	14,348,130	32%
2001	103,034,628	4,802,497	50,385,666	54%
2002	162,218,751	10,819,128	99,352,791	68%
2003	204,897,876	13,013,852	153,019,899	81%
2004	197,124,946	19,931,702	190,077,048	107%
2005	189,821,210	23,829,608	202,337,971	119%
2006	184,514,248	33,832,414	204,671,568	129%
2007	179,969,445	37,138,363	209,044,343	137%
2008	175,750,089	51,011,726	206,700,560	147%
2009	170,876,585	53,446,206	208,208,877	153%
2010	165,999,568	67,823,885	211,146,945	168%
2011	161,072,812	85,032,369	216,499,926	187%
Total	1,959,569,303	403,311,486	1,966,000,030	121%

Exhibit V
Continental Casualty Company
Incurred Loss Ratio Including the Change in Active Life Reserves
Virginia-Specific Experience, without Interest
All Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Loss Ratio
1998	941	0	0	0%
1999	398,989	0	3,387	1%
2000	1,548,349	0	428,639	28%
2001	3,130,890	4,476	1,491,029	48%
2002	5,186,510	384,766	3,162,710	68%
2003	7,170,692	188,623	5,505,408	79%
2004	6,978,371	356,749	7,322,093	110%
2005	6,822,680	602,854	8,177,082	129%
2006	6,691,663	1,721,500	8,314,398	150%
2007	6,551,910	1,436,422	8,260,827	148%
2008	6,438,447	1,321,150	8,968,437	160%
2009	6,304,317	2,669,838	8,656,280	180%
2010	6,158,883	1,845,646	8,852,796	174%
2011	6,018,203	2,628,450	9,822,778	207%
Total	69,400,844	13,160,474	78,965,864	133%

Underwritten by Continental Casualty Company

P.O. Box 64912
St. Paul MN 55164-0912
1-800-262-6692
Fax: 952-983-5193

April 3, 2015

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Premium Adjustment Notice

Company: «Continental Casualty Company» (CCC)
Policy Number:«POLICY NUMBER»
Insured: «FNAME» «MI» «LNAME»

Dear «FNAME» «LNAME»:

The purpose of this letter is to notify you that the long-term care insurance premium for policy number «POLICY NUMBER» issued by «Continental Casualty Company» is being increased. Specifically, the premium you currently pay «current premium» will increase on the first premium due date on or after «renewal date» as shown below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«renewal date»	«increase percentage»	«Premium amount»

In addition, a subsequent increase will also be applied to your policy on or after the following premium renewal date by the percentage reflected below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«next renewal date»	«2nd increase percentage»	«Premium amount»

While this is not a bill, you should keep a copy of this letter with your policy.

The decision to implement a premium increase is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CCC, are facing significant challenges as it relates to the pricing of its long term care policies. CCC, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

When CCC originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on CCC's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with CCC's actual experience. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

Therefore, after careful review and analysis of the long-term care policy experience, CCC determined that the Preferred Solution policies required a premium adjustment and a <<increase percentage>> increase is being implemented in each of the next two years for the state where your policy was originally issued. CCC will continue to evaluate this block of business, and may seek additional premium rate increases over the next few years as part of a multiyear effort to achieve an actuarially appropriate rate level.

CCC's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. Your policy provides the ability for you to decrease your coverage which will help reduce the impact of the rate increase**.** Some possible options may be as follows:

1. Reducing the Maximum Lifetime Benefit; or
2. Reducing the Maximum Daily Facility Benefit and/or Maximum Home and Community Based Care Benefit; or
3. Increasing the Elimination Period; or
4. Deleting an optional rider for which a premium is charged; or
5. Exercising a non-forfeiture benefit as outlined in your policy (if applicable).

In no event may your benefits be decreased below the minimum benefits available for new applicants or below what is required by the regulations of your state. If you elect to reduce your coverage under this provision, the premium will be based on the reduced amount of coverage elected.

Should you wish to explore these options further, please contact us at our administrative office directly at 1-888-397-5824. We will be happy to provide you with whatever assistance we can to help you maintain your valuable coverage.
Sincerely,

Jennifer White
Director, Long Term Care Administration

Underwritten by Continental Casualty Company

P.O. Box 64912
St. Paul MN 55164-0912
1-800-262-6692
Fax: 952-983-5193

April 3, 2015

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Premium Adjustment Notice

Company: «Continental Casualty Company» (CCC)
Policy Number:«POLICY NUMBER»
Insured: «FNAME» «MI» «LNAME»

Dear «FNAME» «LNAME»:

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Premium Renewal Date	Percentage Increase	New «Modal» Premium
«renewal date»	«increase percentage»	«Premium amount»

In addition, a subsequent increase will also be applied to your policy on or after the following premium renewal date by the percentage reflected below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«next renewal date»	«2nd increase percentage»	«Premium amount»

While this is not a bill, you should keep a copy of this letter with your policy.

You have the option to lapse your policy and exercise a Contingent Non-Forfeiture benefit. Please see the attached illustration that describes this benefit in detail.

The decision to implement a premium increase is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CCC, are facing significant challenges as it relates to the pricing of its long term care policies. CCC, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

When CCC originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on CCC's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with CCC's actual experience. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

Therefore, after careful review and analysis of the long-term care policy experience, CCC determined that the Preferred Solution policies required a premium adjustment and a <<increase percentage>> increase is being implemented in each of the next two years for the state where your policy was originally issued. CCC will continue to evaluate this block of business, and may seek additional premium rate increases over the next few years as part of a multiyear effort to achieve an actuarially appropriate rate level.

CCC's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. Your policy provides the ability for you to decrease your coverage which will help reduce the impact of the rate increase**.** Some possible options may be as follows:

1. Reducing the Maximum Lifetime Benefit; or
2. Reducing the Maximum Daily Facility Benefit and/or Maximum Home and Community Based Care Benefit; or
3. Increasing the Elimination Period; or
4. Deleting an optional rider for which a premium is charged.

In no event may your benefits be decreased below the minimum benefits available for new applicants or below what is required by the regulations of your state. If you elect to reduce your coverage under this provision, the premium will be based on the reduced amount of coverage elected.

Should you wish to explore these options further, please contact us at our administrative office directly at 1-888-397-5824. We will be happy to provide you with whatever assistance we can to help you maintain your valuable coverage.

Sincerely,

Jennifer White
Director, Long Term Care Administration

Contingent Non-Forfeiture Benefit Illustration

As described below, if you decide you do not wish to pay the increased premiums taking effect after the renewal date of your policy, you may elect to lapse your policy after the renewal date, and exercise the Contingent Non-Forfeiture Benefit.

If you wish to exercise the Contingent Non-Forfeiture Benefit offer:

1. **Coverage must be in effect, and all current premiums for periods of coverage up to your renewal date of «renewal date» must be paid**. If all current premiums for periods of coverage up to «renewal date» are not paid, your policy will terminate back to the first unpaid premium period, and **you will not be eligible** for the Contingent Non-Forfeiture Benefit.
2. You must lapse your policy within 120 days after your rate increase takes effect on «renewal date». You may lapse your policy either by writing to us indicating your desire to terminate the policy after «renewal date», or by simply not paying the *increased* premium applicable to your renewal term starting «renewal date». If premium for coverage periods prior to «renewal date» is not paid within 120 days after «renewal date», you will not be eligible to exercise the Contingent Non-Forfeiture Benefit, regardless of intent to lapse due to the premium rate increase.
3. CCC will refund any increased renewal premiums you may have paid for periods beginning on or after «renewal date», as long as you lapse your coverage as described above within 120 days after «renewal date».
4. Your *daily* maximum benefit amount(s) in effect for the coverage period prior to «renewal date» will remain the same.
5. Your *lifetime* maximum benefit amount in effect for the coverage period prior to «renewal date» will be replaced by the Reduced Lifetime Maximum Benefit. This amount is the maximum amount of benefits payable under this policy after the lapse occurs.
6. Your coverage, with the Reduced Maximum Lifetime Benefit, will be considered “paid-up” with no further premiums due.
7. If your policy includes an Automatic Increase Benefit Rider, or any other inflation protection rider, your benefits will **not** continue increasing after lapse.

If you lapse your policy at any time after the 120-day window following «renewal date», **you will not be eligible** for the Contingent Non-Forfeiture Benefit, your policy will be terminated, and all benefits may be forfeited.

The next page reflects your current premium, daily and lifetime maximum benefits, as well as what your premium and Reduced Lifetime Maximum will be if you choose the Contingent Non-Forfeiture Benefit offer.

Please note: Policy data is based on CCC's records as of **<<notification generation date>>.**

Insured Name	«FNAME» «MI» «LNAME»
Policy Number	«POLICY NUMBER»
Increased Premium *(if elect to maintain current coverage)*	«new premium»
Current Maximum Facility Daily Benefit	<<Daily max amount>>
Current Lifetime Maximum Benefit	<<lifetime max>>

The information below describes the impact on your policy if you choose to exercise the Reduced Lifetime Maximum Benefit offer.

Maximum Facility Daily Benefit Upon Lapse	<<Daily max amount>>
Reduced Lifetime Maximum Benefit Upon Lapse*	<<reduced lifetime max>>
Premium Due after <<renewal date>>	Zero

* The Reduced Lifetime Maximum includes both Maximum Facility Daily Benefit upon lapse and any Home Health Care benefits that may be included in your policy. The Reduced Lifetime Maximum Benefit is the greater of 100% of the total premiums you have paid or 30X the Maximum Facility Daily Benefit.

8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

June 18, 2015

Ms. Janet Houser
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: Continental Casualty Company (CCC)
Company NAIC # 20443
SERFF Tracking # MILL-128834437
Policy Forms:

Comprehensive Long Term Care	P1-N0080-A45
Comprehensive Long Term Care	P1-N0081-A45
Comprehensive Long Term Care	P1-N0085-A45
Comprehensive Long Term Care	P1-N0086-A45
Comprehensive Long Term Care	P1-N0095-A45
Comprehensive Long Term Care	P1-N0096-A45
Comprehensive Long Term Care	P1-N0100-A45
Comprehensive Long Term Care	P1-N0101-A45
Nursing Home Only	P1-N0075-A45
Nursing Home Only	P1-N0076-A45
Nursing Home Only	P1-N0090-A45
Nursing Home Only	P1-N0091-A45
Compound Automatic Increase Benefit Rider	R1-N0078-A
Simple Automatic Increase Benefit Rider	R1-N0079-A
Compound Automatic Increase Benefit Rider	R1-N0088-A
Simple Automatic Increase Benefit Rider	R1-N0098-A
Survivorship Benefit Rider	R1-N0103-A
Dual Waiver of Premium Rider	R1-N0104-A
Shared Advantage Rider	R1-N0105-A
Restoration of Benefits Rider	R1-N0106-A
Cost of Living Increase Rider	R1-N0107-A
Restoration of Benefits Rider	R1-N0108-A

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your letter dated April 16, 2015 regarding information needed for the above-referenced filing. The remainder of this letter provides

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additional information requested in your April 16 letter. Each request is restated in italics for reference.

1. *The following objections relate to the policyholder notification letters:*
   a) *We appreciate the changes made in the letter to refer to the insurer as Continental Casualty Company (CCC) in the policyholder letters. The FAQ, however, continues to refer to CNA rather than CCC or Continental Casualty Company. In the first item in the FAQ, CNA is referenced as a well established carrier rather than Continental Casualty that issued the policy. Nowhere is it made clear that CNA is the trade name of Continental Casualty Company. As a result, this could potentially confuse policyholders.*

      Enclosed with this letter is a revised policyholder frequently asked questions (FAQ) document which has been revised per for your comments above.

   b) *Please expand item 6 in the FAQ to indicate that no increases will be implemented without first being reviewed and approved by the Virginia State Corporation Commission.*

      Please see the revised policyholder FAQ document enclosed with this letter.

   c) *Please expand items 19 and 20 in the FAQ to reference the policyholder's potential option to elect the contingent upon lapse benefit.*

      Please see the revised policyholder FAQ document enclosed with this letter. Please note that items 19 and 20 are now items 17 and 18 in the revised FAQ document.

   d) *Throughout the FAQ is a reference to "Preferred Solution" policies. [Neither] the policyholder letters nor the FAQ explain what this means. To avoid any potential confusion, an explanation should be included.*

      Please see the revised policyholder FAQ document enclosed with this letter. All references to “Preferred Solution” policies have been removed and are referred to as “policies” instead.

   e) *According to the company there are two notification letters: one for policyholders that do not trigger the contingent nonforfeiture and one for those policyholders that do trigger the contingent nonforfeiture. The PS VA w CNF 09 02 2014 letter includes the option to lapse the policy and exercise a contingent non-forfeiture benefit. The PS VA 09 04 2014 letter does not include that language; however, it does provide option 5 exercising a non-forfeiture benefit as outlined in the policy. The company has also indicated those policyholders who bought a contractual nonforfeiture benefit would receive the same letter as those who do not trigger the contingent nonforfeiture. According to the NAIC Model Bulletin, a contingent benefit upon lapse (CBL) must be implemented for a block of business for which the CBL is not otherwise required. For policies that have reached their 20th duration, the insurer must provide the CBL without reference to triggers. For policies that have not reached their 20th duration, any percentage value in excess of 100% will be reduced to 100%. Since your letters are based on triggers, how is this compliant with the Model Bulletin?*

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The company agrees to provide CBL to all Virginia insureds subject to this rate increase and to comply with the NAIC Model Bulletin requirements as described above. Additionally, please see the Contingent Nonforfeiture Benefit rider enclosed with this letter, which reflects these requirements.

f) *The Contingent Non-Forfeiture Benefit Illustration continues to use the word "terminate" in items 1 and 2. As previously indicated, the policy will not terminate if premiums are not paid. The policy will lapse and become a paid-up policy. Please revise the language accordingly.*

Enclosed with this letter are updated sample policyholder notification letters. For the policyholder notification letter with the contingent nonforfeiture benefit illustration, item number 2 has been revised for the use of the word “terminate”. However, the company believes it is appropriate to use the word “terminate” in item 1, as it requires that all premiums due must be paid prior to exercising the contingent nonforfeiture benefit.

g) *Since this rate increase will be implemented over two years, please include in the letter the overall rate increase is 44.96%.*

Please see the revised policyholder notification letters enclosed with this letter.

h) *The company did not agree to the three year rate guarantee contained in the NAIC Model Bulletin. Since it is likely a proposed rate increase will be submitted sooner than three years, please include that information either in the letter or FAQ. The policyholders should be made aware such an increase is likely following the current rate increase.*

The company believes that the wording used in the revised policyholder notification letters and FAQ document (see item 6) adequately address the chance of future increases.

i) *Please be aware that new regulation requirements found in Case No. INS-2013-00238 effective 9/1/2015 will affect policyholder notification letters in the future and contain a 75 day notice requirement. Any policies which are renewed on or after November 1, 2015 will require the 75 day notice and must be compliant with the policyholder requirements contained in 14VAC5-200-75. Additional requirements to be included in future letters are as follows:*

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) 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 the public inspection and may be accessed online through the Virginia Bureau of Insurance webpage at www.scc.virginia.gov/BOI."

Although we are not requiring the policyholder letter be revised at this time for compliance with the new regulation, please understand compliance will be required as of September 1, 2015 for any policies renewed on or after that date.

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

The company will provide at least a 75 day notification of the rate increase. The company believes the revised policyholder notification letters enclosed with this letter comply with the requirements listed above.

2. *The following objections relate to the Rate/Rule Schedule Tab in SERFF:*
   a) *Please change the overall percentage rate indicated change of 80% (the original requested rate increase) and the overall percentage rate impact from 45% to 44.96%. The change should also be made to the maximum percentage change and the percent rate change request under rate action column.*
   b) *In reviewing the attached rate schedules, there are rider form numbers that do not appear in the affected form numbers. Please add those form numbers exactly as approved to the affected form numbers column. The form numbers we've noticed are: R1-N0108-A, R1-N0107-A, R1-N0105-A, R1-N0104-A, R1-N0103-A, R1-N0098-A, R1-N0088-A, R1-N0078-A, R1N0079-A. If we have missed any, please add.*
   c) *We are unable to accept the rate schedules as presented. Please provide "final" rates for each plan and each phase for review and approval.*

   The updates requested to the Rate/Rule Schedule tab in SERFF for the rate increase amount have been made to reflect the 44.96% rate increase. Updated rate pages are enclosed with this letter providing each phase of the rate increase. Please note that the actual rates implemented may vary slightly from those in the enclosed rate pages due to rounding in the implementation algorithm. The table below provides the rider numbers and a description of the riders that have been added to the affected form numbers on the Rate/Rule Schedule tab.

Rider Number	Description
R1-N0078-A	Compound Automatic Increase Rider
R1-N0079-A	Simple Automatic Increase Rider
R1-N0088-A	Compound Automatic Increase Rider
R1-N0098-A	Simple Automatic Increase Rider
R1-N0103-A	Survivorship Benefit Rider
R1-N0104-A	Dual Waiver of Premium Rider
R1-N0105-A	Shared Advantage Rider
R1-N0106-A	Restoration of Benefits Rider
R1-N0107-A	Cost of Living Increase Rider
R1-N0108-A	Restoration of Benefits Rider

3. *The following objections relate to the actuarial memorandum:*
   a) *Please include all rider form numbers in the memorandum that are affected as noted in our previous objection. Although riders factors may not be changing, the change in the base rate results in a higher premium charge for that benefit.*
   b) *Under Item 1, Purpose of the Filing, please add language that states the company revised its proposed request to 44.96%.*

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c) *Under Item 17, Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements, the language states the company complied with the Bureau's request to limit the increase to 45%. We feel this statement is misleading and should be rephrased. We suggest the following:*
"The company originally requested an increase of 80%. After extensive review and analysis of the data presented, it was determined a rate increase of 44.96% was more appropriate. The company revised its request to implement this increase over a two year period as two consecutive annual increases of 20.4%."

d) *Please attach the revised Actuarial Memorandum under the L&H Actuarial Memorandum section in the Supporting Documentation tab in SERFF where it can be easily located.*

A revised actuarial memorandum with revisions for the above requests is enclosed with this letter and uploaded under the L&H Actuarial Memorandum section on the Supporting Documentation tab in SERFF.

4. *The following objection relates to the August 14, 2014 Objection Response Letter:*
   a) *Please amend the Rate Summary to reflect the 44.96% rate increase and corresponding average annual premium. Please include the rider form numbers.*

   A revised Rate Summary reflecting the 44.96% rate increase, corresponding average annual premium, and rider form numbers is enclosed with this response.

5. *The following objections relate to the January 29, 2015 Objection Response Letter:*
   a) *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 or letter confirming the change. 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. 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.*

   Enclosed with this letter is a policy endorsement for your review and approval that the company would use to update long-term care policies when a policyholder requests changes to benefits. Also enclosed with this letter is a Contingent Nonforfeiture Benefit rider, as mentioned above, and a revised Simple Automatic Increase Benefit rider for insureds that reduce their inflation protection benefit from compound to simple interest. The applicable Certification of Compliance, readability certification, and statement of variability for these endorsements are also enclosed with this letter.

6. *Please be aware that new regulation requirements found in Case No. INS-2013-00238 effective 9/1/2015 will affect policyholder notification letters in the future and contain a 75 day notice requirement. Any policies which are renewed on or after November 1, 2015 will require the 75*

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day notice and must be compliant with the policyholder requirements contained in 14VAC5-200-75. Additional requirements to be included in future letters are as follows:

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) 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 the public inspection and may be accessed online through the Virginia Bureau of Insurance webpage at www.scc.virginia.gov/BOI."

Although we are not requiring the policyholder letter be revised at this time for compliance with the new regulation, please understand compliance will be required as of September 1, 2015 for any policies renewed on or after that date.

As indicated under item 1. i) above, the company will provide at least a 75 day notification of the rate increase and believes the revised policyholder notification letters enclosed with this letter comply with these requirements.

Limitations and Qualifications

Milliman's work has been prepared for the use and benefit of CCC. Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Milliman's work is being delivered to the Bureau, in accordance with its statutory and regulatory requirements. Milliman recognizes that materials it delivers to the Bureau may be public records subject to disclosure to third parties, however, Milliman does not intend to benefit and assumes no duty or liability to any third parties, including the Bureau, who receive Milliman's work and may include disclaimer language on its work product so stating. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, the Bureau agrees that it shall not disclose Milliman's work product to third parties without Milliman's prior written consent; provided, however, that the Bureau may distribute Milliman's work to (i) its professional service providers who are subject to a duty of confidentiality and who agree to not use Milliman's work product for any purpose other than to provide services to the Bureau, or (ii) any applicable regulatory or governmental agency, as required.

In performing this analysis, we relied on data and other information provided by CCC. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

❖❖❖

Janet, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2419 or by e-mail at amy.pahl@milliman.com.

Respectfully,

Amy Pahl, FSA, MAAA
Principal & Consulting Actuary

ABP/mse

Enclosures:
- Frequently Asked Questions
- Contingent Nonforfeiture Rider
- Sample Policyholder Notification Letters
- Rate Tables Reflecting Each 20.4% Rate Increase
- Revised Actuarial Memorandum
- Revised Rate Summary
- Endorsement Form
- Simple Automatic Increase Benefit Rider
- Certification of Compliance
- Readability Certification for the Endorsement Form
- Readability Certification for the Contingent Nonforfeiture Rider
- Readability Certification for the Simple Automatic Increase Benefit Rider
- Statement of Variability for the Endorsement Form
- Statement of Variability for the Contingent Nonforfeiture Rider
- Statement of Variability for the Simple Automatic Increase Benefit Rider

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

Premium Rate Increase Frequently Asked Questions

1. Why is CCC increasing my premium rates and how was the increase percentage determined?

The decision to implement a premium increase was and is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CCC are facing significant challenges as it relates to the pricing of its long term care policies. CCC, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

After careful review and analysis of the long-term care policy experience, CCC determined that a premium rate increase is needed.

When CCC originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on CCC's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with CCC's actual experience. The premium rates need to be updated to help ensure that future premiums in combination with existing reserves will be adequate to fund anticipated future claims. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

CCC implemented this premium rate increase in accordance with State laws and regulations. CCC also filed the premium rate increase request with your state regulator. In addition, the increase was determined on a class basis. This means that no one policyholder was singled out for an increase based on that policyholder's age or health.

CCC recognizes that premium rate increases are difficult for its customers. Therefore, CCC developed options which enable policyholders to adjust certain policy features to keep premiums at or close to their same levels. Options can be discussed with our customer service representative.

2. Where does my Policy state you can increase my premium rates?

CCC's long-term care policies are written on a guaranteed renewable basis. This means that, while a company can never cancel coverage (except for nonpayment of premium), it reserves the right to change premiums, as long as the increase applies to all policies within the same class in a given state. This right is set forth on the first page of CCC's long-term care policies.

3. In your letter, you talk about "options" available to me. What do you mean by that?

CCC recognizes that premium rate increases are difficult for its customers. Therefore, options may enable you to adjust certain policy features to keep premiums close to their same level. Your policy also allows you to decrease your coverage at any premium renewal period.

CCC's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. In light of the rate increase, you may wish to reconsider and adjust your policy's features. That adjustment may help you reduce your premium to a point that it would be close to the premium you were charged before the rate increase.

However, it is important to carefully think about what these changes will mean to the long-term care coverage you think you might need some day. We recommend that you discuss them with your financial advisor or insurance agent. **Also, if you adjust your policy's features, you will not be able to restore those features at a later date. In addition, you are not able to increase your benefits under your policy.**

4. What if I want to reduce coverage now but increase coverage later?

You are not able to increase benefits under your policy.

5. What options for adjusting my policy are available to me?

[NOTE: Keep in mind that not every potential option change listed or discussed below may be available in every state or to every policyholder.] CCC sold its long-term care policies with different policy features. Policy features that may be adjustable for you include the daily benefit amount, the elimination period, the benefit period, and the riders you may have elected to add to your policy. Each of these policy features may affect your premium rate. Here is a brief description of these policy features and how they can be adjusted.

I. Benefit Period/Lifetime Maximum Benefit: This is the total period of time for which benefits will be paid or total dollar amount of benefits that can be paid by the policy. The benefit period, or maximum lifetime benefit is specified on your policy schedule. Note that if your policy has a lifetime maximum benefit specified as a dollar amount (as opposed to a period of time, such as 3 years or 5 years), the amount shown in the schedule may not reflect the current amount available to you in the future. (e.g. It may be too high if you have had claims paid in the past, or it may be too low if you have inflation protection). Reducing the benefit period (e.g., changing from a lifetime benefit period to a 4 year benefit period) or reducing the lifetime maximum benefit amount will reduce your premium.

II. Elimination Period: This is the number of days that **covered** services must be provided to you before the policy begins to pay benefits. For example, if your policy has a 15 day elimination period, you must receive covered services for 15 days before we will start paying benefits for services received on Day 16 or after. Increasing the elimination period (e.g., changing a 15 day elimination period to a 30 day elimination period, if available) would reduce your premium.

III. Daily Benefit Amount: This is the dollar amount specified on your policy schedule (although be aware that if you purchased the inflation protection benefit, the maximum amount shown in your schedule may be incorrectly too low) and represents the maximum benefit we will pay on a daily or weekly basis. Reducing this amount will reduce the amount per day or amount per week that we will pay for covered services received (e.g., $100.00 per day daily benefit can be reduced to $67.00 per day), and this reduction would reduce the premium charged for your policy.

IV. Riders: A rider is an optional policy benefit that you may or may not have purchased at the time you purchased your policy. One example of an optional policy benefit you may have purchased is an inflation rider. If you cancel an inflation rider, you will reduce your premiums.

V. Keep in mind that your particular policy may have additional features that can be adjusted as well. It is important to carefully think about what these changes will mean to the long-term care coverage you think you might need some day. And, please be aware that once you reduce coverage, you can never restore the benefits you dropped. We recommend that you discuss your benefit reduction options with your financial advisor or insurance agent.

6. Is this the last rate increase I can expect to receive on my policy? If CCC receives less than anticipated responses to accept the rate increase, will CCC implement another rate increase?

CCC will continue to monitor the experience on its policies after this rate increase. It is possible that, as CCC continues to monitor this experience, another increase may be needed in the future. If this happens, CCC will notify you in advance as required by the state in which your policy was issued. In no event will rate increases be implemented without first being reviewed and approved by the Virginia State Corporation Commission.

7. I thought the Company was committed to rate stability and that my rates would not be raised. Why am I now receiving a rate increase?

CCC's long-term care policies are written on a guaranteed renewable basis. This means that, while a company can never cancel coverage (except for nonpayment of premium), it reserves the right to change premiums, as long as the increase applies to all policies within the same class in a given state. These increases are made in accordance with State laws and regulations. In addition, they are determined on a "class" basis. This means that no one policyholder can be singled out for a premium increase based on age or health.

8. Are you raising premiums because policyholders are older and sicker now?

No. Long-term care insurance companies are not permitted to increase premiums for specific individuals based on their advancing age or changing health. This increase was requested after a careful analysis of policy experience and affects all policyholders in the impacted policy series.

9. Are you increasing my premiums because CCC decided to stop selling the type of long-term care policy I purchased, or because CCC stopped selling new long-term care policies?

No. CCC's decision to seek and implement premium rate increases did not relate to any decision to stop selling any particular long-term care policy form or long term care policies generally. CCC does not base its premium rates on any expectation that new policies would be sold in the future.

10. Is my state the only state where you are implementing a rate increase?

No. CCC will request a premium rate increase in all states, unless otherwise restricted by applicable state laws. We will implement rate increases in each state as they are filed and authorized.

11. If I purchased my policy in a state where a premium rate increase has been filed (or approved), but have since moved to another state, will my premiums still increase?

Yes, your premium rate increase is based on the policy form and the state in which your policy was originally issued, not where you presently live.

12. What is the amount of the premium adjustment to my policy and will the percentage increase be the same for everyone (within a particular state)?

Everyone who was issued the same policy form and benefits in the same state as you resided when you purchased your policy will receive the same percentage increase in premium rates as you did.

13. Is my State aware of this premium rate increase? I was told that the State's Department of Insurance must approve rate increases before you implement them. Is that true?

Yes, all states require that insurance companies at a minimum provide notification to the state before they start implementing rate increases. In addition, some states do not allow insurance companies to implement premium rate increases until the state has approved the increase. The premium rate increase applied to your Policy was made in accordance with the laws and regulations of the state where your policy was issued.

14. Does CCC have enough reserves to pay claims under its Policies? Are CCC's financial strength and claims paying ability still strong? Will CCC be able to pay my claims now and in the future?

CCC believes its reserves are adequate and appropriate at this time. To obtain information regarding CCC's financial strength, please visit www.cna.com.

15. Is CCC going bankrupt?
No. To obtain information regarding CCC's financial strength, please visit www.cna.com.

16. Will lowering the policy coverage affect the tax-qualified status?
No. The tax-qualified or grandfathered status of the policies is unaffected. However, we recommend that you discuss this issue with your insurance, financial or tax advisor to determine what would be the best decision for you.

17. What happens if I do not pay the increased premiums?
As stated in your policy, if you don't pay the increased premiums, your policy will lapse and therefore terminate. However, you may have options to reduce your premiums, or if applicable, place your policy in paid up status. Please see the enclosed letter for more details.

18. I did not use my policy; can I cancel my policy and get all my premiums back?
No, this option is not available to you under the terms of your Policy. However, you may have options to reduce your premiums, or if applicable, place your policy in paid up status. Please see the enclosed letter for more details.

19. Why didn't my Inflation Protection Benefit Increase rider protect me from this premium rate increase?
The inflation rider increases your benefit levels on a periodic basis over the life of your Policy. It does not provide any type of protection or guarantee regarding your premiums. CCC's long-term care policies are written on a guaranteed renewable basis. This means that while the company can never cancel coverage (except for nonpayment of premium), it reserves the right to change premiums in accordance with state laws and regulations.

20. Does the rate increase apply to policy holders on claim?
Policyholders who are currently on claim and ***are not paying premiums under a Waiver of Premium provision*** in their policy will not be impacted by this rate increase at this time. If the policyholder ceases to be on claim, the rate increase will be effective on the policyholder's next modal premium date after appropriate notification.

21. My policy had a 10-year rate guarantee. Am I receiving this rate increase because my 10-year rate guarantee has expired?
No. The rider would have prevented CCC from applying the rate increase to your policy during the term of your 10-year guarantee period. Since the term of your policy has expired, it no longer applies.

Underwritten by Continental Casualty Company

P.O. Box 64912
St. Paul MN 55164-0912
1-800-262-6692
Fax: 952-983-5193

April 21, 2015

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Premium Adjustment Notice

Company: «Continental Casualty Company» (CCC)
Policy Number:«POLICY NUMBER»
Insured: «FNAME» «MI» «LNAME»

Dear «FNAME» «LNAME»:

The purpose of this letter is to notify you that the long-term care insurance premium for policy number «POLICY NUMBER» issued by «Continental Casualty Company» is being increased. Specifically, the premium you currently pay «current premium» will increase on the first premium due date on or after «renewal date» as shown below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«renewal date»	«increase percentage»	«Premium amount»

In addition, a subsequent increase will also be applied to your policy on or after the first premium due date on or after the following premium renewal date by the percentage reflected below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«next renewal date»	«2nd increase percentage»	«Premium amount»

While this is not a bill, you should keep a copy of this letter with your policy.

The decision to implement a premium increase is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CCC, are facing significant challenges as it relates to the pricing of its long term care policies. CCC, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

When CCC originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on CCC's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with CCC's actual experience. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

Therefore, after careful review and analysis of the long-term care policy experience, CCC determined that a premium adjustment is needed, and a <<increase percentage>> increase is being implemented in each of the next two years (for an overall increase of 44.96%) for the state where your policy was originally issued. CCC will continue to evaluate this block of business, and may seek additional premium rate increases over the next few years as part of a multiyear effort to achieve an actuarially appropriate rate level.

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 the public inspection and may be accessed online through the Virginia Bureau of Insurance webpage at www.scc.virginia.gov/BOI.

CCC's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. Your policy provides the ability for you to decrease your coverage which will help reduce the impact of the rate increase**.** Some possible options may be as follows:

1. Reducing the Maximum Lifetime Benefit; or
2. Reducing the Maximum Daily Facility Benefit and/or Maximum Home and Community Based Care Benefit; or
3. Increasing the Elimination Period; or
4. Deleting an optional rider for which a premium is charged.
5. Exercising a non-forfeiture benefit as outlined in your policy (if applicable).

In no event may your benefits be decreased below the minimum benefits available for new applicants or below what is required by the regulations of your state. If you elect to reduce your coverage under this provision, the premium will be based on the reduced amount of coverage elected. Since CCC sold policies with varying benefits, benefit reduction options may have different value to each policyholder, even though the options may result in the same or similar premium.

Should you wish to explore these options further, please contact us at our administrative office directly at 1-888-397-5824. We will be happy to provide you with whatever assistance we can to help you maintain your valuable coverage.

Sincerely,

Jennifer White
Director, Long Term Care Administration

Underwritten by Continental Casualty Company

P.O. Box 64912
St. Paul MN 55164-0912
1-800-262-6692
Fax: 952-983-5193

April 21, 2015

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Premium Adjustment Notice

Company: «Continental Casualty Company» (CCC)
Policy Number:«POLICY NUMBER»
Insured: «FNAME» «MI» «LNAME»

Dear «FNAME» «LNAME»:

The purpose of this letter is to notify you that the long-term care insurance premium for policy number «POLICY NUMBER» issued by «Continental Casualty Company» is being increased. Specifically, the premium you currently pay «current premium» will increase on the first premium due date on or after «renewal date» as shown below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«renewal date»	«increase percentage»	«Premium amount»

In addition, a subsequent increase will also be applied to your policy on or after the first premium due date on or after the following premium renewal date by the percentage reflected below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«next renewal date»	«2nd increase percentage»	«Premium amount»

While this is not a bill, you should keep a copy of this letter with your policy.

You have the option to lapse your policy and exercise a Contingent Non-Forfeiture benefit. Please see the attached illustration that describes this benefit in detail.

The decision to implement a premium increase is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CCC, are facing significant challenges as it relates to the pricing of its long term care policies. CCC, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

When CCC originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on CCC's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with CCC's actual experience. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

Therefore, after careful review and analysis of the long-term care policy experience, CCC determined that a premium adjustment is needed, and a <<increase percentage>> increase is being implemented in each of the next two years (for an overall increase of 44.96%) for the state where your policy was originally issued. CCC will continue to evaluate this block of business, and may seek additional premium rate increases over the next few years as part of a multiyear effort to achieve an actuarially appropriate rate level.

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 the public inspection and may be accessed online through the Virginia Bureau of Insurance webpage at www.scc.virginia.gov/BOI.

CCC's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. Your policy provides the ability for you to decrease your coverage which will help reduce the impact of the rate increase**.** Some possible options may be as follows:

1. Reducing the Maximum Lifetime Benefit; or
2. Reducing the Maximum Daily Facility Benefit and/or Maximum Home and Community Based Care Benefit; or
3. Increasing the Elimination Period; or
4. Deleting an optional rider for which a premium is charged.

In no event may your benefits be decreased below the minimum benefits available for new applicants or below what is required by the regulations of your state. If you elect to reduce your coverage under this provision, the premium will be based on the reduced amount of coverage elected. Since CCC sold policies with varying benefits, benefit reduction options may have different value to each policyholder, even though the options may result in the same or similar premium.

Should you wish to explore these options further, please contact us at our administrative office directly at 1-888-397-5824. We will be happy to provide you with whatever assistance we can to help you maintain your valuable coverage.

Sincerely,

Jennifer White
Director, Long Term Care Administration

Contingent Non-Forfeiture Benefit Illustration

As described below, if you decide you do not wish to pay the increased premiums taking effect after the renewal date of your policy, you may elect to lapse your policy after the renewal date, and exercise the Contingent Non-Forfeiture Benefit.

If you wish to exercise the Contingent Non-Forfeiture Benefit offer:

1. **Coverage must be in effect, and all current premiums for periods of coverage up to your renewal date of «renewal date» must be paid**. If all current premiums for periods of coverage up to «renewal date» are not paid, your policy will terminate back to the first unpaid premium period, and **you will not be eligible** for the Contingent Non-Forfeiture Benefit.
2. You must lapse your policy within 120 days after your rate increase takes effect on «renewal date». You may lapse your policy either by writing to us indicating your desire to lapse the policy after «renewal date», or by simply not paying the *increased* premium applicable to your renewal term starting «renewal date». If premium for coverage periods prior to «renewal date» is not paid within 120 days after «renewal date», you will not be eligible to exercise the Contingent Non-Forfeiture Benefit, regardless of intent to lapse due to the premium rate increase.
3. CCC will refund any increased renewal premiums you may have paid for periods beginning on or after «renewal date», as long as you lapse your coverage as described above within 120 days after «renewal date».
4. Your *daily* maximum benefit amount(s) in effect for the coverage period prior to «renewal date» will remain the same.
5. Your *lifetime* maximum benefit amount in effect for the coverage period prior to «renewal date» will be replaced by the Reduced Lifetime Maximum Benefit. This amount is the maximum amount of benefits payable under this policy after the lapse occurs.
6. Your coverage, with the Reduced Maximum Lifetime Benefit, will be considered “paid-up” with no further premiums due.
7. If your policy includes an Automatic Increase Benefit Rider, or any other inflation protection rider, your benefits will **not** continue increasing after lapse.

If you lapse your policy at any time after the 120-day window following «renewal date», **you will not be eligible** for the Contingent Non-Forfeiture Benefit, your policy will be terminated, and all benefits may be forfeited.

The next page reflects your current premium, daily and lifetime maximum benefits, as well as what your premium and Reduced Lifetime Maximum will be if you choose the Contingent Non-Forfeiture Benefit offer.

Please note: Policy data is based on CCC's records as of **<<notification generation date>>.**

Insured Name	«FNAME» «MI» «LNAME»
Policy Number	«POLICY NUMBER»
Increased Premium *(if elect to maintain current coverage)*	«new premium»
Current Maximum Facility Daily Benefit	<<Daily max amount>>
Current Lifetime Maximum Benefit	<<lifetime max>>

The information below describes the impact on your policy if you choose to exercise the Reduced Lifetime Maximum Benefit offer.

Maximum Facility Daily Benefit Upon Lapse	<<Daily max amount>>
Reduced Lifetime Maximum Benefit Upon Lapse*	<<reduced lifetime max>>
Premium Due after <<renewal date>>	Zero

* The Reduced Lifetime Maximum includes both Maximum Facility Daily Benefit upon lapse and any Home Health Care benefits that may be included in your policy. The Reduced Lifetime Maximum Benefit is the greater of 100% of the total premiums you have paid or 30X the Maximum Facility Daily Benefit.

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

Company Name and NAIC Number: Continental Casualty Company - NAIC # 20443

SERFF Tracking Number: MILL-128834437

Effective Date: The rate increase will apply to policies on their next premium due date following a 90 day policyholder notification period following approval.

(Projected) Number of Insureds Affected: 3,662

New Rates

Average Annual Premium Per Member: N/A

Revised Rates

Average Annual Premium Per Member: $2,362

Average Requested Percentage Rate Change Per Member: 44.96%

Minimum Requested Percentage Rate Change Per Member: 44.96%

Maximum Requested Percentage Rate Change Per Member: 44.96%

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

Form#	"Product Name"(if applicable)
P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45, P1-N0075-A45, P1-N0076-A45, P1-N0090-A45, P1-N0091-A45	Preferred Solution
R1-N0078-A, R1-N0088-A	Compound Automatic Increase Rider
R1-N0079-A, R1-N0098-A	Simple Automatic Increase Rider
R1-N0103-A	Survivorship Benefit Rider
R1-N0104-A	Dual Waiver of Premium Rider
R1-N0105-A	Shared Advantage Rider
R1-N0106-A, R1-N0108-A	Restoration of Benefits Rider
R1-N0107-A	Cost of Living Increase Rider

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.

Health Insurance Rate Request Summary
Summary of Key Information

When the company originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on the company's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with the company's actual experience. This rate increase is necessary because the total expected claims are higher than originally expected, and policyholder termination rates are lower than originally expected. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

Continental Casualty Company
Certification of Compliance

The company has reviewed the enclosed policy forms(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
R1-A45	Long-Term Care Insurance Policy Endorsement
R1-CNF-A45	Long-Term Care Insurance Contingent Benefit Upon Lapse Rider
R1-N0079-A- VA	Long-Term Care Insurance Simple Automatic Increase Benefit Rider
R1-CNFLTR-A45	PS VA w CNF Draft for Filing – A
R1-NOCNFLTR-A45	PS VA no CNF Draft for Filing – A
R1-FAQ-A45	PS VA Mailing FAQ Draft for Filing – A

Officer's Signature

Vice President, Operations
Officer's Title

8/18/15
Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Continental Casualty Company
333 S. Wabash Avenue
Chicago, Illinois 60604

Title of Form Long-Term Care Insurance Policy Endorsement

Policy Form Number R1-A45

I hereby certify that the Flesch reading ease score of the above policy form is 43. It contains 32 sentences, 510 words and 893 syllables. The type size of the text of the policy forms is 10 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.

_____ Signature of an Officer of the Insurer

James Lust Name (Print)

Vice President, Operations Title

6/10/2015 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Continental Casualty Company
333 S. Wabash Avenue
Chicago, Illinois 60604

Title of Form Long-Term Care Insurance Simple Automatic Increase Benefit Rider

Policy Form Number R1-N0079-A-VA

I hereby certify that the Flesch reading ease score of the above policy form is 50. It contains 11 sentences, 246 words and 391 syllables. The type size of the text of the policy forms is 10 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.

_____ Signature of an Officer of the Insurer

James Lest Name (Print)

Vice President, Operations Title

6/10/15 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Continental Casualty Company
333 S. Wabash Avenue
Chicago, Illinois 60604

Title of Form Long-Term Care Insurance Contingent Benefit Upon Lapse Rider

Policy Form Number R1-CNF-A45

I hereby certify that the Flesch reading ease score of the above policy form is 55. It contains 39 sentences, 884 words and 1,340 syllables. The type size of the text of the policy forms is 10 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.

Signature of an Officer of the Insurer

James Lust Name (Print)

Vice President, Operations Title

8/18/15 Date

Continental Casualty Company
Statement of Variability
Form R1-A45
Long-Term Care Insurance
Policy Endorsement

Variable Field	Applicable Variability
Policyholder Name	Customized to include policyholder's name
Policy Number ("Policy")	Customized to include policyholder's policy number
Policy Effective Date	Customized to include policyholder's policy effective date
Endorsement Effective Date	Customized to include policyholder's endorsement effective date
[The non-inflated maximum daily facility benefit as stated in the Policy's Schedule of Benefits Page has been decreased from $100 to $50.] *[Drafter, if policy has no inflation benefit, remove the word "non-inflated."]* [The home and community based care percentage has been decreased from 100% to 75%.] [The Maximum Lifetime Benefit stated in the Policy's Schedule of Benefits Page has been decreased from __ to ___] [The Elimination Period as stated in the Policy's Schedule of Benefits Page has been increased from 30 days to 90 days.] [The Compound Automatic Increase Benefit Rider has been deleted from Your coverage. The Policy will retain the inflated benefit amounts as of the Endorsement Effective Date. If you have also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. Benefit amounts will cease inflating as of the Endorsement Effective Date.] [The Simple Automatic Increase Benefit Rider has been deleted from Your coverage. The Policy will retain the inflated benefit amounts as of the Endorsement Effective Date. If you have	Endorsement will only include the optional change(s) the insured has elected, or, in the case of Contingent Nonforfeiture, that CCC has added to the insured's coverage.

also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. Benefit amounts will cease inflating as of the Endorsement Effective Date.] [The Compound Automatic Increase Benefit Rider has been deleted from Your coverage. The Simple Automatic Increase Benefit Rider has been added to Your coverage. The Policy will retain the increased portion of the benefit amount as of the Endorsement Effective Date. If you have also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. The Simple Automatic Increase Benefit will begin to increase Your Policy's non-inflated amount as of the Endorsement Effective date. The Simple Automatic Increase Benefit Rider is attached.] [The Dual Waiver of Premium rider has been deleted from Your coverage.] [The Shared Advantage rider has been deleted from Your coverage.] [The Restoration of Benefits rider has been deleted from Your coverage.] [The Cost of Living Increase rider has been deleted from Your coverage.] [The Survivorship Benefit rider has been deleted from Your coverage.] [Your Policy has entered nonforfeiture status. Premium is no longer due, although coverage will remain available pursuant to the terms of Your Policy's [nonforfeiture benefit] [Contingent Nonforfeiture Benefit].] [The Contingent Nonforfeiture Benefit has been added to Your Coverage, pursuant to the attached Contingent Nonforfeiture Benefit Rider.]	
The non-inflated maximum daily facility benefit as stated in the Policy's Schedule of Benefits Page has been decreased from $100 to $50	The highlighted portion will include the policyholder's current maximum daily benefit value. The possible values range from $30 to

	$300.
The non-inflated maximum daily facility benefit as stated in the Policy's Schedule of Benefits Page has been decreased from $100 to $50.	The policyholder may choose to reduce the maximum daily benefit to any level in order to reduce the policy premium, although typically $50 increments are utilized. The highlighted portion will reflect only the maximum daily benefit choice actually made by the policyholder to reduce the premium amount.
The home and community based care percentage has been decreased from 100% to 75%.	The highlighted portion will include the policyholder's current home and community based care value. The possible values include the following: 100%, 75%, and 50%.
The home and community based care percentage has been decreased from 100% to 75%.	The policyholder may choose to decrease the home and community based care value. The possible values include 75%, 50%, and 0%. The highlighted portion will reflect only the choice actually made by the policyholder to reduce the premium amount.
The Maximum Lifetime Benefit as stated in the Policy's Schedule of Benefits Page has been decreased from __ to ___.	The highlighted portion includes the policyholder's current Maximum Lifetime Benefit value. The possible values include the following: 730, 1095, 1460, or 1825 multiplied by the daily maximum benefit, or unlimited.
The Maximum Lifetime Benefit as stated in the Policy's Schedule of Benefits Page has been decreased from __ to ___.	The policyholder may choose to reduce the Maximum Lifetime Benefit to 730, 1095, 1460, or 1825 multiplied by the daily maximum benefit. The highlighted portion will reflect only the choice actually made by the policyholder to reduce the premium amount.
The Elimination Period as stated in the Policy's Schedule of Benefits Page has been increased from 30 days to 90 days.	The highlighted portion will include the policyholder's current Elimination Period value. The possible values include the following: 0, 14, 20, 30, 60, 90, 100, 180, and 365 days.
The Elimination Period as stated in the Policy's Schedule of Benefits Page has been increased from 30 days to 90 days.	The policyholder may choose to increase the Elimination Period. The possible values include 14, 20, 30, 60, 90, 100, 180, and 365 days. The highlighted portion will reflect only the Elimination Period choice actually made by the policyholder to reduce the premium amount.

[Your Policy has entered nonforfeiture status. Premium is no longer due, although coverage will remain available pursuant to the terms of Your Policy's [nonforfeiture benefit] [Contingent Nonforfeiture Benefit].]	The highlighted portion will reflect the benefit under which the insured has entered nonforfeiture status.
Thomas F. Molaison Chairman of the Board Jonathan Kanter Secretary	Allows for variability in the event either officer changes.

Continental Casualty Company
Statement of Variability
Form R1-CNF-A45
Long-Term Care Insurance
Contingent Nonforfeiture Benefit Rider

Variable Field	Applicable Variability
Policyholder Name	Customized to include policyholder's name
Policy Number ("Policy")	Customized to include policyholder's policy number
Policy Effective Date	Customized to include policyholder's policy effective date
Rider Effective Date	Customized to include policyholder's Rider effective date
Thomas F. Motamed Chairman of the Board Jonathan Kanter Secretary	Allows for variability in the event either officer changes

Continental Casualty Company
Statement of Variability
Form R1-N0079-A-VA
Long-Term Care Insurance
Simple Automatic Increase Benefit Rider

Variable Field	Applicable Variability
Policyholder Name	Customized to include policyholder's name
Policy Number ("Policy")	Customized to include policyholder's policy number
Policy Effective Date	Customized to include policyholder's policy effective date
Rider Effective Date	Customized to include policyholder's rider effective date
Thomas F. Motamed Chairman of the Board Jonathan Kanter Secretary	Allows for variability in the event either officer changes

Continental Casualty Company
Statement of Variability
Form R1-CNFLTR-A45
Long-Term Care Insurance
Rate Increase Policyholder Notification Letter

Variable Field	Applicable Variability
Date «notification generation date»	Customized to include the date letter is mailed.
Policyholder (Insured) Name & Address «FNAME» «MI» «LNAME» «ADDRESS1» «ADDRESS2» «CITY» «STATE» «ZIPCODE»	Customized to include the policyholder's name and address.
Policy Number ("Policy") «POLICY NUMBER»	Customized to include the policyholder's policy number.
Current Premium «current premium»	Customized to include the policyholder's premium as of the «notification generation date».
Modal Frequency «Modal»	Customized to include the policyholder's modal frequency as of the «notification generation date». Options can be monthly, quarterly, semi-annual, 10-month, or annual.
First Phase Renewal Date «1st phase renewal date»	Customized to include the policyholder's next premium renewal date.
First Phase Rate Increased Premium «1st phase rate increased premium»	Customized to include the policyholder's first phase rate increased premium.
Second Phase Renewal Date «2nd phase renewal date»	Customized to include the policyholder's premium renewal date or anniversary date for the second phase of a phased rate increase depending on the state's approval type. This is equal to renewal date plus 12 months.
Second Phase Rate Increased Premium «2nd phase rate increased premium»	Customized to include the policyholder's second phase rate increased premium.
Letter Generation Date «notification generation date»	Customized to include the date the system will merge the data into the variable fields.
Current Facility Daily Maximum Benefit & Facility Daily Maximum Benefit Upon Lapse «daily max amount»	Customized to include the policyholder's daily maximum benefit as of the «notification generation date». The insured's daily maximum benefit is not affected by Contingent Benefit Upon Lapse.
Current Lifetime Maximum Benefit «lifetime max amount»	Customized to include the policyholder's lifetime maximum benefit as of the «notification generation date».
Reduced Lifetime Maximum Benefit Upon Lapse «reduced lifetime max amount»	Customized to include the policyholder's lifetime maximum benefit as of the «notification generation date».
Jennifer White Director, Long Term Care Administration	Allows for variability in the event staff changes.

Continental Casualty Company
Statement of Variability
Form R1-NOCNFLTR-A45
Long-Term Care Insurance
Rate Increase Policyholder Notification Letter

Variable Field	Applicable Variability
Date «notification generation date»	Customized to include the date letter is mailed.
Policyholder (Insured) Name & Address «FNAME» «MI» «LNAME» «ADDRESS1» «ADDRESS2» «CITY» «STATE» «ZIPCODE»	Customized to include the policyholder's name and address.
Policy Number ("Policy") «POLICY NUMBER»	Customized to include the policyholder's policy number.
Current Premium «current premium»	Customized to include the policyholder's premium as of the «notification generation date».
Modal Frequency «Modal»	Customized to include the policyholder's modal frequency as of the «notification generation date». Options can be monthly, quarterly, semi-annual, 10-month, or annual.
First Phase Renewal Date «1st phase renewal date»	Customized to include the policyholder's next premium renewal date.
First Phase Rate Increased Premium «1st phase rate increased premium»	Customized to include the policyholder's first phase rate increased premium.
Second Phase Renewal Date «2nd phase renewal date»	Customized to include the policyholder's premium renewal date or anniversary date for the second phase of a phased rate increase depending on the state's approval type. This is equal to renewal date plus 12 months.
Second Phase Rate Increased Premium «2nd phase rate increased premium»	Customized to include the policyholder's second phase rate increased premium.
Jennifer White Director, Long Term Care Administration	Allows for variability in the event staff changes.

8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

July 20, 2015

Ms. Janet Houser
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: Continental Casualty Company (CCC)
Company NAIC # 20443
SERFF Tracking # MILL-128834437
Policy Forms:

Comprehensive Long Term Care	P1-N0080-A45
Comprehensive Long Term Care	P1-N0081-A45
Comprehensive Long Term Care	P1-N0085-A45
Comprehensive Long Term Care	P1-N0086-A45
Comprehensive Long Term Care	P1-N0095-A45
Comprehensive Long Term Care	P1-N0096-A45
Comprehensive Long Term Care	P1-N0100-A45
Comprehensive Long Term Care	P1-N0101-A45
Nursing Home Only	P1-N0075-A45
Nursing Home Only	P1-N0076-A45
Nursing Home Only	P1-N0090-A45
Nursing Home Only	P1-N0091-A45
Compound Automatic Increase Benefit Rider	R1-N0078-A
Simple Automatic Increase Benefit Rider	R1-N0079-A
Compound Automatic Increase Benefit Rider	R1-N0088-A
Simple Automatic Increase Benefit Rider	R1-N0098-A
Survivorship Benefit Rider	R1-N0103-A
Dual Waiver of Premium Rider	R1-N0104-A
Shared Advantage Rider	R1-N0105-A
Restoration of Benefits Rider	R1-N0106-A
Cost of Living Increase Rider	R1-N0107-A
Restoration of Benefits Rider	R1-N0108-A

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your letter dated July 1, 2015 regarding information needed for the above-referenced filing. The remainder of this letter provides

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additional information requested in your July 1 letter. Each request is restated in italics for reference.

1. *Thank you for your revisions as requested to the policyholder notification letters; however, the following are concerns that need to be addressed:*
   a. *The company has provided an explanation for the rate increase on page 2 of the letter and in the FAQ. Please be more specific as to what assumptions were inconsistent with actual experience and why.*

      Enclosed with this letter are revised sample policyholder notification letters and a frequently asked question (FAQ) document provided by the company. These documents have been revised per your comments.

   b. *As an observation, the letter refers to the contingent nonforfeiture benefit but does not in the FAQ #5.*

      The company revised item #5 in the FAQ to address benefit reductions only and included information about nonforfeiture options in items #17 and #18 in the FAQ.

   c. *In regards to the revised regulations under 14VAC-200-75 D 1 and D 2 c, we should have previously indicated the letters would also require the following:*
      i. *A statement that the applicant has the right to a revised premium rate or rate schedule.*

         The enclosed sample policyholder notification letters provided by the company have been revised as requested.

      ii. *In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss [of] partnership status that reduce policyholder protections, if applicable. If the company does not issue partnership policies, please indicate this in your reply.*

         No partnership policies on the above-referenced forms were issued in Virginia.

   d. *Due to time restraints, these letters now must be filed for review in accordance with the new regulations under 14VAC5-200-75 D. As a result, please add form numbers to each letter and attach both to the Form Schedule in SERFF. Amend the Certification of Compliance to include these forms as well.*

      The revised sample policyholder notification letters, FAQ document, and Certification of Compliance have been attached to the Form Schedule section in SERFF. Form numbers are included on the policyholder notification letters and FAQ document.

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2. *Thank you [for] providing the two separate attachments for each phase. For clarification purposes, please designate each attachment as either Phase I or Phase II to avoid any potential confusion in the future.*

   As noted, a number of additional riders have been added. Please attach the factors for each rider. Based on your comments, we assume the factors are a percentage of the base premium. Although the percentages may not be changing, the premium attached to those riders will be increased and rate attachments should be included in the Rate/Rule Schedule.

   Updated rate pages for each phase, which include clarifying detail regarding each increase, are enclosed with this letter. Please note that the actual rates implemented may vary slightly from those in the enclosed rate pages due to rounding in the implementation algorithm.

   As explained in the revised Rate/Rule Schedule section in SERFF, the relevant rider factors are included as supplements to the rate tables for each affected form.

3. *Thank you for the changes made to the Actuarial Memorandum. We note the company did amend item 17; however we believe it would be more appropriate to revise this as follows:*
   > *"The company originally requested an increase of 80%. After extensive review and analysis of the data presented, the Virginia State Corporation Commission determined that a rate increase of 45% was the maximum percentage increases that could be actuarially justified. The company revised its request to 44.96%, implemented over a two year period as two consecutive annual increases of 20.4%"*

   A revised actuarial memorandum with revisions to section 17 for the above request is enclosed with this letter and uploaded under the L&H Actuarial Memorandum section on the Supporting Documentation tab in SERFF.

4. *On page 2 of the [R1-CNF-A45] form, there is [a] statement under the table entitled "Substantial Premium Increases Percentages" that is in parenthesis (Percentage Increases is cumulative from date of original issue. It does NOT represent a one-time increase.)*

   We are uncertain as to the meaning of this statement and why it is emphasized. Is this a clarifying statement or is the company indicating if a person has a onetime premium increase that puts him over the percentage increase for his age, he would not be entitled to the contingent benefit upon lapse. Please explain.

   Enclosed with this letter is a revised Contingent Nonforfeiture Benefit rider provided by the company with the second sentence in question removed.

Limitations and Qualifications

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This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

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In performing this analysis, we relied on data and other information provided by CCC. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

❖❖❖

Janet, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2419 or by e-mail at amy.pahl@milliman.com.

Respectfully,

Amy Pahl, FSA, MAAA
Principal & Consulting Actuary

ABP/tcr

Enclosures: Sample Policyholder Notification Letters
Frequently Asked Questions
Rate Tables Reflecting Each Phase of the Increase
Revised Actuarial Memorandum
Revised Contingent Nonforfeiture Rider
Revised Certification of Compliance

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

Continental Casualty Company
Status of Filings as of September 22, 2015
All Jurisdictions in which these Forms are Active
All Policy Forms

	First Increase			Second Increase				Current Increase					
Jurisdiction	Requested Increase	Date Approved or Filed	Amount Approved or Filed	Requested Increase[1]	Date of Submission	Date Approved or Filed	Amount Approved or Filed	Requested Increase[1]	Date of Submission	Date Approved or Filed	Amount Approved or Filed	12/31/2014 In-force Premium[2]	Proportion of Nationwide
Alaska*	80.0%	12/18/2012	80.0%	Not Filing				Not Filing				$ 368,748	0.20%
Alabama	80.0%	3/18/2013	80.0%	Not Filing				Not Filing				1,638,477	0.87%
Arkansas	80.0%	9/30/2013	15.0%	65.0%	2/9/2015	3/10/2015	20.0%	46.7%	Not Yet Filed			1,178,774	0.63%
Arizona	80.0%	2/7/2013	50.0%	30.0%	9/25/2014	10/23/2014	16.0%	Not Filing				2,455,778	1.31%
California - LR**	80.0%	8/19/2014	20.0%	Not Filing				Not Filing				11,592,973	6.17%
California - RS**	80.0%	Not Yet Filed		TBD				TBD				3,125,069	1.66%
California - PTNR**	80.0%	Not Yet Filed		TBD				TBD				3,358,981	1.79%
Colorado - COMP**	80.0%	3/1/2013	22.0%	58.0%	6/15/2015	8/18/2015	25.0%	TBD				2,867,775	1.53%
Colorado - NHO**	80.0%	3/1/2013	22.0%	58.0%	6/15/2015	8/18/2015	25.0%	TBD				138,607	0.07%
Connecticut	80.0%	Disapproved	0.0%	80.0%	10/15/2014	Disapproved	0.0%	101.6%	Not Yet Filed			1,819,007	0.97%
District of Columbia	80.0%	5/9/2013	10.0%	10.0%	11/20/2014	2/12/2015	10.0%	10.0%	Not Yet Filed			197,458	0.11%
Delaware	90.8%	3/21/2013	25.0%	25.0%	10/20/2014	5/20/2015	25.0%	25.0%	Not Yet Filed			142,268	0.08%
Florida	51.0%	Not Yet Filed		TBD				TBD				7,611,600	4.05%
Georgia	80.0%	3/27/2013	15.0%	65.0%	9/17/2014	1/28/2015	15.0%	51.3%	9/21/2015	Pending		3,118,517	1.66%
Hawaii	80.0%	7/18/2014	32.3%	Not Filing				57.7%	Not Yet Filed			1,076,777	0.57%
Iowa	80.0%	5/13/2013	18.0%	62.0%	9/18/2014	12/23/2014	56.1%	Not Filing				1,768,662	0.94%
Idaho	80.0%	5/29/2013	25.0%	55.0%	9/18/2014	1/15/2015	20.0%	30.4%	Not Yet Filed			530,969	0.28%
Illinois	80.0%	4/16/2013	76.5%	Not Filing				Not Filing				13,594,576	7.23%
Indiana - non-PTNR**	80.0%	Disapproved	0.0%	80.0%	12/23/2014	6/5/2015	10.0%	TBD				639,405	0.34%
Indiana - PTNR**	80.0%	Not Yet Filed		TBD				TBD				4,213,617	2.24%
Kansas	80.0%	4/11/2014	60.0%	Not Filing				Not Filing				3,625,824	1.93%
Kentucky	80.0%	2/4/2013	16.1%	63.9%	10/20/2014	1/8/2015	25.9%	TBD				1,801,553	0.96%
Louisiana	30.0%	11/7/2013	20.0%	69.0%	6/10/2015	Pending		TBD				1,040,987	0.55%
Massachusetts	80.0%	Pending		TBD				TBD				3,016,427	1.60%
Maryland	15.0%	6/26/2013	15.0%	15.0%	10/9/2014	3/25/2015	15.0%	15.0%	Not Yet Filed			9,978,446	5.31%
Maine	41.7%	5/14/2013	38.9%	Not Filing				23.5%	Not Yet Filed			1,224,978	0.65%
Michigan	80.0%	11/19/2012	80.0%	Not Filing				Not Filing				10,396,305	5.53%
Minnesota	80.0%	2/20/2014	25.0%	55.0%	3/9/2015	Pending		TBD				2,139,376	1.14%
Missouri	80.0%	5/7/2013	25.0%	25.0%	8/27/2014	8/28/2014	25.0%	22.1%	5/11/2015	5/13/2015	22.1%	3,836,656	2.04%
Mississippi	90.8%	4/23/2013	25.0%	25.0%	10/16/2014	12/9/2014	25.0%	24.0%	Not Yet Filed			620,783	0.33%
Montana	80.0%	3/11/2013	20.0%	60.0%	9/2/2014	3/31/2015	18.5%	39.2%	Not Yet Filed			500,063	0.27%
North Carolina	80.0%	7/23/2013	30.0%	50.0%	11/18/2014	12/16/2014	16.9%	27.8%	Not Yet Filed			4,491,462	2.39%
North Dakota	80.0%	9/6/2013	20.0%	60.0%	2/13/2015	3/30/2015	20.0%	38.7%	Not Yet Filed			280,274	0.15%
Nebraska	80.0%	5/21/2013	80.0%	Not Filing				Not Filing				1,862,211	0.99%
New Hampshire	80.0%	10/10/2013	33.1%	Not Filing				TBD				739,439	0.39%
New Jersey	80.0%	7/28/2014	23.1%	Not Filing				70.3%	Not Yet Filed			6,292,225	3.35%
New Mexico	80.0%	10/24/2013	15.0%	65.0%	11/24/2014	1/23/2015	15.0%	52.6%	Not Yet Filed			529,637	0.28%
Nevada	80.0%	8/9/2013	80.0%	Not Filing				Not Filing				1,097,526	0.58%
New York	80.0%	Disapproved	0.0%	80.0%	9/17/2014	2/20/2015	2.0%	105.6%	Not Yet Filed			9,856,130	5.24%
Ohio	80.0%	11/27/2013	116.2%	Not Filing				Not Filing				11,061,916	5.88%
Oklahoma	80.0%	3/25/2013	25.0%	55.0%	10/1/2014	2/10/2015	25.0%	24.7%	Not Yet Filed			1,351,778	0.72%
Oregon	80.0%	3/26/2014	30.0%	50.0%	10/17/2014	4/13/2015	15.0%	34.1%	Not Yet Filed			4,395,291	2.34%
Pennsylvania	80.0%	3/14/2013	20.0%	60.0%	9/11/2014	12/3/2014	25.0%	29.5%	Not Yet Filed			14,624,516	7.78%
Rhode Island	80.0%	Pending		TBD				TBD				191,311	0.10%
South Carolina	80.0%	8/2/2013	20.0%	60.0%	11/25/2014	3/25/2015	20.0%	38.6%	Not Yet Filed			1,904,215	1.01%
South Dakota	80.0%	1/28/2013	80.0%	Not Filing				Not Filing				1,007,134	0.54%
Tennessee	80.0%	2/20/2013	77.2%	Not Filing				Not Filing				5,915,437	3.15%
Texas - LR**	80.0%	5/24/2013	50.0%	30.0%	7/2/2015	9/21/2015	30.0%	TBD				5,870,909	3.12%
Texas - RS**	80.0%	9/10/2013	80.0%	Not Filing				Not Filing				2,036,011	1.08%
Utah	80.0%	6/26/2013	50.0%	30.0%	12/10/2014	Disapproved	0.0%	25.1%	Not Yet Filed			471,083	0.25%
Virginia	80.0%	Pending		TBD				TBD				5,445,352	2.90%
Vermont	80.0%	Disapproved	0.0%	Not Filing				TBD				123,313	0.07%
Washington	80.0%	10/23/2013	80.0%	Not Filing				Not Filing				5,782,641	3.08%
Wisconsin	80.0%	2/6/2013	80.0%	Not Filing				Not Filing				2,525,847	1.34%
West Virginia	80.0%	4/18/2014	88.4%	Not Filing				Not Filing				316,969	0.17%
Wyoming	80.0%	8/16/2013	80.0%	Not Filing				Not Filing				181,463	0.10%
											Total	**$ 187,973,527**	**100.00%**

** Alaska does not require Long Term Care rates to be filed before use.*

*** LR = policies issued prior to the effective date of rate stability in that state.*
RS = policies issued on or after the effective date of rate stability in that state.
PTNR = policies issued under the partnership program.
non-PTNR = policies not issued under the partnership program.
COMP = Comprehensive policy forms
NHO = Nursing home only policy forms

[1] Not filing in states where the original 80% request (or a similar level) was approved, a tiered increase plan was pre-approved, or a rate guarantee was agreed to in the prior filing.

[2] Annualized premiums reflect all prior rate increases approved as of March 31, 2015, including those not yet implemented and any pre-approved increases that are part of a tiered increase plan.

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17.34	19.38	22.44	23.46	24.48
45-49	19.38	21.42	24.48	25.50	27.54
50-54	23.46	26.52	29.58	31.62	35.70
55	26.52	30.60	34.68	37.74	44.88
56	28.56	32.64	37.74	40.80	48.96
57	30.60	35.70	40.80	43.86	54.06
58	33.66	38.76	44.88	47.94	59.16
59	36.72	42.84	48.96	52.02	65.28
60	40.80	47.94	54.06	57.12	71.40
61	43.86	52.02	59.16	62.22	77.52
62	47.94	57.12	64.26	68.34	84.66
63	51.00	61.20	69.36	73.44	90.78
64	54.06	65.28	74.46	79.56	96.90
65	58.14	69.36	79.56	85.68	104.04
66	62.22	75.48	85.68	92.82	112.20
67	67.32	81.60	93.84	100.98	122.40
68	73.44	89.76	103.02	111.18	134.64
69	80.58	97.92	113.22	121.38	146.88
70	87.72	107.10	124.44	133.62	162.18
71	96.90	118.32	136.68	147.90	179.52
72	107.10	131.58	151.98	164.22	198.90
73	119.34	146.88	169.32	182.58	221.34
74	132.60	163.20	188.70	204.00	246.84
75	147.90	181.56	209.10	226.44	274.38
76	164.22	201.96	232.56	250.92	303.96
77	181.56	223.38	257.04	277.44	336.60
78	199.92	246.84	283.56	306.00	371.28
79	220.32	271.32	312.12	336.60	409.02
80	240.72				
81	263.16				
82	286.62				
83	311.10				
84	337.62				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.64	39.78	45.90	49.98	60.18
45-49	35.70	43.86	51.00	55.08	67.32
50-54	43.86	54.06	63.24	68.34	85.68
55	53.04	64.26	74.46	79.56	102.00
56	56.10	68.34	78.54	84.66	109.14
57	60.18	73.44	83.64	89.76	116.28
58	64.26	78.54	89.76	95.88	124.44
59	68.34	83.64	95.88	103.02	132.60
60	72.42	89.76	103.02	111.18	141.78
61	77.52	95.88	110.16	119.34	150.96
62	82.62	102.00	118.32	128.52	162.18
63	87.72	109.14	126.48	136.68	173.40
64	93.84	115.26	134.64	145.86	185.64
65	99.96	123.42	142.80	155.04	198.90
66	107.10	131.58	153.00	165.24	213.18
67	115.26	141.78	164.22	177.48	229.50
68	124.44	153.00	177.48	191.76	247.86
69	133.62	165.24	190.74	207.06	267.24
70	144.84	179.52	207.06	224.40	287.64
71	157.08	194.82	224.40	243.78	312.12
72	170.34	212.16	244.80	266.22	339.66
73	185.64	231.54	268.26	291.72	370.26
74	202.98	253.98	293.76	320.28	404.94
75	221.34	277.44	322.32	350.88	441.66
76	240.72	302.94	352.92	384.54	482.46
77	261.12	330.48	385.56	421.26	525.30
78	282.54	360.06	421.26	460.02	571.20
79	304.98	391.68	459.00	501.84	621.18
80	329.46				
81	353.94				
82	380.46				
83	408.00				
84	436.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.46	28.56	32.64	35.70	42.84
45-49	25.50	31.62	36.72	39.78	47.94
50-54	35.70	42.84	49.98	54.06	65.28
55	40.80	49.98	57.12	61.20	78.54
56	42.84	53.04	60.18	65.28	83.64
57	45.90	57.12	64.26	69.36	89.76
58	49.98	62.22	69.36	75.48	96.90
59	54.06	67.32	75.48	81.60	106.08
60	59.16	73.44	82.62	89.76	115.26
61	64.26	79.56	90.78	97.92	125.46
62	69.36	85.68	97.92	106.08	135.66
63	74.46	91.80	105.06	114.24	145.86
64	79.56	97.92	112.20	122.40	157.08
65	84.66	105.06	120.36	130.56	168.30
66	91.80	113.22	129.54	140.76	182.58
67	98.94	122.40	140.76	153.00	197.88
68	107.10	133.62	154.02	167.28	215.22
69	117.30	145.86	168.30	182.58	234.60
70	127.50	159.12	183.60	199.92	257.04
71	139.74	174.42	201.96	219.30	280.50
72	153.00	191.76	222.36	241.74	308.04
73	168.30	211.14	244.80	267.24	338.64
74	185.64	232.56	270.30	294.78	372.30
75	204.00	256.02	297.84	324.36	408.00
76	223.38	281.52	327.42	357.00	447.78
77	243.78	308.04	359.04	391.68	489.60
78	265.20	336.60	392.70	429.42	534.48
79	287.64	367.20	429.42	469.20	582.42
80	312.12				
81	336.60				
82	363.12				
83	390.66				
84	419.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.40	22.44	26.52	27.54	28.56
45-49	22.44	25.50	28.56	29.58	32.64
50-54	27.54	31.62	34.68	36.72	41.82
55	31.62	35.70	40.80	44.88	53.04
56	33.66	38.76	44.88	47.94	57.12
57	35.70	41.82	47.94	52.02	63.24
58	39.78	45.90	53.04	56.10	69.36
59	42.84	49.98	57.12	61.20	76.50
60	47.94	56.10	63.24	67.32	83.64
61	52.02	61.20	69.36	73.44	90.78
62	56.10	67.32	75.48	80.58	99.96
63	60.18	72.42	81.60	86.70	107.10
64	63.24	76.50	87.72	93.84	114.24
65	68.34	81.60	93.84	100.98	122.40
66	73.44	88.74	100.98	109.14	131.58
67	79.56	95.88	110.16	118.32	143.82
68	86.70	106.08	121.38	130.56	158.10
69	94.86	115.26	133.62	142.80	172.38
70	103.02	126.48	146.88	157.08	190.74
71	114.24	138.72	161.16	174.42	211.14
72	126.48	155.04	178.50	192.78	233.58
73	140.76	172.38	198.90	215.22	260.10
74	156.06	191.76	222.36	239.70	290.70
75	174.42	213.18	245.82	266.22	322.32
76	192.78	237.66	273.36	294.78	358.02
77	213.18	263.16	301.92	326.40	395.76
78	235.62	290.70	333.54	360.06	436.56
79	259.08	319.26	367.20	395.76	481.44
80	283.56				
81	310.08				
82	337.62				
83	366.18				
84	396.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.76	46.92	54.06	59.16	70.38
45-49	41.82	52.02	60.18	65.28	79.56
50-54	52.02	63.24	74.46	80.58	100.98
55	62.22	75.48	87.72	93.84	120.36
56	66.30	80.58	92.82	99.96	128.52
57	70.38	86.70	97.92	106.08	136.68
58	75.48	92.82	106.08	113.22	146.88
59	80.58	97.92	113.22	121.38	156.06
60	85.68	106.08	121.38	130.56	167.28
61	90.78	113.22	129.54	140.76	177.48
62	96.90	120.36	138.72	150.96	190.74
63	103.02	128.52	148.92	161.16	204.00
64	110.16	135.66	158.10	171.36	218.28
65	117.30	144.84	168.30	182.58	233.58
66	126.48	155.04	179.52	194.82	250.92
67	135.66	167.28	192.78	209.10	270.30
68	146.88	179.52	209.10	225.42	291.72
69	157.08	194.82	224.40	243.78	314.16
70	170.34	211.14	243.78	264.18	338.64
71	184.62	229.50	264.18	286.62	367.20
72	199.92	249.90	287.64	313.14	399.84
73	218.28	272.34	315.18	342.72	435.54
74	238.68	298.86	345.78	376.38	476.34
75	260.10	326.40	379.44	413.10	519.18
76	283.56	355.98	415.14	452.88	567.12
77	307.02	388.62	453.90	495.72	618.12
78	332.52	423.30	495.72	541.62	672.18
79	359.04	461.04	539.58	590.58	730.32
80	387.60				
81	416.16				
82	447.78				
83	480.42				
84	514.08				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.66	38.76	41.82	49.98
45-49	29.58	36.72	42.84	46.92	56.10
50-54	41.82	49.98	59.16	63.24	76.50
55	47.94	59.16	67.32	72.42	92.82
56	49.98	62.22	70.38	76.50	97.92
57	54.06	67.32	75.48	81.60	106.08
58	59.16	73.44	81.60	88.74	114.24
59	63.24	79.56	88.74	95.88	124.44
60	69.36	86.70	96.90	106.08	135.66
61	75.48	93.84	107.10	115.26	147.90
62	81.60	100.98	115.26	124.44	159.12
63	87.72	108.12	123.42	134.64	171.36
64	93.84	115.26	131.58	143.82	184.62
65	99.96	123.42	141.78	154.02	197.88
66	108.12	133.62	151.98	165.24	215.22
67	116.28	143.82	165.24	179.52	232.56
68	126.48	157.08	181.56	196.86	252.96
69	137.70	171.36	197.88	215.22	276.42
70	149.94	187.68	216.24	235.62	301.92
71	164.22	205.02	237.66	258.06	330.48
72	179.52	225.42	261.12	284.58	362.10
73	197.88	248.88	287.64	314.16	398.82
74	218.28	273.36	318.24	346.80	437.58
75	239.70	300.90	350.88	381.48	480.42
76	263.16	331.50	385.56	420.24	526.32
77	286.62	362.10	422.28	461.04	576.30
78	312.12	395.76	462.06	504.90	628.32
79	338.64	432.48	504.90	551.82	685.44
80	367.20				
81	395.76				
82	427.38				
83	460.02				
84	493.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.68	24.23	28.05	29.33	30.60
45-49	24.23	26.78	30.60	31.88	34.43
50-54	29.33	33.15	36.98	39.53	44.63
55	33.15	38.25	43.35	47.18	56.10
56	35.70	40.80	47.18	51.00	61.20
57	38.25	44.63	51.00	54.83	67.58
58	42.08	48.45	56.10	59.93	73.95
59	45.90	53.55	61.20	65.03	81.60
60	51.00	59.93	67.58	71.40	89.25
61	54.83	65.03	73.95	77.78	96.90
62	59.93	71.40	80.33	85.43	105.83
63	63.75	76.50	86.70	91.80	113.48
64	67.58	81.60	93.08	99.45	121.13
65	72.68	86.70	99.45	107.10	130.05
66	77.78	94.35	107.10	116.03	140.25
67	84.15	102.00	117.30	126.23	153.00
68	91.80	112.20	128.78	138.98	168.30
69	100.73	122.40	141.53	151.73	183.60
70	109.65	133.88	155.55	167.03	202.73
71	121.13	147.90	170.85	184.88	224.40
72	133.88	164.48	189.98	205.28	248.63
73	149.18	183.60	211.65	228.23	276.68
74	165.75	204.00	235.88	255.00	308.55
75	184.88	226.95	261.38	283.05	342.98
76	205.28	252.45	290.70	313.65	379.95
77	226.95	279.23	321.30	346.80	420.75
78	249.90	308.55	354.45	382.50	464.10
79	275.40	339.15	390.15	420.75	511.28
80	300.90				
81	328.95				
82	358.28				
83	388.88				
84	422.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.80	49.73	57.38	62.48	75.23
45-49	44.63	54.83	63.75	68.85	84.15
50-54	54.83	67.58	79.05	85.43	107.10
55	66.30	80.33	93.08	99.45	127.50
56	70.13	85.43	98.18	105.83	136.43
57	75.23	91.80	104.55	112.20	145.35
58	80.33	98.18	112.20	119.85	155.55
59	85.43	104.55	119.85	128.78	165.75
60	90.53	112.20	128.78	138.98	177.23
61	96.90	119.85	137.70	149.18	188.70
62	103.28	127.50	147.90	160.65	202.73
63	109.65	136.43	158.10	170.85	216.75
64	117.30	144.08	168.30	182.33	232.05
65	124.95	154.28	178.50	193.80	248.63
66	133.88	164.48	191.25	206.55	266.48
67	144.08	177.23	205.28	221.85	286.88
68	155.55	191.25	221.85	239.70	309.83
69	167.03	206.55	238.43	258.83	334.05
70	181.05	224.40	258.83	280.50	359.55
71	196.35	243.53	280.50	304.73	390.15
72	212.93	265.20	306.00	332.78	424.58
73	232.05	289.43	335.33	364.65	462.83
74	253.73	317.48	367.20	400.35	506.18
75	276.68	346.80	402.90	438.60	552.08
76	300.90	378.68	441.15	480.68	603.08
77	326.40	413.10	481.95	526.58	656.63
78	353.18	450.08	526.58	575.03	714.00
79	381.23	489.60	573.75	627.30	776.48
80	411.83				
81	442.43				
82	475.58				
83	510.00				
84	545.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.33	35.70	40.80	44.63	53.55
45-49	31.88	39.53	45.90	49.73	59.93
50-54	44.63	53.55	62.48	67.58	81.60
55	51.00	62.48	71.40	76.50	98.18
56	53.55	66.30	75.23	81.60	104.55
57	57.38	71.40	80.33	86.70	112.20
58	62.48	77.78	86.70	94.35	121.13
59	67.58	84.15	94.35	102.00	132.60
60	73.95	91.80	103.28	112.20	144.08
61	80.33	99.45	113.48	122.40	156.83
62	86.70	107.10	122.40	132.60	169.58
63	93.08	114.75	131.33	142.80	182.33
64	99.45	122.40	140.25	153.00	196.35
65	105.83	131.33	150.45	163.20	210.38
66	114.75	141.53	161.93	175.95	228.23
67	123.68	153.00	175.95	191.25	247.35
68	133.88	167.03	192.53	209.10	269.03
69	146.63	182.33	210.38	228.23	293.25
70	159.38	198.90	229.50	249.90	321.30
71	174.68	218.03	252.45	274.13	350.63
72	191.25	239.70	277.95	302.18	385.05
73	210.38	263.93	306.00	334.05	423.30
74	232.05	290.70	337.88	368.48	465.38
75	255.00	320.03	372.30	405.45	510.00
76	279.23	351.90	409.28	446.25	559.73
77	304.73	385.05	448.80	489.60	612.00
78	331.50	420.75	490.88	536.78	668.10
79	359.55	459.00	536.78	586.50	728.03
80	390.15				
81	420.75				
82	453.90				
83	488.33				
84	524.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.50	28.05	33.15	34.43	35.70
45-49	28.05	31.88	35.70	36.98	40.80
50-54	34.43	39.53	43.35	45.90	52.28
55	39.53	44.63	51.00	56.10	66.30
56	42.08	48.45	56.10	59.93	71.40
57	44.63	52.28	59.93	65.03	79.05
58	49.73	57.38	66.30	70.13	86.70
59	53.55	62.48	71.40	76.50	95.63
60	59.93	70.13	79.05	84.15	104.55
61	65.03	76.50	86.70	91.80	113.48
62	70.13	84.15	94.35	100.73	124.95
63	75.23	90.53	102.00	108.38	133.88
64	79.05	95.63	109.65	117.30	142.80
65	85.43	102.00	117.30	126.23	153.00
66	91.80	110.93	126.23	136.43	164.48
67	99.45	119.85	137.70	147.90	179.78
68	108.38	132.60	151.73	163.20	197.63
69	118.58	144.08	167.03	178.50	215.48
70	128.78	158.10	183.60	196.35	238.43
71	142.80	173.40	201.45	218.03	263.93
72	158.10	193.80	223.13	240.98	291.98
73	175.95	215.48	248.63	269.03	325.13
74	195.08	239.70	277.95	299.63	363.38
75	218.03	266.48	307.28	332.78	402.90
76	240.98	297.08	341.70	368.48	447.53
77	266.48	328.95	377.40	408.00	494.70
78	294.53	363.38	416.93	450.08	545.70
79	323.85	399.08	459.00	494.70	601.80
80	354.45				
81	387.60				
82	422.03				
83	457.73				
84	495.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.45	58.65	67.58	73.95	87.98
45-49	52.28	65.03	75.23	81.60	99.45
50-54	65.03	79.05	93.08	100.73	126.23
55	77.78	94.35	109.65	117.30	150.45
56	82.88	100.73	116.03	124.95	160.65
57	87.98	108.38	122.40	132.60	170.85
58	94.35	116.03	132.60	141.53	183.60
59	100.73	122.40	141.53	151.73	195.08
60	107.10	132.60	151.73	163.20	209.10
61	113.48	141.53	161.93	175.95	221.85
62	121.13	150.45	173.40	188.70	238.43
63	128.78	160.65	186.15	201.45	255.00
64	137.70	169.58	197.63	214.20	272.85
65	146.63	181.05	210.38	228.23	291.98
66	158.10	193.80	224.40	243.53	313.65
67	169.58	209.10	240.98	261.38	337.88
68	183.60	224.40	261.38	281.78	364.65
69	196.35	243.53	280.50	304.73	392.70
70	212.93	263.93	304.73	330.23	423.30
71	230.78	286.88	330.23	358.28	459.00
72	249.90	312.38	359.55	391.43	499.80
73	272.85	340.43	393.98	428.40	544.43
74	298.35	373.58	432.23	470.48	595.43
75	325.13	408.00	474.30	516.38	648.98
76	354.45	444.98	518.93	566.10	708.90
77	383.78	485.78	567.38	619.65	772.65
78	415.65	529.13	619.65	677.03	840.23
79	448.80	576.30	674.48	738.23	912.90
80	484.50				
81	520.20				
82	559.73				
83	600.53				
84	642.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	42.08	48.45	52.28	62.48
45-49	36.98	45.90	53.55	58.65	70.13
50-54	52.28	62.48	73.95	79.05	95.63
55	59.93	73.95	84.15	90.53	116.03
56	62.48	77.78	87.98	95.63	122.40
57	67.58	84.15	94.35	102.00	132.60
58	73.95	91.80	102.00	110.93	142.80
59	79.05	99.45	110.93	119.85	155.55
60	86.70	108.38	121.13	132.60	169.58
61	94.35	117.30	133.88	144.08	184.88
62	102.00	126.23	144.08	155.55	198.90
63	109.65	135.15	154.28	168.30	214.20
64	117.30	144.08	164.48	179.78	230.78
65	124.95	154.28	177.23	192.53	247.35
66	135.15	167.03	189.98	206.55	269.03
67	145.35	179.78	206.55	224.40	290.70
68	158.10	196.35	226.95	246.08	316.20
69	172.13	214.20	247.35	269.03	345.53
70	187.43	234.60	270.30	294.53	377.40
71	205.28	256.28	297.08	322.58	413.10
72	224.40	281.78	326.40	355.73	452.63
73	247.35	311.10	359.55	392.70	498.53
74	272.85	341.70	397.80	433.50	546.98
75	299.63	376.13	438.60	476.85	600.53
76	328.95	414.38	481.95	525.30	657.90
77	358.28	452.63	527.85	576.30	720.38
78	390.15	494.70	577.58	631.13	785.40
79	423.30	540.60	631.13	689.78	856.80
80	459.00				
81	494.70				
82	534.23				
83	575.03				
84	617.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19.95	24.15	26.25	28.35	36.75
45-49	22.05	27.30	29.40	31.50	40.95
50-54	27.30	32.55	36.75	38.85	50.40
55	31.50	37.80	42.00	45.15	59.85
56	33.60	39.90	45.15	48.30	63.00
57	35.70	43.05	48.30	51.45	68.25
58	38.85	46.20	52.50	55.65	73.50
59	42.00	50.40	56.70	60.90	79.80
60	45.15	54.60	61.95	66.15	87.15
61	49.35	58.80	67.20	72.45	94.50
62	53.55	64.05	73.50	78.75	102.90
63	57.75	69.30	78.75	85.05	111.30
64	60.90	73.50	85.05	91.35	118.65
65	65.10	78.75	91.35	97.65	127.05
66	69.30	85.05	98.70	106.05	137.55
67	75.60	92.40	107.10	115.50	150.15
68	82.95	100.80	116.55	127.05	164.85
69	90.30	110.25	128.10	138.60	180.60
70	98.70	120.75	139.65	152.25	198.45
71	108.15	133.35	154.35	168.00	218.40
72	119.70	148.05	171.15	186.90	242.55
73	132.30	164.85	191.10	207.90	269.85
74	147.00	183.75	212.10	232.05	299.25
75	163.80	203.70	236.25	258.30	331.80
76	180.60	225.75	262.50	286.65	367.50
77	199.50	249.90	290.85	317.10	406.35
78	219.45	276.15	321.30	350.70	447.30
79	241.50	303.45	353.85	385.35	491.40
80	264.60				
81	288.75				
82	315.00				
83	342.30				
84	371.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	31.50	32.55	43.05
45-49	26.25	31.50	34.65	36.75	47.25
50-54	30.45	36.75	42.00	45.15	58.80
55	35.70	42.00	47.25	51.45	68.25
56	37.80	44.10	50.40	54.60	71.40
57	39.90	47.25	53.55	57.75	76.65
58	43.05	51.45	57.75	61.95	81.90
59	46.20	55.65	63.00	68.25	88.20
60	49.35	60.90	68.25	73.50	95.55
61	53.55	65.10	74.55	80.85	103.95
62	57.75	70.35	80.85	87.15	112.35
63	61.95	75.60	87.15	93.45	121.80
64	66.15	80.85	92.40	99.75	130.20
65	71.40	86.10	99.75	106.05	139.65
66	75.60	92.40	107.10	114.45	151.20
67	81.90	100.80	115.50	124.95	164.85
68	89.25	109.20	127.05	137.55	180.60
69	97.65	119.70	138.60	150.15	197.40
70	107.10	132.30	151.20	164.85	217.35
71	116.55	144.90	168.00	181.65	239.40
72	129.15	161.70	185.85	202.65	264.60
73	143.85	179.55	206.85	225.75	294.00
74	158.55	199.50	231.00	250.95	325.50
75	176.40	221.55	257.25	279.30	361.20
76	194.25	245.70	285.60	310.80	400.05
77	215.25	270.90	316.05	344.40	442.05
78	236.25	299.25	349.65	381.15	486.15
79	259.35	329.70	384.30	418.95	534.45
80	283.50				
81	309.75				
82	337.05				
83	365.40				
84	395.85				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.15	29.40	33.60	34.65	45.15
45-49	27.30	32.55	36.75	38.85	50.40
50-54	31.50	38.85	44.10	47.25	63.00
55	36.75	44.10	49.35	53.55	71.40
56	38.85	46.20	52.50	56.70	75.60
57	40.95	49.35	55.65	60.90	79.80
58	44.10	53.55	59.85	65.10	86.10
59	47.25	57.75	65.10	71.40	92.40
60	51.45	63.00	71.40	76.65	99.75
61	55.65	68.25	77.70	84.00	108.15
62	59.85	73.50	84.00	90.30	116.55
63	64.05	78.75	90.30	96.60	126.00
64	68.25	84.00	95.55	102.90	134.40
65	73.50	89.25	102.90	110.25	144.90
66	78.75	95.55	110.25	118.65	156.45
67	85.05	103.95	119.70	129.15	171.15
68	92.40	113.40	131.25	141.75	186.90
69	100.80	123.90	142.80	155.40	204.75
70	110.25	136.50	156.45	170.10	224.70
71	120.75	150.15	173.25	187.95	247.80
72	133.35	166.95	192.15	208.95	274.05
73	148.05	185.85	214.20	233.10	304.50
74	163.80	205.80	238.35	259.35	337.05
75	181.65	228.90	265.65	288.75	373.80
76	200.55	254.10	295.05	321.30	413.70
77	221.55	280.35	326.55	355.95	456.75
78	243.60	308.70	361.20	393.75	502.95
79	266.70	340.20	397.95	433.65	552.30
80	291.90				
81	318.15				
82	346.50				
83	375.90				
84	406.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	47.25	54.60	59.85	78.75
45-49	42.00	52.50	60.90	66.15	87.15
50-54	51.45	64.05	74.55	80.85	111.30
55	58.80	74.55	86.10	93.45	129.15
56	61.95	78.75	91.35	98.70	135.45
57	66.15	84.00	96.60	105.00	143.85
58	70.35	89.25	102.90	112.35	152.25
59	75.60	95.55	110.25	119.70	161.70
60	80.85	101.85	117.60	127.05	172.20
61	86.10	109.20	126.00	136.50	183.75
62	92.40	116.55	134.40	145.95	196.35
63	98.70	123.90	142.80	155.40	210.00
64	105.00	132.30	152.25	165.90	223.65
65	111.30	140.70	162.75	176.40	238.35
66	119.70	150.15	173.25	189.00	255.15
67	128.10	161.70	186.90	203.70	275.10
68	137.55	174.30	201.60	220.50	297.15
69	148.05	186.90	218.40	238.35	320.25
70	159.60	202.65	236.25	258.30	345.45
71	173.25	219.45	256.20	280.35	374.85
72	187.95	238.35	279.30	305.55	407.40
73	204.75	260.40	305.55	333.90	444.15
74	223.65	284.55	333.90	365.40	484.05
75	244.65	310.80	364.35	399.00	528.15
76	265.65	340.20	397.95	435.75	575.40
77	288.75	370.65	433.65	475.65	625.80
78	311.85	404.25	471.45	517.65	679.35
79	337.05	438.90	512.40	562.80	737.10
80	363.30				
81	389.55				
82	417.90				
83	447.30				
84	477.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	53.55	61.95	68.25	88.20
45-49	47.25	58.80	69.30	74.55	98.70
50-54	57.75	72.45	85.05	92.40	124.95
55	65.10	82.95	97.65	106.05	142.80
56	68.25	87.15	102.90	111.30	149.10
57	72.45	92.40	108.15	117.60	157.50
58	76.65	97.65	114.45	124.95	166.95
59	81.90	103.95	121.80	132.30	177.45
60	88.20	111.30	129.15	140.70	187.95
61	94.50	118.65	137.55	149.10	200.55
62	100.80	127.05	145.95	159.60	214.20
63	107.10	135.45	155.40	169.05	228.90
64	113.40	143.85	165.90	180.60	242.55
65	120.75	152.25	176.40	192.15	259.35
66	129.15	162.75	189.00	206.85	276.15
67	138.60	175.35	203.70	222.60	298.20
68	149.10	189.00	220.50	241.50	321.30
69	160.65	202.65	237.30	260.40	346.50
70	173.25	220.50	257.25	281.40	373.80
71	186.90	238.35	279.30	305.55	405.30
72	203.70	259.35	303.45	332.85	441.00
73	221.55	283.50	331.80	363.30	480.90
74	241.50	308.70	362.25	396.90	523.95
75	263.55	337.05	394.80	432.60	571.20
76	286.65	367.50	430.50	471.45	620.55
77	309.75	399.00	468.30	513.45	675.15
78	334.95	433.65	509.25	558.60	731.85
79	360.15	470.40	552.30	605.85	793.80
80	388.50				
81	415.80				
82	446.25				
83	476.70				
84	508.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	65.10	71.40	92.40
45-49	49.35	61.95	72.45	78.75	102.90
50-54	60.90	76.65	89.25	96.60	130.20
55	68.25	86.10	101.85	111.30	148.05
56	71.40	90.30	107.10	116.55	155.40
57	75.60	95.55	112.35	122.85	163.80
58	79.80	101.85	118.65	130.20	173.25
59	85.05	108.15	126.00	137.55	183.75
60	91.35	115.50	133.35	145.95	195.30
61	97.65	122.85	141.75	154.35	207.90
62	103.95	131.25	151.20	164.85	221.55
63	110.25	139.65	160.65	175.35	236.25
64	117.60	148.05	171.15	186.90	250.95
65	124.95	157.50	182.70	199.50	267.75
66	133.35	168.00	196.35	214.20	285.60
67	142.80	180.60	211.05	231.00	307.65
68	153.30	195.30	227.85	249.90	331.80
69	165.90	210.00	245.70	269.85	358.05
70	178.50	227.85	265.65	291.90	386.40
71	193.20	246.75	288.75	316.05	418.95
72	210.00	268.80	313.95	344.40	455.70
73	228.90	292.95	342.30	375.90	496.65
74	248.85	319.20	373.80	410.55	540.75
75	270.90	347.55	407.40	447.30	589.05
76	295.05	379.05	444.15	487.20	640.50
77	319.20	411.60	483.00	530.25	696.15
78	344.40	446.25	525.00	576.45	754.95
79	370.65	484.05	569.10	624.75	817.95
80	399.00				
81	427.35				
82	457.80				
83	489.30				
84	521.85				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	40.95	44.10	58.80
45-49	31.50	38.85	45.15	49.35	65.10
50-54	40.95	50.40	57.75	64.05	84.00
55	47.25	57.75	67.20	73.50	99.75
56	49.35	60.90	70.35	76.65	106.05
57	52.50	65.10	75.60	81.90	113.40
58	56.70	70.35	81.90	88.20	121.80
59	60.90	75.60	88.20	95.55	131.25
60	66.15	82.95	95.55	103.95	140.70
61	72.45	89.25	103.95	112.35	152.25
62	77.70	96.60	112.35	121.80	163.80
63	82.95	103.95	120.75	130.20	176.40
64	89.25	111.30	129.15	139.65	189.00
65	94.50	118.65	137.55	149.10	202.65
66	101.85	128.10	148.05	160.65	218.40
67	110.25	138.60	160.65	174.30	237.30
68	119.70	151.20	175.35	190.05	258.30
69	130.20	164.85	191.10	207.90	281.40
70	141.75	179.55	208.95	227.85	307.65
71	155.40	197.40	228.90	249.90	336.00
72	170.10	216.30	252.00	275.10	368.55
73	186.90	238.35	277.20	303.45	405.30
74	205.80	261.45	305.55	333.90	444.15
75	225.75	287.70	336.00	367.50	487.20
76	247.80	315.00	368.55	404.25	534.45
77	269.85	345.45	404.25	443.10	583.80
78	292.95	376.95	442.05	485.10	637.35
79	318.15	411.60	481.95	529.20	693.00
80	344.40				
81	371.70				
82	400.05				
83	429.45				
84	460.95				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	40.95	47.25	50.40	67.20
45-49	36.75	45.15	51.45	56.70	74.55
50-54	45.15	56.70	66.15	72.45	94.50
55	52.50	65.10	75.60	81.90	111.30
56	55.65	69.30	79.80	87.15	117.60
57	58.80	73.50	85.05	92.40	126.00
58	63.00	78.75	91.35	99.75	134.40
59	67.20	84.00	97.65	107.10	143.85
60	72.45	91.35	106.05	115.50	154.35
61	78.75	97.65	114.45	124.95	165.90
62	84.00	105.00	122.85	134.40	177.45
63	90.30	112.35	132.30	143.85	191.10
64	96.60	120.75	140.70	153.30	204.75
65	102.90	129.15	150.15	163.80	218.40
66	111.30	139.65	161.70	176.40	236.25
67	120.75	150.15	175.35	190.05	256.20
68	131.25	163.80	191.10	207.90	279.30
69	141.75	178.50	207.90	226.80	304.50
70	153.30	194.25	226.80	246.75	331.80
71	166.95	213.15	247.80	270.90	363.30
72	182.70	233.10	273.00	298.20	397.95
73	200.55	257.25	300.30	328.65	436.80
74	220.50	282.45	329.70	361.20	479.85
75	242.55	309.75	363.30	397.95	526.05
76	265.65	339.15	399.00	437.85	576.45
77	289.80	371.70	436.80	478.80	630.00
78	313.95	406.35	477.75	523.95	687.75
79	341.25	443.10	520.80	572.25	748.65
80	368.55				
81	397.95				
82	427.35				
83	457.80				
84	491.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.65	43.05	49.35	53.55	71.40
45-49	38.85	47.25	54.60	59.85	78.75
50-54	47.25	58.80	69.30	75.60	98.70
55	54.60	68.25	79.80	86.10	116.55
56	57.75	72.45	84.00	91.35	122.85
57	60.90	76.65	89.25	96.60	131.25
58	65.10	81.90	95.55	103.95	139.65
59	70.35	88.20	101.85	111.30	149.10
60	75.60	94.50	110.25	120.75	159.60
61	80.85	101.85	118.65	130.20	171.15
62	87.15	109.20	127.05	139.65	183.75
63	93.45	116.55	136.50	149.10	197.40
64	99.75	124.95	145.95	159.60	211.05
65	107.10	133.35	155.40	170.10	225.75
66	115.50	143.85	168.00	182.70	243.60
67	124.95	155.40	181.65	197.40	264.60
68	135.45	169.05	197.40	215.25	287.70
69	145.95	183.75	215.25	234.15	313.95
70	158.55	200.55	234.15	255.15	342.30
71	172.20	219.45	256.20	280.35	374.85
72	187.95	240.45	281.40	307.65	410.55
73	206.85	264.60	309.75	339.15	450.45
74	226.80	290.85	340.20	372.75	495.60
75	249.90	319.20	374.85	410.55	542.85
76	273.00	349.65	411.60	451.50	594.30
77	298.20	383.25	450.45	494.55	649.95
78	323.40	418.95	492.45	540.75	708.75
79	350.70	456.75	537.60	591.15	771.75
80	379.05				
81	408.45				
82	438.90				
83	470.40				
84	504.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	30.45	33.60	43.05
45-49	26.25	32.55	34.65	36.75	48.30
50-54	32.55	37.80	43.05	46.20	58.80
55	36.75	44.10	49.35	53.55	70.35
56	39.90	47.25	53.55	56.70	74.55
57	42.00	50.40	56.70	60.90	79.80
58	46.20	54.60	61.95	65.10	86.10
59	49.35	58.80	67.20	71.40	93.45
60	53.55	64.05	72.45	77.70	102.90
61	57.75	69.30	78.75	85.05	111.30
62	63.00	75.60	86.10	92.40	120.75
63	68.25	81.90	92.40	99.75	131.25
64	71.40	86.10	99.75	107.10	139.65
65	76.65	92.40	107.10	114.45	149.10
66	81.90	99.75	116.55	124.95	161.70
67	89.25	109.20	126.00	135.45	176.40
68	97.65	118.65	137.55	149.10	194.25
69	106.05	130.20	151.20	162.75	212.10
70	116.55	141.75	163.80	179.55	233.10
71	127.05	156.45	181.65	197.40	257.25
72	140.70	174.30	201.60	219.45	285.60
73	155.40	194.25	224.70	244.65	317.10
74	173.25	216.30	249.90	273.00	351.75
75	193.20	239.40	278.25	303.45	390.60
76	212.10	265.65	308.70	337.05	432.60
77	235.20	294.00	342.30	372.75	477.75
78	258.30	324.45	378.00	412.65	526.05
79	284.55	357.00	415.80	453.60	578.55
80	310.80				
81	340.20				
82	370.65				
83	403.20				
84	436.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	36.75	37.80	50.40
45-49	30.45	36.75	40.95	43.05	55.65
50-54	35.70	43.05	49.35	53.55	69.30
55	42.00	49.35	55.65	60.90	79.80
56	44.10	51.45	58.80	64.05	84.00
57	47.25	55.65	63.00	68.25	90.30
58	50.40	60.90	68.25	72.45	96.60
59	54.60	65.10	74.55	79.80	103.95
60	57.75	71.40	79.80	86.10	112.35
61	63.00	76.65	88.20	95.55	121.80
62	68.25	82.95	95.55	102.90	132.30
63	72.45	89.25	102.90	110.25	142.80
64	77.70	95.55	109.20	117.60	153.30
65	84.00	100.80	117.60	124.95	163.80
66	89.25	109.20	126.00	134.40	177.45
67	96.60	118.65	135.45	147.00	194.25
68	105.00	128.10	149.10	161.70	212.10
69	114.45	140.70	162.75	176.40	232.05
70	126.00	155.40	177.45	194.25	256.20
71	137.55	170.10	197.40	214.20	281.40
72	152.25	190.05	218.40	238.35	310.80
73	169.05	211.05	243.60	265.65	345.45
74	186.90	235.20	271.95	295.05	383.25
75	207.90	260.40	302.40	328.65	425.25
76	228.90	288.75	336.00	365.40	470.40
77	253.05	319.20	371.70	405.30	519.75
78	278.25	351.75	411.60	448.35	572.25
79	305.55	387.45	452.55	492.45	628.95
80	333.90				
81	364.35				
82	396.90				
83	429.45				
84	466.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	39.90	40.95	53.55
45-49	32.55	37.80	43.05	46.20	58.80
50-54	36.75	46.20	51.45	55.65	74.55
55	43.05	51.45	57.75	63.00	84.00
56	46.20	54.60	61.95	67.20	89.25
57	48.30	57.75	65.10	71.40	93.45
58	51.45	63.00	70.35	76.65	100.80
59	55.65	68.25	76.65	84.00	109.20
60	60.90	74.55	84.00	90.30	117.60
61	65.10	79.80	91.35	98.70	127.05
62	70.35	86.10	98.70	106.05	137.55
63	75.60	92.40	106.05	113.40	148.05
64	79.80	98.70	112.35	120.75	158.55
65	86.10	105.00	120.75	130.20	170.10
66	92.40	112.35	130.20	139.65	183.75
67	99.75	121.80	140.70	152.25	201.60
68	109.20	133.35	154.35	166.95	219.45
69	118.65	145.95	168.00	182.70	240.45
70	130.20	160.65	183.75	200.55	264.60
71	141.75	176.40	203.70	221.55	291.90
72	156.45	196.35	225.75	245.70	322.35
73	174.30	218.40	252.00	274.05	358.05
74	193.20	242.55	280.35	305.55	396.90
75	214.20	268.80	312.90	340.20	439.95
76	236.25	299.25	347.55	378.00	487.20
77	260.40	329.70	384.30	418.95	537.60
78	286.65	363.30	425.25	463.05	592.20
79	313.95	400.05	468.30	510.30	649.95
80	343.35				
81	373.80				
82	407.40				
83	442.05				
84	477.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	64.05	70.35	92.40
45-49	49.35	61.95	71.40	77.70	102.90
50-54	60.90	75.60	88.20	95.55	131.25
55	69.30	88.20	100.80	110.25	152.25
56	72.45	92.40	107.10	116.55	159.60
57	77.70	98.70	113.40	123.90	169.05
58	82.95	105.00	120.75	132.30	179.55
59	89.25	112.35	130.20	140.70	190.05
60	95.55	119.70	138.60	149.10	202.65
61	100.80	128.10	148.05	160.65	216.30
62	109.20	137.55	158.55	172.20	231.00
63	116.55	145.95	168.00	182.70	246.75
64	123.90	155.40	179.55	195.30	263.55
65	131.25	165.90	191.10	207.90	280.35
66	140.70	176.40	203.70	222.60	300.30
67	151.20	190.05	219.45	239.40	323.40
68	161.70	204.75	237.30	259.35	349.65
69	174.30	219.45	257.25	280.35	376.95
70	187.95	238.35	278.25	303.45	406.35
71	203.70	258.30	301.35	329.70	441.00
72	221.55	280.35	328.65	359.10	478.80
73	240.45	306.60	359.10	392.70	522.90
74	263.55	334.95	392.70	429.45	569.10
75	287.70	365.40	428.40	469.35	621.60
76	312.90	400.05	468.30	512.40	677.25
77	340.20	435.75	510.30	559.65	736.05
78	366.45	475.65	554.40	609.00	799.05
79	396.90	516.60	602.70	662.55	867.30
80	427.35				
81	457.80				
82	491.40				
83	526.05				
84	561.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	63.00	72.45	79.80	103.95
45-49	55.65	69.30	81.90	88.20	116.55
50-54	68.25	85.05	99.75	109.20	147.00
55	76.65	97.65	114.45	124.95	168.00
56	79.80	102.90	120.75	131.25	175.35
57	85.05	109.20	127.05	138.60	184.80
58	90.30	114.45	134.40	147.00	196.35
59	96.60	121.80	142.80	155.40	208.95
60	103.95	131.25	152.25	165.90	221.55
61	111.30	139.65	161.70	175.35	236.25
62	118.65	149.10	172.20	187.95	252.00
63	126.00	159.60	182.70	198.45	268.80
64	133.35	169.05	195.30	212.10	285.60
65	141.75	179.55	207.90	225.75	305.55
66	152.25	191.10	222.60	243.60	324.45
67	162.75	205.80	239.40	261.45	350.70
68	175.35	222.60	259.35	284.55	378.00
69	189.00	238.35	279.30	306.60	407.40
70	203.70	259.35	302.40	330.75	439.95
71	219.45	280.35	328.65	359.10	476.70
72	239.40	305.55	357.00	391.65	518.70
73	260.40	333.90	390.60	427.35	565.95
74	284.55	363.30	426.30	467.25	616.35
75	309.75	396.90	464.10	509.25	672.00
76	337.05	432.60	506.10	554.40	729.75
77	364.35	469.35	551.25	603.75	793.80
78	393.75	510.30	599.55	657.30	861.00
79	424.20	553.35	649.95	712.95	933.45
80	456.75				
81	489.30				
82	525.00				
83	560.70				
84	597.45				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	65.10	76.65	84.00	109.20
45-49	57.75	72.45	85.05	92.40	120.75
50-54	71.40	90.30	105.00	113.40	153.30
55	79.80	100.80	119.70	131.25	174.30
56	84.00	106.05	126.00	137.55	182.70
57	89.25	112.35	132.30	144.90	193.20
58	93.45	119.70	139.65	153.30	203.70
59	99.75	127.05	148.05	161.70	216.30
60	107.10	135.45	156.45	172.20	229.95
61	114.45	144.90	166.95	181.65	244.65
62	121.80	154.35	177.45	194.25	260.40
63	130.20	163.80	189.00	205.80	278.25
64	138.60	174.30	201.60	219.45	295.05
65	147.00	184.80	215.25	235.20	315.00
66	156.45	197.40	231.00	252.00	336.00
67	168.00	212.10	247.80	271.95	362.25
68	180.60	229.95	267.75	294.00	390.60
69	195.30	246.75	288.75	317.10	421.05
70	210.00	267.75	312.90	343.35	454.65
71	226.80	289.80	340.20	371.70	492.45
72	246.75	316.05	369.60	405.30	536.55
73	268.80	344.40	403.20	442.05	583.80
74	292.95	375.90	439.95	483.00	636.30
75	319.20	408.45	478.80	526.05	693.00
76	347.55	446.25	522.90	573.30	753.90
77	375.90	484.05	568.05	623.70	819.00
78	405.30	525.00	617.40	678.30	888.30
79	435.75	569.10	669.90	735.00	961.80
80	469.35				
81	502.95				
82	538.65				
83	575.40				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.60	40.95	48.30	51.45	69.30
45-49	36.75	46.20	53.55	57.75	76.65
50-54	48.30	58.80	68.25	75.60	98.70
55	55.65	68.25	78.75	86.10	117.60
56	57.75	71.40	82.95	90.30	124.95
57	61.95	76.65	89.25	96.60	133.35
58	67.20	82.95	96.60	103.95	142.80
59	71.40	89.25	103.95	112.35	154.35
60	77.70	97.65	112.35	121.80	165.90
61	85.05	105.00	121.80	132.30	179.55
62	91.35	113.40	132.30	142.80	193.20
63	97.65	121.80	141.75	153.30	207.90
64	105.00	131.25	152.25	163.80	222.60
65	111.30	139.65	161.70	175.35	238.35
66	119.70	151.20	174.30	189.00	257.25
67	130.20	162.75	189.00	204.75	279.30
68	140.70	177.45	205.80	223.65	303.45
69	153.30	194.25	224.70	244.65	330.75
70	166.95	211.05	245.70	267.75	362.25
71	182.70	232.05	268.80	294.00	394.80
72	200.55	254.10	296.10	323.40	433.65
73	219.45	280.35	326.55	357.00	476.70
74	242.55	307.65	359.10	392.70	522.90
75	265.65	338.10	394.80	432.60	573.30
76	291.90	370.65	433.65	475.65	628.95
77	317.10	406.35	475.65	520.80	686.70
78	344.40	443.10	519.75	571.20	749.70
79	373.80	484.05	567.00	622.65	814.80
80	405.30				
81	436.80				
82	470.40				
83	505.05				
84	541.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	48.30	55.65	58.80	78.75
45-49	43.05	53.55	60.90	67.20	88.20
50-54	53.55	67.20	77.70	85.05	111.30
55	61.95	76.65	89.25	96.60	131.25
56	65.10	81.90	93.45	102.90	138.60
57	69.30	86.10	99.75	109.20	148.05
58	74.55	92.40	107.10	117.60	158.55
59	78.75	98.70	114.45	126.00	169.05
60	85.05	107.10	124.95	135.45	181.65
61	92.40	114.45	134.40	147.00	195.30
62	98.70	123.90	144.90	158.55	208.95
63	106.05	132.30	155.40	169.05	224.70
64	113.40	141.75	165.90	180.60	240.45
65	120.75	152.25	176.40	193.20	257.25
66	131.25	163.80	190.05	207.90	278.25
67	141.75	176.40	205.80	223.65	301.35
68	154.35	193.20	224.70	244.65	328.65
69	166.95	210.00	244.65	266.70	358.05
70	180.60	228.90	266.70	289.80	390.60
71	196.35	250.95	291.90	319.20	427.35
72	215.25	274.05	321.30	350.70	468.30
73	236.25	302.40	352.80	386.40	513.45
74	259.35	331.80	387.45	425.25	564.90
75	285.60	364.35	427.35	468.30	618.45
76	312.90	399.00	469.35	515.55	678.30
77	341.25	436.80	513.45	562.80	741.30
78	369.60	477.75	561.75	616.35	809.55
79	401.10	520.80	613.20	673.05	880.95
80	433.65				
81	468.30				
82	502.95				
83	538.65				
84	578.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.95	50.40	57.75	63.00	84.00
45-49	46.20	55.65	64.05	70.35	92.40
50-54	55.65	69.30	81.90	89.25	116.55
55	64.05	79.80	93.45	100.80	137.55
56	68.25	85.05	98.70	107.10	144.90
57	71.40	90.30	105.00	113.40	154.35
58	76.65	96.60	112.35	121.80	163.80
59	82.95	103.95	119.70	131.25	175.35
60	89.25	111.30	130.20	141.75	187.95
61	95.55	119.70	139.65	153.30	201.60
62	102.90	128.10	149.10	163.80	216.30
63	110.25	137.55	160.65	175.35	232.05
64	117.60	147.00	172.20	187.95	247.80
65	126.00	156.45	182.70	200.55	265.65
66	135.45	169.05	197.40	215.25	286.65
67	147.00	182.70	214.20	232.05	310.80
68	159.60	198.45	232.05	253.05	338.10
69	172.20	216.30	253.05	275.10	369.60
70	186.90	236.25	275.10	300.30	403.20
71	202.65	258.30	301.35	329.70	441.00
72	221.55	282.45	330.75	362.25	483.00
73	243.60	310.80	364.35	399.00	530.25
74	266.70	342.30	400.05	438.90	582.75
75	294.00	375.90	441.00	483.00	638.40
76	321.30	411.60	484.05	531.30	699.30
77	350.70	450.45	530.25	581.70	764.40
78	380.10	492.45	579.60	636.30	833.70
79	412.65	537.60	632.10	695.10	908.25
80	446.25				
81	480.90				
82	516.60				
83	553.35				
84	593.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.94	30.19	32.81	35.44	45.94
45-49	27.56	34.13	36.75	39.38	51.19
50-54	34.13	40.69	45.94	48.56	63.00
55	39.38	47.25	52.50	56.44	74.81
56	42.00	49.88	56.44	60.38	78.75
57	44.63	53.81	60.38	64.31	85.31
58	48.56	57.75	65.63	69.56	91.88
59	52.50	63.00	70.88	76.13	99.75
60	56.44	68.25	77.44	82.69	108.94
61	61.69	73.50	84.00	90.56	118.13
62	66.94	80.06	91.88	98.44	128.63
63	72.19	86.63	98.44	106.31	139.13
64	76.13	91.88	106.31	114.19	148.31
65	81.38	98.44	114.19	122.06	158.81
66	86.63	106.31	123.38	132.56	171.94
67	94.50	115.50	133.88	144.38	187.69
68	103.69	126.00	145.69	158.81	206.06
69	112.88	137.81	160.13	173.25	225.75
70	123.38	150.94	174.56	190.31	248.06
71	135.19	166.69	192.94	210.00	273.00
72	149.63	185.06	213.94	233.63	303.19
73	165.38	206.06	238.88	259.88	337.31
74	183.75	229.69	265.13	290.06	374.06
75	204.75	254.63	295.31	322.88	414.75
76	225.75	282.19	328.13	358.31	459.38
77	249.38	312.38	363.56	396.38	507.94
78	274.31	345.19	401.63	438.38	559.13
79	301.88	379.31	442.31	481.69	614.25
80	330.75				
81	360.94				
82	393.75				
83	427.88				
84	464.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	39.38	40.69	53.81
45-49	32.81	39.38	43.31	45.94	59.06
50-54	38.06	45.94	52.50	56.44	73.50
55	44.63	52.50	59.06	64.31	85.31
56	47.25	55.13	63.00	68.25	89.25
57	49.88	59.06	66.94	72.19	95.81
58	53.81	64.31	72.19	77.44	102.38
59	57.75	69.56	78.75	85.31	110.25
60	61.69	76.13	85.31	91.88	119.44
61	66.94	81.38	93.19	101.06	129.94
62	72.19	87.94	101.06	108.94	140.44
63	77.44	94.50	108.94	116.81	152.25
64	82.69	101.06	115.50	124.69	162.75
65	89.25	107.63	124.69	132.56	174.56
66	94.50	115.50	133.88	143.06	189.00
67	102.38	126.00	144.38	156.19	206.06
68	111.56	136.50	158.81	171.94	225.75
69	122.06	149.63	173.25	187.69	246.75
70	133.88	165.38	189.00	206.06	271.69
71	145.69	181.13	210.00	227.06	299.25
72	161.44	202.13	232.31	253.31	330.75
73	179.81	224.44	258.56	282.19	367.50
74	198.19	249.38	288.75	313.69	406.88
75	220.50	276.94	321.56	349.13	451.50
76	242.81	307.13	357.00	388.50	500.06
77	269.06	338.63	395.06	430.50	552.56
78	295.31	374.06	437.06	476.44	607.69
79	324.19	412.13	480.38	523.69	668.06
80	354.38				
81	387.19				
82	421.31				
83	456.75				
84	494.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.19	36.75	42.00	43.31	56.44
45-49	34.13	40.69	45.94	48.56	63.00
50-54	39.38	48.56	55.13	59.06	78.75
55	45.94	55.13	61.69	66.94	89.25
56	48.56	57.75	65.63	70.88	94.50
57	51.19	61.69	69.56	76.13	99.75
58	55.13	66.94	74.81	81.38	107.63
59	59.06	72.19	81.38	89.25	115.50
60	64.31	78.75	89.25	95.81	124.69
61	69.56	85.31	97.13	105.00	135.19
62	74.81	91.88	105.00	112.88	145.69
63	80.06	98.44	112.88	120.75	157.50
64	85.31	105.00	119.44	128.63	168.00
65	91.88	111.56	128.63	137.81	181.13
66	98.44	119.44	137.81	148.31	195.56
67	106.31	129.94	149.63	161.44	213.94
68	115.50	141.75	164.06	177.19	233.63
69	126.00	154.88	178.50	194.25	255.94
70	137.81	170.63	195.56	212.63	280.88
71	150.94	187.69	216.56	234.94	309.75
72	166.69	208.69	240.19	261.19	342.56
73	185.06	232.31	267.75	291.38	380.63
74	204.75	257.25	297.94	324.19	421.31
75	227.06	286.13	332.06	360.94	467.25
76	250.69	317.63	368.81	401.63	517.13
77	276.94	350.44	408.19	444.94	570.94
78	304.50	385.88	451.50	492.19	628.69
79	333.38	425.25	497.44	542.06	690.38
80	364.88				
81	397.69				
82	433.13				
83	469.88				
84	507.94				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	59.06	68.25	74.81	98.44
45-49	52.50	65.63	76.13	82.69	108.94
50-54	64.31	80.06	93.19	101.06	139.13
55	73.50	93.19	107.63	116.81	161.44
56	77.44	98.44	114.19	123.38	169.31
57	82.69	105.00	120.75	131.25	179.81
58	87.94	111.56	128.63	140.44	190.31
59	94.50	119.44	137.81	149.63	202.13
60	101.06	127.31	147.00	158.81	215.25
61	107.63	136.50	157.50	170.63	229.69
62	115.50	145.69	168.00	182.44	245.44
63	123.38	154.88	178.50	194.25	262.50
64	131.25	165.38	190.31	207.38	279.56
65	139.13	175.88	203.44	220.50	297.94
66	149.63	187.69	216.56	236.25	318.94
67	160.13	202.13	233.63	254.63	343.88
68	171.94	217.88	252.00	275.63	371.44
69	185.06	233.63	273.00	297.94	400.31
70	199.50	253.31	295.31	322.88	431.81
71	216.56	274.31	320.25	350.44	468.56
72	234.94	297.94	349.13	381.94	509.25
73	255.94	325.50	381.94	417.38	555.19
74	279.56	355.69	417.38	456.75	605.06
75	305.81	388.50	455.44	498.75	660.19
76	332.06	425.25	497.44	544.69	719.25
77	360.94	463.31	542.06	594.56	782.25
78	389.81	505.31	589.31	647.06	849.19
79	421.31	548.63	640.50	703.50	921.38
80	454.13				
81	486.94				
82	522.38				
83	559.13				
84	597.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.94	77.44	85.31	110.25
45-49	59.06	73.50	86.63	93.19	123.38
50-54	72.19	90.56	106.31	115.50	156.19
55	81.38	103.69	122.06	132.56	178.50
56	85.31	108.94	128.63	139.13	186.38
57	90.56	115.50	135.19	147.00	196.88
58	95.81	122.06	143.06	156.19	208.69
59	102.38	129.94	152.25	165.38	221.81
60	110.25	139.13	161.44	175.88	234.94
61	118.13	148.31	171.94	186.38	250.69
62	126.00	158.81	182.44	199.50	267.75
63	133.88	169.31	194.25	211.31	286.13
64	141.75	179.81	207.38	225.75	303.19
65	150.94	190.31	220.50	240.19	324.19
66	161.44	203.44	236.25	258.56	345.19
67	173.25	219.19	254.63	278.25	372.75
68	186.38	236.25	275.63	301.88	401.63
69	200.81	253.31	296.63	325.50	433.13
70	216.56	275.63	321.56	351.75	467.25
71	233.63	297.94	349.13	381.94	506.63
72	254.63	324.19	379.31	416.06	551.25
73	276.94	354.38	414.75	454.13	601.13
74	301.88	385.88	452.81	496.13	654.94
75	329.44	421.31	493.50	540.75	714.00
76	358.31	459.38	538.13	589.31	775.69
77	387.19	498.75	585.38	641.81	843.94
78	418.69	542.06	636.56	698.25	914.81
79	450.19	588.00	690.38	757.31	992.25
80	485.63				
81	519.75				
82	557.81				
83	595.88				
84	635.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	81.38	89.25	115.50
45-49	61.69	77.44	90.56	98.44	128.63
50-54	76.13	95.81	111.56	120.75	162.75
55	85.31	107.63	127.31	139.13	185.06
56	89.25	112.88	133.88	145.69	194.25
57	94.50	119.44	140.44	153.56	204.75
58	99.75	127.31	148.31	162.75	216.56
59	106.31	135.19	157.50	171.94	229.69
60	114.19	144.38	166.69	182.44	244.13
61	122.06	153.56	177.19	192.94	259.88
62	129.94	164.06	189.00	206.06	276.94
63	137.81	174.56	200.81	219.19	295.31
64	147.00	185.06	213.94	233.63	313.69
65	156.19	196.88	228.38	249.38	334.69
66	166.69	210.00	245.44	267.75	357.00
67	178.50	225.75	263.81	288.75	384.56
68	191.63	244.13	284.81	312.38	414.75
69	207.38	262.50	307.13	337.31	447.56
70	223.13	284.81	332.06	364.88	483.00
71	241.50	308.44	360.94	395.06	523.69
72	262.50	336.00	392.44	430.50	569.63
73	286.13	366.19	427.88	469.88	620.81
74	311.06	399.00	467.25	513.19	675.94
75	338.63	434.44	509.25	559.13	736.31
76	368.81	473.81	555.19	609.00	800.63
77	399.00	514.50	603.75	662.81	870.19
78	430.50	557.81	656.25	720.56	943.69
79	463.31	605.06	711.38	780.94	1022.44
80	498.75				
81	534.19				
82	572.25				
83	611.63				
84	652.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	51.19	55.13	73.50
45-49	39.38	48.56	56.44	61.69	81.38
50-54	51.19	63.00	72.19	80.06	105.00
55	59.06	72.19	84.00	91.88	124.69
56	61.69	76.13	87.94	95.81	132.56
57	65.63	81.38	94.50	102.38	141.75
58	70.88	87.94	102.38	110.25	152.25
59	76.13	94.50	110.25	119.44	164.06
60	82.69	103.69	119.44	129.94	175.88
61	90.56	111.56	129.94	140.44	190.31
62	97.13	120.75	140.44	152.25	204.75
63	103.69	129.94	150.94	162.75	220.50
64	111.56	139.13	161.44	174.56	236.25
65	118.13	148.31	171.94	186.38	253.31
66	127.31	160.13	185.06	200.81	273.00
67	137.81	173.25	200.81	217.88	296.63
68	149.63	189.00	219.19	237.56	322.88
69	162.75	206.06	238.88	259.88	351.75
70	177.19	224.44	261.19	284.81	384.56
71	194.25	246.75	286.13	312.38	420.00
72	212.63	270.38	315.00	343.88	460.69
73	233.63	297.94	346.50	379.31	506.63
74	257.25	326.81	381.94	417.38	555.19
75	282.19	359.63	420.00	459.38	609.00
76	309.75	393.75	460.69	505.31	668.06
77	337.31	431.81	505.31	553.88	729.75
78	366.19	471.19	552.56	606.38	796.69
79	397.69	514.50	602.44	661.50	866.25
80	430.50				
81	464.63				
82	500.06				
83	536.81				
84	576.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	51.19	59.06	63.00	84.00
45-49	45.94	56.44	64.31	70.88	93.19
50-54	56.44	70.88	82.69	90.56	118.13
55	65.63	81.38	94.50	102.38	139.13
56	69.56	86.63	99.75	108.94	147.00
57	73.50	91.88	106.31	115.50	157.50
58	78.75	98.44	114.19	124.69	168.00
59	84.00	105.00	122.06	133.88	179.81
60	90.56	114.19	132.56	144.38	192.94
61	98.44	122.06	143.06	156.19	207.38
62	105.00	131.25	153.56	168.00	221.81
63	112.88	140.44	165.38	179.81	238.88
64	120.75	150.94	175.88	191.63	255.94
65	128.63	161.44	187.69	204.75	273.00
66	139.13	174.56	202.13	220.50	295.31
67	150.94	187.69	219.19	237.56	320.25
68	164.06	204.75	238.88	259.88	349.13
69	177.19	223.13	259.88	283.50	380.63
70	191.63	242.81	283.50	308.44	414.75
71	208.69	266.44	309.75	338.63	454.13
72	228.38	291.38	341.25	372.75	497.44
73	250.69	321.56	375.38	410.81	546.00
74	275.63	353.06	412.13	451.50	599.81
75	303.19	387.19	454.13	497.44	657.56
76	332.06	423.94	498.75	547.31	720.56
77	362.25	464.63	546.00	598.50	787.50
78	392.44	507.94	597.19	654.94	859.69
79	426.56	553.88	651.00	715.31	935.81
80	460.69				
81	497.44				
82	534.19				
83	572.25				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.31	53.81	61.69	66.94	89.25
45-49	48.56	59.06	68.25	74.81	98.44
50-54	59.06	73.50	86.63	94.50	123.38
55	68.25	85.31	99.75	107.63	145.69
56	72.19	90.56	105.00	114.19	153.56
57	76.13	95.81	111.56	120.75	164.06
58	81.38	102.38	119.44	129.94	174.56
59	87.94	110.25	127.31	139.13	186.38
60	94.50	118.13	137.81	150.94	199.50
61	101.06	127.31	148.31	162.75	213.94
62	108.94	136.50	158.81	174.56	229.69
63	116.81	145.69	170.63	186.38	246.75
64	124.69	156.19	182.44	199.50	263.81
65	133.88	166.69	194.25	212.63	282.19
66	144.38	179.81	210.00	228.38	304.50
67	156.19	194.25	227.06	246.75	330.75
68	169.31	211.31	246.75	269.06	359.63
69	182.44	229.69	269.06	292.69	392.44
70	198.19	250.69	292.69	318.94	427.88
71	215.25	274.31	320.25	350.44	468.56
72	234.94	300.56	351.75	384.56	513.19
73	258.56	330.75	387.19	423.94	563.06
74	283.50	363.56	425.25	465.94	619.50
75	312.38	399.00	468.56	513.19	678.56
76	341.25	437.06	514.50	564.38	742.88
77	372.75	479.06	563.06	618.19	812.44
78	404.25	523.69	615.56	675.94	885.94
79	438.38	570.94	672.00	738.94	964.69
80	473.81				
81	510.56				
82	548.63				
83	588.00				
84	630.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	38.06	42.00	53.81
45-49	32.81	40.69	43.31	45.94	60.38
50-54	40.69	47.25	53.81	57.75	73.50
55	45.94	55.13	61.69	66.94	87.94
56	49.88	59.06	66.94	70.88	93.19
57	52.50	63.00	70.88	76.13	99.75
58	57.75	68.25	77.44	81.38	107.63
59	61.69	73.50	84.00	89.25	116.81
60	66.94	80.06	90.56	97.13	128.63
61	72.19	86.63	98.44	106.31	139.13
62	78.75	94.50	107.63	115.50	150.94
63	85.31	102.38	115.50	124.69	164.06
64	89.25	107.63	124.69	133.88	174.56
65	95.81	115.50	133.88	143.06	186.38
66	102.38	124.69	145.69	156.19	202.13
67	111.56	136.50	157.50	169.31	220.50
68	122.06	148.31	171.94	186.38	242.81
69	132.56	162.75	189.00	203.44	265.13
70	145.69	177.19	204.75	224.44	291.38
71	158.81	195.56	227.06	246.75	321.56
72	175.88	217.88	252.00	274.31	357.00
73	194.25	242.81	280.88	305.81	396.38
74	216.56	270.38	312.38	341.25	439.69
75	241.50	299.25	347.81	379.31	488.25
76	265.13	332.06	385.88	421.31	540.75
77	294.00	367.50	427.88	465.94	597.19
78	322.88	405.56	472.50	515.81	657.56
79	355.69	446.25	519.75	567.00	723.19
80	388.50				
81	425.25				
82	463.31				
83	504.00				
84	546.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	45.94	47.25	63.00
45-49	38.06	45.94	51.19	53.81	69.56
50-54	44.63	53.81	61.69	66.94	86.63
55	52.50	61.69	69.56	76.13	99.75
56	55.13	64.31	73.50	80.06	105.00
57	59.06	69.56	78.75	85.31	112.88
58	63.00	76.13	85.31	90.56	120.75
59	68.25	81.38	93.19	99.75	129.94
60	72.19	89.25	99.75	107.63	140.44
61	78.75	95.81	110.25	119.44	152.25
62	85.31	103.69	119.44	128.63	165.38
63	90.56	111.56	128.63	137.81	178.50
64	97.13	119.44	136.50	147.00	191.63
65	105.00	126.00	147.00	156.19	204.75
66	111.56	136.50	157.50	168.00	221.81
67	120.75	148.31	169.31	183.75	242.81
68	131.25	160.13	186.38	202.13	265.13
69	143.06	175.88	203.44	220.50	290.06
70	157.50	194.25	221.81	242.81	320.25
71	171.94	212.63	246.75	267.75	351.75
72	190.31	237.56	273.00	297.94	388.50
73	211.31	263.81	304.50	332.06	431.81
74	233.63	294.00	339.94	368.81	479.06
75	259.88	325.50	378.00	410.81	531.56
76	286.13	360.94	420.00	456.75	588.00
77	316.31	399.00	464.63	506.63	649.69
78	347.81	439.69	514.50	560.44	715.31
79	381.94	484.31	565.69	615.56	786.19
80	417.38				
81	455.44				
82	496.13				
83	536.81				
84	582.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	49.88	51.19	66.94
45-49	40.69	47.25	53.81	57.75	73.50
50-54	45.94	57.75	64.31	69.56	93.19
55	53.81	64.31	72.19	78.75	105.00
56	57.75	68.25	77.44	84.00	111.56
57	60.38	72.19	81.38	89.25	116.81
58	64.31	78.75	87.94	95.81	126.00
59	69.56	85.31	95.81	105.00	136.50
60	76.13	93.19	105.00	112.88	147.00
61	81.38	99.75	114.19	123.38	158.81
62	87.94	107.63	123.38	132.56	171.94
63	94.50	115.50	132.56	141.75	185.06
64	99.75	123.38	140.44	150.94	198.19
65	107.63	131.25	150.94	162.75	212.63
66	115.50	140.44	162.75	174.56	229.69
67	124.69	152.25	175.88	190.31	252.00
68	136.50	166.69	192.94	208.69	274.31
69	148.31	182.44	210.00	228.38	300.56
70	162.75	200.81	229.69	250.69	330.75
71	177.19	220.50	254.63	276.94	364.88
72	195.56	245.44	282.19	307.13	402.94
73	217.88	273.00	315.00	342.56	447.56
74	241.50	303.19	350.44	381.94	496.13
75	267.75	336.00	391.13	425.25	549.94
76	295.31	374.06	434.44	472.50	609.00
77	325.50	412.13	480.38	523.69	672.00
78	358.31	454.13	531.56	578.81	740.25
79	392.44	500.06	585.38	637.88	812.44
80	429.19				
81	467.25				
82	509.25				
83	552.56				
84	597.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	80.06	87.94	115.50
45-49	61.69	77.44	89.25	97.13	128.63
50-54	76.13	94.50	110.25	119.44	164.06
55	86.63	110.25	126.00	137.81	190.31
56	90.56	115.50	133.88	145.69	199.50
57	97.13	123.38	141.75	154.88	211.31
58	103.69	131.25	150.94	165.38	224.44
59	111.56	140.44	162.75	175.88	237.56
60	119.44	149.63	173.25	186.38	253.31
61	126.00	160.13	185.06	200.81	270.38
62	136.50	171.94	198.19	215.25	288.75
63	145.69	182.44	210.00	228.38	308.44
64	154.88	194.25	224.44	244.13	329.44
65	164.06	207.38	238.88	259.88	350.44
66	175.88	220.50	254.63	278.25	375.38
67	189.00	237.56	274.31	299.25	404.25
68	202.13	255.94	296.63	324.19	437.06
69	217.88	274.31	321.56	350.44	471.19
70	234.94	297.94	347.81	379.31	507.94
71	254.63	322.88	376.69	412.13	551.25
72	276.94	350.44	410.81	448.88	598.50
73	300.56	383.25	448.88	490.88	653.63
74	329.44	418.69	490.88	536.81	711.38
75	359.63	456.75	535.50	586.69	777.00
76	391.13	500.06	585.38	640.50	846.56
77	425.25	544.69	637.88	699.56	920.06
78	458.06	594.56	693.00	761.25	998.81
79	496.13	645.75	753.38	828.19	1084.13
80	534.19				
81	572.25				
82	614.25				
83	657.56				
84	702.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	78.75	90.56	99.75	129.94
45-49	69.56	86.63	102.38	110.25	145.69
50-54	85.31	106.31	124.69	136.50	183.75
55	95.81	122.06	143.06	156.19	210.00
56	99.75	128.63	150.94	164.06	219.19
57	106.31	136.50	158.81	173.25	231.00
58	112.88	143.06	168.00	183.75	245.44
59	120.75	152.25	178.50	194.25	261.19
60	129.94	164.06	190.31	207.38	276.94
61	139.13	174.56	202.13	219.19	295.31
62	148.31	186.38	215.25	234.94	315.00
63	157.50	199.50	228.38	248.06	336.00
64	166.69	211.31	244.13	265.13	357.00
65	177.19	224.44	259.88	282.19	381.94
66	190.31	238.88	278.25	304.50	405.56
67	203.44	257.25	299.25	326.81	438.38
68	219.19	278.25	324.19	355.69	472.50
69	236.25	297.94	349.13	383.25	509.25
70	254.63	324.19	378.00	413.44	549.94
71	274.31	350.44	410.81	448.88	595.88
72	299.25	381.94	446.25	489.56	648.38
73	325.50	417.38	488.25	534.19	707.44
74	355.69	454.13	532.88	584.06	770.44
75	387.19	496.13	580.13	636.56	840.00
76	421.31	540.75	632.63	693.00	912.19
77	455.44	586.69	689.06	754.69	992.25
78	492.19	637.88	749.44	821.63	1076.25
79	530.25	691.69	812.44	891.19	1166.81
80	570.94				
81	611.63				
82	656.25				
83	700.88				
84	746.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	81.38	95.81	105.00	136.50
45-49	72.19	90.56	106.31	115.50	150.94
50-54	89.25	112.88	131.25	141.75	191.63
55	99.75	126.00	149.63	164.06	217.88
56	105.00	132.56	157.50	171.94	228.38
57	111.56	140.44	165.38	181.13	241.50
58	116.81	149.63	174.56	191.63	254.63
59	124.69	158.81	185.06	202.13	270.38
60	133.88	169.31	195.56	215.25	287.44
61	143.06	181.13	208.69	227.06	305.81
62	152.25	192.94	221.81	242.81	325.50
63	162.75	204.75	236.25	257.25	347.81
64	173.25	217.88	252.00	274.31	368.81
65	183.75	231.00	269.06	294.00	393.75
66	195.56	246.75	288.75	315.00	420.00
67	210.00	265.13	309.75	339.94	452.81
68	225.75	287.44	334.69	367.50	488.25
69	244.13	308.44	360.94	396.38	526.31
70	262.50	334.69	391.13	429.19	568.31
71	283.50	362.25	425.25	464.63	615.56
72	308.44	395.06	462.00	506.63	670.69
73	336.00	430.50	504.00	552.56	729.75
74	366.19	469.88	549.94	603.75	795.38
75	399.00	510.56	598.50	657.56	866.25
76	434.44	557.81	653.63	716.63	942.38
77	469.88	605.06	710.06	779.63	1023.75
78	506.63	656.25	771.75	847.88	1110.38
79	544.69	711.38	837.38	918.75	1202.25
80	586.69				
81	628.69				
82	673.31				
83	719.25				
84	767.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.19	60.38	64.31	86.63
45-49	45.94	57.75	66.94	72.19	95.81
50-54	60.38	73.50	85.31	94.50	123.38
55	69.56	85.31	98.44	107.63	147.00
56	72.19	89.25	103.69	112.88	156.19
57	77.44	95.81	111.56	120.75	166.69
58	84.00	103.69	120.75	129.94	178.50
59	89.25	111.56	129.94	140.44	192.94
60	97.13	122.06	140.44	152.25	207.38
61	106.31	131.25	152.25	165.38	224.44
62	114.19	141.75	165.38	178.50	241.50
63	122.06	152.25	177.19	191.63	259.88
64	131.25	164.06	190.31	204.75	278.25
65	139.13	174.56	202.13	219.19	297.94
66	149.63	189.00	217.88	236.25	321.56
67	162.75	203.44	236.25	255.94	349.13
68	175.88	221.81	257.25	279.56	379.31
69	191.63	242.81	280.88	305.81	413.44
70	208.69	263.81	307.13	334.69	452.81
71	228.38	290.06	336.00	367.50	493.50
72	250.69	317.63	370.13	404.25	542.06
73	274.31	350.44	408.19	446.25	595.88
74	303.19	384.56	448.88	490.88	653.63
75	332.06	422.63	493.50	540.75	716.63
76	364.88	463.31	542.06	594.56	786.19
77	396.38	507.94	594.56	651.00	858.38
78	430.50	553.88	649.69	714.00	937.13
79	467.25	605.06	708.75	778.31	1018.50
80	506.63				
81	546.00				
82	588.00				
83	631.31				
84	677.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	60.38	69.56	73.50	98.44
45-49	53.81	66.94	76.13	84.00	110.25
50-54	66.94	84.00	97.13	106.31	139.13
55	77.44	95.81	111.56	120.75	164.06
56	81.38	102.38	116.81	128.63	173.25
57	86.63	107.63	124.69	136.50	185.06
58	93.19	115.50	133.88	147.00	198.19
59	98.44	123.38	143.06	157.50	211.31
60	106.31	133.88	156.19	169.31	227.06
61	115.50	143.06	168.00	183.75	244.13
62	123.38	154.88	181.13	198.19	261.19
63	132.56	165.38	194.25	211.31	280.88
64	141.75	177.19	207.38	225.75	300.56
65	150.94	190.31	220.50	241.50	321.56
66	164.06	204.75	237.56	259.88	347.81
67	177.19	220.50	257.25	279.56	376.69
68	192.94	241.50	280.88	305.81	410.81
69	208.69	262.50	305.81	333.38	447.56
70	225.75	286.13	333.38	362.25	488.25
71	245.44	313.69	364.88	399.00	534.19
72	269.06	342.56	401.63	438.38	585.38
73	295.31	378.00	441.00	483.00	641.81
74	324.19	414.75	484.31	531.56	706.13
75	357.00	455.44	534.19	585.38	773.06
76	391.13	498.75	586.69	644.44	847.88
77	426.56	546.00	641.81	703.50	926.63
78	462.00	597.19	702.19	770.44	1011.94
79	501.38	651.00	766.50	841.31	1101.19
80	542.06				
81	585.38				
82	628.69				
83	673.31				
84	723.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.19	63.00	72.19	78.75	105.00
45-49	57.75	69.56	80.06	87.94	115.50
50-54	69.56	86.63	102.38	111.56	145.69
55	80.06	99.75	116.81	126.00	171.94
56	85.31	106.31	123.38	133.88	181.13
57	89.25	112.88	131.25	141.75	192.94
58	95.81	120.75	140.44	152.25	204.75
59	103.69	129.94	149.63	164.06	219.19
60	111.56	139.13	162.75	177.19	234.94
61	119.44	149.63	174.56	191.63	252.00
62	128.63	160.13	186.38	204.75	270.38
63	137.81	171.94	200.81	219.19	290.06
64	147.00	183.75	215.25	234.94	309.75
65	157.50	195.56	228.38	250.69	332.06
66	169.31	211.31	246.75	269.06	358.31
67	183.75	228.38	267.75	290.06	388.50
68	199.50	248.06	290.06	316.31	422.63
69	215.25	270.38	316.31	343.88	462.00
70	233.63	295.31	343.88	375.38	504.00
71	253.31	322.88	376.69	412.13	551.25
72	276.94	353.06	413.44	452.81	603.75
73	304.50	388.50	455.44	498.75	662.81
74	333.38	427.88	500.06	548.63	728.44
75	367.50	469.88	551.25	603.75	798.00
76	401.63	514.50	605.06	664.13	874.13
77	438.38	563.06	662.81	727.13	955.50
78	475.13	615.56	724.50	795.38	1042.13
79	515.81	672.00	790.13	868.88	1135.31
80	557.81				
81	601.13				
82	645.75				
83	691.69				
84	741.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22.05	25.20	29.40	31.50	39.90
45-49	24.15	28.35	32.55	34.65	44.10
50-54	29.40	34.65	39.90	43.05	54.60
55	33.60	39.90	46.20	49.35	65.10
56	35.70	43.05	49.35	52.50	69.30
57	38.85	46.20	52.50	56.70	74.55
58	42.00	50.40	56.70	61.95	80.85
59	46.20	54.60	61.95	67.20	88.20
60	50.40	59.85	68.25	74.55	95.55
61	54.60	66.15	74.55	80.85	103.95
62	58.80	71.40	80.85	88.20	113.40
63	63.00	76.65	87.15	94.50	121.80
64	67.20	81.90	93.45	100.80	131.25
65	71.40	88.20	99.75	108.15	140.70
66	77.70	94.50	108.15	116.55	152.25
67	84.00	102.90	117.60	127.05	165.90
68	91.35	112.35	129.15	139.65	182.70
69	99.75	122.85	141.75	153.30	200.55
70	109.20	134.40	155.40	169.05	220.50
71	120.75	149.10	172.20	187.95	243.60
72	134.40	165.90	192.15	210.00	271.95
73	150.15	185.85	215.25	235.20	304.50
74	166.95	207.90	241.50	263.55	340.20
75	186.90	233.10	270.90	295.05	379.05
76	207.90	260.40	302.40	329.70	422.10
77	231.00	289.80	337.05	366.45	469.35
78	256.20	322.35	374.85	406.35	519.75
79	283.50	355.95	414.75	449.40	574.35
80	311.85				
81	343.35				
82	375.90				
83	410.55				
84	447.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	31.50	35.70	37.80	48.30
45-49	28.35	34.65	38.85	42.00	53.55
50-54	33.60	40.95	47.25	51.45	67.20
55	39.90	47.25	53.55	57.75	76.65
56	42.00	50.40	56.70	60.90	80.85
57	45.15	53.55	60.90	65.10	86.10
58	48.30	57.75	65.10	70.35	92.40
59	52.50	63.00	71.40	76.65	99.75
60	56.70	68.25	77.70	84.00	109.20
61	60.90	74.55	85.05	91.35	117.60
62	66.15	79.80	92.40	99.75	128.10
63	71.40	86.10	98.70	106.05	137.55
64	75.60	92.40	105.00	114.45	148.05
65	80.85	99.75	112.35	121.80	159.60
66	87.15	106.05	121.80	132.30	172.20
67	94.50	116.55	132.30	143.85	187.95
68	102.90	127.05	144.90	158.55	205.80
69	112.35	138.60	159.60	173.25	226.80
70	122.85	152.25	175.35	190.05	248.85
71	134.40	168.00	194.25	211.05	276.15
72	150.15	186.90	216.30	236.25	307.65
73	166.95	208.95	242.55	263.55	343.35
74	185.85	234.15	271.95	296.10	383.25
75	207.90	261.45	304.50	330.75	427.35
76	231.00	290.85	340.20	370.65	476.70
77	257.25	324.45	378.00	411.60	529.20
78	284.55	360.15	420.00	456.75	584.85
79	313.95	399.00	465.15	506.10	646.80
80	345.45				
81	379.05				
82	413.70				
83	451.50				
84	491.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	37.80	40.95	52.50
45-49	30.45	36.75	42.00	45.15	57.75
50-54	35.70	44.10	50.40	54.60	72.45
55	42.00	50.40	56.70	61.95	80.85
56	44.10	53.55	59.85	65.10	85.05
57	47.25	56.70	64.05	69.30	90.30
58	50.40	60.90	69.30	74.55	97.65
59	54.60	66.15	75.60	80.85	105.00
60	59.85	71.40	81.90	88.20	114.45
61	64.05	77.70	89.25	95.55	123.90
62	69.30	84.00	96.60	103.95	134.40
63	74.55	90.30	103.95	111.30	144.90
64	78.75	96.60	110.25	119.70	155.40
65	85.05	103.95	117.60	128.10	166.95
66	91.35	111.30	127.05	138.60	180.60
67	98.70	121.80	138.60	151.20	197.40
68	107.10	133.35	152.25	165.90	216.30
69	117.60	144.90	166.95	181.65	237.30
70	128.10	159.60	183.75	199.50	261.45
71	140.70	175.35	203.70	221.55	289.80
72	156.45	195.30	226.80	246.75	322.35
73	174.30	218.40	254.10	276.15	360.15
74	194.25	244.65	284.55	309.75	402.15
75	217.35	273.00	318.15	346.50	448.35
76	241.50	304.50	355.95	387.45	499.80
77	267.75	339.15	395.85	431.55	554.40
78	296.10	375.90	438.90	478.80	613.20
79	326.55	416.85	486.15	530.25	677.25
80	359.10				
81	393.75				
82	430.50				
83	469.35				
84	510.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.45	58.80	63.00	86.10
45-49	46.20	56.70	65.10	70.35	95.55
50-54	56.70	70.35	80.85	89.25	121.80
55	66.15	81.90	94.50	102.90	140.70
56	69.30	86.10	99.75	109.20	149.10
57	73.50	91.35	106.05	115.50	157.50
58	78.75	97.65	113.40	122.85	166.95
59	82.95	103.95	120.75	131.25	177.45
60	89.25	111.30	128.10	139.65	189.00
61	95.55	118.65	137.55	149.10	201.60
62	101.85	127.05	147.00	159.60	215.25
63	108.15	135.45	157.50	170.10	229.95
64	115.50	143.85	166.95	181.65	244.65
65	122.85	153.30	178.50	194.25	261.45
66	131.25	164.85	191.10	207.90	281.40
67	141.75	177.45	206.85	224.70	303.45
68	153.30	192.15	223.65	243.60	328.65
69	164.85	207.90	241.50	263.55	354.90
70	178.50	225.75	262.50	286.65	385.35
71	193.20	245.70	285.60	311.85	418.95
72	211.05	268.80	312.90	342.30	457.80
73	232.05	295.05	344.40	376.95	501.90
74	255.15	324.45	379.05	414.75	550.20
75	280.35	355.95	416.85	455.70	603.75
76	306.60	390.60	457.80	501.90	661.50
77	334.95	428.40	502.95	550.20	723.45
78	364.35	468.30	551.25	602.70	789.60
79	395.85	511.35	602.70	658.35	861.00
80	428.40				
81	462.00				
82	497.70				
83	534.45				
84	573.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.30	59.85	69.30	75.60	99.75
45-49	53.55	67.20	76.65	84.00	111.30
50-54	66.15	82.95	95.55	103.95	140.70
55	74.55	94.50	109.20	118.65	161.70
56	77.70	99.75	115.50	124.95	170.10
57	81.90	105.00	121.80	132.30	178.50
58	87.15	111.30	129.15	140.70	189.00
59	93.45	117.60	136.50	150.15	200.55
60	100.80	124.95	145.95	158.55	212.10
61	107.10	133.35	155.40	169.05	226.80
62	114.45	142.80	165.90	180.60	241.50
63	121.80	151.20	177.45	193.20	258.30
64	129.15	161.70	187.95	205.80	275.10
65	137.55	172.20	201.60	219.45	294.00
66	147.00	184.80	215.25	235.20	315.00
67	157.50	199.50	233.10	254.10	340.20
68	170.10	215.25	252.00	275.10	368.55
69	183.75	234.15	271.95	298.20	397.95
70	199.50	254.10	296.10	324.45	431.55
71	216.30	276.15	322.35	352.80	469.35
72	236.25	302.40	352.80	386.40	513.45
73	259.35	330.75	387.45	425.25	561.75
74	284.55	363.30	425.25	466.20	615.30
75	311.85	399.00	467.25	511.35	675.15
76	341.25	435.75	512.40	561.75	739.20
77	371.70	477.75	560.70	615.30	807.45
78	404.25	520.80	614.25	672.00	880.95
79	437.85	569.10	668.85	732.90	958.65
80	473.55				
81	510.30				
82	548.10				
83	589.05				
84	631.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	64.05	73.50	80.85	106.05
45-49	56.70	71.40	81.90	90.30	117.60
50-54	70.35	88.20	101.85	110.25	149.10
55	78.75	99.75	115.50	126.00	170.10
56	81.90	105.00	121.80	132.30	178.50
57	86.10	110.25	128.10	139.65	187.95
58	91.35	116.55	135.45	148.05	198.45
59	97.65	123.90	143.85	157.50	210.00
60	105.00	131.25	153.30	166.95	222.60
61	112.35	139.65	162.75	177.45	237.30
62	119.70	149.10	174.30	190.05	253.05
63	127.05	158.55	185.85	202.65	269.85
64	135.45	169.05	197.40	216.30	287.70
65	143.85	180.60	211.05	229.95	307.65
66	153.30	193.20	225.75	246.75	329.70
67	164.85	208.95	243.60	266.70	355.95
68	177.45	225.75	263.55	288.75	385.35
69	192.15	244.65	285.60	312.90	416.85
70	207.90	265.65	309.75	340.20	451.50
71	225.75	288.75	338.10	370.65	491.40
72	246.75	316.05	369.60	405.30	536.55
73	270.90	346.50	405.30	445.20	588.00
74	297.15	380.10	445.20	488.25	643.65
75	325.50	416.85	488.25	535.50	705.60
76	355.95	455.70	535.50	586.95	771.75
77	387.45	498.75	585.90	642.60	843.15
78	421.05	543.90	640.50	701.40	919.80
79	455.70	593.25	697.20	765.45	1000.65
80	492.45				
81	530.25				
82	570.15				
83	612.15				
84	655.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	37.80	44.10	48.30	64.05
45-49	33.60	42.00	49.35	53.55	71.40
50-54	45.15	55.65	63.00	68.25	91.35
55	51.45	64.05	72.45	79.80	108.15
56	54.60	67.20	76.65	84.00	115.50
57	57.75	71.40	81.90	90.30	123.90
58	61.95	76.65	88.20	97.65	133.35
59	67.20	82.95	95.55	105.00	143.85
60	72.45	90.30	103.95	113.40	155.40
61	78.75	97.65	113.40	122.85	166.95
62	85.05	106.05	122.85	133.35	180.60
63	91.35	113.40	132.30	143.85	194.25
64	97.65	121.80	141.75	153.30	207.90
65	105.00	130.20	151.20	164.85	223.65
66	113.40	139.65	162.75	177.45	241.50
67	122.85	152.25	177.45	193.20	262.50
68	133.35	165.90	194.25	211.05	286.65
69	144.90	181.65	212.10	231.00	312.90
70	157.50	198.45	232.05	253.05	342.30
71	172.20	218.40	255.15	279.30	374.85
72	190.05	241.50	282.45	308.70	413.70
73	210.00	267.75	312.90	342.30	456.75
74	233.10	296.10	347.55	380.10	505.05
75	257.25	328.65	384.30	421.05	557.55
76	283.50	363.30	424.20	465.15	614.25
77	311.85	400.05	468.30	513.45	675.15
78	341.25	439.95	515.55	564.90	740.25
79	372.75	483.00	564.90	620.55	810.60
80	405.30				
81	439.95				
82	475.65				
83	513.45				
84	553.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.75	46.20	52.50	57.75	75.60
45-49	40.95	50.40	58.80	64.05	84.00
50-54	51.45	64.05	74.55	80.85	106.05
55	59.85	74.55	85.05	93.45	126.00
56	63.00	78.75	90.30	97.65	134.40
57	66.15	82.95	95.55	103.95	142.80
58	71.40	89.25	102.90	112.35	153.30
59	76.65	96.60	111.30	120.75	163.80
60	82.95	103.95	119.70	130.20	175.35
61	89.25	111.30	129.15	140.70	187.95
62	96.60	120.75	139.65	152.25	202.65
63	102.90	129.15	150.15	162.75	217.35
64	110.25	137.55	160.65	174.30	233.10
65	118.65	148.05	171.15	185.85	249.90
66	127.05	158.55	183.75	200.55	269.85
67	137.55	172.20	200.55	217.35	292.95
68	149.10	186.90	218.40	237.30	320.25
69	161.70	204.75	238.35	259.35	349.65
70	176.40	223.65	261.45	284.55	383.25
71	193.20	245.70	286.65	312.90	420.00
72	212.10	270.90	317.10	346.50	463.05
73	234.15	299.25	350.70	383.25	511.35
74	259.35	331.80	388.50	425.25	564.90
75	286.65	366.45	429.45	470.40	622.65
76	316.05	404.25	473.55	519.75	686.70
77	346.50	445.20	521.85	573.30	753.90
78	379.05	488.25	573.30	630.00	826.35
79	412.65	535.50	628.95	690.90	904.05
80	448.35				
81	485.10				
82	525.00				
83	565.95				
84	609.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.90	49.35	56.70	61.95	80.85
45-49	44.10	54.60	63.00	68.25	89.25
50-54	54.60	68.25	78.75	86.10	112.35
55	63.00	78.75	90.30	98.70	133.35
56	66.15	82.95	95.55	103.95	141.75
57	70.35	88.20	101.85	110.25	151.20
58	75.60	94.50	109.20	118.65	161.70
59	80.85	101.85	117.60	127.05	172.20
60	87.15	109.20	127.05	137.55	183.75
61	93.45	117.60	136.50	148.05	197.40
62	100.80	127.05	147.00	159.60	212.10
63	108.15	136.50	157.50	171.15	227.85
64	115.50	144.90	168.00	182.70	243.60
65	123.90	155.40	179.55	195.30	261.45
66	132.30	166.95	193.20	210.00	281.40
67	143.85	180.60	210.00	227.85	306.60
68	156.45	196.35	228.90	248.85	334.95
69	169.05	214.20	249.90	271.95	365.40
70	184.80	234.15	274.05	298.20	400.05
71	201.60	257.25	300.30	327.60	438.90
72	221.55	283.50	331.80	362.25	484.05
73	244.65	312.90	367.50	401.10	534.45
74	270.90	346.50	406.35	444.15	590.10
75	299.25	382.20	448.35	491.40	651.00
76	329.70	422.10	494.55	542.85	717.15
77	361.20	464.10	544.95	598.50	787.50
78	394.80	509.25	598.50	658.35	863.10
79	429.45	558.60	656.25	721.35	943.95
80	466.20				
81	505.05				
82	546.00				
83	588.00				
84	632.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	29.40	34.65	36.75	47.25
45-49	28.35	33.60	37.80	40.95	51.45
50-54	34.65	40.95	47.25	50.40	64.05
55	39.90	47.25	54.60	57.75	76.65
56	42.00	50.40	57.75	61.95	81.90
57	46.20	54.60	61.95	67.20	88.20
58	49.35	58.80	67.20	72.45	95.55
59	54.60	64.05	72.45	78.75	103.95
60	58.80	70.35	79.80	88.20	112.35
61	64.05	77.70	88.20	95.55	121.80
62	69.30	84.00	95.55	103.95	133.35
63	74.55	90.30	102.90	111.30	142.80
64	78.75	96.60	110.25	118.65	154.35
65	84.00	103.95	117.60	127.05	165.90
66	91.35	111.30	127.05	137.55	179.55
67	98.70	120.75	138.60	149.10	195.30
68	107.10	132.30	152.25	163.80	215.25
69	117.60	144.90	166.95	180.60	236.25
70	128.10	158.55	182.70	198.45	259.35
71	141.75	175.35	202.65	221.55	286.65
72	158.55	195.30	225.75	246.75	320.25
73	176.40	218.40	253.05	277.20	358.05
74	196.35	244.65	284.55	309.75	400.05
75	219.45	274.05	319.20	347.55	446.25
76	244.65	306.60	355.95	387.45	496.65
77	271.95	341.25	396.90	431.55	552.30
78	301.35	379.05	441.00	477.75	611.10
79	333.90	418.95	488.25	529.20	676.20
80	366.45				
81	404.25				
82	442.05				
83	483.00				
84	526.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	36.75	42.00	44.10	56.70
45-49	33.60	40.95	46.20	49.35	63.00
50-54	39.90	48.30	55.65	60.90	78.75
55	47.25	55.65	63.00	68.25	90.30
56	49.35	58.80	67.20	71.40	95.55
57	53.55	63.00	71.40	76.65	100.80
58	56.70	68.25	76.65	82.95	109.20
59	61.95	74.55	84.00	90.30	117.60
60	67.20	79.80	91.35	98.70	128.10
61	71.40	88.20	99.75	107.10	138.60
62	77.70	93.45	109.20	117.60	151.20
63	84.00	100.80	116.55	124.95	161.70
64	89.25	109.20	123.90	134.40	174.30
65	95.55	117.60	132.30	142.80	187.95
66	102.90	124.95	142.80	155.40	202.65
67	111.30	137.55	155.40	169.05	221.55
68	120.75	149.10	170.10	186.90	242.55
69	132.30	162.75	187.95	203.70	266.70
70	144.90	179.55	205.80	223.65	292.95
71	158.55	197.40	228.90	247.80	324.45
72	176.40	219.45	254.10	278.25	362.25
73	196.35	245.70	285.60	309.75	404.25
74	218.40	275.10	320.25	348.60	450.45
75	244.65	307.65	358.05	389.55	502.95
76	271.95	342.30	400.05	435.75	560.70
77	302.40	382.20	445.20	484.05	622.65
78	334.95	424.20	494.55	537.60	687.75
79	369.60	469.35	547.05	595.35	761.25
80	406.35				
81	446.25				
82	487.20				
83	531.30				
84	578.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	39.90	44.10	48.30	61.95
45-49	35.70	43.05	49.35	53.55	68.25
50-54	42.00	51.45	58.80	64.05	85.05
55	49.35	58.80	67.20	72.45	95.55
56	51.45	63.00	70.35	76.65	99.75
57	55.65	67.20	75.60	81.90	106.05
58	58.80	71.40	81.90	88.20	114.45
59	64.05	77.70	89.25	95.55	123.90
60	70.35	84.00	96.60	103.95	134.40
61	75.60	91.35	105.00	112.35	145.95
62	81.90	98.70	113.40	121.80	158.55
63	88.20	106.05	121.80	131.25	170.10
64	92.40	113.40	130.20	140.70	182.70
65	99.75	121.80	138.60	151.20	196.35
66	107.10	131.25	149.10	162.75	212.10
67	116.55	142.80	162.75	177.45	232.05
68	126.00	156.45	179.55	195.30	254.10
69	138.60	170.10	196.35	214.20	279.30
70	151.20	187.95	216.30	235.20	307.65
71	165.90	205.80	239.40	260.40	341.25
72	183.75	229.95	266.70	289.80	379.05
73	204.75	257.25	299.25	324.45	424.20
74	228.90	287.70	334.95	364.35	473.55
75	256.20	321.30	373.80	407.40	527.10
76	284.55	358.05	418.95	455.70	588.00
77	315.00	399.00	466.20	508.20	652.05
78	348.60	442.05	516.60	562.80	721.35
79	384.30	490.35	572.25	623.70	796.95
80	422.10				
81	463.05				
82	506.10				
83	552.30				
84	600.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	60.90	69.30	74.55	100.80
45-49	54.60	67.20	76.65	82.95	112.35
50-54	67.20	82.95	95.55	105.00	142.80
55	77.70	96.60	111.30	120.75	165.90
56	81.90	100.80	117.60	128.10	175.35
57	86.10	107.10	124.95	135.45	184.80
58	92.40	114.45	133.35	144.90	196.35
59	97.65	121.80	141.75	154.35	208.95
60	105.00	131.25	151.20	163.80	222.60
61	112.35	139.65	161.70	175.35	237.30
62	119.70	149.10	173.25	187.95	253.05
63	127.05	159.60	184.80	200.55	270.90
64	135.45	169.05	196.35	214.20	287.70
65	144.90	180.60	210.00	228.90	307.65
66	154.35	194.25	224.70	244.65	330.75
67	166.95	208.95	243.60	264.60	357.00
68	180.60	225.75	263.55	286.65	386.40
69	194.25	244.65	284.55	309.75	417.90
70	210.00	265.65	308.70	337.05	453.60
71	226.80	288.75	336.00	366.45	492.45
72	247.80	316.05	368.55	403.20	538.65
73	273.00	347.55	405.30	443.10	590.10
74	300.30	382.20	446.25	488.25	646.80
75	329.70	418.95	490.35	536.55	709.80
76	361.20	459.90	538.65	590.10	778.05
77	393.75	504.00	592.20	646.80	851.55
78	428.40	551.25	648.90	708.75	929.25
79	466.20	601.65	708.75	774.90	1013.25
80	504.00				
81	543.90				
82	585.90				
83	628.95				
84	674.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.70	70.35	81.90	89.25	117.60
45-49	63.00	78.75	90.30	98.70	131.25
50-54	77.70	97.65	112.35	121.80	165.90
55	88.20	111.30	128.10	139.65	190.05
56	91.35	117.60	135.45	147.00	200.55
57	96.60	123.90	142.80	155.40	210.00
58	102.90	131.25	152.25	165.90	222.60
59	110.25	138.60	160.65	176.40	236.25
60	118.65	147.00	172.20	186.90	249.90
61	126.00	156.45	182.70	198.45	266.70
62	134.40	168.00	195.30	212.10	284.55
63	142.80	177.45	208.95	226.80	303.45
64	152.25	190.05	221.55	242.55	323.40
65	161.70	202.65	237.30	258.30	345.45
66	173.25	217.35	253.05	277.20	370.65
67	184.80	235.20	274.05	299.25	400.05
68	200.55	253.05	296.10	323.40	433.65
69	216.30	275.10	320.25	350.70	468.30
70	235.20	299.25	348.60	382.20	508.20
71	254.10	324.45	379.05	414.75	552.30
72	278.25	355.95	414.75	454.65	603.75
73	305.55	389.55	455.70	499.80	660.45
74	334.95	427.35	499.80	548.10	723.45
75	366.45	469.35	550.20	601.65	793.80
76	401.10	512.40	602.70	660.45	869.40
77	436.80	561.75	659.40	723.45	950.25
78	475.65	613.20	722.40	790.65	1036.35
79	515.55	669.90	786.45	862.05	1127.70
80	557.55				
81	600.60				
82	644.70				
83	693.00				
84	742.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.90	75.60	86.10	95.55	124.95
45-49	67.20	84.00	96.60	106.05	138.60
50-54	82.95	103.95	119.70	130.20	175.35
55	92.40	117.60	135.45	148.05	200.55
56	96.60	123.90	142.80	155.40	210.00
57	100.80	130.20	151.20	163.80	221.55
58	107.10	137.55	159.60	174.30	233.10
59	114.45	145.95	169.05	184.80	246.75
60	123.90	154.35	180.60	196.35	261.45
61	132.30	163.80	191.10	208.95	279.30
62	140.70	175.35	204.75	223.65	298.20
63	149.10	186.90	218.40	238.35	317.10
64	159.60	198.45	232.05	254.10	338.10
65	169.05	212.10	247.80	270.90	362.25
66	180.60	226.80	265.65	289.80	387.45
67	194.25	245.70	286.65	313.95	418.95
68	208.95	265.65	309.75	340.20	453.60
69	225.75	287.70	336.00	368.55	490.35
70	244.65	312.90	364.35	400.05	531.30
71	265.65	340.20	397.95	435.75	578.55
72	289.80	371.70	434.70	476.70	631.05
73	319.20	407.40	476.70	523.95	691.95
74	349.65	447.30	523.95	574.35	757.05
75	383.25	490.35	574.35	630.00	830.55
76	418.95	536.55	630.00	690.90	908.25
77	455.70	586.95	688.80	756.00	992.25
78	495.60	639.45	753.90	825.30	1082.55
79	536.55	698.25	820.05	900.90	1177.05
80	579.60				
81	623.70				
82	670.95				
83	720.30				
84	770.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.70	44.10	51.45	56.70	75.60
45-49	39.90	49.35	57.75	63.00	84.00
50-54	53.55	65.10	74.55	79.80	107.10
55	60.90	75.60	85.05	93.45	127.05
56	64.05	78.75	90.30	98.70	135.45
57	68.25	84.00	96.60	106.05	145.95
58	72.45	90.30	103.95	114.45	156.45
59	78.75	97.65	112.35	123.90	169.05
60	85.05	106.05	121.80	133.35	182.70
61	92.40	114.45	133.35	144.90	196.35
62	99.75	124.95	144.90	156.45	212.10
63	107.10	133.35	155.40	169.05	228.90
64	114.45	142.80	166.95	180.60	244.65
65	123.90	153.30	177.45	194.25	263.55
66	133.35	163.80	191.10	208.95	284.55
67	144.90	179.55	208.95	226.80	308.70
68	156.45	195.30	228.90	247.80	337.05
69	170.10	214.20	249.90	271.95	368.55
70	184.80	233.10	273.00	298.20	403.20
71	202.65	257.25	300.30	328.65	441.00
72	223.65	284.55	331.80	363.30	487.20
73	246.75	315.00	368.55	403.20	537.60
74	274.05	348.60	408.45	447.30	594.30
75	302.40	386.40	452.55	495.60	656.25
76	333.90	427.35	498.75	547.05	722.40
77	366.45	470.40	551.25	603.75	793.80
78	401.10	517.65	606.90	664.65	870.45
79	438.90	568.05	664.65	729.75	953.40
80	476.70				
81	517.65				
82	559.65				
83	603.75				
84	651.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.05	54.60	61.95	68.25	89.25
45-49	48.30	58.80	69.30	75.60	98.70
50-54	60.90	75.60	88.20	95.55	124.95
55	70.35	88.20	99.75	110.25	148.05
56	74.55	92.40	106.05	114.45	158.55
57	77.70	97.65	112.35	121.80	168.00
58	84.00	105.00	120.75	132.30	180.60
59	90.30	113.40	131.25	141.75	193.20
60	97.65	121.80	140.70	153.30	205.80
61	105.00	131.25	152.25	165.90	221.55
62	113.40	141.75	163.80	179.55	238.35
63	120.75	152.25	176.40	191.10	256.20
64	130.20	161.70	189.00	204.75	274.05
65	139.65	174.30	201.60	218.40	294.00
66	149.10	186.90	216.30	236.25	317.10
67	161.70	202.65	236.25	256.20	344.40
68	175.35	219.45	257.25	279.30	376.95
69	190.05	240.45	280.35	305.55	411.60
70	207.90	263.55	307.65	334.95	450.45
71	226.80	288.75	337.05	368.55	494.55
72	249.90	319.20	372.75	407.40	544.95
73	275.10	351.75	412.65	450.45	601.65
74	305.55	390.60	456.75	499.80	664.65
75	337.05	431.55	505.05	553.35	732.90
76	371.70	475.65	557.55	611.10	807.45
77	407.40	523.95	614.25	674.10	887.25
78	446.25	574.35	674.10	741.30	972.30
79	485.10	630.00	740.25	812.70	1063.65
80	527.10				
81	571.20				
82	617.40				
83	665.70				
84	716.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	57.75	67.20	72.45	95.55
45-49	51.45	64.05	74.55	79.80	105.00
50-54	64.05	79.80	92.40	100.80	132.30
55	74.55	92.40	106.05	116.55	156.45
56	77.70	97.65	112.35	121.80	166.95
57	82.95	103.95	119.70	130.20	177.45
58	89.25	111.30	128.10	139.65	190.05
59	95.55	119.70	138.60	149.10	202.65
60	102.90	128.10	149.10	161.70	216.30
61	110.25	138.60	160.65	174.30	232.05
62	118.65	149.10	173.25	187.95	249.90
63	127.05	160.65	184.80	201.60	267.75
64	135.45	170.10	197.40	215.25	286.65
65	145.95	182.70	211.05	229.95	307.65
66	155.40	196.35	226.80	246.75	330.75
67	169.05	212.10	246.75	267.75	361.20
68	183.75	231.00	268.80	292.95	393.75
69	198.45	252.00	294.00	320.25	429.45
70	217.35	275.10	322.35	350.70	470.40
71	237.30	302.40	352.80	385.35	516.60
72	260.40	333.90	390.60	426.30	569.10
73	287.70	368.55	432.60	471.45	628.95
74	319.20	407.40	477.75	522.90	694.05
75	351.75	449.40	527.10	578.55	765.45
76	387.45	496.65	581.70	638.40	844.20
77	425.25	546.00	641.55	704.55	926.10
78	464.10	599.55	704.55	774.90	1015.35
79	505.05	657.30	771.75	848.40	1110.90
80	548.10				
81	594.30				
82	642.60				
83	691.95				
84	743.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.56	31.50	36.75	39.38	49.88
45-49	30.19	35.44	40.69	43.31	55.13
50-54	36.75	43.31	49.88	53.81	68.25
55	42.00	49.88	57.75	61.69	81.38
56	44.63	53.81	61.69	65.63	86.63
57	48.56	57.75	65.63	70.88	93.19
58	52.50	63.00	70.88	77.44	101.06
59	57.75	68.25	77.44	84.00	110.25
60	63.00	74.81	85.31	93.19	119.44
61	68.25	82.69	93.19	101.06	129.94
62	73.50	89.25	101.06	110.25	141.75
63	78.75	95.81	108.94	118.13	152.25
64	84.00	102.38	116.81	126.00	164.06
65	89.25	110.25	124.69	135.19	175.88
66	97.13	118.13	135.19	145.69	190.31
67	105.00	128.63	147.00	158.81	207.38
68	114.19	140.44	161.44	174.56	228.38
69	124.69	153.56	177.19	191.63	250.69
70	136.50	168.00	194.25	211.31	275.63
71	150.94	186.38	215.25	234.94	304.50
72	168.00	207.38	240.19	262.50	339.94
73	187.69	232.31	269.06	294.00	380.63
74	208.69	259.88	301.88	329.44	425.25
75	233.63	291.38	338.63	368.81	473.81
76	259.88	325.50	378.00	412.13	527.63
77	288.75	362.25	421.31	458.06	586.69
78	320.25	402.94	468.56	507.94	649.69
79	354.38	444.94	518.44	561.75	717.94
80	389.81				
81	429.19				
82	469.88				
83	513.19				
84	559.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	39.38	44.63	47.25	60.38
45-49	35.44	43.31	48.56	52.50	66.94
50-54	42.00	51.19	59.06	64.31	84.00
55	49.88	59.06	66.94	72.19	95.81
56	52.50	63.00	70.88	76.13	101.06
57	56.44	66.94	76.13	81.38	107.63
58	60.38	72.19	81.38	87.94	115.50
59	65.63	78.75	89.25	95.81	124.69
60	70.88	85.31	97.13	105.00	136.50
61	76.13	93.19	106.31	114.19	147.00
62	82.69	99.75	115.50	124.69	160.13
63	89.25	107.63	123.38	132.56	171.94
64	94.50	115.50	131.25	143.06	185.06
65	101.06	124.69	140.44	152.25	199.50
66	108.94	132.56	152.25	165.38	215.25
67	118.13	145.69	165.38	179.81	234.94
68	128.63	158.81	181.13	198.19	257.25
69	140.44	173.25	199.50	216.56	283.50
70	153.56	190.31	219.19	237.56	311.06
71	168.00	210.00	242.81	263.81	345.19
72	187.69	233.63	270.38	295.31	384.56
73	208.69	261.19	303.19	329.44	429.19
74	232.31	292.69	339.94	370.13	479.06
75	259.88	326.81	380.63	413.44	534.19
76	288.75	363.56	425.25	463.31	595.88
77	321.56	405.56	472.50	514.50	661.50
78	355.69	450.19	525.00	570.94	731.06
79	392.44	498.75	581.44	632.63	808.50
80	431.81				
81	473.81				
82	517.13				
83	564.38				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	47.25	51.19	65.63
45-49	38.06	45.94	52.50	56.44	72.19
50-54	44.63	55.13	63.00	68.25	90.56
55	52.50	63.00	70.88	77.44	101.06
56	55.13	66.94	74.81	81.38	106.31
57	59.06	70.88	80.06	86.63	112.88
58	63.00	76.13	86.63	93.19	122.06
59	68.25	82.69	94.50	101.06	131.25
60	74.81	89.25	102.38	110.25	143.06
61	80.06	97.13	111.56	119.44	154.88
62	86.63	105.00	120.75	129.94	168.00
63	93.19	112.88	129.94	139.13	181.13
64	98.44	120.75	137.81	149.63	194.25
65	106.31	129.94	147.00	160.13	208.69
66	114.19	139.13	158.81	173.25	225.75
67	123.38	152.25	173.25	189.00	246.75
68	133.88	166.69	190.31	207.38	270.38
69	147.00	181.13	208.69	227.06	296.63
70	160.13	199.50	229.69	249.38	326.81
71	175.88	219.19	254.63	276.94	362.25
72	195.56	244.13	283.50	308.44	402.94
73	217.88	273.00	317.63	345.19	450.19
74	242.81	305.81	355.69	387.19	502.69
75	271.69	341.25	397.69	433.13	560.44
76	301.88	380.63	444.94	484.31	624.75
77	334.69	423.94	494.81	539.44	693.00
78	370.13	469.88	548.63	598.50	766.50
79	408.19	521.06	607.69	662.81	846.56
80	448.88				
81	492.19				
82	538.13				
83	586.69				
84	637.88				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	64.31	73.50	78.75	107.63
45-49	57.75	70.88	81.38	87.94	119.44
50-54	70.88	87.94	101.06	111.56	152.25
55	82.69	102.38	118.13	128.63	175.88
56	86.63	107.63	124.69	136.50	186.38
57	91.88	114.19	132.56	144.38	196.88
58	98.44	122.06	141.75	153.56	208.69
59	103.69	129.94	150.94	164.06	221.81
60	111.56	139.13	160.13	174.56	236.25
61	119.44	148.31	171.94	186.38	252.00
62	127.31	158.81	183.75	199.50	269.06
63	135.19	169.31	196.88	212.63	287.44
64	144.38	179.81	208.69	227.06	305.81
65	153.56	191.63	223.13	242.81	326.81
66	164.06	206.06	238.88	259.88	351.75
67	177.19	221.81	258.56	280.88	379.31
68	191.63	240.19	279.56	304.50	410.81
69	206.06	259.88	301.88	329.44	443.63
70	223.13	282.19	328.13	358.31	481.69
71	241.50	307.13	357.00	389.81	523.69
72	263.81	336.00	391.13	427.88	572.25
73	290.06	368.81	430.50	471.19	627.38
74	318.94	405.56	473.81	518.44	687.75
75	350.44	444.94	521.06	569.63	754.69
76	383.25	488.25	572.25	627.38	826.88
77	418.69	535.50	628.69	687.75	904.31
78	455.44	585.38	689.06	753.38	987.00
79	494.81	639.19	753.38	822.94	1076.25
80	535.50				
81	577.50				
82	622.13				
83	668.06				
84	716.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.38	74.81	86.63	94.50	124.69
45-49	66.94	84.00	95.81	105.00	139.13
50-54	82.69	103.69	119.44	129.94	175.88
55	93.19	118.13	136.50	148.31	202.13
56	97.13	124.69	144.38	156.19	212.63
57	102.38	131.25	152.25	165.38	223.13
58	108.94	139.13	161.44	175.88	236.25
59	116.81	147.00	170.63	187.69	250.69
60	126.00	156.19	182.44	198.19	265.13
61	133.88	166.69	194.25	211.31	283.50
62	143.06	178.50	207.38	225.75	301.88
63	152.25	189.00	221.81	241.50	322.88
64	161.44	202.13	234.94	257.25	343.88
65	171.94	215.25	252.00	274.31	367.50
66	183.75	231.00	269.06	294.00	393.75
67	196.88	249.38	291.38	317.63	425.25
68	212.63	269.06	315.00	343.88	460.69
69	229.69	292.69	339.94	372.75	497.44
70	249.38	317.63	370.13	405.56	539.44
71	270.38	345.19	402.94	441.00	586.69
72	295.31	378.00	441.00	483.00	641.81
73	324.19	413.44	484.31	531.56	702.19
74	355.69	454.13	531.56	582.75	769.13
75	389.81	498.75	584.06	639.19	843.94
76	426.56	544.69	640.50	702.19	924.00
77	464.63	597.19	700.88	769.13	1009.31
78	505.31	651.00	767.81	840.00	1101.19
79	547.31	711.38	836.06	916.13	1198.31
80	591.94				
81	637.88				
82	685.13				
83	736.31				
84	788.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	80.06	91.88	101.06	132.56
45-49	70.88	89.25	102.38	112.88	147.00
50-54	87.94	110.25	127.31	137.81	186.38
55	98.44	124.69	144.38	157.50	212.63
56	102.38	131.25	152.25	165.38	223.13
57	107.63	137.81	160.13	174.56	234.94
58	114.19	145.69	169.31	185.06	248.06
59	122.06	154.88	179.81	196.88	262.50
60	131.25	164.06	191.63	208.69	278.25
61	140.44	174.56	203.44	221.81	296.63
62	149.63	186.38	217.88	237.56	316.31
63	158.81	198.19	232.31	253.31	337.31
64	169.31	211.31	246.75	270.38	359.63
65	179.81	225.75	263.81	287.44	384.56
66	191.63	241.50	282.19	308.44	412.13
67	206.06	261.19	304.50	333.38	444.94
68	221.81	282.19	329.44	360.94	481.69
69	240.19	305.81	357.00	391.13	521.06
70	259.88	332.06	387.19	425.25	564.38
71	282.19	360.94	422.63	463.31	614.25
72	308.44	395.06	462.00	506.63	670.69
73	338.63	433.13	506.63	556.50	735.00
74	371.44	475.13	556.50	610.31	804.56
75	406.88	521.06	610.31	669.38	882.00
76	444.94	569.63	669.38	733.69	964.69
77	484.31	623.44	732.38	803.25	1053.94
78	526.31	679.88	800.63	876.75	1149.75
79	569.63	741.56	871.50	956.81	1250.81
80	615.56				
81	662.81				
82	712.69				
83	765.19				
84	819.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	47.25	55.13	60.38	80.06
45-49	42.00	52.50	61.69	66.94	89.25
50-54	56.44	69.56	78.75	85.31	114.19
55	64.31	80.06	90.56	99.75	135.19
56	68.25	84.00	95.81	105.00	144.38
57	72.19	89.25	102.38	112.88	154.88
58	77.44	95.81	110.25	122.06	166.69
59	84.00	103.69	119.44	131.25	179.81
60	90.56	112.88	129.94	141.75	194.25
61	98.44	122.06	141.75	153.56	208.69
62	106.31	132.56	153.56	166.69	225.75
63	114.19	141.75	165.38	179.81	242.81
64	122.06	152.25	177.19	191.63	259.88
65	131.25	162.75	189.00	206.06	279.56
66	141.75	174.56	203.44	221.81	301.88
67	153.56	190.31	221.81	241.50	328.13
68	166.69	207.38	242.81	263.81	358.31
69	181.13	227.06	265.13	288.75	391.13
70	196.88	248.06	290.06	316.31	427.88
71	215.25	273.00	318.94	349.13	468.56
72	237.56	301.88	353.06	385.88	517.13
73	262.50	334.69	391.13	427.88	570.94
74	291.38	370.13	434.44	475.13	631.31
75	321.56	410.81	480.38	526.31	696.94
76	354.38	454.13	530.25	581.44	767.81
77	389.81	500.06	585.38	641.81	843.94
78	426.56	549.94	644.44	706.13	925.31
79	465.94	603.75	706.13	775.69	1013.25
80	506.63				
81	549.94				
82	594.56				
83	641.81				
84	691.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.94	57.75	65.63	72.19	94.50
45-49	51.19	63.00	73.50	80.06	105.00
50-54	64.31	80.06	93.19	101.06	132.56
55	74.81	93.19	106.31	116.81	157.50
56	78.75	98.44	112.88	122.06	168.00
57	82.69	103.69	119.44	129.94	178.50
58	89.25	111.56	128.63	140.44	191.63
59	95.81	120.75	139.13	150.94	204.75
60	103.69	129.94	149.63	162.75	219.19
61	111.56	139.13	161.44	175.88	234.94
62	120.75	150.94	174.56	190.31	253.31
63	128.63	161.44	187.69	203.44	271.69
64	137.81	171.94	200.81	217.88	291.38
65	148.31	185.06	213.94	232.31	312.38
66	158.81	198.19	229.69	250.69	337.31
67	171.94	215.25	250.69	271.69	366.19
68	186.38	233.63	273.00	296.63	400.31
69	202.13	255.94	297.94	324.19	437.06
70	220.50	279.56	326.81	355.69	479.06
71	241.50	307.13	358.31	391.13	525.00
72	265.13	338.63	396.38	433.13	578.81
73	292.69	374.06	438.38	479.06	639.19
74	324.19	414.75	485.63	531.56	706.13
75	358.31	458.06	536.81	588.00	778.31
76	395.06	505.31	591.94	649.69	858.38
77	433.13	556.50	652.31	716.63	942.38
78	473.81	610.31	716.63	787.50	1032.94
79	515.81	669.38	786.19	863.63	1130.06
80	560.44				
81	606.38				
82	656.25				
83	707.44				
84	761.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.88	61.69	70.88	77.44	101.06
45-49	55.13	68.25	78.75	85.31	111.56
50-54	68.25	85.31	98.44	107.63	140.44
55	78.75	98.44	112.88	123.38	166.69
56	82.69	103.69	119.44	129.94	177.19
57	87.94	110.25	127.31	137.81	189.00
58	94.50	118.13	136.50	148.31	202.13
59	101.06	127.31	147.00	158.81	215.25
60	108.94	136.50	158.81	171.94	229.69
61	116.81	147.00	170.63	185.06	246.75
62	126.00	158.81	183.75	199.50	265.13
63	135.19	170.63	196.88	213.94	284.81
64	144.38	181.13	210.00	228.38	304.50
65	154.88	194.25	224.44	244.13	326.81
66	165.38	208.69	241.50	262.50	351.75
67	179.81	225.75	262.50	284.81	383.25
68	195.56	245.44	286.13	311.06	418.69
69	211.31	267.75	312.38	339.94	456.75
70	231.00	292.69	342.56	372.75	500.06
71	252.00	321.56	375.38	409.50	548.63
72	276.94	354.38	414.75	452.81	605.06
73	305.81	391.13	459.38	501.38	668.06
74	338.63	433.13	507.94	555.19	737.63
75	374.06	477.75	560.44	614.25	813.75
76	412.13	527.63	618.19	678.56	896.44
77	451.50	580.13	681.19	748.13	984.38
78	493.50	636.56	748.13	822.94	1078.88
79	536.81	698.25	820.31	901.69	1179.94
80	582.75				
81	631.31				
82	682.50				
83	735.00				
84	790.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	36.75	43.31	45.94	59.06
45-49	35.44	42.00	47.25	51.19	64.31
50-54	43.31	51.19	59.06	63.00	80.06
55	49.88	59.06	68.25	72.19	95.81
56	52.50	63.00	72.19	77.44	102.38
57	57.75	68.25	77.44	84.00	110.25
58	61.69	73.50	84.00	90.56	119.44
59	68.25	80.06	90.56	98.44	129.94
60	73.50	87.94	99.75	110.25	140.44
61	80.06	97.13	110.25	119.44	152.25
62	86.63	105.00	119.44	129.94	166.69
63	93.19	112.88	128.63	139.13	178.50
64	98.44	120.75	137.81	148.31	192.94
65	105.00	129.94	147.00	158.81	207.38
66	114.19	139.13	158.81	171.94	224.44
67	123.38	150.94	173.25	186.38	244.13
68	133.88	165.38	190.31	204.75	269.06
69	147.00	181.13	208.69	225.75	295.31
70	160.13	198.19	228.38	248.06	324.19
71	177.19	219.19	253.31	276.94	358.31
72	198.19	244.13	282.19	308.44	400.31
73	220.50	273.00	316.31	346.50	447.56
74	245.44	305.81	355.69	387.19	500.06
75	274.31	342.56	399.00	434.44	557.81
76	305.81	383.25	444.94	484.31	620.81
77	339.94	426.56	496.13	539.44	690.38
78	376.69	473.81	551.25	597.19	763.88
79	417.38	523.69	610.31	661.50	845.25
80	458.06				
81	505.31				
82	552.56				
83	603.75				
84	657.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	45.94	52.50	55.13	70.88
45-49	42.00	51.19	57.75	61.69	78.75
50-54	49.88	60.38	69.56	76.13	98.44
55	59.06	69.56	78.75	85.31	112.88
56	61.69	73.50	84.00	89.25	119.44
57	66.94	78.75	89.25	95.81	126.00
58	70.88	85.31	95.81	103.69	136.50
59	77.44	93.19	105.00	112.88	147.00
60	84.00	99.75	114.19	123.38	160.13
61	89.25	110.25	124.69	133.88	173.25
62	97.13	116.81	136.50	147.00	189.00
63	105.00	126.00	145.69	156.19	202.13
64	111.56	136.50	154.88	168.00	217.88
65	119.44	147.00	165.38	178.50	234.94
66	128.63	156.19	178.50	194.25	253.31
67	139.13	171.94	194.25	211.31	276.94
68	150.94	186.38	212.63	233.63	303.19
69	165.38	203.44	234.94	254.63	333.38
70	181.13	224.44	257.25	279.56	366.19
71	198.19	246.75	286.13	309.75	405.56
72	220.50	274.31	317.63	347.81	452.81
73	245.44	307.13	357.00	387.19	505.31
74	273.00	343.88	400.31	435.75	563.06
75	305.81	384.56	447.56	486.94	628.69
76	339.94	427.88	500.06	544.69	700.88
77	378.00	477.75	556.50	605.06	778.31
78	418.69	530.25	618.19	672.00	859.69
79	462.00	586.69	683.81	744.19	951.56
80	507.94				
81	557.81				
82	609.00				
83	664.13				
84	723.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	49.88	55.13	60.38	77.44
45-49	44.63	53.81	61.69	66.94	85.31
50-54	52.50	64.31	73.50	80.06	106.31
55	61.69	73.50	84.00	90.56	119.44
56	64.31	78.75	87.94	95.81	124.69
57	69.56	84.00	94.50	102.38	132.56
58	73.50	89.25	102.38	110.25	143.06
59	80.06	97.13	111.56	119.44	154.88
60	87.94	105.00	120.75	129.94	168.00
61	94.50	114.19	131.25	140.44	182.44
62	102.38	123.38	141.75	152.25	198.19
63	110.25	132.56	152.25	164.06	212.63
64	115.50	141.75	162.75	175.88	228.38
65	124.69	152.25	173.25	189.00	245.44
66	133.88	164.06	186.38	203.44	265.13
67	145.69	178.50	203.44	221.81	290.06
68	157.50	195.56	224.44	244.13	317.63
69	173.25	212.63	245.44	267.75	349.13
70	189.00	234.94	270.38	294.00	384.56
71	207.38	257.25	299.25	325.50	426.56
72	229.69	287.44	333.38	362.25	473.81
73	255.94	321.56	374.06	405.56	530.25
74	286.13	359.63	418.69	455.44	591.94
75	320.25	401.63	467.25	509.25	658.88
76	355.69	447.56	523.69	569.63	735.00
77	393.75	498.75	582.75	635.25	815.06
78	435.75	552.56	645.75	703.50	901.69
79	480.38	612.94	715.31	779.63	996.19
80	527.63				
81	578.81				
82	632.63				
83	690.38				
84	750.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	76.13	86.63	93.19	126.00
45-49	68.25	84.00	95.81	103.69	140.44
50-54	84.00	103.69	119.44	131.25	178.50
55	97.13	120.75	139.13	150.94	207.38
56	102.38	126.00	147.00	160.13	219.19
57	107.63	133.88	156.19	169.31	231.00
58	115.50	143.06	166.69	181.13	245.44
59	122.06	152.25	177.19	192.94	261.19
60	131.25	164.06	189.00	204.75	278.25
61	140.44	174.56	202.13	219.19	296.63
62	149.63	186.38	216.56	234.94	316.31
63	158.81	199.50	231.00	250.69	338.63
64	169.31	211.31	245.44	267.75	359.63
65	181.13	225.75	262.50	286.13	384.56
66	192.94	242.81	280.88	305.81	413.44
67	208.69	261.19	304.50	330.75	446.25
68	225.75	282.19	329.44	358.31	483.00
69	242.81	305.81	355.69	387.19	522.38
70	262.50	332.06	385.88	421.31	567.00
71	283.50	360.94	420.00	458.06	615.56
72	309.75	395.06	460.69	504.00	673.31
73	341.25	434.44	506.63	553.88	737.63
74	375.38	477.75	557.81	610.31	808.50
75	412.13	523.69	612.94	670.69	887.25
76	451.50	574.88	673.31	737.63	972.56
77	492.19	630.00	740.25	808.50	1064.44
78	535.50	689.06	811.13	885.94	1161.56
79	582.75	752.06	885.94	968.63	1266.56
80	630.00				
81	679.88				
82	732.38				
83	786.19				
84	842.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.88	87.94	102.38	111.56	147.00
45-49	78.75	98.44	112.88	123.38	164.06
50-54	97.13	122.06	140.44	152.25	207.38
55	110.25	139.13	160.13	174.56	237.56
56	114.19	147.00	169.31	183.75	250.69
57	120.75	154.88	178.50	194.25	262.50
58	128.63	164.06	190.31	207.38	278.25
59	137.81	173.25	200.81	220.50	295.31
60	148.31	183.75	215.25	233.63	312.38
61	157.50	195.56	228.38	248.06	333.38
62	168.00	210.00	244.13	265.13	355.69
63	178.50	221.81	261.19	283.50	379.31
64	190.31	237.56	276.94	303.19	404.25
65	202.13	253.31	296.63	322.88	431.81
66	216.56	271.69	316.31	346.50	463.31
67	231.00	294.00	342.56	374.06	500.06
68	250.69	316.31	370.13	404.25	542.06
69	270.38	343.88	400.31	438.38	585.38
70	294.00	374.06	435.75	477.75	635.25
71	317.63	405.56	473.81	518.44	690.38
72	347.81	444.94	518.44	568.31	754.69
73	381.94	486.94	569.63	624.75	825.56
74	418.69	534.19	624.75	685.13	904.31
75	458.06	586.69	687.75	752.06	992.25
76	501.38	640.50	753.38	825.56	1086.75
77	546.00	702.19	824.25	904.31	1187.81
78	594.56	766.50	903.00	988.31	1295.44
79	644.44	837.38	983.06	1077.56	1409.63
80	696.94				
81	750.75				
82	805.88				
83	866.25				
84	927.94				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.13	94.50	107.63	119.44	156.19
45-49	84.00	105.00	120.75	132.56	173.25
50-54	103.69	129.94	149.63	162.75	219.19
55	115.50	147.00	169.31	185.06	250.69
56	120.75	154.88	178.50	194.25	262.50
57	126.00	162.75	189.00	204.75	276.94
58	133.88	171.94	199.50	217.88	291.38
59	143.06	182.44	211.31	231.00	308.44
60	154.88	192.94	225.75	245.44	326.81
61	165.38	204.75	238.88	261.19	349.13
62	175.88	219.19	255.94	279.56	372.75
63	186.38	233.63	273.00	297.94	396.38
64	199.50	248.06	290.06	317.63	422.63
65	211.31	265.13	309.75	338.63	452.81
66	225.75	283.50	332.06	362.25	484.31
67	242.81	307.13	358.31	392.44	523.69
68	261.19	332.06	387.19	425.25	567.00
69	282.19	359.63	420.00	460.69	612.94
70	305.81	391.13	455.44	500.06	664.13
71	332.06	425.25	497.44	544.69	723.19
72	362.25	464.63	543.38	595.88	788.81
73	399.00	509.25	595.88	654.94	864.94
74	437.06	559.13	654.94	717.94	946.31
75	479.06	612.94	717.94	787.50	1038.19
76	523.69	670.69	787.50	863.63	1135.31
77	569.63	733.69	861.00	945.00	1240.31
78	619.50	799.31	942.38	1031.63	1353.19
79	670.69	872.81	1025.06	1126.13	1471.31
80	724.50				
81	779.63				
82	838.69				
83	900.38				
84	963.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.63	55.13	64.31	70.88	94.50
45-49	49.88	61.69	72.19	78.75	105.00
50-54	66.94	81.38	93.19	99.75	133.88
55	76.13	94.50	106.31	116.81	158.81
56	80.06	98.44	112.88	123.38	169.31
57	85.31	105.00	120.75	132.56	182.44
58	90.56	112.88	129.94	143.06	195.56
59	98.44	122.06	140.44	154.88	211.31
60	106.31	132.56	152.25	166.69	228.38
61	115.50	143.06	166.69	181.13	245.44
62	124.69	156.19	181.13	195.56	265.13
63	133.88	166.69	194.25	211.31	286.13
64	143.06	178.50	208.69	225.75	305.81
65	154.88	191.63	221.81	242.81	329.44
66	166.69	204.75	238.88	261.19	355.69
67	181.13	224.44	261.19	283.50	385.88
68	195.56	244.13	286.13	309.75	421.31
69	212.63	267.75	312.38	339.94	460.69
70	231.00	291.38	341.25	372.75	504.00
71	253.31	321.56	375.38	410.81	551.25
72	279.56	355.69	414.75	454.13	609.00
73	308.44	393.75	460.69	504.00	672.00
74	342.56	435.75	510.56	559.13	742.88
75	378.00	483.00	565.69	619.50	820.31
76	417.38	534.19	623.44	683.81	903.00
77	458.06	588.00	689.06	754.69	992.25
78	501.38	647.06	758.63	830.81	1088.06
79	548.63	710.06	830.81	912.19	1191.75
80	595.88				
81	647.06				
82	699.56				
83	754.69				
84	813.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.81	68.25	77.44	85.31	111.56
45-49	60.38	73.50	86.63	94.50	123.38
50-54	76.13	94.50	110.25	119.44	156.19
55	87.94	110.25	124.69	137.81	185.06
56	93.19	115.50	132.56	143.06	198.19
57	97.13	122.06	140.44	152.25	210.00
58	105.00	131.25	150.94	165.38	225.75
59	112.88	141.75	164.06	177.19	241.50
60	122.06	152.25	175.88	191.63	257.25
61	131.25	164.06	190.31	207.38	276.94
62	141.75	177.19	204.75	224.44	297.94
63	150.94	190.31	220.50	238.88	320.25
64	162.75	202.13	236.25	255.94	342.56
65	174.56	217.88	252.00	273.00	367.50
66	186.38	233.63	270.38	295.31	396.38
67	202.13	253.31	295.31	320.25	430.50
68	219.19	274.31	321.56	349.13	471.19
69	237.56	300.56	350.44	381.94	514.50
70	259.88	329.44	384.56	418.69	563.06
71	283.50	360.94	421.31	460.69	618.19
72	312.38	399.00	465.94	509.25	681.19
73	343.88	439.69	515.81	563.06	752.06
74	381.94	488.25	570.94	624.75	830.81
75	421.31	539.44	631.31	691.69	916.13
76	464.63	594.56	696.94	763.88	1009.31
77	509.25	654.94	767.81	842.63	1109.06
78	557.81	717.94	842.63	926.63	1215.38
79	606.38	787.50	925.31	1015.88	1329.56
80	658.88				
81	714.00				
82	771.75				
83	832.13				
84	895.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.06	72.19	84.00	90.56	119.44
45-49	64.31	80.06	93.19	99.75	131.25
50-54	80.06	99.75	115.50	126.00	165.38
55	93.19	115.50	132.56	145.69	195.56
56	97.13	122.06	140.44	152.25	208.69
57	103.69	129.94	149.63	162.75	221.81
58	111.56	139.13	160.13	174.56	237.56
59	119.44	149.63	173.25	186.38	253.31
60	128.63	160.13	186.38	202.13	270.38
61	137.81	173.25	200.81	217.88	290.06
62	148.31	186.38	216.56	234.94	312.38
63	158.81	200.81	231.00	252.00	334.69
64	169.31	212.63	246.75	269.06	358.31
65	182.44	228.38	263.81	287.44	384.56
66	194.25	245.44	283.50	308.44	413.44
67	211.31	265.13	308.44	334.69	451.50
68	229.69	288.75	336.00	366.19	492.19
69	248.06	315.00	367.50	400.31	536.81
70	271.69	343.88	402.94	438.38	588.00
71	296.63	378.00	441.00	481.69	645.75
72	325.50	417.38	488.25	532.88	711.38
73	359.63	460.69	540.75	589.31	786.19
74	399.00	509.25	597.19	653.63	867.56
75	439.69	561.75	658.88	723.19	956.81
76	484.31	620.81	727.13	798.00	1055.25
77	531.56	682.50	801.94	880.69	1157.63
78	580.13	749.44	880.69	968.63	1269.19
79	631.31	821.63	964.69	1060.50	1388.63
80	685.13				
81	742.88				
82	803.25				
83	864.94				
84	929.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17	19	22	23	24
45-49	19	21	24	25	27
50-54	23	26	29	31	35
55	26	30	34	37	44
56	28	32	37	40	48
57	30	35	40	43	53
58	33	38	44	47	58
59	36	42	48	51	64
60	40	47	53	56	70
61	43	51	58	61	76
62	47	56	63	67	83
63	50	60	68	72	89
64	53	64	73	78	95
65	57	68	78	84	102
66	61	74	84	91	110
67	66	80	92	99	120
68	72	88	101	109	132
69	79	96	111	119	144
70	86	105	122	131	159
71	95	116	134	145	176
72	105	129	149	161	195
73	117	144	166	179	217
74	130	160	185	200	242
75	145	178	205	222	269
76	161	198	228	246	298
77	178	219	252	272	330
78	196	242	278	300	364
79	216	266	306	330	401
80	236				
81	258				
82	281				
83	305				
84	331				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	45	49	59
45-49	35	43	50	54	66
50-54	43	53	62	67	84
55	52	63	73	78	100
56	55	67	77	83	107
57	59	72	82	88	114
58	63	77	88	94	122
59	67	82	94	101	130
60	71	88	101	109	139
61	76	94	108	117	148
62	81	100	116	126	159
63	86	107	124	134	170
64	92	113	132	143	182
65	98	121	140	152	195
66	105	129	150	162	209
67	113	139	161	174	225
68	122	150	174	188	243
69	131	162	187	203	262
70	142	176	203	220	282
71	154	191	220	239	306
72	167	208	240	261	333
73	182	227	263	286	363
74	199	249	288	314	397
75	217	272	316	344	433
76	236	297	346	377	473
77	256	324	378	413	515
78	277	353	413	451	560
79	299	384	450	492	609
80	323				
81	347				
82	373				
83	400				
84	428				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	35	42
45-49	25	31	36	39	47
50-54	35	42	49	53	64
55	40	49	56	60	77
56	42	52	59	64	82
57	45	56	63	68	88
58	49	61	68	74	95
59	53	66	74	80	104
60	58	72	81	88	113
61	63	78	89	96	123
62	68	84	96	104	133
63	73	90	103	112	143
64	78	96	110	120	154
65	83	103	118	128	165
66	90	111	127	138	179
67	97	120	138	150	194
68	105	131	151	164	211
69	115	143	165	179	230
70	125	156	180	196	252
71	137	171	198	215	275
72	150	188	218	237	302
73	165	207	240	262	332
74	182	228	265	289	365
75	200	251	292	318	400
76	219	276	321	350	439
77	239	302	352	384	480
78	260	330	385	421	524
79	282	360	421	460	571
80	306				
81	330				
82	356				
83	383				
84	411				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20	22	26	27	28
45-49	22	25	28	29	32
50-54	27	31	34	36	41
55	31	35	40	44	52
56	33	38	44	47	56
57	35	41	47	51	62
58	39	45	52	55	68
59	42	49	56	60	75
60	47	55	62	66	82
61	51	60	68	72	89
62	55	66	74	79	98
63	59	71	80	85	105
64	62	75	86	92	112
65	67	80	92	99	120
66	72	87	99	107	129
67	78	94	108	116	141
68	85	104	119	128	155
69	93	113	131	140	169
70	101	124	144	154	187
71	112	136	158	171	207
72	124	152	175	189	229
73	138	169	195	211	255
74	153	188	218	235	285
75	171	209	241	261	316
76	189	233	268	289	351
77	209	258	296	320	388
78	231	285	327	353	428
79	254	313	360	388	472
80	278				
81	304				
82	331				
83	359				
84	389				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	46	53	58	69
45-49	41	51	59	64	78
50-54	51	62	73	79	99
55	61	74	86	92	118
56	65	79	91	98	126
57	69	85	96	104	134
58	74	91	104	111	144
59	79	96	111	119	153
60	84	104	119	128	164
61	89	111	127	138	174
62	95	118	136	148	187
63	101	126	146	158	200
64	108	133	155	168	214
65	115	142	165	179	229
66	124	152	176	191	246
67	133	164	189	205	265
68	144	176	205	221	286
69	154	191	220	239	308
70	167	207	239	259	332
71	181	225	259	281	360
72	196	245	282	307	392
73	214	267	309	336	427
74	234	293	339	369	467
75	255	320	372	405	509
76	278	349	407	444	556
77	301	381	445	486	606
78	326	415	486	531	659
79	352	452	529	579	716
80	380				
81	408				
82	439				
83	471				
84	504				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	41	49
45-49	29	36	42	46	55
50-54	41	49	58	62	75
55	47	58	66	71	91
56	49	61	69	75	96
57	53	66	74	80	104
58	58	72	80	87	112
59	62	78	87	94	122
60	68	85	95	104	133
61	74	92	105	113	145
62	80	99	113	122	156
63	86	106	121	132	168
64	92	113	129	141	181
65	98	121	139	151	194
66	106	131	149	162	211
67	114	141	162	176	228
68	124	154	178	193	248
69	135	168	194	211	271
70	147	184	212	231	296
71	161	201	233	253	324
72	176	221	256	279	355
73	194	244	282	308	391
74	214	268	312	340	429
75	235	295	344	374	471
76	258	325	378	412	516
77	281	355	414	452	565
78	306	388	453	495	616
79	332	424	495	541	672
80	360				
81	388				
82	419				
83	451				
84	484				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.25	23.75	27.50	28.75	30.00
45-49	23.75	26.25	30.00	31.25	33.75
50-54	28.75	32.50	36.25	38.75	43.75
55	32.50	37.50	42.50	46.25	55.00
56	35.00	40.00	46.25	50.00	60.00
57	37.50	43.75	50.00	53.75	66.25
58	41.25	47.50	55.00	58.75	72.50
59	45.00	52.50	60.00	63.75	80.00
60	50.00	58.75	66.25	70.00	87.50
61	53.75	63.75	72.50	76.25	95.00
62	58.75	70.00	78.75	83.75	103.75
63	62.50	75.00	85.00	90.00	111.25
64	66.25	80.00	91.25	97.50	118.75
65	71.25	85.00	97.50	105.00	127.50
66	76.25	92.50	105.00	113.75	137.50
67	82.50	100.00	115.00	123.75	150.00
68	90.00	110.00	126.25	136.25	165.00
69	98.75	120.00	138.75	148.75	180.00
70	107.50	131.25	152.50	163.75	198.75
71	118.75	145.00	167.50	181.25	220.00
72	131.25	161.25	186.25	201.25	243.75
73	146.25	180.00	207.50	223.75	271.25
74	162.50	200.00	231.25	250.00	302.50
75	181.25	222.50	256.25	277.50	336.25
76	201.25	247.50	285.00	307.50	372.50
77	222.50	273.75	315.00	340.00	412.50
78	245.00	302.50	347.50	375.00	455.00
79	270.00	332.50	382.50	412.50	501.25
80	295.00				
81	322.50				
82	351.25				
83	381.25				
84	413.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	56.25	61.25	73.75
45-49	43.75	53.75	62.50	67.50	82.50
50-54	53.75	66.25	77.50	83.75	105.00
55	65.00	78.75	91.25	97.50	125.00
56	68.75	83.75	96.25	103.75	133.75
57	73.75	90.00	102.50	110.00	142.50
58	78.75	96.25	110.00	117.50	152.50
59	83.75	102.50	117.50	126.25	162.50
60	88.75	110.00	126.25	136.25	173.75
61	95.00	117.50	135.00	146.25	185.00
62	101.25	125.00	145.00	157.50	198.75
63	107.50	133.75	155.00	167.50	212.50
64	115.00	141.25	165.00	178.75	227.50
65	122.50	151.25	175.00	190.00	243.75
66	131.25	161.25	187.50	202.50	261.25
67	141.25	173.75	201.25	217.50	281.25
68	152.50	187.50	217.50	235.00	303.75
69	163.75	202.50	233.75	253.75	327.50
70	177.50	220.00	253.75	275.00	352.50
71	192.50	238.75	275.00	298.75	382.50
72	208.75	260.00	300.00	326.25	416.25
73	227.50	283.75	328.75	357.50	453.75
74	248.75	311.25	360.00	392.50	496.25
75	271.25	340.00	395.00	430.00	541.25
76	295.00	371.25	432.50	471.25	591.25
77	320.00	405.00	472.50	516.25	643.75
78	346.25	441.25	516.25	563.75	700.00
79	373.75	480.00	562.50	615.00	761.25
80	403.75				
81	433.75				
82	466.25				
83	500.00				
84	535.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	43.75	52.50
45-49	31.25	38.75	45.00	48.75	58.75
50-54	43.75	52.50	61.25	66.25	80.00
55	50.00	61.25	70.00	75.00	96.25
56	52.50	65.00	73.75	80.00	102.50
57	56.25	70.00	78.75	85.00	110.00
58	61.25	76.25	85.00	92.50	118.75
59	66.25	82.50	92.50	100.00	130.00
60	72.50	90.00	101.25	110.00	141.25
61	78.75	97.50	111.25	120.00	153.75
62	85.00	105.00	120.00	130.00	166.25
63	91.25	112.50	128.75	140.00	178.75
64	97.50	120.00	137.50	150.00	192.50
65	103.75	128.75	147.50	160.00	206.25
66	112.50	138.75	158.75	172.50	223.75
67	121.25	150.00	172.50	187.50	242.50
68	131.25	163.75	188.75	205.00	263.75
69	143.75	178.75	206.25	223.75	287.50
70	156.25	195.00	225.00	245.00	315.00
71	171.25	213.75	247.50	268.75	343.75
72	187.50	235.00	272.50	296.25	377.50
73	206.25	258.75	300.00	327.50	415.00
74	227.50	285.00	331.25	361.25	456.25
75	250.00	313.75	365.00	397.50	500.00
76	273.75	345.00	401.25	437.50	548.75
77	298.75	377.50	440.00	480.00	600.00
78	325.00	412.50	481.25	526.25	655.00
79	352.50	450.00	526.25	575.00	713.75
80	382.50				
81	412.50				
82	445.00				
83	478.75				
84	513.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.00	27.50	32.50	33.75	35.00
45-49	27.50	31.25	35.00	36.25	40.00
50-54	33.75	38.75	42.50	45.00	51.25
55	38.75	43.75	50.00	55.00	65.00
56	41.25	47.50	55.00	58.75	70.00
57	43.75	51.25	58.75	63.75	77.50
58	48.75	56.25	65.00	68.75	85.00
59	52.50	61.25	70.00	75.00	93.75
60	58.75	68.75	77.50	82.50	102.50
61	63.75	75.00	85.00	90.00	111.25
62	68.75	82.50	92.50	98.75	122.50
63	73.75	88.75	100.00	106.25	131.25
64	77.50	93.75	107.50	115.00	140.00
65	83.75	100.00	115.00	123.75	150.00
66	90.00	108.75	123.75	133.75	161.25
67	97.50	117.50	135.00	145.00	176.25
68	106.25	130.00	148.75	160.00	193.75
69	116.25	141.25	163.75	175.00	211.25
70	126.25	155.00	180.00	192.50	233.75
71	140.00	170.00	197.50	213.75	258.75
72	155.00	190.00	218.75	236.25	286.25
73	172.50	211.25	243.75	263.75	318.75
74	191.25	235.00	272.50	293.75	356.25
75	213.75	261.25	301.25	326.25	395.00
76	236.25	291.25	335.00	361.25	438.75
77	261.25	322.50	370.00	400.00	485.00
78	288.75	356.25	408.75	441.25	535.00
79	317.50	391.25	450.00	485.00	590.00
80	347.50				
81	380.00				
82	413.75				
83	448.75				
84	486.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	57.50	66.25	72.50	86.25
45-49	51.25	63.75	73.75	80.00	97.50
50-54	63.75	77.50	91.25	98.75	123.75
55	76.25	92.50	107.50	115.00	147.50
56	81.25	98.75	113.75	122.50	157.50
57	86.25	106.25	120.00	130.00	167.50
58	92.50	113.75	130.00	138.75	180.00
59	98.75	120.00	138.75	148.75	191.25
60	105.00	130.00	148.75	160.00	205.00
61	111.25	138.75	158.75	172.50	217.50
62	118.75	147.50	170.00	185.00	233.75
63	126.25	157.50	182.50	197.50	250.00
64	135.00	166.25	193.75	210.00	267.50
65	143.75	177.50	206.25	223.75	286.25
66	155.00	190.00	220.00	238.75	307.50
67	166.25	205.00	236.25	256.25	331.25
68	180.00	220.00	256.25	276.25	357.50
69	192.50	238.75	275.00	298.75	385.00
70	208.75	258.75	298.75	323.75	415.00
71	226.25	281.25	323.75	351.25	450.00
72	245.00	306.25	352.50	383.75	490.00
73	267.50	333.75	386.25	420.00	533.75
74	292.50	366.25	423.75	461.25	583.75
75	318.75	400.00	465.00	506.25	636.25
76	347.50	436.25	508.75	555.00	695.00
77	376.25	476.25	556.25	607.50	757.50
78	407.50	518.75	607.50	663.75	823.75
79	440.00	565.00	661.25	723.75	895.00
80	475.00				
81	510.00				
82	548.75				
83	588.75				
84	630.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	51.25	61.25
45-49	36.25	45.00	52.50	57.50	68.75
50-54	51.25	61.25	72.50	77.50	93.75
55	58.75	72.50	82.50	88.75	113.75
56	61.25	76.25	86.25	93.75	120.00
57	66.25	82.50	92.50	100.00	130.00
58	72.50	90.00	100.00	108.75	140.00
59	77.50	97.50	108.75	117.50	152.50
60	85.00	106.25	118.75	130.00	166.25
61	92.50	115.00	131.25	141.25	181.25
62	100.00	123.75	141.25	152.50	195.00
63	107.50	132.50	151.25	165.00	210.00
64	115.00	141.25	161.25	176.25	226.25
65	122.50	151.25	173.75	188.75	242.50
66	132.50	163.75	186.25	202.50	263.75
67	142.50	176.25	202.50	220.00	285.00
68	155.00	192.50	222.50	241.25	310.00
69	168.75	210.00	242.50	263.75	338.75
70	183.75	230.00	265.00	288.75	370.00
71	201.25	251.25	291.25	316.25	405.00
72	220.00	276.25	320.00	348.75	443.75
73	242.50	305.00	352.50	385.00	488.75
74	267.50	335.00	390.00	425.00	536.25
75	293.75	368.75	430.00	467.50	588.75
76	322.50	406.25	472.50	515.00	645.00
77	351.25	443.75	517.50	565.00	706.25
78	382.50	485.00	566.25	618.75	770.00
79	415.00	530.00	618.75	676.25	840.00
80	450.00				
81	485.00				
82	523.75				
83	563.75				
84	605.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19	23	25	27	35
45-49	21	26	28	30	39
50-54	26	31	35	37	48
55	30	36	40	43	57
56	32	38	43	46	60
57	34	41	46	49	65
58	37	44	50	53	70
59	40	48	54	58	76
60	43	52	59	63	83
61	47	56	64	69	90
62	51	61	70	75	98
63	55	66	75	81	106
64	58	70	81	87	113
65	62	75	87	93	121
66	66	81	94	101	131
67	72	88	102	110	143
68	79	96	111	121	157
69	86	105	122	132	172
70	94	115	133	145	189
71	103	127	147	160	208
72	114	141	163	178	231
73	126	157	182	198	257
74	140	175	202	221	285
75	156	194	225	246	316
76	172	215	250	273	350
77	190	238	277	302	387
78	209	263	306	334	426
79	230	289	337	367	468
80	252				
81	275				
82	300				
83	326				
84	354				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	30	31	41
45-49	25	30	33	35	45
50-54	29	35	40	43	56
55	34	40	45	49	65
56	36	42	48	52	68
57	38	45	51	55	73
58	41	49	55	59	78
59	44	53	60	65	84
60	47	58	65	70	91
61	51	62	71	77	99
62	55	67	77	83	107
63	59	72	83	89	116
64	63	77	88	95	124
65	68	82	95	101	133
66	72	88	102	109	144
67	78	96	110	119	157
68	85	104	121	131	172
69	93	114	132	143	188
70	102	126	144	157	207
71	111	138	160	173	228
72	123	154	177	193	252
73	137	171	197	215	280
74	151	190	220	239	310
75	168	211	245	266	344
76	185	234	272	296	381
77	205	258	301	328	421
78	225	285	333	363	463
79	247	314	366	399	509
80	270				
81	295				
82	321				
83	348				
84	377				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	33	43
45-49	26	31	35	37	48
50-54	30	37	42	45	60
55	35	42	47	51	68
56	37	44	50	54	72
57	39	47	53	58	76
58	42	51	57	62	82
59	45	55	62	68	88
60	49	60	68	73	95
61	53	65	74	80	103
62	57	70	80	86	111
63	61	75	86	92	120
64	65	80	91	98	128
65	70	85	98	105	138
66	75	91	105	113	149
67	81	99	114	123	163
68	88	108	125	135	178
69	96	118	136	148	195
70	105	130	149	162	214
71	115	143	165	179	236
72	127	159	183	199	261
73	141	177	204	222	290
74	156	196	227	247	321
75	173	218	253	275	356
76	191	242	281	306	394
77	211	267	311	339	435
78	232	294	344	375	479
79	254	324	379	413	526
80	278				
81	303				
82	330				
83	358				
84	387				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	45	52	57	75
45-49	40	50	58	63	83
50-54	49	61	71	77	106
55	56	71	82	89	123
56	59	75	87	94	129
57	63	80	92	100	137
58	67	85	98	107	145
59	72	91	105	114	154
60	77	97	112	121	164
61	82	104	120	130	175
62	88	111	128	139	187
63	94	118	136	148	200
64	100	126	145	158	213
65	106	134	155	168	227
66	114	143	165	180	243
67	122	154	178	194	262
68	131	166	192	210	283
69	141	178	208	227	305
70	152	193	225	246	329
71	165	209	244	267	357
72	179	227	266	291	388
73	195	248	291	318	423
74	213	271	318	348	461
75	233	296	347	380	503
76	253	324	379	415	548
77	275	353	413	453	596
78	297	385	449	493	647
79	321	418	488	536	702
80	346				
81	371				
82	398				
83	426				
84	455				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	51	59	65	84
45-49	45	56	66	71	94
50-54	55	69	81	88	119
55	62	79	93	101	136
56	65	83	98	106	142
57	69	88	103	112	150
58	73	93	109	119	159
59	78	99	116	126	169
60	84	106	123	134	179
61	90	113	131	142	191
62	96	121	139	152	204
63	102	129	148	161	218
64	108	137	158	172	231
65	115	145	168	183	247
66	123	155	180	197	263
67	132	167	194	212	284
68	142	180	210	230	306
69	153	193	226	248	330
70	165	210	245	268	356
71	178	227	266	291	386
72	194	247	289	317	420
73	211	270	316	346	458
74	230	294	345	378	499
75	251	321	376	412	544
76	273	350	410	449	591
77	295	380	446	489	643
78	319	413	485	532	697
79	343	448	526	577	756
80	370				
81	396				
82	425				
83	454				
84	484				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	62	68	88
45-49	47	59	69	75	98
50-54	58	73	85	92	124
55	65	82	97	106	141
56	68	86	102	111	148
57	72	91	107	117	156
58	76	97	113	124	165
59	81	103	120	131	175
60	87	110	127	139	186
61	93	117	135	147	198
62	99	125	144	157	211
63	105	133	153	167	225
64	112	141	163	178	239
65	119	150	174	190	255
66	127	160	187	204	272
67	136	172	201	220	293
68	146	186	217	238	316
69	158	200	234	257	341
70	170	217	253	278	368
71	184	235	275	301	399
72	200	256	299	328	434
73	218	279	326	358	473
74	237	304	356	391	515
75	258	331	388	426	561
76	281	361	423	464	610
77	304	392	460	505	663
78	328	425	500	549	719
79	353	461	542	595	779
80	380				
81	407				
82	436				
83	466				
84	497				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	39	42	56
45-49	30	37	43	47	62
50-54	39	48	55	61	80
55	45	55	64	70	95
56	47	58	67	73	101
57	50	62	72	78	108
58	54	67	78	84	116
59	58	72	84	91	125
60	63	79	91	99	134
61	69	85	99	107	145
62	74	92	107	116	156
63	79	99	115	124	168
64	85	106	123	133	180
65	90	113	131	142	193
66	97	122	141	153	208
67	105	132	153	166	226
68	114	144	167	181	246
69	124	157	182	198	268
70	135	171	199	217	293
71	148	188	218	238	320
72	162	206	240	262	351
73	178	227	264	289	386
74	196	249	291	318	423
75	215	274	320	350	464
76	236	300	351	385	509
77	257	329	385	422	556
78	279	359	421	462	607
79	303	392	459	504	660
80	328				
81	354				
82	381				
83	409				
84	439				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	39	45	48	64
45-49	35	43	49	54	71
50-54	43	54	63	69	90
55	50	62	72	78	106
56	53	66	76	83	112
57	56	70	81	88	120
58	60	75	87	95	128
59	64	80	93	102	137
60	69	87	101	110	147
61	75	93	109	119	158
62	80	100	117	128	169
63	86	107	126	137	182
64	92	115	134	146	195
65	98	123	143	156	208
66	106	133	154	168	225
67	115	143	167	181	244
68	125	156	182	198	266
69	135	170	198	216	290
70	146	185	216	235	316
71	159	203	236	258	346
72	174	222	260	284	379
73	191	245	286	313	416
74	210	269	314	344	457
75	231	295	346	379	501
76	253	323	380	417	549
77	276	354	416	456	600
78	299	387	455	499	655
79	325	422	496	545	713
80	351				
81	379				
82	407				
83	436				
84	468				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33	41	47	51	68
45-49	37	45	52	57	75
50-54	45	56	66	72	94
55	52	65	76	82	111
56	55	69	80	87	117
57	58	73	85	92	125
58	62	78	91	99	133
59	67	84	97	106	142
60	72	90	105	115	152
61	77	97	113	124	163
62	83	104	121	133	175
63	89	111	130	142	188
64	95	119	139	152	201
65	102	127	148	162	215
66	110	137	160	174	232
67	119	148	173	188	252
68	129	161	188	205	274
69	139	175	205	223	299
70	151	191	223	243	326
71	164	209	244	267	357
72	179	229	268	293	391
73	197	252	295	323	429
74	216	277	324	355	472
75	238	304	357	391	517
76	260	333	392	430	566
77	284	365	429	471	619
78	308	399	469	515	675
79	334	435	512	563	735
80	361				
81	389				
82	418				
83	448				
84	480				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	29	32	41
45-49	25	31	33	35	46
50-54	31	36	41	44	56
55	35	42	47	51	67
56	38	45	51	54	71
57	40	48	54	58	76
58	44	52	59	62	82
59	47	56	64	68	89
60	51	61	69	74	98
61	55	66	75	81	106
62	60	72	82	88	115
63	65	78	88	95	125
64	68	82	95	102	133
65	73	88	102	109	142
66	78	95	111	119	154
67	85	104	120	129	168
68	93	113	131	142	185
69	101	124	144	155	202
70	111	135	156	171	222
71	121	149	173	188	245
72	134	166	192	209	272
73	148	185	214	233	302
74	165	206	238	260	335
75	184	228	265	289	372
76	202	253	294	321	412
77	224	280	326	355	455
78	246	309	360	393	501
79	271	340	396	432	551
80	296				
81	324				
82	353				
83	384				
84	416				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	35	36	48
45-49	29	35	39	41	53
50-54	34	41	47	51	66
55	40	47	53	58	76
56	42	49	56	61	80
57	45	53	60	65	86
58	48	58	65	69	92
59	52	62	71	76	99
60	55	68	76	82	107
61	60	73	84	91	116
62	65	79	91	98	126
63	69	85	98	105	136
64	74	91	104	112	146
65	80	96	112	119	156
66	85	104	120	128	169
67	92	113	129	140	185
68	100	122	142	154	202
69	109	134	155	168	221
70	120	148	169	185	244
71	131	162	188	204	268
72	145	181	208	227	296
73	161	201	232	253	329
74	178	224	259	281	365
75	198	248	288	313	405
76	218	275	320	348	448
77	241	304	354	386	495
78	265	335	392	427	545
79	291	369	431	469	599
80	318				
81	347				
82	378				
83	409				
84	444				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	39	51
45-49	31	36	41	44	56
50-54	35	44	49	53	71
55	41	49	55	60	80
56	44	52	59	64	85
57	46	55	62	68	89
58	49	60	67	73	96
59	53	65	73	80	104
60	58	71	80	86	112
61	62	76	87	94	121
62	67	82	94	101	131
63	72	88	101	108	141
64	76	94	107	115	151
65	82	100	115	124	162
66	88	107	124	133	175
67	95	116	134	145	192
68	104	127	147	159	209
69	113	139	160	174	229
70	124	153	175	191	252
71	135	168	194	211	278
72	149	187	215	234	307
73	166	208	240	261	341
74	184	231	267	291	378
75	204	256	298	324	419
76	225	285	331	360	464
77	248	314	366	399	512
78	273	346	405	441	564
79	299	381	446	486	619
80	327				
81	356				
82	388				
83	421				
84	455				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	61	67	88
45-49	47	59	68	74	98
50-54	58	72	84	91	125
55	66	84	96	105	145
56	69	88	102	111	152
57	74	94	108	118	161
58	79	100	115	126	171
59	85	107	124	134	181
60	91	114	132	142	193
61	96	122	141	153	206
62	104	131	151	164	220
63	111	139	160	174	235
64	118	148	171	186	251
65	125	158	182	198	267
66	134	168	194	212	286
67	144	181	209	228	308
68	154	195	226	247	333
69	166	209	245	267	359
70	179	227	265	289	387
71	194	246	287	314	420
72	211	267	313	342	456
73	229	292	342	374	498
74	251	319	374	409	542
75	274	348	408	447	592
76	298	381	446	488	645
77	324	415	486	533	701
78	349	453	528	580	761
79	378	492	574	631	826
80	407				
81	436				
82	468				
83	501				
84	535				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	60	69	76	99
45-49	53	66	78	84	111
50-54	65	81	95	104	140
55	73	93	109	119	160
56	76	98	115	125	167
57	81	104	121	132	176
58	86	109	128	140	187
59	92	116	136	148	199
60	99	125	145	158	211
61	106	133	154	167	225
62	113	142	164	179	240
63	120	152	174	189	256
64	127	161	186	202	272
65	135	171	198	215	291
66	145	182	212	232	309
67	155	196	228	249	334
68	167	212	247	271	360
69	180	227	266	292	388
70	194	247	288	315	419
71	209	267	313	342	454
72	228	291	340	373	494
73	248	318	372	407	539
74	271	346	406	445	587
75	295	378	442	485	640
76	321	412	482	528	695
77	347	447	525	575	756
78	375	486	571	626	820
79	404	527	619	679	889
80	435				
81	466				
82	500				
83	534				
84	569				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	62	73	80	104
45-49	55	69	81	88	115
50-54	68	86	100	108	146
55	76	96	114	125	166
56	80	101	120	131	174
57	85	107	126	138	184
58	89	114	133	146	194
59	95	121	141	154	206
60	102	129	149	164	219
61	109	138	159	173	233
62	116	147	169	185	248
63	124	156	180	196	265
64	132	166	192	209	281
65	140	176	205	224	300
66	149	188	220	240	320
67	160	202	236	259	345
68	172	219	255	280	372
69	186	235	275	302	401
70	200	255	298	327	433
71	216	276	324	354	469
72	235	301	352	386	511
73	256	328	384	421	556
74	279	358	419	460	606
75	304	389	456	501	660
76	331	425	498	546	718
77	358	461	541	594	780
78	386	500	588	646	846
79	415	542	638	700	916
80	447				
81	479				
82	513				
83	548				
84	585				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	46	49	66
45-49	35	44	51	55	73
50-54	46	56	65	72	94
55	53	65	75	82	112
56	55	68	79	86	119
57	59	73	85	92	127
58	64	79	92	99	136
59	68	85	99	107	147
60	74	93	107	116	158
61	81	100	116	126	171
62	87	108	126	136	184
63	93	116	135	146	198
64	100	125	145	156	212
65	106	133	154	167	227
66	114	144	166	180	245
67	124	155	180	195	266
68	134	169	196	213	289
69	146	185	214	233	315
70	159	201	234	255	345
71	174	221	256	280	376
72	191	242	282	308	413
73	209	267	311	340	454
74	231	293	342	374	498
75	253	322	376	412	546
76	278	353	413	453	599
77	302	387	453	496	654
78	328	422	495	544	714
79	356	461	540	593	776
80	386				
81	416				
82	448				
83	481				
84	516				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	46	53	56	75
45-49	41	51	58	64	84
50-54	51	64	74	81	106
55	59	73	85	92	125
56	62	78	89	98	132
57	66	82	95	104	141
58	71	88	102	112	151
59	75	94	109	120	161
60	81	102	119	129	173
61	88	109	128	140	186
62	94	118	138	151	199
63	101	126	148	161	214
64	108	135	158	172	229
65	115	145	168	184	245
66	125	156	181	198	265
67	135	168	196	213	287
68	147	184	214	233	313
69	159	200	233	254	341
70	172	218	254	276	372
71	187	239	278	304	407
72	205	261	306	334	446
73	225	288	336	368	489
74	247	316	369	405	538
75	272	347	407	446	589
76	298	380	447	491	646
77	325	416	489	536	706
78	352	455	535	587	771
79	382	496	584	641	839
80	413				
81	446				
82	479				
83	513				
84	551				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39	48	55	60	80
45-49	44	53	61	67	88
50-54	53	66	78	85	111
55	61	76	89	96	131
56	65	81	94	102	138
57	68	86	100	108	147
58	73	92	107	116	156
59	79	99	114	125	167
60	85	106	124	135	179
61	91	114	133	146	192
62	98	122	142	156	206
63	105	131	153	167	221
64	112	140	164	179	236
65	120	149	174	191	253
66	129	161	188	205	273
67	140	174	204	221	296
68	152	189	221	241	322
69	164	206	241	262	352
70	178	225	262	286	384
71	193	246	287	314	420
72	211	269	315	345	460
73	232	296	347	380	505
74	254	326	381	418	555
75	280	358	420	460	608
76	306	392	461	506	666
77	334	429	505	554	728
78	362	469	552	606	794
79	393	512	602	662	865
80	425				
81	458				
82	492				
83	527				
84	565				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.75	28.75	31.25	33.75	43.75
45-49	26.25	32.50	35.00	37.50	48.75
50-54	32.50	38.75	43.75	46.25	60.00
55	37.50	45.00	50.00	53.75	71.25
56	40.00	47.50	53.75	57.50	75.00
57	42.50	51.25	57.50	61.25	81.25
58	46.25	55.00	62.50	66.25	87.50
59	50.00	60.00	67.50	72.50	95.00
60	53.75	65.00	73.75	78.75	103.75
61	58.75	70.00	80.00	86.25	112.50
62	63.75	76.25	87.50	93.75	122.50
63	68.75	82.50	93.75	101.25	132.50
64	72.50	87.50	101.25	108.75	141.25
65	77.50	93.75	108.75	116.25	151.25
66	82.50	101.25	117.50	126.25	163.75
67	90.00	110.00	127.50	137.50	178.75
68	98.75	120.00	138.75	151.25	196.25
69	107.50	131.25	152.50	165.00	215.00
70	117.50	143.75	166.25	181.25	236.25
71	128.75	158.75	183.75	200.00	260.00
72	142.50	176.25	203.75	222.50	288.75
73	157.50	196.25	227.50	247.50	321.25
74	175.00	218.75	252.50	276.25	356.25
75	195.00	242.50	281.25	307.50	395.00
76	215.00	268.75	312.50	341.25	437.50
77	237.50	297.50	346.25	377.50	483.75
78	261.25	328.75	382.50	417.50	532.50
79	287.50	361.25	421.25	458.75	585.00
80	315.00				
81	343.75				
82	375.00				
83	407.50				
84	442.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	37.50	38.75	51.25
45-49	31.25	37.50	41.25	43.75	56.25
50-54	36.25	43.75	50.00	53.75	70.00
55	42.50	50.00	56.25	61.25	81.25
56	45.00	52.50	60.00	65.00	85.00
57	47.50	56.25	63.75	68.75	91.25
58	51.25	61.25	68.75	73.75	97.50
59	55.00	66.25	75.00	81.25	105.00
60	58.75	72.50	81.25	87.50	113.75
61	63.75	77.50	88.75	96.25	123.75
62	68.75	83.75	96.25	103.75	133.75
63	73.75	90.00	103.75	111.25	145.00
64	78.75	96.25	110.00	118.75	155.00
65	85.00	102.50	118.75	126.25	166.25
66	90.00	110.00	127.50	136.25	180.00
67	97.50	120.00	137.50	148.75	196.25
68	106.25	130.00	151.25	163.75	215.00
69	116.25	142.50	165.00	178.75	235.00
70	127.50	157.50	180.00	196.25	258.75
71	138.75	172.50	200.00	216.25	285.00
72	153.75	192.50	221.25	241.25	315.00
73	171.25	213.75	246.25	268.75	350.00
74	188.75	237.50	275.00	298.75	387.50
75	210.00	263.75	306.25	332.50	430.00
76	231.25	292.50	340.00	370.00	476.25
77	256.25	322.50	376.25	410.00	526.25
78	281.25	356.25	416.25	453.75	578.75
79	308.75	392.50	457.50	498.75	636.25
80	337.50				
81	368.75				
82	401.25				
83	435.00				
84	471.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	41.25	53.75
45-49	32.50	38.75	43.75	46.25	60.00
50-54	37.50	46.25	52.50	56.25	75.00
55	43.75	52.50	58.75	63.75	85.00
56	46.25	55.00	62.50	67.50	90.00
57	48.75	58.75	66.25	72.50	95.00
58	52.50	63.75	71.25	77.50	102.50
59	56.25	68.75	77.50	85.00	110.00
60	61.25	75.00	85.00	91.25	118.75
61	66.25	81.25	92.50	100.00	128.75
62	71.25	87.50	100.00	107.50	138.75
63	76.25	93.75	107.50	115.00	150.00
64	81.25	100.00	113.75	122.50	160.00
65	87.50	106.25	122.50	131.25	172.50
66	93.75	113.75	131.25	141.25	186.25
67	101.25	123.75	142.50	153.75	203.75
68	110.00	135.00	156.25	168.75	222.50
69	120.00	147.50	170.00	185.00	243.75
70	131.25	162.50	186.25	202.50	267.50
71	143.75	178.75	206.25	223.75	295.00
72	158.75	198.75	228.75	248.75	326.25
73	176.25	221.25	255.00	277.50	362.50
74	195.00	245.00	283.75	308.75	401.25
75	216.25	272.50	316.25	343.75	445.00
76	238.75	302.50	351.25	382.50	492.50
77	263.75	333.75	388.75	423.75	543.75
78	290.00	367.50	430.00	468.75	598.75
79	317.50	405.00	473.75	516.25	657.50
80	347.50				
81	378.75				
82	412.50				
83	447.50				
84	483.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	56.25	65.00	71.25	93.75
45-49	50.00	62.50	72.50	78.75	103.75
50-54	61.25	76.25	88.75	96.25	132.50
55	70.00	88.75	102.50	111.25	153.75
56	73.75	93.75	108.75	117.50	161.25
57	78.75	100.00	115.00	125.00	171.25
58	83.75	106.25	122.50	133.75	181.25
59	90.00	113.75	131.25	142.50	192.50
60	96.25	121.25	140.00	151.25	205.00
61	102.50	130.00	150.00	162.50	218.75
62	110.00	138.75	160.00	173.75	233.75
63	117.50	147.50	170.00	185.00	250.00
64	125.00	157.50	181.25	197.50	266.25
65	132.50	167.50	193.75	210.00	283.75
66	142.50	178.75	206.25	225.00	303.75
67	152.50	192.50	222.50	242.50	327.50
68	163.75	207.50	240.00	262.50	353.75
69	176.25	222.50	260.00	283.75	381.25
70	190.00	241.25	281.25	307.50	411.25
71	206.25	261.25	305.00	333.75	446.25
72	223.75	283.75	332.50	363.75	485.00
73	243.75	310.00	363.75	397.50	528.75
74	266.25	338.75	397.50	435.00	576.25
75	291.25	370.00	433.75	475.00	628.75
76	316.25	405.00	473.75	518.75	685.00
77	343.75	441.25	516.25	566.25	745.00
78	371.25	481.25	561.25	616.25	808.75
79	401.25	522.50	610.00	670.00	877.50
80	432.50				
81	463.75				
82	497.50				
83	532.50				
84	568.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	63.75	73.75	81.25	105.00
45-49	56.25	70.00	82.50	88.75	117.50
50-54	68.75	86.25	101.25	110.00	148.75
55	77.50	98.75	116.25	126.25	170.00
56	81.25	103.75	122.50	132.50	177.50
57	86.25	110.00	128.75	140.00	187.50
58	91.25	116.25	136.25	148.75	198.75
59	97.50	123.75	145.00	157.50	211.25
60	105.00	132.50	153.75	167.50	223.75
61	112.50	141.25	163.75	177.50	238.75
62	120.00	151.25	173.75	190.00	255.00
63	127.50	161.25	185.00	201.25	272.50
64	135.00	171.25	197.50	215.00	288.75
65	143.75	181.25	210.00	228.75	308.75
66	153.75	193.75	225.00	246.25	328.75
67	165.00	208.75	242.50	265.00	355.00
68	177.50	225.00	262.50	287.50	382.50
69	191.25	241.25	282.50	310.00	412.50
70	206.25	262.50	306.25	335.00	445.00
71	222.50	283.75	332.50	363.75	482.50
72	242.50	308.75	361.25	396.25	525.00
73	263.75	337.50	395.00	432.50	572.50
74	287.50	367.50	431.25	472.50	623.75
75	313.75	401.25	470.00	515.00	680.00
76	341.25	437.50	512.50	561.25	738.75
77	368.75	475.00	557.50	611.25	803.75
78	398.75	516.25	606.25	665.00	871.25
79	428.75	560.00	657.50	721.25	945.00
80	462.50				
81	495.00				
82	531.25				
83	567.50				
84	605.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	77.50	85.00	110.00
45-49	58.75	73.75	86.25	93.75	122.50
50-54	72.50	91.25	106.25	115.00	155.00
55	81.25	102.50	121.25	132.50	176.25
56	85.00	107.50	127.50	138.75	185.00
57	90.00	113.75	133.75	146.25	195.00
58	95.00	121.25	141.25	155.00	206.25
59	101.25	128.75	150.00	163.75	218.75
60	108.75	137.50	158.75	173.75	232.50
61	116.25	146.25	168.75	183.75	247.50
62	123.75	156.25	180.00	196.25	263.75
63	131.25	166.25	191.25	208.75	281.25
64	140.00	176.25	203.75	222.50	298.75
65	148.75	187.50	217.50	237.50	318.75
66	158.75	200.00	233.75	255.00	340.00
67	170.00	215.00	251.25	275.00	366.25
68	182.50	232.50	271.25	297.50	395.00
69	197.50	250.00	292.50	321.25	426.25
70	212.50	271.25	316.25	347.50	460.00
71	230.00	293.75	343.75	376.25	498.75
72	250.00	320.00	373.75	410.00	542.50
73	272.50	348.75	407.50	447.50	591.25
74	296.25	380.00	445.00	488.75	643.75
75	322.50	413.75	485.00	532.50	701.25
76	351.25	451.25	528.75	580.00	762.50
77	380.00	490.00	575.00	631.25	828.75
78	410.00	531.25	625.00	686.25	898.75
79	441.25	576.25	677.50	743.75	973.75
80	475.00				
81	508.75				
82	545.00				
83	582.50				
84	621.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	48.75	52.50	70.00
45-49	37.50	46.25	53.75	58.75	77.50
50-54	48.75	60.00	68.75	76.25	100.00
55	56.25	68.75	80.00	87.50	118.75
56	58.75	72.50	83.75	91.25	126.25
57	62.50	77.50	90.00	97.50	135.00
58	67.50	83.75	97.50	105.00	145.00
59	72.50	90.00	105.00	113.75	156.25
60	78.75	98.75	113.75	123.75	167.50
61	86.25	106.25	123.75	133.75	181.25
62	92.50	115.00	133.75	145.00	195.00
63	98.75	123.75	143.75	155.00	210.00
64	106.25	132.50	153.75	166.25	225.00
65	112.50	141.25	163.75	177.50	241.25
66	121.25	152.50	176.25	191.25	260.00
67	131.25	165.00	191.25	207.50	282.50
68	142.50	180.00	208.75	226.25	307.50
69	155.00	196.25	227.50	247.50	335.00
70	168.75	213.75	248.75	271.25	366.25
71	185.00	235.00	272.50	297.50	400.00
72	202.50	257.50	300.00	327.50	438.75
73	222.50	283.75	330.00	361.25	482.50
74	245.00	311.25	363.75	397.50	528.75
75	268.75	342.50	400.00	437.50	580.00
76	295.00	375.00	438.75	481.25	636.25
77	321.25	411.25	481.25	527.50	695.00
78	348.75	448.75	526.25	577.50	758.75
79	378.75	490.00	573.75	630.00	825.00
80	410.00				
81	442.50				
82	476.25				
83	511.25				
84	548.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	48.75	56.25	60.00	80.00
45-49	43.75	53.75	61.25	67.50	88.75
50-54	53.75	67.50	78.75	86.25	112.50
55	62.50	77.50	90.00	97.50	132.50
56	66.25	82.50	95.00	103.75	140.00
57	70.00	87.50	101.25	110.00	150.00
58	75.00	93.75	108.75	118.75	160.00
59	80.00	100.00	116.25	127.50	171.25
60	86.25	108.75	126.25	137.50	183.75
61	93.75	116.25	136.25	148.75	197.50
62	100.00	125.00	146.25	160.00	211.25
63	107.50	133.75	157.50	171.25	227.50
64	115.00	143.75	167.50	182.50	243.75
65	122.50	153.75	178.75	195.00	260.00
66	132.50	166.25	192.50	210.00	281.25
67	143.75	178.75	208.75	226.25	305.00
68	156.25	195.00	227.50	247.50	332.50
69	168.75	212.50	247.50	270.00	362.50
70	182.50	231.25	270.00	293.75	395.00
71	198.75	253.75	295.00	322.50	432.50
72	217.50	277.50	325.00	355.00	473.75
73	238.75	306.25	357.50	391.25	520.00
74	262.50	336.25	392.50	430.00	571.25
75	288.75	368.75	432.50	473.75	626.25
76	316.25	403.75	475.00	521.25	686.25
77	345.00	442.50	520.00	570.00	750.00
78	373.75	483.75	568.75	623.75	818.75
79	406.25	527.50	620.00	681.25	891.25
80	438.75				
81	473.75				
82	508.75				
83	545.00				
84	585.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.25	51.25	58.75	63.75	85.00
45-49	46.25	56.25	65.00	71.25	93.75
50-54	56.25	70.00	82.50	90.00	117.50
55	65.00	81.25	95.00	102.50	138.75
56	68.75	86.25	100.00	108.75	146.25
57	72.50	91.25	106.25	115.00	156.25
58	77.50	97.50	113.75	123.75	166.25
59	83.75	105.00	121.25	132.50	177.50
60	90.00	112.50	131.25	143.75	190.00
61	96.25	121.25	141.25	155.00	203.75
62	103.75	130.00	151.25	166.25	218.75
63	111.25	138.75	162.50	177.50	235.00
64	118.75	148.75	173.75	190.00	251.25
65	127.50	158.75	185.00	202.50	268.75
66	137.50	171.25	200.00	217.50	290.00
67	148.75	185.00	216.25	235.00	315.00
68	161.25	201.25	235.00	256.25	342.50
69	173.75	218.75	256.25	278.75	373.75
70	188.75	238.75	278.75	303.75	407.50
71	205.00	261.25	305.00	333.75	446.25
72	223.75	286.25	335.00	366.25	488.75
73	246.25	315.00	368.75	403.75	536.25
74	270.00	346.25	405.00	443.75	590.00
75	297.50	380.00	446.25	488.75	646.25
76	325.00	416.25	490.00	537.50	707.50
77	355.00	456.25	536.25	588.75	773.75
78	385.00	498.75	586.25	643.75	843.75
79	417.50	543.75	640.00	703.75	918.75
80	451.25				
81	486.25				
82	522.50				
83	560.00				
84	600.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	36.25	40.00	51.25
45-49	31.25	38.75	41.25	43.75	57.50
50-54	38.75	45.00	51.25	55.00	70.00
55	43.75	52.50	58.75	63.75	83.75
56	47.50	56.25	63.75	67.50	88.75
57	50.00	60.00	67.50	72.50	95.00
58	55.00	65.00	73.75	77.50	102.50
59	58.75	70.00	80.00	85.00	111.25
60	63.75	76.25	86.25	92.50	122.50
61	68.75	82.50	93.75	101.25	132.50
62	75.00	90.00	102.50	110.00	143.75
63	81.25	97.50	110.00	118.75	156.25
64	85.00	102.50	118.75	127.50	166.25
65	91.25	110.00	127.50	136.25	177.50
66	97.50	118.75	138.75	148.75	192.50
67	106.25	130.00	150.00	161.25	210.00
68	116.25	141.25	163.75	177.50	231.25
69	126.25	155.00	180.00	193.75	252.50
70	138.75	168.75	195.00	213.75	277.50
71	151.25	186.25	216.25	235.00	306.25
72	167.50	207.50	240.00	261.25	340.00
73	185.00	231.25	267.50	291.25	377.50
74	206.25	257.50	297.50	325.00	418.75
75	230.00	285.00	331.25	361.25	465.00
76	252.50	316.25	367.50	401.25	515.00
77	280.00	350.00	407.50	443.75	568.75
78	307.50	386.25	450.00	491.25	626.25
79	338.75	425.00	495.00	540.00	688.75
80	370.00				
81	405.00				
82	441.25				
83	480.00				
84	520.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	43.75	45.00	60.00
45-49	36.25	43.75	48.75	51.25	66.25
50-54	42.50	51.25	58.75	63.75	82.50
55	50.00	58.75	66.25	72.50	95.00
56	52.50	61.25	70.00	76.25	100.00
57	56.25	66.25	75.00	81.25	107.50
58	60.00	72.50	81.25	86.25	115.00
59	65.00	77.50	88.75	95.00	123.75
60	68.75	85.00	95.00	102.50	133.75
61	75.00	91.25	105.00	113.75	145.00
62	81.25	98.75	113.75	122.50	157.50
63	86.25	106.25	122.50	131.25	170.00
64	92.50	113.75	130.00	140.00	182.50
65	100.00	120.00	140.00	148.75	195.00
66	106.25	130.00	150.00	160.00	211.25
67	115.00	141.25	161.25	175.00	231.25
68	125.00	152.50	177.50	192.50	252.50
69	136.25	167.50	193.75	210.00	276.25
70	150.00	185.00	211.25	231.25	305.00
71	163.75	202.50	235.00	255.00	335.00
72	181.25	226.25	260.00	283.75	370.00
73	201.25	251.25	290.00	316.25	411.25
74	222.50	280.00	323.75	351.25	456.25
75	247.50	310.00	360.00	391.25	506.25
76	272.50	343.75	400.00	435.00	560.00
77	301.25	380.00	442.50	482.50	618.75
78	331.25	418.75	490.00	533.75	681.25
79	363.75	461.25	538.75	586.25	748.75
80	397.50				
81	433.75				
82	472.50				
83	511.25				
84	555.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	48.75	63.75
45-49	38.75	45.00	51.25	55.00	70.00
50-54	43.75	55.00	61.25	66.25	88.75
55	51.25	61.25	68.75	75.00	100.00
56	55.00	65.00	73.75	80.00	106.25
57	57.50	68.75	77.50	85.00	111.25
58	61.25	75.00	83.75	91.25	120.00
59	66.25	81.25	91.25	100.00	130.00
60	72.50	88.75	100.00	107.50	140.00
61	77.50	95.00	108.75	117.50	151.25
62	83.75	102.50	117.50	126.25	163.75
63	90.00	110.00	126.25	135.00	176.25
64	95.00	117.50	133.75	143.75	188.75
65	102.50	125.00	143.75	155.00	202.50
66	110.00	133.75	155.00	166.25	218.75
67	118.75	145.00	167.50	181.25	240.00
68	130.00	158.75	183.75	198.75	261.25
69	141.25	173.75	200.00	217.50	286.25
70	155.00	191.25	218.75	238.75	315.00
71	168.75	210.00	242.50	263.75	347.50
72	186.25	233.75	268.75	292.50	383.75
73	207.50	260.00	300.00	326.25	426.25
74	230.00	288.75	333.75	363.75	472.50
75	255.00	320.00	372.50	405.00	523.75
76	281.25	356.25	413.75	450.00	580.00
77	310.00	392.50	457.50	498.75	640.00
78	341.25	432.50	506.25	551.25	705.00
79	373.75	476.25	557.50	607.50	773.75
80	408.75				
81	445.00				
82	485.00				
83	526.25				
84	568.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	76.25	83.75	110.00
45-49	58.75	73.75	85.00	92.50	122.50
50-54	72.50	90.00	105.00	113.75	156.25
55	82.50	105.00	120.00	131.25	181.25
56	86.25	110.00	127.50	138.75	190.00
57	92.50	117.50	135.00	147.50	201.25
58	98.75	125.00	143.75	157.50	213.75
59	106.25	133.75	155.00	167.50	226.25
60	113.75	142.50	165.00	177.50	241.25
61	120.00	152.50	176.25	191.25	257.50
62	130.00	163.75	188.75	205.00	275.00
63	138.75	173.75	200.00	217.50	293.75
64	147.50	185.00	213.75	232.50	313.75
65	156.25	197.50	227.50	247.50	333.75
66	167.50	210.00	242.50	265.00	357.50
67	180.00	226.25	261.25	285.00	385.00
68	192.50	243.75	282.50	308.75	416.25
69	207.50	261.25	306.25	333.75	448.75
70	223.75	283.75	331.25	361.25	483.75
71	242.50	307.50	358.75	392.50	525.00
72	263.75	333.75	391.25	427.50	570.00
73	286.25	365.00	427.50	467.50	622.50
74	313.75	398.75	467.50	511.25	677.50
75	342.50	435.00	510.00	558.75	740.00
76	372.50	476.25	557.50	610.00	806.25
77	405.00	518.75	607.50	666.25	876.25
78	436.25	566.25	660.00	725.00	951.25
79	472.50	615.00	717.50	788.75	1032.50
80	508.75				
81	545.00				
82	585.00				
83	626.25				
84	668.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	75.00	86.25	95.00	123.75
45-49	66.25	82.50	97.50	105.00	138.75
50-54	81.25	101.25	118.75	130.00	175.00
55	91.25	116.25	136.25	148.75	200.00
56	95.00	122.50	143.75	156.25	208.75
57	101.25	130.00	151.25	165.00	220.00
58	107.50	136.25	160.00	175.00	233.75
59	115.00	145.00	170.00	185.00	248.75
60	123.75	156.25	181.25	197.50	263.75
61	132.50	166.25	192.50	208.75	281.25
62	141.25	177.50	205.00	223.75	300.00
63	150.00	190.00	217.50	236.25	320.00
64	158.75	201.25	232.50	252.50	340.00
65	168.75	213.75	247.50	268.75	363.75
66	181.25	227.50	265.00	290.00	386.25
67	193.75	245.00	285.00	311.25	417.50
68	208.75	265.00	308.75	338.75	450.00
69	225.00	283.75	332.50	365.00	485.00
70	242.50	308.75	360.00	393.75	523.75
71	261.25	333.75	391.25	427.50	567.50
72	285.00	363.75	425.00	466.25	617.50
73	310.00	397.50	465.00	508.75	673.75
74	338.75	432.50	507.50	556.25	733.75
75	368.75	472.50	552.50	606.25	800.00
76	401.25	515.00	602.50	660.00	868.75
77	433.75	558.75	656.25	718.75	945.00
78	468.75	607.50	713.75	782.50	1025.00
79	505.00	658.75	773.75	848.75	1111.25
80	543.75				
81	582.50				
82	625.00				
83	667.50				
84	711.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	77.50	91.25	100.00	130.00
45-49	68.75	86.25	101.25	110.00	143.75
50-54	85.00	107.50	125.00	135.00	182.50
55	95.00	120.00	142.50	156.25	207.50
56	100.00	126.25	150.00	163.75	217.50
57	106.25	133.75	157.50	172.50	230.00
58	111.25	142.50	166.25	182.50	242.50
59	118.75	151.25	176.25	192.50	257.50
60	127.50	161.25	186.25	205.00	273.75
61	136.25	172.50	198.75	216.25	291.25
62	145.00	183.75	211.25	231.25	310.00
63	155.00	195.00	225.00	245.00	331.25
64	165.00	207.50	240.00	261.25	351.25
65	175.00	220.00	256.25	280.00	375.00
66	186.25	235.00	275.00	300.00	400.00
67	200.00	252.50	295.00	323.75	431.25
68	215.00	273.75	318.75	350.00	465.00
69	232.50	293.75	343.75	377.50	501.25
70	250.00	318.75	372.50	408.75	541.25
71	270.00	345.00	405.00	442.50	586.25
72	293.75	376.25	440.00	482.50	638.75
73	320.00	410.00	480.00	526.25	695.00
74	348.75	447.50	523.75	575.00	757.50
75	380.00	486.25	570.00	626.25	825.00
76	413.75	531.25	622.50	682.50	897.50
77	447.50	576.25	676.25	742.50	975.00
78	482.50	625.00	735.00	807.50	1057.50
79	518.75	677.50	797.50	875.00	1145.00
80	558.75				
81	598.75				
82	641.25				
83	685.00				
84	731.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	57.50	61.25	82.50
45-49	43.75	55.00	63.75	68.75	91.25
50-54	57.50	70.00	81.25	90.00	117.50
55	66.25	81.25	93.75	102.50	140.00
56	68.75	85.00	98.75	107.50	148.75
57	73.75	91.25	106.25	115.00	158.75
58	80.00	98.75	115.00	123.75	170.00
59	85.00	106.25	123.75	133.75	183.75
60	92.50	116.25	133.75	145.00	197.50
61	101.25	125.00	145.00	157.50	213.75
62	108.75	135.00	157.50	170.00	230.00
63	116.25	145.00	168.75	182.50	247.50
64	125.00	156.25	181.25	195.00	265.00
65	132.50	166.25	192.50	208.75	283.75
66	142.50	180.00	207.50	225.00	306.25
67	155.00	193.75	225.00	243.75	332.50
68	167.50	211.25	245.00	266.25	361.25
69	182.50	231.25	267.50	291.25	393.75
70	198.75	251.25	292.50	318.75	431.25
71	217.50	276.25	320.00	350.00	470.00
72	238.75	302.50	352.50	385.00	516.25
73	261.25	333.75	388.75	425.00	567.50
74	288.75	366.25	427.50	467.50	622.50
75	316.25	402.50	470.00	515.00	682.50
76	347.50	441.25	516.25	566.25	748.75
77	377.50	483.75	566.25	620.00	817.50
78	410.00	527.50	618.75	680.00	892.50
79	445.00	576.25	675.00	741.25	970.00
80	482.50				
81	520.00				
82	560.00				
83	601.25				
84	645.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	57.50	66.25	70.00	93.75
45-49	51.25	63.75	72.50	80.00	105.00
50-54	63.75	80.00	92.50	101.25	132.50
55	73.75	91.25	106.25	115.00	156.25
56	77.50	97.50	111.25	122.50	165.00
57	82.50	102.50	118.75	130.00	176.25
58	88.75	110.00	127.50	140.00	188.75
59	93.75	117.50	136.25	150.00	201.25
60	101.25	127.50	148.75	161.25	216.25
61	110.00	136.25	160.00	175.00	232.50
62	117.50	147.50	172.50	188.75	248.75
63	126.25	157.50	185.00	201.25	267.50
64	135.00	168.75	197.50	215.00	286.25
65	143.75	181.25	210.00	230.00	306.25
66	156.25	195.00	226.25	247.50	331.25
67	168.75	210.00	245.00	266.25	358.75
68	183.75	230.00	267.50	291.25	391.25
69	198.75	250.00	291.25	317.50	426.25
70	215.00	272.50	317.50	345.00	465.00
71	233.75	298.75	347.50	380.00	508.75
72	256.25	326.25	382.50	417.50	557.50
73	281.25	360.00	420.00	460.00	611.25
74	308.75	395.00	461.25	506.25	672.50
75	340.00	433.75	508.75	557.50	736.25
76	372.50	475.00	558.75	613.75	807.50
77	406.25	520.00	611.25	670.00	882.50
78	440.00	568.75	668.75	733.75	963.75
79	477.50	620.00	730.00	801.25	1048.75
80	516.25				
81	557.50				
82	598.75				
83	641.25				
84	688.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.75	60.00	68.75	75.00	100.00
45-49	55.00	66.25	76.25	83.75	110.00
50-54	66.25	82.50	97.50	106.25	138.75
55	76.25	95.00	111.25	120.00	163.75
56	81.25	101.25	117.50	127.50	172.50
57	85.00	107.50	125.00	135.00	183.75
58	91.25	115.00	133.75	145.00	195.00
59	98.75	123.75	142.50	156.25	208.75
60	106.25	132.50	155.00	168.75	223.75
61	113.75	142.50	166.25	182.50	240.00
62	122.50	152.50	177.50	195.00	257.50
63	131.25	163.75	191.25	208.75	276.25
64	140.00	175.00	205.00	223.75	295.00
65	150.00	186.25	217.50	238.75	316.25
66	161.25	201.25	235.00	256.25	341.25
67	175.00	217.50	255.00	276.25	370.00
68	190.00	236.25	276.25	301.25	402.50
69	205.00	257.50	301.25	327.50	440.00
70	222.50	281.25	327.50	357.50	480.00
71	241.25	307.50	358.75	392.50	525.00
72	263.75	336.25	393.75	431.25	575.00
73	290.00	370.00	433.75	475.00	631.25
74	317.50	407.50	476.25	522.50	693.75
75	350.00	447.50	525.00	575.00	760.00
76	382.50	490.00	576.25	632.50	832.50
77	417.50	536.25	631.25	692.50	910.00
78	452.50	586.25	690.00	757.50	992.50
79	491.25	640.00	752.50	827.50	1081.25
80	531.25				
81	572.50				
82	615.00				
83	658.75				
84	706.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21	24	28	30	38
45-49	23	27	31	33	42
50-54	28	33	38	41	52
55	32	38	44	47	62
56	34	41	47	50	66
57	37	44	50	54	71
58	40	48	54	59	77
59	44	52	59	64	84
60	48	57	65	71	91
61	52	63	71	77	99
62	56	68	77	84	108
63	60	73	83	90	116
64	64	78	89	96	125
65	68	84	95	103	134
66	74	90	103	111	145
67	80	98	112	121	158
68	87	107	123	133	174
69	95	117	135	146	191
70	104	128	148	161	210
71	115	142	164	179	232
72	128	158	183	200	259
73	143	177	205	224	290
74	159	198	230	251	324
75	178	222	258	281	361
76	198	248	288	314	402
77	220	276	321	349	447
78	244	307	357	387	495
79	270	339	395	428	547
80	297				
81	327				
82	358				
83	391				
84	426				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	30	34	36	46
45-49	27	33	37	40	51
50-54	32	39	45	49	64
55	38	45	51	55	73
56	40	48	54	58	77
57	43	51	58	62	82
58	46	55	62	67	88
59	50	60	68	73	95
60	54	65	74	80	104
61	58	71	81	87	112
62	63	76	88	95	122
63	68	82	94	101	131
64	72	88	100	109	141
65	77	95	107	116	152
66	83	101	116	126	164
67	90	111	126	137	179
68	98	121	138	151	196
69	107	132	152	165	216
70	117	145	167	181	237
71	128	160	185	201	263
72	143	178	206	225	293
73	159	199	231	251	327
74	177	223	259	282	365
75	198	249	290	315	407
76	220	277	324	353	454
77	245	309	360	392	504
78	271	343	400	435	557
79	299	380	443	482	616
80	329				
81	361				
82	394				
83	430				
84	468				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	36	39	50
45-49	29	35	40	43	55
50-54	34	42	48	52	69
55	40	48	54	59	77
56	42	51	57	62	81
57	45	54	61	66	86
58	48	58	66	71	93
59	52	63	72	77	100
60	57	68	78	84	109
61	61	74	85	91	118
62	66	80	92	99	128
63	71	86	99	106	138
64	75	92	105	114	148
65	81	99	112	122	159
66	87	106	121	132	172
67	94	116	132	144	188
68	102	127	145	158	206
69	112	138	159	173	226
70	122	152	175	190	249
71	134	167	194	211	276
72	149	186	216	235	307
73	166	208	242	263	343
74	185	233	271	295	383
75	207	260	303	330	427
76	230	290	339	369	476
77	255	323	377	411	528
78	282	358	418	456	584
79	311	397	463	505	645
80	342				
81	375				
82	410				
83	447				
84	486				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	49	56	60	82
45-49	44	54	62	67	91
50-54	54	67	77	85	116
55	63	78	90	98	134
56	66	82	95	104	142
57	70	87	101	110	150
58	75	93	108	117	159
59	79	99	115	125	169
60	85	106	122	133	180
61	91	113	131	142	192
62	97	121	140	152	205
63	103	129	150	162	219
64	110	137	159	173	233
65	117	146	170	185	249
66	125	157	182	198	268
67	135	169	197	214	289
68	146	183	213	232	313
69	157	198	230	251	338
70	170	215	250	273	367
71	184	234	272	297	399
72	201	256	298	326	436
73	221	281	328	359	478
74	243	309	361	395	524
75	267	339	397	434	575
76	292	372	436	478	630
77	319	408	479	524	689
78	347	446	525	574	752
79	377	487	574	627	820
80	408				
81	440				
82	474				
83	509				
84	546				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46	57	66	72	95
45-49	51	64	73	80	106
50-54	63	79	91	99	134
55	71	90	104	113	154
56	74	95	110	119	162
57	78	100	116	126	170
58	83	106	123	134	180
59	89	112	130	143	191
60	96	119	139	151	202
61	102	127	148	161	216
62	109	136	158	172	230
63	116	144	169	184	246
64	123	154	179	196	262
65	131	164	192	209	280
66	140	176	205	224	300
67	150	190	222	242	324
68	162	205	240	262	351
69	175	223	259	284	379
70	190	242	282	309	411
71	206	263	307	336	447
72	225	288	336	368	489
73	247	315	369	405	535
74	271	346	405	444	586
75	297	380	445	487	643
76	325	415	488	535	704
77	354	455	534	586	769
78	385	496	585	640	839
79	417	542	637	698	913
80	451				
81	486				
82	522				
83	561				
84	601				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	61	70	77	101
45-49	54	68	78	86	112
50-54	67	84	97	105	142
55	75	95	110	120	162
56	78	100	116	126	170
57	82	105	122	133	179
58	87	111	129	141	189
59	93	118	137	150	200
60	100	125	146	159	212
61	107	133	155	169	226
62	114	142	166	181	241
63	121	151	177	193	257
64	129	161	188	206	274
65	137	172	201	219	293
66	146	184	215	235	314
67	157	199	232	254	339
68	169	215	251	275	367
69	183	233	272	298	397
70	198	253	295	324	430
71	215	275	322	353	468
72	235	301	352	386	511
73	258	330	386	424	560
74	283	362	424	465	613
75	310	397	465	510	672
76	339	434	510	559	735
77	369	475	558	612	803
78	401	518	610	668	876
79	434	565	664	729	953
80	469				
81	505				
82	543				
83	583				
84	624				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	36	42	46	61
45-49	32	40	47	51	68
50-54	43	53	60	65	87
55	49	61	69	76	103
56	52	64	73	80	110
57	55	68	78	86	118
58	59	73	84	93	127
59	64	79	91	100	137
60	69	86	99	108	148
61	75	93	108	117	159
62	81	101	117	127	172
63	87	108	126	137	185
64	93	116	135	146	198
65	100	124	144	157	213
66	108	133	155	169	230
67	117	145	169	184	250
68	127	158	185	201	273
69	138	173	202	220	298
70	150	189	221	241	326
71	164	208	243	266	357
72	181	230	269	294	394
73	200	255	298	326	435
74	222	282	331	362	481
75	245	313	366	401	531
76	270	346	404	443	585
77	297	381	446	489	643
78	325	419	491	538	705
79	355	460	538	591	772
80	386				
81	419				
82	453				
83	489				
84	527				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35	44	50	55	72
45-49	39	48	56	61	80
50-54	49	61	71	77	101
55	57	71	81	89	120
56	60	75	86	93	128
57	63	79	91	99	136
58	68	85	98	107	146
59	73	92	106	115	156
60	79	99	114	124	167
61	85	106	123	134	179
62	92	115	133	145	193
63	98	123	143	155	207
64	105	131	153	166	222
65	113	141	163	177	238
66	121	151	175	191	257
67	131	164	191	207	279
68	142	178	208	226	305
69	154	195	227	247	333
70	168	213	249	271	365
71	184	234	273	298	400
72	202	258	302	330	441
73	223	285	334	365	487
74	247	316	370	405	538
75	273	349	409	448	593
76	301	385	451	495	654
77	330	424	497	546	718
78	361	465	546	600	787
79	393	510	599	658	861
80	427				
81	462				
82	500				
83	539				
84	580				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	47	54	59	77
45-49	42	52	60	65	85
50-54	52	65	75	82	107
55	60	75	86	94	127
56	63	79	91	99	135
57	67	84	97	105	144
58	72	90	104	113	154
59	77	97	112	121	164
60	83	104	121	131	175
61	89	112	130	141	188
62	96	121	140	152	202
63	103	130	150	163	217
64	110	138	160	174	232
65	118	148	171	186	249
66	126	159	184	200	268
67	137	172	200	217	292
68	149	187	218	237	319
69	161	204	238	259	348
70	176	223	261	284	381
71	192	245	286	312	418
72	211	270	316	345	461
73	233	298	350	382	509
74	258	330	387	423	562
75	285	364	427	468	620
76	314	402	471	517	683
77	344	442	519	570	750
78	376	485	570	627	822
79	409	532	625	687	899
80	444				
81	481				
82	520				
83	560				
84	602				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	28	33	35	45
45-49	27	32	36	39	49
50-54	33	39	45	48	61
55	38	45	52	55	73
56	40	48	55	59	78
57	44	52	59	64	84
58	47	56	64	69	91
59	52	61	69	75	99
60	56	67	76	84	107
61	61	74	84	91	116
62	66	80	91	99	127
63	71	86	98	106	136
64	75	92	105	113	147
65	80	99	112	121	158
66	87	106	121	131	171
67	94	115	132	142	186
68	102	126	145	156	205
69	112	138	159	172	225
70	122	151	174	189	247
71	135	167	193	211	273
72	151	186	215	235	305
73	168	208	241	264	341
74	187	233	271	295	381
75	209	261	304	331	425
76	233	292	339	369	473
77	259	325	378	411	526
78	287	361	420	455	582
79	318	399	465	504	644
80	349				
81	385				
82	421				
83	460				
84	501				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	35	40	42	54
45-49	32	39	44	47	60
50-54	38	46	53	58	75
55	45	53	60	65	86
56	47	56	64	68	91
57	51	60	68	73	96
58	54	65	73	79	104
59	59	71	80	86	112
60	64	76	87	94	122
61	68	84	95	102	132
62	74	89	104	112	144
63	80	96	111	119	154
64	85	104	118	128	166
65	91	112	126	136	179
66	98	119	136	148	193
67	106	131	148	161	211
68	115	142	162	178	231
69	126	155	179	194	254
70	138	171	196	213	279
71	151	188	218	236	309
72	168	209	242	265	345
73	187	234	272	295	385
74	208	262	305	332	429
75	233	293	341	371	479
76	259	326	381	415	534
77	288	364	424	461	593
78	319	404	471	512	655
79	352	447	521	567	725
80	387				
81	425				
82	464				
83	506				
84	551				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	38	42	46	59
45-49	34	41	47	51	65
50-54	40	49	56	61	81
55	47	56	64	69	91
56	49	60	67	73	95
57	53	64	72	78	101
58	56	68	78	84	109
59	61	74	85	91	118
60	67	80	92	99	128
61	72	87	100	107	139
62	78	94	108	116	151
63	84	101	116	125	162
64	88	108	124	134	174
65	95	116	132	144	187
66	102	125	142	155	202
67	111	136	155	169	221
68	120	149	171	186	242
69	132	162	187	204	266
70	144	179	206	224	293
71	158	196	228	248	325
72	175	219	254	276	361
73	195	245	285	309	404
74	218	274	319	347	451
75	244	306	356	388	502
76	271	341	399	434	560
77	300	380	444	484	621
78	332	421	492	536	687
79	366	467	545	594	759
80	402				
81	441				
82	482				
83	526				
84	572				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	58	66	71	96
45-49	52	64	73	79	107
50-54	64	79	91	100	136
55	74	92	106	115	158
56	78	96	112	122	167
57	82	102	119	129	176
58	88	109	127	138	187
59	93	116	135	147	199
60	100	125	144	156	212
61	107	133	154	167	226
62	114	142	165	179	241
63	121	152	176	191	258
64	129	161	187	204	274
65	138	172	200	218	293
66	147	185	214	233	315
67	159	199	232	252	340
68	172	215	251	273	368
69	185	233	271	295	398
70	200	253	294	321	432
71	216	275	320	349	469
72	236	301	351	384	513
73	260	331	386	422	562
74	286	364	425	465	616
75	314	399	467	511	676
76	344	438	513	562	741
77	375	480	564	616	811
78	408	525	618	675	885
79	444	573	675	738	965
80	480				
81	518				
82	558				
83	599				
84	642				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54	67	78	85	112
45-49	60	75	86	94	125
50-54	74	93	107	116	158
55	84	106	122	133	181
56	87	112	129	140	191
57	92	118	136	148	200
58	98	125	145	158	212
59	105	132	153	168	225
60	113	140	164	178	238
61	120	149	174	189	254
62	128	160	186	202	271
63	136	169	199	216	289
64	145	181	211	231	308
65	154	193	226	246	329
66	165	207	241	264	353
67	176	224	261	285	381
68	191	241	282	308	413
69	206	262	305	334	446
70	224	285	332	364	484
71	242	309	361	395	526
72	265	339	395	433	575
73	291	371	434	476	629
74	319	407	476	522	689
75	349	447	524	573	756
76	382	488	574	629	828
77	416	535	628	689	905
78	453	584	688	753	987
79	491	638	749	821	1074
80	531				
81	572				
82	614				
83	660				
84	707				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58	72	82	91	119
45-49	64	80	92	101	132
50-54	79	99	114	124	167
55	88	112	129	141	191
56	92	118	136	148	200
57	96	124	144	156	211
58	102	131	152	166	222
59	109	139	161	176	235
60	118	147	172	187	249
61	126	156	182	199	266
62	134	167	195	213	284
63	142	178	208	227	302
64	152	189	221	242	322
65	161	202	236	258	345
66	172	216	253	276	369
67	185	234	273	299	399
68	199	253	295	324	432
69	215	274	320	351	467
70	233	298	347	381	506
71	253	324	379	415	551
72	276	354	414	454	601
73	304	388	454	499	659
74	333	426	499	547	721
75	365	467	547	600	791
76	399	511	600	658	865
77	434	559	656	720	945
78	472	609	718	786	1031
79	511	665	781	858	1121
80	552				
81	594				
82	639				
83	686				
84	734				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34	42	49	54	72
45-49	38	47	55	60	80
50-54	51	62	71	76	102
55	58	72	81	89	121
56	61	75	86	94	129
57	65	80	92	101	139
58	69	86	99	109	149
59	75	93	107	118	161
60	81	101	116	127	174
61	88	109	127	138	187
62	95	119	138	149	202
63	102	127	148	161	218
64	109	136	159	172	233
65	118	146	169	185	251
66	127	156	182	199	271
67	138	171	199	216	294
68	149	186	218	236	321
69	162	204	238	259	351
70	176	222	260	284	384
71	193	245	286	313	420
72	213	271	316	346	464
73	235	300	351	384	512
74	261	332	389	426	566
75	288	368	431	472	625
76	318	407	475	521	688
77	349	448	525	575	756
78	382	493	578	633	829
79	418	541	633	695	908
80	454				
81	493				
82	533				
83	575				
84	620				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41	52	59	65	85
45-49	46	56	66	72	94
50-54	58	72	84	91	119
55	67	84	95	105	141
56	71	88	101	109	151
57	74	93	107	116	160
58	80	100	115	126	172
59	86	108	125	135	184
60	93	116	134	146	196
61	100	125	145	158	211
62	108	135	156	171	227
63	115	145	168	182	244
64	124	154	180	195	261
65	133	166	192	208	280
66	142	178	206	225	302
67	154	193	225	244	328
68	167	209	245	266	359
69	181	229	267	291	392
70	198	251	293	319	429
71	216	275	321	351	471
72	238	304	355	388	519
73	262	335	393	429	573
74	291	372	435	476	633
75	321	411	481	527	698
76	354	453	531	582	769
77	388	499	585	642	845
78	425	547	642	706	926
79	462	600	705	774	1013
80	502				
81	544				
82	588				
83	634				
84	682				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45	55	64	69	91
45-49	49	61	71	76	100
50-54	61	76	88	96	126
55	71	88	101	111	149
56	74	93	107	116	159
57	79	99	114	124	169
58	85	106	122	133	181
59	91	114	132	142	193
60	98	122	142	154	206
61	105	132	153	166	221
62	113	142	165	179	238
63	121	153	176	192	255
64	129	162	188	205	273
65	139	174	201	219	293
66	148	187	216	235	315
67	161	202	235	255	344
68	175	220	256	279	375
69	189	240	280	305	409
70	207	262	307	334	448
71	226	288	336	367	492
72	248	318	372	406	542
73	274	351	412	449	599
74	304	388	455	498	661
75	335	428	502	551	729
76	369	473	554	608	804
77	405	520	611	671	882
78	442	571	671	738	967
79	481	626	735	808	1058
80	522				
81	566				
82	612				
83	659				
84	708				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	30.00	35.00	37.50	47.50
45-49	28.75	33.75	38.75	41.25	52.50
50-54	35.00	41.25	47.50	51.25	65.00
55	40.00	47.50	55.00	58.75	77.50
56	42.50	51.25	58.75	62.50	82.50
57	46.25	55.00	62.50	67.50	88.75
58	50.00	60.00	67.50	73.75	96.25
59	55.00	65.00	73.75	80.00	105.00
60	60.00	71.25	81.25	88.75	113.75
61	65.00	78.75	88.75	96.25	123.75
62	70.00	85.00	96.25	105.00	135.00
63	75.00	91.25	103.75	112.50	145.00
64	80.00	97.50	111.25	120.00	156.25
65	85.00	105.00	118.75	128.75	167.50
66	92.50	112.50	128.75	138.75	181.25
67	100.00	122.50	140.00	151.25	197.50
68	108.75	133.75	153.75	166.25	217.50
69	118.75	146.25	168.75	182.50	238.75
70	130.00	160.00	185.00	201.25	262.50
71	143.75	177.50	205.00	223.75	290.00
72	160.00	197.50	228.75	250.00	323.75
73	178.75	221.25	256.25	280.00	362.50
74	198.75	247.50	287.50	313.75	405.00
75	222.50	277.50	322.50	351.25	451.25
76	247.50	310.00	360.00	392.50	502.50
77	275.00	345.00	401.25	436.25	558.75
78	305.00	383.75	446.25	483.75	618.75
79	337.50	423.75	493.75	535.00	683.75
80	371.25				
81	408.75				
82	447.50				
83	488.75				
84	532.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	37.50	42.50	45.00	57.50
45-49	33.75	41.25	46.25	50.00	63.75
50-54	40.00	48.75	56.25	61.25	80.00
55	47.50	56.25	63.75	68.75	91.25
56	50.00	60.00	67.50	72.50	96.25
57	53.75	63.75	72.50	77.50	102.50
58	57.50	68.75	77.50	83.75	110.00
59	62.50	75.00	85.00	91.25	118.75
60	67.50	81.25	92.50	100.00	130.00
61	72.50	88.75	101.25	108.75	140.00
62	78.75	95.00	110.00	118.75	152.50
63	85.00	102.50	117.50	126.25	163.75
64	90.00	110.00	125.00	136.25	176.25
65	96.25	118.75	133.75	145.00	190.00
66	103.75	126.25	145.00	157.50	205.00
67	112.50	138.75	157.50	171.25	223.75
68	122.50	151.25	172.50	188.75	245.00
69	133.75	165.00	190.00	206.25	270.00
70	146.25	181.25	208.75	226.25	296.25
71	160.00	200.00	231.25	251.25	328.75
72	178.75	222.50	257.50	281.25	366.25
73	198.75	248.75	288.75	313.75	408.75
74	221.25	278.75	323.75	352.50	456.25
75	247.50	311.25	362.50	393.75	508.75
76	275.00	346.25	405.00	441.25	567.50
77	306.25	386.25	450.00	490.00	630.00
78	338.75	428.75	500.00	543.75	696.25
79	373.75	475.00	553.75	602.50	770.00
80	411.25				
81	451.25				
82	492.50				
83	537.50				
84	585.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	45.00	48.75	62.50
45-49	36.25	43.75	50.00	53.75	68.75
50-54	42.50	52.50	60.00	65.00	86.25
55	50.00	60.00	67.50	73.75	96.25
56	52.50	63.75	71.25	77.50	101.25
57	56.25	67.50	76.25	82.50	107.50
58	60.00	72.50	82.50	88.75	116.25
59	65.00	78.75	90.00	96.25	125.00
60	71.25	85.00	97.50	105.00	136.25
61	76.25	92.50	106.25	113.75	147.50
62	82.50	100.00	115.00	123.75	160.00
63	88.75	107.50	123.75	132.50	172.50
64	93.75	115.00	131.25	142.50	185.00
65	101.25	123.75	140.00	152.50	198.75
66	108.75	132.50	151.25	165.00	215.00
67	117.50	145.00	165.00	180.00	235.00
68	127.50	158.75	181.25	197.50	257.50
69	140.00	172.50	198.75	216.25	282.50
70	152.50	190.00	218.75	237.50	311.25
71	167.50	208.75	242.50	263.75	345.00
72	186.25	232.50	270.00	293.75	383.75
73	207.50	260.00	302.50	328.75	428.75
74	231.25	291.25	338.75	368.75	478.75
75	258.75	325.00	378.75	412.50	533.75
76	287.50	362.50	423.75	461.25	595.00
77	318.75	403.75	471.25	513.75	660.00
78	352.50	447.50	522.50	570.00	730.00
79	388.75	496.25	578.75	631.25	806.25
80	427.50				
81	468.75				
82	512.50				
83	558.75				
84	607.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	61.25	70.00	75.00	102.50
45-49	55.00	67.50	77.50	83.75	113.75
50-54	67.50	83.75	96.25	106.25	145.00
55	78.75	97.50	112.50	122.50	167.50
56	82.50	102.50	118.75	130.00	177.50
57	87.50	108.75	126.25	137.50	187.50
58	93.75	116.25	135.00	146.25	198.75
59	98.75	123.75	143.75	156.25	211.25
60	106.25	132.50	152.50	166.25	225.00
61	113.75	141.25	163.75	177.50	240.00
62	121.25	151.25	175.00	190.00	256.25
63	128.75	161.25	187.50	202.50	273.75
64	137.50	171.25	198.75	216.25	291.25
65	146.25	182.50	212.50	231.25	311.25
66	156.25	196.25	227.50	247.50	335.00
67	168.75	211.25	246.25	267.50	361.25
68	182.50	228.75	266.25	290.00	391.25
69	196.25	247.50	287.50	313.75	422.50
70	212.50	268.75	312.50	341.25	458.75
71	230.00	292.50	340.00	371.25	498.75
72	251.25	320.00	372.50	407.50	545.00
73	276.25	351.25	410.00	448.75	597.50
74	303.75	386.25	451.25	493.75	655.00
75	333.75	423.75	496.25	542.50	718.75
76	365.00	465.00	545.00	597.50	787.50
77	398.75	510.00	598.75	655.00	861.25
78	433.75	557.50	656.25	717.50	940.00
79	471.25	608.75	717.50	783.75	1025.00
80	510.00				
81	550.00				
82	592.50				
83	636.25				
84	682.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.50	71.25	82.50	90.00	118.75
45-49	63.75	80.00	91.25	100.00	132.50
50-54	78.75	98.75	113.75	123.75	167.50
55	88.75	112.50	130.00	141.25	192.50
56	92.50	118.75	137.50	148.75	202.50
57	97.50	125.00	145.00	157.50	212.50
58	103.75	132.50	153.75	167.50	225.00
59	111.25	140.00	162.50	178.75	238.75
60	120.00	148.75	173.75	188.75	252.50
61	127.50	158.75	185.00	201.25	270.00
62	136.25	170.00	197.50	215.00	287.50
63	145.00	180.00	211.25	230.00	307.50
64	153.75	192.50	223.75	245.00	327.50
65	163.75	205.00	240.00	261.25	350.00
66	175.00	220.00	256.25	280.00	375.00
67	187.50	237.50	277.50	302.50	405.00
68	202.50	256.25	300.00	327.50	438.75
69	218.75	278.75	323.75	355.00	473.75
70	237.50	302.50	352.50	386.25	513.75
71	257.50	328.75	383.75	420.00	558.75
72	281.25	360.00	420.00	460.00	611.25
73	308.75	393.75	461.25	506.25	668.75
74	338.75	432.50	506.25	555.00	732.50
75	371.25	475.00	556.25	608.75	803.75
76	406.25	518.75	610.00	668.75	880.00
77	442.50	568.75	667.50	732.50	961.25
78	481.25	620.00	731.25	800.00	1048.75
79	521.25	677.50	796.25	872.50	1141.25
80	563.75				
81	607.50				
82	652.50				
83	701.25				
84	751.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	76.25	87.50	96.25	126.25
45-49	67.50	85.00	97.50	107.50	140.00
50-54	83.75	105.00	121.25	131.25	177.50
55	93.75	118.75	137.50	150.00	202.50
56	97.50	125.00	145.00	157.50	212.50
57	102.50	131.25	152.50	166.25	223.75
58	108.75	138.75	161.25	176.25	236.25
59	116.25	147.50	171.25	187.50	250.00
60	125.00	156.25	182.50	198.75	265.00
61	133.75	166.25	193.75	211.25	282.50
62	142.50	177.50	207.50	226.25	301.25
63	151.25	188.75	221.25	241.25	321.25
64	161.25	201.25	235.00	257.50	342.50
65	171.25	215.00	251.25	273.75	366.25
66	182.50	230.00	268.75	293.75	392.50
67	196.25	248.75	290.00	317.50	423.75
68	211.25	268.75	313.75	343.75	458.75
69	228.75	291.25	340.00	372.50	496.25
70	247.50	316.25	368.75	405.00	537.50
71	268.75	343.75	402.50	441.25	585.00
72	293.75	376.25	440.00	482.50	638.75
73	322.50	412.50	482.50	530.00	700.00
74	353.75	452.50	530.00	581.25	766.25
75	387.50	496.25	581.25	637.50	840.00
76	423.75	542.50	637.50	698.75	918.75
77	461.25	593.75	697.50	765.00	1003.75
78	501.25	647.50	762.50	835.00	1095.00
79	542.50	706.25	830.00	911.25	1191.25
80	586.25				
81	631.25				
82	678.75				
83	728.75				
84	780.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	45.00	52.50	57.50	76.25
45-49	40.00	50.00	58.75	63.75	85.00
50-54	53.75	66.25	75.00	81.25	108.75
55	61.25	76.25	86.25	95.00	128.75
56	65.00	80.00	91.25	100.00	137.50
57	68.75	85.00	97.50	107.50	147.50
58	73.75	91.25	105.00	116.25	158.75
59	80.00	98.75	113.75	125.00	171.25
60	86.25	107.50	123.75	135.00	185.00
61	93.75	116.25	135.00	146.25	198.75
62	101.25	126.25	146.25	158.75	215.00
63	108.75	135.00	157.50	171.25	231.25
64	116.25	145.00	168.75	182.50	247.50
65	125.00	155.00	180.00	196.25	266.25
66	135.00	166.25	193.75	211.25	287.50
67	146.25	181.25	211.25	230.00	312.50
68	158.75	197.50	231.25	251.25	341.25
69	172.50	216.25	252.50	275.00	372.50
70	187.50	236.25	276.25	301.25	407.50
71	205.00	260.00	303.75	332.50	446.25
72	226.25	287.50	336.25	367.50	492.50
73	250.00	318.75	372.50	407.50	543.75
74	277.50	352.50	413.75	452.50	601.25
75	306.25	391.25	457.50	501.25	663.75
76	337.50	432.50	505.00	553.75	731.25
77	371.25	476.25	557.50	611.25	803.75
78	406.25	523.75	613.75	672.50	881.25
79	443.75	575.00	672.50	738.75	965.00
80	482.50				
81	523.75				
82	566.25				
83	611.25				
84	658.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.75	55.00	62.50	68.75	90.00
45-49	48.75	60.00	70.00	76.25	100.00
50-54	61.25	76.25	88.75	96.25	126.25
55	71.25	88.75	101.25	111.25	150.00
56	75.00	93.75	107.50	116.25	160.00
57	78.75	98.75	113.75	123.75	170.00
58	85.00	106.25	122.50	133.75	182.50
59	91.25	115.00	132.50	143.75	195.00
60	98.75	123.75	142.50	155.00	208.75
61	106.25	132.50	153.75	167.50	223.75
62	115.00	143.75	166.25	181.25	241.25
63	122.50	153.75	178.75	193.75	258.75
64	131.25	163.75	191.25	207.50	277.50
65	141.25	176.25	203.75	221.25	297.50
66	151.25	188.75	218.75	238.75	321.25
67	163.75	205.00	238.75	258.75	348.75
68	177.50	222.50	260.00	282.50	381.25
69	192.50	243.75	283.75	308.75	416.25
70	210.00	266.25	311.25	338.75	456.25
71	230.00	292.50	341.25	372.50	500.00
72	252.50	322.50	377.50	412.50	551.25
73	278.75	356.25	417.50	456.25	608.75
74	308.75	395.00	462.50	506.25	672.50
75	341.25	436.25	511.25	560.00	741.25
76	376.25	481.25	563.75	618.75	817.50
77	412.50	530.00	621.25	682.50	897.50
78	451.25	581.25	682.50	750.00	983.75
79	491.25	637.50	748.75	822.50	1076.25
80	533.75				
81	577.50				
82	625.00				
83	673.75				
84	725.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	58.75	67.50	73.75	96.25
45-49	52.50	65.00	75.00	81.25	106.25
50-54	65.00	81.25	93.75	102.50	133.75
55	75.00	93.75	107.50	117.50	158.75
56	78.75	98.75	113.75	123.75	168.75
57	83.75	105.00	121.25	131.25	180.00
58	90.00	112.50	130.00	141.25	192.50
59	96.25	121.25	140.00	151.25	205.00
60	103.75	130.00	151.25	163.75	218.75
61	111.25	140.00	162.50	176.25	235.00
62	120.00	151.25	175.00	190.00	252.50
63	128.75	162.50	187.50	203.75	271.25
64	137.50	172.50	200.00	217.50	290.00
65	147.50	185.00	213.75	232.50	311.25
66	157.50	198.75	230.00	250.00	335.00
67	171.25	215.00	250.00	271.25	365.00
68	186.25	233.75	272.50	296.25	398.75
69	201.25	255.00	297.50	323.75	435.00
70	220.00	278.75	326.25	355.00	476.25
71	240.00	306.25	357.50	390.00	522.50
72	263.75	337.50	395.00	431.25	576.25
73	291.25	372.50	437.50	477.50	636.25
74	322.50	412.50	483.75	528.75	702.50
75	356.25	455.00	533.75	585.00	775.00
76	392.50	502.50	588.75	646.25	853.75
77	430.00	552.50	648.75	712.50	937.50
78	470.00	606.25	712.50	783.75	1027.50
79	511.25	665.00	781.25	858.75	1123.75
80	555.00				
81	601.25				
82	650.00				
83	700.00				
84	752.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	35.00	41.25	43.75	56.25
45-49	33.75	40.00	45.00	48.75	61.25
50-54	41.25	48.75	56.25	60.00	76.25
55	47.50	56.25	65.00	68.75	91.25
56	50.00	60.00	68.75	73.75	97.50
57	55.00	65.00	73.75	80.00	105.00
58	58.75	70.00	80.00	86.25	113.75
59	65.00	76.25	86.25	93.75	123.75
60	70.00	83.75	95.00	105.00	133.75
61	76.25	92.50	105.00	113.75	145.00
62	82.50	100.00	113.75	123.75	158.75
63	88.75	107.50	122.50	132.50	170.00
64	93.75	115.00	131.25	141.25	183.75
65	100.00	123.75	140.00	151.25	197.50
66	108.75	132.50	151.25	163.75	213.75
67	117.50	143.75	165.00	177.50	232.50
68	127.50	157.50	181.25	195.00	256.25
69	140.00	172.50	198.75	215.00	281.25
70	152.50	188.75	217.50	236.25	308.75
71	168.75	208.75	241.25	263.75	341.25
72	188.75	232.50	268.75	293.75	381.25
73	210.00	260.00	301.25	330.00	426.25
74	233.75	291.25	338.75	368.75	476.25
75	261.25	326.25	380.00	413.75	531.25
76	291.25	365.00	423.75	461.25	591.25
77	323.75	406.25	472.50	513.75	657.50
78	358.75	451.25	525.00	568.75	727.50
79	397.50	498.75	581.25	630.00	805.00
80	436.25				
81	481.25				
82	526.25				
83	575.00				
84	626.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	43.75	50.00	52.50	67.50
45-49	40.00	48.75	55.00	58.75	75.00
50-54	47.50	57.50	66.25	72.50	93.75
55	56.25	66.25	75.00	81.25	107.50
56	58.75	70.00	80.00	85.00	113.75
57	63.75	75.00	85.00	91.25	120.00
58	67.50	81.25	91.25	98.75	130.00
59	73.75	88.75	100.00	107.50	140.00
60	80.00	95.00	108.75	117.50	152.50
61	85.00	105.00	118.75	127.50	165.00
62	92.50	111.25	130.00	140.00	180.00
63	100.00	120.00	138.75	148.75	192.50
64	106.25	130.00	147.50	160.00	207.50
65	113.75	140.00	157.50	170.00	223.75
66	122.50	148.75	170.00	185.00	241.25
67	132.50	163.75	185.00	201.25	263.75
68	143.75	177.50	202.50	222.50	288.75
69	157.50	193.75	223.75	242.50	317.50
70	172.50	213.75	245.00	266.25	348.75
71	188.75	235.00	272.50	295.00	386.25
72	210.00	261.25	302.50	331.25	431.25
73	233.75	292.50	340.00	368.75	481.25
74	260.00	327.50	381.25	415.00	536.25
75	291.25	366.25	426.25	463.75	598.75
76	323.75	407.50	476.25	518.75	667.50
77	360.00	455.00	530.00	576.25	741.25
78	398.75	505.00	588.75	640.00	818.75
79	440.00	558.75	651.25	708.75	906.25
80	483.75				
81	531.25				
82	580.00				
83	632.50				
84	688.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	47.50	52.50	57.50	73.75
45-49	42.50	51.25	58.75	63.75	81.25
50-54	50.00	61.25	70.00	76.25	101.25
55	58.75	70.00	80.00	86.25	113.75
56	61.25	75.00	83.75	91.25	118.75
57	66.25	80.00	90.00	97.50	126.25
58	70.00	85.00	97.50	105.00	136.25
59	76.25	92.50	106.25	113.75	147.50
60	83.75	100.00	115.00	123.75	160.00
61	90.00	108.75	125.00	133.75	173.75
62	97.50	117.50	135.00	145.00	188.75
63	105.00	126.25	145.00	156.25	202.50
64	110.00	135.00	155.00	167.50	217.50
65	118.75	145.00	165.00	180.00	233.75
66	127.50	156.25	177.50	193.75	252.50
67	138.75	170.00	193.75	211.25	276.25
68	150.00	186.25	213.75	232.50	302.50
69	165.00	202.50	233.75	255.00	332.50
70	180.00	223.75	257.50	280.00	366.25
71	197.50	245.00	285.00	310.00	406.25
72	218.75	273.75	317.50	345.00	451.25
73	243.75	306.25	356.25	386.25	505.00
74	272.50	342.50	398.75	433.75	563.75
75	305.00	382.50	445.00	485.00	627.50
76	338.75	426.25	498.75	542.50	700.00
77	375.00	475.00	555.00	605.00	776.25
78	415.00	526.25	615.00	670.00	858.75
79	457.50	583.75	681.25	742.50	948.75
80	502.50				
81	551.25				
82	602.50				
83	657.50				
84	715.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	72.50	82.50	88.75	120.00
45-49	65.00	80.00	91.25	98.75	133.75
50-54	80.00	98.75	113.75	125.00	170.00
55	92.50	115.00	132.50	143.75	197.50
56	97.50	120.00	140.00	152.50	208.75
57	102.50	127.50	148.75	161.25	220.00
58	110.00	136.25	158.75	172.50	233.75
59	116.25	145.00	168.75	183.75	248.75
60	125.00	156.25	180.00	195.00	265.00
61	133.75	166.25	192.50	208.75	282.50
62	142.50	177.50	206.25	223.75	301.25
63	151.25	190.00	220.00	238.75	322.50
64	161.25	201.25	233.75	255.00	342.50
65	172.50	215.00	250.00	272.50	366.25
66	183.75	231.25	267.50	291.25	393.75
67	198.75	248.75	290.00	315.00	425.00
68	215.00	268.75	313.75	341.25	460.00
69	231.25	291.25	338.75	368.75	497.50
70	250.00	316.25	367.50	401.25	540.00
71	270.00	343.75	400.00	436.25	586.25
72	295.00	376.25	438.75	480.00	641.25
73	325.00	413.75	482.50	527.50	702.50
74	357.50	455.00	531.25	581.25	770.00
75	392.50	498.75	583.75	638.75	845.00
76	430.00	547.50	641.25	702.50	926.25
77	468.75	600.00	705.00	770.00	1013.75
78	510.00	656.25	772.50	843.75	1106.25
79	555.00	716.25	843.75	922.50	1206.25
80	600.00				
81	647.50				
82	697.50				
83	748.75				
84	802.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.50	83.75	97.50	106.25	140.00
45-49	75.00	93.75	107.50	117.50	156.25
50-54	92.50	116.25	133.75	145.00	197.50
55	105.00	132.50	152.50	166.25	226.25
56	108.75	140.00	161.25	175.00	238.75
57	115.00	147.50	170.00	185.00	250.00
58	122.50	156.25	181.25	197.50	265.00
59	131.25	165.00	191.25	210.00	281.25
60	141.25	175.00	205.00	222.50	297.50
61	150.00	186.25	217.50	236.25	317.50
62	160.00	200.00	232.50	252.50	338.75
63	170.00	211.25	248.75	270.00	361.25
64	181.25	226.25	263.75	288.75	385.00
65	192.50	241.25	282.50	307.50	411.25
66	206.25	258.75	301.25	330.00	441.25
67	220.00	280.00	326.25	356.25	476.25
68	238.75	301.25	352.50	385.00	516.25
69	257.50	327.50	381.25	417.50	557.50
70	280.00	356.25	415.00	455.00	605.00
71	302.50	386.25	451.25	493.75	657.50
72	331.25	423.75	493.75	541.25	718.75
73	363.75	463.75	542.50	595.00	786.25
74	398.75	508.75	595.00	652.50	861.25
75	436.25	558.75	655.00	716.25	945.00
76	477.50	610.00	717.50	786.25	1035.00
77	520.00	668.75	785.00	861.25	1131.25
78	566.25	730.00	860.00	941.25	1233.75
79	613.75	797.50	936.25	1026.25	1342.50
80	663.75				
81	715.00				
82	767.50				
83	825.00				
84	883.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.50	90.00	102.50	113.75	148.75
45-49	80.00	100.00	115.00	126.25	165.00
50-54	98.75	123.75	142.50	155.00	208.75
55	110.00	140.00	161.25	176.25	238.75
56	115.00	147.50	170.00	185.00	250.00
57	120.00	155.00	180.00	195.00	263.75
58	127.50	163.75	190.00	207.50	277.50
59	136.25	173.75	201.25	220.00	293.75
60	147.50	183.75	215.00	233.75	311.25
61	157.50	195.00	227.50	248.75	332.50
62	167.50	208.75	243.75	266.25	355.00
63	177.50	222.50	260.00	283.75	377.50
64	190.00	236.25	276.25	302.50	402.50
65	201.25	252.50	295.00	322.50	431.25
66	215.00	270.00	316.25	345.00	461.25
67	231.25	292.50	341.25	373.75	498.75
68	248.75	316.25	368.75	405.00	540.00
69	268.75	342.50	400.00	438.75	583.75
70	291.25	372.50	433.75	476.25	632.50
71	316.25	405.00	473.75	518.75	688.75
72	345.00	442.50	517.50	567.50	751.25
73	380.00	485.00	567.50	623.75	823.75
74	416.25	532.50	623.75	683.75	901.25
75	456.25	583.75	683.75	750.00	988.75
76	498.75	638.75	750.00	822.50	1081.25
77	542.50	698.75	820.00	900.00	1181.25
78	590.00	761.25	897.50	982.50	1288.75
79	638.75	831.25	976.25	1072.50	1401.25
80	690.00				
81	742.50				
82	798.75				
83	857.50				
84	917.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.50	52.50	61.25	67.50	90.00
45-49	47.50	58.75	68.75	75.00	100.00
50-54	63.75	77.50	88.75	95.00	127.50
55	72.50	90.00	101.25	111.25	151.25
56	76.25	93.75	107.50	117.50	161.25
57	81.25	100.00	115.00	126.25	173.75
58	86.25	107.50	123.75	136.25	186.25
59	93.75	116.25	133.75	147.50	201.25
60	101.25	126.25	145.00	158.75	217.50
61	110.00	136.25	158.75	172.50	233.75
62	118.75	148.75	172.50	186.25	252.50
63	127.50	158.75	185.00	201.25	272.50
64	136.25	170.00	198.75	215.00	291.25
65	147.50	182.50	211.25	231.25	313.75
66	158.75	195.00	227.50	248.75	338.75
67	172.50	213.75	248.75	270.00	367.50
68	186.25	232.50	272.50	295.00	401.25
69	202.50	255.00	297.50	323.75	438.75
70	220.00	277.50	325.00	355.00	480.00
71	241.25	306.25	357.50	391.25	525.00
72	266.25	338.75	395.00	432.50	580.00
73	293.75	375.00	438.75	480.00	640.00
74	326.25	415.00	486.25	532.50	707.50
75	360.00	460.00	538.75	590.00	781.25
76	397.50	508.75	593.75	651.25	860.00
77	436.25	560.00	656.25	718.75	945.00
78	477.50	616.25	722.50	791.25	1036.25
79	522.50	676.25	791.25	868.75	1135.00
80	567.50				
81	616.25				
82	666.25				
83	718.75				
84	775.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.25	65.00	73.75	81.25	106.25
45-49	57.50	70.00	82.50	90.00	117.50
50-54	72.50	90.00	105.00	113.75	148.75
55	83.75	105.00	118.75	131.25	176.25
56	88.75	110.00	126.25	136.25	188.75
57	92.50	116.25	133.75	145.00	200.00
58	100.00	125.00	143.75	157.50	215.00
59	107.50	135.00	156.25	168.75	230.00
60	116.25	145.00	167.50	182.50	245.00
61	125.00	156.25	181.25	197.50	263.75
62	135.00	168.75	195.00	213.75	283.75
63	143.75	181.25	210.00	227.50	305.00
64	155.00	192.50	225.00	243.75	326.25
65	166.25	207.50	240.00	260.00	350.00
66	177.50	222.50	257.50	281.25	377.50
67	192.50	241.25	281.25	305.00	410.00
68	208.75	261.25	306.25	332.50	448.75
69	226.25	286.25	333.75	363.75	490.00
70	247.50	313.75	366.25	398.75	536.25
71	270.00	343.75	401.25	438.75	588.75
72	297.50	380.00	443.75	485.00	648.75
73	327.50	418.75	491.25	536.25	716.25
74	363.75	465.00	543.75	595.00	791.25
75	401.25	513.75	601.25	658.75	872.50
76	442.50	566.25	663.75	727.50	961.25
77	485.00	623.75	731.25	802.50	1056.25
78	531.25	683.75	802.50	882.50	1157.50
79	577.50	750.00	881.25	967.50	1266.25
80	627.50				
81	680.00				
82	735.00				
83	792.50				
84	852.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.25	68.75	80.00	86.25	113.75
45-49	61.25	76.25	88.75	95.00	125.00
50-54	76.25	95.00	110.00	120.00	157.50
55	88.75	110.00	126.25	138.75	186.25
56	92.50	116.25	133.75	145.00	198.75
57	98.75	123.75	142.50	155.00	211.25
58	106.25	132.50	152.50	166.25	226.25
59	113.75	142.50	165.00	177.50	241.25
60	122.50	152.50	177.50	192.50	257.50
61	131.25	165.00	191.25	207.50	276.25
62	141.25	177.50	206.25	223.75	297.50
63	151.25	191.25	220.00	240.00	318.75
64	161.25	202.50	235.00	256.25	341.25
65	173.75	217.50	251.25	273.75	366.25
66	185.00	233.75	270.00	293.75	393.75
67	201.25	252.50	293.75	318.75	430.00
68	218.75	275.00	320.00	348.75	468.75
69	236.25	300.00	350.00	381.25	511.25
70	258.75	327.50	383.75	417.50	560.00
71	282.50	360.00	420.00	458.75	615.00
72	310.00	397.50	465.00	507.50	677.50
73	342.50	438.75	515.00	561.25	748.75
74	380.00	485.00	568.75	622.50	826.25
75	418.75	535.00	627.50	688.75	911.25
76	461.25	591.25	692.50	760.00	1005.00
77	506.25	650.00	763.75	838.75	1102.50
78	552.50	713.75	838.75	922.50	1208.75
79	601.25	782.50	918.75	1010.00	1322.50
80	652.50				
81	707.50				
82	765.00				
83	823.75				
84	885.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

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)
08/19/2015	Withdrawn 11/17/2015	Form	Notification Letter with CNF	11/03/2015	PS VA w CNF Draft for filing 2015-08-19.pdf (Superceded)
07/20/2015	Withdrawn 11/17/2015	Supporting Document	Certificate of Compliance	08/19/2015	Certification of Compliance_VA_2015-07-16.pdf (Superceded)
07/20/2015	Withdrawn 11/23/2015	Rate	Rate Tables	11/17/2015	Phase I (RS_PS_VA_A45_20.4%)_20150720.pdf Phase II (RS_PS_VA_A45_Cumulative 44.96%)_20150720.pdf
07/20/2015	Withdrawn 11/17/2015	Form	Contingent Nonforfeiture Rider	08/19/2015	VA CNF Rider - FINAL.pdf (Superceded)
07/20/2015	Withdrawn 11/17/2015	Form	Notification Letter with CNF	08/19/2015	PS VA w CNF Draft for Filing 2015-07-16.pdf (Superceded)
07/20/2015	Withdrawn 11/17/2015	Form	Notification Letter without CNF	11/03/2015	PS VA no CNF Draft for Filing 2015-07-16.pdf (Superceded)
06/24/2015	Withdrawn 11/17/2015	Supporting Document	Certificate of Compliance	07/20/2015	Certificate of Compliance.pdf (Superceded)
06/24/2015	Withdrawn 11/17/2015	Supporting Document	Readability Certifications	08/19/2015	Readability Cert_Endorsement.pdf Readability Cert_CNF.pdf (Superceded) Readability Cert_Inflation Rider REVISED.pdf
06/24/2015	Withdrawn 11/17/2015	Supporting Document	Statements of Variability	11/03/2015	Statement of Variability - Endorsement - FINAL.pdf Statement of Variability - CNF rider - FINAL.pdf Statement of Variability - Simple Inflation rider - FINAL REVISED.pdf
06/24/2015	Withdrawn 11/17/2015	Form	Contingent Nonforfeiture Rider	07/20/2015	VA CNF Rider - FINAL.pdf (Superceded)

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/18/2015	Withdrawn 11/17/2015	Supporting Document	L&H Actuarial Memorandum	07/20/2015	VA_PS Act Memo_LR_44.96%_20150618.pdf (Superceded)
06/18/2015	Withdrawn 07/01/2015	Supporting Document	Response to April 16, 2015 Objection	06/24/2015	VA_Response to 20150416 Letter_20150618.pdf VA PS mailing FAQ 2015-04-20.pdf VA CNF Rider - FINAL.pdf (Superceded) PS VA no CNF Draft for filing 2015-04-20.pdf PS VA w CNF Draft for filing 2015-04-20.pdf Rate Request Summary_20150618.pdf VA Endorsement Form - FINAL.pdf (Superceded) Certificate of Compliance.pdf (Superceded) Statement of Variability - Simple Inflation rider - FINAL REVISED.pdf (Superceded) Simple Automatic Increase Benefit Rider - FINAL .pdf (Superceded) Readability Cert_Endorsement.pdf (Superceded) Readability Cert_CNF.pdf (Superceded) Readability Cert_Inflation Rider REVISED.pdf (Superceded) Statement of Variability - Endorsement - FINAL.pdf (Superceded) Statement of Variability - CNF rider - FINAL.pdf (Superceded)
04/17/2015	Withdrawn 11/17/2015	Rate	Simple Automatic Increase Benefit Riders	07/01/2015	
04/17/2015	Withdrawn 11/17/2015	Rate	Compound Automatic Increase Benefit Riders	07/01/2015	
04/17/2015	Withdrawn 11/17/2015	Rate	Cost of Living Increase Rider	07/01/2015	

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2012 Rate Increase/091CNA01-16*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/17/2015	Withdrawn 11/17/2015	Rate	Rate Tables	07/20/2015	RS_PS_VA_A45_20.4%_20150618.pdf (Superceded) RS_PS_VA_A45_44.96%_20150618.pdf (Superceded)
04/17/2015	Withdrawn 11/17/2015	Rate	Survivorship Benefit Rider	07/01/2015	
04/17/2015	Withdrawn 11/17/2015	Rate	Dual Waiver of Premium Rider	07/01/2015	
04/17/2015	Withdrawn 11/17/2015	Rate	Shared Advantage Rider	07/01/2015	
04/17/2015	Withdrawn 11/17/2015	Rate	Restoration of Benefits Riders	07/01/2015	
04/07/2015	Withdrawn 07/01/2015	Rate	Rate Tables	04/17/2015	RS_PS_VA_A45_45%_20150407.pdf (Superceded)
04/24/2013	Withdrawn 04/16/2015	Rate	Rate Tables	04/07/2015	RS_PS_VA_A45_20130426.pdf (Superceded)
01/03/2013	Withdrawn 07/01/2015	Supporting Document	L&H Actuarial Memorandum	06/18/2015	VA_PS Act Memo_LR_20130426.pdf (Superceded)

Underwritten by Continental Casualty Company

P.O. Box 64912
St. Paul MN 55164-0912
1-800-262-6692
Fax: 952-983-5193

August 19, 2015

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Premium Adjustment Notice

Company: «Continental Casualty Company» (CCC)
Policy Number:«POLICY NUMBER»
Insured: «FNAME» «MI» «LNAME»

Dear «FNAME» «LNAME»:

The purpose of this letter is to notify you that the long-term care insurance premium for policy number «POLICY NUMBER» issued by «Continental Casualty Company» is being increased. Specifically, the premium you currently pay «current premium» will increase on the first premium due date on or after «renewal date» as shown below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«renewal date»	«increase percentage»	«Premium amount»

In addition, a subsequent increase will also be applied to your policy on or after the first premium due date on or after the following premium renewal date by the percentage reflected below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«next renewal date»	«2nd increase percentage»	«Premium amount»

While this is not a bill, you should keep a copy of this letter with your policy.

You have the option to lapse your policy and exercise a Contingent Benefit Upon Lapse. Please see the attached illustration that describes this benefit in detail.

The decision to implement a premium increase is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CCC, are facing significant challenges as it relates to the pricing of its long term care policies. CCC, like all insurance companies, continuously

monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

When CCC originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on CCC's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with CCC's actual experience. We evaluated the factors which impact premium rates, including assumptions we make about the number of claims we expect to pay, the life expectancy of our insureds, and the number of insureds who will lapse their coverage. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

Therefore, after careful review and analysis of the long-term care policy experience, CCC determined that a premium adjustment is needed, and a <<increase percentage>> increase is being implemented in each of the next two years (for an overall increase of 44.96%) for the state where your policy was originally issued. CCC will continue to evaluate this block of business, and may seek additional premium rate increases over the next few years as part of a multiyear effort to achieve an actuarially appropriate rate level.

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 the public inspection and may be accessed online through the Virginia Bureau of Insurance webpage at www.scc.virginia.gov/BOI.

CCC's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. Your policy provides the ability for you to decrease your coverage which will help reduce the impact of the rate increase**.** Some possible options may be as follows:

1. Reducing the Maximum Lifetime Benefit; or
2. Reducing the Maximum Daily Facility Benefit and/or Maximum Home and Community Based Care Benefit; or
3. Increasing the Elimination Period; or
4. Deleting an optional rider for which a premium is charged.

In no event may your benefits be decreased below the minimum benefits available for new applicants or below what is required by the regulations of your state. If you elect to reduce your coverage under this provision, the premium will be based on the reduced amount of coverage elected. Since CCC sold policies with varying benefits, benefit reduction options may have different value to each policyholder, even though the options may result in the same or similar premium. Upon request, we can provide a revised premium rate schedule.

Should you wish to explore these options further, please contact us at our administrative office directly at 1-888-397-5824. We will be happy to provide you with whatever assistance we can to help you maintain your valuable coverage.

Sincerely,

Jennifer White
Director, Long Term Care Administration

Contingent Benefit Upon Lapse Illustration

As described below, if you decide you do not wish to pay the increased premiums taking effect after the renewal date of your policy, you may elect to lapse your policy after the renewal date, and exercise the Contingent Benefit Upon Lapse.

If you wish to exercise the Contingent Benefit Upon Lapse offer:

1. **Coverage must be in effect, and all current premiums for periods of coverage up to your renewal date of «renewal date» must be paid**. If all current premiums for periods of coverage up to «renewal date» are not paid, your policy will terminate back to the first unpaid premium period, and **you will not be eligible** for the Contingent Benefit Upon Lapse.
2. You must lapse your policy within 120 days after your rate increase takes effect on «renewal date». You may lapse your policy either by writing to us indicating your desire to lapse the policy after «renewal date», or by simply not paying the *increased* premium applicable to your renewal term starting «renewal date». If premium for coverage periods prior to «renewal date» is not paid within 120 days after «renewal date», you will not be eligible to exercise the Contingent Benefit Upon Lapse, regardless of intent to lapse due to the premium rate increase.
3. CCC will refund any increased renewal premiums you may have paid for periods beginning on or after «renewal date», as long as you lapse your coverage as described above within 120 days after «renewal date».
4. Your *daily* maximum benefit amount(s) in effect for the coverage period prior to «renewal date» will remain the same.
5. Your *lifetime* maximum benefit amount in effect for the coverage period prior to «renewal date» will be replaced by the Reduced Lifetime Maximum Benefit. This amount is the maximum amount of benefits payable under this policy after the lapse occurs.
6. Your coverage, with the Reduced Maximum Lifetime Benefit, will be considered “paid-up” with no further premiums due.
7. If your policy includes an Automatic Increase Benefit Rider, or any other inflation protection rider, your benefits will **not** continue increasing after lapse.

If you lapse your policy at any time after the 120-day window following «renewal date», **you will not be eligible** for the Contingent Benefit Upon Lapse, your policy will be terminated, and all benefits may be forfeited.

The next page reflects your current premium, daily and lifetime maximum benefits, as well as what your premium and Reduced Lifetime Maximum will be if you choose the Contingent Benefit Upon Lapse offer.

Please note: Policy data is based on CCC's records as of **<<notification generation date>>.**

Insured Name	«FNAME» «MI» «LNAME»
Policy Number	«POLICY NUMBER»
Increased Premium *(if elect to maintain current coverage)*	«new premium»
Current Maximum Facility Daily Benefit	<<Daily max amount>>
Current Lifetime Maximum Benefit	<<lifetime max>>

The information below describes the impact on your policy if you choose to exercise the Reduced Lifetime Maximum Benefit offer.

Maximum Facility Daily Benefit Upon Lapse	<<Daily max amount>>
Reduced Lifetime Maximum Benefit Upon Lapse*	<<reduced lifetime max>>
Premium Due after <<renewal date>>	Zero

* The Reduced Lifetime Maximum includes both Maximum Facility Daily Benefit upon lapse and any Home Health Care benefits that may be included in your policy. The Reduced Lifetime Maximum Benefit is the greater of 100% of the total premiums you have paid or 30X the Maximum Facility Daily Benefit.

Continental Casualty Company
Certification of Compliance

The company has reviewed the enclosed policy forms(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
R1-A45	Long-Term Care Insurance Policy Endorsement
R1-CNF-A45	Long-Term Care Insurance Contingent Nonforfeiture Benefit Rider
R1-N0079-A- VA	Long-Term Care Insurance Simple Automatic Increase Benefit Rider
R1-CNFLTR-A45	Notification Letter with CNF
R1-NOCNFLTR-A45	Notification Letter without CNF
R1-FAQ-A45	Frequently Asked Questions

Officer's Signature

Vice President, Operations
Officer's Title

7/16/15
Date

Continental Casualty Company

333 S. Wabash Ave.
Chicago, Illinois 60604

LONG-TERM CARE INSURANCE
CONTINGENT NONFORFEITURE BENEFIT RIDER
(To be attached to Your current Policy)

Policyholder Name:
Policy Number ("Policy"):
Policy Effective Date:
Rider Effective Date:

This Rider attaches to and becomes part of the Policy referenced above. **Please read this Rider carefully**. This Rider is provided only if Your Policy does not already include a nonforfeiture benefit. There is no additional premium for this Rider. Future premiums for the Policy remain payable under the terms of the Policy.

WHAT IS THE CONTINGENT NONFORFEITURE BENEFIT AND HOW DOES IT WORK?

The Contingent Nonforfeiture Benefit Rider provides for the continuation of coverage. This continuation of coverage will include a shortened Maximum Lifetime Benefit, and no further premiums will be due. The above will occur if the conditions listed below are met. The benefits payable will be subject to the limits below. The benefits payable are defined in and provided in Your Policy. These benefits will begin after the Contingent Nonforfeiture Benefit Date defined below.

1. The maximum benefit payable (per day and/or per visit), as provided for in Your Policy, will remain at the levels in effect on the Contingent Nonforfeiture Benefit Date.

2. The maximum benefit payable for all covered Long-Term Care You receive after the Contingent Nonforfeiture Benefit Date is the greater of:

    a. 100% of the sum of all premiums paid for this Policy. This includes premiums paid prior to any change in benefits. It does not include any premiums that We refund to You for any reason; or
    b. 30 times the maximum daily facility benefit, as provided for in Your Policy, in effect on the Contingent Nonforfeiture Benefit Date.

However, the total of all benefits payable under this Policy including this Contingent Nonforfeiture Benefit will not exceed the amount that would have been payable under your Policy if You had continued to pay the premium.

Benefits will be payable in accordance with all other terms and conditions of the Policy.

WHEN DOES THE CONTINGENT NONFORFEITURE BENEFIT APPLY?

The Contingent Nonforfeiture Benefit will take effect when the following events occur:

1. We increase Your premium rate to a level which results in a cumulative increase of the annual premium equal to or exceeding the Substantial Premium Increase Percentage for Your Issue Age. The Substantial Premium Increase Percentage is shown in the table below. Your Issue Age was Your age on Your effective date of coverage; and
2. Your Policy lapses because of non-payment of premium within 120 days of the first due date of the increased premium.
3. Coverage must be in effect. All premiums due for periods of coverage prior to the effective date of the increased premium must be paid.

We will notify You at least 75 days prior to the first due date of the premium reflecting the rate increase.

Any premium increase which results from a change in benefits requested by You or by a change in premium payment mode or a change in applicable discounts to Your policy is not a premium increase for the purpose of determining a Substantial Premium Increase Percentage. However, for purpose of the calculation of the cumulative rate increase above, the portion of the premium for the additional coverage shall be added to and considered part of the initial annual premium.

If Your Policy has been in effect for 20 years, You do not need to meet the percentage increase amount shown in the table below to be eligible for the Contingent Nonforfeiture Benefit.

WHAT IS THE CONTINGENT NONFORFEITURE BENEFIT DATE?

If Your premium rate increases to a level which results in a cumulative increase equal to or exceeding the Substantial Premium Increase Percentage below, and You choose not to pay the premium within 120 days of the first due date of the increased premium, the Contingent Nonforfeiture Benefit Date is the effective date of the premium increase. Your premium must be paid to the first due date of the premium increase.

SUBSTANTIAL PREMIUM INCREASE PERCENTAGES
(Percentage increase is cumulative from date of original issue.)

ISSUE AGE	PERCENT INCREASE OVER INITIAL PREMIUM		ISSUE AGE	PERCENT INCREASE OVER INITIAL PREMIUM
29 and under	100%		72	36%
30-34	100%		73	34%
35-39	100%		74	32%
40-44	100%		75	30%
45-49	100%		76	28%
50-54	100%		77	26%
55-59	90%		78	24%
60	70%		79	22%
61	66%		80	20%
62	62%		81	19%
63	58%		82	18%
64	54%		83	17%
65	50%		84	16%
66	48%		85	15%
67	46%		86	14%
68	44%		87	13%

69	42%		88	12%
70	40%		89	11%
71	38%		90 and over	10%

ALTERNATIVE OPTION TO DECREASE BENEFITS

In the event that We increase Your premium rate to a level which results in a cumulative increase of the annual premium equal to or exceeding the Substantial Premium Increase Percentage identified above, We will offer You the alternative of decreasing Your Policy benefits provided by Your current coverage without underwriting in order to offset the premium increase.

If you elect to convert your coverage to a Reduced Maximum Lifetime Benefit, your decision is irrevocable. You will not be able to reinstate the benefit amounts of the original Policy.

If you lapse your policy at any time after the 120-day window following the first premium increase due date, **you will not be eligible for the Contingent Nonforfeiture Benefit.** Your Policy will be terminated, and all benefits may be forfeited.

Except as specifically included in this Rider, this Rider does not alter any other existing conditions, limitations, or provisions of the coverage provided by the Policy to which it is attached.

SIGNED FOR CONTINENTAL CASUALTY COMPANY

Thomas F. Motamed

Chairman of the Board

[ ]

Jonathan Kanter

Secretary

[ ]

Underwritten by Continental Casualty Company

P.O. Box 64912
St. Paul MN 55164-0912
1-800-262-6692
Fax: 952-983-5193

July 16, 2015

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Premium Adjustment Notice

Company: «Continental Casualty Company» (CCC)
Policy Number: «POLICY NUMBER»
Insured: «FNAME» «MI» «LNAME»

Dear «FNAME» «LNAME»:

The purpose of this letter is to notify you that the long-term care insurance premium for policy number «POLICY NUMBER» issued by «Continental Casualty Company» is being increased. Specifically, the premium you currently pay «current premium» will increase on the first premium due date on or after «renewal date» as shown below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«renewal date»	«increase percentage»	«Premium amount»

In addition, a subsequent increase will also be applied to your policy on or after the first premium due date on or after the following premium renewal date by the percentage reflected below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«next renewal date»	«2nd increase percentage»	«Premium amount»

While this is not a bill, you should keep a copy of this letter with your policy.

You have the option to lapse your policy and exercise a Contingent Non-Forfeiture benefit. Please see the attached illustration that describes this benefit in detail.

The decision to implement a premium increase is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CCC, are facing significant challenges as it relates to the pricing of its long term care policies. CCC, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

When CCC originally priced these policies, it considered various assumptions which influenced the price of the policies, including assumptions made about the number of claims we expect to pay, the life expectancy of our insureds and the number of insureds who will lapse their coverage. These assumptions were based on CCC's best estimates of future experience at that time. The assumptions about the number of claims we expect to pay and the number of insureds who will lapse their coverage were later demonstrated to be inconsistent with CCC's actual experience. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

Therefore, after careful review and analysis of the long-term care policy experience, CCC determined that a premium adjustment is needed, and a <<increase percentage>> increase is being implemented in each of the next two years (for an overall increase of 44.96%) for the state where your policy was originally issued. CCC will continue to evaluate this block of business, and may seek additional premium rate increases over the next few years as part of a multiyear effort to achieve an actuarially appropriate rate level.

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 the public inspection and may be accessed online through the Virginia Bureau of Insurance webpage at www.scc.virginia.gov/BOI.

CCC's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. Your policy provides the ability for you to decrease your coverage which will help reduce the impact of the rate increase**.** Some possible options may be as follows:

1. Reducing the Maximum Lifetime Benefit; or
2. Reducing the Maximum Daily Facility Benefit and/or Maximum Home and Community Based Care Benefit; or
3. Increasing the Elimination Period; or
4. Deleting an optional rider for which a premium is charged.

In no event may your benefits be decreased below the minimum benefits available for new applicants or below what is required by the regulations of your state. If you elect to reduce your coverage under this provision, the premium will be based on the reduced amount of coverage elected. Since CCC sold policies with varying benefits, benefit reduction options may have different value to each policyholder, even though the options may result in the same or similar premium. Upon request, we can provide a revised premium rate schedule.

Should you wish to explore these options further, please contact us at our administrative office directly at 1-888-397-5824. We will be happy to provide you with whatever assistance we can to help you maintain your valuable coverage.

Sincerely,

Jennifer White
Director, Long Term Care Administration

Contingent Non-Forfeiture Benefit Illustration

As described below, if you decide you do not wish to pay the increased premiums taking effect after the renewal date of your policy, you may elect to lapse your policy after the renewal date, and exercise the Contingent Non-Forfeiture Benefit.

If you wish to exercise the Contingent Non-Forfeiture Benefit offer:

1. **Coverage must be in effect, and all current premiums for periods of coverage up to your renewal date of «renewal date» must be paid**. If all current premiums for periods of coverage up to «renewal date» are not paid, your policy will terminate back to the first unpaid premium period, and **you will not be eligible** for the Contingent Non-Forfeiture Benefit.
2. You must lapse your policy within 120 days after your rate increase takes effect on «renewal date». You may lapse your policy either by writing to us indicating your desire to lapse the policy after «renewal date», or by simply not paying the *increased* premium applicable to your renewal term starting «renewal date». If premium for coverage periods prior to «renewal date» is not paid within 120 days after «renewal date», you will not be eligible to exercise the Contingent Non-Forfeiture Benefit, regardless of intent to lapse due to the premium rate increase.
3. CCC will refund any increased renewal premiums you may have paid for periods beginning on or after «renewal date», as long as you lapse your coverage as described above within 120 days after «renewal date».
4. Your *daily* maximum benefit amount(s) in effect for the coverage period prior to «renewal date» will remain the same.
5. Your *lifetime* maximum benefit amount in effect for the coverage period prior to «renewal date» will be replaced by the Reduced Lifetime Maximum Benefit. This amount is the maximum amount of benefits payable under this policy after the lapse occurs.
6. Your coverage, with the Reduced Maximum Lifetime Benefit, will be considered "paid-up" with no further premiums due.
7. If your policy includes an Automatic Increase Benefit Rider, or any other inflation protection rider, your benefits will **not** continue increasing after lapse.

If you lapse your policy at any time after the 120-day window following «renewal date», **you will not be eligible** for the Contingent Non-Forfeiture Benefit, your policy will be terminated, and all benefits may be forfeited.

The next page reflects your current premium, daily and lifetime maximum benefits, as well as what your premium and Reduced Lifetime Maximum will be if you choose the Contingent Non-Forfeiture Benefit offer.

Please note: Policy data is based on CCC's records as of **<<notification generation date>>.**

Insured Name	«FNAME» «MI» «LNAME»
Policy Number	«POLICY NUMBER»
Increased Premium *(if elect to maintain current coverage)*	«new premium»
Current Maximum Facility Daily Benefit	<<Daily max amount>>
Current Lifetime Maximum Benefit	<<lifetime max>>

The information below describes the impact on your policy if you choose to exercise the Reduced Lifetime Maximum Benefit offer.

Maximum Facility Daily Benefit Upon Lapse	<<Daily max amount>>
Reduced Lifetime Maximum Benefit Upon Lapse*	<<reduced lifetime max>>
Premium Due after <<renewal date>>	Zero

* The Reduced Lifetime Maximum includes both Maximum Facility Daily Benefit upon lapse and any Home Health Care benefits that may be included in your policy. The Reduced Lifetime Maximum Benefit is the greater of 100% of the total premiums you have paid or 30X the Maximum Facility Daily Benefit.

Underwritten by Continental Casualty Company

P.O. Box 64912
St. Paul MN 55164-0912
1-800-262-6692
Fax: 952-983-5193

July 16, 2015

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Premium Adjustment Notice

Company: «Continental Casualty Company» (CCC)
Policy Number: «POLICY NUMBER»
Insured: «FNAME» «MI» «LNAME»

Dear «FNAME» «LNAME»:

The purpose of this letter is to notify you that the long-term care insurance premium for policy number «POLICY NUMBER» issued by «Continental Casualty Company» is being increased. Specifically, the premium you currently pay «current premium» will increase on the first premium due date on or after «renewal date» as shown below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«renewal date»	«increase percentage»	«Premium amount»

In addition, a subsequent increase will also be applied to your policy on or after the first premium due date on or after the following premium renewal date by the percentage reflected below:

Premium Renewal Date	Percentage Increase	New «Modal» Premium
«next renewal date»	«2nd increase percentage»	«Premium amount»

While this is not a bill, you should keep a copy of this letter with your policy.

The decision to implement a premium increase is a difficult one. The entire long term care insurance industry, including experienced, well established carriers like CCC, are facing significant challenges as it relates to the pricing of its long term care policies. CCC, like all insurance companies, continuously monitors the experience of its policies to ensure it will be able to meet the future claims obligations anticipated.

When CCC originally priced these policies, it considered various assumptions which influenced the price of the policies, including assumptions made about the number of claims we expect to pay, the life expectancy of our insureds and the number of insureds who will lapse their coverage. These assumptions were based on CCC's best estimates of future experience at that time. The assumptions about the number of claims we expect to pay and the number of insureds who will lapse their coverage were later demonstrated to be inconsistent with CCC's actual experience. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.

Therefore, after careful review and analysis of the long-term care policy experience, CCC determined that a premium adjustment is needed, and a <<increase percentage>> increase is being implemented in each of the next two years (for an overall increase of 44.96%) for the state where your policy was originally issued. CCC will continue to evaluate this block of business, and may seek additional premium rate increases over the next few years as part of a multiyear effort to achieve an actuarially appropriate rate level.

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 the public inspection and may be accessed online through the Virginia Bureau of Insurance webpage at www.scc.virginia.gov/BOI.

CCC's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium rate. Your policy provides the ability for you to decrease your coverage which will help reduce the impact of the rate increase**.** Some possible options may be as follows:

1. Reducing the Maximum Lifetime Benefit; or
2. Reducing the Maximum Daily Facility Benefit and/or Maximum Home and Community Based Care Benefit; or
3. Increasing the Elimination Period; or
4. Deleting an optional rider for which a premium is charged.
5. Exercising a non-forfeiture benefit as outlined in your policy (if applicable).

In no event may your benefits be decreased below the minimum benefits available for new applicants or below what is required by the regulations of your state. If you elect to reduce your coverage under this provision, the premium will be based on the reduced amount of coverage elected. Since CCC sold policies with varying benefits, benefit reduction options may have different value to each policyholder, even though the options may result in the same or similar premium. Upon request, we can provide a revised premium rate schedule.

Should you wish to explore these options further, please contact us at our administrative office directly at 1-888-397-5824. We will be happy to provide you with whatever assistance we can to help you maintain your valuable coverage.

Sincerely,

Jennifer White
Director, Long Term Care Administration

Continental Casualty Company
Certification of Compliance

The company has reviewed the enclosed policy forms(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
R1-A45	Long-Term Care Insurance Policy Endorsement
R1-CNF-A45	Long-Term Care Insurance Contingent Nonforfeiture Benefit Rider
R1-N0079-A- VA	Long-Term Care Insurance Simple Automatic Increase Benefit Rider

Officer's Signature

Vice President, Operations
Officer's Title

6/10/2015
Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Continental Casualty Company
333 S. Wabash Avenue
Chicago, Illinois 60604

Title of Form Long-Term Care Insurance Contingent Nonforfeiture Benefit Rider

Policy Form Number R1-CNF-A45

I hereby certify that the Flesch reading ease score of the above policy form is 52. It contains 37 sentences, 809 words and 1,272 syllables. The type size of the text of the policy forms is 10 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.

Signature of an Officer of the Insurer

James Lust Name (Print)

Vice President, Operations Title

6/10/2015 Date

Continental Casualty Company

333 S. Wabash Ave.
Chicago, Illinois 60604

LONG-TERM CARE INSURANCE
CONTINGENT NONFORFEITURE BENEFIT RIDER
(To be attached to Your current Policy)

Policyholder Name:
Policy Number ("Policy"):
Policy Effective Date:
Rider Effective Date:

This Rider attaches to and becomes part of the Policy referenced above. **Please read this Rider carefully**. This Rider is provided only if Your Policy does not already include a nonforfeiture benefit. There is no additional premium for this Rider. Future premiums for the Policy remain payable under the terms of the Policy.

WHAT IS THE CONTINGENT NONFORFEITURE BENEFIT AND HOW DOES IT WORK?

The Contingent Nonforfeiture Benefit Rider provides for the continuation of coverage. This continuation of coverage will include a shortened Maximum Lifetime Benefit, and no further premiums will be due. The above will occur if the conditions listed below are met. The benefits payable will be subject to the limits below. The benefits payable are defined in and provided in Your Policy. These benefits will begin after the Contingent Nonforfeiture Benefit Date defined below.

1. The maximum benefit payable (per day and/or per visit), as provided for in Your Policy, will remain at the levels in effect on the Contingent Nonforfeiture Benefit Date.

2. The maximum benefit payable for all covered Long-Term Care You receive after the Contingent Nonforfeiture Benefit Date is the greater of:

    a. 100% of the sum of all premiums paid for this Policy. This includes premiums paid prior to any change in benefits. It does not include any premiums that We refund to You for any reason; or
    b. 30 times the maximum daily facility benefit, as provided for in Your Policy, in effect on the Contingent Nonforfeiture Benefit Date.

However, the total of all benefits payable under this Policy including this Contingent Nonforfeiture Benefit will not exceed the amount that would have been payable under your Policy if You had continued to pay the premium.

Benefits will be payable in accordance with all other terms and conditions of the Policy.

WHEN DOES THE CONTINGENT NONFORFEITURE BENEFIT APPLY?

The Contingent Nonforfeiture Benefit will take effect when the following events occur:

1. We increase Your premium rate to a level which results in a cumulative increase of the annual premium equal to or exceeding the Substantial Premium Increase Percentage for Your Issue Age. The Substantial Premium Increase Percentage is shown in the table below. Your Issue Age was Your age on Your effective date of coverage; and
2. Your Policy lapses because of non-payment of premium within 120 days of the first due date of the increased premium.
3. Coverage must be in effect. All premiums due for periods of coverage prior to the effective date of the increased premium must be paid.

We will notify You at least 75 days prior to the first due date of the premium reflecting the rate increase.

Any premium increase which results from a change in benefits requested by You or by a change in premium payment mode or a change in applicable discounts to Your policy is not a premium increase for the purpose of determining a Substantial Premium Increase Percentage. However, for purpose of the calculation of the cumulative rate increase above, the portion of the premium for the additional coverage shall be added to and considered part of the initial annual premium.

If Your Policy has been in effect for 20 years, You do not need to meet the percentage increase amount shown in the table below to be eligible for the Contingent Nonforfeiture Benefit.

WHAT IS THE CONTINGENT NONFORFEITURE BENEFIT DATE?

If Your premium rate increases to a level which results in a cumulative increase equal to or exceeding the Substantial Premium Increase Percentage below, and You choose not to pay the premium within 120 days of the first due date of the increased premium, the Contingent Nonforfeiture Benefit Date is the effective date of the premium increase. Your premium must be paid to the first due date of the premium increase.

SUBSTANTIAL PREMIUM INCREASE PERCENTAGES
(Percentage increase is cumulative from date of original issue.
It does NOT represent a one-time increase.)

ISSUE AGE	PERCENT INCREASE OVER INITIAL PREMIUM		ISSUE AGE	PERCENT INCREASE OVER INITIAL PREMIUM
29 and under	100%		72	36%
30-34	100%		73	34%
35-39	100%		74	32%
40-44	100%		75	30%
45-49	100%		76	28%
50-54	100%		77	26%
55-59	90%		78	24%
60	70%		79	22%
61	66%		80	20%
62	62%		81	19%
63	58%		82	18%
64	54%		83	17%
65	50%		84	16%
66	48%		85	15%
67	46%		86	14%

68	44%		87	13%
69	42%		88	12%
70	40%		89	11%
71	38%		90 and over	10%

ALTERNATIVE OPTION TO DECREASE BENEFITS

In the event that We increase Your premium rate to a level which results in a cumulative increase of the annual premium equal to or exceeding the Substantial Premium Increase Percentage identified above, We will offer You the alternative of decreasing Your Policy benefits provided by Your current coverage without underwriting in order to offset the premium increase.

If you elect to convert your coverage to a Reduced Maximum Lifetime Benefit, your decision is irrevocable. You will not be able to reinstate the benefit amounts of the original Policy.

If you lapse your policy at any time after the 120-day window following the first premium increase due date, **you will not be eligible for the Contingent Nonforfeiture Benefit.** Your Policy will be terminated, and all benefits may be forfeited.

Except as specifically included in this Rider, this Rider does not alter any other existing conditions, limitations, or provisions of the coverage provided by the Policy to which it is attached.

SIGNED FOR CONTINENTAL CASUALTY COMPANY

Thomas F. Motamed

Chairman of the Board

[ ]

Jonathan Kanter

Secretary

[ ]

Continental Casualty Company (CCC)
Address: 333 S. Wabash Ave, Chicago, IL 60604

Actuarial Memorandum for the Preferred Solution Series
June 18, 2015

Product	Number
Comprehensive Long Term Care	P1-N0080-A45
Comprehensive Long Term Care	P1-N0081-A45
Comprehensive Long Term Care	P1-N0085-A45
Comprehensive Long Term Care	P1-N0086-A45
Comprehensive Long Term Care	P1-N0095-A45
Comprehensive Long Term Care	P1-N0096-A45
Comprehensive Long Term Care	P1-N0100-A45
Comprehensive Long Term Care	P1-N0101-A45
Nursing Home Only	P1-N0075-A45
Nursing Home Only	P1-N0076-A45
Nursing Home Only	P1-N0090-A45
Nursing Home Only	P1-N0091-A45
Compound Automatic Increase Benefit Rider	R1-N0078-A
Simple Automatic Increase Benefit Rider	R1-N0079-A
Compound Automatic Increase Benefit Rider	R1-N0088-A
Simple Automatic Increase Benefit Rider	R1-N0098-A
Survivorship Benefit Rider	R1-N0103-A
Dual Waiver of Premium Rider	R1-N0104-A
Shared Advantage Rider	R1-N0105-A
Restoration of Benefits Rider	R1-N0106-A
Cost of Living Increase Rider	R1-N0107-A
Restoration of Benefits Rider	R1-N0108-A

The above captioned policy forms provide comprehensive or facility only coverage. These forms were sold concurrently with identical original pricing assumptions and have been grouped into policy group “Preferred Solution” for experience purposes. These policy forms were issued in Virginia by CCC from August 1998 through July 2003 and are no longer being marketed in any jurisdiction.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of documenting the rates and demonstrating that the anticipated loss ratio of these policy forms with those rates meets the minimum requirements of the jurisdiction. It may not be suitable for other purposes.

This is a rate increase filing for the above captioned forms. An 80% rate increase was originally requested for all policyholders covered under these policy forms including all associated riders. As described in Section 17 below, the company is revising the request to 44.96%, to be implemented over a two-year period as two consecutive annual increases of 20.4%.

2. Description of Benefits

All of the forms are guaranteed renewable individual long term care policies sold through non-captive agents. These tax qualified and non-tax qualified forms provide long-term care confinement and home health care benefits with lifetime limits. Benefits are limited to the policy’s lifetime maximum which is equal to the following multipliers times the

facility daily benefit amount: 365x, 730x, 1095x, 1460x, 1825x, or Unlimited. Benefit eligibility for the tax qualified forms requires inability to perform two or more activities of daily living or being cognitively impaired. Benefit eligibility for the non-tax qualified forms requires inability to perform two or more activities of daily living, being cognitively impaired, or medical necessity.

Long-Term Care Benefits: This policy pays the Long-Term Care Daily Benefit Amount, as shown on insured's policy schedule, for each day of Long-Term Care confinement in a nursing home or assisted living facility, limited to the Benefit Lifetime Maximum.

Home Health Care Benefits: For comprehensive policy forms, this policy pays 100% of the expenses incurred for each day of care for therapist or nurse, 100% or 80% (percentage varies by form) of the expenses incurred for each day of care for home health aide, medical social worker, or homemaker, and 100% or 80% (percentage varies by form) of expenses incurred for each day of care for Adult Day Care or Alternate Care Facility. The total benefits payable each day for Home Health Care benefits are limited to the daily benefit amount shown on the insured's application and are subject to the policy's Benefit Lifetime Maximum.

Other Benefits: The policies may include a bed reservation, waiver of premium, nonforfeiture, and alternate plan of care benefit.

Optional Benefits: Optional riders may include inflation protection, survivorship, shared benefit, dual waiver of premium, and restoration of benefits.

3. Renewability

These forms are guaranteed renewable long-term care policy forms.

4. Applicability

This filing applies to in-force insureds only, as these forms are no longer being marketed. The premium change will apply to the base forms and all riders associated with the base forms.

5. Actuarial Assumptions

a. Morbidity. The Milliman 2002 *Long-Term Care Guidelines* (Milliman *LTCGs*) provide the basis for the claim costs. The Milliman *LTCGs* provide a flexible, but consistent, basis for the determination of claim costs for a wide variety of long-term care benefit packages. These rating structures can be used to anticipate future claim levels, evaluate past experience, and establish inter-relationships between different long-term care coverages. Milliman analyzed nearly $1.8 billion in long-term care insurance incurred claims to develop the Milliman *LTCGs*.

   Adjustments were then made to incorporate CCC individual long-term care actual claim experience which is deemed 100% credible on a nationwide basis. A global actual-to-expected (A/E) scalar of 99.6% was derived and is applied to the Milliman *LTCGs* claim costs. An A/E adjustment based on issue age is also applied to the base claim costs, shown in the table below.

Issue Ages	A/E Adjustment
<60	73.9%
60-69	109.2
70-74	119.0
75+	124.1

A 1.6% annual improvement in projected morbidity is assumed to apply for 15 years, as supported by the National Long Term Care Survey results, and presented at the Society of Actuaries 2004 Spring Meeting, "Morbidity Improvement and Its Impact on LTC Insurance Pricing and Valuation".

A scalar experience adjustment of 91.0% was applied to all claim costs based on the comparison of projected incurred claims to actual experience. This adjustment was made to reflect that actual historical experience has been running better than the LTCGs best estimate. The adjustment was developed by inspection of the progression of the historical to projected values and smoothing the transition of annual loss ratios from the historical period to the projection period.

Additional adjustments for inflation protection (if applicable), underwriting risk classification, selection, and election of other riders were also used.

b. Persistency. Mortality is assumed to follow the 1994 Group Annuitant Mortality (1994 GAM) Static table, with selection consistent with experience. Additionally, projected mortality rates are assumed to improve by 0.6% annually for 15 years.

   The projected annual voluntary lapse rates are 0% for limited-pay policies that are fully paid up and 1.5% all other policies.

c. Policyholder Behavior Due to the Rate Increase. In the year of rate increase notification to policyholders, an additional 4% of in-force policyholders are assumed to lapse. An additional portion of policyholders will elect to reduce benefits resulting in a cumulative 14% reduction in premiums and benefits. We assume a cumulative 2% increase in morbidity due to adverse selection from the rate increase. These values are based on the original 80% rate increase request.

d. Expenses. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commissions will not be paid on the increased premium.

The assumptions in this filing are based on the experience of CCC, industry experience, and judgment. The experience period is inception through December 31, 2011. These assumptions are based on the nationwide experience of the particular policy forms in this filing and similar nationwide forms and are deemed reasonable for the particular policy forms in this filing. The assumptions described above reflect an estimate of the most likely outcome and do not reflect an explicit margin for conservatism.

In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policies were taken into consideration.

6. Marketing Method

These policies were sold through non-captive agents.

7. Underwriting Description

These policy forms were fully underwritten with the use of various tools in addition to the application which may have included medical records, an attending physician's statement, telephone interviews, and/or face-to-face assessments.

8. Premiums

Premiums are unisex, level, and payable for life unless the insured selected a limited pay option. The premiums may vary by issue age, elimination period, benefit period / lifetime maximum, initial daily benefit amount, level of home health care coverage, inflation protection option, premium mode, underwriting class, marital status, and optional coverages chosen.

9. Issue Age Range

Issue ages range from 18 to 84.

10. Area Factors

Area factors are not used for these products.

11. Premium Modalization Rules

The following modal factors remain unchanged and are applied to the annual premium to obtain the modal premium. The nationwide percent distribution (based on CCC's in-force count as of 12/31/2011) is shown below:

Premium Mode	Modal Factor	Percent Distribution
Annual	1.00*AP	60.7%
Semi-Annual	0.52*AP	7.9
Quarterly	0.27*AP	11.6
Monthly	0.09*AP	19.8

12. Reserves

Active life reserves have not been used in this rate increase demonstration, except as indicated in Exhibits IV and V and in the supplement to the actuarial memorandum.

Reserves for known open claims are computed using a continuance table derived from Milliman *LTCGs*, adjusted for CCC-specific experience. The discount rate used to calculate the reserves varies by year of claim incurral as summarized in the table below. Incurred but not reported (IBNR) reserves are computed using standard lag techniques.

Incurral Year	Discount Rate
1998-2005	4.5%
2006-2011	4.0

Reserves for known open claims as of December 31, 2011 have been discounted to the incurral date for each respective claim using a 5.0% interest rate and included in the historical incurred claims. IBNR reserve balances as of December 31, 2011 have been allocated to a calendar year of incurral and included in the historical incurred claims.

13. Trend Assumptions

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

14. Past and Future Experience

Nationwide experience of CCC, across the above-listed forms and corresponding nationwide Preferred Solution forms, is shown in Exhibit I and includes earned premiums, paid claims, incurred claims, and loss ratios. Exhibit II provides Virginia-specific experience.

The company has chosen a credibility standard of 1,082 claims. Based on this parameter, CCC does not view Virginia-specific as credible, but is providing it as required.

Incurred claims are shown by incurral year, whereas paid claims are shown by the year in which the payments were made. The paid loss ratio is equal to paid claims divided by earned premium. The incurred loss ratio is equal to the incurred claims divided by earned premium. The difference between the incurred and paid lifetime loss ratios is driven by 1) a 5.0% discount rate underlying the calculation of the incurred claim amounts not reflected in the paid claim amounts, and 2) a difference in the currently assumed continuance table underlying the development of the paid claims and that assumed in the development of the base claim cost tables that are the basis for projected incurred claims.

Historical experience is shown by claim incurral year with the incurred loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_k \sum_t {}_jPmt_t^k * v^{t-k} + \sum_k ({}_jCR_{ValDate}^k + {}_jIBNR_{ValDate}^k) * v^{ValDate-k}}{EP_j}$$

LR_j = loss ratio for year *j*

${}_jPmt_t^k$ = claim payments at time *t* on claims incurred at time *k* in year *j*

${}_jCR_{ValDate}^k$ = open claim reserve held on December 31, 2011 for claims incurred at time *k* in year *j*

${}_jIBNR_{ValDate}^k$ = incurred but not reported reserve as of December 31, 2011 attributable to claims incurred at time *k* in year *j*

EP_j = earned premium in year *j*

ValDate = December 31, 2011

j = year of claim incurral

k = date of claim incurral

t = date of claim payment

v = 1 / 1.050 = 0.95238

Exhibits I and II also show future anticipated experience for calendar years 2012 to 2051, based on in-force experience as of December 31, 2011, using the assumptions in this filing. Exhibit III provides supplementary justification in support of the current assumptions described in section 5.

Exhibits I and II provide historical and projected values for premium, paid claims, incurred claims and policy count. Accumulated past, discounted future, and lifetime values both without and with the originally requested 80% rate increase are shown.

The original pricing memoranda for these products indicates that an after-tax net investment earnings rate of 5.0% was used to demonstrate that the lifetime loss ratio for these forms was anticipated to be at least 60% over the life of the policy. CCC's internal documentation shows that an assumed pre-tax net investment earnings rate of 7.14% was used in the original determination of premiums.

Pursuant to 14VAC5-130-70.C, the loss ratios are calculated using an interest rate consistent with that assumed in the determination of premiums. That is, CCC's actual and future expected pre-tax net investment earnings rate is used in determining the lifetime loss ratio for this business. CCC's actual historical pre-tax net investment earnings rates vary between 7.0% and 7.2%, and its projected pre-tax net investment earnings rates vary between 5.1% and 6.2% between 2012 and 2051. The rates are shown in Exhibits I and II.

Exhibit IV shows nationwide past experience including earned premiums, incurred claims, increase in active life reserves, and incurred loss ratios by calendar year. Exhibit V provides similar information on a Virginia-specific basis. Please note that Virginia-specific experience is not considered fully credible, but is being provided as required by the rate revisions checklist. As defined by 14VAC5-130-70.B.6, the incurred loss ratio is equal to the sum of incurred claims and increase in active life reserves divided by earned premium. The values in these exhibits are shown without interest accumulation.

For projection purposes, the rate increase is assumed to occur on each policy's first anniversary on or after July 1, 2013, although the increases will be effective on the insured's next premium due date, after the appropriate policyholder notification period.

15. History of Previous Rate Revisions

There have been no rate increases on these forms in Virginia or nationwide.

16. Analysis Performed to Consider a Rate Increase

The initial premium schedules were based on pricing assumptions believed to be appropriate, given industry experience available when the initial rate schedules were developed. The original pricing assumptions for claim costs, voluntary termination rates, mortality, and interest were as follows:

a. Original Pricing Claim Costs. The underlying claim costs were based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

   Claim frequency was based on actual claim experience of similar policy forms issued by CCC from 1984 to 1993. To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with CCC's experience. Average lengths of stay for each benefit period and elimination period were calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" by Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

   Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advance data, Number 135, and CCC's claims payment experience on policy forms P1-54076 and P1-59433.

b. Original Pricing Voluntary Termination Rates. Vary by duration and issue age as shown in the following table.

Issue Ages	Year 1	Year 2	Years 3+
18-59	4.0%	4.0%	4.0%
60-64	4.8	4.0	4.0
65-69	5.9	4.0	4.0
70-74	7.2	4.0	4.0
75-79	9.0	4.1	4.0
80-84	10.0	5.4	4.0

c. Original Pricing Mortality. 1983 GAM blended 60% female/40% male

d. Original Pricing Investment Earnings. An after-tax net investment earnings rate of 5.0% was used to determine the expected lifetime loss ratio, and a pre-tax net investment earnings rate of 7.14% was used in the determination of premiums.

As part of the in-force management of the business, CCC monitors the performance of the business by completing periodic analysis of morbidity and persistency. An analysis of the projected lifetime loss ratio based on current assumptions compared to that assumed at the time of original pricing revealed that experience has deteriorated significantly.

The assumptions used in this filing (described in Section 5) are based on actual in-force experience of CCC, industry experience, and judgment. Actual persistency has been higher than that assumed in original pricing, while actual morbidity has been lower than expected in original pricing.

17. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company originally requested an increase of 80%. After extensive review and analysis of the data presented, the Virginia State Corporation Commission determined a rate increase of 44.96% was more appropriate. The company revised its request to implement this increase over a two-year period as two consecutive annual increases of 20.4%.

The originally requested 80% rate increase was determined by targeting a 71.0% lifetime loss ratio using the company's current assumptions. The company's current assumptions are those listed in section 5 of this actuarial memorandum and a 5.0% interest assumption (representing the historical and projected long-term after-tax net investment earnings rate for this business). These assumptions do not include any margin for conservatism. Pursuant to 14VAC5-130-70.C, this rate filing uses the company's pre-tax net investment earnings rates, which is consistent with that used in the original determination of premiums.

Projected experience assuming the originally requested 80% increase is implemented is shown in Exhibits I and II. As shown in Exhibits I and II, the expected lifetime loss ratio

with and without the requested rate increase exceeds the 60% minimum required by loss ratio regulation. As required by 14VAC5-130-70.C, the lifetime loss ratio is calculated using an interest rate consistent with that assumed in the original determination of premiums.

Corresponding rate pages reflecting the reduced increase of a cumulative 44.96% are enclosed with this memorandum. The proposed rates reflect the two year phase-in of the increase as consecutive 20.4% rate increases.

18. Average Annual Premium
(Annualized Premium Based on 12/31/2011 In-force)

	Virginia	Nationwide
Before the Rate Increase	$1,629	$1,682
After the 80% Rate Increase	$2,933	$3,028

19. Proposed Effective Date

The rate increase will apply to policies on their next premium due date following a policyholder notification period at least as long as required in your state following approval. The majority of these policies were issued with a 10-year rate guarantee. No policy will receive a rate increase while still in its rate guarantee period.

20. Nationwide Distribution of Business as of 12/31/2011 (based on in-force insured count)

By Issue Age:

Issue Ages	Percent Distribution
<45	2.6%
45-49	6.3
50-54	15.9
55-59	24.7
60-64	23.5
65-69	16.1
70-74	7.8
75-79	2.8
80+	0.3

By Elimination Period:

Elimination Period	Percent Distribution
0-Day	10.1%
30-Day	38.2
60-Day	0.9
90-Day	48.1
180-Day	2.2
360-Day	0.5

By Benefit Period:

Benefit Period	Percent Distribution
365x	0.1%
730x	5.5
1095x	22.3
1460x	14.4
1825x	20.7
Lifetime	37.0

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	15.8%
5% Simple for Life	27.7
5% Compound for Life	55.1
Guaranteed Purchase Option	1.4

By Coverage Type:

Home Health Care Coverage	Percent Distribution
0%	4.9%
50%	11.8
75%	6.0
100%	77.3

21. Number of Insureds and Annualized Premium

Based on CCC's 12/31/2011 in-force count, the number of insureds and annualized premium that will be affected by this increase in this jurisdiction and nationwide are:

Jurisdiction	Number of Insured	Annualized Premium
Virginia	3,662	$5,966,447
Nationwide	94,619	$159,189,123

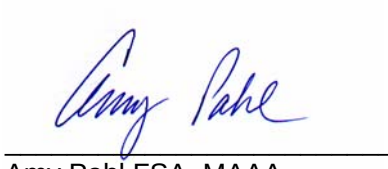
22. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8, "Regulatory Filings for Health Plan Entities" and 18, "Long-Term Care Insurance".

I have relied on data and information provided by CCC to develop this actuarial memorandum. I have not audited or independently verified the data provided, but have reviewed it for reasonableness.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of Virginia and the rules of the Bureau. In my opinion, the rates are reasonable in relation to the benefits provided.



Amy Pahl FSA, MAAA
Principal and Consulting Actuary

Date: June 18, 2015

Exhibit I
Continental Casualty Company
Nationwide Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	47,921	0	0	0.0%	0.0%	218	120,985	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	11,301,893	838	126,537	0.0%	1.1%	17,663	26,631,353	1,974	298,166	0.0%	1.1%				0.0084		0.992		7.1%	2.3564
	2000	52,939,330	60,019	2,503,199	0.1%	4.7%	44,834	116,427,951	131,998	5,505,214	0.1%	4.7%				0.0300		0.970		7.1%	2.1993
	2001	103,034,628	767,023	4,802,497	0.7%	4.7%	75,878	211,494,362	1,574,432	9,857,860	0.7%	4.7%				0.0381		0.962		7.1%	2.0527
	2002	162,218,751	2,027,120	10,819,128	1.2%	6.7%	111,262	310,868,006	3,884,674	20,733,243	1.2%	6.7%				0.0379		0.962		7.1%	1.9164
	2003	204,897,876	4,567,338	13,013,852	2.2%	6.4%	116,091	366,633,224	8,172,549	23,286,286	2.2%	6.4%				0.0485		0.951		7.1%	1.7893
	2004	197,124,946	7,706,004	19,931,702	3.9%	10.1%	111,353	329,450,012	12,878,853	33,311,357	3.9%	10.1%				0.0408		0.959		7.0%	1.6713
	2005	189,821,210	11,683,070	23,829,608	6.2%	12.6%	108,034	296,407,789	18,243,235	37,210,180	6.2%	12.6%				0.0298		0.970		7.0%	1.5615
	2006	184,514,248	16,666,803	33,832,414	9.0%	18.3%	105,513	269,020,507	24,300,084	49,327,428	9.0%	18.3%				0.0233		0.977		7.2%	1.4580
	2007	179,969,445	22,137,875	37,138,363	12.3%	20.6%	103,354	244,790,758	30,111,485	50,514,842	12.3%	20.6%				0.0205		0.980		7.2%	1.3602
	2008	175,750,089	29,597,783	51,011,726	16.8%	29.0%	101,153	223,133,487	37,577,543	64,764,829	16.8%	29.0%				0.0213		0.979		7.0%	1.2696
	2009	170,876,585	37,748,757	53,446,206	22.1%	31.3%	98,664	202,686,372	44,775,933	63,395,564	22.1%	31.3%				0.0246		0.975		7.0%	1.1862
	2010	165,999,568	46,070,891	67,823,885	27.8%	40.9%	96,369	183,871,929	51,031,118	75,126,151	27.8%	40.9%				0.0233		0.977		7.1%	1.1077
	2011	161,072,812	52,553,345	85,032,369	32.6%	52.8%	94,619	166,622,579	54,364,072	87,962,161	32.6%	52.8%				0.0182		0.982		7.0%	1.0345
Projected Future Experience	2012	155,749,002	71,268,093	91,092,452	45.8%	58.5%	91,910	151,105,679	69,143,387	88,376,726	45.8%	58.5%	1.0000	1.1028	1.0000	0.0286	0.0000	0.971	0.967	6.2%	0.9702
	2013	149,248,689	91,913,211	102,106,840	61.6%	68.4%	89,128	136,383,169	83,990,118	93,305,037	61.6%	68.4%	1.0000	1.1559	1.0000	0.0303	0.0000	0.970	0.958	6.1%	0.9138
	2014	143,904,200	105,868,041	114,018,521	73.6%	79.2%	86,260	123,999,401	91,224,396	98,247,503	73.6%	79.2%	1.0000	1.1538	1.0000	0.0322	0.0000	0.968	0.964	6.0%	0.8617
	2015	138,464,167	115,544,236	126,747,566	83.4%	91.5%	83,285	112,589,823	93,952,864	103,062,665	83.4%	91.5%	1.0000	1.1513	1.0000	0.0345	0.0000	0.966	0.962	5.9%	0.8131
	2016	132,807,215	125,731,027	140,196,044	94.7%	105.6%	80,183	101,960,109	96,527,505	107,632,735	94.7%	105.6%	1.0000	1.1489	1.0000	0.0372	0.0000	0.963	0.959	5.9%	0.7677
	2017	126,905,082	136,621,305	154,184,566	107.7%	121.5%	76,931	92,027,898	99,073,822	111,810,191	107.7%	121.5%	1.0000	1.1463	1.0000	0.0406	0.0000	0.959	0.956	5.9%	0.7252
	2018	120,729,582	149,509,558	168,509,789	123.8%	139.6%	73,519	82,722,002	102,441,586	115,460,244	123.8%	139.6%	1.0000	1.1436	1.0000	0.0444	0.0000	0.956	0.951	5.8%	0.6852
	2019	114,295,648	163,216,760	182,687,826	142.8%	159.8%	69,961	74,031,086	105,718,057	118,329,772	142.8%	159.8%	1.0000	1.1393	1.0000	0.0484	0.0000	0.952	0.947	5.8%	0.6477
	2020	107,662,270	177,198,662	195,895,396	164.6%	182.0%	66,285	65,953,287	108,550,880	120,004,392	164.6%	182.0%	1.0000	1.1318	1.0000	0.0525	0.0000	0.947	0.942	5.7%	0.6126
	2021	100,915,095	190,761,117	207,742,532	189.0%	205.9%	62,542	58,482,654	110,550,521	120,391,648	189.0%	205.9%	1.0000	1.1239	1.0000	0.0565	0.0000	0.944	0.937	5.7%	0.5795
	2022	94,154,163	203,597,887	217,857,639	216.2%	231.4%	58,785	51,628,291	111,640,427	119,459,589	216.2%	231.4%	1.0000	1.1157	1.0000	0.0601	0.0000	0.940	0.933	5.7%	0.5483
	2023	87,493,800	215,362,096	226,367,670	246.1%	258.7%	55,065	45,405,367	111,763,289	117,474,689	246.1%	258.7%	1.0000	1.1093	1.0000	0.0633	0.0000	0.937	0.929	5.6%	0.5190
	2024	81,015,503	225,946,995	234,053,824	278.9%	288.9%	51,421	39,797,450	110,992,511	114,974,850	278.9%	288.9%	1.0000	1.1072	1.0000	0.0662	0.0000	0.934	0.926	5.6%	0.4912
	2025	74,768,394	235,414,882	240,704,813	314.9%	321.9%	47,863	34,771,700	109,481,763	111,941,892	314.9%	321.9%	1.0000	1.1049	1.0000	0.0692	0.0000	0.931	0.923	5.6%	0.4651
	2026	68,754,072	244,081,469	248,139,309	355.0%	360.9%	44,393	30,275,700	107,480,724	109,267,585	355.0%	360.9%	1.0000	1.1115	1.0000	0.0725	0.0000	0.927	0.920	5.6%	0.4403
	2027	62,978,140	252,483,274	256,227,655	400.9%	406.9%	41,014	26,263,568	105,292,275	106,853,782	400.9%	406.9%	1.0000	1.1177	1.0000	0.0761	0.0000	0.924	0.916	5.6%	0.4170
	2028	57,446,440	260,692,377	262,970,897	453.8%	457.8%	37,738	22,694,795	102,989,150	103,889,302	453.8%	457.8%	1.0000	1.1154	1.0000	0.0799	0.0000	0.920	0.912	5.5%	0.3951
	2029	52,171,969	268,342,147	268,110,720	514.3%	513.9%	34,576	19,531,397	100,458,101	100,371,463	514.3%	513.9%	1.0000	1.1128	1.0000	0.0838	0.0000	0.916	0.908	5.5%	0.3744
	2030	47,168,185	275,012,165	271,380,535	583.0%	575.3%	31,538	16,739,062	97,596,416	96,307,622	583.0%	575.3%	1.0000	1.1097	1.0000	0.0879	0.0000	0.912	0.904	5.5%	0.3549
	2031	42,444,587	280,307,882	272,573,945	660.4%	642.2%	28,634	14,284,837	94,338,354	91,735,477	660.4%	642.2%	1.0000	1.1063	1.0000	0.0921	0.0000	0.908	0.900	5.4%	0.3366
	2032	38,007,464	283,926,637	271,656,970	747.0%	714.7%	25,873	12,132,679	90,634,590	86,717,887	747.0%	714.7%	1.0000	1.1030	1.0000	0.0965	0.0000	0.904	0.895	5.4%	0.3192
	2033	33,860,852	285,714,160	268,850,764	843.8%	794.0%	23,260	10,250,840	86,495,467	81,390,339	843.8%	794.0%	1.0000	1.1008	1.0000	0.1010	0.0000	0.899	0.891	5.5%	0.3027
	2034	30,007,549	285,626,715	264,184,407	951.8%	880.4%	20,802	8,614,579	81,997,829	75,842,163	951.8%	880.4%	1.0000	1.0987	1.0000	0.1057	0.0000	0.894	0.886	5.5%	0.2871
	2035	26,448,401	283,627,349	257,482,390	1072.4%	973.5%	18,503	7,201,480	77,227,224	70,108,367	1072.4%	973.5%	1.0000	1.0957	1.0000	0.1105	0.0000	0.889	0.881	5.4%	0.2723
	2036	23,179,697	279,661,363	248,707,736	1206.5%	1073.0%	16,366	5,988,094	72,245,918	64,249,557	1206.5%	1073.0%	1.0000	1.0921	1.0000	0.1155	0.0000	0.884	0.876	5.4%	0.2583
	2037	20,196,365	273,727,658	238,224,283	1355.3%	1179.5%	14,392	4,952,558	67,123,574	58,417,426	1355.3%	1179.5%	1.0000	1.0892	1.0000	0.1206	0.0000	0.879	0.871	5.3%	0.2452
	2038	17,491,081	265,944,098	226,469,953	1520.5%	1294.8%	12,580	4,073,839	61,940,914	52,747,009	1520.5%	1294.8%	1.0000	1.0876	1.0000	0.1259	0.0000	0.874	0.866	5.3%	0.2329
	2039	15,054,715	256,502,659	213,671,630	1703.8%	1419.3%	10,929	3,332,259	56,775,121	47,294,764	1703.8%	1419.3%	1.0000	1.0860	1.0000	0.1313	0.0000	0.869	0.861	5.2%	0.2213
	2040	12,875,274	245,590,939	199,791,183	1907.5%	1551.7%	9,435	2,710,446	51,700,728	42,059,164	1907.5%	1551.7%	1.0000	1.0831	1.0000	0.1367	0.0000	0.863	0.855	5.1%	0.2105
	2041	10,940,140	233,348,692	184,859,881	2133.0%	1689.7%	8,093	2,191,672	46,747,472	37,033,557	2133.0%	1689.7%	1.0000	1.0787	1.0000	0.1422	0.0000	0.858	0.850	5.1%	0.2003
	2042	9,234,981	219,944,017	169,411,250	2381.6%	1834.5%	6,897	1,759,435	41,903,418	32,275,988	2381.6%	1834.5%	1.0000	1.0753	1.0000	0.1478	0.0000	0.852	0.844	5.2%	0.1905
	2043	7,743,722	205,640,479	153,995,100	2655.6%	1988.6%	5,839	1,400,794	37,199,149	27,856,805	2655.6%	1988.6%	1.0000	1.0737	1.0000	0.1534	0.0000	0.847	0.839	5.4%	0.1809
	2044	6,449,849	190,756,767	138,895,367	2957.5%	2153.5%	4,911	1,106,610	32,728,415	23,830,480	2957.5%	2153.5%	1.0000	1.0724	1.0000	0.1590	0.0000	0.841	0.833	5.5%	0.1716
	2045	5,336,132	175,600,278	124,244,065	3290.8%	2328.4%	4,103	867,933	28,561,737	20,208,546	3290.8%	2328.4%	1.0000	1.0707	1.0000	0.1645	0.0000	0.835	0.827	5.5%	0.1627
	2046	4,384,743	160,427,290	110,118,511	3658.8%	2511.4%	3,405	675,877	24,728,728	16,973,987	3658.8%	2511.4%	1.0000	1.0680	1.0000	0.1701	0.0000	0.830	0.822	5.5%	0.1541
	2047	3,578,736	145,452,639	96,698,420	4064.4%	2702.0%	2,807	522,718	21,245,146	14,123,993	4064.4%	2702.0%	1.0000	1.0651	1.0000	0.1756	0.0000	0.824	0.816	5.5%	0.1461
	2048	2,901,447	130,878,651	84,234,771	4510.8%	2903.2%	2,299	401,593	18,115,099	11,659,054	4510.8%	2903.2%	1.0000	1.0635	1.0000	0.1809	0.0000	0.819	0.811	5.5%	0.1384
	2049	2,337,103	116,894,255	72,819,778	5001.7%	3115.8%	1,872	306,456	15,327,904	9,548,584	5001.7%	3115.8%	1.0000	1.0621	1.0000	0.1860	0.0000	0.814	0.805	5.6%	0.1311
	2050	1,871,152	103,647,310	62,427,384	5539.2%	3336.3%	1,514	232,321	12,868,769	7,750,935	5539.2%	3336.3%	1.0000	1.0599	1.0000	0.1912	0.0000	0.809	0.801	5.6%	0.1242
	2051	1,488,657	91,240,282	53,072,344	6129.0%	3565.1%	1,217	174,943	10,722,292	6,236,907	6129.0%	3565.1%	1.0000	1.0577	1.0000	0.1962	0.0000	0.804	0.796	5.7%	0.1175
	Past	1,959,569,303	231,586,866	403,311,486	11.8%	20.6%	1,185,005	2,948,159,313	287,047,948	521,293,280	9.7%	17.7%									
	Future	2,232,464,265	8,023,025,423	7,421,384,726	359.4%	332.4%	1,406,126	1,369,544,400	2,949,495,640	2,935,222,673	215.4%	214.3%									
	Lifetime	4,192,033,567	8,254,612,289	7,824,696,212	196.9%	186.7%	2,591,131	4,317,703,713	3,236,543,588	3,456,515,953	75.0%	80.1%									

Exhibit I
Continental Casualty Company
Nationwide Experience Projections with 80% Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	47,921	0	0	0.0%	0.0%	218	120,985	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	11,301,893	838	126,537	0.0%	1.1%	17,663	26,631,353	1,974	298,166	0.0%	1.1%				0.0084		0.992		7.1%	2.3564
	2000	52,939,330	60,019	2,503,199	0.1%	4.7%	44,834	116,427,951	131,998	5,505,214	0.1%	4.7%				0.0300		0.970		7.1%	2.1993
	2001	103,034,628	767,023	4,802,497	0.7%	4.7%	75,878	211,494,362	1,574,432	9,857,860	0.7%	4.7%				0.0381		0.962		7.1%	2.0527
	2002	162,218,751	2,027,120	10,819,128	1.2%	6.7%	111,262	310,868,006	3,884,674	20,733,243	1.2%	6.7%				0.0379		0.962		7.1%	1.9164
	2003	204,897,876	4,567,338	13,013,852	2.2%	6.4%	116,091	366,633,224	8,172,549	23,286,286	2.2%	6.4%				0.0485		0.951		7.1%	1.7893
	2004	197,124,946	7,706,004	19,931,702	3.9%	10.1%	111,353	329,450,012	12,878,853	33,311,357	3.9%	10.1%				0.0408		0.959		7.0%	1.6713
	2005	189,821,210	11,683,070	23,829,608	6.2%	12.6%	108,034	296,407,789	18,243,235	37,210,180	6.2%	12.6%				0.0298		0.970		7.0%	1.5615
	2006	184,514,248	16,666,803	33,832,414	9.0%	18.3%	105,513	269,020,507	24,300,084	49,327,428	9.0%	18.3%				0.0233		0.977		7.2%	1.4580
	2007	179,969,445	22,137,875	37,138,363	12.3%	20.6%	103,354	244,790,758	30,111,485	50,514,842	12.3%	20.6%				0.0205		0.980		7.2%	1.3602
	2008	175,750,089	29,597,783	51,011,726	16.8%	29.0%	101,153	223,133,487	37,577,543	64,764,829	16.8%	29.0%				0.0213		0.979		7.0%	1.2696
	2009	170,876,585	37,748,757	53,446,206	22.1%	31.3%	98,664	202,686,372	44,775,933	63,395,564	22.1%	31.3%				0.0246		0.975		7.0%	1.1862
	2010	165,999,568	46,070,891	67,823,885	27.8%	40.9%	96,369	183,871,929	51,031,118	75,126,151	27.8%	40.9%				0.0233		0.977		7.1%	1.1077
	2011	161,072,812	52,553,345	85,032,369	32.6%	52.8%	94,619	166,622,579	54,364,072	87,962,161	32.6%	52.8%				0.0182		0.982		7.0%	1.0345
Projected Future Experience	2012	155,749,002	71,268,093	91,092,452	45.8%	58.5%	91,910	151,105,679	69,143,387	88,376,726	45.8%	58.5%	1.0000	1.1028	1.0000	0.0286	0.0000	0.971	0.967	6.2%	0.9702
	2013	158,463,642	91,592,333	100,172,626	57.8%	63.2%	87,363	144,803,776	83,696,900	91,537,556	57.8%	63.2%	1.1024	1.1537	1.0028	0.0505	0.0198	0.951	1.017	6.1%	0.9138
	2014	205,589,106	103,003,958	100,430,423	50.1%	48.9%	82,837	177,152,064	88,756,473	86,538,908	50.1%	48.9%	1.5392	1.0419	1.0177	0.0529	0.0203	0.948	1.297	6.0%	0.8617
	2015	205,768,827	107,936,910	109,632,561	52.5%	53.3%	79,981	167,317,483	87,767,094	89,145,885	52.5%	53.3%	1.0536	1.1282	1.0199	0.0345	0.0000	0.966	1.001	5.9%	0.8131
	2016	197,362,145	113,629,245	121,087,744	57.6%	61.4%	77,003	151,520,877	87,236,602	92,962,717	57.6%	61.4%	1.0000	1.1472	1.0199	0.0372	0.0000	0.963	0.959	5.9%	0.7677
	2017	188,591,103	120,766,392	132,976,564	64.0%	70.5%	73,881	136,760,817	87,576,297	96,430,761	64.0%	70.5%	1.0000	1.1446	1.0199	0.0405	0.0000	0.959	0.956	5.9%	0.7252
	2018	179,413,816	130,604,257	145,124,279	72.8%	80.9%	70,604	122,931,511	89,487,973	99,436,862	72.8%	80.9%	1.0000	1.1420	1.0199	0.0443	0.0000	0.956	0.951	5.8%	0.6852
	2019	169,852,476	141,656,569	157,117,756	83.4%	92.5%	67,188	110,016,115	91,753,183	101,767,637	83.4%	92.5%	1.0000	1.1377	1.0198	0.0484	0.0000	0.952	0.947	5.8%	0.6477
	2020	159,994,745	153,203,804	168,256,293	95.8%	105.2%	63,658	98,011,860	93,851,769	103,072,837	95.8%	105.2%	1.0000	1.1303	1.0198	0.0525	0.0000	0.947	0.942	5.7%	0.6126
	2021	149,967,903	164,452,516	178,211,094	109.7%	118.8%	60,064	86,909,901	95,304,072	103,277,490	109.7%	118.8%	1.0000	1.1226	1.0198	0.0565	0.0000	0.944	0.937	5.7%	0.5795
	2022	139,920,618	175,121,996	186,670,093	125.2%	133.4%	56,457	76,723,770	96,026,018	102,358,277	125.2%	133.4%	1.0000	1.1144	1.0198	0.0601	0.0000	0.940	0.933	5.7%	0.5483
	2023	130,022,786	184,905,986	193,748,978	142.2%	149.0%	52,885	67,476,006	95,957,931	100,547,048	142.2%	149.0%	1.0000	1.1080	1.0198	0.0633	0.0000	0.937	0.929	5.6%	0.5190
	2024	120,395,518	193,710,704	200,122,839	160.9%	166.2%	49,385	59,142,194	95,156,997	98,306,847	160.9%	166.2%	1.0000	1.1061	1.0198	0.0662	0.0000	0.934	0.926	5.6%	0.4912
	2025	111,111,813	201,579,174	205,615,231	181.4%	185.1%	45,969	51,673,527	93,746,169	95,623,173	181.4%	185.1%	1.0000	1.1038	1.0198	0.0692	0.0000	0.931	0.923	5.6%	0.4651
	2026	102,174,050	208,773,971	211,780,716	204.3%	207.3%	42,636	44,992,112	91,933,147	93,257,160	204.3%	207.3%	1.0000	1.1105	1.0198	0.0725	0.0000	0.928	0.920	5.6%	0.4403
	2027	93,590,553	215,749,884	218,508,255	230.5%	233.5%	39,392	39,029,763	89,973,469	91,123,783	230.5%	233.5%	1.0000	1.1168	1.0198	0.0761	0.0000	0.924	0.916	5.6%	0.4170
	2028	85,370,005	222,567,324	224,093,073	260.7%	262.5%	36,246	33,726,281	87,927,464	88,530,226	260.7%	262.5%	1.0000	1.1146	1.0198	0.0799	0.0000	0.920	0.912	5.5%	0.3951
	2029	77,531,718	228,913,625	228,318,610	295.3%	294.5%	33,209	29,025,218	85,697,414	85,474,661	295.3%	294.5%	1.0000	1.1120	1.0198	0.0838	0.0000	0.916	0.908	5.5%	0.3744
	2030	70,095,695	234,431,155	230,959,390	334.4%	329.5%	30,292	24,875,585	83,195,012	81,962,951	334.4%	329.5%	1.0000	1.1090	1.0198	0.0878	0.0000	0.912	0.904	5.5%	0.3549
	2031	63,076,050	238,785,479	231,841,674	378.6%	367.6%	27,503	21,228,410	80,363,880	78,026,924	378.6%	367.6%	1.0000	1.1056	1.0198	0.0921	0.0000	0.908	0.900	5.4%	0.3366
	2032	56,482,131	241,720,594	230,940,594	428.0%	408.9%	24,851	18,030,132	77,161,647	73,720,473	428.0%	408.9%	1.0000	1.1024	1.0198	0.0964	0.0000	0.904	0.895	5.4%	0.3192
	2033	50,319,934	243,107,212	228,445,494	483.1%	454.0%	22,342	15,233,569	73,596,884	69,158,280	483.1%	454.0%	1.0000	1.1003	1.0198	0.1010	0.0000	0.899	0.891	5.5%	0.3027
	2034	44,593,617	242,909,741	224,383,714	544.7%	503.2%	19,982	12,801,953	69,734,623	64,416,164	544.7%	503.2%	1.0000	1.0983	1.0197	0.1056	0.0000	0.894	0.886	5.5%	0.2871
	2035	39,304,439	241,098,378	218,606,898	613.4%	556.2%	17,774	10,701,975	65,647,260	59,523,187	613.4%	556.2%	1.0000	1.0953	1.0197	0.1105	0.0000	0.890	0.881	5.4%	0.2723
	2036	34,446,884	237,627,874	211,083,054	689.8%	612.8%	15,721	8,898,786	61,387,257	54,529,839	689.8%	612.8%	1.0000	1.0917	1.0197	0.1155	0.0000	0.885	0.876	5.4%	0.2583
	2037	30,013,414	232,498,163	202,121,836	774.6%	673.4%	13,825	7,359,898	57,013,265	49,564,374	774.6%	673.4%	1.0000	1.0889	1.0197	0.1206	0.0000	0.879	0.871	5.3%	0.2452
	2038	25,993,146	225,809,958	192,095,774	868.7%	739.0%	12,085	6,054,051	52,593,290	44,740,936	868.7%	739.0%	1.0000	1.0873	1.0197	0.1259	0.0000	0.874	0.866	5.3%	0.2329
	2039	22,372,510	217,726,373	181,197,699	973.2%	809.9%	10,499	4,952,003	48,192,254	40,106,880	973.2%	809.9%	1.0000	1.0858	1.0197	0.1312	0.0000	0.869	0.861	5.2%	0.2213
	2040	19,133,687	208,406,800	169,392,849	1089.2%	885.3%	9,064	4,027,940	43,872,886	35,659,840	1089.2%	885.3%	1.0000	1.0829	1.0197	0.1367	0.0000	0.863	0.855	5.1%	0.2105
	2041	16,257,923	197,969,637	156,706,317	1217.7%	963.9%	7,775	3,257,000	39,659,875	31,393,466	1217.7%	963.9%	1.0000	1.0785	1.0197	0.1422	0.0000	0.858	0.850	5.1%	0.2003
	2042	13,723,920	186,557,452	143,588,944	1359.4%	1046.3%	6,626	2,614,661	35,542,657	27,356,359	1359.4%	1046.3%	1.0000	1.0752	1.0197	0.1478	0.0000	0.852	0.844	5.2%	0.1905
	2043	11,507,791	174,392,940	130,506,914	1515.4%	1134.1%	5,610	2,081,691	31,546,654	23,607,930	1515.4%	1134.1%	1.0000	1.0735	1.0197	0.1534	0.0000	0.847	0.839	5.4%	0.1809
	2044	9,584,991	161,745,404	117,699,898	1687.5%	1228.0%	4,718	1,644,511	27,750,894	20,193,942	1687.5%	1228.0%	1.0000	1.0723	1.0196	0.1589	0.0000	0.841	0.833	5.5%	0.1716
	2045	7,929,919	148,874,270	105,277,266	1877.4%	1327.6%	3,942	1,289,817	24,214,699	17,123,558	1877.4%	1327.6%	1.0000	1.0706	1.0196	0.1645	0.0000	0.835	0.827	5.5%	0.1627
	2046	6,516,079	135,995,591	93,303,103	2087.1%	1431.9%	3,272	1,004,407	20,962,755	14,382,011	2087.1%	1431.9%	1.0000	1.0679	1.0196	0.1701	0.0000	0.830	0.822	5.5%	0.1541
	2047	5,318,288	123,290,293	81,928,933	2318.2%	1540.5%	2,697	776,801	18,008,063	11,966,728	2318.2%	1540.5%	1.0000	1.0651	1.0196	0.1756	0.0000	0.824	0.816	5.5%	0.1461
	2048	4,311,782	110,928,845	71,367,243	2572.7%	1655.2%	2,209	596,800	15,353,818	9,878,041	2572.7%	1655.2%	1.0000	1.0635	1.0196	0.1809	0.0000	0.819	0.811	5.5%	0.1384
	2049	3,473,123	99,070,513	61,695,981	2852.5%	1776.4%	1,798	455,418	12,990,744	8,089,962	2852.5%	1776.4%	1.0000	1.0621	1.0196	0.1860	0.0000	0.814	0.805	5.6%	0.1311
	2050	2,780,681	87,839,856	52,892,078	3158.9%	1902.1%	1,455	345,247	10,906,128	6,567,039	3158.9%	1902.1%	1.0000	1.0599	1.0196	0.1911	0.0000	0.809	0.801	5.6%	0.1242
	2051	2,212,263	77,322,998	44,966,935	3495.2%	2032.6%	1,169	259,979	9,086,773	5,284,383	3495.2%	2032.6%	1.0000	1.0577	1.0195	0.1962	0.0000	0.804	0.796	5.7%	0.1175
	Past	1,959,569,303	231,586,866	403,311,486	11.8%	20.6%	1,185,005	2,948,159,313	287,047,948	521,293,280	9.7%	17.7%									
	Future	3,170,318,093	6,897,546,264	6,353,962,179	217.6%	200.4%	1,355,880	1,896,809,588	2,569,773,676	2,535,021,820	135.5%	133.6%									
	Lifetime	5,129,887,396	7,129,133,130	6,757,273,665	139.0%	131.7%	2,540,885	4,844,968,901	2,856,821,625	3,056,315,100	59.0%	63.1%									

Exhibit II
Continental Casualty Company
Virginia-Specific Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	941	0	0	0.0%	0.0%	4	2,376	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	398,989	0	0	0.0%	0.0%	570	940,162	0	0	0.0%	0.0%				0.0104		0.990		7.1%	2.3564
	2000	1,548,349	0	0	0.0%	0.0%	1,394	3,405,240	0	0	0.0%	0.0%				0.0299		0.970		7.1%	2.1993
	2001	3,130,890	0	4,476	0.0%	0.1%	2,407	6,426,631	0	9,188	0.0%	0.1%				0.0368		0.963		7.1%	2.0527
	2002	5,186,510	16,523	384,766	0.3%	7.4%	3,971	9,939,171	31,665	737,346	0.3%	7.4%				0.0253		0.975		7.1%	1.9164
	2003	7,170,692	105,531	188,623	1.5%	2.6%	4,249	12,830,850	188,832	337,512	1.5%	2.6%				0.0400		0.960		7.1%	1.7893
	2004	6,978,371	104,736	356,749	1.5%	5.1%	4,126	11,662,777	175,043	596,226	1.5%	5.1%				0.0289		0.971		7.0%	1.6713
	2005	6,822,680	139,467	602,854	2.0%	8.8%	4,050	10,653,685	217,779	941,362	2.0%	8.8%				0.0184		0.982		7.0%	1.5615
	2006	6,691,663	329,249	1,721,500	4.9%	25.7%	3,976	9,756,399	480,043	2,509,935	4.9%	25.7%				0.0183		0.982		7.2%	1.4580
	2007	6,551,910	731,716	1,436,422	11.2%	21.9%	3,911	8,911,773	995,265	1,953,792	11.2%	21.9%				0.0163		0.984		7.2%	1.3602
	2008	6,438,447	1,193,728	1,321,150	18.5%	20.5%	3,843	8,174,296	1,515,565	1,677,341	18.5%	20.5%				0.0174		0.983		7.0%	1.2696
	2009	6,304,317	1,417,099	2,669,838	22.5%	42.3%	3,767	7,477,907	1,680,901	3,166,846	22.5%	42.3%				0.0198		0.980		7.0%	1.1862
	2010	6,158,883	1,703,747	1,845,646	27.7%	30.0%	3,692	6,821,980	1,887,181	2,044,358	27.7%	30.0%				0.0199		0.980		7.1%	1.1077
	2011	6,018,203	1,730,240	2,628,450	28.8%	43.7%	3,662	6,225,560	1,789,856	2,719,013	28.8%	43.7%				0.0081		0.992		7.0%	1.0345
Projected Future Experience	2012	5,837,617	2,229,756	3,075,978	38.2%	52.7%	3,564	5,663,581	2,163,281	2,984,274	38.2%	52.7%	1.0000	1.2025	1.0000	0.0268	0.0000	0.973	0.970	6.2%	0.9702
	2013	5,571,059	2,967,462	3,466,130	53.3%	62.2%	3,463	5,090,823	2,711,661	3,167,343	53.3%	62.2%	1.0000	1.1596	1.0000	0.0282	0.0000	0.972	0.954	6.1%	0.9138
	2014	5,387,536	3,490,209	3,893,925	64.8%	72.3%	3,359	4,642,333	3,007,444	3,355,318	64.8%	72.3%	1.0000	1.1581	1.0000	0.0299	0.0000	0.970	0.967	6.0%	0.8617
	2015	5,199,391	3,860,999	4,358,933	74.3%	83.8%	3,252	4,227,798	3,139,507	3,544,393	74.3%	83.8%	1.0000	1.1563	1.0000	0.0319	0.0000	0.968	0.965	5.9%	0.8131
	2016	5,004,286	4,283,031	4,860,921	85.6%	97.1%	3,141	3,841,941	3,288,212	3,731,876	85.6%	97.1%	1.0000	1.1547	1.0000	0.0343	0.0000	0.966	0.962	5.9%	0.7677
	2017	4,800,943	4,683,688	5,394,161	97.6%	112.4%	3,024	3,481,505	3,396,475	3,911,689	97.6%	112.4%	1.0000	1.1525	1.0000	0.0371	0.0000	0.963	0.959	5.9%	0.7252
	2018	4,588,216	5,167,124	5,956,546	112.6%	129.8%	2,902	3,143,773	3,540,432	4,081,332	112.6%	129.8%	1.0000	1.1508	1.0000	0.0405	0.0000	0.960	0.956	5.8%	0.6852
	2019	4,366,190	5,695,258	6,526,077	130.4%	149.5%	2,774	2,828,050	3,688,908	4,227,042	130.4%	149.5%	1.0000	1.1461	1.0000	0.0440	0.0000	0.956	0.952	5.8%	0.6477
	2020	4,136,334	6,249,468	7,079,990	151.1%	171.2%	2,642	2,533,894	3,828,388	4,337,161	151.1%	171.2%	1.0000	1.1393	1.0000	0.0478	0.0000	0.952	0.947	5.7%	0.6126
	2021	3,901,162	6,806,797	7,606,470	174.5%	195.0%	2,506	2,260,815	3,944,698	4,408,127	174.5%	195.0%	1.0000	1.1326	1.0000	0.0514	0.0000	0.949	0.943	5.7%	0.5795
	2022	3,663,954	7,357,234	8,088,507	200.8%	220.8%	2,369	2,009,084	4,034,250	4,435,234	200.8%	220.8%	1.0000	1.1250	1.0000	0.0548	0.0000	0.945	0.939	5.7%	0.5483
	2023	3,428,142	7,886,081	8,514,237	230.0%	248.4%	2,231	1,779,052	4,092,523	4,418,508	230.0%	248.4%	1.0000	1.1173	1.0000	0.0579	0.0000	0.942	0.936	5.6%	0.5190
	2024	3,196,880	8,384,419	8,912,929	262.3%	278.8%	2,096	1,570,411	4,118,699	4,378,320	262.3%	278.8%	1.0000	1.1143	1.0000	0.0606	0.0000	0.939	0.933	5.6%	0.4912
	2025	2,971,883	8,852,170	9,283,843	297.9%	312.4%	1,963	1,382,100	4,116,780	4,317,533	297.9%	312.4%	1.0000	1.1122	1.0000	0.0634	0.0000	0.937	0.930	5.6%	0.4651
	2026	2,753,418	9,300,593	9,699,777	337.8%	352.3%	1,833	1,212,462	4,095,495	4,271,275	337.8%	352.3%	1.0000	1.1193	1.0000	0.0666	0.0000	0.933	0.926	5.6%	0.4403
	2027	2,541,492	9,749,418	10,152,466	383.6%	399.5%	1,704	1,059,870	4,065,768	4,233,850	383.6%	399.5%	1.0000	1.1255	1.0000	0.0700	0.0000	0.930	0.923	5.6%	0.4170
	2028	2,336,537	10,200,172	10,559,268	436.6%	451.9%	1,579	923,072	4,029,681	4,171,545	436.6%	451.9%	1.0000	1.1228	1.0000	0.0737	0.0000	0.926	0.919	5.5%	0.3951
	2029	2,139,092	10,636,680	10,899,832	497.3%	509.6%	1,456	800,803	3,982,008	4,080,524	497.3%	509.6%	1.0000	1.1189	1.0000	0.0775	0.0000	0.923	0.915	5.5%	0.3744
	2030	1,949,733	11,041,050	11,170,403	566.3%	572.9%	1,338	691,922	3,918,252	3,964,157	566.3%	572.9%	1.0000	1.1156	1.0000	0.0814	0.0000	0.919	0.911	5.5%	0.3549
	2031	1,768,963	11,397,289	11,361,599	644.3%	642.3%	1,223	595,349	3,835,788	3,823,776	644.3%	642.3%	1.0000	1.1123	1.0000	0.0856	0.0000	0.914	0.907	5.4%	0.3366
	2032	1,597,253	11,691,024	11,469,115	731.9%	718.1%	1,113	509,872	3,731,989	3,661,152	731.9%	718.1%	1.0000	1.1091	1.0000	0.0899	0.0000	0.910	0.903	5.4%	0.3192
	2033	1,434,939	11,912,913	11,497,473	830.2%	801.3%	1,008	434,405	3,606,447	3,480,679	830.2%	801.3%	1.0000	1.1069	1.0000	0.0944	0.0000	0.906	0.898	5.5%	0.3027
	2034	1,282,331	12,057,238	11,436,734	940.3%	891.9%	909	368,132	3,461,396	3,283,262	940.3%	891.9%	1.0000	1.1040	1.0000	0.0990	0.0000	0.901	0.894	5.5%	0.2871
	2035	1,139,688	12,118,602	11,283,020	1063.3%	990.0%	814	310,319	3,299,703	3,072,187	1063.3%	990.0%	1.0000	1.1009	1.0000	0.1038	0.0000	0.896	0.889	5.4%	0.2723
	2036	1,007,157	12,091,211	11,025,878	1200.5%	1094.8%	726	260,182	3,123,566	2,848,354	1200.5%	1094.8%	1.0000	1.0966	1.0000	0.1088	0.0000	0.891	0.884	5.4%	0.2583
	2037	884,739	11,971,088	10,684,286	1353.1%	1207.6%	643	216,956	2,935,554	2,620,004	1353.1%	1207.6%	1.0000	1.0937	1.0000	0.1140	0.0000	0.886	0.878	5.3%	0.2452
	2038	772,481	11,759,784	10,270,296	1522.3%	1329.5%	566	179,918	2,738,966	2,392,050	1522.3%	1329.5%	1.0000	1.0914	1.0000	0.1192	0.0000	0.881	0.873	5.3%	0.2329
	2039	670,283	11,463,648	9,798,058	1710.3%	1461.8%	496	148,363	2,537,401	2,168,734	1710.3%	1461.8%	1.0000	1.0897	1.0000	0.1245	0.0000	0.875	0.868	5.2%	0.2213
	2040	577,885	11,090,910	9,266,799	1919.2%	1603.6%	431	121,654	2,334,810	1,950,806	1919.2%	1603.6%	1.0000	1.0871	1.0000	0.1300	0.0000	0.870	0.862	5.1%	0.2105
	2041	494,926	10,647,061	8,672,887	2151.2%	1752.4%	373	99,150	2,132,959	1,737,466	2151.2%	1752.4%	1.0000	1.0825	1.0000	0.1354	0.0000	0.865	0.856	5.1%	0.2003
	2042	421,121	10,137,489	8,033,735	2407.3%	1907.7%	320	80,231	1,931,380	1,530,576	2407.3%	1907.7%	1.0000	1.0780	1.0000	0.1407	0.0000	0.859	0.851	5.2%	0.1905
	2043	355,984	9,571,894	7,379,248	2688.9%	2072.9%	274	64,395	1,731,499	1,334,862	2688.9%	2072.9%	1.0000	1.0757	1.0000	0.1461	0.0000	0.854	0.845	5.4%	0.1809
	2044	298,938	8,965,164	6,731,515	2999.0%	2251.8%	232	51,289	1,538,166	1,154,936	2999.0%	2251.8%	1.0000	1.0750	1.0000	0.1514	0.0000	0.849	0.840	5.5%	0.1716
	2045	249,360	8,333,565	6,099,193	3342.0%	2445.9%	196	40,559	1,355,471	992,046	3342.0%	2445.9%	1.0000	1.0744	1.0000	0.1566	0.0000	0.843	0.834	5.5%	0.1627
	2046	206,620	7,691,293	5,481,896	3722.4%	2653.1%	164	31,849	1,185,558	844,995	3722.4%	2653.1%	1.0000	1.0723	1.0000	0.1618	0.0000	0.838	0.829	5.5%	0.1541
	2047	170,148	7,048,971	4,884,257	4142.8%	2870.6%	137	24,852	1,029,589	713,406	4142.8%	2870.6%	1.0000	1.0691	1.0000	0.1666	0.0000	0.833	0.823	5.5%	0.1461
	2048	139,252	6,415,658	4,319,271	4607.2%	3101.8%	113	19,274	888,000	597,836	4607.2%	3101.8%	1.0000	1.0673	1.0000	0.1715	0.0000	0.829	0.818	5.5%	0.1384
	2049	113,271	5,800,381	3,799,180	5120.8%	3354.1%	93	14,853	760,582	498,172	5120.8%	3354.1%	1.0000	1.0677	1.0000	0.1762	0.0000	0.824	0.813	5.6%	0.1311
	2050	91,598	5,211,146	3,323,629	5689.1%	3628.5%	76	11,373	647,012	412,659	5689.1%	3628.5%	1.0000	1.0678	1.0000	0.1807	0.0000	0.819	0.809	5.6%	0.1242
	2051	73,628	4,653,541	2,886,873	6320.3%	3920.9%	62	8,653	546,871	339,257	6320.3%	3920.9%	1.0000	1.0656	1.0000	0.1849	0.0000	0.815	0.804	5.7%	0.1175
	Past	69,400,844	7,472,037	13,160,474	10.8%	19.0%	43,622	103,228,807	8,962,130	16,692,919	8.7%	16.2%									
	Future	87,524,429	330,871,480	309,205,335	378.0%	353.3%	57,166	52,734,919	114,515,167	115,476,717	217.2%	219.0%									
	Lifetime	156,925,273	338,343,517	322,365,809	215.6%	205.4%	100,788	155,963,726	123,477,297	132,169,636	79.2%	84.7%									

Exhibit II
Continental Casualty Company
Virginia-Specific Experience Projections with 80% Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	941	0	0	0.0%	0.0%	4	2,376	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	398,989	0	0	0.0%	0.0%	570	940,162	0	0	0.0%	0.0%				0.0104		0.990		7.1%	2.3564
	2000	1,548,349	0	0	0.0%	0.0%	1,394	3,405,240	0	0	0.0%	0.0%				0.0299		0.970		7.1%	2.1993
	2001	3,130,890	0	4,476	0.0%	0.1%	2,407	6,426,631	0	9,188	0.0%	0.1%				0.0368		0.963		7.1%	2.0527
	2002	5,186,510	16,523	384,766	0.3%	7.4%	3,971	9,939,171	31,665	737,346	0.3%	7.4%				0.0253		0.975		7.1%	1.9164
	2003	7,170,692	105,531	188,623	1.5%	2.6%	4,249	12,830,850	188,832	337,512	1.5%	2.6%				0.0400		0.960		7.1%	1.7893
	2004	6,978,371	104,736	356,749	1.5%	5.1%	4,126	11,662,777	175,043	596,226	1.5%	5.1%				0.0289		0.971		7.0%	1.6713
	2005	6,822,680	139,467	602,854	2.0%	8.8%	4,050	10,653,685	217,779	941,362	2.0%	8.8%				0.0184		0.982		7.0%	1.5615
	2006	6,691,663	329,249	1,721,500	4.9%	25.7%	3,976	9,756,399	480,043	2,509,935	4.9%	25.7%				0.0183		0.982		7.2%	1.4580
	2007	6,551,910	731,716	1,436,422	11.2%	21.9%	3,911	8,911,773	995,265	1,953,792	11.2%	21.9%				0.0163		0.984		7.2%	1.3602
	2008	6,438,447	1,193,728	1,321,150	18.5%	20.5%	3,843	8,174,296	1,515,565	1,677,341	18.5%	20.5%				0.0174		0.983		7.0%	1.2696
	2009	6,304,317	1,417,099	2,669,838	22.5%	42.3%	3,767	7,477,907	1,680,901	3,166,846	22.5%	42.3%				0.0198		0.980		7.0%	1.1862
	2010	6,158,883	1,703,747	1,845,646	27.7%	30.0%	3,692	6,821,980	1,887,181	2,044,358	27.7%	30.0%				0.0199		0.980		7.1%	1.1077
	2011	6,018,203	1,730,240	2,628,450	28.8%	43.7%	3,662	6,225,560	1,789,856	2,719,013	28.8%	43.7%				0.0081		0.992		7.0%	1.0345
Projected Future Experience	2012	5,837,617	2,229,756	3,075,978	38.2%	52.7%	3,564	5,663,581	2,163,281	2,984,274	38.2%	52.7%	1.0000	1.2025	1.0000	0.0268	0.0000	0.973	0.970	6.2%	0.9702
	2013	5,916,773	2,956,914	3,401,069	50.0%	57.5%	3,394	5,406,736	2,702,023	3,107,890	50.0%	57.5%	1.1020	1.1577	1.0028	0.0485	0.0199	0.952	1.014	6.1%	0.9138
	2014	7,703,113	3,395,784	3,431,185	44.1%	44.5%	3,226	6,637,620	2,926,079	2,956,584	44.1%	44.5%	1.5369	1.0460	1.0175	0.0505	0.0202	0.951	1.302	6.0%	0.8617
	2015	7,726,711	3,609,361	3,770,101	46.7%	48.8%	3,123	6,282,846	2,934,892	3,065,594	46.7%	48.8%	1.0524	1.1325	1.0197	0.0319	0.0000	0.968	1.003	5.9%	0.8131
	2016	7,436,769	3,879,689	4,197,915	52.2%	56.4%	3,016	5,709,432	2,978,554	3,222,866	52.2%	56.4%	1.0000	1.1530	1.0197	0.0343	0.0000	0.966	0.962	5.9%	0.7677
	2017	7,134,585	4,148,579	4,651,326	58.1%	65.2%	2,904	5,173,795	3,008,430	3,373,007	58.1%	65.2%	1.0000	1.1507	1.0197	0.0371	0.0000	0.963	0.959	5.9%	0.7252
	2018	6,818,456	4,519,140	5,128,539	66.3%	75.2%	2,787	4,671,898	3,096,443	3,513,994	66.3%	75.2%	1.0000	1.1491	1.0197	0.0404	0.0000	0.960	0.956	5.8%	0.6852
	2019	6,488,508	4,945,942	5,610,808	76.2%	86.5%	2,664	4,202,708	3,203,564	3,634,208	76.2%	86.5%	1.0000	1.1444	1.0197	0.0440	0.0000	0.956	0.952	5.8%	0.6477
	2020	6,146,923	5,404,580	6,078,735	87.9%	98.9%	2,537	3,765,570	3,310,815	3,723,798	87.9%	98.9%	1.0000	1.1377	1.0197	0.0478	0.0000	0.952	0.947	5.7%	0.6126
	2021	5,797,439	5,868,104	6,522,343	101.2%	112.5%	2,407	3,359,751	3,400,703	3,779,850	101.2%	112.5%	1.0000	1.1311	1.0197	0.0514	0.0000	0.949	0.943	5.7%	0.5795
	2022	5,444,928	6,327,216	6,927,267	116.2%	127.2%	2,275	2,985,660	3,469,452	3,798,483	116.2%	127.2%	1.0000	1.1236	1.0197	0.0548	0.0000	0.945	0.939	5.7%	0.5483
	2023	5,094,494	6,768,969	7,283,730	132.9%	143.0%	2,143	2,643,814	3,512,792	3,779,930	132.9%	143.0%	1.0000	1.1160	1.0197	0.0579	0.0000	0.942	0.936	5.6%	0.5190
	2024	4,750,819	7,185,653	7,616,756	151.3%	160.3%	2,013	2,333,757	3,529,827	3,741,598	151.3%	160.3%	1.0000	1.1132	1.0198	0.0606	0.0000	0.939	0.933	5.6%	0.4912
	2025	4,416,456	7,576,756	7,925,982	171.6%	179.5%	1,886	2,053,912	3,523,637	3,686,048	171.6%	179.5%	1.0000	1.1111	1.0198	0.0634	0.0000	0.937	0.930	5.6%	0.4651
	2026	4,091,800	7,951,597	8,273,654	194.3%	202.2%	1,760	1,801,815	3,501,468	3,643,285	194.3%	202.2%	1.0000	1.1183	1.0198	0.0666	0.0000	0.933	0.926	5.6%	0.4403
	2027	3,776,860	8,326,873	8,652,668	220.5%	229.1%	1,637	1,575,052	3,472,529	3,608,394	220.5%	229.1%	1.0000	1.1246	1.0198	0.0700	0.0000	0.930	0.923	5.6%	0.4170
	2028	3,472,281	8,703,846	8,992,580	250.7%	259.0%	1,516	1,371,760	3,438,542	3,552,609	250.7%	259.0%	1.0000	1.1219	1.0198	0.0736	0.0000	0.926	0.919	5.5%	0.3951
	2029	3,178,861	9,068,721	9,276,101	285.3%	291.8%	1,399	1,190,057	3,395,018	3,472,654	285.3%	291.8%	1.0000	1.1181	1.0198	0.0774	0.0000	0.923	0.915	5.5%	0.3744
	2030	2,897,460	9,406,279	9,500,108	324.6%	327.9%	1,285	1,028,252	3,338,104	3,371,402	324.6%	327.9%	1.0000	1.1149	1.0198	0.0814	0.0000	0.919	0.911	5.5%	0.3549
	2031	2,628,821	9,702,994	9,656,940	369.1%	367.3%	1,175	884,737	3,265,568	3,250,068	369.1%	367.3%	1.0000	1.1116	1.0198	0.0855	0.0000	0.914	0.907	5.4%	0.3366
	2032	2,373,646	9,946,743	9,743,145	419.0%	410.5%	1,070	757,711	3,175,183	3,110,191	419.0%	410.5%	1.0000	1.1085	1.0198	0.0898	0.0000	0.910	0.903	5.4%	0.3192
	2033	2,132,434	10,129,699	9,762,510	475.0%	457.8%	969	645,561	3,066,607	2,955,446	475.0%	457.8%	1.0000	1.1064	1.0198	0.0943	0.0000	0.906	0.898	5.5%	0.3027
	2034	1,905,646	10,247,080	9,706,823	537.7%	509.4%	873	547,074	2,941,736	2,786,638	537.7%	509.4%	1.0000	1.1036	1.0198	0.0990	0.0000	0.901	0.894	5.5%	0.2871
	2035	1,693,668	10,294,423	9,572,944	607.8%	565.2%	782	461,159	2,803,008	2,606,561	607.8%	565.2%	1.0000	1.1005	1.0198	0.1038	0.0000	0.896	0.889	5.4%	0.2723
	2036	1,496,716	10,266,928	9,352,091	686.0%	624.8%	697	386,652	2,652,292	2,415,959	686.0%	624.8%	1.0000	1.0962	1.0198	0.1088	0.0000	0.891	0.884	5.4%	0.2583
	2037	1,314,793	10,161,336	9,060,470	772.8%	689.1%	618	322,414	2,491,766	2,221,811	772.8%	689.1%	1.0000	1.0934	1.0197	0.1140	0.0000	0.886	0.878	5.3%	0.2452
	2038	1,147,968	9,979,052	8,708,210	869.3%	758.6%	544	267,373	2,324,216	2,028,225	869.3%	758.6%	1.0000	1.0912	1.0197	0.1192	0.0000	0.881	0.873	5.3%	0.2329
	2039	996,094	9,725,499	8,307,352	976.4%	834.0%	476	220,479	2,152,673	1,838,776	976.4%	834.0%	1.0000	1.0897	1.0197	0.1245	0.0000	0.875	0.868	5.2%	0.2213
	2040	858,783	9,407,670	7,856,949	1095.5%	914.9%	414	180,787	1,980,461	1,654,010	1095.5%	914.9%	1.0000	1.0871	1.0197	0.1299	0.0000	0.870	0.862	5.1%	0.2105
	2041	735,500	9,030,212	7,354,097	1227.8%	999.9%	358	147,345	1,809,051	1,473,269	1227.8%	999.9%	1.0000	1.0825	1.0196	0.1353	0.0000	0.865	0.856	5.1%	0.2003
	2042	625,820	8,597,690	6,813,294	1373.8%	1088.7%	308	119,230	1,638,020	1,298,059	1373.8%	1088.7%	1.0000	1.0782	1.0196	0.1407	0.0000	0.859	0.851	5.2%	0.1905
	2043	529,021	8,118,250	6,259,716	1534.6%	1183.3%	263	95,697	1,468,544	1,132,346	1534.6%	1183.3%	1.0000	1.0759	1.0195	0.1461	0.0000	0.854	0.845	5.4%	0.1809
	2044	444,246	7,604,431	5,712,192	1711.8%	1285.8%	223	76,220	1,304,703	980,049	1711.8%	1285.8%	1.0000	1.0753	1.0195	0.1513	0.0000	0.849	0.840	5.5%	0.1716
	2045	370,569	7,069,907	5,177,638	1907.8%	1397.2%	188	60,274	1,149,934	842,153	1907.8%	1397.2%	1.0000	1.0747	1.0194	0.1566	0.0000	0.843	0.834	5.5%	0.1627
	2046	307,054	6,526,592	4,655,897	2125.6%	1516.3%	158	47,330	1,006,028	717,673	2125.6%	1516.3%	1.0000	1.0728	1.0193	0.1617	0.0000	0.838	0.829	5.5%	0.1541
	2047	252,854	5,983,430	4,150,941	2366.4%	1641.6%	131	36,932	873,953	606,296	2366.4%	1641.6%	1.0000	1.0697	1.0192	0.1665	0.0000	0.834	0.823	5.5%	0.1461
	2048	206,940	5,448,040	3,673,596	2632.7%	1775.2%	109	28,643	754,071	508,468	2632.7%	1775.2%	1.0000	1.0681	1.0192	0.1714	0.0000	0.829	0.818	5.5%	0.1384
	2049	168,330	4,928,022	3,234,326	2927.6%	1921.4%	90	22,072	646,193	424,105	2927.6%	1921.4%	1.0000	1.0686	1.0190	0.1760	0.0000	0.824	0.813	5.6%	0.1311
	2050	136,122	4,430,099	2,832,508	3254.5%	2080.9%	74	16,901	550,038	351,682	3254.5%	2080.9%	1.0000	1.0689	1.0189	0.1806	0.0000	0.819	0.809	5.6%	0.1242
	2051	109,417	3,958,898	2,463,111	3618.2%	2251.1%	60	12,858	465,238	289,458	3618.2%	2251.1%	1.0000	1.0668	1.0188	0.1848	0.0000	0.815	0.804	5.7%	0.1175
	Past	69,400,844	7,472,037	13,160,474	10.8%	19.0%	43,622	103,228,807	8,962,130	16,692,919	8.7%	16.2%									
	Future	124,565,293	283,830,754	264,371,592	227.9%	212.2%	55,117	73,195,463	99,425,435	99,507,712	135.8%	135.9%									
	Lifetime	193,966,137	291,302,792	277,532,066	150.2%	143.1%	98,739	176,424,270	108,387,565	116,200,631	61.4%	65.9%									

Continental Casualty Company

333 S. Wabash Ave.
Chicago, Illinois 60604

LONG-TERM CARE INSURANCE
CONTINGENT NONFORFEITURE BENEFIT RIDER
(To be attached to Your current Policy)

Policyholder Name:
Policy Number ("Policy"):
Policy Effective Date:
Rider Effective Date:

This Rider attaches to and becomes part of the Policy referenced above. **Please read this Rider carefully**. This Rider is provided only if Your Policy does not already include a nonforfeiture benefit. There is no additional premium for this Rider. Future premiums for the Policy remain payable under the terms of the Policy.

WHAT IS THE CONTINGENT NONFORFEITURE BENEFIT AND HOW DOES IT WORK?

The Contingent Nonforfeiture Benefit Rider provides for the continuation of coverage. This continuation of coverage will include a shortened Maximum Lifetime Benefit, and no further premiums will be due. The above will occur if the conditions listed below are met. The benefits payable will be subject to the limits below. The benefits payable are defined in and provided in Your Policy. These benefits will begin after the Contingent Nonforfeiture Benefit Date defined below.

1. The maximum benefit payable (per day and/or per visit), as provided for in Your Policy, will remain at the levels in effect on the Contingent Nonforfeiture Benefit Date.

2. The maximum benefit payable for all covered Long-Term Care You receive after the Contingent Nonforfeiture Benefit Date is the greater of:

    a. 100% of the sum of all premiums paid for this Policy. This includes premiums paid prior to any change in benefits. It does not include any premiums that We refund to You for any reason; or
    b. 30 times the maximum daily facility benefit, as provided for in Your Policy, in effect on the Contingent Nonforfeiture Benefit Date.

However, the total of all benefits payable under this Policy including this Contingent Nonforfeiture Benefit will not exceed the amount that would have been payable under your Policy if You had continued to pay the premium.

Benefits will be payable in accordance with all other terms and conditions of the Policy.

WHEN DOES THE CONTINGENT NONFORFEITURE BENEFIT APPLY?

The Contingent Nonforfeiture Benefit will take effect when the following events occur:

1. We increase Your premium rate to a level which results in a cumulative increase of the annual premium equal to or exceeding the Substantial Premium Increase Percentage for Your Issue Age. The Substantial Premium Increase Percentage is shown in the table below. Your Issue Age was Your age on Your effective date of coverage; and
2. Your Policy lapses because of non-payment of premium within 120 days of the first due date of the increased premium.
3. Coverage must be in effect. All premiums due for periods of coverage prior to the effective date of the increased premium must be paid.

We will notify You at least 75 days prior to the first due date of the premium reflecting the rate increase.

Any premium increase which results from a change in benefits requested by You or by a change in premium payment mode or a change in applicable discounts to Your policy is not a premium increase for the purpose of determining a Substantial Premium Increase Percentage. However, for purpose of the calculation of the cumulative rate increase above, the portion of the premium for the additional coverage shall be added to and considered part of the initial annual premium.

If Your Policy has been in effect for 20 years, You do not need to meet the percentage increase amount shown in the table below to be eligible for the Contingent Nonforfeiture Benefit.

WHAT IS THE CONTINGENT NONFORFEITURE BENEFIT DATE?

If Your premium rate increases to a level which results in a cumulative increase equal to or exceeding the Substantial Premium Increase Percentage below, and You choose not to pay the premium within 120 days of the first due date of the increased premium, the Contingent Nonforfeiture Benefit Date is the effective date of the premium increase. Your premium must be paid to the first due date of the premium increase.

SUBSTANTIAL PREMIUM INCREASE PERCENTAGES
(Percentage increase is cumulative from date of original issue.
It does NOT represent a one-time increase.)

ISSUE AGE	PERCENT INCREASE OVER INITIAL PREMIUM		ISSUE AGE	PERCENT INCREASE OVER INITIAL PREMIUM
29 and under	100%		72	36%
30-34	100%		73	34%
35-39	100%		74	32%
40-44	100%		75	30%
45-49	100%		76	28%
50-54	100%		77	26%
55-59	90%		78	24%
60	70%		79	22%
61	66%		80	20%
62	62%		81	19%
63	58%		82	18%
64	54%		83	17%
65	50%		84	16%
66	48%		85	15%
67	46%		86	14%

68	44%		87	13%
69	42%		88	12%
70	40%		89	11%
71	38%		90 and over	10%

ALTERNATIVE OPTION TO DECREASE BENEFITS

In the event that We increase Your premium rate to a level which results in a cumulative increase of the annual premium equal to or exceeding the Substantial Premium Increase Percentage identified above, We will offer You the alternative of decreasing Your Policy benefits provided by Your current coverage without underwriting in order to offset the premium increase.

If you elect to convert your coverage to a Reduced Maximum Lifetime Benefit, your decision is irrevocable. You will not be able to reinstate the benefit amounts of the original Policy.

If you lapse your policy at any time after the 120-day window following the first premium increase due date, **you will not be eligible for the Contingent Nonforfeiture Benefit.** Your Policy will be terminated, and all benefits may be forfeited.

Except as specifically included in this Rider, this Rider does not alter any other existing conditions, limitations, or provisions of the coverage provided by the Policy to which it is attached.

SIGNED FOR CONTINENTAL CASUALTY COMPANY

Thomas F. Motamed

Chairman of the Board

[ ]

Jonathan Kanter

Secretary

[ ]

Continental Casualty Company

333 S. Wabash Ave.
Chicago, Illinois 60604

LONG-TERM CARE INSURANCE
POLICY ENDORSEMENT
(To be attached to Your current Policy)

Policyholder Name:
Policy Number ("Policy"):
Policy Effective Date:
Endorsement Effective Date:

This Endorsement attaches to and becomes part of the Policy referenced above. **Please read this Endorsement carefully**. There is no additional premium for this Endorsement. Future premiums for the Policy remain payable under the terms of the Policy.

This Endorsement sets forth the following changes that have been made to Your Policy:

[The non-inflated maximum daily facility benefit as stated in the Policy's Schedule of Benefits Page has been decreased from $100 to $50.] *[Drafter, if policy has no inflation benefit, remove the word "non-inflated."]*

[The home and community based care percentage has been decreased from 100% to 75%.]

[The Maximum Lifetime Benefit stated in the Policy's Schedule of Benefits Page has been decreased from __ to ___]

[The Elimination Period as stated in the Policy's Schedule of Benefits Page has been increased from 30 days to 90 days.]

[The Compound Automatic Increase Benefit Rider has been deleted from Your coverage. The Policy will retain the inflated benefit amounts as of the Endorsement Effective Date. If you have also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. Benefit amounts will cease inflating as of the Endorsement Effective Date.]

[The Simple Automatic Increase Benefit Rider has been deleted from Your coverage. The Policy will retain the inflated benefit amounts as of the Endorsement Effective Date. If you have also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. Benefit amounts will cease inflating as of the Endorsement Effective Date.]

[The Compound Automatic Increase Benefit Rider has been deleted from Your coverage. The Simple Automatic Increase Benefit Rider has been added to Your coverage. The Policy will retain the increased portion of the benefit amount as of the Endorsement Effective Date. If you have also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. The Simple Automatic Increase Benefit will begin to increase Your Policy's non-inflated amount as of the Endorsement Effective date. The Simple Automatic Increase Benefit Rider is attached.]

[The Dual Waiver of Premium rider has been deleted from Your coverage.]

[The Shared Advantage rider has been deleted from Your coverage.]

[The Restoration of Benefits rider has been deleted from Your coverage.]

[The Cost of Living Increase rider has been deleted from Your coverage.]

[The Survivorship Benefit rider has been deleted from Your coverage.]

[Your Policy has entered nonforfeiture status. Premium is no longer due, although coverage will remain available pursuant to the terms of Your Policy's [nonforfeiture benefit] [Contingent Nonforfeiture Benefit].]

[The Contingent Nonforfeiture Benefit has been added to Your Coverage, pursuant to the attached Contingent Nonforfeiture Benefit Rider.]

The above changes will be reflected on Your new Schedule of Benefits Page issued in conjunction with this Endorsement, where applicable. Except as specifically included in this Endorsement, this change does not alter any other existing conditions, limitations, or provisions of the coverage provided by the Policy to which it is attached.

SIGNED FOR CONTINENTAL CASUALTY COMPANY

Thomas F. Motamed

[Chairman of the Board]

Jonathan Kanter

[Secretary]

Continental Casualty Company
Certification of Compliance

The company has reviewed the enclosed policy forms(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
R1-A45	Long-Term Care Insurance Policy Endorsement
R1-CNF-A45	Long-Term Care Insurance Contingent Nonforfeiture Benefit Rider
R1-N0079-A- VA	Long-Term Care Insurance Simple Automatic Increase Benefit Rider

Officer's Signature

Vice President, Operations
Officer's Title

6/10/2015
Date

Continental Casualty Company
Statement of Variability
Form R1-N0079-A-VA
Long-Term Care Insurance
Simple Automatic Increase Benefit Rider

Variable Field	Applicable Variability
Policyholder Name	Customized to include policyholder's name
Policy Number ("Policy")	Customized to include policyholder's policy number
Policy Effective Date	Customized to include policyholder's policy effective date
Rider Effective Date	Customized to include policyholder's rider effective date
Thomas F. Motamed Chairman of the Board Jonathan Kanter Secretary	Allows for variability in the event either officer changes

Continental Casualty Company

333 S. Wabash Ave.
Chicago, Illinois 60604

LONG-TERM CARE INSURANCE
SIMPLE AUTOMATIC INCREASE BENEFIT RIDER
(To be attached to Your current Policy)

Policyholder Name:
Policy Number ("Policy"):
Policy Effective Date:
Rider Effective Date:

This Rider attaches to and becomes part of the Policy referenced above. **Please read this Rider carefully**.

WHAT IS THE SIMPLE AUTOMATIC INCREASE BENEFIT?

On each anniversary of Your Policy Effective Date as of the Rider Effective Date, the benefits provided in Your policy will be increased as follows:

1. **Maximum Daily Benefit ("MDB")**

   This benefit limit will begin to increase at a fixed amount of 5% of the MDB shown on the Policy Schedule of Benefits Page.

2. **Maximum Weekly Home and Community-Based Care Benefit, if Home and Community Based Care Benefits included in your policy**

   This benefit limit will begin to increase at a fixed amount of 5% of the Maximum Weekly Home and Community-Based Care Benefit shown on the Policy Schedule of Benefits Page.

3. **Maximum Lifetime Benefit ("MLB")**

   This benefit limit will begin to increase at an amount equal to the Remaining MLB multiplied by the Increase Factor.

   The Remaining MLB is the MLB shown on the Policy Schedule Benefits Page, less the total amount of claims paid to the current anniversary date.

   The Increase Factor is the percentage by which Your Maximum Daily Facility Benefit increases from the previous anniversary date to the current anniversary date.

Even if benefits are being paid, annual increases will occur. Exercising a nonforfeiture benefit will terminate further increases under this rider. This Rider does not alter any other existing conditions, limitations, or provisions of the coverage provided by the Policy to which it is attached.

SIGNED FOR CONTINENTAL CASUALTY COMPANY

Thomas F. Motamed
[Chairman of the Board]

Jonathan Kantor
[Secretary]

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Continental Casualty Company
333 S. Wabash Avenue
Chicago, Illinois 60604

Title of Form Long-Term Care Insurance Policy Endorsement

Policy Form Number R1-A45

I hereby certify that the Flesch reading ease score of the above policy form is 43. It contains 32 sentences, 510 words and 893 syllables. The type size of the text of the policy forms is 10 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.

_____ Signature of an Officer of the Insurer

James Lust Name (Print)

Vice President, Operations Title

6/10/2015 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Continental Casualty Company
333 S. Wabash Avenue
Chicago, Illinois 60604

Title of Form Long-Term Care Insurance Contingent Nonforfeiture Benefit Rider

Policy Form Number R1-CNF-A45

I hereby certify that the Flesch reading ease score of the above policy form is 52. It contains 37 sentences, 809 words and 1,272 syllables. The type size of the text of the policy forms is 10 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.

Signature of an Officer of the Insurer

James Lust Name (Print)

Vice President, Operations Title

6/10/2015 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Continental Casualty Company
333 S. Wabash Avenue
Chicago, Illinois 60604

Title of Form Long-Term Care Insurance Simple Automatic Increase Benefit Rider

Policy Form Number R1-N0079-A-VA

I hereby certify that the Flesch reading ease score of the above policy form is 50. It contains 11 sentences, 246 words and 391 syllables. The type size of the text of the policy forms is 10 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.

_____ Signature of an Officer of the Insurer

James Lest Name (Print)

Vice President, Operations Title

6/10/15 Date

Continental Casualty Company
Statement of Variability
Form R1-A45
Long-Term Care Insurance
Policy Endorsement

Variable Field	Applicable Variability
Policyholder Name	Customized to include policyholder's name
Policy Number ("Policy")	Customized to include policyholder's policy number
Policy Effective Date	Customized to include policyholder's policy effective date
Endorsement Effective Date	Customized to include policyholder's endorsement effective date
[The non-inflated maximum daily facility benefit as stated in the Policy's Schedule of Benefits Page has been decreased from $100 to $50.] *[Drafter, if policy has no inflation benefit, remove the word "non-inflated."]* [The home and community based care percentage has been decreased from 100% to 75%.] [The Maximum Lifetime Benefit stated in the Policy's Schedule of Benefits Page has been decreased from __ to ___] [The Elimination Period as stated in the Policy's Schedule of Benefits Page has been increased from 30 days to 90 days.] [The Compound Automatic Increase Benefit Rider has been deleted from Your coverage. The Policy will retain the inflated benefit amounts as of the Endorsement Effective Date. If you have also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. Benefit amounts will cease inflating as of the Endorsement Effective Date.] [The Simple Automatic Increase Benefit Rider has been deleted from Your coverage. The Policy will retain the inflated benefit amounts as of the Endorsement Effective Date. If you have	Endorsement will only include the optional change(s) the insured has elected, or, in the case of Contingent Nonforfeiture, that CCC has added to the insured's coverage.

also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. Benefit amounts will cease inflating as of the Endorsement Effective Date.] [The Compound Automatic Increase Benefit Rider has been deleted from Your coverage. The Simple Automatic Increase Benefit Rider has been added to Your coverage. The Policy will retain the increased portion of the benefit amount as of the Endorsement Effective Date. If you have also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. The Simple Automatic Increase Benefit will begin to increase Your Policy's non-inflated amount as of the Endorsement Effective date. The Simple Automatic Increase Benefit Rider is attached.] [The Dual Waiver of Premium rider has been deleted from Your coverage.] [The Shared Advantage rider has been deleted from Your coverage.] [The Restoration of Benefits rider has been deleted from Your coverage.] [The Cost of Living Increase rider has been deleted from Your coverage.] [The Survivorship Benefit rider has been deleted from Your coverage.] [Your Policy has entered nonforfeiture status. Premium is no longer due, although coverage will remain available pursuant to the terms of Your Policy's [nonforfeiture benefit] [Contingent Nonforfeiture Benefit].] [The Contingent Nonforfeiture Benefit has been added to Your Coverage, pursuant to the attached Contingent Nonforfeiture Benefit Rider.]	
The non-inflated maximum daily facility benefit as stated in the Policy's Schedule of Benefits Page has been decreased from $100 to $50	The highlighted portion will include the policyholder's current maximum daily benefit value. The possible values range from $30 to

	$300.
The non-inflated maximum daily facility benefit as stated in the Policy's Schedule of Benefits Page has been decreased from $100 to $50.	The policyholder may choose to reduce the maximum daily benefit to any level in order to reduce the policy premium, although typically $50 increments are utilized. The highlighted portion will reflect only the maximum daily benefit choice actually made by the policyholder to reduce the premium amount.
The home and community based care percentage has been decreased from 100% to 75%.	The highlighted portion will include the policyholder's current home and community based care value. The possible values include the following: 100%, 75%, and 50%.
The home and community based care percentage has been decreased from 100% to 75%.	The policyholder may choose to decrease the home and community based care value. The possible values include 75%, 50%, and 0%. The highlighted portion will reflect only the choice actually made by the policyholder to reduce the premium amount.
The Maximum Lifetime Benefit as stated in the Policy's Schedule of Benefits Page has been decreased from __ to ___.	The highlighted portion includes the policyholder's current Maximum Lifetime Benefit value. The possible values include the following: 730, 1095, 1460, or 1825 multiplied by the daily maximum benefit, or unlimited.
The Maximum Lifetime Benefit as stated in the Policy's Schedule of Benefits Page has been decreased from __ to ___.	The policyholder may choose to reduce the Maximum Lifetime Benefit to 730, 1095, 1460, or 1825 multiplied by the daily maximum benefit. The highlighted portion will reflect only the choice actually made by the policyholder to reduce the premium amount.
The Elimination Period as stated in the Policy's Schedule of Benefits Page has been increased from 30 days to 90 days.	The highlighted portion will include the policyholder's current Elimination Period value. The possible values include the following: 0, 14, 20, 30, 60, 90, 100, 180, and 365 days.
The Elimination Period as stated in the Policy's Schedule of Benefits Page has been increased from 30 days to 90 days.	The policyholder may choose to increase the Elimination Period. The possible values include 14, 20, 30, 60, 90, 100, 180, and 365 days. The highlighted portion will reflect only the Elimination Period choice actually made by the policyholder to reduce the premium amount.

[Your Policy has entered nonforfeiture status. Premium is no longer due, although coverage will remain available pursuant to the terms of Your Policy's [nonforfeiture benefit] [Contingent Nonforfeiture Benefit].]	The highlighted portion will reflect the benefit under which the insured has entered nonforfeiture status.
Thomas F. Molaison Chairman of the Board Jonathan Kanter Secretary	Allows for variability in the event either officer changes.

Continental Casualty Company
Statement of Variability
Form R1-CNF-A45
Long-Term Care Insurance
Contingent Nonforfeiture Benefit Rider

Variable Field	Applicable Variability
Policyholder Name	Customized to include policyholder's name
Policy Number ("Policy")	Customized to include policyholder's policy number
Policy Effective Date	Customized to include policyholder's policy effective date
Rider Effective Date	Customized to include policyholder's Rider effective date
Thomas F. Motamed Chairman of the Board Jonathan Kanter Secretary	Allows for variability in the event either officer changes

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.88	23.33	27.02	28.25	29.47
45-49	23.33	25.79	29.47	30.70	33.16
50-54	28.25	31.93	35.61	38.07	42.98
55	31.93	36.84	41.75	45.44	54.04
56	34.39	39.30	45.44	49.12	58.95
57	36.84	42.98	49.12	52.81	65.09
58	40.53	46.67	54.04	57.72	71.23
59	44.21	51.58	58.95	62.63	78.60
60	49.12	57.72	65.09	68.77	85.97
61	52.81	62.63	71.23	74.91	93.33
62	57.72	68.77	77.37	82.28	101.93
63	61.40	73.68	83.51	88.42	109.30
64	65.09	78.60	89.65	95.79	116.67
65	70.00	83.51	95.79	103.16	125.26
66	74.91	90.88	103.16	111.76	135.09
67	81.05	98.25	112.98	121.58	147.37
68	88.42	108.07	124.04	133.86	162.11
69	97.02	117.90	136.32	146.14	176.84
70	105.61	128.95	149.83	160.88	195.26
71	116.67	142.46	164.56	178.07	216.14
72	128.95	158.42	182.98	197.72	239.48
73	143.69	176.84	203.86	219.83	266.49
74	159.65	196.49	227.19	245.62	297.20
75	178.07	218.60	251.76	272.63	330.35
76	197.72	243.16	280.00	302.11	365.97
77	218.60	268.95	309.48	334.04	405.27
78	240.70	297.20	341.41	368.42	447.02
79	265.27	326.67	375.79	405.27	492.46
80	289.83				
81	316.84				
82	345.09				
83	374.56				
84	406.49				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.30	47.90	55.26	60.18	72.46
45-49	42.98	52.81	61.40	66.32	81.05
50-54	52.81	65.09	76.14	82.28	103.16
55	63.86	77.37	89.65	95.79	122.81
56	67.54	82.28	94.56	101.93	131.40
57	72.46	88.42	100.70	108.07	140.00
58	77.37	94.56	108.07	115.44	149.83
59	82.28	100.70	115.44	124.04	159.65
60	87.19	108.07	124.04	133.86	170.70
61	93.33	115.44	132.63	143.69	181.76
62	99.47	122.81	142.46	154.74	195.26
63	105.61	131.40	152.28	164.56	208.77
64	112.98	138.77	162.11	175.62	223.51
65	120.35	148.60	171.93	186.67	239.48
66	128.95	158.42	184.21	198.95	256.67
67	138.77	170.70	197.72	213.69	276.32
68	149.83	184.21	213.69	230.88	298.42
69	160.88	198.95	229.65	249.30	321.76
70	174.39	216.14	249.30	270.18	346.32
71	189.12	234.56	270.18	293.51	375.79
72	205.09	255.44	294.74	320.53	408.95
73	223.51	278.77	322.99	351.23	445.79
74	244.39	305.79	353.69	385.62	487.55
75	266.49	334.04	388.07	422.46	531.76
76	289.83	364.74	424.92	462.99	580.88
77	314.39	397.90	464.21	507.20	632.46
78	340.18	433.51	507.20	553.86	687.72
79	367.20	471.58	552.64	604.22	747.90
80	396.67				
81	426.14				
82	458.07				
83	491.23				
84	525.62				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.25	34.39	39.30	42.98	51.58
45-49	30.70	38.07	44.21	47.90	57.72
50-54	42.98	51.58	60.18	65.09	78.60
55	49.12	60.18	68.77	73.68	94.56
56	51.58	63.86	72.46	78.60	100.70
57	55.26	68.77	77.37	83.51	108.07
58	60.18	74.91	83.51	90.88	116.67
59	65.09	81.05	90.88	98.25	127.72
60	71.23	88.42	99.47	108.07	138.77
61	77.37	95.79	109.30	117.90	151.05
62	83.51	103.16	117.90	127.72	163.33
63	89.65	110.53	126.49	137.54	175.62
64	95.79	117.90	135.09	147.37	189.12
65	101.93	126.49	144.91	157.19	202.63
66	110.53	136.32	155.97	169.48	219.83
67	119.12	147.37	169.48	184.21	238.25
68	128.95	160.88	185.44	201.41	259.12
69	141.23	175.62	202.63	219.83	282.46
70	153.51	191.58	221.05	240.70	309.48
71	168.25	210.00	243.16	264.04	337.72
72	184.21	230.88	267.72	291.05	370.88
73	202.63	254.21	294.74	321.76	407.72
74	223.51	280.00	325.44	354.92	448.25
75	245.62	308.25	358.60	390.53	491.23
76	268.95	338.95	394.21	429.83	539.13
77	293.51	370.88	432.28	471.58	589.48
78	319.30	405.27	472.81	517.02	643.51
79	346.32	442.11	517.02	564.92	701.23
80	375.79				
81	405.27				
82	437.20				
83	470.35				
84	504.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.56	27.02	31.93	33.16	34.39
45-49	27.02	30.70	34.39	35.61	39.30
50-54	33.16	38.07	41.75	44.21	50.35
55	38.07	42.98	49.12	54.04	63.86
56	40.53	46.67	54.04	57.72	68.77
57	42.98	50.35	57.72	62.63	76.14
58	47.90	55.26	63.86	67.54	83.51
59	51.58	60.18	68.77	73.68	92.11
60	57.72	67.54	76.14	81.05	100.70
61	62.63	73.68	83.51	88.42	109.30
62	67.54	81.05	90.88	97.02	120.35
63	72.46	87.19	98.25	104.39	128.95
64	76.14	92.11	105.61	112.98	137.54
65	82.28	98.25	112.98	121.58	147.37
66	88.42	106.84	121.58	131.40	158.42
67	95.79	115.44	132.63	142.46	173.16
68	104.39	127.72	146.14	157.19	190.35
69	114.21	138.77	160.88	171.93	207.55
70	124.04	152.28	176.84	189.12	229.65
71	137.54	167.02	194.04	210.00	254.21
72	152.28	186.67	214.91	232.11	281.23
73	169.48	207.55	239.48	259.12	313.16
74	187.90	230.88	267.72	288.60	350.00
75	210.00	256.67	295.97	320.53	388.07
76	232.11	286.14	329.13	354.92	431.06
77	256.67	316.84	363.51	392.99	476.50
78	283.69	350.00	401.58	433.51	525.62
79	311.93	384.39	442.11	476.50	579.65
80	341.41				
81	373.34				
82	406.49				
83	440.88				
84	477.72				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46.67	56.49	65.09	71.23	84.74
45-49	50.35	62.63	72.46	78.60	95.79
50-54	62.63	76.14	89.65	97.02	121.58
55	74.91	90.88	105.61	112.98	144.91
56	79.83	97.02	111.76	120.35	154.74
57	84.74	104.39	117.90	127.72	164.56
58	90.88	111.76	127.72	136.32	176.84
59	97.02	117.90	136.32	146.14	187.90
60	103.16	127.72	146.14	157.19	201.41
61	109.30	136.32	155.97	169.48	213.69
62	116.67	144.91	167.02	181.76	229.65
63	124.04	154.74	179.30	194.04	245.62
64	132.63	163.33	190.35	206.32	262.81
65	141.23	174.39	202.63	219.83	281.23
66	152.28	186.67	216.14	234.56	302.11
67	163.33	201.41	232.11	251.76	325.44
68	176.84	216.14	251.76	271.41	351.23
69	189.12	234.56	270.18	293.51	378.25
70	205.09	254.21	293.51	318.07	407.72
71	222.28	276.32	318.07	345.09	442.11
72	240.70	300.88	346.32	377.02	481.41
73	262.81	327.90	379.48	412.63	524.39
74	287.37	359.83	416.32	453.16	573.51
75	313.16	392.99	456.85	497.37	625.09
76	341.41	428.60	499.83	545.27	682.81
77	369.65	467.90	546.50	596.85	744.22
78	400.35	509.65	596.85	652.11	809.30
79	432.28	555.09	649.65	711.06	879.31
80	466.67				
81	501.06				
82	539.13				
83	578.43				
84	618.95				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.16	40.53	46.67	50.35	60.18
45-49	35.61	44.21	51.58	56.49	67.54
50-54	50.35	60.18	71.23	76.14	92.11
55	57.72	71.23	81.05	87.19	111.76
56	60.18	74.91	84.74	92.11	117.90
57	65.09	81.05	90.88	98.25	127.72
58	71.23	88.42	98.25	106.84	137.54
59	76.14	95.79	106.84	115.44	149.83
60	83.51	104.39	116.67	127.72	163.33
61	90.88	112.98	128.95	138.77	178.07
62	98.25	121.58	138.77	149.83	191.58
63	105.61	130.18	148.60	162.11	206.32
64	112.98	138.77	158.42	173.16	222.28
65	120.35	148.60	170.70	185.44	238.25
66	130.18	160.88	182.98	198.95	259.12
67	140.00	173.16	198.95	216.14	280.00
68	152.28	189.12	218.60	237.02	304.56
69	165.79	206.32	238.25	259.12	332.81
70	180.53	225.97	260.35	283.69	363.51
71	197.72	246.84	286.14	310.70	397.90
72	216.14	271.41	314.39	342.63	435.97
73	238.25	299.65	346.32	378.25	480.18
74	262.81	329.13	383.16	417.55	526.85
75	288.60	362.28	422.46	459.30	578.43
76	316.84	399.13	464.21	505.97	633.69
77	345.09	435.97	508.43	555.09	693.87
78	375.79	476.50	556.32	607.90	756.50
79	407.72	520.71	607.90	664.39	825.27
80	442.11				
81	476.50				
82	514.57				
83	553.86				
84	594.39				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.10	29.17	33.77	35.31	36.84
45-49	29.17	32.24	36.84	38.38	41.45
50-54	35.31	39.91	44.52	47.59	53.73
55	39.91	46.05	52.19	56.80	67.54
56	42.98	49.12	56.80	61.40	73.68
57	46.05	53.73	61.40	66.01	81.36
58	50.66	58.33	67.54	72.15	89.04
59	55.26	64.47	73.68	78.29	98.25
60	61.40	72.15	81.36	85.97	107.46
61	66.01	78.29	89.04	93.64	116.67
62	72.15	85.97	96.71	102.85	127.41
63	76.76	92.11	104.39	110.53	136.62
64	81.36	98.25	112.06	119.74	145.83
65	87.50	104.39	119.74	128.95	156.58
66	93.64	113.60	128.95	139.69	168.86
67	101.32	122.81	141.23	151.97	184.21
68	110.53	135.09	155.05	167.33	202.63
69	121.27	147.37	170.40	182.68	221.05
70	132.02	161.19	187.28	201.10	244.08
71	145.83	178.07	205.70	222.59	270.18
72	161.19	198.03	228.73	247.15	299.34
73	179.61	221.05	254.83	274.78	333.12
74	199.56	245.62	283.99	307.02	371.49
75	222.59	273.25	314.70	340.79	412.94
76	247.15	303.95	350.00	377.63	457.46
77	273.25	336.19	386.85	417.55	506.58
78	300.88	371.49	426.76	460.53	558.78
79	331.58	408.34	469.74	506.58	615.58
80	362.28				
81	396.06				
82	431.36				
83	468.21				
84	508.12				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.12	59.87	69.08	75.22	90.57
45-49	53.73	66.01	76.76	82.90	101.32
50-54	66.01	81.36	95.18	102.85	128.95
55	79.83	96.71	112.06	119.74	153.51
56	84.43	102.85	118.20	127.41	164.26
57	90.57	110.53	125.88	135.09	175.00
58	96.71	118.20	135.09	144.30	187.28
59	102.85	125.88	144.30	155.05	199.56
60	108.99	135.09	155.05	167.33	213.38
61	116.67	144.30	165.79	179.61	227.19
62	124.34	153.51	178.07	193.42	244.08
63	132.02	164.26	190.35	205.70	260.97
64	141.23	173.47	202.63	219.52	279.39
65	150.44	185.75	214.91	233.34	299.34
66	161.19	198.03	230.27	248.69	320.84
67	173.47	213.38	247.15	267.11	345.40
68	187.28	230.27	267.11	288.60	373.03
69	201.10	248.69	287.06	311.63	402.20
70	217.98	270.18	311.63	337.72	432.90
71	236.41	293.20	337.72	366.89	469.74
72	256.36	319.30	368.42	400.66	511.19
73	279.39	348.47	403.73	439.04	557.24
74	305.48	382.24	442.11	482.02	609.43
75	333.12	417.55	485.09	528.07	664.70
76	362.28	455.92	531.14	578.73	726.10
77	392.99	497.37	580.27	634.00	790.58
78	425.22	541.89	634.00	692.33	859.66
79	458.99	589.48	690.80	755.27	934.88
80	495.84				
81	532.68				
82	572.59				
83	614.04				
84	657.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.31	42.98	49.12	53.73	64.47
45-49	38.38	47.59	55.26	59.87	72.15
50-54	53.73	64.47	75.22	81.36	98.25
55	61.40	75.22	85.97	92.11	118.20
56	64.47	79.83	90.57	98.25	125.88
57	69.08	85.97	96.71	104.39	135.09
58	75.22	93.64	104.39	113.60	145.83
59	81.36	101.32	113.60	122.81	159.65
60	89.04	110.53	124.34	135.09	173.47
61	96.71	119.74	136.62	147.37	188.82
62	104.39	128.95	147.37	159.65	204.17
63	112.06	138.16	158.12	171.93	219.52
64	119.74	147.37	168.86	184.21	236.41
65	127.41	158.12	181.14	196.49	253.29
66	138.16	170.40	194.96	211.84	274.78
67	148.90	184.21	211.84	230.27	297.81
68	161.19	201.10	231.80	251.76	323.91
69	176.54	219.52	253.29	274.78	353.07
70	191.89	239.48	276.32	300.88	386.85
71	210.31	262.50	303.95	330.05	422.15
72	230.27	288.60	334.65	363.82	463.60
73	253.29	317.77	368.42	402.20	509.65
74	279.39	350.00	406.80	443.64	560.31
75	307.02	385.31	448.25	488.16	614.04
76	336.19	423.69	492.77	537.29	673.91
77	366.89	463.60	540.36	589.48	736.85
78	399.13	506.58	591.01	646.28	804.39
79	432.90	552.64	646.28	706.15	876.54
80	469.74				
81	506.58				
82	546.50				
83	587.94				
84	630.93				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.70	33.77	39.91	41.45	42.98
45-49	33.77	38.38	42.98	44.52	49.12
50-54	41.45	47.59	52.19	55.26	62.94
55	47.59	53.73	61.40	67.54	79.83
56	50.66	58.33	67.54	72.15	85.97
57	53.73	62.94	72.15	78.29	95.18
58	59.87	69.08	79.83	84.43	104.39
59	64.47	75.22	85.97	92.11	115.13
60	72.15	84.43	95.18	101.32	125.88
61	78.29	92.11	104.39	110.53	136.62
62	84.43	101.32	113.60	121.27	150.44
63	90.57	108.99	122.81	130.48	161.19
64	95.18	115.13	132.02	141.23	171.93
65	102.85	122.81	141.23	151.97	184.21
66	110.53	133.55	151.97	164.26	198.03
67	119.74	144.30	165.79	178.07	216.45
68	130.48	159.65	182.68	196.49	237.94
69	142.76	173.47	201.10	214.91	259.43
70	155.05	190.35	221.05	236.41	287.06
71	171.93	208.77	242.55	262.50	317.77
72	190.35	233.34	268.64	290.13	351.54
73	211.84	259.43	299.34	323.91	391.45
74	234.87	288.60	334.65	360.75	437.50
75	262.50	320.84	369.96	400.66	485.09
76	290.13	357.68	411.41	443.64	538.82
77	320.84	396.06	454.39	491.23	595.62
78	354.61	437.50	501.98	541.89	657.02
79	389.92	480.49	552.64	595.62	724.57
80	426.76				
81	466.67				
82	508.12				
83	551.10				
84	597.15				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.33	70.61	81.36	89.04	105.92
45-49	62.94	78.29	90.57	98.25	119.74
50-54	78.29	95.18	112.06	121.27	151.97
55	93.64	113.60	132.02	141.23	181.14
56	99.78	121.27	139.69	150.44	193.42
57	105.92	130.48	147.37	159.65	205.70
58	113.60	139.69	159.65	170.40	221.05
59	121.27	147.37	170.40	182.68	234.87
60	128.95	159.65	182.68	196.49	251.76
61	136.62	170.40	194.96	211.84	267.11
62	145.83	181.14	208.77	227.19	287.06
63	155.05	193.42	224.12	242.55	307.02
64	165.79	204.17	237.94	257.90	328.51
65	176.54	217.98	253.29	274.78	351.54
66	190.35	233.34	270.18	293.20	377.63
67	204.17	251.76	290.13	314.70	406.80
68	221.05	270.18	314.70	339.26	439.04
69	236.41	293.20	337.72	366.89	472.81
70	256.36	317.77	366.89	397.59	509.65
71	277.85	345.40	397.59	431.36	552.64
72	300.88	376.10	432.90	471.28	601.76
73	328.51	409.87	474.35	515.79	655.49
74	359.21	449.78	520.40	566.45	716.89
75	391.45	491.23	571.06	621.72	781.37
76	426.76	535.75	624.79	681.58	853.52
77	462.07	584.87	683.12	746.06	930.27
78	500.44	637.07	746.06	815.14	1011.63
79	540.36	693.87	812.07	888.82	1099.13
80	583.34				
81	626.32				
82	673.91				
83	723.03				
84	773.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.45	50.66	58.33	62.94	75.22
45-49	44.52	55.26	64.47	70.61	84.43
50-54	62.94	75.22	89.04	95.18	115.13
55	72.15	89.04	101.32	108.99	139.69
56	75.22	93.64	105.92	115.13	147.37
57	81.36	101.32	113.60	122.81	159.65
58	89.04	110.53	122.81	133.55	171.93
59	95.18	119.74	133.55	144.30	187.28
60	104.39	130.48	145.83	159.65	204.17
61	113.60	141.23	161.19	173.47	222.59
62	122.81	151.97	173.47	187.28	239.48
63	132.02	162.72	185.75	202.63	257.90
64	141.23	173.47	198.03	216.45	277.85
65	150.44	185.75	213.38	231.80	297.81
66	162.72	201.10	228.73	248.69	323.91
67	175.00	216.45	248.69	270.18	350.00
68	190.35	236.41	273.25	296.27	380.70
69	207.24	257.90	297.81	323.91	416.01
70	225.66	282.46	325.44	354.61	454.39
71	247.15	308.56	357.68	388.38	497.37
72	270.18	339.26	392.99	428.29	544.96
73	297.81	374.56	432.90	472.81	600.22
74	328.51	411.41	478.95	521.93	658.56
75	360.75	452.85	528.07	574.13	723.03
76	396.06	498.91	580.27	632.46	792.11
77	431.36	544.96	635.53	693.87	867.33
78	469.74	595.62	695.40	759.87	945.62
79	509.65	650.88	759.87	830.49	1031.59
80	552.64				
81	595.62				
82	643.21				
83	692.33				
84	742.99				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.02	29.08	31.61	34.13	44.25
45-49	26.55	32.87	35.40	37.93	49.30
50-54	32.87	39.19	44.25	46.78	60.68
55	37.93	45.51	50.57	54.36	72.06
56	40.45	48.04	54.36	58.15	75.85
57	42.98	51.83	58.15	61.95	82.17
58	46.78	55.62	63.21	67.00	88.49
59	50.57	60.68	68.27	73.32	96.08
60	54.36	65.74	74.59	79.64	104.93
61	59.42	70.80	80.91	87.23	113.78
62	64.47	77.12	88.49	94.82	123.89
63	69.53	83.44	94.82	102.40	134.01
64	73.32	88.49	102.40	109.99	142.85
65	78.38	94.82	109.99	117.57	152.97
66	83.44	102.40	118.83	127.68	165.61
67	91.02	111.25	128.95	139.06	180.78
68	99.87	121.36	140.33	152.97	198.48
69	108.72	132.74	154.23	166.87	217.44
70	118.83	145.38	168.14	183.31	238.93
71	130.21	160.55	185.84	202.27	262.95
72	144.12	178.25	206.06	225.03	292.03
73	159.29	198.48	230.08	250.31	324.90
74	176.99	221.24	255.37	279.39	360.30
75	197.22	245.25	284.45	310.99	399.49
76	217.44	271.80	316.05	345.13	442.47
77	240.20	300.88	350.18	381.79	489.25
78	264.22	332.48	386.85	422.24	538.55
79	290.77	365.35	426.04	463.96	591.65
80	318.58				
81	347.66				
82	379.26				
83	412.13				
84	447.53				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.81	34.13	37.93	39.19	51.83
45-49	31.61	37.93	41.72	44.25	56.89
50-54	36.66	44.25	50.57	54.36	70.80
55	42.98	50.57	56.89	61.95	82.17
56	45.51	53.10	60.68	65.74	85.97
57	48.04	56.89	64.47	69.53	92.29
58	51.83	61.95	69.53	74.59	98.61
59	55.62	67.00	75.85	82.17	106.19
60	59.42	73.32	82.17	88.49	115.04
61	64.47	78.38	89.76	97.34	125.16
62	69.53	84.70	97.34	104.93	135.27
63	74.59	91.02	104.93	112.51	146.65
64	79.64	97.34	111.25	120.10	156.76
65	85.97	103.66	120.10	127.68	168.14
66	91.02	111.25	128.95	137.80	182.04
67	98.61	121.36	139.06	150.44	198.48
68	107.46	131.48	152.97	165.61	217.44
69	117.57	144.12	166.87	180.78	237.67
70	128.95	159.29	182.04	198.48	261.69
71	140.33	174.46	202.27	218.71	288.24
72	155.50	194.69	223.76	243.99	318.58
73	173.20	216.18	249.05	271.80	353.98
74	190.89	240.20	278.12	302.14	391.90
75	212.39	266.75	309.73	336.28	434.88
76	233.88	295.82	343.86	374.20	481.66
77	259.16	326.16	380.52	414.66	532.23
78	284.45	360.30	420.98	458.90	585.32
79	312.26	396.96	462.70	504.42	643.48
80	341.33				
81	372.94				
82	405.81				
83	439.94				
84	476.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.08	35.40	40.45	41.72	54.36
45-49	32.87	39.19	44.25	46.78	60.68
50-54	37.93	46.78	53.10	56.89	75.85
55	44.25	53.10	59.42	64.47	85.97
56	46.78	55.62	63.21	68.27	91.02
57	49.30	59.42	67.00	73.32	96.08
58	53.10	64.47	72.06	78.38	103.66
59	56.89	69.53	78.38	85.97	111.25
60	61.95	75.85	85.97	92.29	120.10
61	67.00	82.17	93.55	101.14	130.21
62	72.06	88.49	101.14	108.72	140.33
63	77.12	94.82	108.72	116.31	151.70
64	82.17	101.14	115.04	123.89	161.82
65	88.49	107.46	123.89	132.74	174.46
66	94.82	115.04	132.74	142.85	188.37
67	102.40	125.16	144.12	155.50	206.06
68	111.25	136.53	158.03	170.67	225.03
69	121.36	149.18	171.93	187.10	246.52
70	132.74	164.35	188.37	204.80	270.54
71	145.38	180.78	208.59	226.29	298.35
72	160.55	201.01	231.35	251.58	329.96
73	178.25	223.76	257.90	280.65	366.62
74	197.22	247.78	286.97	312.26	405.81
75	218.71	275.60	319.84	347.66	450.06
76	241.46	305.94	355.24	386.85	498.09
77	266.75	337.54	393.17	428.56	549.93
78	293.29	371.67	434.88	474.08	605.55
79	321.11	409.60	479.13	522.11	664.97
80	351.45				
81	383.05				
82	417.19				
83	452.58				
84	489.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.51	56.89	65.74	72.06	94.82
45-49	50.57	63.21	73.32	79.64	104.93
50-54	61.95	77.12	89.76	97.34	134.01
55	70.80	89.76	103.66	112.51	155.50
56	74.59	94.82	109.99	118.83	163.08
57	79.64	101.14	116.31	126.42	173.20
58	84.70	107.46	123.89	135.27	183.31
59	91.02	115.04	132.74	144.12	194.69
60	97.34	122.63	141.59	152.97	207.33
61	103.66	131.48	151.70	164.35	221.24
62	111.25	140.33	161.82	175.72	236.41
63	118.83	149.18	171.93	187.10	252.84
64	126.42	159.29	183.31	199.74	269.27
65	134.01	169.40	195.95	212.39	286.97
66	144.12	180.78	208.59	227.56	307.20
67	154.23	194.69	225.03	245.25	331.22
68	165.61	209.86	242.73	265.48	357.77
69	178.25	225.03	262.95	286.97	385.58
70	192.16	243.99	284.45	310.99	415.92
71	208.59	264.22	308.46	337.54	451.32
72	226.29	286.97	336.28	367.88	490.51
73	246.52	313.52	367.88	402.02	534.76
74	269.27	342.60	402.02	439.94	582.80
75	294.56	374.20	438.68	480.40	635.89
76	319.84	409.60	479.13	524.64	692.78
77	347.66	446.26	522.11	572.68	753.46
78	375.47	486.72	567.63	623.25	817.94
79	405.81	528.44	616.93	677.61	887.47
80	437.41				
81	469.02				
82	503.15				
83	538.55				
84	575.21				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.57	64.47	74.59	82.17	106.19
45-49	56.89	70.80	83.44	89.76	118.83
50-54	69.53	87.23	102.40	111.25	150.44
55	78.38	99.87	117.57	127.68	171.93
56	82.17	104.93	123.89	134.01	179.52
57	87.23	111.25	130.21	141.59	189.63
58	92.29	117.57	137.80	150.44	201.01
59	98.61	125.16	146.65	159.29	213.65
60	106.19	134.01	155.50	169.40	226.29
61	113.78	142.85	165.61	179.52	241.46
62	121.36	152.97	175.72	192.16	257.90
63	128.95	163.08	187.10	203.54	275.60
64	136.53	173.20	199.74	217.44	292.03
65	145.38	183.31	212.39	231.35	312.26
66	155.50	195.95	227.56	249.05	332.48
67	166.87	211.12	245.25	268.01	359.03
68	179.52	227.56	265.48	290.77	386.85
69	193.42	243.99	285.71	313.52	417.19
70	208.59	265.48	309.73	338.81	450.06
71	225.03	286.97	336.28	367.88	487.98
72	245.25	312.26	365.35	400.75	530.96
73	266.75	341.33	399.49	437.41	579.00
74	290.77	371.67	436.15	477.87	630.84
75	317.31	405.81	475.34	520.85	687.72
76	345.13	442.47	518.32	567.63	747.14
77	372.94	480.40	563.83	618.19	812.88
78	403.28	522.11	613.14	672.55	881.15
79	433.62	566.36	664.97	729.44	955.74
80	467.75				
81	500.62				
82	537.29				
83	573.95				
84	611.87				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.10	67.00	78.38	85.97	111.25
45-49	59.42	74.59	87.23	94.82	123.89
50-54	73.32	92.29	107.46	116.31	156.76
55	82.17	103.66	122.63	134.01	178.25
56	85.97	108.72	128.95	140.33	187.10
57	91.02	115.04	135.27	147.91	197.22
58	96.08	122.63	142.85	156.76	208.59
59	102.40	130.21	151.70	165.61	221.24
60	109.99	139.06	160.55	175.72	235.14
61	117.57	147.91	170.67	185.84	250.31
62	125.16	158.03	182.04	198.48	266.75
63	132.74	168.14	193.42	211.12	284.45
64	141.59	178.25	206.06	225.03	302.14
65	150.44	189.63	219.97	240.20	322.37
66	160.55	202.27	236.41	257.90	343.86
67	171.93	217.44	254.10	278.12	370.41
68	184.57	235.14	274.33	300.88	399.49
69	199.74	252.84	295.82	324.90	431.09
70	214.91	274.33	319.84	351.45	465.23
71	232.61	297.09	347.66	380.52	504.42
72	252.84	323.64	378.00	414.66	548.66
73	275.60	352.71	412.13	452.58	597.97
74	299.62	384.32	450.06	494.30	651.06
75	326.16	418.45	490.51	538.55	709.22
76	355.24	456.38	534.76	586.59	771.16
77	384.32	495.57	581.53	638.42	838.16
78	414.66	537.29	632.10	694.05	908.96
79	446.26	582.80	685.20	752.20	984.81
80	480.40				
81	514.53				
82	551.19				
83	589.12				
84	628.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	41.72	49.30	53.10	70.80
45-49	37.93	46.78	54.36	59.42	78.38
50-54	49.30	60.68	69.53	77.12	101.14
55	56.89	69.53	80.91	88.49	120.10
56	59.42	73.32	84.70	92.29	127.68
57	63.21	78.38	91.02	98.61	136.53
58	68.27	84.70	98.61	106.19	146.65
59	73.32	91.02	106.19	115.04	158.03
60	79.64	99.87	115.04	125.16	169.40
61	87.23	107.46	125.16	135.27	183.31
62	93.55	116.31	135.27	146.65	197.22
63	99.87	125.16	145.38	156.76	212.39
64	107.46	134.01	155.50	168.14	227.56
65	113.78	142.85	165.61	179.52	243.99
66	122.63	154.23	178.25	193.42	262.95
67	132.74	166.87	193.42	209.86	285.71
68	144.12	182.04	211.12	228.82	310.99
69	156.76	198.48	230.08	250.31	338.81
70	170.67	216.18	251.58	274.33	370.41
71	187.10	237.67	275.60	300.88	404.54
72	204.80	260.43	303.41	331.22	443.73
73	225.03	286.97	333.75	365.35	487.98
74	247.78	314.79	367.88	402.02	534.76
75	271.80	346.39	404.54	442.47	586.59
76	298.35	379.26	443.73	486.72	643.48
77	324.90	415.92	486.72	533.49	702.90
78	352.71	453.85	532.23	584.06	767.37
79	383.05	495.57	580.27	637.16	834.37
80	414.66				
81	447.53				
82	481.66				
83	517.06				
84	554.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.19	49.30	56.89	60.68	80.91
45-49	44.25	54.36	61.95	68.27	89.76
50-54	54.36	68.27	79.64	87.23	113.78
55	63.21	78.38	91.02	98.61	134.01
56	67.00	83.44	96.08	104.93	141.59
57	70.80	88.49	102.40	111.25	151.70
58	75.85	94.82	109.99	120.10	161.82
59	80.91	101.14	117.57	128.95	173.20
60	87.23	109.99	127.68	139.06	185.84
61	94.82	117.57	137.80	150.44	199.74
62	101.14	126.42	147.91	161.82	213.65
63	108.72	135.27	159.29	173.20	230.08
64	116.31	145.38	169.40	184.57	246.52
65	123.89	155.50	180.78	197.22	262.95
66	134.01	168.14	194.69	212.39	284.45
67	145.38	180.78	211.12	228.82	308.46
68	158.03	197.22	230.08	250.31	336.28
69	170.67	214.91	250.31	273.07	366.62
70	184.57	233.88	273.07	297.09	399.49
71	201.01	256.63	298.35	326.16	437.41
72	219.97	280.65	328.69	359.03	479.13
73	241.46	309.73	361.56	395.69	525.91
74	265.48	340.07	396.96	434.88	577.74
75	292.03	372.94	437.41	479.13	633.36
76	319.84	408.34	480.40	527.17	694.05
77	348.92	447.53	525.91	576.48	758.52
78	378.00	489.25	575.21	630.84	828.05
79	410.87	533.49	627.04	688.99	901.37
80	443.73				
81	479.13				
82	514.53				
83	551.19				
84	591.65				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.72	51.83	59.42	64.47	85.97
45-49	46.78	56.89	65.74	72.06	94.82
50-54	56.89	70.80	83.44	91.02	118.83
55	65.74	82.17	96.08	103.66	140.33
56	69.53	87.23	101.14	109.99	147.91
57	73.32	92.29	107.46	116.31	158.03
58	78.38	98.61	115.04	125.16	168.14
59	84.70	106.19	122.63	134.01	179.52
60	91.02	113.78	132.74	145.38	192.16
61	97.34	122.63	142.85	156.76	206.06
62	104.93	131.48	152.97	168.14	221.24
63	112.51	140.33	164.35	179.52	237.67
64	120.10	150.44	175.72	192.16	254.10
65	128.95	160.55	187.10	204.80	271.80
66	139.06	173.20	202.27	219.97	293.29
67	150.44	187.10	218.71	237.67	318.58
68	163.08	203.54	237.67	259.16	346.39
69	175.72	221.24	259.16	281.92	378.00
70	190.89	241.46	281.92	307.20	412.13
71	207.33	264.22	308.46	337.54	451.32
72	226.29	289.50	338.81	370.41	494.30
73	249.05	318.58	372.94	408.34	542.34
74	273.07	350.18	409.60	448.79	596.70
75	300.88	384.32	451.32	494.30	653.59
76	328.69	420.98	495.57	543.61	715.54
77	359.03	461.43	542.34	595.44	782.54
78	389.37	504.42	592.91	651.06	853.34
79	422.24	549.93	647.27	711.74	929.19
80	456.38				
81	491.77				
82	528.44				
83	566.36				
84	606.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.81	34.13	36.66	40.45	51.83
45-49	31.61	39.19	41.72	44.25	58.15
50-54	39.19	45.51	51.83	55.62	70.80
55	44.25	53.10	59.42	64.47	84.70
56	48.04	56.89	64.47	68.27	89.76
57	50.57	60.68	68.27	73.32	96.08
58	55.62	65.74	74.59	78.38	103.66
59	59.42	70.80	80.91	85.97	112.51
60	64.47	77.12	87.23	93.55	123.89
61	69.53	83.44	94.82	102.40	134.01
62	75.85	91.02	103.66	111.25	145.38
63	82.17	98.61	111.25	120.10	158.03
64	85.97	103.66	120.10	128.95	168.14
65	92.29	111.25	128.95	137.80	179.52
66	98.61	120.10	140.33	150.44	194.69
67	107.46	131.48	151.70	163.08	212.39
68	117.57	142.85	165.61	179.52	233.88
69	127.68	156.76	182.04	195.95	255.37
70	140.33	170.67	197.22	216.18	280.65
71	152.97	188.37	218.71	237.67	309.73
72	169.40	209.86	242.73	264.22	343.86
73	187.10	233.88	270.54	294.56	381.79
74	208.59	260.43	300.88	328.69	423.51
75	232.61	288.24	335.01	365.35	470.28
76	255.37	319.84	371.67	405.81	520.85
77	283.18	353.98	412.13	448.79	575.21
78	310.99	390.64	455.11	496.83	633.36
79	342.60	429.83	500.62	546.13	696.57
80	374.20				
81	409.60				
82	446.26				
83	485.45				
84	525.91				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.87	40.45	44.25	45.51	60.68
45-49	36.66	44.25	49.30	51.83	67.00
50-54	42.98	51.83	59.42	64.47	83.44
55	50.57	59.42	67.00	73.32	96.08
56	53.10	61.95	70.80	77.12	101.14
57	56.89	67.00	75.85	82.17	108.72
58	60.68	73.32	82.17	87.23	116.31
59	65.74	78.38	89.76	96.08	125.16
60	69.53	85.97	96.08	103.66	135.27
61	75.85	92.29	106.19	115.04	146.65
62	82.17	99.87	115.04	123.89	159.29
63	87.23	107.46	123.89	132.74	171.93
64	93.55	115.04	131.48	141.59	184.57
65	101.14	121.36	141.59	150.44	197.22
66	107.46	131.48	151.70	161.82	213.65
67	116.31	142.85	163.08	176.99	233.88
68	126.42	154.23	179.52	194.69	255.37
69	137.80	169.40	195.95	212.39	279.39
70	151.70	187.10	213.65	233.88	308.46
71	165.61	204.80	237.67	257.90	338.81
72	183.31	228.82	262.95	286.97	374.20
73	203.54	254.10	293.29	319.84	415.92
74	225.03	283.18	327.43	355.24	461.43
75	250.31	313.52	364.09	395.69	512.00
76	275.60	347.66	404.54	439.94	566.36
77	304.67	384.32	447.53	487.98	625.78
78	335.01	423.51	495.57	539.81	688.99
79	367.88	466.49	544.87	592.91	757.26
80	402.02				
81	438.68				
82	477.87				
83	517.06				
84	561.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	41.72	48.04	49.30	64.47
45-49	39.19	45.51	51.83	55.62	70.80
50-54	44.25	55.62	61.95	67.00	89.76
55	51.83	61.95	69.53	75.85	101.14
56	55.62	65.74	74.59	80.91	107.46
57	58.15	69.53	78.38	85.97	112.51
58	61.95	75.85	84.70	92.29	121.36
59	67.00	82.17	92.29	101.14	131.48
60	73.32	89.76	101.14	108.72	141.59
61	78.38	96.08	109.99	118.83	152.97
62	84.70	103.66	118.83	127.68	165.61
63	91.02	111.25	127.68	136.53	178.25
64	96.08	118.83	135.27	145.38	190.89
65	103.66	126.42	145.38	156.76	204.80
66	111.25	135.27	156.76	168.14	221.24
67	120.10	146.65	169.40	183.31	242.73
68	131.48	160.55	185.84	201.01	264.22
69	142.85	175.72	202.27	219.97	289.50
70	156.76	193.42	221.24	241.46	318.58
71	170.67	212.39	245.25	266.75	351.45
72	188.37	236.41	271.80	295.82	388.11
73	209.86	262.95	303.41	329.96	431.09
74	232.61	292.03	337.54	367.88	477.87
75	257.90	323.64	376.73	409.60	529.70
76	284.45	360.30	418.45	455.11	586.59
77	313.52	396.96	462.70	504.42	647.27
78	345.13	437.41	512.00	557.51	713.01
79	378.00	481.66	563.83	614.40	782.54
80	413.39				
81	450.06				
82	490.51				
83	532.23				
84	575.21				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.10	67.00	77.12	84.70	111.25
45-49	59.42	74.59	85.97	93.55	123.89
50-54	73.32	91.02	106.19	115.04	158.03
55	83.44	106.19	121.36	132.74	183.31
56	87.23	111.25	128.95	140.33	192.16
57	93.55	118.83	136.53	149.18	203.54
58	99.87	126.42	145.38	159.29	216.18
59	107.46	135.27	156.76	169.40	228.82
60	115.04	144.12	166.87	179.52	243.99
61	121.36	154.23	178.25	193.42	260.43
62	131.48	165.61	190.89	207.33	278.12
63	140.33	175.72	202.27	219.97	297.09
64	149.18	187.10	216.18	235.14	317.31
65	158.03	199.74	230.08	250.31	337.54
66	169.40	212.39	245.25	268.01	361.56
67	182.04	228.82	264.22	288.24	389.37
68	194.69	246.52	285.71	312.26	420.98
69	209.86	264.22	309.73	337.54	453.85
70	226.29	286.97	335.01	365.35	489.25
71	245.25	310.99	362.83	396.96	530.96
72	266.75	337.54	395.69	432.36	576.48
73	289.50	369.15	432.36	472.81	629.57
74	317.31	403.28	472.81	517.06	685.20
75	346.39	439.94	515.79	565.10	748.41
76	376.73	481.66	563.83	616.93	815.41
77	409.60	524.64	614.40	673.82	886.20
78	441.21	572.68	667.50	733.24	962.06
79	477.87	621.99	725.65	797.71	1044.23
80	514.53				
81	551.19				
82	591.65				
83	633.36				
84	676.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.42	75.85	87.23	96.08	125.16
45-49	67.00	83.44	98.61	106.19	140.33
50-54	82.17	102.40	120.10	131.48	176.99
55	92.29	117.57	137.80	150.44	202.27
56	96.08	123.89	145.38	158.03	211.12
57	102.40	131.48	152.97	166.87	222.50
58	108.72	137.80	161.82	176.99	236.41
59	116.31	146.65	171.93	187.10	251.58
60	125.16	158.03	183.31	199.74	266.75
61	134.01	168.14	194.69	211.12	284.45
62	142.85	179.52	207.33	226.29	303.41
63	151.70	192.16	219.97	238.93	323.64
64	160.55	203.54	235.14	255.37	343.86
65	170.67	216.18	250.31	271.80	367.88
66	183.31	230.08	268.01	293.29	390.64
67	195.95	247.78	288.24	314.79	422.24
68	211.12	268.01	312.26	342.60	455.11
69	227.56	286.97	336.28	369.15	490.51
70	245.25	312.26	364.09	398.22	529.70
71	264.22	337.54	395.69	432.36	573.95
72	288.24	367.88	429.83	471.55	624.51
73	313.52	402.02	470.28	514.53	681.40
74	342.60	437.41	513.27	562.57	742.09
75	372.94	477.87	558.78	613.14	809.09
76	405.81	520.85	609.34	667.50	878.62
77	438.68	565.10	663.71	726.92	955.74
78	474.08	614.40	721.86	791.39	1036.64
79	510.74	666.23	782.54	858.39	1123.87
80	549.93				
81	589.12				
82	632.10				
83	675.08				
84	719.33				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.95	78.38	92.29	101.14	131.48
45-49	69.53	87.23	102.40	111.25	145.38
50-54	85.97	108.72	126.42	136.53	184.57
55	96.08	121.36	144.12	158.03	209.86
56	101.14	127.68	151.70	165.61	219.97
57	107.46	135.27	159.29	174.46	232.61
58	112.51	144.12	168.14	184.57	245.25
59	120.10	152.97	178.25	194.69	260.43
60	128.95	163.08	188.37	207.33	276.86
61	137.80	174.46	201.01	218.71	294.56
62	146.65	185.84	213.65	233.88	313.52
63	156.76	197.22	227.56	247.78	335.01
64	166.87	209.86	242.73	264.22	355.24
65	176.99	222.50	259.16	283.18	379.26
66	188.37	237.67	278.12	303.41	404.54
67	202.27	255.37	298.35	327.43	436.15
68	217.44	276.86	322.37	353.98	470.28
69	235.14	297.09	347.66	381.79	506.94
70	252.84	322.37	376.73	413.39	547.40
71	273.07	348.92	409.60	447.53	592.91
72	297.09	380.52	445.00	487.98	646.01
73	323.64	414.66	485.45	532.23	702.90
74	352.71	452.58	529.70	581.53	766.11
75	384.32	491.77	576.48	633.36	834.37
76	418.45	537.29	629.57	690.25	907.70
77	452.58	582.80	683.93	750.93	986.08
78	487.98	632.10	743.35	816.67	1069.51
79	524.64	685.20	806.56	884.94	1158.01
80	565.10				
81	605.55				
82	648.53				
83	692.78				
84	739.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.45	49.30	58.15	61.95	83.44
45-49	44.25	55.62	64.47	69.53	92.29
50-54	58.15	70.80	82.17	91.02	118.83
55	67.00	82.17	94.82	103.66	141.59
56	69.53	85.97	99.87	108.72	150.44
57	74.59	92.29	107.46	116.31	160.55
58	80.91	99.87	116.31	125.16	171.93
59	85.97	107.46	125.16	135.27	185.84
60	93.55	117.57	135.27	146.65	199.74
61	102.40	126.42	146.65	159.29	216.18
62	109.99	136.53	159.29	171.93	232.61
63	117.57	146.65	170.67	184.57	250.31
64	126.42	158.03	183.31	197.22	268.01
65	134.01	168.14	194.69	211.12	286.97
66	144.12	182.04	209.86	227.56	309.73
67	156.76	195.95	227.56	246.52	336.28
68	169.40	213.65	247.78	269.27	365.35
69	184.57	233.88	270.54	294.56	398.22
70	201.01	254.10	295.82	322.37	436.15
71	219.97	279.39	323.64	353.98	475.34
72	241.46	305.94	356.50	389.37	522.11
73	264.22	337.54	393.17	429.83	573.95
74	292.03	370.41	432.36	472.81	629.57
75	319.84	407.07	475.34	520.85	690.25
76	351.45	446.26	522.11	572.68	757.26
77	381.79	489.25	572.68	627.04	826.79
78	414.66	533.49	625.78	687.72	902.64
79	450.06	582.80	682.67	749.67	981.02
80	487.98				
81	525.91				
82	566.36				
83	608.08				
84	652.33				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.51	58.15	67.00	70.80	94.82
45-49	51.83	64.47	73.32	80.91	106.19
50-54	64.47	80.91	93.55	102.40	134.01
55	74.59	92.29	107.46	116.31	158.03
56	78.38	98.61	112.51	123.89	166.87
57	83.44	103.66	120.10	131.48	178.25
58	89.76	111.25	128.95	141.59	190.89
59	94.82	118.83	137.80	151.70	203.54
60	102.40	128.95	150.44	163.08	218.71
61	111.25	137.80	161.82	176.99	235.14
62	118.83	149.18	174.46	190.89	251.58
63	127.68	159.29	187.10	203.54	270.54
64	136.53	170.67	199.74	217.44	289.50
65	145.38	183.31	212.39	232.61	309.73
66	158.03	197.22	228.82	250.31	335.01
67	170.67	212.39	247.78	269.27	362.83
68	185.84	232.61	270.54	294.56	395.69
69	201.01	252.84	294.56	321.11	431.09
70	217.44	275.60	321.11	348.92	470.28
71	236.41	302.14	351.45	384.32	514.53
72	259.16	329.96	386.85	422.24	563.83
73	284.45	364.09	424.77	465.23	618.19
74	312.26	399.49	466.49	512.00	680.14
75	343.86	438.68	514.53	563.83	744.61
76	376.73	480.40	565.10	620.72	816.67
77	410.87	525.91	618.19	677.61	892.53
78	445.00	575.21	676.35	742.09	974.70
79	482.92	627.04	738.29	810.35	1060.66
80	522.11				
81	563.83				
82	605.55				
83	648.53				
84	696.57				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.30	60.68	69.53	75.85	101.14
45-49	55.62	67.00	77.12	84.70	111.25
50-54	67.00	83.44	98.61	107.46	140.33
55	77.12	96.08	112.51	121.36	165.61
56	82.17	102.40	118.83	128.95	174.46
57	85.97	108.72	126.42	136.53	185.84
58	92.29	116.31	135.27	146.65	197.22
59	99.87	125.16	144.12	158.03	211.12
60	107.46	134.01	156.76	170.67	226.29
61	115.04	144.12	168.14	184.57	242.73
62	123.89	154.23	179.52	197.22	260.43
63	132.74	165.61	193.42	211.12	279.39
64	141.59	176.99	207.33	226.29	298.35
65	151.70	188.37	219.97	241.46	319.84
66	163.08	203.54	237.67	259.16	345.13
67	176.99	219.97	257.90	279.39	374.20
68	192.16	238.93	279.39	304.67	407.07
69	207.33	260.43	304.67	331.22	445.00
70	225.03	284.45	331.22	361.56	485.45
71	243.99	310.99	362.83	396.96	530.96
72	266.75	340.07	398.22	436.15	581.53
73	293.29	374.20	438.68	480.40	638.42
74	321.11	412.13	481.66	528.44	701.63
75	353.98	452.58	530.96	581.53	768.63
76	386.85	495.57	582.80	639.69	841.96
77	422.24	542.34	638.42	700.37	920.34
78	457.64	592.91	697.84	766.11	1003.77
79	496.83	647.27	761.05	836.90	1093.53
80	537.29				
81	579.00				
82	621.99				
83	666.23				
84	714.27				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.02	36.35	39.51	42.67	55.31
45-49	33.19	41.09	44.25	47.41	61.63
50-54	41.09	48.99	55.31	58.47	75.85
55	47.41	56.89	63.21	67.95	90.07
56	50.57	60.05	67.95	72.69	94.82
57	53.73	64.79	72.69	77.43	102.72
58	58.47	69.53	79.01	83.75	110.62
59	63.21	75.85	85.33	91.65	120.10
60	67.95	82.17	93.23	99.56	131.16
61	74.27	88.49	101.14	109.04	142.22
62	80.59	96.40	110.62	118.52	154.86
63	86.91	104.30	118.52	128.00	167.51
64	91.65	110.62	128.00	137.48	178.57
65	97.98	118.52	137.48	146.96	191.21
66	104.30	128.00	148.54	159.61	207.01
67	113.78	139.06	161.19	173.83	225.98
68	124.84	151.70	175.41	191.21	248.10
69	135.90	165.93	192.79	208.59	271.80
70	148.54	181.73	210.17	229.14	298.67
71	162.77	200.69	232.30	252.84	328.69
72	180.15	222.82	257.58	281.28	365.04
73	199.11	248.10	287.61	312.89	406.12
74	221.24	276.54	319.21	349.24	450.37
75	246.52	306.57	355.56	388.74	499.36
76	271.80	339.75	395.06	431.41	553.09
77	300.25	376.10	437.73	477.24	611.56
78	330.27	415.61	483.56	527.80	673.19
79	363.46	456.69	532.54	579.95	739.56
80	398.22				
81	434.57				
82	474.08				
83	515.16				
84	559.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.77	42.67	47.41	48.99	64.79
45-49	39.51	47.41	52.15	55.31	71.11
50-54	45.83	55.31	63.21	67.95	88.49
55	53.73	63.21	71.11	77.43	102.72
56	56.89	66.37	75.85	82.17	107.46
57	60.05	71.11	80.59	86.91	115.36
58	64.79	77.43	86.91	93.23	123.26
59	69.53	83.75	94.82	102.72	132.74
60	74.27	91.65	102.72	110.62	143.80
61	80.59	97.98	112.20	121.68	156.44
62	86.91	105.88	121.68	131.16	169.09
63	93.23	113.78	131.16	140.64	183.31
64	99.56	121.68	139.06	150.12	195.95
65	107.46	129.58	150.12	159.61	210.17
66	113.78	139.06	161.19	172.25	227.56
67	123.26	151.70	173.83	188.05	248.10
68	134.32	164.35	191.21	207.01	271.80
69	146.96	180.15	208.59	225.98	297.09
70	161.19	199.11	227.56	248.10	327.11
71	175.41	218.07	252.84	273.38	360.30
72	194.37	243.36	279.70	304.99	398.22
73	216.49	270.22	311.31	339.75	442.47
74	238.62	300.25	347.66	377.68	489.88
75	265.48	333.43	387.16	420.35	543.61
76	292.35	369.78	429.83	467.75	602.08
77	323.95	407.70	475.66	518.32	665.29
78	355.56	450.37	526.22	573.63	731.66
79	390.32	496.20	578.37	630.52	804.35
80	426.67				
81	466.17				
82	507.26				
83	549.93				
84	595.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.35	44.25	50.57	52.15	67.95
45-49	41.09	48.99	55.31	58.47	75.85
50-54	47.41	58.47	66.37	71.11	94.82
55	55.31	66.37	74.27	80.59	107.46
56	58.47	69.53	79.01	85.33	113.78
57	61.63	74.27	83.75	91.65	120.10
58	66.37	80.59	90.07	97.98	129.58
59	71.11	86.91	97.98	107.46	139.06
60	77.43	94.82	107.46	115.36	150.12
61	83.75	102.72	116.94	126.42	162.77
62	90.07	110.62	126.42	135.90	175.41
63	96.40	118.52	135.90	145.38	189.63
64	102.72	126.42	143.80	154.86	202.27
65	110.62	134.32	154.86	165.93	218.07
66	118.52	143.80	165.93	178.57	235.46
67	128.00	156.44	180.15	194.37	257.58
68	139.06	170.67	197.53	213.33	281.28
69	151.70	186.47	214.91	233.88	308.15
70	165.93	205.43	235.46	256.00	338.17
71	181.73	225.98	260.74	282.86	372.94
72	200.69	251.26	289.19	314.47	412.45
73	222.82	279.70	322.37	350.82	458.27
74	246.52	309.73	358.72	390.32	507.26
75	273.38	344.49	399.80	434.57	562.57
76	301.83	382.42	444.05	483.56	622.62
77	333.43	421.93	491.46	535.70	687.41
78	366.62	464.59	543.61	592.59	756.94
79	401.38	512.00	598.91	652.64	831.21
80	439.31				
81	478.82				
82	521.48				
83	565.73				
84	611.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.89	71.11	82.17	90.07	118.52
45-49	63.21	79.01	91.65	99.56	131.16
50-54	77.43	96.40	112.20	121.68	167.51
55	88.49	112.20	129.58	140.64	194.37
56	93.23	118.52	137.48	148.54	203.85
57	99.56	126.42	145.38	158.03	216.49
58	105.88	134.32	154.86	169.09	229.14
59	113.78	143.80	165.93	180.15	243.36
60	121.68	153.28	176.99	191.21	259.16
61	129.58	164.35	189.63	205.43	276.54
62	139.06	175.41	202.27	219.65	295.51
63	148.54	186.47	214.91	233.88	316.05
64	158.03	199.11	229.14	249.68	336.59
65	167.51	211.75	244.94	265.48	358.72
66	180.15	225.98	260.74	284.45	384.00
67	192.79	243.36	281.28	306.57	414.03
68	207.01	262.32	303.41	331.85	447.21
69	222.82	281.28	328.69	358.72	481.98
70	240.20	304.99	355.56	388.74	519.90
71	260.74	330.27	385.58	421.93	564.15
72	282.86	358.72	420.35	459.85	613.14
73	308.15	391.90	459.85	502.52	668.45
74	336.59	428.25	502.52	549.93	728.50
75	368.20	467.75	548.35	600.50	794.87
76	399.80	512.00	598.91	655.80	865.98
77	434.57	557.83	652.64	715.85	941.83
78	469.33	608.40	709.53	779.06	1022.42
79	507.26	660.54	771.16	847.01	1109.34
80	546.77				
81	586.27				
82	628.94				
83	673.19				
84	719.01				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.21	80.59	93.23	102.72	132.74
45-49	71.11	88.49	104.30	112.20	148.54
50-54	86.91	109.04	128.00	139.06	188.05
55	97.98	124.84	146.96	159.61	214.91
56	102.72	131.16	154.86	167.51	224.40
57	109.04	139.06	162.77	176.99	237.04
58	115.36	146.96	172.25	188.05	251.26
59	123.26	156.44	183.31	199.11	267.06
60	132.74	167.51	194.37	211.75	282.86
61	142.22	178.57	207.01	224.40	301.83
62	151.70	191.21	219.65	240.20	322.37
63	161.19	203.85	233.88	254.42	344.49
64	170.67	216.49	249.68	271.80	365.04
65	181.73	229.14	265.48	289.19	390.32
66	194.37	244.94	284.45	311.31	415.61
67	208.59	263.90	306.57	335.01	448.79
68	224.40	284.45	331.85	363.46	483.56
69	241.78	304.99	357.14	391.90	521.48
70	260.74	331.85	387.16	423.51	562.57
71	281.28	358.72	420.35	459.85	609.98
72	306.57	390.32	456.69	500.94	663.71
73	333.43	426.67	499.36	546.77	723.75
74	363.46	464.59	545.19	597.33	788.54
75	396.64	507.26	594.17	651.06	859.66
76	431.41	553.09	647.90	709.53	933.93
77	466.17	600.50	704.79	772.74	1016.10
78	504.10	652.64	766.42	840.69	1101.43
79	542.03	707.95	831.21	911.80	1194.67
80	584.69				
81	625.78				
82	671.61				
83	717.43				
84	764.84				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	66.37	83.75	97.98	107.46	139.06
45-49	74.27	93.23	109.04	118.52	154.86
50-54	91.65	115.36	134.32	145.38	195.95
55	102.72	129.58	153.28	167.51	222.82
56	107.46	135.90	161.19	175.41	233.88
57	113.78	143.80	169.09	184.89	246.52
58	120.10	153.28	178.57	195.95	260.74
59	128.00	162.77	189.63	207.01	276.54
60	137.48	173.83	200.69	219.65	293.93
61	146.96	184.89	213.33	232.30	312.89
62	156.44	197.53	227.56	248.10	333.43
63	165.93	210.17	241.78	263.90	355.56
64	176.99	222.82	257.58	281.28	377.68
65	188.05	237.04	274.96	300.25	402.96
66	200.69	252.84	295.51	322.37	429.83
67	214.91	271.80	317.63	347.66	463.01
68	230.72	293.93	342.91	376.10	499.36
69	249.68	316.05	369.78	406.12	538.87
70	268.64	342.91	399.80	439.31	581.53
71	290.77	371.36	434.57	475.66	630.52
72	316.05	404.54	472.49	518.32	685.83
73	344.49	440.89	515.16	565.73	747.46
74	374.52	480.40	562.57	617.88	813.83
75	407.70	523.06	613.14	673.19	886.52
76	444.05	570.47	668.45	733.24	963.95
77	480.40	619.46	726.92	798.03	1047.71
78	518.32	671.61	790.13	867.56	1136.20
79	557.83	728.50	856.50	940.25	1231.01
80	600.50				
81	643.16				
82	688.99				
83	736.40				
84	785.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.67	52.15	61.63	66.37	88.49
45-49	47.41	58.47	67.95	74.27	97.98
50-54	61.63	75.85	86.91	96.40	126.42
55	71.11	86.91	101.14	110.62	150.12
56	74.27	91.65	105.88	115.36	159.61
57	79.01	97.98	113.78	123.26	170.67
58	85.33	105.88	123.26	132.74	183.31
59	91.65	113.78	132.74	143.80	197.53
60	99.56	124.84	143.80	156.44	211.75
61	109.04	134.32	156.44	169.09	229.14
62	116.94	145.38	169.09	183.31	246.52
63	124.84	156.44	181.73	195.95	265.48
64	134.32	167.51	194.37	210.17	284.45
65	142.22	178.57	207.01	224.40	304.99
66	153.28	192.79	222.82	241.78	328.69
67	165.93	208.59	241.78	262.32	357.14
68	180.15	227.56	263.90	286.03	388.74
69	195.95	248.10	287.61	312.89	423.51
70	213.33	270.22	314.47	342.91	463.01
71	233.88	297.09	344.49	376.10	505.68
72	256.00	325.53	379.26	414.03	554.67
73	281.28	358.72	417.19	456.69	609.98
74	309.73	393.48	459.85	502.52	668.45
75	339.75	432.99	505.68	553.09	733.24
76	372.94	474.08	554.67	608.40	804.35
77	406.12	519.90	608.40	666.87	878.62
78	440.89	567.31	665.29	730.08	959.21
79	478.82	619.46	725.33	796.45	1042.97
80	518.32				
81	559.41				
82	602.08				
83	646.32				
84	693.73				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.99	61.63	71.11	75.85	101.14
45-49	55.31	67.95	77.43	85.33	112.20
50-54	67.95	85.33	99.56	109.04	142.22
55	79.01	97.98	113.78	123.26	167.51
56	83.75	104.30	120.10	131.16	176.99
57	88.49	110.62	128.00	139.06	189.63
58	94.82	118.52	137.48	150.12	202.27
59	101.14	126.42	146.96	161.19	216.49
60	109.04	137.48	159.61	173.83	232.30
61	118.52	146.96	172.25	188.05	249.68
62	126.42	158.03	184.89	202.27	267.06
63	135.90	169.09	199.11	216.49	287.61
64	145.38	181.73	211.75	230.72	308.15
65	154.86	194.37	225.98	246.52	328.69
66	167.51	210.17	243.36	265.48	355.56
67	181.73	225.98	263.90	286.03	385.58
68	197.53	246.52	287.61	312.89	420.35
69	213.33	268.64	312.89	341.33	458.27
70	230.72	292.35	341.33	371.36	499.36
71	251.26	320.79	372.94	407.70	546.77
72	274.96	350.82	410.87	448.79	598.91
73	301.83	387.16	451.95	494.62	657.38
74	331.85	425.09	496.20	543.61	722.17
75	365.04	466.17	546.77	598.91	791.71
76	399.80	510.42	600.50	658.96	867.56
77	436.15	559.41	657.38	720.59	948.15
78	472.49	611.56	719.01	788.54	1035.06
79	513.58	666.87	783.80	861.24	1126.72
80	554.67				
81	598.91				
82	643.16				
83	688.99				
84	739.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.15	64.79	74.27	80.59	107.46
45-49	58.47	71.11	82.17	90.07	118.52
50-54	71.11	88.49	104.30	113.78	148.54
55	82.17	102.72	120.10	129.58	175.41
56	86.91	109.04	126.42	137.48	184.89
57	91.65	115.36	134.32	145.38	197.53
58	97.98	123.26	143.80	156.44	210.17
59	105.88	132.74	153.28	167.51	224.40
60	113.78	142.22	165.93	181.73	240.20
61	121.68	153.28	178.57	195.95	257.58
62	131.16	164.35	191.21	210.17	276.54
63	140.64	175.41	205.43	224.40	297.09
64	150.12	188.05	219.65	240.20	317.63
65	161.19	200.69	233.88	256.00	339.75
66	173.83	216.49	252.84	274.96	366.62
67	188.05	233.88	273.38	297.09	398.22
68	203.85	254.42	297.09	323.95	432.99
69	219.65	276.54	323.95	352.40	472.49
70	238.62	301.83	352.40	384.00	515.16
71	259.16	330.27	385.58	421.93	564.15
72	282.86	361.88	423.51	463.01	617.88
73	311.31	398.22	466.17	510.42	677.93
74	341.33	437.73	512.00	560.99	745.88
75	376.10	480.40	564.15	617.88	816.99
76	410.87	526.22	619.46	679.51	894.42
77	448.79	576.79	677.93	744.30	978.17
78	486.72	630.52	741.14	813.83	1066.67
79	527.80	687.41	809.09	889.68	1161.48
80	570.47				
81	614.72				
82	660.54				
83	707.95				
84	758.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.77	42.67	45.83	50.57	64.79
45-49	39.51	48.99	52.15	55.31	72.69
50-54	48.99	56.89	64.79	69.53	88.49
55	55.31	66.37	74.27	80.59	105.88
56	60.05	71.11	80.59	85.33	112.20
57	63.21	75.85	85.33	91.65	120.10
58	69.53	82.17	93.23	97.98	129.58
59	74.27	88.49	101.14	107.46	140.64
60	80.59	96.40	109.04	116.94	154.86
61	86.91	104.30	118.52	128.00	167.51
62	94.82	113.78	129.58	139.06	181.73
63	102.72	123.26	139.06	150.12	197.53
64	107.46	129.58	150.12	161.19	210.17
65	115.36	139.06	161.19	172.25	224.40
66	123.26	150.12	175.41	188.05	243.36
67	134.32	164.35	189.63	203.85	265.48
68	146.96	178.57	207.01	224.40	292.35
69	159.61	195.95	227.56	244.94	319.21
70	175.41	213.33	246.52	270.22	350.82
71	191.21	235.46	273.38	297.09	387.16
72	211.75	262.32	303.41	330.27	429.83
73	233.88	292.35	338.17	368.20	477.24
74	260.74	325.53	376.10	410.87	529.38
75	290.77	360.30	418.77	456.69	587.85
76	319.21	399.80	464.59	507.26	651.06
77	353.98	442.47	515.16	560.99	719.01
78	388.74	488.30	568.89	621.04	791.71
79	428.25	537.29	625.78	682.67	870.72
80	467.75				
81	512.00				
82	557.83				
83	606.82				
84	657.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.09	50.57	55.31	56.89	75.85
45-49	45.83	55.31	61.63	64.79	83.75
50-54	53.73	64.79	74.27	80.59	104.30
55	63.21	74.27	83.75	91.65	120.10
56	66.37	77.43	88.49	96.40	126.42
57	71.11	83.75	94.82	102.72	135.90
58	75.85	91.65	102.72	109.04	145.38
59	82.17	97.98	112.20	120.10	156.44
60	86.91	107.46	120.10	129.58	169.09
61	94.82	115.36	132.74	143.80	183.31
62	102.72	124.84	143.80	154.86	199.11
63	109.04	134.32	154.86	165.93	214.91
64	116.94	143.80	164.35	176.99	230.72
65	126.42	151.70	176.99	188.05	246.52
66	134.32	164.35	189.63	202.27	267.06
67	145.38	178.57	203.85	221.24	292.35
68	158.03	192.79	224.40	243.36	319.21
69	172.25	211.75	244.94	265.48	349.24
70	189.63	233.88	267.06	292.35	385.58
71	207.01	256.00	297.09	322.37	423.51
72	229.14	286.03	328.69	358.72	467.75
73	254.42	317.63	366.62	399.80	519.90
74	281.28	353.98	409.28	444.05	576.79
75	312.89	391.90	455.11	494.62	640.00
76	344.49	434.57	505.68	549.93	707.95
77	380.84	480.40	559.41	609.98	782.22
78	418.77	529.38	619.46	674.77	861.24
79	459.85	583.11	681.09	741.14	946.57
80	502.52				
81	548.35				
82	597.33				
83	646.32				
84	701.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.67	52.15	60.05	61.63	80.59
45-49	48.99	56.89	64.79	69.53	88.49
50-54	55.31	69.53	77.43	83.75	112.20
55	64.79	77.43	86.91	94.82	126.42
56	69.53	82.17	93.23	101.14	134.32
57	72.69	86.91	97.98	107.46	140.64
58	77.43	94.82	105.88	115.36	151.70
59	83.75	102.72	115.36	126.42	164.35
60	91.65	112.20	126.42	135.90	176.99
61	97.98	120.10	137.48	148.54	191.21
62	105.88	129.58	148.54	159.61	207.01
63	113.78	139.06	159.61	170.67	222.82
64	120.10	148.54	169.09	181.73	238.62
65	129.58	158.03	181.73	195.95	256.00
66	139.06	169.09	195.95	210.17	276.54
67	150.12	183.31	211.75	229.14	303.41
68	164.35	200.69	232.30	251.26	330.27
69	178.57	219.65	252.84	274.96	361.88
70	195.95	241.78	276.54	301.83	398.22
71	213.33	265.48	306.57	333.43	439.31
72	235.46	295.51	339.75	369.78	485.14
73	262.32	328.69	379.26	412.45	538.87
74	290.77	365.04	421.93	459.85	597.33
75	322.37	404.54	470.91	512.00	662.12
76	355.56	450.37	523.06	568.89	733.24
77	391.90	496.20	578.37	630.52	809.09
78	431.41	546.77	640.00	696.89	891.26
79	472.49	602.08	704.79	768.00	978.17
80	516.74				
81	562.57				
82	613.14				
83	665.29				
84	719.01				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	66.37	83.75	96.40	105.88	139.06
45-49	74.27	93.23	107.46	116.94	154.86
50-54	91.65	113.78	132.74	143.80	197.53
55	104.30	132.74	151.70	165.93	229.14
56	109.04	139.06	161.19	175.41	240.20
57	116.94	148.54	170.67	186.47	254.42
58	124.84	158.03	181.73	199.11	270.22
59	134.32	169.09	195.95	211.75	286.03
60	143.80	180.15	208.59	224.40	304.99
61	151.70	192.79	222.82	241.78	325.53
62	164.35	207.01	238.62	259.16	347.66
63	175.41	219.65	252.84	274.96	371.36
64	186.47	233.88	270.22	293.93	396.64
65	197.53	249.68	287.61	312.89	421.93
66	211.75	265.48	306.57	335.01	451.95
67	227.56	286.03	330.27	360.30	486.72
68	243.36	308.15	357.14	390.32	526.22
69	262.32	330.27	387.16	421.93	567.31
70	282.86	358.72	418.77	456.69	611.56
71	306.57	388.74	453.53	496.20	663.71
72	333.43	421.93	494.62	540.45	720.59
73	361.88	461.43	540.45	591.01	786.96
74	396.64	504.10	591.01	646.32	856.50
75	432.99	549.93	644.74	706.37	935.51
76	470.91	602.08	704.79	771.16	1019.26
77	512.00	655.80	768.00	842.27	1107.76
78	551.51	715.85	834.37	916.55	1202.57
79	597.33	777.48	907.06	997.14	1305.29
80	643.16				
81	688.99				
82	739.56				
83	791.71				
84	845.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74.27	94.82	109.04	120.10	156.44
45-49	83.75	104.30	123.26	132.74	175.41
50-54	102.72	128.00	150.12	164.35	221.24
55	115.36	146.96	172.25	188.05	252.84
56	120.10	154.86	181.73	197.53	263.90
57	128.00	164.35	191.21	208.59	278.12
58	135.90	172.25	202.27	221.24	295.51
59	145.38	183.31	214.91	233.88	314.47
60	156.44	197.53	229.14	249.68	333.43
61	167.51	210.17	243.36	263.90	355.56
62	178.57	224.40	259.16	282.86	379.26
63	189.63	240.20	274.96	298.67	404.54
64	200.69	254.42	293.93	319.21	429.83
65	213.33	270.22	312.89	339.75	459.85
66	229.14	287.61	335.01	366.62	488.30
67	244.94	309.73	360.30	393.48	527.80
68	263.90	335.01	390.32	428.25	568.89
69	284.45	358.72	420.35	461.43	613.14
70	306.57	390.32	455.11	497.78	662.12
71	330.27	421.93	494.62	540.45	717.43
72	360.30	459.85	537.29	589.43	780.64
73	391.90	502.52	587.85	643.16	851.75
74	428.25	546.77	641.58	703.21	927.61
75	466.17	597.33	698.47	766.42	1011.36
76	507.26	651.06	761.68	834.37	1098.27
77	548.35	706.37	829.63	908.64	1194.67
78	592.59	768.00	902.32	989.24	1295.81
79	638.42	832.79	978.17	1072.99	1404.84
80	687.41				
81	736.40				
82	790.13				
83	843.85				
84	899.16				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	77.43	97.98	115.36	126.42	164.35
45-49	86.91	109.04	128.00	139.06	181.73
50-54	107.46	135.90	158.03	170.67	230.72
55	120.10	151.70	180.15	197.53	262.32
56	126.42	159.61	189.63	207.01	274.96
57	134.32	169.09	199.11	218.07	290.77
58	140.64	180.15	210.17	230.72	306.57
59	150.12	191.21	222.82	243.36	325.53
60	161.19	203.85	235.46	259.16	346.07
61	172.25	218.07	251.26	273.38	368.20
62	183.31	232.30	267.06	292.35	391.90
63	195.95	246.52	284.45	309.73	418.77
64	208.59	262.32	303.41	330.27	444.05
65	221.24	278.12	323.95	353.98	474.08
66	235.46	297.09	347.66	379.26	505.68
67	252.84	319.21	372.94	409.28	545.19
68	271.80	346.07	402.96	442.47	587.85
69	293.93	371.36	434.57	477.24	633.68
70	316.05	402.96	470.91	516.74	684.25
71	341.33	436.15	512.00	559.41	741.14
72	371.36	475.66	556.25	609.98	807.51
73	404.54	518.32	606.82	665.29	878.62
74	440.89	565.73	662.12	726.92	957.63
75	480.40	614.72	720.59	791.71	1042.97
76	523.06	671.61	786.96	862.82	1134.62
77	565.73	728.50	854.92	938.67	1232.60
78	609.98	790.13	929.19	1020.84	1336.89
79	655.80	856.50	1008.20	1106.18	1447.51
80	706.37				
81	756.94				
82	810.67				
83	865.98				
84	924.45				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.57	61.63	72.69	77.43	104.30
45-49	55.31	69.53	80.59	86.91	115.36
50-54	72.69	88.49	102.72	113.78	148.54
55	83.75	102.72	118.52	129.58	176.99
56	86.91	107.46	124.84	135.90	188.05
57	93.23	115.36	134.32	145.38	200.69
58	101.14	124.84	145.38	156.44	214.91
59	107.46	134.32	156.44	169.09	232.30
60	116.94	146.96	169.09	183.31	249.68
61	128.00	158.03	183.31	199.11	270.22
62	137.48	170.67	199.11	214.91	290.77
63	146.96	183.31	213.33	230.72	312.89
64	158.03	197.53	229.14	246.52	335.01
65	167.51	210.17	243.36	263.90	358.72
66	180.15	227.56	262.32	284.45	387.16
67	195.95	244.94	284.45	308.15	420.35
68	211.75	267.06	309.73	336.59	456.69
69	230.72	292.35	338.17	368.20	497.78
70	251.26	317.63	369.78	402.96	545.19
71	274.96	349.24	404.54	442.47	594.17
72	301.83	382.42	445.63	486.72	652.64
73	330.27	421.93	491.46	537.29	717.43
74	365.04	463.01	540.45	591.01	786.96
75	399.80	508.84	594.17	651.06	862.82
76	439.31	557.83	652.64	715.85	946.57
77	477.24	611.56	715.85	783.80	1033.48
78	518.32	666.87	782.22	859.66	1128.30
79	562.57	728.50	853.34	937.09	1226.27
80	609.98				
81	657.38				
82	707.95				
83	760.10				
84	815.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.89	72.69	83.75	88.49	118.52
45-49	64.79	80.59	91.65	101.14	132.74
50-54	80.59	101.14	116.94	128.00	167.51
55	93.23	115.36	134.32	145.38	197.53
56	97.98	123.26	140.64	154.86	208.59
57	104.30	129.58	150.12	164.35	222.82
58	112.20	139.06	161.19	176.99	238.62
59	118.52	148.54	172.25	189.63	254.42
60	128.00	161.19	188.05	203.85	273.38
61	139.06	172.25	202.27	221.24	293.93
62	148.54	186.47	218.07	238.62	314.47
63	159.61	199.11	233.88	254.42	338.17
64	170.67	213.33	249.68	271.80	361.88
65	181.73	229.14	265.48	290.77	387.16
66	197.53	246.52	286.03	312.89	418.77
67	213.33	265.48	309.73	336.59	453.53
68	232.30	290.77	338.17	368.20	494.62
69	251.26	316.05	368.20	401.38	538.87
70	271.80	344.49	401.38	436.15	587.85
71	295.51	377.68	439.31	480.40	643.16
72	323.95	412.45	483.56	527.80	704.79
73	355.56	455.11	530.96	581.53	772.74
74	390.32	499.36	583.11	640.00	850.17
75	429.83	548.35	643.16	704.79	930.77
76	470.91	600.50	706.37	775.90	1020.84
77	513.58	657.38	772.74	847.01	1115.66
78	556.25	719.01	845.43	927.61	1218.37
79	603.66	783.80	922.87	1012.94	1325.83
80	652.64				
81	704.79				
82	756.94				
83	810.67				
84	870.72				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.63	75.85	86.91	94.82	126.42
45-49	69.53	83.75	96.40	105.88	139.06
50-54	83.75	104.30	123.26	134.32	175.41
55	96.40	120.10	140.64	151.70	207.01
56	102.72	128.00	148.54	161.19	218.07
57	107.46	135.90	158.03	170.67	232.30
58	115.36	145.38	169.09	183.31	246.52
59	124.84	156.44	180.15	197.53	263.90
60	134.32	167.51	195.95	213.33	282.86
61	143.80	180.15	210.17	230.72	303.41
62	154.86	192.79	224.40	246.52	325.53
63	165.93	207.01	241.78	263.90	349.24
64	176.99	221.24	259.16	282.86	372.94
65	189.63	235.46	274.96	301.83	399.80
66	203.85	254.42	297.09	323.95	431.41
67	221.24	274.96	322.37	349.24	467.75
68	240.20	298.67	349.24	380.84	508.84
69	259.16	325.53	380.84	414.03	556.25
70	281.28	355.56	414.03	451.95	606.82
71	304.99	388.74	453.53	496.20	663.71
72	333.43	425.09	497.78	545.19	726.92
73	366.62	467.75	548.35	600.50	798.03
74	401.38	515.16	602.08	660.54	877.04
75	442.47	565.73	663.71	726.92	960.79
76	483.56	619.46	728.50	799.61	1052.45
77	527.80	677.93	798.03	875.46	1150.42
78	572.05	741.14	872.30	957.63	1254.72
79	621.04	809.09	951.31	1046.13	1366.92
80	671.61				
81	723.75				
82	777.48				
83	832.79				
84	892.84				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.55	30.34	35.40	37.93	48.04
45-49	29.08	34.13	39.19	41.72	53.10
50-54	35.40	41.72	48.04	51.83	65.74
55	40.45	48.04	55.62	59.42	78.38
56	42.98	51.83	59.42	63.21	83.44
57	46.78	55.62	63.21	68.27	89.76
58	50.57	60.68	68.27	74.59	97.34
59	55.62	65.74	74.59	80.91	106.19
60	60.68	72.06	82.17	89.76	115.04
61	65.74	79.64	89.76	97.34	125.16
62	70.80	85.97	97.34	106.19	136.53
63	75.85	92.29	104.93	113.78	146.65
64	80.91	98.61	112.51	121.36	158.03
65	85.97	106.19	120.10	130.21	169.40
66	93.55	113.78	130.21	140.33	183.31
67	101.14	123.89	141.59	152.97	199.74
68	109.99	135.27	155.50	168.14	219.97
69	120.10	147.91	170.67	184.57	241.46
70	131.48	161.82	187.10	203.54	265.48
71	145.38	179.52	207.33	226.29	293.29
72	161.82	199.74	231.35	252.84	327.43
73	180.78	223.76	259.16	283.18	366.62
74	201.01	250.31	290.77	317.31	409.60
75	225.03	280.65	326.16	355.24	456.38
76	250.31	313.52	364.09	396.96	508.21
77	278.12	348.92	405.81	441.21	565.10
78	308.46	388.11	451.32	489.25	625.78
79	341.33	428.56	499.36	541.08	691.52
80	375.47				
81	413.39				
82	452.58				
83	494.30				
84	538.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.61	37.93	42.98	45.51	58.15
45-49	34.13	41.72	46.78	50.57	64.47
50-54	40.45	49.30	56.89	61.95	80.91
55	48.04	56.89	64.47	69.53	92.29
56	50.57	60.68	68.27	73.32	97.34
57	54.36	64.47	73.32	78.38	103.66
58	58.15	69.53	78.38	84.70	111.25
59	63.21	75.85	85.97	92.29	120.10
60	68.27	82.17	93.55	101.14	131.48
61	73.32	89.76	102.40	109.99	141.59
62	79.64	96.08	111.25	120.10	154.23
63	85.97	103.66	118.83	127.68	165.61
64	91.02	111.25	126.42	137.80	178.25
65	97.34	120.10	135.27	146.65	192.16
66	104.93	127.68	146.65	159.29	207.33
67	113.78	140.33	159.29	173.20	226.29
68	123.89	152.97	174.46	190.89	247.78
69	135.27	166.87	192.16	208.59	273.07
70	147.91	183.31	211.12	228.82	299.62
71	161.82	202.27	233.88	254.10	332.48
72	180.78	225.03	260.43	284.45	370.41
73	201.01	251.58	292.03	317.31	413.39
74	223.76	281.92	327.43	356.50	461.43
75	250.31	314.79	366.62	398.22	514.53
76	278.12	350.18	409.60	446.26	573.95
77	309.73	390.64	455.11	495.57	637.16
78	342.60	433.62	505.68	549.93	704.16
79	378.00	480.40	560.04	609.34	778.75
80	415.92				
81	456.38				
82	498.09				
83	543.61				
84	591.65				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.87	40.45	45.51	49.30	63.21
45-49	36.66	44.25	50.57	54.36	69.53
50-54	42.98	53.10	60.68	65.74	87.23
55	50.57	60.68	68.27	74.59	97.34
56	53.10	64.47	72.06	78.38	102.40
57	56.89	68.27	77.12	83.44	108.72
58	60.68	73.32	83.44	89.76	117.57
59	65.74	79.64	91.02	97.34	126.42
60	72.06	85.97	98.61	106.19	137.80
61	77.12	93.55	107.46	115.04	149.18
62	83.44	101.14	116.31	125.16	161.82
63	89.76	108.72	125.16	134.01	174.46
64	94.82	116.31	132.74	144.12	187.10
65	102.40	125.16	141.59	154.23	201.01
66	109.99	134.01	152.97	166.87	217.44
67	118.83	146.65	166.87	182.04	237.67
68	128.95	160.55	183.31	199.74	260.43
69	141.59	174.46	201.01	218.71	285.71
70	154.23	192.16	221.24	240.20	314.79
71	169.40	211.12	245.25	266.75	348.92
72	188.37	235.14	273.07	297.09	388.11
73	209.86	262.95	305.94	332.48	433.62
74	233.88	294.56	342.60	372.94	484.19
75	261.69	328.69	383.05	417.19	539.81
76	290.77	366.62	428.56	466.49	601.76
77	322.37	408.34	476.60	519.59	667.50
78	356.50	452.58	528.44	576.48	738.29
79	393.17	501.89	585.32	638.42	815.41
80	432.36				
81	474.08				
82	518.32				
83	565.10				
84	614.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.57	61.95	70.80	75.85	103.66
45-49	55.62	68.27	78.38	84.70	115.04
50-54	68.27	84.70	97.34	107.46	146.65
55	79.64	98.61	113.78	123.89	169.40
56	83.44	103.66	120.10	131.48	179.52
57	88.49	109.99	127.68	139.06	189.63
58	94.82	117.57	136.53	147.91	201.01
59	99.87	125.16	145.38	158.03	213.65
60	107.46	134.01	154.23	168.14	227.56
61	115.04	142.85	165.61	179.52	242.73
62	122.63	152.97	176.99	192.16	259.16
63	130.21	163.08	189.63	204.80	276.86
64	139.06	173.20	201.01	218.71	294.56
65	147.91	184.57	214.91	233.88	314.79
66	158.03	198.48	230.08	250.31	338.81
67	170.67	213.65	249.05	270.54	365.35
68	184.57	231.35	269.27	293.29	395.69
69	198.48	250.31	290.77	317.31	427.30
70	214.91	271.80	316.05	345.13	463.96
71	232.61	295.82	343.86	375.47	504.42
72	254.10	323.64	376.73	412.13	551.19
73	279.39	355.24	414.66	453.85	604.29
74	307.20	390.64	456.38	499.36	662.44
75	337.54	428.56	501.89	548.66	726.92
76	369.15	470.28	551.19	604.29	796.45
77	403.28	515.79	605.55	662.44	871.03
78	438.68	563.83	663.71	725.65	950.68
79	476.60	615.67	725.65	792.65	1036.64
80	515.79				
81	556.25				
82	599.23				
83	643.48				
84	690.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.15	72.06	83.44	91.02	120.10
45-49	64.47	80.91	92.29	101.14	134.01
50-54	79.64	99.87	115.04	125.16	169.40
55	89.76	113.78	131.48	142.85	194.69
56	93.55	120.10	139.06	150.44	204.80
57	98.61	126.42	146.65	159.29	214.91
58	104.93	134.01	155.50	169.40	227.56
59	112.51	141.59	164.35	180.78	241.46
60	121.36	150.44	175.72	190.89	255.37
61	128.95	160.55	187.10	203.54	273.07
62	137.80	171.93	199.74	217.44	290.77
63	146.65	182.04	213.65	232.61	310.99
64	155.50	194.69	226.29	247.78	331.22
65	165.61	207.33	242.73	264.22	353.98
66	176.99	222.50	259.16	283.18	379.26
67	189.63	240.20	280.65	305.94	409.60
68	204.80	259.16	303.41	331.22	443.73
69	221.24	281.92	327.43	359.03	479.13
70	240.20	305.94	356.50	390.64	519.59
71	260.43	332.48	388.11	424.77	565.10
72	284.45	364.09	424.77	465.23	618.19
73	312.26	398.22	466.49	512.00	676.35
74	342.60	437.41	512.00	561.30	740.82
75	375.47	480.40	562.57	615.67	812.88
76	410.87	524.64	616.93	676.35	890.00
77	447.53	575.21	675.08	740.82	972.17
78	486.72	627.04	739.56	809.09	1060.66
79	527.17	685.20	805.30	882.41	1154.21
80	570.15				
81	614.40				
82	659.91				
83	709.22				
84	759.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.95	77.12	88.49	97.34	127.68
45-49	68.27	85.97	98.61	108.72	141.59
50-54	84.70	106.19	122.63	132.74	179.52
55	94.82	120.10	139.06	151.70	204.80
56	98.61	126.42	146.65	159.29	214.91
57	103.66	132.74	154.23	168.14	226.29
58	109.99	140.33	163.08	178.25	238.93
59	117.57	149.18	173.20	189.63	252.84
60	126.42	158.03	184.57	201.01	268.01
61	135.27	168.14	195.95	213.65	285.71
62	144.12	179.52	209.86	228.82	304.67
63	152.97	190.89	223.76	243.99	324.90
64	163.08	203.54	237.67	260.43	346.39
65	173.20	217.44	254.10	276.86	370.41
66	184.57	232.61	271.80	297.09	396.96
67	198.48	251.58	293.29	321.11	428.56
68	213.65	271.80	317.31	347.66	463.96
69	231.35	294.56	343.86	376.73	501.89
70	250.31	319.84	372.94	409.60	543.61
71	271.80	347.66	407.07	446.26	591.65
72	297.09	380.52	445.00	487.98	646.01
73	326.16	417.19	487.98	536.02	707.95
74	357.77	457.64	536.02	587.85	774.95
75	391.90	501.89	587.85	644.74	849.54
76	428.56	548.66	644.74	706.69	929.19
77	466.49	600.50	705.42	773.69	1015.15
78	506.94	654.86	771.16	844.49	1107.44
79	548.66	714.27	839.43	921.60	1204.78
80	592.91				
81	638.42				
82	686.46				
83	737.03				
84	788.86				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.66	45.51	53.10	58.15	77.12
45-49	40.45	50.57	59.42	64.47	85.97
50-54	54.36	67.00	75.85	82.17	109.99
55	61.95	77.12	87.23	96.08	130.21
56	65.74	80.91	92.29	101.14	139.06
57	69.53	85.97	98.61	108.72	149.18
58	74.59	92.29	106.19	117.57	160.55
59	80.91	99.87	115.04	126.42	173.20
60	87.23	108.72	125.16	136.53	187.10
61	94.82	117.57	136.53	147.91	201.01
62	102.40	127.68	147.91	160.55	217.44
63	109.99	136.53	159.29	173.20	233.88
64	117.57	146.65	170.67	184.57	250.31
65	126.42	156.76	182.04	198.48	269.27
66	136.53	168.14	195.95	213.65	290.77
67	147.91	183.31	213.65	232.61	316.05
68	160.55	199.74	233.88	254.10	345.13
69	174.46	218.71	255.37	278.12	376.73
70	189.63	238.93	279.39	304.67	412.13
71	207.33	262.95	307.20	336.28	451.32
72	228.82	290.77	340.07	371.67	498.09
73	252.84	322.37	376.73	412.13	549.93
74	280.65	356.50	418.45	457.64	608.08
75	309.73	395.69	462.70	506.94	671.29
76	341.33	437.41	510.74	560.04	739.56
77	375.47	481.66	563.83	618.19	812.88
78	410.87	529.70	620.72	680.14	891.26
79	448.79	581.53	680.14	747.14	975.96
80	487.98				
81	529.70				
82	572.68				
83	618.19				
84	666.23				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.25	55.62	63.21	69.53	91.02
45-49	49.30	60.68	70.80	77.12	101.14
50-54	61.95	77.12	89.76	97.34	127.68
55	72.06	89.76	102.40	112.51	151.70
56	75.85	94.82	108.72	117.57	161.82
57	79.64	99.87	115.04	125.16	171.93
58	85.97	107.46	123.89	135.27	184.57
59	92.29	116.31	134.01	145.38	197.22
60	99.87	125.16	144.12	156.76	211.12
61	107.46	134.01	155.50	169.40	226.29
62	116.31	145.38	168.14	183.31	243.99
63	123.89	155.50	180.78	195.95	261.69
64	132.74	165.61	193.42	209.86	280.65
65	142.85	178.25	206.06	223.76	300.88
66	152.97	190.89	221.24	241.46	324.90
67	165.61	207.33	241.46	261.69	352.71
68	179.52	225.03	262.95	285.71	385.58
69	194.69	246.52	286.97	312.26	420.98
70	212.39	269.27	314.79	342.60	461.43
71	232.61	295.82	345.13	376.73	505.68
72	255.37	326.16	381.79	417.19	557.51
73	281.92	360.30	422.24	461.43	615.67
74	312.26	399.49	467.75	512.00	680.14
75	345.13	441.21	517.06	566.36	749.67
76	380.52	486.72	570.15	625.78	826.79
77	417.19	536.02	628.31	690.25	907.70
78	456.38	587.85	690.25	758.52	994.93
79	496.83	644.74	757.26	831.84	1088.48
80	539.81				
81	584.06				
82	632.10				
83	681.40				
84	733.24				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.04	59.42	68.27	74.59	97.34
45-49	53.10	65.74	75.85	82.17	107.46
50-54	65.74	82.17	94.82	103.66	135.27
55	75.85	94.82	108.72	118.83	160.55
56	79.64	99.87	115.04	125.16	170.67
57	84.70	106.19	122.63	132.74	182.04
58	91.02	113.78	131.48	142.85	194.69
59	97.34	122.63	141.59	152.97	207.33
60	104.93	131.48	152.97	165.61	221.24
61	112.51	141.59	164.35	178.25	237.67
62	121.36	152.97	176.99	192.16	255.37
63	130.21	164.35	189.63	206.06	274.33
64	139.06	174.46	202.27	219.97	293.29
65	149.18	187.10	216.18	235.14	314.79
66	159.29	201.01	232.61	252.84	338.81
67	173.20	217.44	252.84	274.33	369.15
68	188.37	236.41	275.60	299.62	403.28
69	203.54	257.90	300.88	327.43	439.94
70	222.50	281.92	329.96	359.03	481.66
71	242.73	309.73	361.56	394.43	528.44
72	266.75	341.33	399.49	436.15	582.80
73	294.56	376.73	442.47	482.92	643.48
74	326.16	417.19	489.25	534.76	710.48
75	360.30	460.17	539.81	591.65	783.80
76	396.96	508.21	595.44	653.59	863.45
77	434.88	558.78	656.12	720.59	948.15
78	475.34	613.14	720.59	792.65	1039.17
79	517.06	672.55	790.13	868.51	1136.52
80	561.30				
81	608.08				
82	657.38				
83	707.95				
84	761.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.61	35.40	41.72	44.25	56.89
45-49	34.13	40.45	45.51	49.30	61.95
50-54	41.72	49.30	56.89	60.68	77.12
55	48.04	56.89	65.74	69.53	92.29
56	50.57	60.68	69.53	74.59	98.61
57	55.62	65.74	74.59	80.91	106.19
58	59.42	70.80	80.91	87.23	115.04
59	65.74	77.12	87.23	94.82	125.16
60	70.80	84.70	96.08	106.19	135.27
61	77.12	93.55	106.19	115.04	146.65
62	83.44	101.14	115.04	125.16	160.55
63	89.76	108.72	123.89	134.01	171.93
64	94.82	116.31	132.74	142.85	185.84
65	101.14	125.16	141.59	152.97	199.74
66	109.99	134.01	152.97	165.61	216.18
67	118.83	145.38	166.87	179.52	235.14
68	128.95	159.29	183.31	197.22	259.16
69	141.59	174.46	201.01	217.44	284.45
70	154.23	190.89	219.97	238.93	312.26
71	170.67	211.12	243.99	266.75	345.13
72	190.89	235.14	271.80	297.09	385.58
73	212.39	262.95	304.67	333.75	431.09
74	236.41	294.56	342.60	372.94	481.66
75	264.22	329.96	384.32	418.45	537.29
76	294.56	369.15	428.56	466.49	597.97
77	327.43	410.87	477.87	519.59	664.97
78	362.83	456.38	530.96	575.21	735.76
79	402.02	504.42	587.85	637.16	814.14
80	441.21				
81	486.72				
82	532.23				
83	581.53				
84	633.36				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.66	44.25	50.57	53.10	68.27
45-49	40.45	49.30	55.62	59.42	75.85
50-54	48.04	58.15	67.00	73.32	94.82
55	56.89	67.00	75.85	82.17	108.72
56	59.42	70.80	80.91	85.97	115.04
57	64.47	75.85	85.97	92.29	121.36
58	68.27	82.17	92.29	99.87	131.48
59	74.59	89.76	101.14	108.72	141.59
60	80.91	96.08	109.99	118.83	154.23
61	85.97	106.19	120.10	128.95	166.87
62	93.55	112.51	131.48	141.59	182.04
63	101.14	121.36	140.33	150.44	194.69
64	107.46	131.48	149.18	161.82	209.86
65	115.04	141.59	159.29	171.93	226.29
66	123.89	150.44	171.93	187.10	243.99
67	134.01	165.61	187.10	203.54	266.75
68	145.38	179.52	204.80	225.03	292.03
69	159.29	195.95	226.29	245.25	321.11
70	174.46	216.18	247.78	269.27	352.71
71	190.89	237.67	275.60	298.35	390.64
72	212.39	264.22	305.94	335.01	436.15
73	236.41	295.82	343.86	372.94	486.72
74	262.95	331.22	385.58	419.71	542.34
75	294.56	370.41	431.09	469.02	605.55
76	327.43	412.13	481.66	524.64	675.08
77	364.09	460.17	536.02	582.80	749.67
78	403.28	510.74	595.44	647.27	828.05
79	445.00	565.10	658.65	716.80	916.55
80	489.25				
81	537.29				
82	586.59				
83	639.69				
84	696.57				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.19	48.04	53.10	58.15	74.59
45-49	42.98	51.83	59.42	64.47	82.17
50-54	50.57	61.95	70.80	77.12	102.40
55	59.42	70.80	80.91	87.23	115.04
56	61.95	75.85	84.70	92.29	120.10
57	67.00	80.91	91.02	98.61	127.68
58	70.80	85.97	98.61	106.19	137.80
59	77.12	93.55	107.46	115.04	149.18
60	84.70	101.14	116.31	125.16	161.82
61	91.02	109.99	126.42	135.27	175.72
62	98.61	118.83	136.53	146.65	190.89
63	106.19	127.68	146.65	158.03	204.80
64	111.25	136.53	156.76	169.40	219.97
65	120.10	146.65	166.87	182.04	236.41
66	128.95	158.03	179.52	195.95	255.37
67	140.33	171.93	195.95	213.65	279.39
68	151.70	188.37	216.18	235.14	305.94
69	166.87	204.80	236.41	257.90	336.28
70	182.04	226.29	260.43	283.18	370.41
71	199.74	247.78	288.24	313.52	410.87
72	221.24	276.86	321.11	348.92	456.38
73	246.52	309.73	360.30	390.64	510.74
74	275.60	346.39	403.28	438.68	570.15
75	308.46	386.85	450.06	490.51	634.63
76	342.60	431.09	504.42	548.66	707.95
77	379.26	480.40	561.30	611.87	785.07
78	419.71	532.23	621.99	677.61	868.51
79	462.70	590.38	688.99	750.93	959.53
80	508.21				
81	557.51				
82	609.34				
83	664.97				
84	723.12				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.42	73.32	83.44	89.76	121.36
45-49	65.74	80.91	92.29	99.87	135.27
50-54	80.91	99.87	115.04	126.42	171.93
55	93.55	116.31	134.01	145.38	199.74
56	98.61	121.36	141.59	154.23	211.12
57	103.66	128.95	150.44	163.08	222.50
58	111.25	137.80	160.55	174.46	236.41
59	117.57	146.65	170.67	185.84	251.58
60	126.42	158.03	182.04	197.22	268.01
61	135.27	168.14	194.69	211.12	285.71
62	144.12	179.52	208.59	226.29	304.67
63	152.97	192.16	222.50	241.46	326.16
64	163.08	203.54	236.41	257.90	346.39
65	174.46	217.44	252.84	275.60	370.41
66	185.84	233.88	270.54	294.56	398.22
67	201.01	251.58	293.29	318.58	429.83
68	217.44	271.80	317.31	345.13	465.23
69	233.88	294.56	342.60	372.94	503.15
70	252.84	319.84	371.67	405.81	546.13
71	273.07	347.66	404.54	441.21	592.91
72	298.35	380.52	443.73	485.45	648.53
73	328.69	418.45	487.98	533.49	710.48
74	361.56	460.17	537.29	587.85	778.75
75	396.96	504.42	590.38	646.01	854.60
76	434.88	553.72	648.53	710.48	936.77
77	474.08	606.82	713.01	778.75	1025.27
78	515.79	663.71	781.28	853.34	1118.82
79	561.30	724.39	853.34	932.98	1219.95
80	606.82				
81	654.86				
82	705.42				
83	757.26				
84	811.62				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.27	84.70	98.61	107.46	141.59
45-49	75.85	94.82	108.72	118.83	158.03
50-54	93.55	117.57	135.27	146.65	199.74
55	106.19	134.01	154.23	168.14	228.82
56	109.99	141.59	163.08	176.99	241.46
57	116.31	149.18	171.93	187.10	252.84
58	123.89	158.03	183.31	199.74	268.01
59	132.74	166.87	193.42	212.39	284.45
60	142.85	176.99	207.33	225.03	300.88
61	151.70	188.37	219.97	238.93	321.11
62	161.82	202.27	235.14	255.37	342.60
63	171.93	213.65	251.58	273.07	365.35
64	183.31	228.82	266.75	292.03	389.37
65	194.69	243.99	285.71	310.99	415.92
66	208.59	261.69	304.67	333.75	446.26
67	222.50	283.18	329.96	360.30	481.66
68	241.46	304.67	356.50	389.37	522.11
69	260.43	331.22	385.58	422.24	563.83
70	283.18	360.30	419.71	460.17	611.87
71	305.94	390.64	456.38	499.36	664.97
72	335.01	428.56	499.36	547.40	726.92
73	367.88	469.02	548.66	601.76	795.18
74	403.28	514.53	601.76	659.91	871.03
75	441.21	565.10	662.44	724.39	955.74
76	482.92	616.93	725.65	795.18	1046.76
77	525.91	676.35	793.92	871.03	1144.10
78	572.68	738.29	869.77	951.94	1247.77
79	620.72	806.56	946.89	1037.91	1357.75
80	671.29				
81	723.12				
82	776.22				
83	834.37				
84	893.79				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	73.32	91.02	103.66	115.04	150.44
45-49	80.91	101.14	116.31	127.68	166.87
50-54	99.87	125.16	144.12	156.76	211.12
55	111.25	141.59	163.08	178.25	241.46
56	116.31	149.18	171.93	187.10	252.84
57	121.36	156.76	182.04	197.22	266.75
58	128.95	165.61	192.16	209.86	280.65
59	137.80	175.72	203.54	222.50	297.09
60	149.18	185.84	217.44	236.41	314.79
61	159.29	197.22	230.08	251.58	336.28
62	169.40	211.12	246.52	269.27	359.03
63	179.52	225.03	262.95	286.97	381.79
64	192.16	238.93	279.39	305.94	407.07
65	203.54	255.37	298.35	326.16	436.15
66	217.44	273.07	319.84	348.92	466.49
67	233.88	295.82	345.13	378.00	504.42
68	251.58	319.84	372.94	409.60	546.13
69	271.80	346.39	404.54	443.73	590.38
70	294.56	376.73	438.68	481.66	639.69
71	319.84	409.60	479.13	524.64	696.57
72	348.92	447.53	523.38	573.95	759.78
73	384.32	490.51	573.95	630.84	833.11
74	420.98	538.55	630.84	691.52	911.49
75	461.43	590.38	691.52	758.52	999.98
76	504.42	646.01	758.52	831.84	1093.53
77	548.66	706.69	829.32	910.22	1194.67
78	596.70	769.90	907.70	993.66	1303.39
79	646.01	840.69	987.34	1084.68	1417.17
80	697.84				
81	750.93				
82	807.82				
83	867.24				
84	927.92				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.98	53.10	61.95	68.27	91.02
45-49	48.04	59.42	69.53	75.85	101.14
50-54	64.47	78.38	89.76	96.08	128.95
55	73.32	91.02	102.40	112.51	152.97
56	77.12	94.82	108.72	118.83	163.08
57	82.17	101.14	116.31	127.68	175.72
58	87.23	108.72	125.16	137.80	188.37
59	94.82	117.57	135.27	149.18	203.54
60	102.40	127.68	146.65	160.55	219.97
61	111.25	137.80	160.55	174.46	236.41
62	120.10	150.44	174.46	188.37	255.37
63	128.95	160.55	187.10	203.54	275.60
64	137.80	171.93	201.01	217.44	294.56
65	149.18	184.57	213.65	233.88	317.31
66	160.55	197.22	230.08	251.58	342.60
67	174.46	216.18	251.58	273.07	371.67
68	188.37	235.14	275.60	298.35	405.81
69	204.80	257.90	300.88	327.43	443.73
70	222.50	280.65	328.69	359.03	485.45
71	243.99	309.73	361.56	395.69	530.96
72	269.27	342.60	399.49	437.41	586.59
73	297.09	379.26	443.73	485.45	647.27
74	329.96	419.71	491.77	538.55	715.54
75	364.09	465.23	544.87	596.70	790.13
76	402.02	514.53	600.50	658.65	869.77
77	441.21	566.36	663.71	726.92	955.74
78	482.92	623.25	730.71	800.24	1048.02
79	528.44	683.93	800.24	878.62	1147.89
80	573.95				
81	623.25				
82	673.82				
83	726.92				
84	783.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.83	65.74	74.59	82.17	107.46
45-49	58.15	70.80	83.44	91.02	118.83
50-54	73.32	91.02	106.19	115.04	150.44
55	84.70	106.19	120.10	132.74	178.25
56	89.76	111.25	127.68	137.80	190.89
57	93.55	117.57	135.27	146.65	202.27
58	101.14	126.42	145.38	159.29	217.44
59	108.72	136.53	158.03	170.67	232.61
60	117.57	146.65	169.40	184.57	247.78
61	126.42	158.03	183.31	199.74	266.75
62	136.53	170.67	197.22	216.18	286.97
63	145.38	183.31	212.39	230.08	308.46
64	156.76	194.69	227.56	246.52	329.96
65	168.14	209.86	242.73	262.95	353.98
66	179.52	225.03	260.43	284.45	381.79
67	194.69	243.99	284.45	308.46	414.66
68	211.12	264.22	309.73	336.28	453.85
69	228.82	289.50	337.54	367.88	495.57
70	250.31	317.31	370.41	403.28	542.34
71	273.07	347.66	405.81	443.73	595.44
72	300.88	384.32	448.79	490.51	656.12
73	331.22	423.51	496.83	542.34	724.39
74	367.88	470.28	549.93	601.76	800.24
75	405.81	519.59	608.08	666.23	882.41
76	447.53	572.68	671.29	735.76	972.17
77	490.51	630.84	739.56	811.62	1068.25
78	537.29	691.52	811.62	892.53	1170.65
79	584.06	758.52	891.26	978.49	1280.63
80	634.63				
81	687.72				
82	743.35				
83	801.50				
84	862.18				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.89	69.53	80.91	87.23	115.04
45-49	61.95	77.12	89.76	96.08	126.42
50-54	77.12	96.08	111.25	121.36	159.29
55	89.76	111.25	127.68	140.33	188.37
56	93.55	117.57	135.27	146.65	201.01
57	99.87	125.16	144.12	156.76	213.65
58	107.46	134.01	154.23	168.14	228.82
59	115.04	144.12	166.87	179.52	243.99
60	123.89	154.23	179.52	194.69	260.43
61	132.74	166.87	193.42	209.86	279.39
62	142.85	179.52	208.59	226.29	300.88
63	152.97	193.42	222.50	242.73	322.37
64	163.08	204.80	237.67	259.16	345.13
65	175.72	219.97	254.10	276.86	370.41
66	187.10	236.41	273.07	297.09	398.22
67	203.54	255.37	297.09	322.37	434.88
68	221.24	278.12	323.64	352.71	474.08
69	238.93	303.41	353.98	385.58	517.06
70	261.69	331.22	388.11	422.24	566.36
71	285.71	364.09	424.77	463.96	621.99
72	313.52	402.02	470.28	513.27	685.20
73	346.39	443.73	520.85	567.63	757.26
74	384.32	490.51	575.21	629.57	835.64
75	423.51	541.08	634.63	696.57	921.60
76	466.49	597.97	700.37	768.63	1016.42
77	512.00	657.38	772.43	848.28	1115.02
78	558.78	721.86	848.28	932.98	1222.48
79	608.08	791.39	929.19	1021.47	1337.52
80	659.91				
81	715.54				
82	773.69				
83	833.11				
84	895.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.19	37.93	44.25	47.41	60.05
45-49	36.35	42.67	48.99	52.15	66.37
50-54	44.25	52.15	60.05	64.79	82.17
55	50.57	60.05	69.53	74.27	97.98
56	53.73	64.79	74.27	79.01	104.30
57	58.47	69.53	79.01	85.33	112.20
58	63.21	75.85	85.33	93.23	121.68
59	69.53	82.17	93.23	101.14	132.74
60	75.85	90.07	102.72	112.20	143.80
61	82.17	99.56	112.20	121.68	156.44
62	88.49	107.46	121.68	132.74	170.67
63	94.82	115.36	131.16	142.22	183.31
64	101.14	123.26	140.64	151.70	197.53
65	107.46	132.74	150.12	162.77	211.75
66	116.94	142.22	162.77	175.41	229.14
67	126.42	154.86	176.99	191.21	249.68
68	137.48	169.09	194.37	210.17	274.96
69	150.12	184.89	213.33	230.72	301.83
70	164.35	202.27	233.88	254.42	331.85
71	181.73	224.40	259.16	282.86	366.62
72	202.27	249.68	289.19	316.05	409.28
73	225.98	279.70	323.95	353.98	458.27
74	251.26	312.89	363.46	396.64	512.00
75	281.28	350.82	407.70	444.05	570.47
76	312.89	391.90	455.11	496.20	635.26
77	347.66	436.15	507.26	551.51	706.37
78	385.58	485.14	564.15	611.56	782.22
79	426.67	535.70	624.20	676.35	864.40
80	469.33				
81	516.74				
82	565.73				
83	617.88				
84	673.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.51	47.41	53.73	56.89	72.69
45-49	42.67	52.15	58.47	63.21	80.59
50-54	50.57	61.63	71.11	77.43	101.14
55	60.05	71.11	80.59	86.91	115.36
56	63.21	75.85	85.33	91.65	121.68
57	67.95	80.59	91.65	97.98	129.58
58	72.69	86.91	97.98	105.88	139.06
59	79.01	94.82	107.46	115.36	150.12
60	85.33	102.72	116.94	126.42	164.35
61	91.65	112.20	128.00	137.48	176.99
62	99.56	120.10	139.06	150.12	192.79
63	107.46	129.58	148.54	159.61	207.01
64	113.78	139.06	158.03	172.25	222.82
65	121.68	150.12	169.09	183.31	240.20
66	131.16	159.61	183.31	199.11	259.16
67	142.22	175.41	199.11	216.49	282.86
68	154.86	191.21	218.07	238.62	309.73
69	169.09	208.59	240.20	260.74	341.33
70	184.89	229.14	263.90	286.03	374.52
71	202.27	252.84	292.35	317.63	415.61
72	225.98	281.28	325.53	355.56	463.01
73	251.26	314.47	365.04	396.64	516.74
74	279.70	352.40	409.28	445.63	576.79
75	312.89	393.48	458.27	497.78	643.16
76	347.66	437.73	512.00	557.83	717.43
77	387.16	488.30	568.89	619.46	796.45
78	428.25	542.03	632.10	687.41	880.20
79	472.49	600.50	700.05	761.68	973.43
80	519.90				
81	570.47				
82	622.62				
83	679.51				
84	739.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.09	50.57	56.89	61.63	79.01
45-49	45.83	55.31	63.21	67.95	86.91
50-54	53.73	66.37	75.85	82.17	109.04
55	63.21	75.85	85.33	93.23	121.68
56	66.37	80.59	90.07	97.98	128.00
57	71.11	85.33	96.40	104.30	135.90
58	75.85	91.65	104.30	112.20	146.96
59	82.17	99.56	113.78	121.68	158.03
60	90.07	107.46	123.26	132.74	172.25
61	96.40	116.94	134.32	143.80	186.47
62	104.30	126.42	145.38	156.44	202.27
63	112.20	135.90	156.44	167.51	218.07
64	118.52	145.38	165.93	180.15	233.88
65	128.00	156.44	176.99	192.79	251.26
66	137.48	167.51	191.21	208.59	271.80
67	148.54	183.31	208.59	227.56	297.09
68	161.19	200.69	229.14	249.68	325.53
69	176.99	218.07	251.26	273.38	357.14
70	192.79	240.20	276.54	300.25	393.48
71	211.75	263.90	306.57	333.43	436.15
72	235.46	293.93	341.33	371.36	485.14
73	262.32	328.69	382.42	415.61	542.03
74	292.35	368.20	428.25	466.17	605.24
75	327.11	410.87	478.82	521.48	674.77
76	363.46	458.27	535.70	583.11	752.20
77	402.96	510.42	595.75	649.48	834.37
78	445.63	565.73	660.54	720.59	922.87
79	491.46	627.36	731.66	798.03	1019.26
80	540.45				
81	592.59				
82	647.90				
83	706.37				
84	768.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.21	77.43	88.49	94.82	129.58
45-49	69.53	85.33	97.98	105.88	143.80
50-54	85.33	105.88	121.68	134.32	183.31
55	99.56	123.26	142.22	154.86	211.75
56	104.30	129.58	150.12	164.35	224.40
57	110.62	137.48	159.61	173.83	237.04
58	118.52	146.96	170.67	184.89	251.26
59	124.84	156.44	181.73	197.53	267.06
60	134.32	167.51	192.79	210.17	284.45
61	143.80	178.57	207.01	224.40	303.41
62	153.28	191.21	221.24	240.20	323.95
63	162.77	203.85	237.04	256.00	346.07
64	173.83	216.49	251.26	273.38	368.20
65	184.89	230.72	268.64	292.35	393.48
66	197.53	248.10	287.61	312.89	423.51
67	213.33	267.06	311.31	338.17	456.69
68	230.72	289.19	336.59	366.62	494.62
69	248.10	312.89	363.46	396.64	534.12
70	268.64	339.75	395.06	431.41	579.95
71	290.77	369.78	429.83	469.33	630.52
72	317.63	404.54	470.91	515.16	688.99
73	349.24	444.05	518.32	567.31	755.36
74	384.00	488.30	570.47	624.20	828.05
75	421.93	535.70	627.36	685.83	908.64
76	461.43	587.85	688.99	755.36	995.56
77	504.10	644.74	756.94	828.05	1088.79
78	548.35	704.79	829.63	907.06	1188.35
79	595.75	769.58	907.06	990.82	1295.81
80	644.74				
81	695.31				
82	749.04				
83	804.35				
84	862.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.69	90.07	104.30	113.78	150.12
45-49	80.59	101.14	115.36	126.42	167.51
50-54	99.56	124.84	143.80	156.44	211.75
55	112.20	142.22	164.35	178.57	243.36
56	116.94	150.12	173.83	188.05	256.00
57	123.26	158.03	183.31	199.11	268.64
58	131.16	167.51	194.37	211.75	284.45
59	140.64	176.99	205.43	225.98	301.83
60	151.70	188.05	219.65	238.62	319.21
61	161.19	200.69	233.88	254.42	341.33
62	172.25	214.91	249.68	271.80	363.46
63	183.31	227.56	267.06	290.77	388.74
64	194.37	243.36	282.86	309.73	414.03
65	207.01	259.16	303.41	330.27	442.47
66	221.24	278.12	323.95	353.98	474.08
67	237.04	300.25	350.82	382.42	512.00
68	256.00	323.95	379.26	414.03	554.67
69	276.54	352.40	409.28	448.79	598.91
70	300.25	382.42	445.63	488.30	649.48
71	325.53	415.61	485.14	530.96	706.37
72	355.56	455.11	530.96	581.53	772.74
73	390.32	497.78	583.11	640.00	845.43
74	428.25	546.77	640.00	701.63	926.03
75	469.33	600.50	703.21	769.58	1016.10
76	513.58	655.80	771.16	845.43	1112.50
77	559.41	719.01	843.85	926.03	1215.21
78	608.40	783.80	924.45	1011.36	1325.83
79	658.96	856.50	1006.62	1103.01	1442.77
80	712.69				
81	768.00				
82	824.89				
83	886.52				
84	949.73				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	77.43	96.40	110.62	121.68	159.61
45-49	85.33	107.46	123.26	135.90	176.99
50-54	105.88	132.74	153.28	165.93	224.40
55	118.52	150.12	173.83	189.63	256.00
56	123.26	158.03	183.31	199.11	268.64
57	129.58	165.93	192.79	210.17	282.86
58	137.48	175.41	203.85	222.82	298.67
59	146.96	186.47	216.49	237.04	316.05
60	158.03	197.53	230.72	251.26	335.01
61	169.09	210.17	244.94	267.06	357.14
62	180.15	224.40	262.32	286.03	380.84
63	191.21	238.62	279.70	304.99	406.12
64	203.85	254.42	297.09	325.53	432.99
65	216.49	271.80	317.63	346.07	463.01
66	230.72	290.77	339.75	371.36	496.20
67	248.10	314.47	366.62	401.38	535.70
68	267.06	339.75	396.64	434.57	579.95
69	289.19	368.20	429.83	470.91	627.36
70	312.89	399.80	466.17	512.00	679.51
71	339.75	434.57	508.84	557.83	739.56
72	371.36	475.66	556.25	609.98	807.51
73	407.70	521.48	609.98	670.03	884.94
74	447.21	572.05	670.03	734.82	968.69
75	489.88	627.36	734.82	805.93	1061.93
76	535.70	685.83	805.93	883.36	1161.48
77	583.11	750.62	881.78	967.11	1268.94
78	633.68	818.57	963.95	1055.61	1384.30
79	685.83	892.84	1049.29	1152.00	1505.98
80	741.14				
81	798.03				
82	858.08				
83	921.29				
84	986.08				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.83	56.89	66.37	72.69	96.40
45-49	50.57	63.21	74.27	80.59	107.46
50-54	67.95	83.75	94.82	102.72	137.48
55	77.43	96.40	109.04	120.10	162.77
56	82.17	101.14	115.36	126.42	173.83
57	86.91	107.46	123.26	135.90	186.47
58	93.23	115.36	132.74	146.96	200.69
59	101.14	124.84	143.80	158.03	216.49
60	109.04	135.90	156.44	170.67	233.88
61	118.52	146.96	170.67	184.89	251.26
62	128.00	159.61	184.89	200.69	271.80
63	137.48	170.67	199.11	216.49	292.35
64	146.96	183.31	213.33	230.72	312.89
65	158.03	195.95	227.56	248.10	336.59
66	170.67	210.17	244.94	267.06	363.46
67	184.89	229.14	267.06	290.77	395.06
68	200.69	249.68	292.35	317.63	431.41
69	218.07	273.38	319.21	347.66	470.91
70	237.04	298.67	349.24	380.84	515.16
71	259.16	328.69	384.00	420.35	564.15
72	286.03	363.46	425.09	464.59	622.62
73	316.05	402.96	470.91	515.16	687.41
74	350.82	445.63	523.06	572.05	760.10
75	387.16	494.62	578.37	633.68	839.11
76	426.67	546.77	638.42	700.05	924.45
77	469.33	602.08	704.79	772.74	1016.10
78	513.58	662.12	775.90	850.17	1114.08
79	560.99	726.92	850.17	933.93	1219.95
80	609.98				
81	662.12				
82	715.85				
83	772.74				
84	832.79				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.31	69.53	79.01	86.91	113.78
45-49	61.63	75.85	88.49	96.40	126.42
50-54	77.43	96.40	112.20	121.68	159.61
55	90.07	112.20	128.00	140.64	189.63
56	94.82	118.52	135.90	146.96	202.27
57	99.56	124.84	143.80	156.44	214.91
58	107.46	134.32	154.86	169.09	230.72
59	115.36	145.38	167.51	181.73	246.52
60	124.84	156.44	180.15	195.95	263.90
61	134.32	167.51	194.37	211.75	282.86
62	145.38	181.73	210.17	229.14	304.99
63	154.86	194.37	225.98	244.94	327.11
64	165.93	207.01	241.78	262.32	350.82
65	178.57	222.82	257.58	279.70	376.10
66	191.21	238.62	276.54	301.83	406.12
67	207.01	259.16	301.83	327.11	440.89
68	224.40	281.28	328.69	357.14	481.98
69	243.36	308.15	358.72	390.32	526.22
70	265.48	336.59	393.48	428.25	576.79
71	290.77	369.78	431.41	470.91	632.10
72	319.21	407.70	477.24	521.48	696.89
73	352.40	450.37	527.80	576.79	769.58
74	390.32	499.36	584.69	640.00	850.17
75	431.41	551.51	646.32	707.95	937.09
76	475.66	608.40	712.69	782.22	1033.48
77	521.48	670.03	785.38	862.82	1134.62
78	570.47	734.82	862.82	948.15	1243.66
79	621.04	805.93	946.57	1039.80	1360.60
80	674.77				
81	730.08				
82	790.13				
83	851.75				
84	916.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.05	74.27	85.33	93.23	121.68
45-49	66.37	82.17	94.82	102.72	134.32
50-54	82.17	102.72	118.52	129.58	169.09
55	94.82	118.52	135.90	148.54	200.69
56	99.56	124.84	143.80	156.44	213.33
57	105.88	132.74	153.28	165.93	227.56
58	113.78	142.22	164.35	178.57	243.36
59	121.68	153.28	176.99	191.21	259.16
60	131.16	164.35	191.21	207.01	276.54
61	140.64	176.99	205.43	222.82	297.09
62	151.70	191.21	221.24	240.20	319.21
63	162.77	205.43	237.04	257.58	342.91
64	173.83	218.07	252.84	274.96	366.62
65	186.47	233.88	270.22	293.93	393.48
66	199.11	251.26	290.77	316.05	423.51
67	216.49	271.80	316.05	342.91	461.43
68	235.46	295.51	344.49	374.52	504.10
69	254.42	322.37	376.10	409.28	549.93
70	278.12	352.40	412.45	448.79	602.08
71	303.41	387.16	451.95	493.04	660.54
72	333.43	426.67	499.36	545.19	728.50
73	368.20	470.91	553.09	603.66	804.35
74	407.70	521.48	611.56	668.45	888.10
75	450.37	575.21	674.77	739.56	979.76
76	496.20	635.26	744.30	816.99	1079.31
77	543.61	698.47	820.15	900.74	1185.19
78	594.17	766.42	900.74	990.82	1298.97
79	646.32	840.69	987.66	1085.63	1420.64
80	701.63				
81	760.10				
82	821.73				
83	884.94				
84	951.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.51	44.25	52.15	55.31	71.11
45-49	42.67	50.57	56.89	61.63	77.43
50-54	52.15	61.63	71.11	75.85	96.40
55	60.05	71.11	82.17	86.91	115.36
56	63.21	75.85	86.91	93.23	123.26
57	69.53	82.17	93.23	101.14	132.74
58	74.27	88.49	101.14	109.04	143.80
59	82.17	96.40	109.04	118.52	156.44
60	88.49	105.88	120.10	132.74	169.09
61	96.40	116.94	132.74	143.80	183.31
62	104.30	126.42	143.80	156.44	200.69
63	112.20	135.90	154.86	167.51	214.91
64	118.52	145.38	165.93	178.57	232.30
65	126.42	156.44	176.99	191.21	249.68
66	137.48	167.51	191.21	207.01	270.22
67	148.54	181.73	208.59	224.40	293.93
68	161.19	199.11	229.14	246.52	323.95
69	176.99	218.07	251.26	271.80	355.56
70	192.79	238.62	274.96	298.67	390.32
71	213.33	263.90	304.99	333.43	431.41
72	238.62	293.93	339.75	371.36	481.98
73	265.48	328.69	380.84	417.19	538.87
74	295.51	368.20	428.25	466.17	602.08
75	330.27	412.45	480.40	523.06	671.61
76	368.20	461.43	535.70	583.11	747.46
77	409.28	513.58	597.33	649.48	831.21
78	453.53	570.47	663.71	719.01	919.71
79	502.52	630.52	734.82	796.45	1017.68
80	551.51				
81	608.40				
82	665.29				
83	726.92				
84	791.71				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.83	55.31	63.21	66.37	85.33
45-49	50.57	61.63	69.53	74.27	94.82
50-54	60.05	72.69	83.75	91.65	118.52
55	71.11	83.75	94.82	102.72	135.90
56	74.27	88.49	101.14	107.46	143.80
57	80.59	94.82	107.46	115.36	151.70
58	85.33	102.72	115.36	124.84	164.35
59	93.23	112.20	126.42	135.90	176.99
60	101.14	120.10	137.48	148.54	192.79
61	107.46	132.74	150.12	161.19	208.59
62	116.94	140.64	164.35	176.99	227.56
63	126.42	151.70	175.41	188.05	243.36
64	134.32	164.35	186.47	202.27	262.32
65	143.80	176.99	199.11	214.91	282.86
66	154.86	188.05	214.91	233.88	304.99
67	167.51	207.01	233.88	254.42	333.43
68	181.73	224.40	256.00	281.28	365.04
69	199.11	244.94	282.86	306.57	401.38
70	218.07	270.22	309.73	336.59	440.89
71	238.62	297.09	344.49	372.94	488.30
72	265.48	330.27	382.42	418.77	545.19
73	295.51	369.78	429.83	466.17	608.40
74	328.69	414.03	481.98	524.64	677.93
75	368.20	463.01	538.87	586.27	756.94
76	409.28	515.16	602.08	655.80	843.85
77	455.11	575.21	670.03	728.50	937.09
78	504.10	638.42	744.30	809.09	1035.06
79	556.25	706.37	823.31	896.00	1145.68
80	611.56				
81	671.61				
82	733.24				
83	799.61				
84	870.72				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.99	60.05	66.37	72.69	93.23
45-49	53.73	64.79	74.27	80.59	102.72
50-54	63.21	77.43	88.49	96.40	128.00
55	74.27	88.49	101.14	109.04	143.80
56	77.43	94.82	105.88	115.36	150.12
57	83.75	101.14	113.78	123.26	159.61
58	88.49	107.46	123.26	132.74	172.25
59	96.40	116.94	134.32	143.80	186.47
60	105.88	126.42	145.38	156.44	202.27
61	113.78	137.48	158.03	169.09	219.65
62	123.26	148.54	170.67	183.31	238.62
63	132.74	159.61	183.31	197.53	256.00
64	139.06	170.67	195.95	211.75	274.96
65	150.12	183.31	208.59	227.56	295.51
66	161.19	197.53	224.40	244.94	319.21
67	175.41	214.91	244.94	267.06	349.24
68	189.63	235.46	270.22	293.93	382.42
69	208.59	256.00	295.51	322.37	420.35
70	227.56	282.86	325.53	353.98	463.01
71	249.68	309.73	360.30	391.90	513.58
72	276.54	346.07	401.38	436.15	570.47
73	308.15	387.16	450.37	488.30	638.42
74	344.49	432.99	504.10	548.35	712.69
75	385.58	483.56	562.57	613.14	793.29
76	428.25	538.87	630.52	685.83	884.94
77	474.08	600.50	701.63	764.84	981.34
78	524.64	665.29	777.48	847.01	1085.63
79	578.37	737.98	861.24	938.67	1199.41
80	635.26				
81	696.89				
82	761.68				
83	831.21				
84	903.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74.27	91.65	104.30	112.20	151.70
45-49	82.17	101.14	115.36	124.84	169.09
50-54	101.14	124.84	143.80	158.03	214.91
55	116.94	145.38	167.51	181.73	249.68
56	123.26	151.70	176.99	192.79	263.90
57	129.58	161.19	188.05	203.85	278.12
58	139.06	172.25	200.69	218.07	295.51
59	146.96	183.31	213.33	232.30	314.47
60	158.03	197.53	227.56	246.52	335.01
61	169.09	210.17	243.36	263.90	357.14
62	180.15	224.40	260.74	282.86	380.84
63	191.21	240.20	278.12	301.83	407.70
64	203.85	254.42	295.51	322.37	432.99
65	218.07	271.80	316.05	344.49	463.01
66	232.30	292.35	338.17	368.20	497.78
67	251.26	314.47	366.62	398.22	537.29
68	271.80	339.75	396.64	431.41	581.53
69	292.35	368.20	428.25	466.17	628.94
70	316.05	399.80	464.59	507.26	682.67
71	341.33	434.57	505.68	551.51	741.14
72	372.94	475.66	554.67	606.82	810.67
73	410.87	523.06	609.98	666.87	888.10
74	451.95	575.21	671.61	734.82	973.43
75	496.20	630.52	737.98	807.51	1068.25
76	543.61	692.15	810.67	888.10	1170.97
77	592.59	758.52	891.26	973.43	1281.58
78	644.74	829.63	976.59	1066.67	1398.52
79	701.63	905.48	1066.67	1166.22	1524.94
80	758.52				
81	818.57				
82	881.78				
83	946.57				
84	1014.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	85.33	105.88	123.26	134.32	176.99
45-49	94.82	118.52	135.90	148.54	197.53
50-54	116.94	146.96	169.09	183.31	249.68
55	132.74	167.51	192.79	210.17	286.03
56	137.48	176.99	203.85	221.24	301.83
57	145.38	186.47	214.91	233.88	316.05
58	154.86	197.53	229.14	249.68	335.01
59	165.93	208.59	241.78	265.48	355.56
60	178.57	221.24	259.16	281.28	376.10
61	189.63	235.46	274.96	298.67	401.38
62	202.27	252.84	293.93	319.21	428.25
63	214.91	267.06	314.47	341.33	456.69
64	229.14	286.03	333.43	365.04	486.72
65	243.36	304.99	357.14	388.74	519.90
66	260.74	327.11	380.84	417.19	557.83
67	278.12	353.98	412.45	450.37	602.08
68	301.83	380.84	445.63	486.72	652.64
69	325.53	414.03	481.98	527.80	704.79
70	353.98	450.37	524.64	575.21	764.84
71	382.42	488.30	570.47	624.20	831.21
72	418.77	535.70	624.20	684.25	908.64
73	459.85	586.27	685.83	752.20	993.98
74	504.10	643.16	752.20	824.89	1088.79
75	551.51	706.37	828.05	905.48	1194.67
76	603.66	771.16	907.06	993.98	1308.45
77	657.38	845.43	992.40	1088.79	1430.13
78	715.85	922.87	1087.21	1189.93	1559.71
79	775.90	1008.20	1183.61	1297.39	1697.19
80	839.11				
81	903.90				
82	970.27				
83	1042.97				
84	1117.24				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	91.65	113.78	129.58	143.80	188.05
45-49	101.14	126.42	145.38	159.61	208.59
50-54	124.84	156.44	180.15	195.95	263.90
55	139.06	176.99	203.85	222.82	301.83
56	145.38	186.47	214.91	233.88	316.05
57	151.70	195.95	227.56	246.52	333.43
58	161.19	207.01	240.20	262.32	350.82
59	172.25	219.65	254.42	278.12	371.36
60	186.47	232.30	271.80	295.51	393.48
61	199.11	246.52	287.61	314.47	420.35
62	211.75	263.90	308.15	336.59	448.79
63	224.40	281.28	328.69	358.72	477.24
64	240.20	298.67	349.24	382.42	508.84
65	254.42	319.21	372.94	407.70	545.19
66	271.80	341.33	399.80	436.15	583.11
67	292.35	369.78	431.41	472.49	630.52
68	314.47	399.80	466.17	512.00	682.67
69	339.75	432.99	505.68	554.67	737.98
70	368.20	470.91	548.35	602.08	799.61
71	399.80	512.00	598.91	655.80	870.72
72	436.15	559.41	654.22	717.43	949.73
73	480.40	613.14	717.43	788.54	1041.38
74	526.22	673.19	788.54	864.40	1139.36
75	576.79	737.98	864.40	948.15	1249.98
76	630.52	807.51	948.15	1039.80	1366.92
77	685.83	883.36	1036.64	1137.78	1493.34
78	745.88	962.37	1134.62	1242.08	1629.24
79	807.51	1050.87	1234.18	1355.85	1771.46
80	872.30				
81	938.67				
82	1009.78				
83	1084.05				
84	1159.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.73	66.37	77.43	85.33	113.78
45-49	60.05	74.27	86.91	94.82	126.42
50-54	80.59	97.98	112.20	120.10	161.19
55	91.65	113.78	128.00	140.64	191.21
56	96.40	118.52	135.90	148.54	203.85
57	102.72	126.42	145.38	159.61	219.65
58	109.04	135.90	156.44	172.25	235.46
59	118.52	146.96	169.09	186.47	254.42
60	128.00	159.61	183.31	200.69	274.96
61	139.06	172.25	200.69	218.07	295.51
62	150.12	188.05	218.07	235.46	319.21
63	161.19	200.69	233.88	254.42	344.49
64	172.25	214.91	251.26	271.80	368.20
65	186.47	230.72	267.06	292.35	396.64
66	200.69	246.52	287.61	314.47	428.25
67	218.07	270.22	314.47	341.33	464.59
68	235.46	293.93	344.49	372.94	507.26
69	256.00	322.37	376.10	409.28	554.67
70	278.12	350.82	410.87	448.79	606.82
71	304.99	387.16	451.95	494.62	663.71
72	336.59	428.25	499.36	546.77	733.24
73	371.36	474.08	554.67	606.82	809.09
74	412.45	524.64	614.72	673.19	894.42
75	455.11	581.53	681.09	745.88	987.66
76	502.52	643.16	750.62	823.31	1087.21
77	551.51	707.95	829.63	908.64	1194.67
78	603.66	779.06	913.38	1000.30	1310.03
79	660.54	854.92	1000.30	1098.27	1434.87
80	717.43				
81	779.06				
82	842.27				
83	908.64				
84	979.76				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.79	82.17	93.23	102.72	134.32
45-49	72.69	88.49	104.30	113.78	148.54
50-54	91.65	113.78	132.74	143.80	188.05
55	105.88	132.74	150.12	165.93	222.82
56	112.20	139.06	159.61	172.25	238.62
57	116.94	146.96	169.09	183.31	252.84
58	126.42	158.03	181.73	199.11	271.80
59	135.90	170.67	197.53	213.33	290.77
60	146.96	183.31	211.75	230.72	309.73
61	158.03	197.53	229.14	249.68	333.43
62	170.67	213.33	246.52	270.22	358.72
63	181.73	229.14	265.48	287.61	385.58
64	195.95	243.36	284.45	308.15	412.45
65	210.17	262.32	303.41	328.69	442.47
66	224.40	281.28	325.53	355.56	477.24
67	243.36	304.99	355.56	385.58	518.32
68	263.90	330.27	387.16	420.35	567.31
69	286.03	361.88	421.93	459.85	619.46
70	312.89	396.64	463.01	504.10	677.93
71	341.33	434.57	507.26	554.67	744.30
72	376.10	480.40	560.99	613.14	820.15
73	414.03	529.38	621.04	677.93	905.48
74	459.85	587.85	687.41	752.20	1000.30
75	507.26	649.48	760.10	832.79	1103.01
76	559.41	715.85	839.11	919.71	1215.21
77	613.14	788.54	924.45	1014.52	1335.31
78	671.61	864.40	1014.52	1115.66	1463.31
79	730.08	948.15	1114.08	1223.11	1600.79
80	793.29				
81	859.66				
82	929.19				
83	1001.88				
84	1077.73				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	71.11	86.91	101.14	109.04	143.80
45-49	77.43	96.40	112.20	120.10	158.03
50-54	96.40	120.10	139.06	151.70	199.11
55	112.20	139.06	159.61	175.41	235.46
56	116.94	146.96	169.09	183.31	251.26
57	124.84	156.44	180.15	195.95	267.06
58	134.32	167.51	192.79	210.17	286.03
59	143.80	180.15	208.59	224.40	304.99
60	154.86	192.79	224.40	243.36	325.53
61	165.93	208.59	241.78	262.32	349.24
62	178.57	224.40	260.74	282.86	376.10
63	191.21	241.78	278.12	303.41	402.96
64	203.85	256.00	297.09	323.95	431.41
65	219.65	274.96	317.63	346.07	463.01
66	233.88	295.51	341.33	371.36	497.78
67	254.42	319.21	371.36	402.96	543.61
68	276.54	347.66	404.54	440.89	592.59
69	298.67	379.26	442.47	481.98	646.32
70	327.11	414.03	485.14	527.80	707.95
71	357.14	455.11	530.96	579.95	777.48
72	391.90	502.52	587.85	641.58	856.50
73	432.99	554.67	651.06	709.53	946.57
74	480.40	613.14	719.01	786.96	1044.55
75	529.38	676.35	793.29	870.72	1152.00
76	583.11	747.46	875.46	960.79	1270.52
77	640.00	821.73	965.53	1060.35	1393.78
78	698.47	902.32	1060.35	1166.22	1528.10
79	760.10	989.24	1161.48	1276.84	1671.90
80	824.89				
81	894.42				
82	967.11				
83	1041.38				
84	1118.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.47	22.88	26.49	27.69	28.90
45-49	22.88	25.28	28.90	30.10	32.51
50-54	27.69	31.30	34.92	37.32	42.14
55	31.30	36.12	40.94	44.55	52.98
56	33.71	38.53	44.55	48.16	57.79
57	36.12	42.14	48.16	51.77	63.81
58	39.73	45.75	52.98	56.59	69.83
59	43.34	50.57	57.79	61.40	77.06
60	48.16	56.59	63.81	67.42	84.28
61	51.77	61.40	69.83	73.44	91.50
62	56.59	67.42	75.85	80.67	99.93
63	60.20	72.24	81.87	86.69	107.16
64	63.81	77.06	87.89	93.91	114.38
65	68.63	81.87	93.91	101.14	122.81
66	73.44	89.10	101.14	109.56	132.44
67	79.46	96.32	110.77	119.20	144.48
68	86.69	105.95	121.60	131.24	158.93
69	95.12	115.58	133.64	143.28	173.38
70	103.54	126.42	146.89	157.72	191.44
71	114.38	139.66	161.34	174.58	211.90
72	126.42	155.32	179.40	193.84	234.78
73	140.87	173.38	199.86	215.52	261.27
74	156.52	192.64	222.74	240.80	291.37
75	174.58	214.31	246.82	267.29	323.88
76	193.84	238.39	274.51	296.18	358.79
77	214.31	263.68	303.41	327.49	397.32
78	235.98	291.37	334.71	361.20	438.26
79	260.06	320.26	368.42	397.32	482.80
80	284.14				
81	310.63				
82	338.32				
83	367.22				
84	398.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.53	46.96	54.18	59.00	71.04
45-49	42.14	51.77	60.20	65.02	79.46
50-54	51.77	63.81	74.65	80.67	101.14
55	62.61	75.85	87.89	93.91	120.40
56	66.22	80.67	92.71	99.93	128.83
57	71.04	86.69	98.73	105.95	137.26
58	75.85	92.71	105.95	113.18	146.89
59	80.67	98.73	113.18	121.60	156.52
60	85.48	105.95	121.60	131.24	167.36
61	91.50	113.18	130.03	140.87	178.19
62	97.52	120.40	139.66	151.70	191.44
63	103.54	128.83	149.30	161.34	204.68
64	110.77	136.05	158.93	172.17	219.13
65	117.99	145.68	168.56	183.01	234.78
66	126.42	155.32	180.60	195.05	251.64
67	136.05	167.36	193.84	209.50	270.90
68	146.89	180.60	209.50	226.35	292.57
69	157.72	195.05	225.15	244.41	315.45
70	170.97	211.90	244.41	264.88	339.53
71	185.42	229.96	264.88	287.76	368.42
72	201.07	250.43	288.96	314.24	400.93
73	219.13	273.31	316.65	344.34	437.05
74	239.60	299.80	346.75	378.06	477.99
75	261.27	327.49	380.46	414.18	521.33
76	284.14	357.59	416.58	453.91	569.49
77	308.22	390.10	455.11	497.25	620.06
78	333.51	425.01	497.25	543.00	674.24
79	360.00	462.34	541.80	592.37	733.24
80	388.89				
81	417.79				
82	449.09				
83	481.60				
84	515.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.69	33.71	38.53	42.14	50.57
45-49	30.10	37.32	43.34	46.96	56.59
50-54	42.14	50.57	59.00	63.81	77.06
55	48.16	59.00	67.42	72.24	92.71
56	50.57	62.61	71.04	77.06	98.73
57	54.18	67.42	75.85	81.87	105.95
58	59.00	73.44	81.87	89.10	114.38
59	63.81	79.46	89.10	96.32	125.22
60	69.83	86.69	97.52	105.95	136.05
61	75.85	93.91	107.16	115.58	148.09
62	81.87	101.14	115.58	125.22	160.13
63	87.89	108.36	124.01	134.85	172.17
64	93.91	115.58	132.44	144.48	185.42
65	99.93	124.01	142.07	154.11	198.66
66	108.36	133.64	152.91	166.15	215.52
67	116.79	144.48	166.15	180.60	233.58
68	126.42	157.72	181.80	197.46	254.04
69	138.46	172.17	198.66	215.52	276.92
70	150.50	187.82	216.72	235.98	303.41
71	164.95	205.88	238.39	258.86	331.10
72	180.60	226.35	262.47	285.35	363.61
73	198.66	249.23	288.96	315.45	399.73
74	219.13	274.51	319.06	347.96	439.46
75	240.80	302.20	351.57	382.87	481.60
76	263.68	332.30	386.48	421.40	528.56
77	287.76	363.61	423.81	462.34	577.92
78	313.04	397.32	463.54	506.88	630.90
79	339.53	433.44	506.88	553.84	687.48
80	368.42				
81	397.32				
82	428.62				
83	461.13				
84	494.84				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.08	26.49	31.30	32.51	33.71
45-49	26.49	30.10	33.71	34.92	38.53
50-54	32.51	37.32	40.94	43.34	49.36
55	37.32	42.14	48.16	52.98	62.61
56	39.73	45.75	52.98	56.59	67.42
57	42.14	49.36	56.59	61.40	74.65
58	46.96	54.18	62.61	66.22	81.87
59	50.57	59.00	67.42	72.24	90.30
60	56.59	66.22	74.65	79.46	98.73
61	61.40	72.24	81.87	86.69	107.16
62	66.22	79.46	89.10	95.12	117.99
63	71.04	85.48	96.32	102.34	126.42
64	74.65	90.30	103.54	110.77	134.85
65	80.67	96.32	110.77	119.20	144.48
66	86.69	104.75	119.20	128.83	155.32
67	93.91	113.18	130.03	139.66	169.76
68	102.34	125.22	143.28	154.11	186.62
69	111.97	136.05	157.72	168.56	203.48
70	121.60	149.30	173.38	185.42	225.15
71	134.85	163.74	190.23	205.88	249.23
72	149.30	183.01	210.70	227.56	275.72
73	166.15	203.48	234.78	254.04	307.02
74	184.21	226.35	262.47	282.94	343.14
75	205.88	251.64	290.16	314.24	380.46
76	227.56	280.53	322.67	347.96	422.60
77	251.64	310.63	356.38	385.28	467.15
78	278.12	343.14	393.71	425.01	515.31
79	305.82	376.85	433.44	467.15	568.29
80	334.71				
81	366.02				
82	398.52				
83	432.24				
84	468.36				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.75	55.38	63.81	69.83	83.08
45-49	49.36	61.40	71.04	77.06	93.91
50-54	61.40	74.65	87.89	95.12	119.20
55	73.44	89.10	103.54	110.77	142.07
56	78.26	95.12	109.56	117.99	151.70
57	83.08	102.34	115.58	125.22	161.34
58	89.10	109.56	125.22	133.64	173.38
59	95.12	115.58	133.64	143.28	184.21
60	101.14	125.22	143.28	154.11	197.46
61	107.16	133.64	152.91	166.15	209.50
62	114.38	142.07	163.74	178.19	225.15
63	121.60	151.70	175.78	190.23	240.80
64	130.03	160.13	186.62	202.27	257.66
65	138.46	170.97	198.66	215.52	275.72
66	149.30	183.01	211.90	229.96	296.18
67	160.13	197.46	227.56	246.82	319.06
68	173.38	211.90	246.82	266.08	344.34
69	185.42	229.96	264.88	287.76	370.83
70	201.07	249.23	287.76	311.84	399.73
71	217.92	270.90	311.84	338.32	433.44
72	235.98	294.98	339.53	369.63	471.97
73	257.66	321.47	372.04	404.54	514.11
74	281.74	352.77	408.16	444.28	562.27
75	307.02	385.28	447.89	487.62	612.84
76	334.71	420.20	490.03	534.58	669.42
77	362.40	458.72	535.78	585.14	729.62
78	392.50	499.66	585.14	639.32	793.44
79	423.81	544.21	636.92	697.12	862.06
80	457.52				
81	491.23				
82	528.56				
83	567.08				
84	606.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.51	39.73	45.75	49.36	59.00
45-49	34.92	43.34	50.57	55.38	66.22
50-54	49.36	59.00	69.83	74.65	90.30
55	56.59	69.83	79.46	85.48	109.56
56	59.00	73.44	83.08	90.30	115.58
57	63.81	79.46	89.10	96.32	125.22
58	69.83	86.69	96.32	104.75	134.85
59	74.65	93.91	104.75	113.18	146.89
60	81.87	102.34	114.38	125.22	160.13
61	89.10	110.77	126.42	136.05	174.58
62	96.32	119.20	136.05	146.89	187.82
63	103.54	127.62	145.68	158.93	202.27
64	110.77	136.05	155.32	169.76	217.92
65	117.99	145.68	167.36	181.80	233.58
66	127.62	157.72	179.40	195.05	254.04
67	137.26	169.76	195.05	211.90	274.51
68	149.30	185.42	214.31	232.37	298.59
69	162.54	202.27	233.58	254.04	326.28
70	176.99	221.54	255.25	278.12	356.38
71	193.84	242.00	280.53	304.61	390.10
72	211.90	266.08	308.22	335.92	427.42
73	233.58	293.78	339.53	370.83	470.76
74	257.66	322.67	375.65	409.36	516.52
75	282.94	355.18	414.18	450.30	567.08
76	310.63	391.30	455.11	496.05	621.26
77	338.32	427.42	498.46	544.21	680.26
78	368.42	467.15	545.41	595.98	741.66
79	399.73	510.50	595.98	651.36	809.09
80	433.44				
81	467.15				
82	504.48				
83	543.00				
84	582.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.59	28.60	33.11	34.62	36.12
45-49	28.60	31.61	36.12	37.63	40.64
50-54	34.62	39.13	43.65	46.66	52.68
55	39.13	45.15	51.17	55.69	66.22
56	42.14	48.16	55.69	60.20	72.24
57	45.15	52.68	60.20	64.72	79.77
58	49.67	57.19	66.22	70.74	87.29
59	54.18	63.21	72.24	76.76	96.32
60	60.20	70.74	79.77	84.28	105.35
61	64.72	76.76	87.29	91.81	114.38
62	70.74	84.28	94.82	100.84	124.92
63	75.25	90.30	102.34	108.36	133.95
64	79.77	96.32	109.87	117.39	142.98
65	85.79	102.34	117.39	126.42	153.51
66	91.81	111.37	126.42	136.96	165.55
67	99.33	120.40	138.46	149.00	180.60
68	108.36	132.44	152.01	164.05	198.66
69	118.90	144.48	167.06	179.10	216.72
70	129.43	158.03	183.61	197.16	239.30
71	142.98	174.58	201.67	218.23	264.88
72	158.03	194.15	224.25	242.31	293.48
73	176.09	216.72	249.83	269.40	326.59
74	195.65	240.80	278.43	301.00	364.21
75	218.23	267.89	308.53	334.11	404.85
76	242.31	297.99	343.14	370.23	448.49
77	267.89	329.60	379.26	409.36	496.65
78	294.98	364.21	418.39	451.50	547.82
79	325.08	400.33	460.53	496.65	603.51
80	355.18				
81	388.29				
82	422.91				
83	459.03				
84	498.16				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.16	58.70	67.73	73.75	88.80
45-49	52.68	64.72	75.25	81.27	99.33
50-54	64.72	79.77	93.31	100.84	126.42
55	78.26	94.82	109.87	117.39	150.50
56	82.78	100.84	115.89	124.92	161.04
57	88.80	108.36	123.41	132.44	171.57
58	94.82	115.89	132.44	141.47	183.61
59	100.84	123.41	141.47	152.01	195.65
60	106.86	132.44	152.01	164.05	209.20
61	114.38	141.47	162.54	176.09	222.74
62	121.91	150.50	174.58	189.63	239.30
63	129.43	161.04	186.62	201.67	255.85
64	138.46	170.07	198.66	215.22	273.91
65	147.49	182.11	210.70	228.76	293.48
66	158.03	194.15	225.75	243.81	314.55
67	170.07	209.20	242.31	261.87	338.63
68	183.61	225.75	261.87	282.94	365.72
69	197.16	243.81	281.44	305.52	394.31
70	213.71	264.88	305.52	331.10	424.41
71	231.77	287.46	331.10	359.70	460.53
72	251.34	313.04	361.20	392.81	501.17
73	273.91	341.64	395.82	430.43	546.32
74	299.50	374.75	433.44	472.57	597.49
75	326.59	409.36	475.58	517.72	651.67
76	355.18	446.99	520.73	567.39	711.87
77	385.28	487.62	568.89	621.57	775.08
78	416.89	531.27	621.57	678.76	842.80
79	450.00	577.92	677.25	740.46	916.55
80	486.12				
81	522.24				
82	561.37				
83	602.00				
84	644.14				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.62	42.14	48.16	52.68	63.21
45-49	37.63	46.66	54.18	58.70	70.74
50-54	52.68	63.21	73.75	79.77	96.32
55	60.20	73.75	84.28	90.30	115.89
56	63.21	78.26	88.80	96.32	123.41
57	67.73	84.28	94.82	102.34	132.44
58	73.75	91.81	102.34	111.37	142.98
59	79.77	99.33	111.37	120.40	156.52
60	87.29	108.36	121.91	132.44	170.07
61	94.82	117.39	133.95	144.48	185.12
62	102.34	126.42	144.48	156.52	200.17
63	109.87	135.45	155.02	168.56	215.22
64	117.39	144.48	165.55	180.60	231.77
65	124.92	155.02	177.59	192.64	248.33
66	135.45	167.06	191.14	207.69	269.40
67	145.99	180.60	207.69	225.75	291.97
68	158.03	197.16	227.26	246.82	317.56
69	173.08	215.22	248.33	269.40	346.15
70	188.13	234.78	270.90	294.98	379.26
71	206.19	257.36	297.99	323.58	413.88
72	225.75	282.94	328.09	356.69	454.51
73	248.33	311.54	361.20	394.31	499.66
74	273.91	343.14	398.83	434.95	549.33
75	301.00	377.76	439.46	478.59	602.00
76	329.60	415.38	483.11	526.75	660.70
77	359.70	454.51	529.76	577.92	722.40
78	391.30	496.65	579.43	633.61	788.62
79	424.41	541.80	633.61	692.30	859.36
80	460.53				
81	496.65				
82	535.78				
83	576.42				
84	618.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.10	33.11	39.13	40.64	42.14
45-49	33.11	37.63	42.14	43.65	48.16
50-54	40.64	46.66	51.17	54.18	61.71
55	46.66	52.68	60.20	66.22	78.26
56	49.67	57.19	66.22	70.74	84.28
57	52.68	61.71	70.74	76.76	93.31
58	58.70	67.73	78.26	82.78	102.34
59	63.21	73.75	84.28	90.30	112.88
60	70.74	82.78	93.31	99.33	123.41
61	76.76	90.30	102.34	108.36	133.95
62	82.78	99.33	111.37	118.90	147.49
63	88.80	106.86	120.40	127.93	158.03
64	93.31	112.88	129.43	138.46	168.56
65	100.84	120.40	138.46	149.00	180.60
66	108.36	130.94	149.00	161.04	194.15
67	117.39	141.47	162.54	174.58	212.21
68	127.93	156.52	179.10	192.64	233.28
69	139.97	170.07	197.16	210.70	254.35
70	152.01	186.62	216.72	231.77	281.44
71	168.56	204.68	237.79	257.36	311.54
72	186.62	228.76	263.38	284.45	344.65
73	207.69	254.35	293.48	317.56	383.78
74	230.27	282.94	328.09	353.68	428.93
75	257.36	314.55	362.71	392.81	475.58
76	284.45	350.67	403.34	434.95	528.26
77	314.55	388.29	445.48	481.60	583.94
78	347.66	428.93	492.14	531.27	644.14
79	382.27	471.07	541.80	583.94	710.36
80	418.39				
81	457.52				
82	498.16				
83	540.30				
84	585.45				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.19	69.23	79.77	87.29	103.85
45-49	61.71	76.76	88.80	96.32	117.39
50-54	76.76	93.31	109.87	118.90	149.00
55	91.81	111.37	129.43	138.46	177.59
56	97.83	118.90	136.96	147.49	189.63
57	103.85	127.93	144.48	156.52	201.67
58	111.37	136.96	156.52	167.06	216.72
59	118.90	144.48	167.06	179.10	230.27
60	126.42	156.52	179.10	192.64	246.82
61	133.95	167.06	191.14	207.69	261.87
62	142.98	177.59	204.68	222.74	281.44
63	152.01	189.63	219.73	237.79	301.00
64	162.54	200.17	233.28	252.84	322.07
65	173.08	213.71	248.33	269.40	344.65
66	186.62	228.76	264.88	287.46	370.23
67	200.17	246.82	284.45	308.53	398.83
68	216.72	264.88	308.53	332.61	430.43
69	231.77	287.46	331.10	359.70	463.54
70	251.34	311.54	359.70	389.80	499.66
71	272.41	338.63	389.80	422.91	541.80
72	294.98	368.73	424.41	462.04	589.96
73	322.07	401.84	465.05	505.68	642.64
74	352.17	440.97	510.20	555.35	702.84
75	383.78	481.60	559.86	609.53	766.05
76	418.39	525.25	612.54	668.22	836.78
77	453.01	573.41	669.73	731.43	912.03
78	490.63	624.58	731.43	799.16	991.80
79	529.76	680.26	796.15	871.40	1077.58
80	571.90				
81	614.04				
82	660.70				
83	708.86				
84	758.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 20.4% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.64	49.67	57.19	61.71	73.75
45-49	43.65	54.18	63.21	69.23	82.78
50-54	61.71	73.75	87.29	93.31	112.88
55	70.74	87.29	99.33	106.86	136.96
56	73.75	91.81	103.85	112.88	144.48
57	79.77	99.33	111.37	120.40	156.52
58	87.29	108.36	120.40	130.94	168.56
59	93.31	117.39	130.94	141.47	183.61
60	102.34	127.93	142.98	156.52	200.17
61	111.37	138.46	158.03	170.07	218.23
62	120.40	149.00	170.07	183.61	234.78
63	129.43	159.53	182.11	198.66	252.84
64	138.46	170.07	194.15	212.21	272.41
65	147.49	182.11	209.20	227.26	291.97
66	159.53	197.16	224.25	243.81	317.56
67	171.57	212.21	243.81	264.88	343.14
68	186.62	231.77	267.89	290.47	373.24
69	203.18	252.84	291.97	317.56	407.86
70	221.24	276.92	319.06	347.66	445.48
71	242.31	302.51	350.67	380.77	487.62
72	264.88	332.61	385.28	419.90	534.28
73	291.97	367.22	424.41	463.54	588.46
74	322.07	403.34	469.56	511.70	645.65
75	353.68	443.98	517.72	562.87	708.86
76	388.29	489.13	568.89	620.06	776.58
77	422.91	534.28	623.07	680.26	850.33
78	460.53	583.94	681.77	744.98	927.08
79	499.66	638.12	744.98	814.21	1011.36
80	541.80				
81	583.94				
82	630.60				
83	678.76				
84	728.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22.88	27.69	30.10	32.51	42.14
45-49	25.28	31.30	33.71	36.12	46.96
50-54	31.30	37.32	42.14	44.55	57.79
55	36.12	43.34	48.16	51.77	68.63
56	38.53	45.75	51.77	55.38	72.24
57	40.94	49.36	55.38	59.00	78.26
58	44.55	52.98	60.20	63.81	84.28
59	48.16	57.79	65.02	69.83	91.50
60	51.77	62.61	71.04	75.85	99.93
61	56.59	67.42	77.06	83.08	108.36
62	61.40	73.44	84.28	90.30	117.99
63	66.22	79.46	90.30	97.52	127.62
64	69.83	84.28	97.52	104.75	136.05
65	74.65	90.30	104.75	111.97	145.68
66	79.46	97.52	113.18	121.60	157.72
67	86.69	105.95	122.81	132.44	172.17
68	95.12	115.58	133.64	145.68	189.03
69	103.54	126.42	146.89	158.93	207.09
70	113.18	138.46	160.13	174.58	227.56
71	124.01	152.91	176.99	192.64	250.43
72	137.26	169.76	196.25	214.31	278.12
73	151.70	189.03	219.13	238.39	309.43
74	168.56	210.70	243.21	266.08	343.14
75	187.82	233.58	270.90	296.18	380.46
76	207.09	258.86	301.00	328.69	421.40
77	228.76	286.55	333.51	363.61	465.95
78	251.64	316.65	368.42	402.14	512.90
79	276.92	347.96	405.75	441.87	563.47
80	303.41				
81	331.10				
82	361.20				
83	392.50				
84	426.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.49	32.51	36.12	37.32	49.36
45-49	30.10	36.12	39.73	42.14	54.18
50-54	34.92	42.14	48.16	51.77	67.42
55	40.94	48.16	54.18	59.00	78.26
56	43.34	50.57	57.79	62.61	81.87
57	45.75	54.18	61.40	66.22	87.89
58	49.36	59.00	66.22	71.04	93.91
59	52.98	63.81	72.24	78.26	101.14
60	56.59	69.83	78.26	84.28	109.56
61	61.40	74.65	85.48	92.71	119.20
62	66.22	80.67	92.71	99.93	128.83
63	71.04	86.69	99.93	107.16	139.66
64	75.85	92.71	105.95	114.38	149.30
65	81.87	98.73	114.38	121.60	160.13
66	86.69	105.95	122.81	131.24	173.38
67	93.91	115.58	132.44	143.28	189.03
68	102.34	125.22	145.68	157.72	207.09
69	111.97	137.26	158.93	172.17	226.35
70	122.81	151.70	173.38	189.03	249.23
71	133.64	166.15	192.64	208.29	274.51
72	148.09	185.42	213.11	232.37	303.41
73	164.95	205.88	237.19	258.86	337.12
74	181.80	228.76	264.88	287.76	373.24
75	202.27	254.04	294.98	320.26	414.18
76	222.74	281.74	327.49	356.38	458.72
77	246.82	310.63	362.40	394.91	506.88
78	270.90	343.14	400.93	437.05	557.45
79	297.39	378.06	440.66	480.40	612.84
80	325.08				
81	355.18				
82	386.48				
83	418.99				
84	453.91				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.69	33.71	38.53	39.73	51.77
45-49	31.30	37.32	42.14	44.55	57.79
50-54	36.12	44.55	50.57	54.18	72.24
55	42.14	50.57	56.59	61.40	81.87
56	44.55	52.98	60.20	65.02	86.69
57	46.96	56.59	63.81	69.83	91.50
58	50.57	61.40	68.63	74.65	98.73
59	54.18	66.22	74.65	81.87	105.95
60	59.00	72.24	81.87	87.89	114.38
61	63.81	78.26	89.10	96.32	124.01
62	68.63	84.28	96.32	103.54	133.64
63	73.44	90.30	103.54	110.77	144.48
64	78.26	96.32	109.56	117.99	154.11
65	84.28	102.34	117.99	126.42	166.15
66	90.30	109.56	126.42	136.05	179.40
67	97.52	119.20	137.26	148.09	196.25
68	105.95	130.03	150.50	162.54	214.31
69	115.58	142.07	163.74	178.19	234.78
70	126.42	156.52	179.40	195.05	257.66
71	138.46	172.17	198.66	215.52	284.14
72	152.91	191.44	220.33	239.60	314.24
73	169.76	213.11	245.62	267.29	349.16
74	187.82	235.98	273.31	297.39	386.48
75	208.29	262.47	304.61	331.10	428.62
76	229.96	291.37	338.32	368.42	474.38
77	254.04	321.47	374.44	408.16	523.74
78	279.33	353.98	414.18	451.50	576.72
79	305.82	390.10	456.32	497.25	633.30
80	334.71				
81	364.81				
82	397.32				
83	431.03				
84	465.95				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.34	54.18	62.61	68.63	90.30
45-49	48.16	60.20	69.83	75.85	99.93
50-54	59.00	73.44	85.48	92.71	127.62
55	67.42	85.48	98.73	107.16	148.09
56	71.04	90.30	104.75	113.18	155.32
57	75.85	96.32	110.77	120.40	164.95
58	80.67	102.34	117.99	128.83	174.58
59	86.69	109.56	126.42	137.26	185.42
60	92.71	116.79	134.85	145.68	197.46
61	98.73	125.22	144.48	156.52	210.70
62	105.95	133.64	154.11	167.36	225.15
63	113.18	142.07	163.74	178.19	240.80
64	120.40	151.70	174.58	190.23	256.45
65	127.62	161.34	186.62	202.27	273.31
66	137.26	172.17	198.66	216.72	292.57
67	146.89	185.42	214.31	233.58	315.45
68	157.72	199.86	231.17	252.84	340.73
69	169.76	214.31	250.43	273.31	367.22
70	183.01	232.37	270.90	296.18	396.12
71	198.66	251.64	293.78	321.47	429.83
72	215.52	273.31	320.26	350.36	467.15
73	234.78	298.59	350.36	382.87	509.29
74	256.45	326.28	382.87	418.99	555.04
75	280.53	356.38	417.79	457.52	605.61
76	304.61	390.10	456.32	499.66	659.79
77	331.10	425.01	497.25	545.41	717.58
78	357.59	463.54	540.60	593.57	778.99
79	386.48	503.27	587.55	645.34	845.21
80	416.58				
81	446.68				
82	479.19				
83	512.90				
84	547.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.16	61.40	71.04	78.26	101.14
45-49	54.18	67.42	79.46	85.48	113.18
50-54	66.22	83.08	97.52	105.95	143.28
55	74.65	95.12	111.97	121.60	163.74
56	78.26	99.93	117.99	127.62	170.97
57	83.08	105.95	124.01	134.85	180.60
58	87.89	111.97	131.24	143.28	191.44
59	93.91	119.20	139.66	151.70	203.48
60	101.14	127.62	148.09	161.34	215.52
61	108.36	136.05	157.72	170.97	229.96
62	115.58	145.68	167.36	183.01	245.62
63	122.81	155.32	178.19	193.84	262.47
64	130.03	164.95	190.23	207.09	278.12
65	138.46	174.58	202.27	220.33	297.39
66	148.09	186.62	216.72	237.19	316.65
67	158.93	201.07	233.58	255.25	341.94
68	170.97	216.72	252.84	276.92	368.42
69	184.21	232.37	272.10	298.59	397.32
70	198.66	252.84	294.98	322.67	428.62
71	214.31	273.31	320.26	350.36	464.74
72	233.58	297.39	347.96	381.67	505.68
73	254.04	325.08	380.46	416.58	551.43
74	276.92	353.98	415.38	455.11	600.80
75	302.20	386.48	452.70	496.05	654.98
76	328.69	421.40	493.64	540.60	711.56
77	355.18	457.52	536.98	588.76	774.17
78	384.08	497.25	583.94	640.53	839.19
79	412.97	539.39	633.30	694.71	910.22
80	445.48				
81	476.78				
82	511.70				
83	546.62				
84	582.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.57	63.81	74.65	81.87	105.95
45-49	56.59	71.04	83.08	90.30	117.99
50-54	69.83	87.89	102.34	110.77	149.30
55	78.26	98.73	116.79	127.62	169.76
56	81.87	103.54	122.81	133.64	178.19
57	86.69	109.56	128.83	140.87	187.82
58	91.50	116.79	136.05	149.30	198.66
59	97.52	124.01	144.48	157.72	210.70
60	104.75	132.44	152.91	167.36	223.94
61	111.97	140.87	162.54	176.99	238.39
62	119.20	150.50	173.38	189.03	254.04
63	126.42	160.13	184.21	201.07	270.90
64	134.85	169.76	196.25	214.31	287.76
65	143.28	180.60	209.50	228.76	307.02
66	152.91	192.64	225.15	245.62	327.49
67	163.74	207.09	242.00	264.88	352.77
68	175.78	223.94	261.27	286.55	380.46
69	190.23	240.80	281.74	309.43	410.56
70	204.68	261.27	304.61	334.71	443.07
71	221.54	282.94	331.10	362.40	480.40
72	240.80	308.22	360.00	394.91	522.54
73	262.47	335.92	392.50	431.03	569.49
74	285.35	366.02	428.62	470.76	620.06
75	310.63	398.52	467.15	512.90	675.44
76	338.32	434.64	509.29	558.66	734.44
77	366.02	471.97	553.84	608.02	798.25
78	394.91	511.70	602.00	661.00	865.68
79	425.01	555.04	652.57	716.38	937.92
80	457.52				
81	490.03				
82	524.94				
83	561.06				
84	598.39				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.51	39.73	46.96	50.57	67.42
45-49	36.12	44.55	51.77	56.59	74.65
50-54	46.96	57.79	66.22	73.44	96.32
55	54.18	66.22	77.06	84.28	114.38
56	56.59	69.83	80.67	87.89	121.60
57	60.20	74.65	86.69	93.91	130.03
58	65.02	80.67	93.91	101.14	139.66
59	69.83	86.69	101.14	109.56	150.50
60	75.85	95.12	109.56	119.20	161.34
61	83.08	102.34	119.20	128.83	174.58
62	89.10	110.77	128.83	139.66	187.82
63	95.12	119.20	138.46	149.30	202.27
64	102.34	127.62	148.09	160.13	216.72
65	108.36	136.05	157.72	170.97	232.37
66	116.79	146.89	169.76	184.21	250.43
67	126.42	158.93	184.21	199.86	272.10
68	137.26	173.38	201.07	217.92	296.18
69	149.30	189.03	219.13	238.39	322.67
70	162.54	205.88	239.60	261.27	352.77
71	178.19	226.35	262.47	286.55	385.28
72	195.05	248.02	288.96	315.45	422.60
73	214.31	273.31	317.86	347.96	464.74
74	235.98	299.80	350.36	382.87	509.29
75	258.86	329.90	385.28	421.40	558.66
76	284.14	361.20	422.60	463.54	612.84
77	309.43	396.12	463.54	508.09	669.42
78	335.92	432.24	506.88	556.25	730.83
79	364.81	471.97	552.64	606.82	794.64
80	394.91				
81	426.22				
82	458.72				
83	492.44				
84	528.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.32	46.96	54.18	57.79	77.06
45-49	42.14	51.77	59.00	65.02	85.48
50-54	51.77	65.02	75.85	83.08	108.36
55	60.20	74.65	86.69	93.91	127.62
56	63.81	79.46	91.50	99.93	134.85
57	67.42	84.28	97.52	105.95	144.48
58	72.24	90.30	104.75	114.38	154.11
59	77.06	96.32	111.97	122.81	164.95
60	83.08	104.75	121.60	132.44	176.99
61	90.30	111.97	131.24	143.28	190.23
62	96.32	120.40	140.87	154.11	203.48
63	103.54	128.83	151.70	164.95	219.13
64	110.77	138.46	161.34	175.78	234.78
65	117.99	148.09	172.17	187.82	250.43
66	127.62	160.13	185.42	202.27	270.90
67	138.46	172.17	201.07	217.92	293.78
68	150.50	187.82	219.13	238.39	320.26
69	162.54	204.68	238.39	260.06	349.16
70	175.78	222.74	260.06	282.94	380.46
71	191.44	244.41	284.14	310.63	416.58
72	209.50	267.29	313.04	341.94	456.32
73	229.96	294.98	344.34	376.85	500.86
74	252.84	323.88	378.06	414.18	550.23
75	278.12	355.18	416.58	456.32	603.20
76	304.61	388.89	457.52	502.07	661.00
77	332.30	426.22	500.86	549.02	722.40
78	360.00	465.95	547.82	600.80	788.62
79	391.30	508.09	597.18	656.18	858.45
80	422.60				
81	456.32				
82	490.03				
83	524.94				
84	563.47				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.73	49.36	56.59	61.40	81.87
45-49	44.55	54.18	62.61	68.63	90.30
50-54	54.18	67.42	79.46	86.69	113.18
55	62.61	78.26	91.50	98.73	133.64
56	66.22	83.08	96.32	104.75	140.87
57	69.83	87.89	102.34	110.77	150.50
58	74.65	93.91	109.56	119.20	160.13
59	80.67	101.14	116.79	127.62	170.97
60	86.69	108.36	126.42	138.46	183.01
61	92.71	116.79	136.05	149.30	196.25
62	99.93	125.22	145.68	160.13	210.70
63	107.16	133.64	156.52	170.97	226.35
64	114.38	143.28	167.36	183.01	242.00
65	122.81	152.91	178.19	195.05	258.86
66	132.44	164.95	192.64	209.50	279.33
67	143.28	178.19	208.29	226.35	303.41
68	155.32	193.84	226.35	246.82	329.90
69	167.36	210.70	246.82	268.49	360.00
70	181.80	229.96	268.49	292.57	392.50
71	197.46	251.64	293.78	321.47	429.83
72	215.52	275.72	322.67	352.77	470.76
73	237.19	303.41	355.18	388.89	516.52
74	260.06	333.51	390.10	427.42	568.29
75	286.55	366.02	429.83	470.76	622.47
76	313.04	400.93	471.97	517.72	681.46
77	341.94	439.46	516.52	567.08	745.28
78	370.83	480.40	564.68	620.06	812.70
79	402.14	523.74	616.45	677.85	884.94
80	434.64				
81	468.36				
82	503.27				
83	539.39				
84	577.92				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.49	32.51	34.92	38.53	49.36
45-49	30.10	37.32	39.73	42.14	55.38
50-54	37.32	43.34	49.36	52.98	67.42
55	42.14	50.57	56.59	61.40	80.67
56	45.75	54.18	61.40	65.02	85.48
57	48.16	57.79	65.02	69.83	91.50
58	52.98	62.61	71.04	74.65	98.73
59	56.59	67.42	77.06	81.87	107.16
60	61.40	73.44	83.08	89.10	117.99
61	66.22	79.46	90.30	97.52	127.62
62	72.24	86.69	98.73	105.95	138.46
63	78.26	93.91	105.95	114.38	150.50
64	81.87	98.73	114.38	122.81	160.13
65	87.89	105.95	122.81	131.24	170.97
66	93.91	114.38	133.64	143.28	185.42
67	102.34	125.22	144.48	155.32	202.27
68	111.97	136.05	157.72	170.97	222.74
69	121.60	149.30	173.38	186.62	243.21
70	133.64	162.54	187.82	205.88	267.29
71	145.68	179.40	208.29	226.35	294.98
72	161.34	199.86	231.17	251.64	327.49
73	178.19	222.74	257.66	280.53	363.61
74	198.66	248.02	286.55	313.04	403.34
75	221.54	274.51	319.06	347.96	447.89
76	243.21	304.61	353.98	386.48	496.05
77	269.70	337.12	392.50	427.42	547.82
78	296.18	372.04	433.44	473.17	603.20
79	326.28	409.36	476.78	520.13	663.40
80	356.38				
81	390.10				
82	425.01				
83	462.34				
84	500.86				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.30	38.53	42.14	43.34	57.79
45-49	34.92	42.14	46.96	49.36	63.81
50-54	40.94	49.36	56.59	61.40	79.46
55	48.16	56.59	63.81	69.83	91.50
56	50.57	59.00	67.42	73.44	96.32
57	54.18	63.81	72.24	78.26	103.54
58	57.79	69.83	78.26	83.08	110.77
59	62.61	74.65	85.48	91.50	119.20
60	66.22	81.87	91.50	98.73	128.83
61	72.24	87.89	101.14	109.56	139.66
62	78.26	95.12	109.56	117.99	151.70
63	83.08	102.34	117.99	126.42	163.74
64	89.10	109.56	125.22	134.85	175.78
65	96.32	115.58	134.85	143.28	187.82
66	102.34	125.22	144.48	154.11	203.48
67	110.77	136.05	155.32	168.56	222.74
68	120.40	146.89	170.97	185.42	243.21
69	131.24	161.34	186.62	202.27	266.08
70	144.48	178.19	203.48	222.74	293.78
71	157.72	195.05	226.35	245.62	322.67
72	174.58	217.92	250.43	273.31	356.38
73	193.84	242.00	279.33	304.61	396.12
74	214.31	269.70	311.84	338.32	439.46
75	238.39	298.59	346.75	376.85	487.62
76	262.47	331.10	385.28	418.99	539.39
77	290.16	366.02	426.22	464.74	595.98
78	319.06	403.34	471.97	514.11	656.18
79	350.36	444.28	518.92	564.68	721.20
80	382.87				
81	417.79				
82	455.11				
83	492.44				
84	534.58				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.51	39.73	45.75	46.96	61.40
45-49	37.32	43.34	49.36	52.98	67.42
50-54	42.14	52.98	59.00	63.81	85.48
55	49.36	59.00	66.22	72.24	96.32
56	52.98	62.61	71.04	77.06	102.34
57	55.38	66.22	74.65	81.87	107.16
58	59.00	72.24	80.67	87.89	115.58
59	63.81	78.26	87.89	96.32	125.22
60	69.83	85.48	96.32	103.54	134.85
61	74.65	91.50	104.75	113.18	145.68
62	80.67	98.73	113.18	121.60	157.72
63	86.69	105.95	121.60	130.03	169.76
64	91.50	113.18	128.83	138.46	181.80
65	98.73	120.40	138.46	149.30	195.05
66	105.95	128.83	149.30	160.13	210.70
67	114.38	139.66	161.34	174.58	231.17
68	125.22	152.91	176.99	191.44	251.64
69	136.05	167.36	192.64	209.50	275.72
70	149.30	184.21	210.70	229.96	303.41
71	162.54	202.27	233.58	254.04	334.71
72	179.40	225.15	258.86	281.74	369.63
73	199.86	250.43	288.96	314.24	410.56
74	221.54	278.12	321.47	350.36	455.11
75	245.62	308.22	358.79	390.10	504.48
76	270.90	343.14	398.52	433.44	558.66
77	298.59	378.06	440.66	480.40	616.45
78	328.69	416.58	487.62	530.96	679.06
79	360.00	458.72	536.98	585.14	745.28
80	393.71				
81	428.62				
82	467.15				
83	506.88				
84	547.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.57	63.81	73.44	80.67	105.95
45-49	56.59	71.04	81.87	89.10	117.99
50-54	69.83	86.69	101.14	109.56	150.50
55	79.46	101.14	115.58	126.42	174.58
56	83.08	105.95	122.81	133.64	183.01
57	89.10	113.18	130.03	142.07	193.84
58	95.12	120.40	138.46	151.70	205.88
59	102.34	128.83	149.30	161.34	217.92
60	109.56	137.26	158.93	170.97	232.37
61	115.58	146.89	169.76	184.21	248.02
62	125.22	157.72	181.80	197.46	264.88
63	133.64	167.36	192.64	209.50	282.94
64	142.07	178.19	205.88	223.94	302.20
65	150.50	190.23	219.13	238.39	321.47
66	161.34	202.27	233.58	255.25	344.34
67	173.38	217.92	251.64	274.51	370.83
68	185.42	234.78	272.10	297.39	400.93
69	199.86	251.64	294.98	321.47	432.24
70	215.52	273.31	319.06	347.96	465.95
71	233.58	296.18	345.55	378.06	505.68
72	254.04	321.47	376.85	411.77	549.02
73	275.72	351.57	411.77	450.30	599.59
74	302.20	384.08	450.30	492.44	652.57
75	329.90	418.99	491.23	538.19	712.77
76	358.79	458.72	536.98	587.55	776.58
77	390.10	499.66	585.14	641.73	844.00
78	420.20	545.41	635.71	698.32	916.24
79	455.11	592.37	691.10	759.72	994.50
80	490.03				
81	524.94				
82	563.47				
83	603.20				
84	644.14				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.59	72.24	83.08	91.50	119.20
45-49	63.81	79.46	93.91	101.14	133.64
50-54	78.26	97.52	114.38	125.22	168.56
55	87.89	111.97	131.24	143.28	192.64
56	91.50	117.99	138.46	150.50	201.07
57	97.52	125.22	145.68	158.93	211.90
58	103.54	131.24	154.11	168.56	225.15
59	110.77	139.66	163.74	178.19	239.60
60	119.20	150.50	174.58	190.23	254.04
61	127.62	160.13	185.42	201.07	270.90
62	136.05	170.97	197.46	215.52	288.96
63	144.48	183.01	209.50	227.56	308.22
64	152.91	193.84	223.94	243.21	327.49
65	162.54	205.88	238.39	258.86	350.36
66	174.58	219.13	255.25	279.33	372.04
67	186.62	235.98	274.51	299.80	402.14
68	201.07	255.25	297.39	326.28	433.44
69	216.72	273.31	320.26	351.57	467.15
70	233.58	297.39	346.75	379.26	504.48
71	251.64	321.47	376.85	411.77	546.62
72	274.51	350.36	409.36	449.09	594.78
73	298.59	382.87	447.89	490.03	648.96
74	326.28	416.58	488.82	535.78	706.75
75	355.18	455.11	532.17	583.94	770.56
76	386.48	496.05	580.33	635.71	836.78
77	417.79	538.19	632.10	692.30	910.22
78	451.50	585.14	687.48	753.70	987.28
79	486.42	634.51	745.28	817.52	1070.36
80	523.74				
81	561.06				
82	602.00				
83	642.94				
84	685.08				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.00	74.65	87.89	96.32	125.22
45-49	66.22	83.08	97.52	105.95	138.46
50-54	81.87	103.54	120.40	130.03	175.78
55	91.50	115.58	137.26	150.50	199.86
56	96.32	121.60	144.48	157.72	209.50
57	102.34	128.83	151.70	166.15	221.54
58	107.16	137.26	160.13	175.78	233.58
59	114.38	145.68	169.76	185.42	248.02
60	122.81	155.32	179.40	197.46	263.68
61	131.24	166.15	191.44	208.29	280.53
62	139.66	176.99	203.48	222.74	298.59
63	149.30	187.82	216.72	235.98	319.06
64	158.93	199.86	231.17	251.64	338.32
65	168.56	211.90	246.82	269.70	361.20
66	179.40	226.35	264.88	288.96	385.28
67	192.64	243.21	284.14	311.84	415.38
68	207.09	263.68	307.02	337.12	447.89
69	223.94	282.94	331.10	363.61	482.80
70	240.80	307.02	358.79	393.71	521.33
71	260.06	332.30	390.10	426.22	564.68
72	282.94	362.40	423.81	464.74	615.24
73	308.22	394.91	462.34	506.88	669.42
74	335.92	431.03	504.48	553.84	729.62
75	366.02	468.36	549.02	603.20	794.64
76	398.52	511.70	599.59	657.38	864.47
77	431.03	555.04	651.36	715.18	939.12
78	464.74	602.00	707.95	777.78	1018.58
79	499.66	652.57	768.15	842.80	1102.86
80	538.19				
81	576.72				
82	617.65				
83	659.79				
84	704.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.53	46.96	55.38	59.00	79.46
45-49	42.14	52.98	61.40	66.22	87.89
50-54	55.38	67.42	78.26	86.69	113.18
55	63.81	78.26	90.30	98.73	134.85
56	66.22	81.87	95.12	103.54	143.28
57	71.04	87.89	102.34	110.77	152.91
58	77.06	95.12	110.77	119.20	163.74
59	81.87	102.34	119.20	128.83	176.99
60	89.10	111.97	128.83	139.66	190.23
61	97.52	120.40	139.66	151.70	205.88
62	104.75	130.03	151.70	163.74	221.54
63	111.97	139.66	162.54	175.78	238.39
64	120.40	150.50	174.58	187.82	255.25
65	127.62	160.13	185.42	201.07	273.31
66	137.26	173.38	199.86	216.72	294.98
67	149.30	186.62	216.72	234.78	320.26
68	161.34	203.48	235.98	256.45	347.96
69	175.78	222.74	257.66	280.53	379.26
70	191.44	242.00	281.74	307.02	415.38
71	209.50	266.08	308.22	337.12	452.70
72	229.96	291.37	339.53	370.83	497.25
73	251.64	321.47	374.44	409.36	546.62
74	278.12	352.77	411.77	450.30	599.59
75	304.61	387.69	452.70	496.05	657.38
76	334.71	425.01	497.25	545.41	721.20
77	363.61	465.95	545.41	597.18	787.42
78	394.91	508.09	595.98	654.98	859.66
79	428.62	555.04	650.16	713.97	934.30
80	464.74				
81	500.86				
82	539.39				
83	579.12				
84	621.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.34	55.38	63.81	67.42	90.30
45-49	49.36	61.40	69.83	77.06	101.14
50-54	61.40	77.06	89.10	97.52	127.62
55	71.04	87.89	102.34	110.77	150.50
56	74.65	93.91	107.16	117.99	158.93
57	79.46	98.73	114.38	125.22	169.76
58	85.48	105.95	122.81	134.85	181.80
59	90.30	113.18	131.24	144.48	193.84
60	97.52	122.81	143.28	155.32	208.29
61	105.95	131.24	154.11	168.56	223.94
62	113.18	142.07	166.15	181.80	239.60
63	121.60	151.70	178.19	193.84	257.66
64	130.03	162.54	190.23	207.09	275.72
65	138.46	174.58	202.27	221.54	294.98
66	150.50	187.82	217.92	238.39	319.06
67	162.54	202.27	235.98	256.45	345.55
68	176.99	221.54	257.66	280.53	376.85
69	191.44	240.80	280.53	305.82	410.56
70	207.09	262.47	305.82	332.30	447.89
71	225.15	287.76	334.71	366.02	490.03
72	246.82	314.24	368.42	402.14	536.98
73	270.90	346.75	404.54	443.07	588.76
74	297.39	380.46	444.28	487.62	647.75
75	327.49	417.79	490.03	536.98	709.16
76	358.79	457.52	538.19	591.16	777.78
77	391.30	500.86	588.76	645.34	850.02
78	423.81	547.82	644.14	706.75	928.28
79	459.93	597.18	703.14	771.76	1010.16
80	497.25				
81	536.98				
82	576.72				
83	617.65				
84	663.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46.96	57.79	66.22	72.24	96.32
45-49	52.98	63.81	73.44	80.67	105.95
50-54	63.81	79.46	93.91	102.34	133.64
55	73.44	91.50	107.16	115.58	157.72
56	78.26	97.52	113.18	122.81	166.15
57	81.87	103.54	120.40	130.03	176.99
58	87.89	110.77	128.83	139.66	187.82
59	95.12	119.20	137.26	150.50	201.07
60	102.34	127.62	149.30	162.54	215.52
61	109.56	137.26	160.13	175.78	231.17
62	117.99	146.89	170.97	187.82	248.02
63	126.42	157.72	184.21	201.07	266.08
64	134.85	168.56	197.46	215.52	284.14
65	144.48	179.40	209.50	229.96	304.61
66	155.32	193.84	226.35	246.82	328.69
67	168.56	209.50	245.62	266.08	356.38
68	183.01	227.56	266.08	290.16	387.69
69	197.46	248.02	290.16	315.45	423.81
70	214.31	270.90	315.45	344.34	462.34
71	232.37	296.18	345.55	378.06	505.68
72	254.04	323.88	379.26	415.38	553.84
73	279.33	356.38	417.79	457.52	608.02
74	305.82	392.50	458.72	503.27	668.22
75	337.12	431.03	505.68	553.84	732.03
76	368.42	471.97	555.04	609.22	801.86
77	402.14	516.52	608.02	667.02	876.51
78	435.85	564.68	664.61	729.62	955.98
79	473.17	616.45	724.81	797.05	1041.46
80	511.70				
81	551.43				
82	592.37				
83	634.51				
84	680.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.60	34.62	37.63	40.64	52.68
45-49	31.61	39.13	42.14	45.15	58.70
50-54	39.13	46.66	52.68	55.69	72.24
55	45.15	54.18	60.20	64.72	85.79
56	48.16	57.19	64.72	69.23	90.30
57	51.17	61.71	69.23	73.75	97.83
58	55.69	66.22	75.25	79.77	105.35
59	60.20	72.24	81.27	87.29	114.38
60	64.72	78.26	88.80	94.82	124.92
61	70.74	84.28	96.32	103.85	135.45
62	76.76	91.81	105.35	112.88	147.49
63	82.78	99.33	112.88	121.91	159.53
64	87.29	105.35	121.91	130.94	170.07
65	93.31	112.88	130.94	139.97	182.11
66	99.33	121.91	141.47	152.01	197.16
67	108.36	132.44	153.51	165.55	215.22
68	118.90	144.48	167.06	182.11	236.29
69	129.43	158.03	183.61	198.66	258.86
70	141.47	173.08	200.17	218.23	284.45
71	155.02	191.14	221.24	240.80	313.04
72	171.57	212.21	245.32	267.89	347.66
73	189.63	236.29	273.91	297.99	386.79
74	210.70	263.38	304.01	332.61	428.93
75	234.78	291.97	338.63	370.23	475.58
76	258.86	323.58	376.25	410.87	526.75
77	285.95	358.19	416.89	454.51	582.44
78	314.55	395.82	460.53	502.67	641.13
79	346.15	434.95	507.19	552.34	704.34
80	379.26				
81	413.88				
82	451.50				
83	490.63				
84	532.77				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.11	40.64	45.15	46.66	61.71
45-49	37.63	45.15	49.67	52.68	67.73
50-54	43.65	52.68	60.20	64.72	84.28
55	51.17	60.20	67.73	73.75	97.83
56	54.18	63.21	72.24	78.26	102.34
57	57.19	67.73	76.76	82.78	109.87
58	61.71	73.75	82.78	88.80	117.39
59	66.22	79.77	90.30	97.83	126.42
60	70.74	87.29	97.83	105.35	136.96
61	76.76	93.31	106.86	115.89	149.00
62	82.78	100.84	115.89	124.92	161.04
63	88.80	108.36	124.92	133.95	174.58
64	94.82	115.89	132.44	142.98	186.62
65	102.34	123.41	142.98	152.01	200.17
66	108.36	132.44	153.51	164.05	216.72
67	117.39	144.48	165.55	179.10	236.29
68	127.93	156.52	182.11	197.16	258.86
69	139.97	171.57	198.66	215.22	282.94
70	153.51	189.63	216.72	236.29	311.54
71	167.06	207.69	240.80	260.37	343.14
72	185.12	231.77	266.39	290.47	379.26
73	206.19	257.36	296.49	323.58	421.40
74	227.26	285.95	331.10	359.70	466.55
75	252.84	317.56	368.73	400.33	517.72
76	278.43	352.17	409.36	445.48	573.41
77	308.53	388.29	453.01	493.64	633.61
78	338.63	428.93	501.17	546.32	696.82
79	371.74	472.57	550.83	600.50	766.05
80	406.35				
81	443.98				
82	483.11				
83	523.74				
84	567.39				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.62	42.14	48.16	49.67	64.72
45-49	39.13	46.66	52.68	55.69	72.24
50-54	45.15	55.69	63.21	67.73	90.30
55	52.68	63.21	70.74	76.76	102.34
56	55.69	66.22	75.25	81.27	108.36
57	58.70	70.74	79.77	87.29	114.38
58	63.21	76.76	85.79	93.31	123.41
59	67.73	82.78	93.31	102.34	132.44
60	73.75	90.30	102.34	109.87	142.98
61	79.77	97.83	111.37	120.40	155.02
62	85.79	105.35	120.40	129.43	167.06
63	91.81	112.88	129.43	138.46	180.60
64	97.83	120.40	136.96	147.49	192.64
65	105.35	127.93	147.49	158.03	207.69
66	112.88	136.96	158.03	170.07	224.25
67	121.91	149.00	171.57	185.12	245.32
68	132.44	162.54	188.13	203.18	267.89
69	144.48	177.59	204.68	222.74	293.48
70	158.03	195.65	224.25	243.81	322.07
71	173.08	215.22	248.33	269.40	355.18
72	191.14	239.30	275.42	299.50	392.81
73	212.21	266.39	307.02	334.11	436.45
74	234.78	294.98	341.64	371.74	483.11
75	260.37	328.09	380.77	413.88	535.78
76	287.46	364.21	422.91	460.53	592.97
77	317.56	401.84	468.06	510.20	654.68
78	349.16	442.47	517.72	564.38	720.90
79	382.27	487.62	570.40	621.57	791.63
80	418.39				
81	456.02				
82	496.65				
83	538.79				
84	582.44				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54.18	67.73	78.26	85.79	112.88
45-49	60.20	75.25	87.29	94.82	124.92
50-54	73.75	91.81	106.86	115.89	159.53
55	84.28	106.86	123.41	133.95	185.12
56	88.80	112.88	130.94	141.47	194.15
57	94.82	120.40	138.46	150.50	206.19
58	100.84	127.93	147.49	161.04	218.23
59	108.36	136.96	158.03	171.57	231.77
60	115.89	145.99	168.56	182.11	246.82
61	123.41	156.52	180.60	195.65	263.38
62	132.44	167.06	192.64	209.20	281.44
63	141.47	177.59	204.68	222.74	301.00
64	150.50	189.63	218.23	237.79	320.57
65	159.53	201.67	233.28	252.84	341.64
66	171.57	215.22	248.33	270.90	365.72
67	183.61	231.77	267.89	291.97	394.31
68	197.16	249.83	288.96	316.05	425.92
69	212.21	267.89	313.04	341.64	459.03
70	228.76	290.47	338.63	370.23	495.15
71	248.33	314.55	367.22	401.84	537.29
72	269.40	341.64	400.33	437.96	583.94
73	293.48	373.24	437.96	478.59	636.62
74	320.57	407.86	478.59	523.74	693.81
75	350.67	445.48	522.24	571.90	757.02
76	380.77	487.62	570.40	624.58	824.74
77	413.88	531.27	621.57	681.77	896.98
78	446.99	579.43	675.75	741.97	973.74
79	483.11	629.09	734.44	806.68	1056.51
80	520.73				
81	558.36				
82	598.99				
83	641.13				
84	684.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.20	76.76	88.80	97.83	126.42
45-49	67.73	84.28	99.33	106.86	141.47
50-54	82.78	103.85	121.91	132.44	179.10
55	93.31	118.90	139.97	152.01	204.68
56	97.83	124.92	147.49	159.53	213.71
57	103.85	132.44	155.02	168.56	225.75
58	109.87	139.97	164.05	179.10	239.30
59	117.39	149.00	174.58	189.63	254.35
60	126.42	159.53	185.12	201.67	269.40
61	135.45	170.07	197.16	213.71	287.46
62	144.48	182.11	209.20	228.76	307.02
63	153.51	194.15	222.74	242.31	328.09
64	162.54	206.19	237.79	258.86	347.66
65	173.08	218.23	252.84	275.42	371.74
66	185.12	233.28	270.90	296.49	395.82
67	198.66	251.34	291.97	319.06	427.42
68	213.71	270.90	316.05	346.15	460.53
69	230.27	290.47	340.13	373.24	496.65
70	248.33	316.05	368.73	403.34	535.78
71	267.89	341.64	400.33	437.96	580.93
72	291.97	371.74	434.95	477.09	632.10
73	317.56	406.35	475.58	520.73	689.29
74	346.15	442.47	519.23	568.89	751.00
75	377.76	483.11	565.88	620.06	818.72
76	410.87	526.75	617.05	675.75	889.46
77	443.98	571.90	671.23	735.95	967.72
78	480.10	621.57	729.93	800.66	1048.99
79	516.22	674.24	791.63	868.39	1137.78
80	556.85				
81	595.98				
82	639.63				
83	683.27				
84	728.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.21	79.77	93.31	102.34	132.44
45-49	70.74	88.80	103.85	112.88	147.49
50-54	87.29	109.87	127.93	138.46	186.62
55	97.83	123.41	145.99	159.53	212.21
56	102.34	129.43	153.51	167.06	222.74
57	108.36	136.96	161.04	176.09	234.78
58	114.38	145.99	170.07	186.62	248.33
59	121.91	155.02	180.60	197.16	263.38
60	130.94	165.55	191.14	209.20	279.93
61	139.97	176.09	203.18	221.24	297.99
62	149.00	188.13	216.72	236.29	317.56
63	158.03	200.17	230.27	251.34	338.63
64	168.56	212.21	245.32	267.89	359.70
65	179.10	225.75	261.87	285.95	383.78
66	191.14	240.80	281.44	307.02	409.36
67	204.68	258.86	302.51	331.10	440.97
68	219.73	279.93	326.59	358.19	475.58
69	237.79	301.00	352.17	386.79	513.21
70	255.85	326.59	380.77	418.39	553.84
71	276.92	353.68	413.88	453.01	600.50
72	301.00	385.28	450.00	493.64	653.17
73	328.09	419.90	490.63	538.79	711.87
74	356.69	457.52	535.78	588.46	775.08
75	388.29	498.16	583.94	641.13	844.31
76	422.91	543.31	636.62	698.32	918.05
77	457.52	589.96	692.30	760.03	997.82
78	493.64	639.63	752.50	826.25	1082.10
79	531.27	693.81	815.71	895.48	1172.40
80	571.90				
81	612.54				
82	656.18				
83	701.33				
84	747.99				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.64	49.67	58.70	63.21	84.28
45-49	45.15	55.69	64.72	70.74	93.31
50-54	58.70	72.24	82.78	91.81	120.40
55	67.73	82.78	96.32	105.35	142.98
56	70.74	87.29	100.84	109.87	152.01
57	75.25	93.31	108.36	117.39	162.54
58	81.27	100.84	117.39	126.42	174.58
59	87.29	108.36	126.42	136.96	188.13
60	94.82	118.90	136.96	149.00	201.67
61	103.85	127.93	149.00	161.04	218.23
62	111.37	138.46	161.04	174.58	234.78
63	118.90	149.00	173.08	186.62	252.84
64	127.93	159.53	185.12	200.17	270.90
65	135.45	170.07	197.16	213.71	290.47
66	145.99	183.61	212.21	230.27	313.04
67	158.03	198.66	230.27	249.83	340.13
68	171.57	216.72	251.34	272.41	370.23
69	186.62	236.29	273.91	297.99	403.34
70	203.18	257.36	299.50	326.59	440.97
71	222.74	282.94	328.09	358.19	481.60
72	243.81	310.03	361.20	394.31	528.26
73	267.89	341.64	397.32	434.95	580.93
74	294.98	374.75	437.96	478.59	636.62
75	323.58	412.37	481.60	526.75	698.32
76	355.18	451.50	528.26	579.43	766.05
77	386.79	495.15	579.43	635.11	836.78
78	419.90	540.30	633.61	695.31	913.54
79	456.02	589.96	690.80	758.52	993.30
80	493.64				
81	532.77				
82	573.41				
83	615.55				
84	660.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46.66	58.70	67.73	72.24	96.32
45-49	52.68	64.72	73.75	81.27	106.86
50-54	64.72	81.27	94.82	103.85	135.45
55	75.25	93.31	108.36	117.39	159.53
56	79.77	99.33	114.38	124.92	168.56
57	84.28	105.35	121.91	132.44	180.60
58	90.30	112.88	130.94	142.98	192.64
59	96.32	120.40	139.97	153.51	206.19
60	103.85	130.94	152.01	165.55	221.24
61	112.88	139.97	164.05	179.10	237.79
62	120.40	150.50	176.09	192.64	254.35
63	129.43	161.04	189.63	206.19	273.91
64	138.46	173.08	201.67	219.73	293.48
65	147.49	185.12	215.22	234.78	313.04
66	159.53	200.17	231.77	252.84	338.63
67	173.08	215.22	251.34	272.41	367.22
68	188.13	234.78	273.91	297.99	400.33
69	203.18	255.85	297.99	325.08	436.45
70	219.73	278.43	325.08	353.68	475.58
71	239.30	305.52	355.18	388.29	520.73
72	261.87	334.11	391.30	427.42	570.40
73	287.46	368.73	430.43	471.07	626.08
74	316.05	404.85	472.57	517.72	687.79
75	347.66	443.98	520.73	570.40	754.01
76	380.77	486.12	571.90	627.59	826.25
77	415.38	532.77	626.08	686.28	903.00
78	450.00	582.44	684.78	751.00	985.78
79	489.13	635.11	746.48	820.23	1073.07
80	528.26				
81	570.40				
82	612.54				
83	656.18				
84	704.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.67	61.71	70.74	76.76	102.34
45-49	55.69	67.73	78.26	85.79	112.88
50-54	67.73	84.28	99.33	108.36	141.47
55	78.26	97.83	114.38	123.41	167.06
56	82.78	103.85	120.40	130.94	176.09
57	87.29	109.87	127.93	138.46	188.13
58	93.31	117.39	136.96	149.00	200.17
59	100.84	126.42	145.99	159.53	213.71
60	108.36	135.45	158.03	173.08	228.76
61	115.89	145.99	170.07	186.62	245.32
62	124.92	156.52	182.11	200.17	263.38
63	133.95	167.06	195.65	213.71	282.94
64	142.98	179.10	209.20	228.76	302.51
65	153.51	191.14	222.74	243.81	323.58
66	165.55	206.19	240.80	261.87	349.16
67	179.10	222.74	260.37	282.94	379.26
68	194.15	242.31	282.94	308.53	412.37
69	209.20	263.38	308.53	335.62	450.00
70	227.26	287.46	335.62	365.72	490.63
71	246.82	314.55	367.22	401.84	537.29
72	269.40	344.65	403.34	440.97	588.46
73	296.49	379.26	443.98	486.12	645.65
74	325.08	416.89	487.62	534.28	710.36
75	358.19	457.52	537.29	588.46	778.09
76	391.30	501.17	589.96	647.15	851.83
77	427.42	549.33	645.65	708.86	931.60
78	463.54	600.50	705.85	775.08	1015.88
79	502.67	654.68	770.56	847.32	1106.18
80	543.31				
81	585.45				
82	629.09				
83	674.24				
84	722.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.11	40.64	43.65	48.16	61.71
45-49	37.63	46.66	49.67	52.68	69.23
50-54	46.66	54.18	61.71	66.22	84.28
55	52.68	63.21	70.74	76.76	100.84
56	57.19	67.73	76.76	81.27	106.86
57	60.20	72.24	81.27	87.29	114.38
58	66.22	78.26	88.80	93.31	123.41
59	70.74	84.28	96.32	102.34	133.95
60	76.76	91.81	103.85	111.37	147.49
61	82.78	99.33	112.88	121.91	159.53
62	90.30	108.36	123.41	132.44	173.08
63	97.83	117.39	132.44	142.98	188.13
64	102.34	123.41	142.98	153.51	200.17
65	109.87	132.44	153.51	164.05	213.71
66	117.39	142.98	167.06	179.10	231.77
67	127.93	156.52	180.60	194.15	252.84
68	139.97	170.07	197.16	213.71	278.43
69	152.01	186.62	216.72	233.28	304.01
70	167.06	203.18	234.78	257.36	334.11
71	182.11	224.25	260.37	282.94	368.73
72	201.67	249.83	288.96	314.55	409.36
73	222.74	278.43	322.07	350.67	454.51
74	248.33	310.03	358.19	391.30	504.18
75	276.92	343.14	398.83	434.95	559.86
76	304.01	380.77	442.47	483.11	620.06
77	337.12	421.40	490.63	534.28	684.78
78	370.23	465.05	541.80	591.47	754.01
79	407.86	511.70	595.98	650.16	829.26
80	445.48				
81	487.62				
82	531.27				
83	577.92				
84	626.08				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.13	48.16	52.68	54.18	72.24
45-49	43.65	52.68	58.70	61.71	79.77
50-54	51.17	61.71	70.74	76.76	99.33
55	60.20	70.74	79.77	87.29	114.38
56	63.21	73.75	84.28	91.81	120.40
57	67.73	79.77	90.30	97.83	129.43
58	72.24	87.29	97.83	103.85	138.46
59	78.26	93.31	106.86	114.38	149.00
60	82.78	102.34	114.38	123.41	161.04
61	90.30	109.87	126.42	136.96	174.58
62	97.83	118.90	136.96	147.49	189.63
63	103.85	127.93	147.49	158.03	204.68
64	111.37	136.96	156.52	168.56	219.73
65	120.40	144.48	168.56	179.10	234.78
66	127.93	156.52	180.60	192.64	254.35
67	138.46	170.07	194.15	210.70	278.43
68	150.50	183.61	213.71	231.77	304.01
69	164.05	201.67	233.28	252.84	332.61
70	180.60	222.74	254.35	278.43	367.22
71	197.16	243.81	282.94	307.02	403.34
72	218.23	272.41	313.04	341.64	445.48
73	242.31	302.51	349.16	380.77	495.15
74	267.89	337.12	389.80	422.91	549.33
75	297.99	373.24	433.44	471.07	609.53
76	328.09	413.88	481.60	523.74	674.24
77	362.71	457.52	532.77	580.93	744.98
78	398.83	504.18	589.96	642.64	820.23
79	437.96	555.35	648.66	705.85	901.50
80	478.59				
81	522.24				
82	568.89				
83	615.55				
84	668.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.64	49.67	57.19	58.70	76.76
45-49	46.66	54.18	61.71	66.22	84.28
50-54	52.68	66.22	73.75	79.77	106.86
55	61.71	73.75	82.78	90.30	120.40
56	66.22	78.26	88.80	96.32	127.93
57	69.23	82.78	93.31	102.34	133.95
58	73.75	90.30	100.84	109.87	144.48
59	79.77	97.83	109.87	120.40	156.52
60	87.29	106.86	120.40	129.43	168.56
61	93.31	114.38	130.94	141.47	182.11
62	100.84	123.41	141.47	152.01	197.16
63	108.36	132.44	152.01	162.54	212.21
64	114.38	141.47	161.04	173.08	227.26
65	123.41	150.50	173.08	186.62	243.81
66	132.44	161.04	186.62	200.17	263.38
67	142.98	174.58	201.67	218.23	288.96
68	156.52	191.14	221.24	239.30	314.55
69	170.07	209.20	240.80	261.87	344.65
70	186.62	230.27	263.38	287.46	379.26
71	203.18	252.84	291.97	317.56	418.39
72	224.25	281.44	323.58	352.17	462.04
73	249.83	313.04	361.20	392.81	513.21
74	276.92	347.66	401.84	437.96	568.89
75	307.02	385.28	448.49	487.62	630.60
76	338.63	428.93	498.16	541.80	698.32
77	373.24	472.57	550.83	600.50	770.56
78	410.87	520.73	609.53	663.71	848.82
79	450.00	573.41	671.23	731.43	931.60
80	492.14				
81	535.78				
82	583.94				
83	633.61				
84	684.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.21	79.77	91.81	100.84	132.44
45-49	70.74	88.80	102.34	111.37	147.49
50-54	87.29	108.36	126.42	136.96	188.13
55	99.33	126.42	144.48	158.03	218.23
56	103.85	132.44	153.51	167.06	228.76
57	111.37	141.47	162.54	177.59	242.31
58	118.90	150.50	173.08	189.63	257.36
59	127.93	161.04	186.62	201.67	272.41
60	136.96	171.57	198.66	213.71	290.47
61	144.48	183.61	212.21	230.27	310.03
62	156.52	197.16	227.26	246.82	331.10
63	167.06	209.20	240.80	261.87	353.68
64	177.59	222.74	257.36	279.93	377.76
65	188.13	237.79	273.91	297.99	401.84
66	201.67	252.84	291.97	319.06	430.43
67	216.72	272.41	314.55	343.14	463.54
68	231.77	293.48	340.13	371.74	501.17
69	249.83	314.55	368.73	401.84	540.30
70	269.40	341.64	398.83	434.95	582.44
71	291.97	370.23	431.94	472.57	632.10
72	317.56	401.84	471.07	514.71	686.28
73	344.65	439.46	514.71	562.87	749.49
74	377.76	480.10	562.87	615.55	815.71
75	412.37	523.74	614.04	672.74	890.96
76	448.49	573.41	671.23	734.44	970.73
77	487.62	624.58	731.43	802.17	1055.01
78	525.25	681.77	794.64	872.90	1145.31
79	568.89	740.46	863.87	949.66	1243.13
80	612.54				
81	656.18				
82	704.34				
83	754.01				
84	805.18				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.74	90.30	103.85	114.38	149.00
45-49	79.77	99.33	117.39	126.42	167.06
50-54	97.83	121.91	142.98	156.52	210.70
55	109.87	139.97	164.05	179.10	240.80
56	114.38	147.49	173.08	188.13	251.34
57	121.91	156.52	182.11	198.66	264.88
58	129.43	164.05	192.64	210.70	281.44
59	138.46	174.58	204.68	222.74	299.50
60	149.00	188.13	218.23	237.79	317.56
61	159.53	200.17	231.77	251.34	338.63
62	170.07	213.71	246.82	269.40	361.20
63	180.60	228.76	261.87	284.45	385.28
64	191.14	242.31	279.93	304.01	409.36
65	203.18	257.36	297.99	323.58	437.96
66	218.23	273.91	319.06	349.16	465.05
67	233.28	294.98	343.14	374.75	502.67
68	251.34	319.06	371.74	407.86	541.80
69	270.90	341.64	400.33	439.46	583.94
70	291.97	371.74	433.44	474.08	630.60
71	314.55	401.84	471.07	514.71	683.27
72	343.14	437.96	511.70	561.37	743.47
73	373.24	478.59	559.86	612.54	811.20
74	407.86	520.73	611.03	669.73	883.44
75	443.98	568.89	665.21	729.93	963.20
76	483.11	620.06	725.41	794.64	1045.98
77	522.24	672.74	790.13	865.38	1137.78
78	564.38	731.43	859.36	942.13	1234.10
79	608.02	793.14	931.60	1021.90	1337.95
80	654.68				
81	701.33				
82	752.50				
83	803.67				
84	856.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	73.75	93.31	109.87	120.40	156.52
45-49	82.78	103.85	121.91	132.44	173.08
50-54	102.34	129.43	150.50	162.54	219.73
55	114.38	144.48	171.57	188.13	249.83
56	120.40	152.01	180.60	197.16	261.87
57	127.93	161.04	189.63	207.69	276.92
58	133.95	171.57	200.17	219.73	291.97
59	142.98	182.11	212.21	231.77	310.03
60	153.51	194.15	224.25	246.82	329.60
61	164.05	207.69	239.30	260.37	350.67
62	174.58	221.24	254.35	278.43	373.24
63	186.62	234.78	270.90	294.98	398.83
64	198.66	249.83	288.96	314.55	422.91
65	210.70	264.88	308.53	337.12	451.50
66	224.25	282.94	331.10	361.20	481.60
67	240.80	304.01	355.18	389.80	519.23
68	258.86	329.60	383.78	421.40	559.86
69	279.93	353.68	413.88	454.51	603.51
70	301.00	383.78	448.49	492.14	651.67
71	325.08	415.38	487.62	532.77	705.85
72	353.68	453.01	529.76	580.93	769.06
73	385.28	493.64	577.92	633.61	836.78
74	419.90	538.79	630.60	692.30	912.03
75	457.52	585.45	686.28	754.01	993.30
76	498.16	639.63	749.49	821.73	1080.59
77	538.79	693.81	814.21	893.97	1173.90
78	580.93	752.50	884.94	972.23	1273.23
79	624.58	815.71	960.19	1053.50	1378.58
80	672.74				
81	720.90				
82	772.07				
83	824.74				
84	880.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.16	58.70	69.23	73.75	99.33
45-49	52.68	66.22	76.76	82.78	109.87
50-54	69.23	84.28	97.83	108.36	141.47
55	79.77	97.83	112.88	123.41	168.56
56	82.78	102.34	118.90	129.43	179.10
57	88.80	109.87	127.93	138.46	191.14
58	96.32	118.90	138.46	149.00	204.68
59	102.34	127.93	149.00	161.04	221.24
60	111.37	139.97	161.04	174.58	237.79
61	121.91	150.50	174.58	189.63	257.36
62	130.94	162.54	189.63	204.68	276.92
63	139.97	174.58	203.18	219.73	297.99
64	150.50	188.13	218.23	234.78	319.06
65	159.53	200.17	231.77	251.34	341.64
66	171.57	216.72	249.83	270.90	368.73
67	186.62	233.28	270.90	293.48	400.33
68	201.67	254.35	294.98	320.57	434.95
69	219.73	278.43	322.07	350.67	474.08
70	239.30	302.51	352.17	383.78	519.23
71	261.87	332.61	385.28	421.40	565.88
72	287.46	364.21	424.41	463.54	621.57
73	314.55	401.84	468.06	511.70	683.27
74	347.66	440.97	514.71	562.87	749.49
75	380.77	484.61	565.88	620.06	821.73
76	418.39	531.27	621.57	681.77	901.50
77	454.51	582.44	681.77	746.48	984.27
78	493.64	635.11	744.98	818.72	1074.57
79	535.78	693.81	812.70	892.47	1167.88
80	580.93				
81	626.08				
82	674.24				
83	723.91				
84	776.58				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54.18	69.23	79.77	84.28	112.88
45-49	61.71	76.76	87.29	96.32	126.42
50-54	76.76	96.32	111.37	121.91	159.53
55	88.80	109.87	127.93	138.46	188.13
56	93.31	117.39	133.95	147.49	198.66
57	99.33	123.41	142.98	156.52	212.21
58	106.86	132.44	153.51	168.56	227.26
59	112.88	141.47	164.05	180.60	242.31
60	121.91	153.51	179.10	194.15	260.37
61	132.44	164.05	192.64	210.70	279.93
62	141.47	177.59	207.69	227.26	299.50
63	152.01	189.63	222.74	242.31	322.07
64	162.54	203.18	237.79	258.86	344.65
65	173.08	218.23	252.84	276.92	368.73
66	188.13	234.78	272.41	297.99	398.83
67	203.18	252.84	294.98	320.57	431.94
68	221.24	276.92	322.07	350.67	471.07
69	239.30	301.00	350.67	382.27	513.21
70	258.86	328.09	382.27	415.38	559.86
71	281.44	359.70	418.39	457.52	612.54
72	308.53	392.81	460.53	502.67	671.23
73	338.63	433.44	505.68	553.84	735.95
74	371.74	475.58	555.35	609.53	809.69
75	409.36	522.24	612.54	671.23	886.45
76	448.49	571.90	672.74	738.96	972.23
77	489.13	626.08	735.95	806.68	1062.53
78	529.76	684.78	805.18	883.44	1160.36
79	574.91	746.48	878.92	964.71	1262.70
80	621.57				
81	671.23				
82	720.90				
83	772.07				
84	829.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.70	72.24	82.78	90.30	120.40
45-49	66.22	79.77	91.81	100.84	132.44
50-54	79.77	99.33	117.39	127.93	167.06
55	91.81	114.38	133.95	144.48	197.16
56	97.83	121.91	141.47	153.51	207.69
57	102.34	129.43	150.50	162.54	221.24
58	109.87	138.46	161.04	174.58	234.78
59	118.90	149.00	171.57	188.13	251.34
60	127.93	159.53	186.62	203.18	269.40
61	136.96	171.57	200.17	219.73	288.96
62	147.49	183.61	213.71	234.78	310.03
63	158.03	197.16	230.27	251.34	332.61
64	168.56	210.70	246.82	269.40	355.18
65	180.60	224.25	261.87	287.46	380.77
66	194.15	242.31	282.94	308.53	410.87
67	210.70	261.87	307.02	332.61	445.48
68	228.76	284.45	332.61	362.71	484.61
69	246.82	310.03	362.71	394.31	529.76
70	267.89	338.63	394.31	430.43	577.92
71	290.47	370.23	431.94	472.57	632.10
72	317.56	404.85	474.08	519.23	692.30
73	349.16	445.48	522.24	571.90	760.03
74	382.27	490.63	573.41	629.09	835.28
75	421.40	538.79	632.10	692.30	915.04
76	460.53	589.96	693.81	761.53	1002.33
77	502.67	645.65	760.03	833.77	1095.64
78	544.81	705.85	830.76	912.03	1194.97
79	591.47	770.56	906.01	996.31	1301.83
80	639.63				
81	689.29				
82	740.46				
83	793.14				
84	850.33				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.28	28.90	33.71	36.12	45.75
45-49	27.69	32.51	37.32	39.73	50.57
50-54	33.71	39.73	45.75	49.36	62.61
55	38.53	45.75	52.98	56.59	74.65
56	40.94	49.36	56.59	60.20	79.46
57	44.55	52.98	60.20	65.02	85.48
58	48.16	57.79	65.02	71.04	92.71
59	52.98	62.61	71.04	77.06	101.14
60	57.79	68.63	78.26	85.48	109.56
61	62.61	75.85	85.48	92.71	119.20
62	67.42	81.87	92.71	101.14	130.03
63	72.24	87.89	99.93	108.36	139.66
64	77.06	93.91	107.16	115.58	150.50
65	81.87	101.14	114.38	124.01	161.34
66	89.10	108.36	124.01	133.64	174.58
67	96.32	117.99	134.85	145.68	190.23
68	104.75	128.83	148.09	160.13	209.50
69	114.38	140.87	162.54	175.78	229.96
70	125.22	154.11	178.19	193.84	252.84
71	138.46	170.97	197.46	215.52	279.33
72	154.11	190.23	220.33	240.80	311.84
73	172.17	213.11	246.82	269.70	349.16
74	191.44	238.39	276.92	302.20	390.10
75	214.31	267.29	310.63	338.32	434.64
76	238.39	298.59	346.75	378.06	484.01
77	264.88	332.30	386.48	420.20	538.19
78	293.78	369.63	429.83	465.95	595.98
79	325.08	408.16	475.58	515.31	658.59
80	357.59				
81	393.71				
82	431.03				
83	470.76				
84	512.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.10	36.12	40.94	43.34	55.38
45-49	32.51	39.73	44.55	48.16	61.40
50-54	38.53	46.96	54.18	59.00	77.06
55	45.75	54.18	61.40	66.22	87.89
56	48.16	57.79	65.02	69.83	92.71
57	51.77	61.40	69.83	74.65	98.73
58	55.38	66.22	74.65	80.67	105.95
59	60.20	72.24	81.87	87.89	114.38
60	65.02	78.26	89.10	96.32	125.22
61	69.83	85.48	97.52	104.75	134.85
62	75.85	91.50	105.95	114.38	146.89
63	81.87	98.73	113.18	121.60	157.72
64	86.69	105.95	120.40	131.24	169.76
65	92.71	114.38	128.83	139.66	183.01
66	99.93	121.60	139.66	151.70	197.46
67	108.36	133.64	151.70	164.95	215.52
68	117.99	145.68	166.15	181.80	235.98
69	128.83	158.93	183.01	198.66	260.06
70	140.87	174.58	201.07	217.92	285.35
71	154.11	192.64	222.74	242.00	316.65
72	172.17	214.31	248.02	270.90	352.77
73	191.44	239.60	278.12	302.20	393.71
74	213.11	268.49	311.84	339.53	439.46
75	238.39	299.80	349.16	379.26	490.03
76	264.88	333.51	390.10	425.01	546.62
77	294.98	372.04	433.44	471.97	606.82
78	326.28	412.97	481.60	523.74	670.63
79	360.00	457.52	533.37	580.33	741.66
80	396.12				
81	434.64				
82	474.38				
83	517.72				
84	563.47				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.30	38.53	43.34	46.96	60.20
45-49	34.92	42.14	48.16	51.77	66.22
50-54	40.94	50.57	57.79	62.61	83.08
55	48.16	57.79	65.02	71.04	92.71
56	50.57	61.40	68.63	74.65	97.52
57	54.18	65.02	73.44	79.46	103.54
58	57.79	69.83	79.46	85.48	111.97
59	62.61	75.85	86.69	92.71	120.40
60	68.63	81.87	93.91	101.14	131.24
61	73.44	89.10	102.34	109.56	142.07
62	79.46	96.32	110.77	119.20	154.11
63	85.48	103.54	119.20	127.62	166.15
64	90.30	110.77	126.42	137.26	178.19
65	97.52	119.20	134.85	146.89	191.44
66	104.75	127.62	145.68	158.93	207.09
67	113.18	139.66	158.93	173.38	226.35
68	122.81	152.91	174.58	190.23	248.02
69	134.85	166.15	191.44	208.29	272.10
70	146.89	183.01	210.70	228.76	299.80
71	161.34	201.07	233.58	254.04	332.30
72	179.40	223.94	260.06	282.94	369.63
73	199.86	250.43	291.37	316.65	412.97
74	222.74	280.53	326.28	355.18	461.13
75	249.23	313.04	364.81	397.32	514.11
76	276.92	349.16	408.16	444.28	573.10
77	307.02	388.89	453.91	494.84	635.71
78	339.53	431.03	503.27	549.02	703.14
79	374.44	477.99	557.45	608.02	776.58
80	411.77				
81	451.50				
82	493.64				
83	538.19				
84	585.14				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.16	59.00	67.42	72.24	98.73
45-49	52.98	65.02	74.65	80.67	109.56
50-54	65.02	80.67	92.71	102.34	139.66
55	75.85	93.91	108.36	117.99	161.34
56	79.46	98.73	114.38	125.22	170.97
57	84.28	104.75	121.60	132.44	180.60
58	90.30	111.97	130.03	140.87	191.44
59	95.12	119.20	138.46	150.50	203.48
60	102.34	127.62	146.89	160.13	216.72
61	109.56	136.05	157.72	170.97	231.17
62	116.79	145.68	168.56	183.01	246.82
63	124.01	155.32	180.60	195.05	263.68
64	132.44	164.95	191.44	208.29	280.53
65	140.87	175.78	204.68	222.74	299.80
66	150.50	189.03	219.13	238.39	322.67
67	162.54	203.48	237.19	257.66	347.96
68	175.78	220.33	256.45	279.33	376.85
69	189.03	238.39	276.92	302.20	406.95
70	204.68	258.86	301.00	328.69	441.87
71	221.54	281.74	327.49	357.59	480.40
72	242.00	308.22	358.79	392.50	524.94
73	266.08	338.32	394.91	432.24	575.51
74	292.57	372.04	434.64	475.58	630.90
75	321.47	408.16	477.99	522.54	692.30
76	351.57	447.89	524.94	575.51	758.52
77	384.08	491.23	576.72	630.90	829.56
78	417.79	536.98	632.10	691.10	905.41
79	453.91	586.35	691.10	754.91	987.28
80	491.23				
81	529.76				
82	570.70				
83	612.84				
84	657.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.38	68.63	79.46	86.69	114.38
45-49	61.40	77.06	87.89	96.32	127.62
50-54	75.85	95.12	109.56	119.20	161.34
55	85.48	108.36	125.22	136.05	185.42
56	89.10	114.38	132.44	143.28	195.05
57	93.91	120.40	139.66	151.70	204.68
58	99.93	127.62	148.09	161.34	216.72
59	107.16	134.85	156.52	172.17	229.96
60	115.58	143.28	167.36	181.80	243.21
61	122.81	152.91	178.19	193.84	260.06
62	131.24	163.74	190.23	207.09	276.92
63	139.66	173.38	203.48	221.54	296.18
64	148.09	185.42	215.52	235.98	315.45
65	157.72	197.46	231.17	251.64	337.12
66	168.56	211.90	246.82	269.70	361.20
67	180.60	228.76	267.29	291.37	390.10
68	195.05	246.82	288.96	315.45	422.60
69	210.70	268.49	311.84	341.94	456.32
70	228.76	291.37	339.53	372.04	494.84
71	248.02	316.65	369.63	404.54	538.19
72	270.90	346.75	404.54	443.07	588.76
73	297.39	379.26	444.28	487.62	644.14
74	326.28	416.58	487.62	534.58	705.54
75	357.59	457.52	535.78	586.35	774.17
76	391.30	499.66	587.55	644.14	847.62
77	426.22	547.82	642.94	705.54	925.88
78	463.54	597.18	704.34	770.56	1010.16
79	502.07	652.57	766.95	840.39	1099.25
80	543.00				
81	585.14				
82	628.49				
83	675.44				
84	723.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.00	73.44	84.28	92.71	121.60
45-49	65.02	81.87	93.91	103.54	134.85
50-54	80.67	101.14	116.79	126.42	170.97
55	90.30	114.38	132.44	144.48	195.05
56	93.91	120.40	139.66	151.70	204.68
57	98.73	126.42	146.89	160.13	215.52
58	104.75	133.64	155.32	169.76	227.56
59	111.97	142.07	164.95	180.60	240.80
60	120.40	150.50	175.78	191.44	255.25
61	128.83	160.13	186.62	203.48	272.10
62	137.26	170.97	199.86	217.92	290.16
63	145.68	181.80	213.11	232.37	309.43
64	155.32	193.84	226.35	248.02	329.90
65	164.95	207.09	242.00	263.68	352.77
66	175.78	221.54	258.86	282.94	378.06
67	189.03	239.60	279.33	305.82	408.16
68	203.48	258.86	302.20	331.10	441.87
69	220.33	280.53	327.49	358.79	477.99
70	238.39	304.61	355.18	390.10	517.72
71	258.86	331.10	387.69	425.01	563.47
72	282.94	362.40	423.81	464.74	615.24
73	310.63	397.32	464.74	510.50	674.24
74	340.73	435.85	510.50	559.86	738.05
75	373.24	477.99	559.86	614.04	809.09
76	408.16	522.54	614.04	673.04	884.94
77	444.28	571.90	671.83	736.85	966.81
78	482.80	623.67	734.44	804.27	1054.70
79	522.54	680.26	799.46	877.72	1147.41
80	564.68				
81	608.02				
82	653.77				
83	701.93				
84	751.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.92	43.34	50.57	55.38	73.44
45-49	38.53	48.16	56.59	61.40	81.87
50-54	51.77	63.81	72.24	78.26	104.75
55	59.00	73.44	83.08	91.50	124.01
56	62.61	77.06	87.89	96.32	132.44
57	66.22	81.87	93.91	103.54	142.07
58	71.04	87.89	101.14	111.97	152.91
59	77.06	95.12	109.56	120.40	164.95
60	83.08	103.54	119.20	130.03	178.19
61	90.30	111.97	130.03	140.87	191.44
62	97.52	121.60	140.87	152.91	207.09
63	104.75	130.03	151.70	164.95	222.74
64	111.97	139.66	162.54	175.78	238.39
65	120.40	149.30	173.38	189.03	256.45
66	130.03	160.13	186.62	203.48	276.92
67	140.87	174.58	203.48	221.54	301.00
68	152.91	190.23	222.74	242.00	328.69
69	166.15	208.29	243.21	264.88	358.79
70	180.60	227.56	266.08	290.16	392.50
71	197.46	250.43	292.57	320.26	429.83
72	217.92	276.92	323.88	353.98	474.38
73	240.80	307.02	358.79	392.50	523.74
74	267.29	339.53	398.52	435.85	579.12
75	294.98	376.85	440.66	482.80	639.32
76	325.08	416.58	486.42	533.37	704.34
77	357.59	458.72	536.98	588.76	774.17
78	391.30	504.48	591.16	647.75	848.82
79	427.42	553.84	647.75	711.56	929.49
80	464.74				
81	504.48				
82	545.41				
83	588.76				
84	634.51				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.14	52.98	60.20	66.22	86.69
45-49	46.96	57.79	67.42	73.44	96.32
50-54	59.00	73.44	85.48	92.71	121.60
55	68.63	85.48	97.52	107.16	144.48
56	72.24	90.30	103.54	111.97	154.11
57	75.85	95.12	109.56	119.20	163.74
58	81.87	102.34	117.99	128.83	175.78
59	87.89	110.77	127.62	138.46	187.82
60	95.12	119.20	137.26	149.30	201.07
61	102.34	127.62	148.09	161.34	215.52
62	110.77	138.46	160.13	174.58	232.37
63	117.99	148.09	172.17	186.62	249.23
64	126.42	157.72	184.21	199.86	267.29
65	136.05	169.76	196.25	213.11	286.55
66	145.68	181.80	210.70	229.96	309.43
67	157.72	197.46	229.96	249.23	335.92
68	170.97	214.31	250.43	272.10	367.22
69	185.42	234.78	273.31	297.39	400.93
70	202.27	256.45	299.80	326.28	439.46
71	221.54	281.74	328.69	358.79	481.60
72	243.21	310.63	363.61	397.32	530.96
73	268.49	343.14	402.14	439.46	586.35
74	297.39	380.46	445.48	487.62	647.75
75	328.69	420.20	492.44	539.39	713.97
76	362.40	463.54	543.00	595.98	787.42
77	397.32	510.50	598.39	657.38	864.47
78	434.64	559.86	657.38	722.40	947.55
79	473.17	614.04	721.20	792.23	1036.64
80	514.11				
81	556.25				
82	602.00				
83	648.96				
84	698.32				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.75	56.59	65.02	71.04	92.71
45-49	50.57	62.61	72.24	78.26	102.34
50-54	62.61	78.26	90.30	98.73	128.83
55	72.24	90.30	103.54	113.18	152.91
56	75.85	95.12	109.56	119.20	162.54
57	80.67	101.14	116.79	126.42	173.38
58	86.69	108.36	125.22	136.05	185.42
59	92.71	116.79	134.85	145.68	197.46
60	99.93	125.22	145.68	157.72	210.70
61	107.16	134.85	156.52	169.76	226.35
62	115.58	145.68	168.56	183.01	243.21
63	124.01	156.52	180.60	196.25	261.27
64	132.44	166.15	192.64	209.50	279.33
65	142.07	178.19	205.88	223.94	299.80
66	151.70	191.44	221.54	240.80	322.67
67	164.95	207.09	240.80	261.27	351.57
68	179.40	225.15	262.47	285.35	384.08
69	193.84	245.62	286.55	311.84	418.99
70	211.90	268.49	314.24	341.94	458.72
71	231.17	294.98	344.34	375.65	503.27
72	254.04	325.08	380.46	415.38	555.04
73	280.53	358.79	421.40	459.93	612.84
74	310.63	397.32	465.95	509.29	676.65
75	343.14	438.26	514.11	563.47	746.48
76	378.06	484.01	567.08	622.47	822.33
77	414.18	532.17	624.88	686.28	903.00
78	452.70	583.94	686.28	754.91	989.69
79	492.44	640.53	752.50	827.15	1082.40
80	534.58				
81	579.12				
82	626.08				
83	674.24				
84	724.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.10	33.71	39.73	42.14	54.18
45-49	32.51	38.53	43.34	46.96	59.00
50-54	39.73	46.96	54.18	57.79	73.44
55	45.75	54.18	62.61	66.22	87.89
56	48.16	57.79	66.22	71.04	93.91
57	52.98	62.61	71.04	77.06	101.14
58	56.59	67.42	77.06	83.08	109.56
59	62.61	73.44	83.08	90.30	119.20
60	67.42	80.67	91.50	101.14	128.83
61	73.44	89.10	101.14	109.56	139.66
62	79.46	96.32	109.56	119.20	152.91
63	85.48	103.54	117.99	127.62	163.74
64	90.30	110.77	126.42	136.05	176.99
65	96.32	119.20	134.85	145.68	190.23
66	104.75	127.62	145.68	157.72	205.88
67	113.18	138.46	158.93	170.97	223.94
68	122.81	151.70	174.58	187.82	246.82
69	134.85	166.15	191.44	207.09	270.90
70	146.89	181.80	209.50	227.56	297.39
71	162.54	201.07	232.37	254.04	328.69
72	181.80	223.94	258.86	282.94	367.22
73	202.27	250.43	290.16	317.86	410.56
74	225.15	280.53	326.28	355.18	458.72
75	251.64	314.24	366.02	398.52	511.70
76	280.53	351.57	408.16	444.28	569.49
77	311.84	391.30	455.11	494.84	633.30
78	345.55	434.64	505.68	547.82	700.73
79	382.87	480.40	559.86	606.82	775.38
80	420.20				
81	463.54				
82	506.88				
83	553.84				
84	603.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.92	42.14	48.16	50.57	65.02
45-49	38.53	46.96	52.98	56.59	72.24
50-54	45.75	55.38	63.81	69.83	90.30
55	54.18	63.81	72.24	78.26	103.54
56	56.59	67.42	77.06	81.87	109.56
57	61.40	72.24	81.87	87.89	115.58
58	65.02	78.26	87.89	95.12	125.22
59	71.04	85.48	96.32	103.54	134.85
60	77.06	91.50	104.75	113.18	146.89
61	81.87	101.14	114.38	122.81	158.93
62	89.10	107.16	125.22	134.85	173.38
63	96.32	115.58	133.64	143.28	185.42
64	102.34	125.22	142.07	154.11	199.86
65	109.56	134.85	151.70	163.74	215.52
66	117.99	143.28	163.74	178.19	232.37
67	127.62	157.72	178.19	193.84	254.04
68	138.46	170.97	195.05	214.31	278.12
69	151.70	186.62	215.52	233.58	305.82
70	166.15	205.88	235.98	256.45	335.92
71	181.80	226.35	262.47	284.14	372.04
72	202.27	251.64	291.37	319.06	415.38
73	225.15	281.74	327.49	355.18	463.54
74	250.43	315.45	367.22	399.73	516.52
75	280.53	352.77	410.56	446.68	576.72
76	311.84	392.50	458.72	499.66	642.94
77	346.75	438.26	510.50	555.04	713.97
78	384.08	486.42	567.08	616.45	788.62
79	423.81	538.19	627.28	682.67	872.90
80	465.95				
81	511.70				
82	558.66				
83	609.22				
84	663.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.32	45.75	50.57	55.38	71.04
45-49	40.94	49.36	56.59	61.40	78.26
50-54	48.16	59.00	67.42	73.44	97.52
55	56.59	67.42	77.06	83.08	109.56
56	59.00	72.24	80.67	87.89	114.38
57	63.81	77.06	86.69	93.91	121.60
58	67.42	81.87	93.91	101.14	131.24
59	73.44	89.10	102.34	109.56	142.07
60	80.67	96.32	110.77	119.20	154.11
61	86.69	104.75	120.40	128.83	167.36
62	93.91	113.18	130.03	139.66	181.80
63	101.14	121.60	139.66	150.50	195.05
64	105.95	130.03	149.30	161.34	209.50
65	114.38	139.66	158.93	173.38	225.15
66	122.81	150.50	170.97	186.62	243.21
67	133.64	163.74	186.62	203.48	266.08
68	144.48	179.40	205.88	223.94	291.37
69	158.93	195.05	225.15	245.62	320.26
70	173.38	215.52	248.02	269.70	352.77
71	190.23	235.98	274.51	298.59	391.30
72	210.70	263.68	305.82	332.30	434.64
73	234.78	294.98	343.14	372.04	486.42
74	262.47	329.90	384.08	417.79	543.00
75	293.78	368.42	428.62	467.15	604.41
76	326.28	410.56	480.40	522.54	674.24
77	361.20	457.52	534.58	582.74	747.68
78	399.73	506.88	592.37	645.34	827.15
79	440.66	562.27	656.18	715.18	913.84
80	484.01				
81	530.96				
82	580.33				
83	633.30				
84	688.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.59	69.83	79.46	85.48	115.58
45-49	62.61	77.06	87.89	95.12	128.83
50-54	77.06	95.12	109.56	120.40	163.74
55	89.10	110.77	127.62	138.46	190.23
56	93.91	115.58	134.85	146.89	201.07
57	98.73	122.81	143.28	155.32	211.90
58	105.95	131.24	152.91	166.15	225.15
59	111.97	139.66	162.54	176.99	239.60
60	120.40	150.50	173.38	187.82	255.25
61	128.83	160.13	185.42	201.07	272.10
62	137.26	170.97	198.66	215.52	290.16
63	145.68	183.01	211.90	229.96	310.63
64	155.32	193.84	225.15	245.62	329.90
65	166.15	207.09	240.80	262.47	352.77
66	176.99	222.74	257.66	280.53	379.26
67	191.44	239.60	279.33	303.41	409.36
68	207.09	258.86	302.20	328.69	443.07
69	222.74	280.53	326.28	355.18	479.19
70	240.80	304.61	353.98	386.48	520.13
71	260.06	331.10	385.28	420.20	564.68
72	284.14	362.40	422.60	462.34	617.65
73	313.04	398.52	464.74	508.09	676.65
74	344.34	438.26	511.70	559.86	741.66
75	378.06	480.40	562.27	615.24	813.90
76	414.18	527.35	617.65	676.65	892.16
77	451.50	577.92	679.06	741.66	976.44
78	491.23	632.10	744.07	812.70	1065.54
79	534.58	689.89	812.70	888.55	1161.86
80	577.92				
81	623.67				
82	671.83				
83	721.20				
84	772.97				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	65.02	80.67	93.91	102.34	134.85
45-49	72.24	90.30	103.54	113.18	150.50
50-54	89.10	111.97	128.83	139.66	190.23
55	101.14	127.62	146.89	160.13	217.92
56	104.75	134.85	155.32	168.56	229.96
57	110.77	142.07	163.74	178.19	240.80
58	117.99	150.50	174.58	190.23	255.25
59	126.42	158.93	184.21	202.27	270.90
60	136.05	168.56	197.46	214.31	286.55
61	144.48	179.40	209.50	227.56	305.82
62	154.11	192.64	223.94	243.21	326.28
63	163.74	203.48	239.60	260.06	347.96
64	174.58	217.92	254.04	278.12	370.83
65	185.42	232.37	272.10	296.18	396.12
66	198.66	249.23	290.16	317.86	425.01
67	211.90	269.70	314.24	343.14	458.72
68	229.96	290.16	339.53	370.83	497.25
69	248.02	315.45	367.22	402.14	536.98
70	269.70	343.14	399.73	438.26	582.74
71	291.37	372.04	434.64	475.58	633.30
72	319.06	408.16	475.58	521.33	692.30
73	350.36	446.68	522.54	573.10	757.32
74	384.08	490.03	573.10	628.49	829.56
75	420.20	538.19	630.90	689.89	910.22
76	459.93	587.55	691.10	757.32	996.91
77	500.86	644.14	756.11	829.56	1089.62
78	545.41	703.14	828.35	906.61	1188.35
79	591.16	768.15	901.80	988.48	1293.10
80	639.32				
81	688.69				
82	739.26				
83	794.64				
84	851.23				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	69.83	86.69	98.73	109.56	143.28
45-49	77.06	96.32	110.77	121.60	158.93
50-54	95.12	119.20	137.26	149.30	201.07
55	105.95	134.85	155.32	169.76	229.96
56	110.77	142.07	163.74	178.19	240.80
57	115.58	149.30	173.38	187.82	254.04
58	122.81	157.72	183.01	199.86	267.29
59	131.24	167.36	193.84	211.90	282.94
60	142.07	176.99	207.09	225.15	299.80
61	151.70	187.82	219.13	239.60	320.26
62	161.34	201.07	234.78	256.45	341.94
63	170.97	214.31	250.43	273.31	363.61
64	183.01	227.56	266.08	291.37	387.69
65	193.84	243.21	284.14	310.63	415.38
66	207.09	260.06	304.61	332.30	444.28
67	222.74	281.74	328.69	360.00	480.40
68	239.60	304.61	355.18	390.10	520.13
69	258.86	329.90	385.28	422.60	562.27
70	280.53	358.79	417.79	458.72	609.22
71	304.61	390.10	456.32	499.66	663.40
72	332.30	426.22	498.46	546.62	723.60
73	366.02	467.15	546.62	600.80	793.44
74	400.93	512.90	600.80	658.59	868.08
75	439.46	562.27	658.59	722.40	952.36
76	480.40	615.24	722.40	792.23	1041.46
77	522.54	673.04	789.82	866.88	1137.78
78	568.29	733.24	864.47	946.34	1241.32
79	615.24	800.66	940.32	1033.03	1349.68
80	664.61				
81	715.18				
82	769.36				
83	825.94				
84	883.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.94	50.57	59.00	65.02	86.69
45-49	45.75	56.59	66.22	72.24	96.32
50-54	61.40	74.65	85.48	91.50	122.81
55	69.83	86.69	97.52	107.16	145.68
56	73.44	90.30	103.54	113.18	155.32
57	78.26	96.32	110.77	121.60	167.36
58	83.08	103.54	119.20	131.24	179.40
59	90.30	111.97	128.83	142.07	193.84
60	97.52	121.60	139.66	152.91	209.50
61	105.95	131.24	152.91	166.15	225.15
62	114.38	143.28	166.15	179.40	243.21
63	122.81	152.91	178.19	193.84	262.47
64	131.24	163.74	191.44	207.09	280.53
65	142.07	175.78	203.48	222.74	302.20
66	152.91	187.82	219.13	239.60	326.28
67	166.15	205.88	239.60	260.06	353.98
68	179.40	223.94	262.47	284.14	386.48
69	195.05	245.62	286.55	311.84	422.60
70	211.90	267.29	313.04	341.94	462.34
71	232.37	294.98	344.34	376.85	505.68
72	256.45	326.28	380.46	416.58	558.66
73	282.94	361.20	422.60	462.34	616.45
74	314.24	399.73	468.36	512.90	681.46
75	346.75	443.07	518.92	568.29	752.50
76	382.87	490.03	571.90	627.28	828.35
77	420.20	539.39	632.10	692.30	910.22
78	459.93	593.57	695.91	762.13	998.12
79	503.27	651.36	762.13	836.78	1093.23
80	546.62				
81	593.57				
82	641.73				
83	692.30				
84	746.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.36	62.61	71.04	78.26	102.34
45-49	55.38	67.42	79.46	86.69	113.18
50-54	69.83	86.69	101.14	109.56	143.28
55	80.67	101.14	114.38	126.42	169.76
56	85.48	105.95	121.60	131.24	181.80
57	89.10	111.97	128.83	139.66	192.64
58	96.32	120.40	138.46	151.70	207.09
59	103.54	130.03	150.50	162.54	221.54
60	111.97	139.66	161.34	175.78	235.98
61	120.40	150.50	174.58	190.23	254.04
62	130.03	162.54	187.82	205.88	273.31
63	138.46	174.58	202.27	219.13	293.78
64	149.30	185.42	216.72	234.78	314.24
65	160.13	199.86	231.17	250.43	337.12
66	170.97	214.31	248.02	270.90	363.61
67	185.42	232.37	270.90	293.78	394.91
68	201.07	251.64	294.98	320.26	432.24
69	217.92	275.72	321.47	350.36	471.97
70	238.39	302.20	352.77	384.08	516.52
71	260.06	331.10	386.48	422.60	567.08
72	286.55	366.02	427.42	467.15	624.88
73	315.45	403.34	473.17	516.52	689.89
74	350.36	447.89	523.74	573.10	762.13
75	386.48	494.84	579.12	634.51	840.39
76	426.22	545.41	639.32	700.73	925.88
77	467.15	600.80	704.34	772.97	1017.38
78	511.70	658.59	772.97	850.02	1114.90
79	556.25	722.40	848.82	931.90	1219.65
80	604.41				
81	654.98				
82	707.95				
83	763.34				
84	821.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54.18	66.22	77.06	83.08	109.56
45-49	59.00	73.44	85.48	91.50	120.40
50-54	73.44	91.50	105.95	115.58	151.70
55	85.48	105.95	121.60	133.64	179.40
56	89.10	111.97	128.83	139.66	191.44
57	95.12	119.20	137.26	149.30	203.48
58	102.34	127.62	146.89	160.13	217.92
59	109.56	137.26	158.93	170.97	232.37
60	117.99	146.89	170.97	185.42	248.02
61	126.42	158.93	184.21	199.86	266.08
62	136.05	170.97	198.66	215.52	286.55
63	145.68	184.21	211.90	231.17	307.02
64	155.32	195.05	226.35	246.82	328.69
65	167.36	209.50	242.00	263.68	352.77
66	178.19	225.15	260.06	282.94	379.26
67	193.84	243.21	282.94	307.02	414.18
68	210.70	264.88	308.22	335.92	451.50
69	227.56	288.96	337.12	367.22	492.44
70	249.23	315.45	369.63	402.14	539.39
71	272.10	346.75	404.54	441.87	592.37
72	298.59	382.87	447.89	488.82	652.57
73	329.90	422.60	496.05	540.60	721.20
74	366.02	467.15	547.82	599.59	795.84
75	403.34	515.31	604.41	663.40	877.72
76	444.28	569.49	667.02	732.03	968.02
77	487.62	626.08	735.64	807.88	1061.93
78	532.17	687.48	807.88	888.55	1164.27
79	579.12	753.70	884.94	972.83	1273.83
80	628.49				
81	681.46				
82	736.85				
83	793.44				
84	852.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.61	36.12	42.14	45.15	57.19
45-49	34.62	40.64	46.66	49.67	63.21
50-54	42.14	49.67	57.19	61.71	78.26
55	48.16	57.19	66.22	70.74	93.31
56	51.17	61.71	70.74	75.25	99.33
57	55.69	66.22	75.25	81.27	106.86
58	60.20	72.24	81.27	88.80	115.89
59	66.22	78.26	88.80	96.32	126.42
60	72.24	85.79	97.83	106.86	136.96
61	78.26	94.82	106.86	115.89	149.00
62	84.28	102.34	115.89	126.42	162.54
63	90.30	109.87	124.92	135.45	174.58
64	96.32	117.39	133.95	144.48	188.13
65	102.34	126.42	142.98	155.02	201.67
66	111.37	135.45	155.02	167.06	218.23
67	120.40	147.49	168.56	182.11	237.79
68	130.94	161.04	185.12	200.17	261.87
69	142.98	176.09	203.18	219.73	287.46
70	156.52	192.64	222.74	242.31	316.05
71	173.08	213.71	246.82	269.40	349.16
72	192.64	237.79	275.42	301.00	389.80
73	215.22	266.39	308.53	337.12	436.45
74	239.30	297.99	346.15	377.76	487.62
75	267.89	334.11	388.29	422.91	543.31
76	297.99	373.24	433.44	472.57	605.01
77	331.10	415.38	483.11	525.25	672.74
78	367.22	462.04	537.29	582.44	744.98
79	406.35	510.20	594.48	644.14	823.24
80	446.99				
81	492.14				
82	538.79				
83	588.46				
84	641.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.63	45.15	51.17	54.18	69.23
45-49	40.64	49.67	55.69	60.20	76.76
50-54	48.16	58.70	67.73	73.75	96.32
55	57.19	67.73	76.76	82.78	109.87
56	60.20	72.24	81.27	87.29	115.89
57	64.72	76.76	87.29	93.31	123.41
58	69.23	82.78	93.31	100.84	132.44
59	75.25	90.30	102.34	109.87	142.98
60	81.27	97.83	111.37	120.40	156.52
61	87.29	106.86	121.91	130.94	168.56
62	94.82	114.38	132.44	142.98	183.61
63	102.34	123.41	141.47	152.01	197.16
64	108.36	132.44	150.50	164.05	212.21
65	115.89	142.98	161.04	174.58	228.76
66	124.92	152.01	174.58	189.63	246.82
67	135.45	167.06	189.63	206.19	269.40
68	147.49	182.11	207.69	227.26	294.98
69	161.04	198.66	228.76	248.33	325.08
70	176.09	218.23	251.34	272.41	356.69
71	192.64	240.80	278.43	302.51	395.82
72	215.22	267.89	310.03	338.63	440.97
73	239.30	299.50	347.66	377.76	492.14
74	266.39	335.62	389.80	424.41	549.33
75	297.99	374.75	436.45	474.08	612.54
76	331.10	416.89	487.62	531.27	683.27
77	368.73	465.05	541.80	589.96	758.52
78	407.86	516.22	602.00	654.68	838.29
79	450.00	571.90	666.72	725.41	927.08
80	495.15				
81	543.31				
82	592.97				
83	647.15				
84	704.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.13	48.16	54.18	58.70	75.25
45-49	43.65	52.68	60.20	64.72	82.78
50-54	51.17	63.21	72.24	78.26	103.85
55	60.20	72.24	81.27	88.80	115.89
56	63.21	76.76	85.79	93.31	121.91
57	67.73	81.27	91.81	99.33	129.43
58	72.24	87.29	99.33	106.86	139.97
59	78.26	94.82	108.36	115.89	150.50
60	85.79	102.34	117.39	126.42	164.05
61	91.81	111.37	127.93	136.96	177.59
62	99.33	120.40	138.46	149.00	192.64
63	106.86	129.43	149.00	159.53	207.69
64	112.88	138.46	158.03	171.57	222.74
65	121.91	149.00	168.56	183.61	239.30
66	130.94	159.53	182.11	198.66	258.86
67	141.47	174.58	198.66	216.72	282.94
68	153.51	191.14	218.23	237.79	310.03
69	168.56	207.69	239.30	260.37	340.13
70	183.61	228.76	263.38	285.95	374.75
71	201.67	251.34	291.97	317.56	415.38
72	224.25	279.93	325.08	353.68	462.04
73	249.83	313.04	364.21	395.82	516.22
74	278.43	350.67	407.86	443.98	576.42
75	311.54	391.30	456.02	496.65	642.64
76	346.15	436.45	510.20	555.35	716.38
77	383.78	486.12	567.39	618.56	794.64
78	424.41	538.79	629.09	686.28	878.92
79	468.06	597.49	696.82	760.03	970.73
80	514.71				
81	564.38				
82	617.05				
83	672.74				
84	731.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.20	73.75	84.28	90.30	123.41
45-49	66.22	81.27	93.31	100.84	136.96
50-54	81.27	100.84	115.89	127.93	174.58
55	94.82	117.39	135.45	147.49	201.67
56	99.33	123.41	142.98	156.52	213.71
57	105.35	130.94	152.01	165.55	225.75
58	112.88	139.97	162.54	176.09	239.30
59	118.90	149.00	173.08	188.13	254.35
60	127.93	159.53	183.61	200.17	270.90
61	136.96	170.07	197.16	213.71	288.96
62	145.99	182.11	210.70	228.76	308.53
63	155.02	194.15	225.75	243.81	329.60
64	165.55	206.19	239.30	260.37	350.67
65	176.09	219.73	255.85	278.43	374.75
66	188.13	236.29	273.91	297.99	403.34
67	203.18	254.35	296.49	322.07	434.95
68	219.73	275.42	320.57	349.16	471.07
69	236.29	297.99	346.15	377.76	508.69
70	255.85	323.58	376.25	410.87	552.34
71	276.92	352.17	409.36	446.99	600.50
72	302.51	385.28	448.49	490.63	656.18
73	332.61	422.91	493.64	540.30	719.39
74	365.72	465.05	543.31	594.48	788.62
75	401.84	510.20	597.49	653.17	865.38
76	439.46	559.86	656.18	719.39	948.15
77	480.10	614.04	720.90	788.62	1036.95
78	522.24	671.23	790.13	863.87	1131.76
79	567.39	732.94	863.87	943.64	1234.10
80	614.04				
81	662.20				
82	713.37				
83	766.05				
84	821.73				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	69.23	85.79	99.33	108.36	142.98
45-49	76.76	96.32	109.87	120.40	159.53
50-54	94.82	118.90	136.96	149.00	201.67
55	106.86	135.45	156.52	170.07	231.77
56	111.37	142.98	165.55	179.10	243.81
57	117.39	150.50	174.58	189.63	255.85
58	124.92	159.53	185.12	201.67	270.90
59	133.95	168.56	195.65	215.22	287.46
60	144.48	179.10	209.20	227.26	304.01
61	153.51	191.14	222.74	242.31	325.08
62	164.05	204.68	237.79	258.86	346.15
63	174.58	216.72	254.35	276.92	370.23
64	185.12	231.77	269.40	294.98	394.31
65	197.16	246.82	288.96	314.55	421.40
66	210.70	264.88	308.53	337.12	451.50
67	225.75	285.95	334.11	364.21	487.62
68	243.81	308.53	361.20	394.31	528.26
69	263.38	335.62	389.80	427.42	570.40
70	285.95	364.21	424.41	465.05	618.56
71	310.03	395.82	462.04	505.68	672.74
72	338.63	433.44	505.68	553.84	735.95
73	371.74	474.08	555.35	609.53	805.18
74	407.86	520.73	609.53	668.22	881.93
75	446.99	571.90	669.73	732.94	967.72
76	489.13	624.58	734.44	805.18	1059.52
77	532.77	684.78	803.67	881.93	1157.35
78	579.43	746.48	880.43	963.20	1262.70
79	627.59	815.71	958.69	1050.49	1374.07
80	678.76				
81	731.43				
82	785.61				
83	844.31				
84	904.51				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	73.75	91.81	105.35	115.89	152.01
45-49	81.27	102.34	117.39	129.43	168.56
50-54	100.84	126.42	145.99	158.03	213.71
55	112.88	142.98	165.55	180.60	243.81
56	117.39	150.50	174.58	189.63	255.85
57	123.41	158.03	183.61	200.17	269.40
58	130.94	167.06	194.15	212.21	284.45
59	139.97	177.59	206.19	225.75	301.00
60	150.50	188.13	219.73	239.30	319.06
61	161.04	200.17	233.28	254.35	340.13
62	171.57	213.71	249.83	272.41	362.71
63	182.11	227.26	266.39	290.47	386.79
64	194.15	242.31	282.94	310.03	412.37
65	206.19	258.86	302.51	329.60	440.97
66	219.73	276.92	323.58	353.68	472.57
67	236.29	299.50	349.16	382.27	510.20
68	254.35	323.58	377.76	413.88	552.34
69	275.42	350.67	409.36	448.49	597.49
70	297.99	380.77	443.98	487.62	647.15
71	323.58	413.88	484.61	531.27	704.34
72	353.68	453.01	529.76	580.93	769.06
73	388.29	496.65	580.93	638.12	842.80
74	425.92	544.81	638.12	699.83	922.57
75	466.55	597.49	699.83	767.55	1011.36
76	510.20	653.17	767.55	841.30	1106.18
77	555.35	714.88	839.79	921.06	1208.52
78	603.51	779.59	918.05	1005.34	1318.38
79	653.17	850.33	999.32	1097.15	1434.27
80	705.85				
81	760.03				
82	817.22				
83	877.42				
84	939.12				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.65	54.18	63.21	69.23	91.81
45-49	48.16	60.20	70.74	76.76	102.34
50-54	64.72	79.77	90.30	97.83	130.94
55	73.75	91.81	103.85	114.38	155.02
56	78.26	96.32	109.87	120.40	165.55
57	82.78	102.34	117.39	129.43	177.59
58	88.80	109.87	126.42	139.97	191.14
59	96.32	118.90	136.96	150.50	206.19
60	103.85	129.43	149.00	162.54	222.74
61	112.88	139.97	162.54	176.09	239.30
62	121.91	152.01	176.09	191.14	258.86
63	130.94	162.54	189.63	206.19	278.43
64	139.97	174.58	203.18	219.73	297.99
65	150.50	186.62	216.72	236.29	320.57
66	162.54	200.17	233.28	254.35	346.15
67	176.09	218.23	254.35	276.92	376.25
68	191.14	237.79	278.43	302.51	410.87
69	207.69	260.37	304.01	331.10	448.49
70	225.75	284.45	332.61	362.71	490.63
71	246.82	313.04	365.72	400.33	537.29
72	272.41	346.15	404.85	442.47	592.97
73	301.00	383.78	448.49	490.63	654.68
74	334.11	424.41	498.16	544.81	723.91
75	368.73	471.07	550.83	603.51	799.16
76	406.35	520.73	608.02	666.72	880.43
77	446.99	573.41	671.23	735.95	967.72
78	489.13	630.60	738.96	809.69	1061.03
79	534.28	692.30	809.69	889.46	1161.86
80	580.93				
81	630.60				
82	681.77				
83	735.95				
84	793.14				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.68	66.22	75.25	82.78	108.36
45-49	58.70	72.24	84.28	91.81	120.40
50-54	73.75	91.81	106.86	115.89	152.01
55	85.79	106.86	121.91	133.95	180.60
56	90.30	112.88	129.43	139.97	192.64
57	94.82	118.90	136.96	149.00	204.68
58	102.34	127.93	147.49	161.04	219.73
59	109.87	138.46	159.53	173.08	234.78
60	118.90	149.00	171.57	186.62	251.34
61	127.93	159.53	185.12	201.67	269.40
62	138.46	173.08	200.17	218.23	290.47
63	147.49	185.12	215.22	233.28	311.54
64	158.03	197.16	230.27	249.83	334.11
65	170.07	212.21	245.32	266.39	358.19
66	182.11	227.26	263.38	287.46	386.79
67	197.16	246.82	287.46	311.54	419.90
68	213.71	267.89	313.04	340.13	459.03
69	231.77	293.48	341.64	371.74	501.17
70	252.84	320.57	374.75	407.86	549.33
71	276.92	352.17	410.87	448.49	602.00
72	304.01	388.29	454.51	496.65	663.71
73	335.62	428.93	502.67	549.33	732.94
74	371.74	475.58	556.85	609.53	809.69
75	410.87	525.25	615.55	674.24	892.47
76	453.01	579.43	678.76	744.98	984.27
77	496.65	638.12	747.99	821.73	1080.59
78	543.31	699.83	821.73	903.00	1184.44
79	591.47	767.55	901.50	990.29	1295.81
80	642.64				
81	695.31				
82	752.50				
83	811.20				
84	872.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.19	70.74	81.27	88.80	115.89
45-49	63.21	78.26	90.30	97.83	127.93
50-54	78.26	97.83	112.88	123.41	161.04
55	90.30	112.88	129.43	141.47	191.14
56	94.82	118.90	136.96	149.00	203.18
57	100.84	126.42	145.99	158.03	216.72
58	108.36	135.45	156.52	170.07	231.77
59	115.89	145.99	168.56	182.11	246.82
60	124.92	156.52	182.11	197.16	263.38
61	133.95	168.56	195.65	212.21	282.94
62	144.48	182.11	210.70	228.76	304.01
63	155.02	195.65	225.75	245.32	326.59
64	165.55	207.69	240.80	261.87	349.16
65	177.59	222.74	257.36	279.93	374.75
66	189.63	239.30	276.92	301.00	403.34
67	206.19	258.86	301.00	326.59	439.46
68	224.25	281.44	328.09	356.69	480.10
69	242.31	307.02	358.19	389.80	523.74
70	264.88	335.62	392.81	427.42	573.41
71	288.96	368.73	430.43	469.56	629.09
72	317.56	406.35	475.58	519.23	693.81
73	350.67	448.49	526.75	574.91	766.05
74	388.29	496.65	582.44	636.62	845.81
75	428.93	547.82	642.64	704.34	933.10
76	472.57	605.01	708.86	778.09	1027.92
77	517.72	665.21	781.10	857.85	1128.75
78	565.88	729.93	857.85	943.64	1237.11
79	615.55	800.66	940.63	1033.94	1353.00
80	668.22				
81	723.91				
82	782.60				
83	842.80				
84	906.01				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.63	42.14	49.67	52.68	67.73
45-49	40.64	48.16	54.18	58.70	73.75
50-54	49.67	58.70	67.73	72.24	91.81
55	57.19	67.73	78.26	82.78	109.87
56	60.20	72.24	82.78	88.80	117.39
57	66.22	78.26	88.80	96.32	126.42
58	70.74	84.28	96.32	103.85	136.96
59	78.26	91.81	103.85	112.88	149.00
60	84.28	100.84	114.38	126.42	161.04
61	91.81	111.37	126.42	136.96	174.58
62	99.33	120.40	136.96	149.00	191.14
63	106.86	129.43	147.49	159.53	204.68
64	112.88	138.46	158.03	170.07	221.24
65	120.40	149.00	168.56	182.11	237.79
66	130.94	159.53	182.11	197.16	257.36
67	141.47	173.08	198.66	213.71	279.93
68	153.51	189.63	218.23	234.78	308.53
69	168.56	207.69	239.30	258.86	338.63
70	183.61	227.26	261.87	284.45	371.74
71	203.18	251.34	290.47	317.56	410.87
72	227.26	279.93	323.58	353.68	459.03
73	252.84	313.04	362.71	397.32	513.21
74	281.44	350.67	407.86	443.98	573.41
75	314.55	392.81	457.52	498.16	639.63
76	350.67	439.46	510.20	555.35	711.87
77	389.80	489.13	568.89	618.56	791.63
78	431.94	543.31	632.10	684.78	875.91
79	478.59	600.50	699.83	758.52	969.22
80	525.25				
81	579.43				
82	633.61				
83	692.30				
84	754.01				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.65	52.68	60.20	63.21	81.27
45-49	48.16	58.70	66.22	70.74	90.30
50-54	57.19	69.23	79.77	87.29	112.88
55	67.73	79.77	90.30	97.83	129.43
56	70.74	84.28	96.32	102.34	136.96
57	76.76	90.30	102.34	109.87	144.48
58	81.27	97.83	109.87	118.90	156.52
59	88.80	106.86	120.40	129.43	168.56
60	96.32	114.38	130.94	141.47	183.61
61	102.34	126.42	142.98	153.51	198.66
62	111.37	133.95	156.52	168.56	216.72
63	120.40	144.48	167.06	179.10	231.77
64	127.93	156.52	177.59	192.64	249.83
65	136.96	168.56	189.63	204.68	269.40
66	147.49	179.10	204.68	222.74	290.47
67	159.53	197.16	222.74	242.31	317.56
68	173.08	213.71	243.81	267.89	347.66
69	189.63	233.28	269.40	291.97	382.27
70	207.69	257.36	294.98	320.57	419.90
71	227.26	282.94	328.09	355.18	465.05
72	252.84	314.55	364.21	398.83	519.23
73	281.44	352.17	409.36	443.98	579.43
74	313.04	394.31	459.03	499.66	645.65
75	350.67	440.97	513.21	558.36	720.90
76	389.80	490.63	573.41	624.58	803.67
77	433.44	547.82	638.12	693.81	892.47
78	480.10	608.02	708.86	770.56	985.78
79	529.76	672.74	784.11	853.34	1091.13
80	582.44				
81	639.63				
82	698.32				
83	761.53				
84	829.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46.66	57.19	63.21	69.23	88.80
45-49	51.17	61.71	70.74	76.76	97.83
50-54	60.20	73.75	84.28	91.81	121.91
55	70.74	84.28	96.32	103.85	136.96
56	73.75	90.30	100.84	109.87	142.98
57	79.77	96.32	108.36	117.39	152.01
58	84.28	102.34	117.39	126.42	164.05
59	91.81	111.37	127.93	136.96	177.59
60	100.84	120.40	138.46	149.00	192.64
61	108.36	130.94	150.50	161.04	209.20
62	117.39	141.47	162.54	174.58	227.26
63	126.42	152.01	174.58	188.13	243.81
64	132.44	162.54	186.62	201.67	261.87
65	142.98	174.58	198.66	216.72	281.44
66	153.51	188.13	213.71	233.28	304.01
67	167.06	204.68	233.28	254.35	332.61
68	180.60	224.25	257.36	279.93	364.21
69	198.66	243.81	281.44	307.02	400.33
70	216.72	269.40	310.03	337.12	440.97
71	237.79	294.98	343.14	373.24	489.13
72	263.38	329.60	382.27	415.38	543.31
73	293.48	368.73	428.93	465.05	608.02
74	328.09	412.37	480.10	522.24	678.76
75	367.22	460.53	535.78	583.94	755.51
76	407.86	513.21	600.50	653.17	842.80
77	451.50	571.90	668.22	728.42	934.61
78	499.66	633.61	740.46	806.68	1033.94
79	550.83	702.84	820.23	893.97	1142.30
80	605.01				
81	663.71				
82	725.41				
83	791.63				
84	860.86				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.74	87.29	99.33	106.86	144.48
45-49	78.26	96.32	109.87	118.90	161.04
50-54	96.32	118.90	136.96	150.50	204.68
55	111.37	138.46	159.53	173.08	237.79
56	117.39	144.48	168.56	183.61	251.34
57	123.41	153.51	179.10	194.15	264.88
58	132.44	164.05	191.14	207.69	281.44
59	139.97	174.58	203.18	221.24	299.50
60	150.50	188.13	216.72	234.78	319.06
61	161.04	200.17	231.77	251.34	340.13
62	171.57	213.71	248.33	269.40	362.71
63	182.11	228.76	264.88	287.46	388.29
64	194.15	242.31	281.44	307.02	412.37
65	207.69	258.86	301.00	328.09	440.97
66	221.24	278.43	322.07	350.67	474.08
67	239.30	299.50	349.16	379.26	511.70
68	258.86	323.58	377.76	410.87	553.84
69	278.43	350.67	407.86	443.98	598.99
70	301.00	380.77	442.47	483.11	650.16
71	325.08	413.88	481.60	525.25	705.85
72	355.18	453.01	528.26	577.92	772.07
73	391.30	498.16	580.93	635.11	845.81
74	430.43	547.82	639.63	699.83	927.08
75	472.57	600.50	702.84	769.06	1017.38
76	517.72	659.19	772.07	845.81	1115.21
77	564.38	722.40	848.82	927.08	1220.56
78	614.04	790.13	930.09	1015.88	1331.93
79	668.22	862.37	1015.88	1110.69	1452.33
80	722.40				
81	779.59				
82	839.79				
83	901.50				
84	966.21				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	81.27	100.84	117.39	127.93	168.56
45-49	90.30	112.88	129.43	141.47	188.13
50-54	111.37	139.97	161.04	174.58	237.79
55	126.42	159.53	183.61	200.17	272.41
56	130.94	168.56	194.15	210.70	287.46
57	138.46	177.59	204.68	222.74	301.00
58	147.49	188.13	218.23	237.79	319.06
59	158.03	198.66	230.27	252.84	338.63
60	170.07	210.70	246.82	267.89	358.19
61	180.60	224.25	261.87	284.45	382.27
62	192.64	240.80	279.93	304.01	407.86
63	204.68	254.35	299.50	325.08	434.95
64	218.23	272.41	317.56	347.66	463.54
65	231.77	290.47	340.13	370.23	495.15
66	248.33	311.54	362.71	397.32	531.27
67	264.88	337.12	392.81	428.93	573.41
68	287.46	362.71	424.41	463.54	621.57
69	310.03	394.31	459.03	502.67	671.23
70	337.12	428.93	499.66	547.82	728.42
71	364.21	465.05	543.31	594.48	791.63
72	398.83	510.20	594.48	651.67	865.38
73	437.96	558.36	653.17	716.38	946.65
74	480.10	612.54	716.38	785.61	1036.95
75	525.25	672.74	788.62	862.37	1137.78
76	574.91	734.44	863.87	946.65	1246.14
77	626.08	805.18	945.14	1036.95	1362.03
78	681.77	878.92	1035.44	1133.27	1485.44
79	738.96	960.19	1127.25	1235.61	1616.37
80	799.16				
81	860.86				
82	924.07				
83	993.30				
84	1064.04				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	87.29	108.36	123.41	136.96	179.10
45-49	96.32	120.40	138.46	152.01	198.66
50-54	118.90	149.00	171.57	186.62	251.34
55	132.44	168.56	194.15	212.21	287.46
56	138.46	177.59	204.68	222.74	301.00
57	144.48	186.62	216.72	234.78	317.56
58	153.51	197.16	228.76	249.83	334.11
59	164.05	209.20	242.31	264.88	353.68
60	177.59	221.24	258.86	281.44	374.75
61	189.63	234.78	273.91	299.50	400.33
62	201.67	251.34	293.48	320.57	427.42
63	213.71	267.89	313.04	341.64	454.51
64	228.76	284.45	332.61	364.21	484.61
65	242.31	304.01	355.18	388.29	519.23
66	258.86	325.08	380.77	415.38	555.35
67	278.43	352.17	410.87	450.00	600.50
68	299.50	380.77	443.98	487.62	650.16
69	323.58	412.37	481.60	528.26	702.84
70	350.67	448.49	522.24	573.41	761.53
71	380.77	487.62	570.40	624.58	829.26
72	415.38	532.77	623.07	683.27	904.51
73	457.52	583.94	683.27	751.00	991.80
74	501.17	641.13	751.00	823.24	1085.11
75	549.33	702.84	823.24	903.00	1190.46
76	600.50	769.06	903.00	990.29	1301.83
77	653.17	841.30	987.28	1083.60	1422.23
78	710.36	916.55	1080.59	1182.93	1551.66
79	769.06	1000.83	1175.41	1291.29	1687.11
80	830.76				
81	893.97				
82	961.70				
83	1032.43				
84	1104.67				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.17	63.21	73.75	81.27	108.36
45-49	57.19	70.74	82.78	90.30	120.40
50-54	76.76	93.31	106.86	114.38	153.51
55	87.29	108.36	121.91	133.95	182.11
56	91.81	112.88	129.43	141.47	194.15
57	97.83	120.40	138.46	152.01	209.20
58	103.85	129.43	149.00	164.05	224.25
59	112.88	139.97	161.04	177.59	242.31
60	121.91	152.01	174.58	191.14	261.87
61	132.44	164.05	191.14	207.69	281.44
62	142.98	179.10	207.69	224.25	304.01
63	153.51	191.14	222.74	242.31	328.09
64	164.05	204.68	239.30	258.86	350.67
65	177.59	219.73	254.35	278.43	377.76
66	191.14	234.78	273.91	299.50	407.86
67	207.69	257.36	299.50	325.08	442.47
68	224.25	279.93	328.09	355.18	483.11
69	243.81	307.02	358.19	389.80	528.26
70	264.88	334.11	391.30	427.42	577.92
71	290.47	368.73	430.43	471.07	632.10
72	320.57	407.86	475.58	520.73	698.32
73	353.68	451.50	528.26	577.92	770.56
74	392.81	499.66	585.45	641.13	851.83
75	433.44	553.84	648.66	710.36	940.63
76	478.59	612.54	714.88	784.11	1035.44
77	525.25	674.24	790.13	865.38	1137.78
78	574.91	741.97	869.89	952.67	1247.65
79	629.09	814.21	952.67	1045.98	1366.54
80	683.27				
81	741.97				
82	802.17				
83	865.38				
84	933.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.71	78.26	88.80	97.83	127.93
45-49	69.23	84.28	99.33	108.36	141.47
50-54	87.29	108.36	126.42	136.96	179.10
55	100.84	126.42	142.98	158.03	212.21
56	106.86	132.44	152.01	164.05	227.26
57	111.37	139.97	161.04	174.58	240.80
58	120.40	150.50	173.08	189.63	258.86
59	129.43	162.54	188.13	203.18	276.92
60	139.97	174.58	201.67	219.73	294.98
61	150.50	188.13	218.23	237.79	317.56
62	162.54	203.18	234.78	257.36	341.64
63	173.08	218.23	252.84	273.91	367.22
64	186.62	231.77	270.90	293.48	392.81
65	200.17	249.83	288.96	313.04	421.40
66	213.71	267.89	310.03	338.63	454.51
67	231.77	290.47	338.63	367.22	493.64
68	251.34	314.55	368.73	400.33	540.30
69	272.41	344.65	401.84	437.96	589.96
70	297.99	377.76	440.97	480.10	645.65
71	325.08	413.88	483.11	528.26	708.86
72	358.19	457.52	534.28	583.94	781.10
73	394.31	504.18	591.47	645.65	862.37
74	437.96	559.86	654.68	716.38	952.67
75	483.11	618.56	723.91	793.14	1050.49
76	532.77	681.77	799.16	875.91	1157.35
77	583.94	751.00	880.43	966.21	1271.73
78	639.63	823.24	966.21	1062.53	1393.63
79	695.31	903.00	1061.03	1164.87	1524.57
80	755.51				
81	818.72				
82	884.94				
83	954.17				
84	1026.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 20.4% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.73	82.78	96.32	103.85	136.96
45-49	73.75	91.81	106.86	114.38	150.50
50-54	91.81	114.38	132.44	144.48	189.63
55	106.86	132.44	152.01	167.06	224.25
56	111.37	139.97	161.04	174.58	239.30
57	118.90	149.00	171.57	186.62	254.35
58	127.93	159.53	183.61	200.17	272.41
59	136.96	171.57	198.66	213.71	290.47
60	147.49	183.61	213.71	231.77	310.03
61	158.03	198.66	230.27	249.83	332.61
62	170.07	213.71	248.33	269.40	358.19
63	182.11	230.27	264.88	288.96	383.78
64	194.15	243.81	282.94	308.53	410.87
65	209.20	261.87	302.51	329.60	440.97
66	222.74	281.44	325.08	353.68	474.08
67	242.31	304.01	353.68	383.78	517.72
68	263.38	331.10	385.28	419.90	564.38
69	284.45	361.20	421.40	459.03	615.55
70	311.54	394.31	462.04	502.67	674.24
71	340.13	433.44	505.68	552.34	740.46
72	373.24	478.59	559.86	611.03	815.71
73	412.37	528.26	620.06	675.75	901.50
74	457.52	583.94	684.78	749.49	994.81
75	504.18	644.14	755.51	829.26	1097.15
76	555.35	711.87	833.77	915.04	1210.02
77	609.53	782.60	919.56	1009.86	1327.41
78	665.21	859.36	1009.86	1110.69	1455.34
79	723.91	942.13	1106.18	1216.04	1592.29
80	785.61				
81	851.83				
82	921.06				
83	991.80				
84	1065.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.14	28.09	32.53	34.01	35.49
45-49	28.09	31.05	35.49	36.97	39.92
50-54	34.01	38.44	42.88	45.84	51.75
55	38.44	44.36	50.27	54.71	65.06
56	41.40	47.32	54.71	59.14	70.97
57	44.36	51.75	59.14	63.58	78.37
58	48.79	56.19	65.06	69.49	85.76
59	53.23	62.10	70.97	75.41	94.63
60	59.14	69.49	78.37	82.80	103.50
61	63.58	75.41	85.76	90.20	112.37
62	69.49	82.80	93.15	99.07	122.72
63	73.93	88.72	100.55	106.46	131.60
64	78.37	94.63	107.94	115.33	140.47
65	84.28	100.55	115.33	124.20	150.82
66	90.20	109.42	124.20	134.55	162.65
67	97.59	118.29	136.03	146.38	177.43
68	106.46	130.12	149.34	161.17	195.18
69	116.81	141.95	164.13	175.95	212.92
70	127.16	155.25	180.39	193.70	235.10
71	140.47	171.52	198.13	214.40	260.24
72	155.25	190.74	220.31	238.06	288.33
73	173.00	212.92	245.45	264.67	320.86
74	192.22	236.58	273.54	295.72	357.82
75	214.40	263.19	303.11	328.25	397.75
76	238.06	292.76	337.12	363.74	440.63
77	263.19	323.82	372.61	402.18	487.94
78	289.81	357.82	411.05	443.58	538.21
79	319.38	393.31	452.45	487.94	592.92
80	348.95				
81	381.48				
82	415.49				
83	450.98				
84	489.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.32	57.67	66.54	72.45	87.24
45-49	51.75	63.58	73.93	79.84	97.59
50-54	63.58	78.37	91.67	99.07	124.20
55	76.89	93.15	107.94	115.33	147.86
56	81.32	99.07	113.85	122.72	158.21
57	87.24	106.46	121.25	130.12	168.56
58	93.15	113.85	130.12	138.99	180.39
59	99.07	121.25	138.99	149.34	192.22
60	104.98	130.12	149.34	161.17	205.53
61	112.37	138.99	159.69	173.00	218.83
62	119.77	147.86	171.52	186.30	235.10
63	127.16	158.21	183.35	198.13	251.36
64	136.03	167.08	195.18	211.44	269.11
65	144.90	178.91	207.01	224.75	288.33
66	155.25	190.74	221.79	239.53	309.03
67	167.08	205.53	238.06	257.28	332.69
68	180.39	221.79	257.28	277.98	359.30
69	193.70	239.53	276.50	300.16	387.40
70	209.96	260.24	300.16	325.29	416.97
71	227.71	282.41	325.29	353.39	452.45
72	246.93	307.55	354.87	385.92	492.38
73	269.11	335.64	388.87	422.88	536.73
74	294.24	368.17	425.84	464.28	587.01
75	320.86	402.18	467.24	508.64	640.24
76	348.95	439.15	511.60	557.44	699.38
77	378.52	479.07	558.91	610.67	761.48
78	409.57	521.95	610.67	666.85	828.02
79	442.10	567.79	665.37	727.48	900.47
80	477.59				
81	513.08				
82	551.52				
83	591.44				
84	632.84				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.01	41.40	47.32	51.75	62.10
45-49	36.97	45.84	53.23	57.67	69.49
50-54	51.75	62.10	72.45	78.37	94.63
55	59.14	72.45	82.80	88.72	113.85
56	62.10	76.89	87.24	94.63	121.25
57	66.54	82.80	93.15	100.55	130.12
58	72.45	90.20	100.55	109.42	140.47
59	78.37	97.59	109.42	118.29	153.78
60	85.76	106.46	119.77	130.12	167.08
61	93.15	115.33	131.60	141.95	181.87
62	100.55	124.20	141.95	153.78	196.65
63	107.94	133.07	152.30	165.60	211.44
64	115.33	141.95	162.65	177.43	227.71
65	122.72	152.30	174.48	189.26	243.97
66	133.07	164.13	187.78	204.05	264.67
67	143.43	177.43	204.05	221.79	286.85
68	155.25	193.70	223.27	242.49	311.99
69	170.04	211.44	243.97	264.67	340.08
70	184.83	230.66	266.15	289.81	372.61
71	202.57	252.84	292.76	317.90	406.62
72	221.79	277.98	322.34	350.43	446.54
73	243.97	306.07	354.87	387.40	490.90
74	269.11	337.12	391.83	427.32	539.69
75	295.72	371.13	431.75	470.20	591.44
76	323.82	408.10	474.63	517.51	649.11
77	353.39	446.54	520.47	567.79	709.73
78	384.44	487.94	569.26	622.49	774.79
79	416.97	532.30	622.49	680.16	844.29
80	452.45				
81	487.94				
82	526.38				
83	566.31				
84	607.71				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.57	32.53	38.44	39.92	41.40
45-49	32.53	36.97	41.40	42.88	47.32
50-54	39.92	45.84	50.27	53.23	60.62
55	45.84	51.75	59.14	65.06	76.89
56	48.79	56.19	65.06	69.49	82.80
57	51.75	60.62	69.49	75.41	91.67
58	57.67	66.54	76.89	81.32	100.55
59	62.10	72.45	82.80	88.72	110.90
60	69.49	81.32	91.67	97.59	121.25
61	75.41	88.72	100.55	106.46	131.60
62	81.32	97.59	109.42	116.81	144.90
63	87.24	104.98	118.29	125.68	155.25
64	91.67	110.90	127.16	136.03	165.60
65	99.07	118.29	136.03	146.38	177.43
66	106.46	128.64	146.38	158.21	190.74
67	115.33	138.99	159.69	171.52	208.48
68	125.68	153.78	175.95	189.26	229.18
69	137.51	167.08	193.70	207.01	249.88
70	149.34	183.35	212.92	227.71	276.50
71	165.60	201.09	233.62	252.84	306.07
72	183.35	224.75	258.76	279.46	338.60
73	204.05	249.88	288.33	311.99	377.05
74	226.23	277.98	322.34	347.47	421.40
75	252.84	309.03	356.34	385.92	467.24
76	279.46	344.52	396.27	427.32	518.99
77	309.03	381.48	437.67	473.15	573.70
78	341.56	421.40	483.50	521.95	632.84
79	375.57	462.80	532.30	573.70	697.90
80	411.05				
81	449.50				
82	489.42				
83	530.82				
84	575.18				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.19	68.02	78.37	85.76	102.02
45-49	60.62	75.41	87.24	94.63	115.33
50-54	75.41	91.67	107.94	116.81	146.38
55	90.20	109.42	127.16	136.03	174.48
56	96.11	116.81	134.55	144.90	186.30
57	102.02	125.68	141.95	153.78	198.13
58	109.42	134.55	153.78	164.13	212.92
59	116.81	141.95	164.13	175.95	226.23
60	124.20	153.78	175.95	189.26	242.49
61	131.60	164.13	187.78	204.05	257.28
62	140.47	174.48	201.09	218.83	276.50
63	149.34	186.30	215.88	233.62	295.72
64	159.69	196.65	229.18	248.41	316.42
65	170.04	209.96	243.97	264.67	338.60
66	183.35	224.75	260.24	282.41	363.74
67	196.65	242.49	279.46	303.11	391.83
68	212.92	260.24	303.11	326.77	422.88
69	227.71	282.41	325.29	353.39	455.41
70	246.93	306.07	353.39	382.96	490.90
71	267.63	332.69	382.96	415.49	532.30
72	289.81	362.26	416.97	453.93	579.61
73	316.42	394.79	456.89	496.81	631.37
74	345.99	433.23	501.25	545.61	690.51
75	377.05	473.15	550.04	598.84	752.61
76	411.05	516.03	601.79	656.50	822.11
77	445.06	563.35	657.98	718.60	896.04
78	482.03	613.62	718.60	785.14	974.40
79	520.47	668.33	782.18	856.11	1058.68
80	561.87				
81	603.27				
82	649.11				
83	696.42				
84	745.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.92	48.79	56.19	60.62	72.45
45-49	42.88	53.23	62.10	68.02	81.32
50-54	60.62	72.45	85.76	91.67	110.90
55	69.49	85.76	97.59	104.98	134.55
56	72.45	90.20	102.02	110.90	141.95
57	78.37	97.59	109.42	118.29	153.78
58	85.76	106.46	118.29	128.64	165.60
59	91.67	115.33	128.64	138.99	180.39
60	100.55	125.68	140.47	153.78	196.65
61	109.42	136.03	155.25	167.08	214.40
62	118.29	146.38	167.08	180.39	230.66
63	127.16	156.73	178.91	195.18	248.41
64	136.03	167.08	190.74	208.48	267.63
65	144.90	178.91	205.53	223.27	286.85
66	156.73	193.70	220.31	239.53	311.99
67	168.56	208.48	239.53	260.24	337.12
68	183.35	227.71	263.19	285.37	366.69
69	199.61	248.41	286.85	311.99	400.70
70	217.36	272.06	313.46	341.56	437.67
71	238.06	297.20	344.52	374.09	479.07
72	260.24	326.77	378.52	412.53	524.91
73	286.85	360.78	416.97	455.41	578.14
74	316.42	396.27	461.33	502.73	634.32
75	347.47	436.19	508.64	553.00	696.42
76	381.48	480.55	558.91	609.19	762.96
77	415.49	524.91	612.14	668.33	835.41
78	452.45	573.70	669.81	731.91	910.82
79	490.90	626.93	731.91	799.93	993.62
80	532.30				
81	573.70				
82	619.54				
83	666.85				
84	715.65				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.42	35.12	40.66	42.51	44.36
45-49	35.12	38.81	44.36	46.21	49.90
50-54	42.51	48.05	53.60	57.30	64.69
55	48.05	55.45	62.84	68.39	81.32
56	51.75	59.14	68.39	73.93	88.72
57	55.45	64.69	73.93	79.48	97.96
58	60.99	70.23	81.32	86.87	107.20
59	66.54	77.63	88.72	94.26	118.29
60	73.93	86.87	97.96	103.50	129.38
61	79.48	94.26	107.20	112.74	140.47
62	86.87	103.50	116.44	123.83	153.41
63	92.41	110.90	125.68	133.07	164.50
64	97.96	118.29	134.92	144.16	175.58
65	105.35	125.68	144.16	155.25	188.52
66	112.74	136.77	155.25	168.19	203.31
67	121.99	147.86	170.04	182.98	221.79
68	133.07	162.65	186.67	201.46	243.97
69	146.01	177.43	205.16	219.94	266.15
70	158.95	194.07	225.49	242.12	293.87
71	175.58	214.40	247.67	268.00	325.29
72	194.07	238.43	275.39	297.57	360.41
73	216.25	266.15	306.81	330.84	401.07
74	240.27	295.72	341.93	369.65	447.28
75	268.00	328.99	378.89	410.31	497.18
76	297.57	365.96	421.40	454.67	550.78
77	328.99	404.77	465.76	502.73	609.93
78	362.26	447.28	513.82	554.48	672.77
79	399.22	491.64	565.57	609.93	741.15
80	436.19				
81	476.85				
82	519.36				
83	563.72				
84	611.77				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.14	72.08	83.17	90.56	109.05
45-49	64.69	79.48	92.41	99.81	121.99
50-54	79.48	97.96	114.59	123.83	155.25
55	96.11	116.44	134.92	144.16	184.83
56	101.65	123.83	142.32	153.41	197.76
57	109.05	133.07	151.56	162.65	210.70
58	116.44	142.32	162.65	173.74	225.49
59	123.83	151.56	173.74	186.67	240.27
60	131.23	162.65	186.67	201.46	256.91
61	140.47	173.74	199.61	216.25	273.54
62	149.71	184.83	214.40	232.88	293.87
63	158.95	197.76	229.18	247.67	314.20
64	170.04	208.85	243.97	264.30	336.38
65	181.13	223.64	258.76	280.94	360.41
66	194.07	238.43	277.24	299.42	386.29
67	208.85	256.91	297.57	321.60	415.86
68	225.49	277.24	321.60	347.47	449.13
69	242.12	299.42	345.62	375.20	484.24
70	262.45	325.29	375.20	406.62	521.21
71	284.63	353.02	406.62	441.73	565.57
72	308.66	384.44	443.58	482.40	615.47
73	336.38	419.56	486.09	528.60	670.92
74	367.80	460.22	532.30	580.35	733.76
75	401.07	502.73	584.05	635.80	800.30
76	436.19	548.93	639.50	696.79	874.23
77	473.15	598.84	698.64	763.33	951.85
78	511.97	652.44	763.33	833.57	1035.03
79	552.63	709.73	831.72	909.34	1125.59
80	596.99				
81	641.35				
82	689.40				
83	739.30				
84	791.06				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.51	51.75	59.14	64.69	77.63
45-49	46.21	57.30	66.54	72.08	86.87
50-54	64.69	77.63	90.56	97.96	118.29
55	73.93	90.56	103.50	110.90	142.32
56	77.63	96.11	109.05	118.29	151.56
57	83.17	103.50	116.44	125.68	162.65
58	90.56	112.74	125.68	136.77	175.58
59	97.96	121.99	136.77	147.86	192.22
60	107.20	133.07	149.71	162.65	208.85
61	116.44	144.16	164.50	177.43	227.34
62	125.68	155.25	177.43	192.22	245.82
63	134.92	166.34	190.37	207.01	264.30
64	144.16	177.43	203.31	221.79	284.63
65	153.41	190.37	218.09	236.58	304.96
66	166.34	205.16	234.73	255.06	330.84
67	179.28	221.79	255.06	277.24	358.56
68	194.07	242.12	279.09	303.11	389.98
69	212.55	264.30	304.96	330.84	425.10
70	231.03	288.33	332.69	362.26	465.76
71	253.21	316.05	365.96	397.38	508.27
72	277.24	347.47	402.92	438.04	558.17
73	304.96	382.59	443.58	484.24	613.62
74	336.38	421.40	489.79	534.15	674.62
75	369.65	463.91	539.69	587.75	739.30
76	404.77	510.12	593.29	646.89	811.39
77	441.73	558.17	650.59	709.73	887.16
78	480.55	609.93	711.58	778.12	968.49
79	521.21	665.37	778.12	850.20	1055.36
80	565.57				
81	609.93				
82	657.98				
83	707.88				
84	759.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.97	40.66	48.05	49.90	51.75
45-49	40.66	46.21	51.75	53.60	59.14
50-54	49.90	57.30	62.84	66.54	75.78
55	57.30	64.69	73.93	81.32	96.11
56	60.99	70.23	81.32	86.87	103.50
57	64.69	75.78	86.87	94.26	114.59
58	72.08	83.17	96.11	101.65	125.68
59	77.63	90.56	103.50	110.90	138.62
60	86.87	101.65	114.59	121.99	151.56
61	94.26	110.90	125.68	133.07	164.50
62	101.65	121.99	136.77	146.01	181.13
63	109.05	131.23	147.86	157.10	194.07
64	114.59	138.62	158.95	170.04	207.01
65	123.83	147.86	170.04	182.98	221.79
66	133.07	160.80	182.98	197.76	238.43
67	144.16	173.74	199.61	214.40	260.60
68	157.10	192.22	219.94	236.58	286.48
69	171.89	208.85	242.12	258.76	312.36
70	186.67	229.18	266.15	284.63	345.62
71	207.01	251.36	292.03	316.05	382.59
72	229.18	280.94	323.45	349.32	423.25
73	255.06	312.36	360.41	389.98	471.31
74	282.78	347.47	402.92	434.34	526.75
75	316.05	386.29	445.43	482.40	584.05
76	349.32	430.64	495.33	534.15	648.74
77	386.29	476.85	547.09	591.44	717.13
78	426.95	526.75	604.38	652.44	791.06
79	469.46	578.51	665.37	717.13	872.38
80	513.82				
81	561.87				
82	611.77				
83	663.53				
84	718.97				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.23	85.02	97.96	107.20	127.53
45-49	75.78	94.26	109.05	118.29	144.16
50-54	94.26	114.59	134.92	146.01	182.98
55	112.74	136.77	158.95	170.04	218.09
56	120.14	146.01	168.19	181.13	232.88
57	127.53	157.10	177.43	192.22	247.67
58	136.77	168.19	192.22	205.16	266.15
59	146.01	177.43	205.16	219.94	282.78
60	155.25	192.22	219.94	236.58	303.11
61	164.50	205.16	234.73	255.06	321.60
62	175.58	218.09	251.36	273.54	345.62
63	186.67	232.88	269.85	292.03	369.65
64	199.61	245.82	286.48	310.51	395.53
65	212.55	262.45	304.96	330.84	423.25
66	229.18	280.94	325.29	353.02	454.67
67	245.82	303.11	349.32	378.89	489.79
68	266.15	325.29	378.89	408.47	528.60
69	284.63	353.02	406.62	441.73	569.26
70	308.66	382.59	441.73	478.70	613.62
71	334.54	415.86	478.70	519.36	665.37
72	362.26	452.82	521.21	567.42	724.52
73	395.53	493.49	571.11	621.02	789.21
74	432.49	541.54	626.56	682.01	863.14
75	471.31	591.44	687.55	748.55	940.76
76	513.82	645.04	752.24	820.63	1027.63
77	556.33	704.19	822.48	898.25	1120.05
78	602.53	767.03	898.25	981.43	1218.00
79	650.59	835.41	977.73	1070.14	1323.35
80	702.34				
81	754.09				
82	811.39				
83	870.53				
84	931.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.90	60.99	70.23	75.78	90.56
45-49	53.60	66.54	77.63	85.02	101.65
50-54	75.78	90.56	107.20	114.59	138.62
55	86.87	107.20	121.99	131.23	168.19
56	90.56	112.74	127.53	138.62	177.43
57	97.96	121.99	136.77	147.86	192.22
58	107.20	133.07	147.86	160.80	207.01
59	114.59	144.16	160.80	173.74	225.49
60	125.68	157.10	175.58	192.22	245.82
61	136.77	170.04	194.07	208.85	268.00
62	147.86	182.98	208.85	225.49	288.33
63	158.95	195.92	223.64	243.97	310.51
64	170.04	208.85	238.43	260.60	334.54
65	181.13	223.64	256.91	279.09	358.56
66	195.92	242.12	275.39	299.42	389.98
67	210.70	260.60	299.42	325.29	421.40
68	229.18	284.63	328.99	356.71	458.37
69	249.52	310.51	358.56	389.98	500.88
70	271.69	340.08	391.83	426.95	547.09
71	297.57	371.50	430.64	467.61	598.84
72	325.29	408.47	473.15	515.66	656.13
73	358.56	450.98	521.21	569.26	722.67
74	395.53	495.33	576.66	628.41	792.90
75	434.34	545.24	635.80	691.25	870.53
76	476.85	600.68	698.64	761.48	953.70
77	519.36	656.13	765.18	835.41	1044.27
78	565.57	717.13	837.26	914.89	1138.53
79	613.62	783.66	914.89	999.91	1242.03
80	665.37				
81	717.13				
82	774.42				
83	833.57				
84	894.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.92	35.01	38.05	41.10	53.27
45-49	31.96	39.57	42.62	45.66	59.36
50-54	39.57	47.19	53.27	56.32	73.06
55	45.66	54.80	60.88	65.45	86.76
56	48.71	57.84	65.45	70.02	91.33
57	51.75	62.41	70.02	74.58	98.94
58	56.32	66.97	76.10	80.67	106.55
59	60.88	73.06	82.19	88.28	115.68
60	65.45	79.15	89.80	95.89	126.33
61	71.54	85.24	97.41	105.02	136.99
62	77.63	92.85	106.55	114.16	149.17
63	83.72	100.46	114.16	123.29	161.34
64	88.28	106.55	123.29	132.42	172.00
65	94.37	114.16	132.42	141.56	184.17
66	100.46	123.29	143.08	153.73	199.39
67	109.59	133.94	155.25	167.43	217.66
68	120.25	146.12	168.95	184.17	238.97
69	130.90	159.82	185.70	200.92	261.80
70	143.08	175.04	202.44	220.70	287.68
71	156.78	193.31	223.75	243.54	316.60
72	173.52	214.62	248.10	270.93	351.60
73	191.78	238.97	277.02	301.38	391.18
74	213.09	266.37	307.46	336.38	433.80
75	237.45	295.29	342.47	374.44	480.98
76	261.80	327.25	380.52	415.53	532.73
77	289.20	362.26	421.62	459.67	589.05
78	318.12	400.31	465.76	508.38	648.41
79	350.08	439.89	512.95	558.61	712.34
80	383.57				
81	418.58				
82	456.63				
83	496.20				
84	538.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.49	41.10	45.66	47.19	62.41
45-49	38.05	45.66	50.23	53.27	68.49
50-54	44.14	53.27	60.88	65.45	85.24
55	51.75	60.88	68.49	74.58	98.94
56	54.80	63.93	73.06	79.15	103.50
57	57.84	68.49	77.63	83.72	111.11
58	62.41	74.58	83.72	89.80	118.72
59	66.97	80.67	91.33	98.94	127.86
60	71.54	88.28	98.94	106.55	138.51
61	77.63	94.37	108.07	117.20	150.69
62	83.72	101.98	117.20	126.33	162.86
63	89.80	109.59	126.33	135.47	176.56
64	95.89	117.20	133.94	144.60	188.74
65	103.50	124.81	144.60	153.73	202.44
66	109.59	133.94	155.25	165.91	219.18
67	118.72	146.12	167.43	181.13	238.97
68	129.38	158.30	184.17	199.39	261.80
69	141.56	173.52	200.92	217.66	286.15
70	155.25	191.78	219.18	238.97	315.07
71	168.95	210.05	243.54	263.32	347.04
72	187.22	234.40	269.41	293.76	383.57
73	208.53	260.28	299.85	327.25	426.19
74	229.84	289.20	334.86	363.78	471.85
75	255.71	321.16	372.91	404.88	523.60
76	281.59	356.17	414.01	450.54	579.92
77	312.03	392.70	458.15	499.25	640.80
78	342.47	433.80	506.86	552.52	704.73
79	375.96	477.94	557.09	607.32	774.75
80	410.97				
81	449.02				
82	488.59				
83	529.69				
84	573.83				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.01	42.62	48.71	50.23	65.45
45-49	39.57	47.19	53.27	56.32	73.06
50-54	45.66	56.32	63.93	68.49	91.33
55	53.27	63.93	71.54	77.63	103.50
56	56.32	66.97	76.10	82.19	109.59
57	59.36	71.54	80.67	88.28	115.68
58	63.93	77.63	86.76	94.37	124.81
59	68.49	83.72	94.37	103.50	133.94
60	74.58	91.33	103.50	111.11	144.60
61	80.67	98.94	112.64	121.77	156.78
62	86.76	106.55	121.77	130.90	168.95
63	92.85	114.16	130.90	140.03	182.65
64	98.94	121.77	138.51	149.17	194.83
65	106.55	129.38	149.17	159.82	210.05
66	114.16	138.51	159.82	172.00	226.79
67	123.29	150.69	173.52	187.22	248.10
68	133.94	164.39	190.26	205.48	270.93
69	146.12	179.61	207.01	225.27	296.81
70	159.82	197.87	226.79	246.58	325.73
71	175.04	217.66	251.15	272.46	359.21
72	193.31	242.01	278.54	302.90	397.27
73	214.62	269.41	310.51	337.91	441.41
74	237.45	298.33	345.52	375.96	488.59
75	263.32	331.82	385.09	418.58	541.87
76	290.72	368.35	427.71	465.76	599.71
77	321.16	406.40	473.37	515.99	662.11
78	353.13	447.50	523.60	570.79	729.08
79	386.61	493.16	576.87	628.63	800.62
80	423.14				
81	461.20				
82	502.29				
83	544.91				
84	589.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54.80	68.49	79.15	86.76	114.16
45-49	60.88	76.10	88.28	95.89	126.33
50-54	74.58	92.85	108.07	117.20	161.34
55	85.24	108.07	124.81	135.47	187.22
56	89.80	114.16	132.42	143.08	196.35
57	95.89	121.77	140.03	152.21	208.53
58	101.98	129.38	149.17	162.86	220.70
59	109.59	138.51	159.82	173.52	234.40
60	117.20	147.64	170.47	184.17	249.62
61	124.81	158.30	182.65	197.87	266.37
62	133.94	168.95	194.83	211.57	284.63
63	143.08	179.61	207.01	225.27	304.42
64	152.21	191.78	220.70	240.49	324.21
65	161.34	203.96	235.93	255.71	345.52
66	173.52	217.66	251.15	273.98	369.87
67	185.70	234.40	270.93	295.29	398.79
68	199.39	252.67	292.24	319.64	430.75
69	214.62	270.93	316.60	345.52	464.24
70	231.36	293.76	342.47	374.44	500.77
71	251.15	318.12	371.39	406.40	543.39
72	272.46	345.52	404.88	442.93	590.57
73	296.81	377.48	442.93	484.03	643.85
74	324.21	412.49	484.03	529.69	701.69
75	354.65	450.54	528.17	578.40	765.61
76	385.09	493.16	576.87	631.67	834.11
77	418.58	537.30	628.63	689.51	907.17
78	452.06	586.01	683.42	750.39	984.80
79	488.59	636.24	742.78	815.84	1068.51
80	526.65				
81	564.70				
82	605.79				
83	648.41				
84	692.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.88	77.63	89.80	98.94	127.86
45-49	68.49	85.24	100.46	108.07	143.08
50-54	83.72	105.02	123.29	133.94	181.13
55	94.37	120.25	141.56	153.73	207.01
56	98.94	126.33	149.17	161.34	216.14
57	105.02	133.94	156.78	170.47	228.31
58	111.11	141.56	165.91	181.13	242.01
59	118.72	150.69	176.56	191.78	257.23
60	127.86	161.34	187.22	203.96	272.46
61	136.99	172.00	199.39	216.14	290.72
62	146.12	184.17	211.57	231.36	310.51
63	155.25	196.35	225.27	245.06	331.82
64	164.39	208.53	240.49	261.80	351.60
65	175.04	220.70	255.71	278.54	375.96
66	187.22	235.93	273.98	299.85	400.31
67	200.92	254.19	295.29	322.68	432.28
68	216.14	273.98	319.64	350.08	465.76
69	232.88	293.76	343.99	377.48	502.29
70	251.15	319.64	372.91	407.92	541.87
71	270.93	345.52	404.88	442.93	587.53
72	295.29	375.96	439.89	482.50	639.28
73	321.16	410.97	480.98	526.65	697.12
74	350.08	447.50	525.12	575.35	759.53
75	382.05	488.59	572.31	627.10	828.02
76	415.53	532.73	624.06	683.42	899.56
77	449.02	578.40	678.86	744.31	978.71
78	485.55	628.63	738.22	809.76	1060.90
79	522.08	681.90	800.62	878.25	1150.71
80	563.18				
81	602.75				
82	646.89				
83	691.03				
84	736.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.93	80.67	94.37	103.50	133.94
45-49	71.54	89.80	105.02	114.16	149.17
50-54	88.28	111.11	129.38	140.03	188.74
55	98.94	124.81	147.64	161.34	214.62
56	103.50	130.90	155.25	168.95	225.27
57	109.59	138.51	162.86	178.09	237.45
58	115.68	147.64	172.00	188.74	251.15
59	123.29	156.78	182.65	199.39	266.37
60	132.42	167.43	193.31	211.57	283.11
61	141.56	178.09	205.48	223.75	301.38
62	150.69	190.26	219.18	238.97	321.16
63	159.82	202.44	232.88	254.19	342.47
64	170.47	214.62	248.10	270.93	363.78
65	181.13	228.31	264.84	289.20	388.13
66	193.31	243.54	284.63	310.51	414.01
67	207.01	261.80	305.94	334.86	445.97
68	222.23	283.11	330.30	362.26	480.98
69	240.49	304.42	356.17	391.18	519.04
70	258.76	330.30	385.09	423.14	560.13
71	280.07	357.69	418.58	458.15	607.32
72	304.42	389.66	455.11	499.25	660.59
73	331.82	424.67	496.20	544.91	719.95
74	360.74	462.72	541.87	595.14	783.88
75	392.70	503.81	590.57	648.41	853.90
76	427.71	549.48	643.85	706.25	928.48
77	462.72	596.66	700.16	768.66	1009.15
78	499.25	646.89	761.05	835.63	1094.39
79	537.30	701.69	824.98	905.65	1185.71
80	578.40				
81	619.49				
82	663.63				
83	709.30				
84	756.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.10	50.23	59.36	63.93	85.24
45-49	45.66	56.32	65.45	71.54	94.37
50-54	59.36	73.06	83.72	92.85	121.77
55	68.49	83.72	97.41	106.55	144.60
56	71.54	88.28	101.98	111.11	153.73
57	76.10	94.37	109.59	118.72	164.39
58	82.19	101.98	118.72	127.86	176.56
59	88.28	109.59	127.86	138.51	190.26
60	95.89	120.25	138.51	150.69	203.96
61	105.02	129.38	150.69	162.86	220.70
62	112.64	140.03	162.86	176.56	237.45
63	120.25	150.69	175.04	188.74	255.71
64	129.38	161.34	187.22	202.44	273.98
65	136.99	172.00	199.39	216.14	293.76
66	147.64	185.70	214.62	232.88	316.60
67	159.82	200.92	232.88	252.67	343.99
68	173.52	219.18	254.19	275.50	374.44
69	188.74	238.97	277.02	301.38	407.92
70	205.48	260.28	302.90	330.30	445.97
71	225.27	286.15	331.82	362.26	487.07
72	246.58	313.55	365.30	398.79	534.26
73	270.93	345.52	401.83	439.89	587.53
74	298.33	379.00	442.93	484.03	643.85
75	327.25	417.05	487.07	532.73	706.25
76	359.21	456.63	534.26	586.01	774.75
77	391.18	500.77	586.01	642.32	846.29
78	424.67	546.43	640.80	703.21	923.91
79	461.20	596.66	698.64	767.14	1004.58
80	499.25				
81	538.82				
82	579.92				
83	622.54				
84	668.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.19	59.36	68.49	73.06	97.41
45-49	53.27	65.45	74.58	82.19	108.07
50-54	65.45	82.19	95.89	105.02	136.99
55	76.10	94.37	109.59	118.72	161.34
56	80.67	100.46	115.68	126.33	170.47
57	85.24	106.55	123.29	133.94	182.65
58	91.33	114.16	132.42	144.60	194.83
59	97.41	121.77	141.56	155.25	208.53
60	105.02	132.42	153.73	167.43	223.75
61	114.16	141.56	165.91	181.13	240.49
62	121.77	152.21	178.09	194.83	257.23
63	130.90	162.86	191.78	208.53	277.02
64	140.03	175.04	203.96	222.23	296.81
65	149.17	187.22	217.66	237.45	316.60
66	161.34	202.44	234.40	255.71	342.47
67	175.04	217.66	254.19	275.50	371.39
68	190.26	237.45	277.02	301.38	404.88
69	205.48	258.76	301.38	328.77	441.41
70	222.23	281.59	328.77	357.69	480.98
71	242.01	308.99	359.21	392.70	526.65
72	264.84	337.91	395.75	432.28	576.87
73	290.72	372.91	435.32	476.42	633.19
74	319.64	409.44	477.94	523.60	695.60
75	351.60	449.02	526.65	576.87	762.57
76	385.09	491.64	578.40	634.71	835.63
77	420.10	538.82	633.19	694.08	913.26
78	455.11	589.05	692.55	759.53	996.97
79	494.68	642.32	754.96	829.54	1085.26
80	534.26				
81	576.87				
82	619.49				
83	663.63				
84	712.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.23	62.41	71.54	77.63	103.50
45-49	56.32	68.49	79.15	86.76	114.16
50-54	68.49	85.24	100.46	109.59	143.08
55	79.15	98.94	115.68	124.81	168.95
56	83.72	105.02	121.77	132.42	178.09
57	88.28	111.11	129.38	140.03	190.26
58	94.37	118.72	138.51	150.69	202.44
59	101.98	127.86	147.64	161.34	216.14
60	109.59	136.99	159.82	175.04	231.36
61	117.20	147.64	172.00	188.74	248.10
62	126.33	158.30	184.17	202.44	266.37
63	135.47	168.95	197.87	216.14	286.15
64	144.60	181.13	211.57	231.36	305.94
65	155.25	193.31	225.27	246.58	327.25
66	167.43	208.53	243.54	264.84	353.13
67	181.13	225.27	263.32	286.15	383.57
68	196.35	245.06	286.15	312.03	417.05
69	211.57	266.37	312.03	339.43	455.11
70	229.84	290.72	339.43	369.87	496.20
71	249.62	318.12	371.39	406.40	543.39
72	272.46	348.56	407.92	445.97	595.14
73	299.85	383.57	449.02	491.64	652.98
74	328.77	421.62	493.16	540.34	718.43
75	362.26	462.72	543.39	595.14	786.92
76	395.75	506.86	596.66	654.50	861.51
77	432.28	555.57	652.98	716.91	942.18
78	468.81	607.32	713.86	783.88	1027.42
79	508.38	662.11	779.31	856.94	1118.74
80	549.48				
81	592.10				
82	636.24				
83	681.90				
84	730.61				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.49	41.10	44.14	48.71	62.41
45-49	38.05	47.19	50.23	53.27	70.02
50-54	47.19	54.80	62.41	66.97	85.24
55	53.27	63.93	71.54	77.63	101.98
56	57.84	68.49	77.63	82.19	108.07
57	60.88	73.06	82.19	88.28	115.68
58	66.97	79.15	89.80	94.37	124.81
59	71.54	85.24	97.41	103.50	135.47
60	77.63	92.85	105.02	112.64	149.17
61	83.72	100.46	114.16	123.29	161.34
62	91.33	109.59	124.81	133.94	175.04
63	98.94	118.72	133.94	144.60	190.26
64	103.50	124.81	144.60	155.25	202.44
65	111.11	133.94	155.25	165.91	216.14
66	118.72	144.60	168.95	181.13	234.40
67	129.38	158.30	182.65	196.35	255.71
68	141.56	172.00	199.39	216.14	281.59
69	153.73	188.74	219.18	235.93	307.46
70	168.95	205.48	237.45	260.28	337.91
71	184.17	226.79	263.32	286.15	372.91
72	203.96	252.67	292.24	318.12	414.01
73	225.27	281.59	325.73	354.65	459.67
74	251.15	313.55	362.26	395.75	509.90
75	280.07	347.04	403.36	439.89	566.22
76	307.46	385.09	447.50	488.59	627.10
77	340.95	426.19	496.20	540.34	692.55
78	374.44	470.33	547.95	598.18	762.57
79	412.49	517.51	602.75	657.55	838.68
80	450.54				
81	493.16				
82	537.30				
83	584.49				
84	633.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.57	48.71	53.27	54.80	73.06
45-49	44.14	53.27	59.36	62.41	80.67
50-54	51.75	62.41	71.54	77.63	100.46
55	60.88	71.54	80.67	88.28	115.68
56	63.93	74.58	85.24	92.85	121.77
57	68.49	80.67	91.33	98.94	130.90
58	73.06	88.28	98.94	105.02	140.03
59	79.15	94.37	108.07	115.68	150.69
60	83.72	103.50	115.68	124.81	162.86
61	91.33	111.11	127.86	138.51	176.56
62	98.94	120.25	138.51	149.17	191.78
63	105.02	129.38	149.17	159.82	207.01
64	112.64	138.51	158.30	170.47	222.23
65	121.77	146.12	170.47	181.13	237.45
66	129.38	158.30	182.65	194.83	257.23
67	140.03	172.00	196.35	213.09	281.59
68	152.21	185.70	216.14	234.40	307.46
69	165.91	203.96	235.93	255.71	336.38
70	182.65	225.27	257.23	281.59	371.39
71	199.39	246.58	286.15	310.51	407.92
72	220.70	275.50	316.60	345.52	450.54
73	245.06	305.94	353.13	385.09	500.77
74	270.93	340.95	394.22	427.71	555.57
75	301.38	377.48	438.36	476.42	616.45
76	331.82	418.58	487.07	529.69	681.90
77	366.83	462.72	538.82	587.53	753.44
78	403.36	509.90	596.66	649.94	829.54
79	442.93	561.65	656.02	713.86	911.74
80	484.03				
81	528.17				
82	575.35				
83	622.54				
84	675.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.10	50.23	57.84	59.36	77.63
45-49	47.19	54.80	62.41	66.97	85.24
50-54	53.27	66.97	74.58	80.67	108.07
55	62.41	74.58	83.72	91.33	121.77
56	66.97	79.15	89.80	97.41	129.38
57	70.02	83.72	94.37	103.50	135.47
58	74.58	91.33	101.98	111.11	146.12
59	80.67	98.94	111.11	121.77	158.30
60	88.28	108.07	121.77	130.90	170.47
61	94.37	115.68	132.42	143.08	184.17
62	101.98	124.81	143.08	153.73	199.39
63	109.59	133.94	153.73	164.39	214.62
64	115.68	143.08	162.86	175.04	229.84
65	124.81	152.21	175.04	188.74	246.58
66	133.94	162.86	188.74	202.44	266.37
67	144.60	176.56	203.96	220.70	292.24
68	158.30	193.31	223.75	242.01	318.12
69	172.00	211.57	243.54	264.84	348.56
70	188.74	232.88	266.37	290.72	383.57
71	205.48	255.71	295.29	321.16	423.14
72	226.79	284.63	327.25	356.17	467.28
73	252.67	316.60	365.30	397.27	519.04
74	280.07	351.60	406.40	442.93	575.35
75	310.51	389.66	453.58	493.16	637.76
76	342.47	433.80	503.81	547.95	706.25
77	377.48	477.94	557.09	607.32	779.31
78	415.53	526.65	616.45	671.24	858.46
79	455.11	579.92	678.86	739.74	942.18
80	497.73				
81	541.87				
82	590.57				
83	640.80				
84	692.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.93	80.67	92.85	101.98	133.94
45-49	71.54	89.80	103.50	112.64	149.17
50-54	88.28	109.59	127.86	138.51	190.26
55	100.46	127.86	146.12	159.82	220.70
56	105.02	133.94	155.25	168.95	231.36
57	112.64	143.08	164.39	179.61	245.06
58	120.25	152.21	175.04	191.78	260.28
59	129.38	162.86	188.74	203.96	275.50
60	138.51	173.52	200.92	216.14	293.76
61	146.12	185.70	214.62	232.88	313.55
62	158.30	199.39	229.84	249.62	334.86
63	168.95	211.57	243.54	264.84	357.69
64	179.61	225.27	260.28	283.11	382.05
65	190.26	240.49	277.02	301.38	406.40
66	203.96	255.71	295.29	322.68	435.32
67	219.18	275.50	318.12	347.04	468.81
68	234.40	296.81	343.99	375.96	506.86
69	252.67	318.12	372.91	406.40	546.43
70	272.46	345.52	403.36	439.89	589.05
71	295.29	374.44	436.84	477.94	639.28
72	321.16	406.40	476.42	520.56	694.08
73	348.56	444.45	520.56	569.26	758.00
74	382.05	485.55	569.26	622.54	824.98
75	417.05	529.69	621.02	680.38	901.08
76	453.58	579.92	678.86	742.78	981.75
77	493.16	631.67	739.74	811.28	1066.99
78	531.21	689.51	803.67	882.82	1158.32
79	575.35	748.87	873.68	960.44	1257.25
80	619.49				
81	663.63				
82	712.34				
83	762.57				
84	814.32				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	71.54	91.33	105.02	115.68	150.69
45-49	80.67	100.46	118.72	127.86	168.95
50-54	98.94	123.29	144.60	158.30	213.09
55	111.11	141.56	165.91	181.13	243.54
56	115.68	149.17	175.04	190.26	254.19
57	123.29	158.30	184.17	200.92	267.89
58	130.90	165.91	194.83	213.09	284.63
59	140.03	176.56	207.01	225.27	302.90
60	150.69	190.26	220.70	240.49	321.16
61	161.34	202.44	234.40	254.19	342.47
62	172.00	216.14	249.62	272.46	365.30
63	182.65	231.36	264.84	287.68	389.66
64	193.31	245.06	283.11	307.46	414.01
65	205.48	260.28	301.38	327.25	442.93
66	220.70	277.02	322.68	353.13	470.33
67	235.93	298.33	347.04	379.00	508.38
68	254.19	322.68	375.96	412.49	547.95
69	273.98	345.52	404.88	444.45	590.57
70	295.29	375.96	438.36	479.46	637.76
71	318.12	406.40	476.42	520.56	691.03
72	347.04	442.93	517.51	567.74	751.92
73	377.48	484.03	566.22	619.49	820.41
74	412.49	526.65	617.97	677.33	893.47
75	449.02	575.35	672.77	738.22	974.14
76	488.59	627.10	733.65	803.67	1057.86
77	528.17	680.38	799.10	875.21	1150.71
78	570.79	739.74	869.12	952.83	1248.12
79	614.93	802.15	942.18	1033.50	1353.14
80	662.11				
81	709.30				
82	761.05				
83	812.80				
84	866.07				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74.58	94.37	111.11	121.77	158.30
45-49	83.72	105.02	123.29	133.94	175.04
50-54	103.50	130.90	152.21	164.39	222.23
55	115.68	146.12	173.52	190.26	252.67
56	121.77	153.73	182.65	199.39	264.84
57	129.38	162.86	191.78	210.05	280.07
58	135.47	173.52	202.44	222.23	295.29
59	144.60	184.17	214.62	234.40	313.55
60	155.25	196.35	226.79	249.62	333.34
61	165.91	210.05	242.01	263.32	354.65
62	176.56	223.75	257.23	281.59	377.48
63	188.74	237.45	273.98	298.33	403.36
64	200.92	252.67	292.24	318.12	427.71
65	213.09	267.89	312.03	340.95	456.63
66	226.79	286.15	334.86	365.30	487.07
67	243.54	307.46	359.21	394.22	525.12
68	261.80	333.34	388.13	426.19	566.22
69	283.11	357.69	418.58	459.67	610.36
70	304.42	388.13	453.58	497.73	659.07
71	328.77	420.10	493.16	538.82	713.86
72	357.69	458.15	535.78	587.53	777.79
73	389.66	499.25	584.49	640.80	846.29
74	424.67	544.91	637.76	700.16	922.39
75	462.72	592.10	694.08	762.57	1004.58
76	503.81	646.89	758.00	831.06	1092.87
77	544.91	701.69	823.45	904.13	1187.24
78	587.53	761.05	894.99	983.27	1287.69
79	631.67	824.98	971.10	1065.47	1394.24
80	680.38				
81	729.08				
82	780.84				
83	834.11				
84	890.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.71	59.36	70.02	74.58	100.46
45-49	53.27	66.97	77.63	83.72	111.11
50-54	70.02	85.24	98.94	109.59	143.08
55	80.67	98.94	114.16	124.81	170.47
56	83.72	103.50	120.25	130.90	181.13
57	89.80	111.11	129.38	140.03	193.31
58	97.41	120.25	140.03	150.69	207.01
59	103.50	129.38	150.69	162.86	223.75
60	112.64	141.56	162.86	176.56	240.49
61	123.29	152.21	176.56	191.78	260.28
62	132.42	164.39	191.78	207.01	280.07
63	141.56	176.56	205.48	222.23	301.38
64	152.21	190.26	220.70	237.45	322.68
65	161.34	202.44	234.40	254.19	345.52
66	173.52	219.18	252.67	273.98	372.91
67	188.74	235.93	273.98	296.81	404.88
68	203.96	257.23	298.33	324.21	439.89
69	222.23	281.59	325.73	354.65	479.46
70	242.01	305.94	356.17	388.13	525.12
71	264.84	336.38	389.66	426.19	572.31
72	290.72	368.35	429.23	468.81	628.63
73	318.12	406.40	473.37	517.51	691.03
74	351.60	445.97	520.56	569.26	758.00
75	385.09	490.12	572.31	627.10	831.06
76	423.14	537.30	628.63	689.51	911.74
77	459.67	589.05	689.51	754.96	995.45
78	499.25	642.32	753.44	828.02	1086.78
79	541.87	701.69	821.93	902.60	1181.15
80	587.53				
81	633.19				
82	681.90				
83	732.13				
84	785.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54.80	70.02	80.67	85.24	114.16
45-49	62.41	77.63	88.28	97.41	127.86
50-54	77.63	97.41	112.64	123.29	161.34
55	89.80	111.11	129.38	140.03	190.26
56	94.37	118.72	135.47	149.17	200.92
57	100.46	124.81	144.60	158.30	214.62
58	108.07	133.94	155.25	170.47	229.84
59	114.16	143.08	165.91	182.65	245.06
60	123.29	155.25	181.13	196.35	263.32
61	133.94	165.91	194.83	213.09	283.11
62	143.08	179.61	210.05	229.84	302.90
63	153.73	191.78	225.27	245.06	325.73
64	164.39	205.48	240.49	261.80	348.56
65	175.04	220.70	255.71	280.07	372.91
66	190.26	237.45	275.50	301.38	403.36
67	205.48	255.71	298.33	324.21	436.84
68	223.75	280.07	325.73	354.65	476.42
69	242.01	304.42	354.65	386.61	519.04
70	261.80	331.82	386.61	420.10	566.22
71	284.63	363.78	423.14	462.72	619.49
72	312.03	397.27	465.76	508.38	678.86
73	342.47	438.36	511.42	560.13	744.31
74	375.96	480.98	561.65	616.45	818.89
75	414.01	528.17	619.49	678.86	896.52
76	453.58	578.40	680.38	747.35	983.27
77	494.68	633.19	744.31	815.84	1074.60
78	535.78	692.55	814.32	893.47	1173.54
79	581.44	754.96	888.90	975.66	1277.04
80	628.63				
81	678.86				
82	729.08				
83	780.84				
84	838.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.36	73.06	83.72	91.33	121.77
45-49	66.97	80.67	92.85	101.98	133.94
50-54	80.67	100.46	118.72	129.38	168.95
55	92.85	115.68	135.47	146.12	199.39
56	98.94	123.29	143.08	155.25	210.05
57	103.50	130.90	152.21	164.39	223.75
58	111.11	140.03	162.86	176.56	237.45
59	120.25	150.69	173.52	190.26	254.19
60	129.38	161.34	188.74	205.48	272.46
61	138.51	173.52	202.44	222.23	292.24
62	149.17	185.70	216.14	237.45	313.55
63	159.82	199.39	232.88	254.19	336.38
64	170.47	213.09	249.62	272.46	359.21
65	182.65	226.79	264.84	290.72	385.09
66	196.35	245.06	286.15	312.03	415.53
67	213.09	264.84	310.51	336.38	450.54
68	231.36	287.68	336.38	366.83	490.12
69	249.62	313.55	366.83	398.79	535.78
70	270.93	342.47	398.79	435.32	584.49
71	293.76	374.44	436.84	477.94	639.28
72	321.16	409.44	479.46	525.12	700.16
73	353.13	450.54	528.17	578.40	768.66
74	386.61	496.20	579.92	636.24	844.76
75	426.19	544.91	639.28	700.16	925.43
76	465.76	596.66	701.69	770.18	1013.72
77	508.38	652.98	768.66	843.24	1108.09
78	551.00	713.86	840.20	922.39	1208.54
79	598.18	779.31	916.30	1007.63	1316.61
80	646.89				
81	697.12				
82	748.87				
83	802.15				
84	859.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.15	43.76	47.57	51.37	66.59
45-49	39.96	49.47	53.27	57.08	74.20
50-54	49.47	58.98	66.59	70.40	91.33
55	57.08	68.49	76.10	81.81	108.45
56	60.88	72.30	81.81	87.52	114.16
57	64.69	78.01	87.52	93.23	123.67
58	70.40	83.72	95.13	100.84	133.18
59	76.10	91.33	102.74	110.35	144.60
60	81.81	98.94	112.25	119.87	157.92
61	89.42	106.55	121.77	131.28	171.24
62	97.03	116.06	133.18	142.70	186.46
63	104.64	125.57	142.70	154.11	201.68
64	110.35	133.18	154.11	165.53	215.00
65	117.96	142.70	165.53	176.94	230.22
66	125.57	154.11	178.85	192.16	249.24
67	136.99	167.43	194.07	209.29	272.07
68	150.31	182.65	211.19	230.22	298.71
69	163.63	199.78	232.12	251.15	327.25
70	178.85	218.80	253.05	275.88	359.60
71	195.97	241.63	279.69	304.42	395.75
72	216.90	268.27	310.13	338.67	439.51
73	239.73	298.71	346.28	376.72	488.97
74	266.37	332.96	384.33	420.48	542.25
75	296.81	369.11	428.09	468.04	601.23
76	327.25	409.06	475.66	519.42	665.92
77	361.50	452.82	527.03	574.59	736.31
78	397.65	500.39	582.20	635.48	810.52
79	437.60	549.86	641.18	698.26	890.43
80	479.46				
81	523.22				
82	570.79				
83	620.25				
84	673.53				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.86	51.37	57.08	58.98	78.01
45-49	47.57	57.08	62.79	66.59	85.62
50-54	55.18	66.59	76.10	81.81	106.55
55	64.69	76.10	85.62	93.23	123.67
56	68.49	79.91	91.33	98.94	129.38
57	72.30	85.62	97.03	104.64	138.89
58	78.01	93.23	104.64	112.25	148.40
59	83.72	100.84	114.16	123.67	159.82
60	89.42	110.35	123.67	133.18	173.14
61	97.03	117.96	135.09	146.50	188.36
62	104.64	127.48	146.50	157.92	203.58
63	112.25	136.99	157.92	169.33	220.70
64	119.87	146.50	167.43	180.75	235.93
65	129.38	156.01	180.75	192.16	253.05
66	136.99	167.43	194.07	207.39	273.98
67	148.40	182.65	209.29	226.41	298.71
68	161.72	197.87	230.22	249.24	327.25
69	176.94	216.90	251.15	272.07	357.69
70	194.07	239.73	273.98	298.71	393.84
71	211.19	262.56	304.42	329.15	433.80
72	234.02	293.00	336.76	367.21	479.46
73	260.66	325.35	374.82	409.06	532.73
74	287.30	361.50	418.58	454.73	589.81
75	319.64	401.45	466.14	506.10	654.50
76	351.98	445.21	517.51	563.18	724.90
77	390.04	490.88	572.69	624.06	801.00
78	428.09	542.25	633.57	690.65	880.91
79	469.95	597.42	696.36	759.15	968.43
80	513.71				
81	561.27				
82	610.74				
83	662.11				
84	717.29				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.76	53.27	60.88	62.79	81.81
45-49	49.47	58.98	66.59	70.40	91.33
50-54	57.08	70.40	79.91	85.62	114.16
55	66.59	79.91	89.42	97.03	129.38
56	70.40	83.72	95.13	102.74	136.99
57	74.20	89.42	100.84	110.35	144.60
58	79.91	97.03	108.45	117.96	156.01
59	85.62	104.64	117.96	129.38	167.43
60	93.23	114.16	129.38	138.89	180.75
61	100.84	123.67	140.79	152.21	195.97
62	108.45	133.18	152.21	163.63	211.19
63	116.06	142.70	163.63	175.04	228.31
64	123.67	152.21	173.14	186.46	243.54
65	133.18	161.72	186.46	199.78	262.56
66	142.70	173.14	199.78	215.00	283.49
67	154.11	188.36	216.90	234.02	310.13
68	167.43	205.48	237.83	256.85	338.67
69	182.65	224.51	258.76	281.59	371.01
70	199.78	247.34	283.49	308.22	407.16
71	218.80	272.07	313.93	340.57	449.02
72	241.63	302.52	348.18	378.62	496.58
73	268.27	336.76	388.13	422.38	551.76
74	296.81	372.91	431.89	469.95	610.74
75	329.15	414.77	481.36	523.22	677.33
76	363.40	460.43	534.64	582.20	749.63
77	401.45	508.00	591.72	644.99	827.64
78	441.41	559.37	654.50	713.48	911.36
79	483.27	616.45	721.09	785.78	1000.78
80	528.93				
81	576.49				
82	627.86				
83	681.14				
84	736.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.49	85.62	98.94	108.45	142.70
45-49	76.10	95.13	110.35	119.87	157.92
50-54	93.23	116.06	135.09	146.50	201.68
55	106.55	135.09	156.01	169.33	234.02
56	112.25	142.70	165.53	178.85	245.44
57	119.87	152.21	175.04	190.26	260.66
58	127.48	161.72	186.46	203.58	275.88
59	136.99	173.14	199.78	216.90	293.00
60	146.50	184.55	213.09	230.22	312.03
61	156.01	197.87	228.31	247.34	332.96
62	167.43	211.19	243.54	264.46	355.79
63	178.85	224.51	258.76	281.59	380.52
64	190.26	239.73	275.88	300.61	405.26
65	201.68	254.95	294.91	319.64	431.89
66	216.90	272.07	313.93	342.47	462.34
67	232.12	293.00	338.67	369.11	498.49
68	249.24	315.84	365.30	399.55	538.44
69	268.27	338.67	395.75	431.89	580.30
70	289.20	367.21	428.09	468.04	625.96
71	313.93	397.65	464.24	508.00	679.24
72	340.57	431.89	506.10	553.66	738.22
73	371.01	471.85	553.66	605.03	804.81
74	405.26	515.61	605.03	662.11	877.11
75	443.31	563.18	660.21	723.00	957.02
76	481.36	616.45	721.09	789.59	1042.64
77	523.22	671.63	785.78	861.89	1133.96
78	565.08	732.51	854.28	937.99	1231.00
79	610.74	795.30	928.48	1019.80	1335.64
80	658.31				
81	705.87				
82	757.24				
83	810.52				
84	865.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.10	97.03	112.25	123.67	159.82
45-49	85.62	106.55	125.57	135.09	178.85
50-54	104.64	131.28	154.11	167.43	226.41
55	117.96	150.31	176.94	192.16	258.76
56	123.67	157.92	186.46	201.68	270.17
57	131.28	167.43	195.97	213.09	285.39
58	138.89	176.94	207.39	226.41	302.52
59	148.40	188.36	220.70	239.73	321.54
60	159.82	201.68	234.02	254.95	340.57
61	171.24	215.00	249.24	270.17	363.40
62	182.65	230.22	264.46	289.20	388.13
63	194.07	245.44	281.59	306.32	414.77
64	205.48	260.66	300.61	327.25	439.51
65	218.80	275.88	319.64	348.18	469.95
66	234.02	294.91	342.47	374.82	500.39
67	251.15	317.74	369.11	403.36	540.34
68	270.17	342.47	399.55	437.60	582.20
69	291.10	367.21	429.99	471.85	627.86
70	313.93	399.55	466.14	509.90	677.33
71	338.67	431.89	506.10	553.66	734.41
72	369.11	469.95	549.86	603.13	799.10
73	401.45	513.71	601.23	658.31	871.40
74	437.60	559.37	656.40	719.19	949.41
75	477.56	610.74	715.39	783.88	1035.03
76	519.42	665.92	780.07	854.28	1124.45
77	561.27	723.00	848.57	930.38	1223.39
78	606.94	785.78	922.77	1012.19	1326.13
79	652.60	852.37	1000.78	1097.81	1438.38
80	703.97				
81	753.44				
82	808.61				
83	863.79				
84	920.87				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	79.91	100.84	117.96	129.38	167.43
45-49	89.42	112.25	131.28	142.70	186.46
50-54	110.35	138.89	161.72	175.04	235.93
55	123.67	156.01	184.55	201.68	268.27
56	129.38	163.63	194.07	211.19	281.59
57	136.99	173.14	203.58	222.61	296.81
58	144.60	184.55	215.00	235.93	313.93
59	154.11	195.97	228.31	249.24	332.96
60	165.53	209.29	241.63	264.46	353.89
61	176.94	222.61	256.85	279.69	376.72
62	188.36	237.83	273.98	298.71	401.45
63	199.78	253.05	291.10	317.74	428.09
64	213.09	268.27	310.13	338.67	454.73
65	226.41	285.39	331.06	361.50	485.17
66	241.63	304.42	355.79	388.13	517.51
67	258.76	327.25	382.43	418.58	557.47
68	277.78	353.89	412.87	452.82	601.23
69	300.61	380.52	445.21	488.97	648.79
70	323.45	412.87	481.36	528.93	700.16
71	350.08	447.12	523.22	572.69	759.15
72	380.52	487.07	568.88	624.06	825.74
73	414.77	530.83	620.25	681.14	899.94
74	450.92	578.40	677.33	743.92	979.85
75	490.88	629.77	738.22	810.52	1067.37
76	534.64	686.85	804.81	882.82	1160.60
77	578.40	745.83	875.21	960.82	1261.44
78	624.06	808.61	951.31	1044.54	1367.98
79	671.63	877.11	1031.22	1132.06	1482.14
80	723.00				
81	774.37				
82	829.54				
83	886.62				
84	945.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.37	62.79	74.20	79.91	106.55
45-49	57.08	70.40	81.81	89.42	117.96
50-54	74.20	91.33	104.64	116.06	152.21
55	85.62	104.64	121.77	133.18	180.75
56	89.42	110.35	127.48	138.89	192.16
57	95.13	117.96	136.99	148.40	205.48
58	102.74	127.48	148.40	159.82	220.70
59	110.35	136.99	159.82	173.14	237.83
60	119.87	150.31	173.14	188.36	254.95
61	131.28	161.72	188.36	203.58	275.88
62	140.79	175.04	203.58	220.70	296.81
63	150.31	188.36	218.80	235.93	319.64
64	161.72	201.68	234.02	253.05	342.47
65	171.24	215.00	249.24	270.17	367.21
66	184.55	232.12	268.27	291.10	395.75
67	199.78	251.15	291.10	315.84	429.99
68	216.90	273.98	317.74	344.37	468.04
69	235.93	298.71	346.28	376.72	509.90
70	256.85	325.35	378.62	412.87	557.47
71	281.59	357.69	414.77	452.82	608.84
72	308.22	391.94	456.63	498.49	667.82
73	338.67	431.89	502.29	549.86	734.41
74	372.91	473.75	553.66	605.03	804.81
75	409.06	521.32	608.84	665.92	882.82
76	449.02	570.79	667.82	732.51	968.43
77	488.97	625.96	732.51	802.91	1057.86
78	530.83	683.04	801.00	879.01	1154.89
79	576.49	745.83	873.30	958.92	1255.73
80	624.06				
81	673.53				
82	724.90				
83	778.17				
84	835.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.98	74.20	85.62	91.33	121.77
45-49	66.59	81.81	93.23	102.74	135.09
50-54	81.81	102.74	119.87	131.28	171.24
55	95.13	117.96	136.99	148.40	201.68
56	100.84	125.57	144.60	157.92	213.09
57	106.55	133.18	154.11	167.43	228.31
58	114.16	142.70	165.53	180.75	243.54
59	121.77	152.21	176.94	194.07	260.66
60	131.28	165.53	192.16	209.29	279.69
61	142.70	176.94	207.39	226.41	300.61
62	152.21	190.26	222.61	243.54	321.54
63	163.63	203.58	239.73	260.66	346.28
64	175.04	218.80	254.95	277.78	371.01
65	186.46	234.02	272.07	296.81	395.75
66	201.68	253.05	293.00	319.64	428.09
67	218.80	272.07	317.74	344.37	464.24
68	237.83	296.81	346.28	376.72	506.10
69	256.85	323.45	376.72	410.97	551.76
70	277.78	351.98	410.97	447.12	601.23
71	302.52	386.23	449.02	490.88	658.31
72	331.06	422.38	494.68	540.34	721.09
73	363.40	466.14	544.15	595.52	791.49
74	399.55	511.81	597.42	654.50	869.50
75	439.51	561.27	658.31	721.09	953.21
76	481.36	614.55	723.00	793.39	1044.54
77	525.12	673.53	791.49	867.60	1141.57
78	568.88	736.31	865.69	949.41	1246.22
79	618.35	802.91	943.70	1036.93	1356.57
80	667.82				
81	721.09				
82	774.37				
83	829.54				
84	890.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	62.79	78.01	89.42	97.03	129.38
45-49	70.40	85.62	98.94	108.45	142.70
50-54	85.62	106.55	125.57	136.99	178.85
55	98.94	123.67	144.60	156.01	211.19
56	104.64	131.28	152.21	165.53	222.61
57	110.35	138.89	161.72	175.04	237.83
58	117.96	148.40	173.14	188.36	253.05
59	127.48	159.82	184.55	201.68	270.17
60	136.99	171.24	199.78	218.80	289.20
61	146.50	184.55	215.00	235.93	310.13
62	157.92	197.87	230.22	253.05	332.96
63	169.33	211.19	247.34	270.17	357.69
64	180.75	226.41	264.46	289.20	382.43
65	194.07	241.63	281.59	308.22	409.06
66	209.29	260.66	304.42	331.06	441.41
67	226.41	281.59	329.15	357.69	479.46
68	245.44	306.32	357.69	390.04	521.32
69	264.46	332.96	390.04	424.28	568.88
70	287.30	363.40	424.28	462.34	620.25
71	312.03	397.65	464.24	508.00	679.24
72	340.57	435.70	509.90	557.47	743.92
73	374.82	479.46	561.27	614.55	816.22
74	410.97	527.03	616.45	675.43	898.04
75	452.82	578.40	679.24	743.92	983.66
76	494.68	633.57	745.83	818.13	1076.88
77	540.34	694.46	816.22	896.13	1177.72
78	586.01	759.15	892.33	979.85	1284.27
79	635.48	827.64	974.14	1071.18	1398.43
80	686.85				
81	740.12				
82	795.30				
83	852.37				
84	913.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.86	51.37	55.18	60.88	78.01
45-49	47.57	58.98	62.79	66.59	87.52
50-54	58.98	68.49	78.01	83.72	106.55
55	66.59	79.91	89.42	97.03	127.48
56	72.30	85.62	97.03	102.74	135.09
57	76.10	91.33	102.74	110.35	144.60
58	83.72	98.94	112.25	117.96	156.01
59	89.42	106.55	121.77	129.38	169.33
60	97.03	116.06	131.28	140.79	186.46
61	104.64	125.57	142.70	154.11	201.68
62	114.16	136.99	156.01	167.43	218.80
63	123.67	148.40	167.43	180.75	237.83
64	129.38	156.01	180.75	194.07	253.05
65	138.89	167.43	194.07	207.39	270.17
66	148.40	180.75	211.19	226.41	293.00
67	161.72	197.87	228.31	245.44	319.64
68	176.94	215.00	249.24	270.17	351.98
69	192.16	235.93	273.98	294.91	384.33
70	211.19	256.85	296.81	325.35	422.38
71	230.22	283.49	329.15	357.69	466.14
72	254.95	315.84	365.30	397.65	517.51
73	281.59	351.98	407.16	443.31	574.59
74	313.93	391.94	452.82	494.68	637.38
75	350.08	433.80	504.19	549.86	707.78
76	384.33	481.36	559.37	610.74	783.88
77	426.19	532.73	620.25	675.43	865.69
78	468.04	587.91	684.94	747.73	953.21
79	515.61	646.89	753.44	821.93	1048.34
80	563.18				
81	616.45				
82	671.63				
83	730.61				
84	791.49				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.47	60.88	66.59	68.49	91.33
45-49	55.18	66.59	74.20	78.01	100.84
50-54	64.69	78.01	89.42	97.03	125.57
55	76.10	89.42	100.84	110.35	144.60
56	79.91	93.23	106.55	116.06	152.21
57	85.62	100.84	114.16	123.67	163.63
58	91.33	110.35	123.67	131.28	175.04
59	98.94	117.96	135.09	144.60	188.36
60	104.64	129.38	144.60	156.01	203.58
61	114.16	138.89	159.82	173.14	220.70
62	123.67	150.31	173.14	186.46	239.73
63	131.28	161.72	186.46	199.78	258.76
64	140.79	173.14	197.87	213.09	277.78
65	152.21	182.65	213.09	226.41	296.81
66	161.72	197.87	228.31	243.54	321.54
67	175.04	215.00	245.44	266.37	351.98
68	190.26	232.12	270.17	293.00	384.33
69	207.39	254.95	294.91	319.64	420.48
70	228.31	281.59	321.54	351.98	464.24
71	249.24	308.22	357.69	388.13	509.90
72	275.88	344.37	395.75	431.89	563.18
73	306.32	382.43	441.41	481.36	625.96
74	338.67	426.19	492.78	534.64	694.46
75	376.72	471.85	547.95	595.52	770.56
76	414.77	523.22	608.84	662.11	852.37
77	458.53	578.40	673.53	734.41	941.80
78	504.19	637.38	745.83	812.42	1036.93
79	553.66	702.07	820.03	892.33	1139.67
80	605.03				
81	660.21				
82	719.19				
83	778.17				
84	844.76				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.37	62.79	72.30	74.20	97.03
45-49	58.98	68.49	78.01	83.72	106.55
50-54	66.59	83.72	93.23	100.84	135.09
55	78.01	93.23	104.64	114.16	152.21
56	83.72	98.94	112.25	121.77	161.72
57	87.52	104.64	117.96	129.38	169.33
58	93.23	114.16	127.48	138.89	182.65
59	100.84	123.67	138.89	152.21	197.87
60	110.35	135.09	152.21	163.63	213.09
61	117.96	144.60	165.53	178.85	230.22
62	127.48	156.01	178.85	192.16	249.24
63	136.99	167.43	192.16	205.48	268.27
64	144.60	178.85	203.58	218.80	287.30
65	156.01	190.26	218.80	235.93	308.22
66	167.43	203.58	235.93	253.05	332.96
67	180.75	220.70	254.95	275.88	365.30
68	197.87	241.63	279.69	302.52	397.65
69	215.00	264.46	304.42	331.06	435.70
70	235.93	291.10	332.96	363.40	479.46
71	256.85	319.64	369.11	401.45	528.93
72	283.49	355.79	409.06	445.21	584.10
73	315.84	395.75	456.63	496.58	648.79
74	350.08	439.51	508.00	553.66	719.19
75	388.13	487.07	566.98	616.45	797.20
76	428.09	542.25	629.77	684.94	882.82
77	471.85	597.42	696.36	759.15	974.14
78	519.42	658.31	770.56	839.06	1073.08
79	568.88	724.90	848.57	924.67	1177.72
80	622.16				
81	677.33				
82	738.22				
83	801.00				
84	865.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	79.91	100.84	116.06	127.48	167.43
45-49	89.42	112.25	129.38	140.79	186.46
50-54	110.35	136.99	159.82	173.14	237.83
55	125.57	159.82	182.65	199.78	275.88
56	131.28	167.43	194.07	211.19	289.20
57	140.79	178.85	205.48	224.51	306.32
58	150.31	190.26	218.80	239.73	325.35
59	161.72	203.58	235.93	254.95	344.37
60	173.14	216.90	251.15	270.17	367.21
61	182.65	232.12	268.27	291.10	391.94
62	197.87	249.24	287.30	312.03	418.58
63	211.19	264.46	304.42	331.06	447.12
64	224.51	281.59	325.35	353.89	477.56
65	237.83	300.61	346.28	376.72	508.00
66	254.95	319.64	369.11	403.36	544.15
67	273.98	344.37	397.65	433.80	586.01
68	293.00	371.01	429.99	469.95	633.57
69	315.84	397.65	466.14	508.00	683.04
70	340.57	431.89	504.19	549.86	736.31
71	369.11	468.04	546.05	597.42	799.10
72	401.45	508.00	595.52	650.70	867.60
73	435.70	555.57	650.70	711.58	947.51
74	477.56	606.94	711.58	778.17	1031.22
75	521.32	662.11	776.27	850.47	1126.35
76	566.98	724.90	848.57	928.48	1227.19
77	616.45	789.59	924.67	1014.10	1333.74
78	664.01	861.89	1004.58	1103.52	1447.89
79	719.19	936.09	1092.10	1200.55	1571.56
80	774.37				
81	829.54				
82	890.43				
83	953.21				
84	1017.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	89.42	114.16	131.28	144.60	188.36
45-49	100.84	125.57	148.40	159.82	211.19
50-54	123.67	154.11	180.75	197.87	266.37
55	138.89	176.94	207.39	226.41	304.42
56	144.60	186.46	218.80	237.83	317.74
57	154.11	197.87	230.22	251.15	334.86
58	163.63	207.39	243.54	266.37	355.79
59	175.04	220.70	258.76	281.59	378.62
60	188.36	237.83	275.88	300.61	401.45
61	201.68	253.05	293.00	317.74	428.09
62	215.00	270.17	312.03	340.57	456.63
63	228.31	289.20	331.06	359.60	487.07
64	241.63	306.32	353.89	384.33	517.51
65	256.85	325.35	376.72	409.06	553.66
66	275.88	346.28	403.36	441.41	587.91
67	294.91	372.91	433.80	473.75	635.48
68	317.74	403.36	469.95	515.61	684.94
69	342.47	431.89	506.10	555.57	738.22
70	369.11	469.95	547.95	599.33	797.20
71	397.65	508.00	595.52	650.70	863.79
72	433.80	553.66	646.89	709.68	939.89
73	471.85	605.03	707.78	774.37	1025.51
74	515.61	658.31	772.46	846.67	1116.84
75	561.27	719.19	840.96	922.77	1217.68
76	610.74	783.88	917.06	1004.58	1322.32
77	660.21	850.47	998.88	1094.01	1438.38
78	713.48	924.67	1086.40	1191.04	1560.15
79	768.66	1002.68	1177.72	1291.88	1691.43
80	827.64				
81	886.62				
82	951.31				
83	1016.00				
84	1082.59				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	93.23	117.96	138.89	152.21	197.87
45-49	104.64	131.28	154.11	167.43	218.80
50-54	129.38	163.63	190.26	205.48	277.78
55	144.60	182.65	216.90	237.83	315.84
56	152.21	192.16	228.31	249.24	331.06
57	161.72	203.58	239.73	262.56	350.08
58	169.33	216.90	253.05	277.78	369.11
59	180.75	230.22	268.27	293.00	391.94
60	194.07	245.44	283.49	312.03	416.67
61	207.39	262.56	302.52	329.15	443.31
62	220.70	279.69	321.54	351.98	471.85
63	235.93	296.81	342.47	372.91	504.19
64	251.15	315.84	365.30	397.65	534.64
65	266.37	334.86	390.04	426.19	570.79
66	283.49	357.69	418.58	456.63	608.84
67	304.42	384.33	449.02	492.78	656.40
68	327.25	416.67	485.17	532.73	707.78
69	353.89	447.12	523.22	574.59	762.95
70	380.52	485.17	566.98	622.16	823.83
71	410.97	525.12	616.45	673.53	892.33
72	447.12	572.69	669.72	734.41	972.24
73	487.07	624.06	730.61	801.00	1057.86
74	530.83	681.14	797.20	875.21	1152.99
75	578.40	740.12	867.60	953.21	1255.73
76	629.77	808.61	947.51	1038.83	1366.08
77	681.14	877.11	1029.32	1130.16	1484.04
78	734.41	951.31	1118.74	1229.09	1609.62
79	789.59	1031.22	1213.87	1331.83	1742.80
80	850.47				
81	911.36				
82	976.04				
83	1042.64				
84	1113.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.88	74.20	87.52	93.23	125.57
45-49	66.59	83.72	97.03	104.64	138.89
50-54	87.52	106.55	123.67	136.99	178.85
55	100.84	123.67	142.70	156.01	213.09
56	104.64	129.38	150.31	163.63	226.41
57	112.25	138.89	161.72	175.04	241.63
58	121.77	150.31	175.04	188.36	258.76
59	129.38	161.72	188.36	203.58	279.69
60	140.79	176.94	203.58	220.70	300.61
61	154.11	190.26	220.70	239.73	325.35
62	165.53	205.48	239.73	258.76	350.08
63	176.94	220.70	256.85	277.78	376.72
64	190.26	237.83	275.88	296.81	403.36
65	201.68	253.05	293.00	317.74	431.89
66	216.90	273.98	315.84	342.47	466.14
67	235.93	294.91	342.47	371.01	506.10
68	254.95	321.54	372.91	405.26	549.86
69	277.78	351.98	407.16	443.31	599.33
70	302.52	382.43	445.21	485.17	656.40
71	331.06	420.48	487.07	532.73	715.39
72	363.40	460.43	536.54	586.01	785.78
73	397.65	508.00	591.72	646.89	863.79
74	439.51	557.47	650.70	711.58	947.51
75	481.36	612.64	715.39	783.88	1038.83
76	528.93	671.63	785.78	861.89	1139.67
77	574.59	736.31	861.89	943.70	1244.31
78	624.06	802.91	941.80	1035.03	1358.47
79	677.33	877.11	1027.42	1128.25	1476.43
80	734.41				
81	791.49				
82	852.37				
83	915.16				
84	981.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.49	87.52	100.84	106.55	142.70
45-49	78.01	97.03	110.35	121.77	159.82
50-54	97.03	121.77	140.79	154.11	201.68
55	112.25	138.89	161.72	175.04	237.83
56	117.96	148.40	169.33	186.46	251.15
57	125.57	156.01	180.75	197.87	268.27
58	135.09	167.43	194.07	213.09	287.30
59	142.70	178.85	207.39	228.31	306.32
60	154.11	194.07	226.41	245.44	329.15
61	167.43	207.39	243.54	266.37	353.89
62	178.85	224.51	262.56	287.30	378.62
63	192.16	239.73	281.59	306.32	407.16
64	205.48	256.85	300.61	327.25	435.70
65	218.80	275.88	319.64	350.08	466.14
66	237.83	296.81	344.37	376.72	504.19
67	256.85	319.64	372.91	405.26	546.05
68	279.69	350.08	407.16	443.31	595.52
69	302.52	380.52	443.31	483.27	648.79
70	327.25	414.77	483.27	525.12	707.78
71	355.79	454.73	528.93	578.40	774.37
72	390.04	496.58	582.20	635.48	848.57
73	428.09	547.95	639.28	700.16	930.38
74	469.95	601.23	702.07	770.56	1023.61
75	517.51	660.21	774.37	848.57	1120.64
76	566.98	723.00	850.47	934.19	1229.09
77	618.35	791.49	930.38	1019.80	1343.25
78	669.72	865.69	1017.90	1116.84	1466.92
79	726.80	943.70	1111.13	1219.58	1596.30
80	785.78				
81	848.57				
82	911.36				
83	976.04				
84	1048.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74.20	91.33	104.64	114.16	152.21
45-49	83.72	100.84	116.06	127.48	167.43
50-54	100.84	125.57	148.40	161.72	211.19
55	116.06	144.60	169.33	182.65	249.24
56	123.67	154.11	178.85	194.07	262.56
57	129.38	163.63	190.26	205.48	279.69
58	138.89	175.04	203.58	220.70	296.81
59	150.31	188.36	216.90	237.83	317.74
60	161.72	201.68	235.93	256.85	340.57
61	173.14	216.90	253.05	277.78	365.30
62	186.46	232.12	270.17	296.81	391.94
63	199.78	249.24	291.10	317.74	420.48
64	213.09	266.37	312.03	340.57	449.02
65	228.31	283.49	331.06	363.40	481.36
66	245.44	306.32	357.69	390.04	519.42
67	266.37	331.06	388.13	420.48	563.18
68	289.20	359.60	420.48	458.53	612.64
69	312.03	391.94	458.53	498.49	669.72
70	338.67	428.09	498.49	544.15	730.61
71	367.21	468.04	546.05	597.42	799.10
72	401.45	511.81	599.33	656.40	875.21
73	441.41	563.18	660.21	723.00	960.82
74	483.27	620.25	724.90	795.30	1055.95
75	532.73	681.14	799.10	875.21	1156.79
76	582.20	745.83	877.11	962.73	1267.15
77	635.48	816.22	960.82	1054.05	1385.11
78	688.75	892.33	1050.25	1152.99	1510.68
79	747.73	974.14	1145.38	1259.54	1645.77
80	808.61				
81	871.40				
82	936.09				
83	1002.68				
84	1074.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.96	36.53	42.62	45.66	57.84
45-49	35.01	41.10	47.19	50.23	63.93
50-54	42.62	50.23	57.84	62.41	79.15
55	48.71	57.84	66.97	71.54	94.37
56	51.75	62.41	71.54	76.10	100.46
57	56.32	66.97	76.10	82.19	108.07
58	60.88	73.06	82.19	89.80	117.20
59	66.97	79.15	89.80	97.41	127.86
60	73.06	86.76	98.94	108.07	138.51
61	79.15	95.89	108.07	117.20	150.69
62	85.24	103.50	117.20	127.86	164.39
63	91.33	111.11	126.33	136.99	176.56
64	97.41	118.72	135.47	146.12	190.26
65	103.50	127.86	144.60	156.78	203.96
66	112.64	136.99	156.78	168.95	220.70
67	121.77	149.17	170.47	184.17	240.49
68	132.42	162.86	187.22	202.44	264.84
69	144.60	178.09	205.48	222.23	290.72
70	158.30	194.83	225.27	245.06	319.64
71	175.04	216.14	249.62	272.46	353.13
72	194.83	240.49	278.54	304.42	394.22
73	217.66	269.41	312.03	340.95	441.41
74	242.01	301.38	350.08	382.05	493.16
75	270.93	337.91	392.70	427.71	549.48
76	301.38	377.48	438.36	477.94	611.88
77	334.86	420.10	488.59	531.21	680.38
78	371.39	467.28	543.39	589.05	753.44
79	410.97	515.99	601.23	651.46	832.59
80	452.06				
81	497.73				
82	544.91				
83	595.14				
84	648.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.05	45.66	51.75	54.80	70.02
45-49	41.10	50.23	56.32	60.88	77.63
50-54	48.71	59.36	68.49	74.58	97.41
55	57.84	68.49	77.63	83.72	111.11
56	60.88	73.06	82.19	88.28	117.20
57	65.45	77.63	88.28	94.37	124.81
58	70.02	83.72	94.37	101.98	133.94
59	76.10	91.33	103.50	111.11	144.60
60	82.19	98.94	112.64	121.77	158.30
61	88.28	108.07	123.29	132.42	170.47
62	95.89	115.68	133.94	144.60	185.70
63	103.50	124.81	143.08	153.73	199.39
64	109.59	133.94	152.21	165.91	214.62
65	117.20	144.60	162.86	176.56	231.36
66	126.33	153.73	176.56	191.78	249.62
67	136.99	168.95	191.78	208.53	272.46
68	149.17	184.17	210.05	229.84	298.33
69	162.86	200.92	231.36	251.15	328.77
70	178.09	220.70	254.19	275.50	360.74
71	194.83	243.54	281.59	305.94	400.31
72	217.66	270.93	313.55	342.47	445.97
73	242.01	302.90	351.60	382.05	497.73
74	269.41	339.43	394.22	429.23	555.57
75	301.38	379.00	441.41	479.46	619.49
76	334.86	421.62	493.16	537.30	691.03
77	372.91	470.33	547.95	596.66	767.14
78	412.49	522.08	608.84	662.11	847.81
79	455.11	578.40	674.29	733.65	937.61
80	500.77				
81	549.48				
82	599.71				
83	654.50				
84	712.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.57	48.71	54.80	59.36	76.10
45-49	44.14	53.27	60.88	65.45	83.72
50-54	51.75	63.93	73.06	79.15	105.02
55	60.88	73.06	82.19	89.80	117.20
56	63.93	77.63	86.76	94.37	123.29
57	68.49	82.19	92.85	100.46	130.90
58	73.06	88.28	100.46	108.07	141.56
59	79.15	95.89	109.59	117.20	152.21
60	86.76	103.50	118.72	127.86	165.91
61	92.85	112.64	129.38	138.51	179.61
62	100.46	121.77	140.03	150.69	194.83
63	108.07	130.90	150.69	161.34	210.05
64	114.16	140.03	159.82	173.52	225.27
65	123.29	150.69	170.47	185.70	242.01
66	132.42	161.34	184.17	200.92	261.80
67	143.08	176.56	200.92	219.18	286.15
68	155.25	193.31	220.70	240.49	313.55
69	170.47	210.05	242.01	263.32	343.99
70	185.70	231.36	266.37	289.20	379.00
71	203.96	254.19	295.29	321.16	420.10
72	226.79	283.11	328.77	357.69	467.28
73	252.67	316.60	368.35	400.31	522.08
74	281.59	354.65	412.49	449.02	582.96
75	315.07	395.75	461.20	502.29	649.94
76	350.08	441.41	515.99	561.65	724.52
77	388.13	491.64	573.83	625.58	803.67
78	429.23	544.91	636.24	694.08	888.90
79	473.37	604.27	704.73	768.66	981.75
80	520.56				
81	570.79				
82	624.06				
83	680.38				
84	739.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.88	74.58	85.24	91.33	124.81
45-49	66.97	82.19	94.37	101.98	138.51
50-54	82.19	101.98	117.20	129.38	176.56
55	95.89	118.72	136.99	149.17	203.96
56	100.46	124.81	144.60	158.30	216.14
57	106.55	132.42	153.73	167.43	228.31
58	114.16	141.56	164.39	178.09	242.01
59	120.25	150.69	175.04	190.26	257.23
60	129.38	161.34	185.70	202.44	273.98
61	138.51	172.00	199.39	216.14	292.24
62	147.64	184.17	213.09	231.36	312.03
63	156.78	196.35	228.31	246.58	333.34
64	167.43	208.53	242.01	263.32	354.65
65	178.09	222.23	258.76	281.59	379.00
66	190.26	238.97	277.02	301.38	407.92
67	205.48	257.23	299.85	325.73	439.89
68	222.23	278.54	324.21	353.13	476.42
69	238.97	301.38	350.08	382.05	514.47
70	258.76	327.25	380.52	415.53	558.61
71	280.07	356.17	414.01	452.06	607.32
72	305.94	389.66	453.58	496.20	663.63
73	336.38	427.71	499.25	546.43	727.56
74	369.87	470.33	549.48	601.23	797.58
75	406.40	515.99	604.27	660.59	875.21
76	444.45	566.22	663.63	727.56	958.92
77	485.55	621.02	729.08	797.58	1048.72
78	528.17	678.86	799.10	873.68	1144.62
79	573.83	741.26	873.68	954.35	1248.12
80	621.02				
81	669.72				
82	721.47				
83	774.75				
84	831.06				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.02	86.76	100.46	109.59	144.60
45-49	77.63	97.41	111.11	121.77	161.34
50-54	95.89	120.25	138.51	150.69	203.96
55	108.07	136.99	158.30	172.00	234.40
56	112.64	144.60	167.43	181.13	246.58
57	118.72	152.21	176.56	191.78	258.76
58	126.33	161.34	187.22	203.96	273.98
59	135.47	170.47	197.87	217.66	290.72
60	146.12	181.13	211.57	229.84	307.46
61	155.25	193.31	225.27	245.06	328.77
62	165.91	207.01	240.49	261.80	350.08
63	176.56	219.18	257.23	280.07	374.44
64	187.22	234.40	272.46	298.33	398.79
65	199.39	249.62	292.24	318.12	426.19
66	213.09	267.89	312.03	340.95	456.63
67	228.31	289.20	337.91	368.35	493.16
68	246.58	312.03	365.30	398.79	534.26
69	266.37	339.43	394.22	432.28	576.87
70	289.20	368.35	429.23	470.33	625.58
71	313.55	400.31	467.28	511.42	680.38
72	342.47	438.36	511.42	560.13	744.31
73	375.96	479.46	561.65	616.45	814.32
74	412.49	526.65	616.45	675.81	891.95
75	452.06	578.40	677.33	741.26	978.71
76	494.68	631.67	742.78	814.32	1071.56
77	538.82	692.55	812.80	891.95	1170.49
78	586.01	754.96	890.43	974.14	1277.04
79	634.71	824.98	969.58	1062.42	1389.67
80	686.47				
81	739.74				
82	794.53				
83	853.90				
84	914.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74.58	92.85	106.55	117.20	153.73
45-49	82.19	103.50	118.72	130.90	170.47
50-54	101.98	127.86	147.64	159.82	216.14
55	114.16	144.60	167.43	182.65	246.58
56	118.72	152.21	176.56	191.78	258.76
57	124.81	159.82	185.70	202.44	272.46
58	132.42	168.95	196.35	214.62	287.68
59	141.56	179.61	208.53	228.31	304.42
60	152.21	190.26	222.23	242.01	322.68
61	162.86	202.44	235.93	257.23	343.99
62	173.52	216.14	252.67	275.50	366.83
63	184.17	229.84	269.41	293.76	391.18
64	196.35	245.06	286.15	313.55	417.05
65	208.53	261.80	305.94	333.34	445.97
66	222.23	280.07	327.25	357.69	477.94
67	238.97	302.90	353.13	386.61	515.99
68	257.23	327.25	382.05	418.58	558.61
69	278.54	354.65	414.01	453.58	604.27
70	301.38	385.09	449.02	493.16	654.50
71	327.25	418.58	490.12	537.30	712.34
72	357.69	458.15	535.78	587.53	777.79
73	392.70	502.29	587.53	645.37	852.37
74	430.75	551.00	645.37	707.78	933.05
75	471.85	604.27	707.78	776.27	1022.85
76	515.99	660.59	776.27	850.85	1118.74
77	561.65	723.00	849.33	931.52	1222.24
78	610.36	788.45	928.48	1016.76	1333.36
79	660.59	859.98	1010.67	1109.61	1450.56
80	713.86				
81	768.66				
82	826.50				
83	887.38				
84	949.79				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.14	54.80	63.93	70.02	92.85
45-49	48.71	60.88	71.54	77.63	103.50
50-54	65.45	80.67	91.33	98.94	132.42
55	74.58	92.85	105.02	115.68	156.78
56	79.15	97.41	111.11	121.77	167.43
57	83.72	103.50	118.72	130.90	179.61
58	89.80	111.11	127.86	141.56	193.31
59	97.41	120.25	138.51	152.21	208.53
60	105.02	130.90	150.69	164.39	225.27
61	114.16	141.56	164.39	178.09	242.01
62	123.29	153.73	178.09	193.31	261.80
63	132.42	164.39	191.78	208.53	281.59
64	141.56	176.56	205.48	222.23	301.38
65	152.21	188.74	219.18	238.97	324.21
66	164.39	202.44	235.93	257.23	350.08
67	178.09	220.70	257.23	280.07	380.52
68	193.31	240.49	281.59	305.94	415.53
69	210.05	263.32	307.46	334.86	453.58
70	228.31	287.68	336.38	366.83	496.20
71	249.62	316.60	369.87	404.88	543.39
72	275.50	350.08	409.44	447.50	599.71
73	304.42	388.13	453.58	496.20	662.11
74	337.91	429.23	503.81	551.00	732.13
75	372.91	476.42	557.09	610.36	808.23
76	410.97	526.65	614.93	674.29	890.43
77	452.06	579.92	678.86	744.31	978.71
78	494.68	637.76	747.35	818.89	1073.08
79	540.34	700.16	818.89	899.56	1175.06
80	587.53				
81	637.76				
82	689.51				
83	744.31				
84	802.15				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.27	66.97	76.10	83.72	109.59
45-49	59.36	73.06	85.24	92.85	121.77
50-54	74.58	92.85	108.07	117.20	153.73
55	86.76	108.07	123.29	135.47	182.65
56	91.33	114.16	130.90	141.56	194.83
57	95.89	120.25	138.51	150.69	207.01
58	103.50	129.38	149.17	162.86	222.23
59	111.11	140.03	161.34	175.04	237.45
60	120.25	150.69	173.52	188.74	254.19
61	129.38	161.34	187.22	203.96	272.46
62	140.03	175.04	202.44	220.70	293.76
63	149.17	187.22	217.66	235.93	315.07
64	159.82	199.39	232.88	252.67	337.91
65	172.00	214.62	248.10	269.41	362.26
66	184.17	229.84	266.37	290.72	391.18
67	199.39	249.62	290.72	315.07	424.67
68	216.14	270.93	316.60	343.99	464.24
69	234.40	296.81	345.52	375.96	506.86
70	255.71	324.21	379.00	412.49	555.57
71	280.07	356.17	415.53	453.58	608.84
72	307.46	392.70	459.67	502.29	671.24
73	339.43	433.80	508.38	555.57	741.26
74	375.96	480.98	563.18	616.45	818.89
75	415.53	531.21	622.54	681.90	902.60
76	458.15	586.01	686.47	753.44	995.45
77	502.29	645.37	756.48	831.06	1092.87
78	549.48	707.78	831.06	913.26	1197.89
79	598.18	776.27	911.74	1001.54	1310.53
80	649.94				
81	703.21				
82	761.05				
83	820.41				
84	882.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.84	71.54	82.19	89.80	117.20
45-49	63.93	79.15	91.33	98.94	129.38
50-54	79.15	98.94	114.16	124.81	162.86
55	91.33	114.16	130.90	143.08	193.31
56	95.89	120.25	138.51	150.69	205.48
57	101.98	127.86	147.64	159.82	219.18
58	109.59	136.99	158.30	172.00	234.40
59	117.20	147.64	170.47	184.17	249.62
60	126.33	158.30	184.17	199.39	266.37
61	135.47	170.47	197.87	214.62	286.15
62	146.12	184.17	213.09	231.36	307.46
63	156.78	197.87	228.31	248.10	330.30
64	167.43	210.05	243.54	264.84	353.13
65	179.61	225.27	260.28	283.11	379.00
66	191.78	242.01	280.07	304.42	407.92
67	208.53	261.80	304.42	330.30	444.45
68	226.79	284.63	331.82	360.74	485.55
69	245.06	310.51	362.26	394.22	529.69
70	267.89	339.43	397.27	432.28	579.92
71	292.24	372.91	435.32	474.89	636.24
72	321.16	410.97	480.98	525.12	701.69
73	354.65	453.58	532.73	581.44	774.75
74	392.70	502.29	589.05	643.85	855.42
75	433.80	554.04	649.94	712.34	943.70
76	477.94	611.88	716.91	786.92	1039.59
77	523.60	672.77	789.97	867.60	1141.57
78	572.31	738.22	867.60	954.35	1251.16
79	622.54	809.76	951.31	1045.68	1368.37
80	675.81				
81	732.13				
82	791.49				
83	852.37				
84	916.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.05	42.62	50.23	53.27	68.49
45-49	41.10	48.71	54.80	59.36	74.58
50-54	50.23	59.36	68.49	73.06	92.85
55	57.84	68.49	79.15	83.72	111.11
56	60.88	73.06	83.72	89.80	118.72
57	66.97	79.15	89.80	97.41	127.86
58	71.54	85.24	97.41	105.02	138.51
59	79.15	92.85	105.02	114.16	150.69
60	85.24	101.98	115.68	127.86	162.86
61	92.85	112.64	127.86	138.51	176.56
62	100.46	121.77	138.51	150.69	193.31
63	108.07	130.90	149.17	161.34	207.01
64	114.16	140.03	159.82	172.00	223.75
65	121.77	150.69	170.47	184.17	240.49
66	132.42	161.34	184.17	199.39	260.28
67	143.08	175.04	200.92	216.14	283.11
68	155.25	191.78	220.70	237.45	312.03
69	170.47	210.05	242.01	261.80	342.47
70	185.70	229.84	264.84	287.68	375.96
71	205.48	254.19	293.76	321.16	415.53
72	229.84	283.11	327.25	357.69	464.24
73	255.71	316.60	366.83	401.83	519.04
74	284.63	354.65	412.49	449.02	579.92
75	318.12	397.27	462.72	503.81	646.89
76	354.65	444.45	515.99	561.65	719.95
77	394.22	494.68	575.35	625.58	800.62
78	436.84	549.48	639.28	692.55	885.86
79	484.03	607.32	707.78	767.14	980.23
80	531.21				
81	586.01				
82	640.80				
83	700.16				
84	762.57				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.14	53.27	60.88	63.93	82.19
45-49	48.71	59.36	66.97	71.54	91.33
50-54	57.84	70.02	80.67	88.28	114.16
55	68.49	80.67	91.33	98.94	130.90
56	71.54	85.24	97.41	103.50	138.51
57	77.63	91.33	103.50	111.11	146.12
58	82.19	98.94	111.11	120.25	158.30
59	89.80	108.07	121.77	130.90	170.47
60	97.41	115.68	132.42	143.08	185.70
61	103.50	127.86	144.60	155.25	200.92
62	112.64	135.47	158.30	170.47	219.18
63	121.77	146.12	168.95	181.13	234.40
64	129.38	158.30	179.61	194.83	252.67
65	138.51	170.47	191.78	207.01	272.46
66	149.17	181.13	207.01	225.27	293.76
67	161.34	199.39	225.27	245.06	321.16
68	175.04	216.14	246.58	270.93	351.60
69	191.78	235.93	272.46	295.29	386.61
70	210.05	260.28	298.33	324.21	424.67
71	229.84	286.15	331.82	359.21	470.33
72	255.71	318.12	368.35	403.36	525.12
73	284.63	356.17	414.01	449.02	586.01
74	316.60	398.79	464.24	505.34	652.98
75	354.65	445.97	519.04	564.70	729.08
76	394.22	496.20	579.92	631.67	812.80
77	438.36	554.04	645.37	701.69	902.60
78	485.55	614.93	716.91	779.31	996.97
79	535.78	680.38	793.01	863.03	1103.52
80	589.05				
81	646.89				
82	706.25				
83	770.18				
84	838.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.19	57.84	63.93	70.02	89.80
45-49	51.75	62.41	71.54	77.63	98.94
50-54	60.88	74.58	85.24	92.85	123.29
55	71.54	85.24	97.41	105.02	138.51
56	74.58	91.33	101.98	111.11	144.60
57	80.67	97.41	109.59	118.72	153.73
58	85.24	103.50	118.72	127.86	165.91
59	92.85	112.64	129.38	138.51	179.61
60	101.98	121.77	140.03	150.69	194.83
61	109.59	132.42	152.21	162.86	211.57
62	118.72	143.08	164.39	176.56	229.84
63	127.86	153.73	176.56	190.26	246.58
64	133.94	164.39	188.74	203.96	264.84
65	144.60	176.56	200.92	219.18	284.63
66	155.25	190.26	216.14	235.93	307.46
67	168.95	207.01	235.93	257.23	336.38
68	182.65	226.79	260.28	283.11	368.35
69	200.92	246.58	284.63	310.51	404.88
70	219.18	272.46	313.55	340.95	445.97
71	240.49	298.33	347.04	377.48	494.68
72	266.37	333.34	386.61	420.10	549.48
73	296.81	372.91	433.80	470.33	614.93
74	331.82	417.05	485.55	528.17	686.47
75	371.39	465.76	541.87	590.57	764.09
76	412.49	519.04	607.32	660.59	852.37
77	456.63	578.40	675.81	736.69	945.22
78	505.34	640.80	748.87	815.84	1045.68
79	557.09	710.82	829.54	904.13	1155.27
80	611.88				
81	671.24				
82	733.65				
83	800.62				
84	870.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	71.54	88.28	100.46	108.07	146.12
45-49	79.15	97.41	111.11	120.25	162.86
50-54	97.41	120.25	138.51	152.21	207.01
55	112.64	140.03	161.34	175.04	240.49
56	118.72	146.12	170.47	185.70	254.19
57	124.81	155.25	181.13	196.35	267.89
58	133.94	165.91	193.31	210.05	284.63
59	141.56	176.56	205.48	223.75	302.90
60	152.21	190.26	219.18	237.45	322.68
61	162.86	202.44	234.40	254.19	343.99
62	173.52	216.14	251.15	272.46	366.83
63	184.17	231.36	267.89	290.72	392.70
64	196.35	245.06	284.63	310.51	417.05
65	210.05	261.80	304.42	331.82	445.97
66	223.75	281.59	325.73	354.65	479.46
67	242.01	302.90	353.13	383.57	517.51
68	261.80	327.25	382.05	415.53	560.13
69	281.59	354.65	412.49	449.02	605.79
70	304.42	385.09	447.50	488.59	657.55
71	328.77	418.58	487.07	531.21	713.86
72	359.21	458.15	534.26	584.49	780.84
73	395.75	503.81	587.53	642.32	855.42
74	435.32	554.04	646.89	707.78	937.61
75	477.94	607.32	710.82	777.79	1028.94
76	523.60	666.68	780.84	855.42	1127.87
77	570.79	730.61	858.46	937.61	1234.42
78	621.02	799.10	940.66	1027.42	1347.06
79	675.81	872.16	1027.42	1123.31	1468.82
80	730.61				
81	788.45				
82	849.33				
83	911.74				
84	977.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	82.19	101.98	118.72	129.38	170.47
45-49	91.33	114.16	130.90	143.08	190.26
50-54	112.64	141.56	162.86	176.56	240.49
55	127.86	161.34	185.70	202.44	275.50
56	132.42	170.47	196.35	213.09	290.72
57	140.03	179.61	207.01	225.27	304.42
58	149.17	190.26	220.70	240.49	322.68
59	159.82	200.92	232.88	255.71	342.47
60	172.00	213.09	249.62	270.93	362.26
61	182.65	226.79	264.84	287.68	386.61
62	194.83	243.54	283.11	307.46	412.49
63	207.01	257.23	302.90	328.77	439.89
64	220.70	275.50	321.16	351.60	468.81
65	234.40	293.76	343.99	374.44	500.77
66	251.15	315.07	366.83	401.83	537.30
67	267.89	340.95	397.27	433.80	579.92
68	290.72	366.83	429.23	468.81	628.63
69	313.55	398.79	464.24	508.38	678.86
70	340.95	433.80	505.34	554.04	736.69
71	368.35	470.33	549.48	601.23	800.62
72	403.36	515.99	601.23	659.07	875.21
73	442.93	564.70	660.59	724.52	957.40
74	485.55	619.49	724.52	794.53	1048.72
75	531.21	680.38	797.58	872.16	1150.71
76	581.44	742.78	873.68	957.40	1260.30
77	633.19	814.32	955.88	1048.72	1377.50
78	689.51	888.90	1047.20	1146.14	1502.31
79	747.35	971.10	1140.05	1249.64	1634.73
80	808.23				
81	870.64				
82	934.57				
83	1004.58				
84	1076.12				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	88.28	109.59	124.81	138.51	181.13
45-49	97.41	121.77	140.03	153.73	200.92
50-54	120.25	150.69	173.52	188.74	254.19
55	133.94	170.47	196.35	214.62	290.72
56	140.03	179.61	207.01	225.27	304.42
57	146.12	188.74	219.18	237.45	321.16
58	155.25	199.39	231.36	252.67	337.91
59	165.91	211.57	245.06	267.89	357.69
60	179.61	223.75	261.80	284.63	379.00
61	191.78	237.45	277.02	302.90	404.88
62	203.96	254.19	296.81	324.21	432.28
63	216.14	270.93	316.60	345.52	459.67
64	231.36	287.68	336.38	368.35	490.12
65	245.06	307.46	359.21	392.70	525.12
66	261.80	328.77	385.09	420.10	561.65
67	281.59	356.17	415.53	455.11	607.32
68	302.90	385.09	449.02	493.16	657.55
69	327.25	417.05	487.07	534.26	710.82
70	354.65	453.58	528.17	579.92	770.18
71	385.09	493.16	576.87	631.67	838.68
72	420.10	538.82	630.15	691.03	914.78
73	462.72	590.57	691.03	759.53	1003.06
74	506.86	648.41	759.53	832.59	1097.43
75	555.57	710.82	832.59	913.26	1203.98
76	607.32	777.79	913.26	1001.54	1316.61
77	660.59	850.85	998.50	1095.91	1438.38
78	718.43	926.96	1092.87	1196.37	1569.28
79	777.79	1012.19	1188.76	1305.96	1706.27
80	840.20				
81	904.13				
82	972.62				
83	1044.16				
84	1117.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.75	63.93	74.58	82.19	109.59
45-49	57.84	71.54	83.72	91.33	121.77
50-54	77.63	94.37	108.07	115.68	155.25
55	88.28	109.59	123.29	135.47	184.17
56	92.85	114.16	130.90	143.08	196.35
57	98.94	121.77	140.03	153.73	211.57
58	105.02	130.90	150.69	165.91	226.79
59	114.16	141.56	162.86	179.61	245.06
60	123.29	153.73	176.56	193.31	264.84
61	133.94	165.91	193.31	210.05	284.63
62	144.60	181.13	210.05	226.79	307.46
63	155.25	193.31	225.27	245.06	331.82
64	165.91	207.01	242.01	261.80	354.65
65	179.61	222.23	257.23	281.59	382.05
66	193.31	237.45	277.02	302.90	412.49
67	210.05	260.28	302.90	328.77	447.50
68	226.79	283.11	331.82	359.21	488.59
69	246.58	310.51	362.26	394.22	534.26
70	267.89	337.91	395.75	432.28	584.49
71	293.76	372.91	435.32	476.42	639.28
72	324.21	412.49	480.98	526.65	706.25
73	357.69	456.63	534.26	584.49	779.31
74	397.27	505.34	592.10	648.41	861.51
75	438.36	560.13	656.02	718.43	951.31
76	484.03	619.49	723.00	793.01	1047.20
77	531.21	681.90	799.10	875.21	1150.71
78	581.44	750.39	879.77	963.49	1261.82
79	636.24	823.45	963.49	1057.86	1382.06
80	691.03				
81	750.39				
82	811.28				
83	875.21				
84	943.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	62.41	79.15	89.80	98.94	129.38
45-49	70.02	85.24	100.46	109.59	143.08
50-54	88.28	109.59	127.86	138.51	181.13
55	101.98	127.86	144.60	159.82	214.62
56	108.07	133.94	153.73	165.91	229.84
57	112.64	141.56	162.86	176.56	243.54
58	121.77	152.21	175.04	191.78	261.80
59	130.90	164.39	190.26	205.48	280.07
60	141.56	176.56	203.96	222.23	298.33
61	152.21	190.26	220.70	240.49	321.16
62	164.39	205.48	237.45	260.28	345.52
63	175.04	220.70	255.71	277.02	371.39
64	188.74	234.40	273.98	296.81	397.27
65	202.44	252.67	292.24	316.60	426.19
66	216.14	270.93	313.55	342.47	459.67
67	234.40	293.76	342.47	371.39	499.25
68	254.19	318.12	372.91	404.88	546.43
69	275.50	348.56	406.40	442.93	596.66
70	301.38	382.05	445.97	485.55	652.98
71	328.77	418.58	488.59	534.26	716.91
72	362.26	462.72	540.34	590.57	789.97
73	398.79	509.90	598.18	652.98	872.16
74	442.93	566.22	662.11	724.52	963.49
75	488.59	625.58	732.13	802.15	1062.42
76	538.82	689.51	808.23	885.86	1170.49
77	590.57	759.53	890.43	977.19	1286.17
78	646.89	832.59	977.19	1074.60	1409.46
79	703.21	913.26	1073.08	1178.10	1541.88
80	764.09				
81	828.02				
82	894.99				
83	965.01				
84	1038.07				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.49	83.72	97.41	105.02	138.51
45-49	74.58	92.85	108.07	115.68	152.21
50-54	92.85	115.68	133.94	146.12	191.78
55	108.07	133.94	153.73	168.95	226.79
56	112.64	141.56	162.86	176.56	242.01
57	120.25	150.69	173.52	188.74	257.23
58	129.38	161.34	185.70	202.44	275.50
59	138.51	173.52	200.92	216.14	293.76
60	149.17	185.70	216.14	234.40	313.55
61	159.82	200.92	232.88	252.67	336.38
62	172.00	216.14	251.15	272.46	362.26
63	184.17	232.88	267.89	292.24	388.13
64	196.35	246.58	286.15	312.03	415.53
65	211.57	264.84	305.94	333.34	445.97
66	225.27	284.63	328.77	357.69	479.46
67	245.06	307.46	357.69	388.13	523.60
68	266.37	334.86	389.66	424.67	570.79
69	287.68	365.30	426.19	464.24	622.54
70	315.07	398.79	467.28	508.38	681.90
71	343.99	438.36	511.42	558.61	748.87
72	377.48	484.03	566.22	617.97	824.98
73	417.05	534.26	627.10	683.42	911.74
74	462.72	590.57	692.55	758.00	1006.11
75	509.90	651.46	764.09	838.68	1109.61
76	561.65	719.95	843.24	925.43	1223.77
77	616.45	791.49	930.00	1021.33	1342.49
78	672.77	869.12	1021.33	1123.31	1471.87
79	732.13	952.83	1118.74	1229.85	1610.38
80	794.53				
81	861.51				
82	931.52				
83	1003.06				
84	1077.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.96	45.66	53.27	57.08	72.30
45-49	43.76	51.37	58.98	62.79	79.91
50-54	53.27	62.79	72.30	78.01	98.94
55	60.88	72.30	83.72	89.42	117.96
56	64.69	78.01	89.42	95.13	125.57
57	70.40	83.72	95.13	102.74	135.09
58	76.10	91.33	102.74	112.25	146.50
59	83.72	98.94	112.25	121.77	159.82
60	91.33	108.45	123.67	135.09	173.14
61	98.94	119.87	135.09	146.50	188.36
62	106.55	129.38	146.50	159.82	205.48
63	114.16	138.89	157.92	171.24	220.70
64	121.77	148.40	169.33	182.65	237.83
65	129.38	159.82	180.75	195.97	254.95
66	140.79	171.24	195.97	211.19	275.88
67	152.21	186.46	213.09	230.22	300.61
68	165.53	203.58	234.02	253.05	331.06
69	180.75	222.61	256.85	277.78	363.40
70	197.87	243.54	281.59	306.32	399.55
71	218.80	270.17	312.03	340.57	441.41
72	243.54	300.61	348.18	380.52	492.78
73	272.07	336.76	390.04	426.19	551.76
74	302.52	376.72	437.60	477.56	616.45
75	338.67	422.38	490.88	534.64	686.85
76	376.72	471.85	547.95	597.42	764.85
77	418.58	525.12	610.74	664.01	850.47
78	464.24	584.10	679.24	736.31	941.80
79	513.71	644.99	751.54	814.32	1040.73
80	565.08				
81	622.16				
82	681.14				
83	743.92				
84	810.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.57	57.08	64.69	68.49	87.52
45-49	51.37	62.79	70.40	76.10	97.03
50-54	60.88	74.20	85.62	93.23	121.77
55	72.30	85.62	97.03	104.64	138.89
56	76.10	91.33	102.74	110.35	146.50
57	81.81	97.03	110.35	117.96	156.01
58	87.52	104.64	117.96	127.48	167.43
59	95.13	114.16	129.38	138.89	180.75
60	102.74	123.67	140.79	152.21	197.87
61	110.35	135.09	154.11	165.53	213.09
62	119.87	144.60	167.43	180.75	232.12
63	129.38	156.01	178.85	192.16	249.24
64	136.99	167.43	190.26	207.39	268.27
65	146.50	180.75	203.58	220.70	289.20
66	157.92	192.16	220.70	239.73	312.03
67	171.24	211.19	239.73	260.66	340.57
68	186.46	230.22	262.56	287.30	372.91
69	203.58	251.15	289.20	313.93	410.97
70	222.61	275.88	317.74	344.37	450.92
71	243.54	304.42	351.98	382.43	500.39
72	272.07	338.67	391.94	428.09	557.47
73	302.52	378.62	439.51	477.56	622.16
74	336.76	424.28	492.78	536.54	694.46
75	376.72	473.75	551.76	599.33	774.37
76	418.58	527.03	616.45	671.63	863.79
77	466.14	587.91	684.94	745.83	958.92
78	515.61	652.60	761.05	827.64	1059.76
79	568.88	723.00	842.86	917.06	1172.01
80	625.96				
81	686.85				
82	749.63				
83	818.13				
84	890.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.47	60.88	68.49	74.20	95.13
45-49	55.18	66.59	76.10	81.81	104.64
50-54	64.69	79.91	91.33	98.94	131.28
55	76.10	91.33	102.74	112.25	146.50
56	79.91	97.03	108.45	117.96	154.11
57	85.62	102.74	116.06	125.57	163.63
58	91.33	110.35	125.57	135.09	176.94
59	98.94	119.87	136.99	146.50	190.26
60	108.45	129.38	148.40	159.82	207.39
61	116.06	140.79	161.72	173.14	224.51
62	125.57	152.21	175.04	188.36	243.54
63	135.09	163.63	188.36	201.68	262.56
64	142.70	175.04	199.78	216.90	281.59
65	154.11	188.36	213.09	232.12	302.52
66	165.53	201.68	230.22	251.15	327.25
67	178.85	220.70	251.15	273.98	357.69
68	194.07	241.63	275.88	300.61	391.94
69	213.09	262.56	302.52	329.15	429.99
70	232.12	289.20	332.96	361.50	473.75
71	254.95	317.74	369.11	401.45	525.12
72	283.49	353.89	410.97	447.12	584.10
73	315.84	395.75	460.43	500.39	652.60
74	351.98	443.31	515.61	561.27	728.70
75	393.84	494.68	576.49	627.86	812.42
76	437.60	551.76	644.99	702.07	905.65
77	485.17	614.55	717.29	781.98	1004.58
78	536.54	681.14	795.30	867.60	1111.13
79	591.72	755.34	880.91	960.82	1227.19
80	650.70				
81	713.48				
82	780.07				
83	850.47				
84	924.67				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.10	93.23	106.55	114.16	156.01
45-49	83.72	102.74	117.96	127.48	173.14
50-54	102.74	127.48	146.50	161.72	220.70
55	119.87	148.40	171.24	186.46	254.95
56	125.57	156.01	180.75	197.87	270.17
57	133.18	165.53	192.16	209.29	285.39
58	142.70	176.94	205.48	222.61	302.52
59	150.31	188.36	218.80	237.83	321.54
60	161.72	201.68	232.12	253.05	342.47
61	173.14	215.00	249.24	270.17	365.30
62	184.55	230.22	266.37	289.20	390.04
63	195.97	245.44	285.39	308.22	416.67
64	209.29	260.66	302.52	329.15	443.31
65	222.61	277.78	323.45	351.98	473.75
66	237.83	298.71	346.28	376.72	509.90
67	256.85	321.54	374.82	407.16	549.86
68	277.78	348.18	405.26	441.41	595.52
69	298.71	376.72	437.60	477.56	643.09
70	323.45	409.06	475.66	519.42	698.26
71	350.08	445.21	517.51	565.08	759.15
72	382.43	487.07	566.98	620.25	829.54
73	420.48	534.64	624.06	683.04	909.45
74	462.34	587.91	686.85	751.54	996.97
75	508.00	644.99	755.34	825.74	1094.01
76	555.57	707.78	829.54	909.45	1198.65
77	606.94	776.27	911.36	996.97	1310.91
78	660.21	848.57	998.88	1092.10	1430.77
79	717.29	926.58	1092.10	1192.94	1560.15
80	776.27				
81	837.15				
82	901.84				
83	968.43				
84	1038.83				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	87.52	108.45	125.57	136.99	180.75
45-49	97.03	121.77	138.89	152.21	201.68
50-54	119.87	150.31	173.14	188.36	254.95
55	135.09	171.24	197.87	215.00	293.00
56	140.79	180.75	209.29	226.41	308.22
57	148.40	190.26	220.70	239.73	323.45
58	157.92	201.68	234.02	254.95	342.47
59	169.33	213.09	247.34	272.07	363.40
60	182.65	226.41	264.46	287.30	384.33
61	194.07	241.63	281.59	306.32	410.97
62	207.39	258.76	300.61	327.25	437.60
63	220.70	273.98	321.54	350.08	468.04
64	234.02	293.00	340.57	372.91	498.49
65	249.24	312.03	365.30	397.65	532.73
66	266.37	334.86	390.04	426.19	570.79
67	285.39	361.50	422.38	460.43	616.45
68	308.22	390.04	456.63	498.49	667.82
69	332.96	424.28	492.78	540.34	721.09
70	361.50	460.43	536.54	587.91	781.98
71	391.94	500.39	584.10	639.28	850.47
72	428.09	547.95	639.28	700.16	930.38
73	469.95	599.33	702.07	770.56	1017.90
74	515.61	658.31	770.56	844.76	1114.94
75	565.08	723.00	846.67	926.58	1223.39
76	618.35	789.59	928.48	1017.90	1339.45
77	673.53	865.69	1016.00	1114.94	1463.12
78	732.51	943.70	1113.03	1217.68	1596.30
79	793.39	1031.22	1211.97	1328.03	1737.09
80	858.08				
81	924.67				
82	993.17				
83	1067.37				
84	1143.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	93.23	116.06	133.18	146.50	192.16
45-49	102.74	129.38	148.40	163.63	213.09
50-54	127.48	159.82	184.55	199.78	270.17
55	142.70	180.75	209.29	228.31	308.22
56	148.40	190.26	220.70	239.73	323.45
57	156.01	199.78	232.12	253.05	340.57
58	165.53	211.19	245.44	268.27	359.60
59	176.94	224.51	260.66	285.39	380.52
60	190.26	237.83	277.78	302.52	403.36
61	203.58	253.05	294.91	321.54	429.99
62	216.90	270.17	315.84	344.37	458.53
63	230.22	287.30	336.76	367.21	488.97
64	245.44	306.32	357.69	391.94	521.32
65	260.66	327.25	382.43	416.67	557.47
66	277.78	350.08	409.06	447.12	597.42
67	298.71	378.62	441.41	483.27	644.99
68	321.54	409.06	477.56	523.22	698.26
69	348.18	443.31	517.51	566.98	755.34
70	376.72	481.36	561.27	616.45	818.13
71	409.06	523.22	612.64	671.63	890.43
72	447.12	572.69	669.72	734.41	972.24
73	490.88	627.86	734.41	806.71	1065.47
74	538.44	688.75	806.71	884.72	1166.31
75	589.81	755.34	884.72	970.34	1278.56
76	644.99	825.74	970.34	1063.57	1398.43
77	702.07	903.74	1061.66	1164.40	1527.80
78	762.95	985.56	1160.60	1270.95	1666.70
79	825.74	1074.98	1263.34	1387.01	1813.20
80	892.33				
81	960.82				
82	1033.12				
83	1109.23				
84	1187.24				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.18	68.49	79.91	87.52	116.06
45-49	60.88	76.10	89.42	97.03	129.38
50-54	81.81	100.84	114.16	123.67	165.53
55	93.23	116.06	131.28	144.60	195.97
56	98.94	121.77	138.89	152.21	209.29
57	104.64	129.38	148.40	163.63	224.51
58	112.25	138.89	159.82	176.94	241.63
59	121.77	150.31	173.14	190.26	260.66
60	131.28	163.63	188.36	205.48	281.59
61	142.70	176.94	205.48	222.61	302.52
62	154.11	192.16	222.61	241.63	327.25
63	165.53	205.48	239.73	260.66	351.98
64	176.94	220.70	256.85	277.78	376.72
65	190.26	235.93	273.98	298.71	405.26
66	205.48	253.05	294.91	321.54	437.60
67	222.61	275.88	321.54	350.08	475.66
68	241.63	300.61	351.98	382.43	519.42
69	262.56	329.15	384.33	418.58	566.98
70	285.39	359.60	420.48	458.53	620.25
71	312.03	395.75	462.34	506.10	679.24
72	344.37	437.60	511.81	559.37	749.63
73	380.52	485.17	566.98	620.25	827.64
74	422.38	536.54	629.77	688.75	915.16
75	466.14	595.52	696.36	762.95	1010.29
76	513.71	658.31	768.66	842.86	1113.03
77	565.08	724.90	848.57	930.38	1223.39
78	618.35	797.20	934.19	1023.61	1341.35
79	675.43	875.21	1023.61	1124.45	1468.82
80	734.41				
81	797.20				
82	861.89				
83	930.38				
84	1002.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	66.59	83.72	95.13	104.64	136.99
45-49	74.20	91.33	106.55	116.06	152.21
50-54	93.23	116.06	135.09	146.50	192.16
55	108.45	135.09	154.11	169.33	228.31
56	114.16	142.70	163.63	176.94	243.54
57	119.87	150.31	173.14	188.36	258.76
58	129.38	161.72	186.46	203.58	277.78
59	138.89	175.04	201.68	218.80	296.81
60	150.31	188.36	216.90	235.93	317.74
61	161.72	201.68	234.02	254.95	340.57
62	175.04	218.80	253.05	275.88	367.21
63	186.46	234.02	272.07	294.91	393.84
64	199.78	249.24	291.10	315.84	422.38
65	215.00	268.27	310.13	336.76	452.82
66	230.22	287.30	332.96	363.40	488.97
67	249.24	312.03	363.40	393.84	530.83
68	270.17	338.67	395.75	429.99	580.30
69	293.00	371.01	431.89	469.95	633.57
70	319.64	405.26	473.75	515.61	694.46
71	350.08	445.21	519.42	566.98	761.05
72	384.33	490.88	574.59	627.86	839.06
73	424.28	542.25	635.48	694.46	926.58
74	469.95	601.23	703.97	770.56	1023.61
75	519.42	664.01	778.17	852.37	1128.25
76	572.69	732.51	858.08	941.80	1244.31
77	627.86	806.71	945.60	1038.83	1366.08
78	686.85	884.72	1038.83	1141.57	1497.36
79	747.73	970.34	1139.67	1251.92	1638.16
80	812.42				
81	879.01				
82	951.31				
83	1025.51				
84	1103.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.30	89.42	102.74	112.25	146.50
45-49	79.91	98.94	114.16	123.67	161.72
50-54	98.94	123.67	142.70	156.01	203.58
55	114.16	142.70	163.63	178.85	241.63
56	119.87	150.31	173.14	188.36	256.85
57	127.48	159.82	184.55	199.78	273.98
58	136.99	171.24	197.87	215.00	293.00
59	146.50	184.55	213.09	230.22	312.03
60	157.92	197.87	230.22	249.24	332.96
61	169.33	213.09	247.34	268.27	357.69
62	182.65	230.22	266.37	289.20	384.33
63	195.97	247.34	285.39	310.13	412.87
64	209.29	262.56	304.42	331.06	441.41
65	224.51	281.59	325.35	353.89	473.75
66	239.73	302.52	350.08	380.52	509.90
67	260.66	327.25	380.52	412.87	555.57
68	283.49	355.79	414.77	450.92	606.94
69	306.32	388.13	452.82	492.78	662.11
70	334.86	424.28	496.58	540.34	724.90
71	365.30	466.14	544.15	593.62	795.30
72	401.45	513.71	601.23	656.40	877.11
73	443.31	566.98	665.92	726.80	968.43
74	490.88	627.86	736.31	804.81	1069.27
75	542.25	692.55	812.42	890.43	1179.63
76	597.42	764.85	896.13	983.66	1299.49
77	654.50	840.96	987.46	1084.49	1426.97
78	715.39	922.77	1084.49	1192.94	1563.95
79	778.17	1012.19	1189.14	1307.10	1710.46
80	844.76				
81	915.16				
82	989.36				
83	1065.47				
84	1145.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.57	53.27	62.79	66.59	85.62
45-49	51.37	60.88	68.49	74.20	93.23
50-54	62.79	74.20	85.62	91.33	116.06
55	72.30	85.62	98.94	104.64	138.89
56	76.10	91.33	104.64	112.25	148.40
57	83.72	98.94	112.25	121.77	159.82
58	89.42	106.55	121.77	131.28	173.14
59	98.94	116.06	131.28	142.70	188.36
60	106.55	127.48	144.60	159.82	203.58
61	116.06	140.79	159.82	173.14	220.70
62	125.57	152.21	173.14	188.36	241.63
63	135.09	163.63	186.46	201.68	258.76
64	142.70	175.04	199.78	215.00	279.69
65	152.21	188.36	213.09	230.22	300.61
66	165.53	201.68	230.22	249.24	325.35
67	178.85	218.80	251.15	270.17	353.89
68	194.07	239.73	275.88	296.81	390.04
69	213.09	262.56	302.52	327.25	428.09
70	232.12	287.30	331.06	359.60	469.95
71	256.85	317.74	367.21	401.45	519.42
72	287.30	353.89	409.06	447.12	580.30
73	319.64	395.75	458.53	502.29	648.79
74	355.79	443.31	515.61	561.27	724.90
75	397.65	496.58	578.40	629.77	808.61
76	443.31	555.57	644.99	702.07	899.94
77	492.78	618.35	719.19	781.98	1000.78
78	546.05	686.85	799.10	865.69	1107.33
79	605.03	759.15	884.72	958.92	1225.29
80	664.01				
81	732.51				
82	801.00				
83	875.21				
84	953.21				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.18	66.59	76.10	79.91	102.74
45-49	60.88	74.20	83.72	89.42	114.16
50-54	72.30	87.52	100.84	110.35	142.70
55	85.62	100.84	114.16	123.67	163.63
56	89.42	106.55	121.77	129.38	173.14
57	97.03	114.16	129.38	138.89	182.65
58	102.74	123.67	138.89	150.31	197.87
59	112.25	135.09	152.21	163.63	213.09
60	121.77	144.60	165.53	178.85	232.12
61	129.38	159.82	180.75	194.07	251.15
62	140.79	169.33	197.87	213.09	273.98
63	152.21	182.65	211.19	226.41	293.00
64	161.72	197.87	224.51	243.54	315.84
65	173.14	213.09	239.73	258.76	340.57
66	186.46	226.41	258.76	281.59	367.21
67	201.68	249.24	281.59	306.32	401.45
68	218.80	270.17	308.22	338.67	439.51
69	239.73	294.91	340.57	369.11	483.27
70	262.56	325.35	372.91	405.26	530.83
71	287.30	357.69	414.77	449.02	587.91
72	319.64	397.65	460.43	504.19	656.40
73	355.79	445.21	517.51	561.27	732.51
74	395.75	498.49	580.30	631.67	816.22
75	443.31	557.47	648.79	705.87	911.36
76	492.78	620.25	724.90	789.59	1016.00
77	547.95	692.55	806.71	877.11	1128.25
78	606.94	768.66	896.13	974.14	1246.22
79	669.72	850.47	991.27	1078.79	1379.40
80	736.31				
81	808.61				
82	882.82				
83	962.73				
84	1048.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.98	72.30	79.91	87.52	112.25
45-49	64.69	78.01	89.42	97.03	123.67
50-54	76.10	93.23	106.55	116.06	154.11
55	89.42	106.55	121.77	131.28	173.14
56	93.23	114.16	127.48	138.89	180.75
57	100.84	121.77	136.99	148.40	192.16
58	106.55	129.38	148.40	159.82	207.39
59	116.06	140.79	161.72	173.14	224.51
60	127.48	152.21	175.04	188.36	243.54
61	136.99	165.53	190.26	203.58	264.46
62	148.40	178.85	205.48	220.70	287.30
63	159.82	192.16	220.70	237.83	308.22
64	167.43	205.48	235.93	254.95	331.06
65	180.75	220.70	251.15	273.98	355.79
66	194.07	237.83	270.17	294.91	384.33
67	211.19	258.76	294.91	321.54	420.48
68	228.31	283.49	325.35	353.89	460.43
69	251.15	308.22	355.79	388.13	506.10
70	273.98	340.57	391.94	426.19	557.47
71	300.61	372.91	433.80	471.85	618.35
72	332.96	416.67	483.27	525.12	686.85
73	371.01	466.14	542.25	587.91	768.66
74	414.77	521.32	606.94	660.21	858.08
75	464.24	582.20	677.33	738.22	955.12
76	515.61	648.79	759.15	825.74	1065.47
77	570.79	723.00	844.76	920.87	1181.53
78	631.67	801.00	936.09	1019.80	1307.10
79	696.36	888.52	1036.93	1130.16	1444.09
80	764.85				
81	839.06				
82	917.06				
83	1000.78				
84	1088.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	89.42	110.35	125.57	135.09	182.65
45-49	98.94	121.77	138.89	150.31	203.58
50-54	121.77	150.31	173.14	190.26	258.76
55	140.79	175.04	201.68	218.80	300.61
56	148.40	182.65	213.09	232.12	317.74
57	156.01	194.07	226.41	245.44	334.86
58	167.43	207.39	241.63	262.56	355.79
59	176.94	220.70	256.85	279.69	378.62
60	190.26	237.83	273.98	296.81	403.36
61	203.58	253.05	293.00	317.74	429.99
62	216.90	270.17	313.93	340.57	458.53
63	230.22	289.20	334.86	363.40	490.88
64	245.44	306.32	355.79	388.13	521.32
65	262.56	327.25	380.52	414.77	557.47
66	279.69	351.98	407.16	443.31	599.33
67	302.52	378.62	441.41	479.46	646.89
68	327.25	409.06	477.56	519.42	700.16
69	351.98	443.31	515.61	561.27	757.24
70	380.52	481.36	559.37	610.74	821.93
71	410.97	523.22	608.84	664.01	892.33
72	449.02	572.69	667.82	730.61	976.04
73	494.68	629.77	734.41	802.91	1069.27
74	544.15	692.55	808.61	884.72	1172.01
75	597.42	759.15	888.52	972.24	1286.17
76	654.50	833.35	976.04	1069.27	1409.84
77	713.48	913.26	1073.08	1172.01	1543.03
78	776.27	998.88	1175.82	1284.27	1683.82
79	844.76	1090.20	1284.27	1404.13	1836.03
80	913.26				
81	985.56				
82	1061.66				
83	1139.67				
84	1221.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	102.74	127.48	148.40	161.72	213.09
45-49	114.16	142.70	163.63	178.85	237.83
50-54	140.79	176.94	203.58	220.70	300.61
55	159.82	201.68	232.12	253.05	344.37
56	165.53	213.09	245.44	266.37	363.40
57	175.04	224.51	258.76	281.59	380.52
58	186.46	237.83	275.88	300.61	403.36
59	199.78	251.15	291.10	319.64	428.09
60	215.00	266.37	312.03	338.67	452.82
61	228.31	283.49	331.06	359.60	483.27
62	243.54	304.42	353.89	384.33	515.61
63	258.76	321.54	378.62	410.97	549.86
64	275.88	344.37	401.45	439.51	586.01
65	293.00	367.21	429.99	468.04	625.96
66	313.93	393.84	458.53	502.29	671.63
67	334.86	426.19	496.58	542.25	724.90
68	363.40	458.53	536.54	586.01	785.78
69	391.94	498.49	580.30	635.48	848.57
70	426.19	542.25	631.67	692.55	920.87
71	460.43	587.91	686.85	751.54	1000.78
72	504.19	644.99	751.54	823.83	1094.01
73	553.66	705.87	825.74	905.65	1196.75
74	606.94	774.37	905.65	993.17	1310.91
75	664.01	850.47	996.97	1090.20	1438.38
76	726.80	928.48	1092.10	1196.75	1575.37
77	791.49	1017.90	1194.85	1310.91	1721.87
78	861.89	1111.13	1309.00	1432.67	1877.89
79	934.19	1213.87	1425.06	1562.05	2043.41
80	1010.29				
81	1088.30				
82	1168.21				
83	1255.73				
84	1345.15				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	110.35	136.99	156.01	173.14	226.41
45-49	121.77	152.21	175.04	192.16	251.15
50-54	150.31	188.36	216.90	235.93	317.74
55	167.43	213.09	245.44	268.27	363.40
56	175.04	224.51	258.76	281.59	380.52
57	182.65	235.93	273.98	296.81	401.45
58	194.07	249.24	289.20	315.84	422.38
59	207.39	264.46	306.32	334.86	447.12
60	224.51	279.69	327.25	355.79	473.75
61	239.73	296.81	346.28	378.62	506.10
62	254.95	317.74	371.01	405.26	540.34
63	270.17	338.67	395.75	431.89	574.59
64	289.20	359.60	420.48	460.43	612.64
65	306.32	384.33	449.02	490.88	656.40
66	327.25	410.97	481.36	525.12	702.07
67	351.98	445.21	519.42	568.88	759.15
68	378.62	481.36	561.27	616.45	821.93
69	409.06	521.32	608.84	667.82	888.52
70	443.31	566.98	660.21	724.90	962.73
71	481.36	616.45	721.09	789.59	1048.34
72	525.12	673.53	787.69	863.79	1143.48
73	578.40	738.22	863.79	949.41	1253.83
74	633.57	810.52	949.41	1040.73	1371.79
75	694.46	888.52	1040.73	1141.57	1504.97
76	759.15	972.24	1141.57	1251.92	1645.77
77	825.74	1063.57	1248.12	1369.89	1797.98
78	898.04	1158.70	1366.08	1495.46	1961.60
79	972.24	1265.24	1485.95	1632.45	2132.84
80	1050.25				
81	1130.16				
82	1215.77				
83	1305.20				
84	1396.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.69	79.91	93.23	102.74	136.99
45-49	72.30	89.42	104.64	114.16	152.21
50-54	97.03	117.96	135.09	144.60	194.07
55	110.35	136.99	154.11	169.33	230.22
56	116.06	142.70	163.63	178.85	245.44
57	123.67	152.21	175.04	192.16	264.46
58	131.28	163.63	188.36	207.39	283.49
59	142.70	176.94	203.58	224.51	306.32
60	154.11	192.16	220.70	241.63	331.06
61	167.43	207.39	241.63	262.56	355.79
62	180.75	226.41	262.56	283.49	384.33
63	194.07	241.63	281.59	306.32	414.77
64	207.39	258.76	302.52	327.25	443.31
65	224.51	277.78	321.54	351.98	477.56
66	241.63	296.81	346.28	378.62	515.61
67	262.56	325.35	378.62	410.97	559.37
68	283.49	353.89	414.77	449.02	610.74
69	308.22	388.13	452.82	492.78	667.82
70	334.86	422.38	494.68	540.34	730.61
71	367.21	466.14	544.15	595.52	799.10
72	405.26	515.61	601.23	658.31	882.82
73	447.12	570.79	667.82	730.61	974.14
74	496.58	631.67	740.12	810.52	1076.88
75	547.95	700.16	820.03	898.04	1189.14
76	605.03	774.37	903.74	991.27	1309.00
77	664.01	852.37	998.88	1094.01	1438.38
78	726.80	937.99	1099.71	1204.36	1577.27
79	795.30	1029.32	1204.36	1322.32	1727.58
80	863.79				
81	937.99				
82	1014.10				
83	1094.01				
84	1179.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	78.01	98.94	112.25	123.67	161.72
45-49	87.52	106.55	125.57	136.99	178.85
50-54	110.35	136.99	159.82	173.14	226.41
55	127.48	159.82	180.75	199.78	268.27
56	135.09	167.43	192.16	207.39	287.30
57	140.79	176.94	203.58	220.70	304.42
58	152.21	190.26	218.80	239.73	327.25
59	163.63	205.48	237.83	256.85	350.08
60	176.94	220.70	254.95	277.78	372.91
61	190.26	237.83	275.88	300.61	401.45
62	205.48	256.85	296.81	325.35	431.89
63	218.80	275.88	319.64	346.28	464.24
64	235.93	293.00	342.47	371.01	496.58
65	253.05	315.84	365.30	395.75	532.73
66	270.17	338.67	391.94	428.09	574.59
67	293.00	367.21	428.09	464.24	624.06
68	317.74	397.65	466.14	506.10	683.04
69	344.37	435.70	508.00	553.66	745.83
70	376.72	477.56	557.47	606.94	816.22
71	410.97	523.22	610.74	667.82	896.13
72	452.82	578.40	675.43	738.22	987.46
73	498.49	637.38	747.73	816.22	1090.20
74	553.66	707.78	827.64	905.65	1204.36
75	610.74	781.98	915.16	1002.68	1328.03
76	673.53	861.89	1010.29	1107.33	1463.12
77	738.22	949.41	1113.03	1221.48	1607.71
78	808.61	1040.73	1221.48	1343.25	1761.83
79	879.01	1141.57	1341.35	1472.63	1927.36
80	955.12				
81	1035.03				
82	1118.74				
83	1206.26				
84	1297.59				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	85.62	104.64	121.77	131.28	173.14
45-49	93.23	116.06	135.09	144.60	190.26
50-54	116.06	144.60	167.43	182.65	239.73
55	135.09	167.43	192.16	211.19	283.49
56	140.79	176.94	203.58	220.70	302.52
57	150.31	188.36	216.90	235.93	321.54
58	161.72	201.68	232.12	253.05	344.37
59	173.14	216.90	251.15	270.17	367.21
60	186.46	232.12	270.17	293.00	391.94
61	199.78	251.15	291.10	315.84	420.48
62	215.00	270.17	313.93	340.57	452.82
63	230.22	291.10	334.86	365.30	485.17
64	245.44	308.22	357.69	390.04	519.42
65	264.46	331.06	382.43	416.67	557.47
66	281.59	355.79	410.97	447.12	599.33
67	306.32	384.33	447.12	485.17	654.50
68	332.96	418.58	487.07	530.83	713.48
69	359.60	456.63	532.73	580.30	778.17
70	393.84	498.49	584.10	635.48	852.37
71	429.99	547.95	639.28	698.26	936.09
72	471.85	605.03	707.78	772.46	1031.22
73	521.32	667.82	783.88	854.28	1139.67
74	578.40	738.22	865.69	947.51	1257.63
75	637.38	814.32	955.12	1048.34	1387.01
76	702.07	899.94	1054.05	1156.79	1529.71
77	770.56	989.36	1162.50	1276.66	1678.11
78	840.96	1086.40	1276.66	1404.13	1839.83
79	915.16	1191.04	1398.43	1537.32	2012.97
80	993.17				
81	1076.88				
82	1164.40				
83	1253.83				
84	1347.06				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.64	27.54	31.89	33.34	34.79
45-49	27.54	30.44	34.79	36.24	39.14
50-54	33.34	37.69	42.04	44.94	50.74
55	37.69	43.49	49.29	53.64	63.78
56	40.59	46.39	53.64	57.98	69.58
57	43.49	50.74	57.98	62.33	76.83
58	47.84	55.09	63.78	68.13	84.08
59	52.19	60.88	69.58	73.93	92.78
60	57.98	68.13	76.83	81.18	101.47
61	62.33	73.93	84.08	88.43	110.17
62	68.13	81.18	91.33	97.12	120.32
63	72.48	86.98	98.57	104.37	129.02
64	76.83	92.78	105.82	113.07	137.71
65	82.63	98.57	113.07	121.77	147.86
66	88.43	107.27	121.77	131.92	159.46
67	95.67	115.97	133.36	143.51	173.95
68	104.37	127.57	146.41	158.01	191.35
69	114.52	139.16	160.91	172.50	208.74
70	124.67	152.21	176.85	189.90	230.49
71	137.71	168.16	194.25	210.19	255.13
72	152.21	187.00	215.99	233.39	282.68
73	169.61	208.74	240.64	259.48	314.57
74	188.45	231.94	268.18	289.92	350.81
75	210.19	258.03	297.17	321.81	389.95
76	233.39	287.02	330.51	356.61	431.99
77	258.03	317.47	365.30	394.30	478.37
78	284.12	350.81	402.99	434.88	527.66
79	313.12	385.60	443.58	478.37	581.30
80	342.11				
81	374.00				
82	407.34				
83	442.13				
84	479.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46.39	56.54	65.23	71.03	85.53
45-49	50.74	62.33	72.48	78.28	95.67
50-54	62.33	76.83	89.88	97.12	121.77
55	75.38	91.33	105.82	113.07	144.96
56	79.73	97.12	111.62	120.32	155.11
57	85.53	104.37	118.87	127.57	165.26
58	91.33	111.62	127.57	136.26	176.85
59	97.12	118.87	136.26	146.41	188.45
60	102.92	127.57	146.41	158.01	201.50
61	110.17	136.26	156.56	169.61	214.54
62	117.42	144.96	168.16	182.65	230.49
63	124.67	155.11	179.75	194.25	246.43
64	133.36	163.81	191.35	207.30	263.83
65	142.06	175.40	202.95	220.34	282.68
66	152.21	187.00	217.44	234.84	302.97
67	163.81	201.50	233.39	252.23	326.16
68	176.85	217.44	252.23	272.53	352.26
69	189.90	234.84	271.08	294.27	379.80
70	205.85	255.13	294.27	318.92	408.79
71	223.24	276.88	318.92	346.46	443.58
72	242.09	301.52	347.91	378.35	482.72
73	263.83	329.06	381.25	414.59	526.21
74	288.47	360.95	417.49	455.18	575.50
75	314.57	394.30	458.08	498.67	627.68
76	342.11	430.54	501.57	546.51	685.67
77	371.10	469.68	547.95	598.69	746.55
78	401.54	511.71	598.69	653.78	811.78
79	433.44	556.65	652.33	713.21	882.82
80	468.23				
81	503.02				
82	540.71				
83	579.85				
84	620.44				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.34	40.59	46.39	50.74	60.88
45-49	36.24	44.94	52.19	56.54	68.13
50-54	50.74	60.88	71.03	76.83	92.78
55	57.98	71.03	81.18	86.98	111.62
56	60.88	75.38	85.53	92.78	118.87
57	65.23	81.18	91.33	98.57	127.57
58	71.03	88.43	98.57	107.27	137.71
59	76.83	95.67	107.27	115.97	150.76
60	84.08	104.37	117.42	127.57	163.81
61	91.33	113.07	129.02	139.16	178.30
62	98.57	121.77	139.16	150.76	192.80
63	105.82	130.47	149.31	162.36	207.30
64	113.07	139.16	159.46	173.95	223.24
65	120.32	149.31	171.05	185.55	239.19
66	130.47	160.91	184.10	200.05	259.48
67	140.61	173.95	200.05	217.44	281.23
68	152.21	189.90	218.89	237.74	305.87
69	166.71	207.30	239.19	259.48	333.41
70	181.20	226.14	260.93	284.12	365.30
71	198.60	247.88	287.02	311.67	398.64
72	217.44	272.53	316.02	343.56	437.78
73	239.19	300.07	347.91	379.80	481.27
74	263.83	330.51	384.15	418.94	529.11
75	289.92	363.85	423.29	460.98	579.85
76	317.47	400.09	465.33	507.37	636.38
77	346.46	437.78	510.26	556.65	695.82
78	376.90	478.37	558.10	610.29	759.60
79	408.79	521.86	610.29	666.82	827.73
80	443.58				
81	478.37				
82	516.06				
83	555.20				
84	595.79				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.99	31.89	37.69	39.14	40.59
45-49	31.89	36.24	40.59	42.04	46.39
50-54	39.14	44.94	49.29	52.19	59.43
55	44.94	50.74	57.98	63.78	75.38
56	47.84	55.09	63.78	68.13	81.18
57	50.74	59.43	68.13	73.93	89.88
58	56.54	65.23	75.38	79.73	98.57
59	60.88	71.03	81.18	86.98	108.72
60	68.13	79.73	89.88	95.67	118.87
61	73.93	86.98	98.57	104.37	129.02
62	79.73	95.67	107.27	114.52	142.06
63	85.53	102.92	115.97	123.22	152.21
64	89.88	108.72	124.67	133.36	162.36
65	97.12	115.97	133.36	143.51	173.95
66	104.37	126.12	143.51	155.11	187.00
67	113.07	136.26	156.56	168.16	204.40
68	123.22	150.76	172.50	185.55	224.69
69	134.81	163.81	189.90	202.95	244.99
70	146.41	179.75	208.74	223.24	271.08
71	162.36	197.15	229.04	247.88	300.07
72	179.75	220.34	253.68	273.98	331.96
73	200.05	244.99	282.68	305.87	369.65
74	221.79	272.53	316.02	340.66	413.14
75	247.88	302.97	349.36	378.35	458.08
76	273.98	337.76	388.50	418.94	508.82
77	302.97	374.00	429.09	463.88	562.45
78	334.86	413.14	474.02	511.71	620.44
79	368.20	453.73	521.86	562.45	684.22
80	402.99				
81	440.68				
82	479.82				
83	520.41				
84	563.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.09	66.68	76.83	84.08	100.02
45-49	59.43	73.93	85.53	92.78	113.07
50-54	73.93	89.88	105.82	114.52	143.51
55	88.43	107.27	124.67	133.36	171.05
56	94.23	114.52	131.92	142.06	182.65
57	100.02	123.22	139.16	150.76	194.25
58	107.27	131.92	150.76	160.91	208.74
59	114.52	139.16	160.91	172.50	221.79
60	121.77	150.76	172.50	185.55	237.74
61	129.02	160.91	184.10	200.05	252.23
62	137.71	171.05	197.15	214.54	271.08
63	146.41	182.65	211.64	229.04	289.92
64	156.56	192.80	224.69	243.54	310.22
65	166.71	205.85	239.19	259.48	331.96
66	179.75	220.34	255.13	276.88	356.61
67	192.80	237.74	273.98	297.17	384.15
68	208.74	255.13	297.17	320.37	414.59
69	223.24	276.88	318.92	346.46	446.48
70	242.09	300.07	346.46	375.45	481.27
71	262.38	326.16	375.45	407.34	521.86
72	284.12	355.16	408.79	445.03	568.25
73	310.22	387.05	447.93	487.07	618.99
74	339.21	424.74	491.42	534.91	676.97
75	369.65	463.88	539.26	587.09	737.85
76	402.99	505.92	589.99	643.63	805.99
77	436.33	552.30	645.08	704.51	878.47
78	472.57	601.59	704.51	769.75	955.30
79	510.26	655.23	766.85	839.33	1037.93
80	550.85				
81	591.44				
82	636.38				
83	682.77				
84	730.61				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.14	47.84	55.09	59.43	71.03
45-49	42.04	52.19	60.88	66.68	79.73
50-54	59.43	71.03	84.08	89.88	108.72
55	68.13	84.08	95.67	102.92	131.92
56	71.03	88.43	100.02	108.72	139.16
57	76.83	95.67	107.27	115.97	150.76
58	84.08	104.37	115.97	126.12	162.36
59	89.88	113.07	126.12	136.26	176.85
60	98.57	123.22	137.71	150.76	192.80
61	107.27	133.36	152.21	163.81	210.19
62	115.97	143.51	163.81	176.85	226.14
63	124.67	153.66	175.40	191.35	243.54
64	133.36	163.81	187.00	204.40	262.38
65	142.06	175.40	201.50	218.89	281.23
66	153.66	189.90	215.99	234.84	305.87
67	165.26	204.40	234.84	255.13	330.51
68	179.75	223.24	258.03	279.78	359.50
69	195.70	243.54	281.23	305.87	392.85
70	213.09	266.73	307.32	334.86	429.09
71	233.39	291.37	337.76	366.75	469.68
72	255.13	320.37	371.10	404.44	514.61
73	281.23	353.71	408.79	446.48	566.80
74	310.22	388.50	452.28	492.87	621.89
75	340.66	427.64	498.67	542.16	682.77
76	374.00	471.13	547.95	597.24	748.00
77	407.34	514.61	600.14	655.23	819.03
78	443.58	562.45	656.68	717.56	892.96
79	481.27	614.64	717.56	784.24	974.14
80	521.86				
81	562.45				
82	607.39				
83	653.78				
84	701.61				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.80	34.43	39.86	41.68	43.49
45-49	34.43	38.05	43.49	45.30	48.92
50-54	41.68	47.11	52.55	56.17	63.42
55	47.11	54.36	61.61	67.04	79.73
56	50.74	57.98	67.04	72.48	86.98
57	54.36	63.42	72.48	77.92	96.04
58	59.80	68.86	79.73	85.16	105.10
59	65.23	76.10	86.98	92.41	115.97
60	72.48	85.16	96.04	101.47	126.84
61	77.92	92.41	105.10	110.53	137.71
62	85.16	101.47	114.16	121.41	150.40
63	90.60	108.72	123.22	130.47	161.27
64	96.04	115.97	132.28	141.34	172.14
65	103.29	123.22	141.34	152.21	184.83
66	110.53	134.09	152.21	164.89	199.32
67	119.59	144.96	166.71	179.39	217.44
68	130.47	159.46	183.01	197.51	239.19
69	143.15	173.95	201.13	215.63	260.93
70	155.83	190.26	221.07	237.37	288.11
71	172.14	210.19	242.81	262.74	318.92
72	190.26	233.75	269.99	291.74	353.34
73	212.01	260.93	300.80	324.35	393.21
74	235.56	289.92	335.22	362.40	438.51
75	262.74	322.54	371.46	402.27	487.43
76	291.74	358.78	413.14	445.76	539.98
77	322.54	396.83	456.63	492.87	597.97
78	355.16	438.51	503.74	543.61	659.58
79	391.40	482.00	554.48	597.97	726.62
80	427.64				
81	467.50				
82	509.18				
83	552.67				
84	599.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.98	70.67	81.54	88.79	106.91
45-49	63.42	77.92	90.60	97.85	119.59
50-54	77.92	96.04	112.35	121.41	152.21
55	94.23	114.16	132.28	141.34	181.20
56	99.66	121.41	139.53	150.40	193.89
57	106.91	130.47	148.59	159.46	206.57
58	114.16	139.53	159.46	170.33	221.07
59	121.41	148.59	170.33	183.01	235.56
60	128.65	159.46	183.01	197.51	251.87
61	137.71	170.33	195.70	212.01	268.18
62	146.77	181.20	210.19	228.31	288.11
63	155.83	193.89	224.69	242.81	308.04
64	166.71	204.76	239.19	259.12	329.79
65	177.58	219.25	253.68	275.43	353.34
66	190.26	233.75	271.80	293.55	378.71
67	204.76	251.87	291.74	315.29	407.70
68	221.07	271.80	315.29	340.66	440.32
69	237.37	293.55	338.85	367.84	474.75
70	257.31	318.92	367.84	398.64	510.99
71	279.05	346.10	398.64	433.07	554.48
72	302.61	376.90	434.88	472.94	603.40
73	329.79	411.33	476.56	518.24	657.76
74	360.59	451.19	521.86	568.97	719.37
75	393.21	492.87	572.60	623.33	784.60
76	427.64	538.17	626.96	683.13	857.09
77	463.88	587.09	684.94	748.36	933.19
78	501.93	639.64	748.36	817.22	1014.73
79	541.79	695.82	815.41	891.51	1103.52
80	585.28				
81	628.77				
82	675.88				
83	724.81				
84	775.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.68	50.74	57.98	63.42	76.10
45-49	45.30	56.17	65.23	70.67	85.16
50-54	63.42	76.10	88.79	96.04	115.97
55	72.48	88.79	101.47	108.72	139.53
56	76.10	94.23	106.91	115.97	148.59
57	81.54	101.47	114.16	123.22	159.46
58	88.79	110.53	123.22	134.09	172.14
59	96.04	119.59	134.09	144.96	188.45
60	105.10	130.47	146.77	159.46	204.76
61	114.16	141.34	161.27	173.95	222.88
62	123.22	152.21	173.95	188.45	241.00
63	132.28	163.08	186.64	202.95	259.12
64	141.34	173.95	199.32	217.44	279.05
65	150.40	186.64	213.82	231.94	298.98
66	163.08	201.13	230.13	250.06	324.35
67	175.77	217.44	250.06	271.80	351.53
68	190.26	237.37	273.62	297.17	382.34
69	208.38	259.12	298.98	324.35	416.76
70	226.50	282.68	326.16	355.16	456.63
71	248.25	309.86	358.78	389.58	498.31
72	271.80	340.66	395.02	429.45	547.23
73	298.98	375.09	434.88	474.75	601.59
74	329.79	413.14	480.19	523.67	661.39
75	362.40	454.82	529.11	576.22	724.81
76	396.83	500.12	581.66	634.21	795.48
77	433.07	547.23	637.83	695.82	869.77
78	471.13	597.97	697.63	762.86	949.50
79	510.99	652.33	762.86	833.53	1034.66
80	554.48				
81	597.97				
82	645.08				
83	694.00				
84	744.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.24	39.86	47.11	48.92	50.74
45-49	39.86	45.30	50.74	52.55	57.98
50-54	48.92	56.17	61.61	65.23	74.29
55	56.17	63.42	72.48	79.73	94.23
56	59.80	68.86	79.73	85.16	101.47
57	63.42	74.29	85.16	92.41	112.35
58	70.67	81.54	94.23	99.66	123.22
59	76.10	88.79	101.47	108.72	135.90
60	85.16	99.66	112.35	119.59	148.59
61	92.41	108.72	123.22	130.47	161.27
62	99.66	119.59	134.09	143.15	177.58
63	106.91	128.65	144.96	154.02	190.26
64	112.35	135.90	155.83	166.71	202.95
65	121.41	144.96	166.71	179.39	217.44
66	130.47	157.65	179.39	193.89	233.75
67	141.34	170.33	195.70	210.19	255.49
68	154.02	188.45	215.63	231.94	280.86
69	168.52	204.76	237.37	253.68	306.23
70	183.01	224.69	260.93	279.05	338.85
71	202.95	246.43	286.30	309.86	375.09
72	224.69	275.43	317.10	342.47	414.95
73	250.06	306.23	353.34	382.34	462.07
74	277.24	340.66	395.02	425.82	516.43
75	309.86	378.71	436.70	472.94	572.60
76	342.47	422.20	485.62	523.67	636.02
77	378.71	467.50	536.36	579.85	703.06
78	418.58	516.43	592.53	639.64	775.54
79	460.25	567.16	652.33	703.06	855.27
80	503.74				
81	550.85				
82	599.78				
83	650.52				
84	704.88				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.86	83.35	96.04	105.10	125.03
45-49	74.29	92.41	106.91	115.97	141.34
50-54	92.41	112.35	132.28	143.15	179.39
55	110.53	134.09	155.83	166.71	213.82
56	117.78	143.15	164.89	177.58	228.31
57	125.03	154.02	173.95	188.45	242.81
58	134.09	164.89	188.45	201.13	260.93
59	143.15	173.95	201.13	215.63	277.24
60	152.21	188.45	215.63	231.94	297.17
61	161.27	201.13	230.13	250.06	315.29
62	172.14	213.82	246.43	268.18	338.85
63	183.01	228.31	264.55	286.30	362.40
64	195.70	241.00	280.86	304.42	387.77
65	208.38	257.31	298.98	324.35	414.95
66	224.69	275.43	318.92	346.10	445.76
67	241.00	297.17	342.47	371.46	480.19
68	260.93	318.92	371.46	400.46	518.24
69	279.05	346.10	398.64	433.07	558.10
70	302.61	375.09	433.07	469.31	601.59
71	327.98	407.70	469.31	509.18	652.33
72	355.16	443.94	510.99	556.29	710.31
73	387.77	483.81	559.91	608.84	773.73
74	424.01	530.92	614.27	668.64	846.21
75	462.07	579.85	674.07	733.87	922.32
76	503.74	632.39	737.49	804.54	1007.48
77	545.42	690.38	806.35	880.64	1098.08
78	590.72	751.99	880.64	962.18	1194.12
79	637.83	819.03	958.56	1049.16	1297.41
80	688.57				
81	739.30				
82	795.48				
83	853.46				
84	913.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium with 44.96% Increase per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.92	59.80	68.86	74.29	88.79
45-49	52.55	65.23	76.10	83.35	99.66
50-54	74.29	88.79	105.10	112.35	135.90
55	85.16	105.10	119.59	128.65	164.89
56	88.79	110.53	125.03	135.90	173.95
57	96.04	119.59	134.09	144.96	188.45
58	105.10	130.47	144.96	157.65	202.95
59	112.35	141.34	157.65	170.33	221.07
60	123.22	154.02	172.14	188.45	241.00
61	134.09	166.71	190.26	204.76	262.74
62	144.96	179.39	204.76	221.07	282.68
63	155.83	192.07	219.25	239.19	304.42
64	166.71	204.76	233.75	255.49	327.98
65	177.58	219.25	251.87	273.62	351.53
66	192.07	237.37	269.99	293.55	382.34
67	206.57	255.49	293.55	318.92	413.14
68	224.69	279.05	322.54	349.72	449.38
69	244.62	304.42	351.53	382.34	491.06
70	266.37	333.41	384.15	418.58	536.36
71	291.74	364.22	422.20	458.44	587.09
72	318.92	400.46	463.88	505.55	643.27
73	351.53	442.13	510.99	558.10	708.50
74	387.77	485.62	565.35	616.09	777.36
75	425.82	534.55	623.33	677.70	853.46
76	467.50	588.91	684.94	746.55	935.00
77	509.18	643.27	750.18	819.03	1023.79
78	554.48	703.06	820.85	896.95	1116.20
79	601.59	768.30	896.95	980.30	1217.68
80	652.33				
81	703.06				
82	759.24				
83	817.22				
84	877.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.34	36.24	39.14	50.74
45-49	30.44	37.69	40.59	43.49	56.54
50-54	37.69	44.94	50.74	53.64	69.58
55	43.49	52.19	57.98	62.33	82.63
56	46.39	55.09	62.33	66.68	86.98
57	49.29	59.43	66.68	71.03	94.23
58	53.64	63.78	72.48	76.83	101.47
59	57.98	69.58	78.28	84.08	110.17
60	62.33	75.38	85.53	91.33	120.32
61	68.13	81.18	92.78	100.02	130.47
62	73.93	88.43	101.47	108.72	142.06
63	79.73	95.67	108.72	117.42	153.66
64	84.08	101.47	117.42	126.12	163.81
65	89.88	108.72	126.12	134.81	175.40
66	95.67	117.42	136.26	146.41	189.90
67	104.37	127.57	147.86	159.46	207.30
68	114.52	139.16	160.91	175.40	227.59
69	124.67	152.21	176.85	191.35	249.33
70	136.26	166.71	192.80	210.19	273.98
71	149.31	184.10	213.09	231.94	301.52
72	165.26	204.40	236.29	258.03	334.86
73	182.65	227.59	263.83	287.02	372.55
74	202.95	253.68	292.82	320.37	413.14
75	226.14	281.23	326.16	356.61	458.08
76	249.33	311.67	362.40	395.75	507.37
77	275.43	345.01	401.54	437.78	561.00
78	302.97	381.25	443.58	484.17	617.54
79	333.41	418.94	488.52	532.01	678.42
80	365.30				
81	398.64				
82	434.88				
83	472.57				
84	513.16				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.89	39.14	43.49	44.94	59.43
45-49	36.24	43.49	47.84	50.74	65.23
50-54	42.04	50.74	57.98	62.33	81.18
55	49.29	57.98	65.23	71.03	94.23
56	52.19	60.88	69.58	75.38	98.57
57	55.09	65.23	73.93	79.73	105.82
58	59.43	71.03	79.73	85.53	113.07
59	63.78	76.83	86.98	94.23	121.77
60	68.13	84.08	94.23	101.47	131.92
61	73.93	89.88	102.92	111.62	143.51
62	79.73	97.12	111.62	120.32	155.11
63	85.53	104.37	120.32	129.02	168.16
64	91.33	111.62	127.57	137.71	179.75
65	98.57	118.87	137.71	146.41	192.80
66	104.37	127.57	147.86	158.01	208.74
67	113.07	139.16	159.46	172.50	227.59
68	123.22	150.76	175.40	189.90	249.33
69	134.81	165.26	191.35	207.30	272.53
70	147.86	182.65	208.74	227.59	300.07
71	160.91	200.05	231.94	250.78	330.51
72	178.30	223.24	256.58	279.78	365.30
73	198.60	247.88	285.57	311.67	405.89
74	218.89	275.43	318.92	346.46	449.38
75	243.54	305.87	355.16	385.60	498.67
76	268.18	339.21	394.30	429.09	552.30
77	297.17	374.00	436.33	475.47	610.29
78	326.16	413.14	482.72	526.21	671.17
79	358.06	455.18	530.56	578.40	737.85
80	391.40				
81	427.64				
82	465.33				
83	504.47				
84	546.51				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.34	40.59	46.39	47.84	62.33
45-49	37.69	44.94	50.74	53.64	69.58
50-54	43.49	53.64	60.88	65.23	86.98
55	50.74	60.88	68.13	73.93	98.57
56	53.64	63.78	72.48	78.28	104.37
57	56.54	68.13	76.83	84.08	110.17
58	60.88	73.93	82.63	89.88	118.87
59	65.23	79.73	89.88	98.57	127.57
60	71.03	86.98	98.57	105.82	137.71
61	76.83	94.23	107.27	115.97	149.31
62	82.63	101.47	115.97	124.67	160.91
63	88.43	108.72	124.67	133.36	173.95
64	94.23	115.97	131.92	142.06	185.55
65	101.47	123.22	142.06	152.21	200.05
66	108.72	131.92	152.21	163.81	215.99
67	117.42	143.51	165.26	178.30	236.29
68	127.57	156.56	181.20	195.70	258.03
69	139.16	171.05	197.15	214.54	282.68
70	152.21	188.45	215.99	234.84	310.22
71	166.71	207.30	239.19	259.48	342.11
72	184.10	230.49	265.28	288.47	378.35
73	204.40	256.58	295.72	321.81	420.39
74	226.14	284.12	329.06	358.06	465.33
75	250.78	316.02	366.75	398.64	516.06
76	276.88	350.81	407.34	443.58	571.15
77	305.87	387.05	450.83	491.42	630.58
78	336.31	426.19	498.67	543.61	694.37
79	368.20	469.68	549.40	598.69	762.50
80	402.99				
81	439.23				
82	478.37				
83	518.96				
84	561.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.19	65.23	75.38	82.63	108.72
45-49	57.98	72.48	84.08	91.33	120.32
50-54	71.03	88.43	102.92	111.62	153.66
55	81.18	102.92	118.87	129.02	178.30
56	85.53	108.72	126.12	136.26	187.00
57	91.33	115.97	133.36	144.96	198.60
58	97.12	123.22	142.06	155.11	210.19
59	104.37	131.92	152.21	165.26	223.24
60	111.62	140.61	162.36	175.40	237.74
61	118.87	150.76	173.95	188.45	253.68
62	127.57	160.91	185.55	201.50	271.08
63	136.26	171.05	197.15	214.54	289.92
64	144.96	182.65	210.19	229.04	308.77
65	153.66	194.25	224.69	243.54	329.06
66	165.26	207.30	239.19	260.93	352.26
67	176.85	223.24	258.03	281.23	379.80
68	189.90	240.64	278.33	304.42	410.24
69	204.40	258.03	301.52	329.06	442.13
70	220.34	279.78	326.16	356.61	476.92
71	239.19	302.97	353.71	387.05	517.51
72	259.48	329.06	385.60	421.84	562.45
73	282.68	359.50	421.84	460.98	613.19
74	308.77	392.85	460.98	504.47	668.27
75	337.76	429.09	503.02	550.85	729.16
76	366.75	469.68	549.40	601.59	794.39
77	398.64	511.71	598.69	656.68	863.97
78	430.54	558.10	650.88	714.66	937.90
79	465.33	605.94	707.41	776.99	1017.63
80	501.57				
81	537.81				
82	576.95				
83	617.54				
84	659.58				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.98	73.93	85.53	94.23	121.77
45-49	65.23	81.18	95.67	102.92	136.26
50-54	79.73	100.02	117.42	127.57	172.50
55	89.88	114.52	134.81	146.41	197.15
56	94.23	120.32	142.06	153.66	205.85
57	100.02	127.57	149.31	162.36	217.44
58	105.82	134.81	158.01	172.50	230.49
59	113.07	143.51	168.16	182.65	244.99
60	121.77	153.66	178.30	194.25	259.48
61	130.47	163.81	189.90	205.85	276.88
62	139.16	175.40	201.50	220.34	295.72
63	147.86	187.00	214.54	233.39	316.02
64	156.56	198.60	229.04	249.33	334.86
65	166.71	210.19	243.54	265.28	358.06
66	178.30	224.69	260.93	285.57	381.25
67	191.35	242.09	281.23	307.32	411.69
68	205.85	260.93	304.42	333.41	443.58
69	221.79	279.78	327.61	359.50	478.37
70	239.19	304.42	355.16	388.50	516.06
71	258.03	329.06	385.60	421.84	559.55
72	281.23	358.06	418.94	459.53	608.84
73	305.87	391.40	458.08	501.57	663.92
74	333.41	426.19	500.12	547.95	723.36
75	363.85	465.33	545.06	597.24	788.59
76	395.75	507.37	594.34	650.88	856.72
77	427.64	550.85	646.53	708.86	932.10
78	462.43	598.69	703.06	771.20	1010.38
79	497.22	649.43	762.50	836.43	1095.91
80	536.36				
81	574.05				
82	616.09				
83	658.13				
84	701.61				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.88	76.83	89.88	98.57	127.57
45-49	68.13	85.53	100.02	108.72	142.06
50-54	84.08	105.82	123.22	133.36	179.75
55	94.23	118.87	140.61	153.66	204.40
56	98.57	124.67	147.86	160.91	214.54
57	104.37	131.92	155.11	169.61	226.14
58	110.17	140.61	163.81	179.75	239.19
59	117.42	149.31	173.95	189.90	253.68
60	126.12	159.46	184.10	201.50	269.63
61	134.81	169.61	195.70	213.09	287.02
62	143.51	181.20	208.74	227.59	305.87
63	152.21	192.80	221.79	242.09	326.16
64	162.36	204.40	236.29	258.03	346.46
65	172.50	217.44	252.23	275.43	369.65
66	184.10	231.94	271.08	295.72	394.30
67	197.15	249.33	291.37	318.92	424.74
68	211.64	269.63	314.57	345.01	458.08
69	229.04	289.92	339.21	372.55	494.32
70	246.43	314.57	366.75	402.99	533.46
71	266.73	340.66	398.64	436.33	578.40
72	289.92	371.10	433.44	475.47	629.13
73	316.02	404.44	472.57	518.96	685.67
74	343.56	440.68	516.06	566.80	746.55
75	374.00	479.82	562.45	617.54	813.23
76	407.34	523.31	613.19	672.62	884.27
77	440.68	568.25	666.82	732.06	961.10
78	475.47	616.09	724.81	795.84	1042.27
79	511.71	668.27	785.69	862.52	1129.25
80	550.85				
81	589.99				
82	632.03				
83	675.52				
84	720.46				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.14	47.84	56.54	60.88	81.18
45-49	43.49	53.64	62.33	68.13	89.88
50-54	56.54	69.58	79.73	88.43	115.97
55	65.23	79.73	92.78	101.47	137.71
56	68.13	84.08	97.12	105.82	146.41
57	72.48	89.88	104.37	113.07	156.56
58	78.28	97.12	113.07	121.77	168.16
59	84.08	104.37	121.77	131.92	181.20
60	91.33	114.52	131.92	143.51	194.25
61	100.02	123.22	143.51	155.11	210.19
62	107.27	133.36	155.11	168.16	226.14
63	114.52	143.51	166.71	179.75	243.54
64	123.22	153.66	178.30	192.80	260.93
65	130.47	163.81	189.90	205.85	279.78
66	140.61	176.85	204.40	221.79	301.52
67	152.21	191.35	221.79	240.64	327.61
68	165.26	208.74	242.09	262.38	356.61
69	179.75	227.59	263.83	287.02	388.50
70	195.70	247.88	288.47	314.57	424.74
71	214.54	272.53	316.02	345.01	463.88
72	234.84	298.62	347.91	379.80	508.82
73	258.03	329.06	382.70	418.94	559.55
74	284.12	360.95	421.84	460.98	613.19
75	311.67	397.19	463.88	507.37	672.62
76	342.11	434.88	508.82	558.10	737.85
77	372.55	476.92	558.10	611.74	805.99
78	404.44	520.41	610.29	669.72	879.92
79	439.23	568.25	665.37	730.61	956.75
80	475.47				
81	513.16				
82	552.30				
83	592.89				
84	636.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.94	56.54	65.23	69.58	92.78
45-49	50.74	62.33	71.03	78.28	102.92
50-54	62.33	78.28	91.33	100.02	130.47
55	72.48	89.88	104.37	113.07	153.66
56	76.83	95.67	110.17	120.32	162.36
57	81.18	101.47	117.42	127.57	173.95
58	86.98	108.72	126.12	137.71	185.55
59	92.78	115.97	134.81	147.86	198.60
60	100.02	126.12	146.41	159.46	213.09
61	108.72	134.81	158.01	172.50	229.04
62	115.97	144.96	169.61	185.55	244.99
63	124.67	155.11	182.65	198.60	263.83
64	133.36	166.71	194.25	211.64	282.68
65	142.06	178.30	207.30	226.14	301.52
66	153.66	192.80	223.24	243.54	326.16
67	166.71	207.30	242.09	262.38	353.71
68	181.20	226.14	263.83	287.02	385.60
69	195.70	246.43	287.02	313.12	420.39
70	211.64	268.18	313.12	340.66	458.08
71	230.49	294.27	342.11	374.00	501.57
72	252.23	321.81	376.90	411.69	549.40
73	276.88	355.16	414.59	453.73	603.04
74	304.42	389.95	455.18	498.67	662.47
75	334.86	427.64	501.57	549.40	726.26
76	366.75	468.23	550.85	604.49	795.84
77	400.09	513.16	603.04	661.02	869.77
78	433.44	561.00	659.58	723.36	949.50
79	471.13	611.74	719.01	790.04	1033.58
80	508.82				
81	549.40				
82	589.99				
83	632.03				
84	678.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.84	59.43	68.13	73.93	98.57
45-49	53.64	65.23	75.38	82.63	108.72
50-54	65.23	81.18	95.67	104.37	136.26
55	75.38	94.23	110.17	118.87	160.91
56	79.73	100.02	115.97	126.12	169.61
57	84.08	105.82	123.22	133.36	181.20
58	89.88	113.07	131.92	143.51	192.80
59	97.12	121.77	140.61	153.66	205.85
60	104.37	130.47	152.21	166.71	220.34
61	111.62	140.61	163.81	179.75	236.29
62	120.32	150.76	175.40	192.80	253.68
63	129.02	160.91	188.45	205.85	272.53
64	137.71	172.50	201.50	220.34	291.37
65	147.86	184.10	214.54	234.84	311.67
66	159.46	198.60	231.94	252.23	336.31
67	172.50	214.54	250.78	272.53	365.30
68	187.00	233.39	272.53	297.17	397.19
69	201.50	253.68	297.17	323.26	433.44
70	218.89	276.88	323.26	352.26	472.57
71	237.74	302.97	353.71	387.05	517.51
72	259.48	331.96	388.50	424.74	566.80
73	285.57	365.30	427.64	468.23	621.89
74	313.12	401.54	469.68	514.61	684.22
75	345.01	440.68	517.51	566.80	749.45
76	376.90	482.72	568.25	623.33	820.48
77	411.69	529.11	621.89	682.77	897.31
78	446.48	578.40	679.87	746.55	978.49
79	484.17	630.58	742.20	816.13	1065.47
80	523.31				
81	563.90				
82	605.94				
83	649.43				
84	695.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.89	39.14	42.04	46.39	59.43
45-49	36.24	44.94	47.84	50.74	66.68
50-54	44.94	52.19	59.43	63.78	81.18
55	50.74	60.88	68.13	73.93	97.12
56	55.09	65.23	73.93	78.28	102.92
57	57.98	69.58	78.28	84.08	110.17
58	63.78	75.38	85.53	89.88	118.87
59	68.13	81.18	92.78	98.57	129.02
60	73.93	88.43	100.02	107.27	142.06
61	79.73	95.67	108.72	117.42	153.66
62	86.98	104.37	118.87	127.57	166.71
63	94.23	113.07	127.57	137.71	181.20
64	98.57	118.87	137.71	147.86	192.80
65	105.82	127.57	147.86	158.01	205.85
66	113.07	137.71	160.91	172.50	223.24
67	123.22	150.76	173.95	187.00	243.54
68	134.81	163.81	189.90	205.85	268.18
69	146.41	179.75	208.74	224.69	292.82
70	160.91	195.70	226.14	247.88	321.81
71	175.40	215.99	250.78	272.53	355.16
72	194.25	240.64	278.33	302.97	394.30
73	214.54	268.18	310.22	337.76	437.78
74	239.19	298.62	345.01	376.90	485.62
75	266.73	330.51	384.15	418.94	539.26
76	292.82	366.75	426.19	465.33	597.24
77	324.71	405.89	472.57	514.61	659.58
78	356.61	447.93	521.86	569.70	726.26
79	392.85	492.87	574.05	626.23	798.74
80	429.09				
81	469.68				
82	511.71				
83	556.65				
84	603.04				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.69	46.39	50.74	52.19	69.58
45-49	42.04	50.74	56.54	59.43	76.83
50-54	49.29	59.43	68.13	73.93	95.67
55	57.98	68.13	76.83	84.08	110.17
56	60.88	71.03	81.18	88.43	115.97
57	65.23	76.83	86.98	94.23	124.67
58	69.58	84.08	94.23	100.02	133.36
59	75.38	89.88	102.92	110.17	143.51
60	79.73	98.57	110.17	118.87	155.11
61	86.98	105.82	121.77	131.92	168.16
62	94.23	114.52	131.92	142.06	182.65
63	100.02	123.22	142.06	152.21	197.15
64	107.27	131.92	150.76	162.36	211.64
65	115.97	139.16	162.36	172.50	226.14
66	123.22	150.76	173.95	185.55	244.99
67	133.36	163.81	187.00	202.95	268.18
68	144.96	176.85	205.85	223.24	292.82
69	158.01	194.25	224.69	243.54	320.37
70	173.95	214.54	244.99	268.18	353.71
71	189.90	234.84	272.53	295.72	388.50
72	210.19	262.38	301.52	329.06	429.09
73	233.39	291.37	336.31	366.75	476.92
74	258.03	324.71	375.45	407.34	529.11
75	287.02	359.50	417.49	453.73	587.09
76	316.02	398.64	463.88	504.47	649.43
77	349.36	440.68	513.16	559.55	717.56
78	384.15	485.62	568.25	618.99	790.04
79	421.84	534.91	624.78	679.87	868.32
80	460.98				
81	503.02				
82	547.95				
83	592.89				
84	643.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.14	47.84	55.09	56.54	73.93
45-49	44.94	52.19	59.43	63.78	81.18
50-54	50.74	63.78	71.03	76.83	102.92
55	59.43	71.03	79.73	86.98	115.97
56	63.78	75.38	85.53	92.78	123.22
57	66.68	79.73	89.88	98.57	129.02
58	71.03	86.98	97.12	105.82	139.16
59	76.83	94.23	105.82	115.97	150.76
60	84.08	102.92	115.97	124.67	162.36
61	89.88	110.17	126.12	136.26	175.40
62	97.12	118.87	136.26	146.41	189.90
63	104.37	127.57	146.41	156.56	204.40
64	110.17	136.26	155.11	166.71	218.89
65	118.87	144.96	166.71	179.75	234.84
66	127.57	155.11	179.75	192.80	253.68
67	137.71	168.16	194.25	210.19	278.33
68	150.76	184.10	213.09	230.49	302.97
69	163.81	201.50	231.94	252.23	331.96
70	179.75	221.79	253.68	276.88	365.30
71	195.70	243.54	281.23	305.87	402.99
72	215.99	271.08	311.67	339.21	445.03
73	240.64	301.52	347.91	378.35	494.32
74	266.73	334.86	387.05	421.84	547.95
75	295.72	371.10	431.99	469.68	607.39
76	326.16	413.14	479.82	521.86	672.62
77	359.50	455.18	530.56	578.40	742.20
78	395.75	501.57	587.09	639.28	817.58
79	433.44	552.30	646.53	704.51	897.31
80	474.02				
81	516.06				
82	562.45				
83	610.29				
84	659.58				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.88	76.83	88.43	97.12	127.57
45-49	68.13	85.53	98.57	107.27	142.06
50-54	84.08	104.37	121.77	131.92	181.20
55	95.67	121.77	139.16	152.21	210.19
56	100.02	127.57	147.86	160.91	220.34
57	107.27	136.26	156.56	171.05	233.39
58	114.52	144.96	166.71	182.65	247.88
59	123.22	155.11	179.75	194.25	262.38
60	131.92	165.26	191.35	205.85	279.78
61	139.16	176.85	204.40	221.79	298.62
62	150.76	189.90	218.89	237.74	318.92
63	160.91	201.50	231.94	252.23	340.66
64	171.05	214.54	247.88	269.63	363.85
65	181.20	229.04	263.83	287.02	387.05
66	194.25	243.54	281.23	307.32	414.59
67	208.74	262.38	302.97	330.51	446.48
68	223.24	282.68	327.61	358.06	482.72
69	240.64	302.97	355.16	387.05	520.41
70	259.48	329.06	384.15	418.94	561.00
71	281.23	356.61	416.04	455.18	608.84
72	305.87	387.05	453.73	495.77	661.02
73	331.96	423.29	495.77	542.16	721.91
74	363.85	462.43	542.16	592.89	785.69
75	397.19	504.47	591.44	647.98	858.17
76	431.99	552.30	646.53	707.41	935.00
77	469.68	601.59	704.51	772.65	1016.18
78	505.92	656.68	765.40	840.78	1103.16
79	547.95	713.21	832.08	914.71	1197.38
80	589.99				
81	632.03				
82	678.42				
83	726.26				
84	775.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.13	86.98	100.02	110.17	143.51
45-49	76.83	95.67	113.07	121.77	160.91
50-54	94.23	117.42	137.71	150.76	202.95
55	105.82	134.81	158.01	172.50	231.94
56	110.17	142.06	166.71	181.20	242.09
57	117.42	150.76	175.40	191.35	255.13
58	124.67	158.01	185.55	202.95	271.08
59	133.36	168.16	197.15	214.54	288.47
60	143.51	181.20	210.19	229.04	305.87
61	153.66	192.80	223.24	242.09	326.16
62	163.81	205.85	237.74	259.48	347.91
63	173.95	220.34	252.23	273.98	371.10
64	184.10	233.39	269.63	292.82	394.30
65	195.70	247.88	287.02	311.67	421.84
66	210.19	263.83	307.32	336.31	447.93
67	224.69	284.12	330.51	360.95	484.17
68	242.09	307.32	358.06	392.85	521.86
69	260.93	329.06	385.60	423.29	562.45
70	281.23	358.06	417.49	456.63	607.39
71	302.97	387.05	453.73	495.77	658.13
72	330.51	421.84	492.87	540.71	716.11
73	359.50	460.98	539.26	589.99	781.34
74	392.85	501.57	588.54	645.08	850.92
75	427.64	547.95	640.73	703.06	927.75
76	465.33	597.24	698.71	765.40	1007.48
77	503.02	647.98	761.05	833.53	1095.91
78	543.61	704.51	827.73	907.46	1188.69
79	585.64	763.95	897.31	984.29	1288.71
80	630.58				
81	675.52				
82	724.81				
83	774.09				
84	824.83				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	71.03	89.88	105.82	115.97	150.76
45-49	79.73	100.02	117.42	127.57	166.71
50-54	98.57	124.67	144.96	156.56	211.64
55	110.17	139.16	165.26	181.20	240.64
56	115.97	146.41	173.95	189.90	252.23
57	123.22	155.11	182.65	200.05	266.73
58	129.02	165.26	192.80	211.64	281.23
59	137.71	175.40	204.40	223.24	298.62
60	147.86	187.00	215.99	237.74	317.47
61	158.01	200.05	230.49	250.78	337.76
62	168.16	213.09	244.99	268.18	359.50
63	179.75	226.14	260.93	284.12	384.15
64	191.35	240.64	278.33	302.97	407.34
65	202.95	255.13	297.17	324.71	434.88
66	215.99	272.53	318.92	347.91	463.88
67	231.94	292.82	342.11	375.45	500.12
68	249.33	317.47	369.65	405.89	539.26
69	269.63	340.66	398.64	437.78	581.30
70	289.92	369.65	431.99	474.02	627.68
71	313.12	400.09	469.68	513.16	679.87
72	340.66	436.33	510.26	559.55	740.75
73	371.10	475.47	556.65	610.29	805.99
74	404.44	518.96	607.39	666.82	878.47
75	440.68	563.90	661.02	726.26	956.75
76	479.82	616.09	721.91	791.49	1040.82
77	518.96	668.27	784.24	861.07	1130.70
78	559.55	724.81	852.37	936.45	1226.38
79	601.59	785.69	924.86	1014.73	1327.85
80	647.98				
81	694.37				
82	743.65				
83	794.39				
84	848.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46.39	56.54	66.68	71.03	95.67
45-49	50.74	63.78	73.93	79.73	105.82
50-54	66.68	81.18	94.23	104.37	136.26
55	76.83	94.23	108.72	118.87	162.36
56	79.73	98.57	114.52	124.67	172.50
57	85.53	105.82	123.22	133.36	184.10
58	92.78	114.52	133.36	143.51	197.15
59	98.57	123.22	143.51	155.11	213.09
60	107.27	134.81	155.11	168.16	229.04
61	117.42	144.96	168.16	182.65	247.88
62	126.12	156.56	182.65	197.15	266.73
63	134.81	168.16	195.70	211.64	287.02
64	144.96	181.20	210.19	226.14	307.32
65	153.66	192.80	223.24	242.09	329.06
66	165.26	208.74	240.64	260.93	355.16
67	179.75	224.69	260.93	282.68	385.60
68	194.25	244.99	284.12	308.77	418.94
69	211.64	268.18	310.22	337.76	456.63
70	230.49	291.37	339.21	369.65	500.12
71	252.23	320.37	371.10	405.89	545.06
72	276.88	350.81	408.79	446.48	598.69
73	302.97	387.05	450.83	492.87	658.13
74	334.86	424.74	495.77	542.16	721.91
75	366.75	466.78	545.06	597.24	791.49
76	402.99	511.71	598.69	656.68	868.32
77	437.78	561.00	656.68	719.01	948.05
78	475.47	611.74	717.56	788.59	1035.03
79	516.06	668.27	782.79	859.62	1124.90
80	559.55				
81	603.04				
82	649.43				
83	697.27				
84	748.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.19	66.68	76.83	81.18	108.72
45-49	59.43	73.93	84.08	92.78	121.77
50-54	73.93	92.78	107.27	117.42	153.66
55	85.53	105.82	123.22	133.36	181.20
56	89.88	113.07	129.02	142.06	191.35
57	95.67	118.87	137.71	150.76	204.40
58	102.92	127.57	147.86	162.36	218.89
59	108.72	136.26	158.01	173.95	233.39
60	117.42	147.86	172.50	187.00	250.78
61	127.57	158.01	185.55	202.95	269.63
62	136.26	171.05	200.05	218.89	288.47
63	146.41	182.65	214.54	233.39	310.22
64	156.56	195.70	229.04	249.33	331.96
65	166.71	210.19	243.54	266.73	355.16
66	181.20	226.14	262.38	287.02	384.15
67	195.70	243.54	284.12	308.77	416.04
68	213.09	266.73	310.22	337.76	453.73
69	230.49	289.92	337.76	368.20	494.32
70	249.33	316.02	368.20	400.09	539.26
71	271.08	346.46	402.99	440.68	589.99
72	297.17	378.35	443.58	484.17	646.53
73	326.16	417.49	487.07	533.46	708.86
74	358.06	458.08	534.91	587.09	779.89
75	394.30	503.02	589.99	646.53	853.82
76	431.99	550.85	647.98	711.76	936.45
77	471.13	603.04	708.86	776.99	1023.43
78	510.26	659.58	775.54	850.92	1117.65
79	553.75	719.01	846.58	929.20	1216.23
80	598.69				
81	646.53				
82	694.37				
83	743.65				
84	798.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.54	69.58	79.73	86.98	115.97
45-49	63.78	76.83	88.43	97.12	127.57
50-54	76.83	95.67	113.07	123.22	160.91
55	88.43	110.17	129.02	139.16	189.90
56	94.23	117.42	136.26	147.86	200.05
57	98.57	124.67	144.96	156.56	213.09
58	105.82	133.36	155.11	168.16	226.14
59	114.52	143.51	165.26	181.20	242.09
60	123.22	153.66	179.75	195.70	259.48
61	131.92	165.26	192.80	211.64	278.33
62	142.06	176.85	205.85	226.14	298.62
63	152.21	189.90	221.79	242.09	320.37
64	162.36	202.95	237.74	259.48	342.11
65	173.95	215.99	252.23	276.88	366.75
66	187.00	233.39	272.53	297.17	395.75
67	202.95	252.23	295.72	320.37	429.09
68	220.34	273.98	320.37	349.36	466.78
69	237.74	298.62	349.36	379.80	510.26
70	258.03	326.16	379.80	414.59	556.65
71	279.78	356.61	416.04	455.18	608.84
72	305.87	389.95	456.63	500.12	666.82
73	336.31	429.09	503.02	550.85	732.06
74	368.20	472.57	552.30	605.94	804.54
75	405.89	518.96	608.84	666.82	881.37
76	443.58	568.25	668.27	733.51	965.44
77	484.17	621.89	732.06	803.09	1055.32
78	524.76	679.87	800.19	878.47	1151.00
79	569.70	742.20	872.67	959.65	1253.92
80	616.09				
81	663.92				
82	713.21				
83	763.95				
84	819.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	41.68	45.30	48.92	63.42
45-49	38.05	47.11	50.74	54.36	70.67
50-54	47.11	56.17	63.42	67.04	86.98
55	54.36	65.23	72.48	77.92	103.29
56	57.98	68.86	77.92	83.35	108.72
57	61.61	74.29	83.35	88.79	117.78
58	67.04	79.73	90.60	96.04	126.84
59	72.48	86.98	97.85	105.10	137.71
60	77.92	94.23	106.91	114.16	150.40
61	85.16	101.47	115.97	125.03	163.08
62	92.41	110.53	126.84	135.90	177.58
63	99.66	119.59	135.90	146.77	192.07
64	105.10	126.84	146.77	157.65	204.76
65	112.35	135.90	157.65	168.52	219.25
66	119.59	146.77	170.33	183.01	237.37
67	130.47	159.46	184.83	199.32	259.12
68	143.15	173.95	201.13	219.25	284.49
69	155.83	190.26	221.07	239.19	311.67
70	170.33	208.38	241.00	262.74	342.47
71	186.64	230.13	266.37	289.92	376.90
72	206.57	255.49	295.36	322.54	418.58
73	228.31	284.49	329.79	358.78	465.69
74	253.68	317.10	366.03	400.46	516.43
75	282.68	351.53	407.70	445.76	572.60
76	311.67	389.58	453.01	494.68	634.21
77	344.28	431.26	501.93	547.23	701.25
78	378.71	476.56	554.48	605.21	771.92
79	416.76	523.67	610.65	665.01	848.03
80	456.63				
81	498.31				
82	543.61				
83	590.72				
84	641.46				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.86	48.92	54.36	56.17	74.29
45-49	45.30	54.36	59.80	63.42	81.54
50-54	52.55	63.42	72.48	77.92	101.47
55	61.61	72.48	81.54	88.79	117.78
56	65.23	76.10	86.98	94.23	123.22
57	68.86	81.54	92.41	99.66	132.28
58	74.29	88.79	99.66	106.91	141.34
59	79.73	96.04	108.72	117.78	152.21
60	85.16	105.10	117.78	126.84	164.89
61	92.41	112.35	128.65	139.53	179.39
62	99.66	121.41	139.53	150.40	193.89
63	106.91	130.47	150.40	161.27	210.19
64	114.16	139.53	159.46	172.14	224.69
65	123.22	148.59	172.14	183.01	241.00
66	130.47	159.46	184.83	197.51	260.93
67	141.34	173.95	199.32	215.63	284.49
68	154.02	188.45	219.25	237.37	311.67
69	168.52	206.57	239.19	259.12	340.66
70	184.83	228.31	260.93	284.49	375.09
71	201.13	250.06	289.92	313.48	413.14
72	222.88	279.05	320.73	349.72	456.63
73	248.25	309.86	356.97	389.58	507.37
74	273.62	344.28	398.64	433.07	561.73
75	304.42	382.34	443.94	482.00	623.33
76	335.22	424.01	492.87	536.36	690.38
77	371.46	467.50	545.42	594.34	762.86
78	407.70	516.43	603.40	657.76	838.97
79	447.57	568.97	663.20	723.00	922.32
80	489.25				
81	534.55				
82	581.66				
83	630.58				
84	683.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.68	50.74	57.98	59.80	77.92
45-49	47.11	56.17	63.42	67.04	86.98
50-54	54.36	67.04	76.10	81.54	108.72
55	63.42	76.10	85.16	92.41	123.22
56	67.04	79.73	90.60	97.85	130.47
57	70.67	85.16	96.04	105.10	137.71
58	76.10	92.41	103.29	112.35	148.59
59	81.54	99.66	112.35	123.22	159.46
60	88.79	108.72	123.22	132.28	172.14
61	96.04	117.78	134.09	144.96	186.64
62	103.29	126.84	144.96	155.83	201.13
63	110.53	135.90	155.83	166.71	217.44
64	117.78	144.96	164.89	177.58	231.94
65	126.84	154.02	177.58	190.26	250.06
66	135.90	164.89	190.26	204.76	269.99
67	146.77	179.39	206.57	222.88	295.36
68	159.46	195.70	226.50	244.62	322.54
69	173.95	213.82	246.43	268.18	353.34
70	190.26	235.56	269.99	293.55	387.77
71	208.38	259.12	298.98	324.35	427.64
72	230.13	288.11	331.60	360.59	472.94
73	255.49	320.73	369.65	402.27	525.49
74	282.68	355.16	411.33	447.57	581.66
75	313.48	395.02	458.44	498.31	645.08
76	346.10	438.51	509.18	554.48	713.94
77	382.34	483.81	563.54	614.27	788.23
78	420.39	532.73	623.33	679.51	867.96
79	460.25	587.09	686.76	748.36	953.12
80	503.74				
81	549.04				
82	597.97				
83	648.70				
84	701.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	65.23	81.54	94.23	103.29	135.90
45-49	72.48	90.60	105.10	114.16	150.40
50-54	88.79	110.53	128.65	139.53	192.07
55	101.47	128.65	148.59	161.27	222.88
56	106.91	135.90	157.65	170.33	233.75
57	114.16	144.96	166.71	181.20	248.25
58	121.41	154.02	177.58	193.89	262.74
59	130.47	164.89	190.26	206.57	279.05
60	139.53	175.77	202.95	219.25	297.17
61	148.59	188.45	217.44	235.56	317.10
62	159.46	201.13	231.94	251.87	338.85
63	170.33	213.82	246.43	268.18	362.40
64	181.20	228.31	262.74	286.30	385.96
65	192.07	242.81	280.86	304.42	411.33
66	206.57	259.12	298.98	326.16	440.32
67	221.07	279.05	322.54	351.53	474.75
68	237.37	300.80	347.91	380.52	512.80
69	255.49	322.54	376.90	411.33	552.67
70	275.43	349.72	407.70	445.76	596.15
71	298.98	378.71	442.13	483.81	646.89
72	324.35	411.33	482.00	527.30	703.06
73	353.34	449.38	527.30	576.22	766.48
74	385.96	491.06	576.22	630.58	835.34
75	422.20	536.36	628.77	688.57	911.45
76	458.44	587.09	686.76	751.99	992.99
77	498.31	639.64	748.36	820.85	1079.96
78	538.17	697.63	813.60	893.33	1172.38
79	581.66	757.42	884.27	971.24	1272.04
80	626.96				
81	672.26				
82	721.18				
83	771.92				
84	824.47				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.48	92.41	106.91	117.78	152.21
45-49	81.54	101.47	119.59	128.65	170.33
50-54	99.66	125.03	146.77	159.46	215.63
55	112.35	143.15	168.52	183.01	246.43
56	117.78	150.40	177.58	192.07	257.31
57	125.03	159.46	186.64	202.95	271.80
58	132.28	168.52	197.51	215.63	288.11
59	141.34	179.39	210.19	228.31	306.23
60	152.21	192.07	222.88	242.81	324.35
61	163.08	204.76	237.37	257.31	346.10
62	173.95	219.25	251.87	275.43	369.65
63	184.83	233.75	268.18	291.74	395.02
64	195.70	248.25	286.30	311.67	418.58
65	208.38	262.74	304.42	331.60	447.57
66	222.88	280.86	326.16	356.97	476.56
67	239.19	302.61	351.53	384.15	514.61
68	257.31	326.16	380.52	416.76	554.48
69	277.24	349.72	409.52	449.38	597.97
70	298.98	380.52	443.94	485.62	645.08
71	322.54	411.33	482.00	527.30	699.44
72	351.53	447.57	523.67	574.41	761.05
73	382.34	489.25	572.60	626.96	829.91
74	416.76	532.73	625.15	684.94	904.20
75	454.82	581.66	681.32	746.55	985.74
76	494.68	634.21	742.93	813.60	1070.90
77	534.55	688.57	808.16	886.08	1165.13
78	578.03	748.36	878.83	963.99	1262.98
79	621.52	811.78	953.12	1045.54	1369.89
80	670.45				
81	717.56				
82	770.11				
83	822.66				
84	877.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.10	96.04	112.35	123.22	159.46
45-49	85.16	106.91	125.03	135.90	177.58
50-54	105.10	132.28	154.02	166.71	224.69
55	117.78	148.59	175.77	192.07	255.49
56	123.22	155.83	184.83	201.13	268.18
57	130.47	164.89	193.89	212.01	282.68
58	137.71	175.77	204.76	224.69	298.98
59	146.77	186.64	217.44	237.37	317.10
60	157.65	199.32	230.13	251.87	337.04
61	168.52	212.01	244.62	266.37	358.78
62	179.39	226.50	260.93	284.49	382.34
63	190.26	241.00	277.24	302.61	407.70
64	202.95	255.49	295.36	322.54	433.07
65	215.63	271.80	315.29	344.28	462.07
66	230.13	289.92	338.85	369.65	492.87
67	246.43	311.67	364.22	398.64	530.92
68	264.55	337.04	393.21	431.26	572.60
69	286.30	362.40	424.01	465.69	617.90
70	308.04	393.21	458.44	503.74	666.82
71	333.41	425.82	498.31	545.42	723.00
72	362.40	463.88	541.79	594.34	786.42
73	395.02	505.55	590.72	648.70	857.09
74	429.45	550.85	645.08	708.50	933.19
75	467.50	599.78	703.06	771.92	1016.54
76	509.18	654.14	766.48	840.78	1105.33
77	550.85	710.31	833.53	915.07	1201.37
78	594.34	770.11	906.01	994.80	1302.84
79	639.64	835.34	982.11	1078.15	1411.56
80	688.57				
81	737.49				
82	790.04				
83	844.40				
84	900.57				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.92	59.80	70.67	76.10	101.47
45-49	54.36	67.04	77.92	85.16	112.35
50-54	70.67	86.98	99.66	110.53	144.96
55	81.54	99.66	115.97	126.84	172.14
56	85.16	105.10	121.41	132.28	183.01
57	90.60	112.35	130.47	141.34	195.70
58	97.85	121.41	141.34	152.21	210.19
59	105.10	130.47	152.21	164.89	226.50
60	114.16	143.15	164.89	179.39	242.81
61	125.03	154.02	179.39	193.89	262.74
62	134.09	166.71	193.89	210.19	282.68
63	143.15	179.39	208.38	224.69	304.42
64	154.02	192.07	222.88	241.00	326.16
65	163.08	204.76	237.37	257.31	349.72
66	175.77	221.07	255.49	277.24	376.90
67	190.26	239.19	277.24	300.80	409.52
68	206.57	260.93	302.61	327.98	445.76
69	224.69	284.49	329.79	358.78	485.62
70	244.62	309.86	360.59	393.21	530.92
71	268.18	340.66	395.02	431.26	579.85
72	293.55	373.28	434.88	474.75	636.02
73	322.54	411.33	478.37	523.67	699.44
74	355.16	451.19	527.30	576.22	766.48
75	389.58	496.49	579.85	634.21	840.78
76	427.64	543.61	636.02	697.63	922.32
77	465.69	596.15	697.63	764.67	1007.48
78	505.55	650.52	762.86	837.15	1099.90
79	549.04	710.31	831.72	913.26	1195.93
80	594.34				
81	641.46				
82	690.38				
83	741.12				
84	795.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.17	70.67	81.54	86.98	115.97
45-49	63.42	77.92	88.79	97.85	128.65
50-54	77.92	97.85	114.16	125.03	163.08
55	90.60	112.35	130.47	141.34	192.07
56	96.04	119.59	137.71	150.40	202.95
57	101.47	126.84	146.77	159.46	217.44
58	108.72	135.90	157.65	172.14	231.94
59	115.97	144.96	168.52	184.83	248.25
60	125.03	157.65	183.01	199.32	266.37
61	135.90	168.52	197.51	215.63	286.30
62	144.96	181.20	212.01	231.94	306.23
63	155.83	193.89	228.31	248.25	329.79
64	166.71	208.38	242.81	264.55	353.34
65	177.58	222.88	259.12	282.68	376.90
66	192.07	241.00	279.05	304.42	407.70
67	208.38	259.12	302.61	327.98	442.13
68	226.50	282.68	329.79	358.78	482.00
69	244.62	308.04	358.78	391.40	525.49
70	264.55	335.22	391.40	425.82	572.60
71	288.11	367.84	427.64	467.50	626.96
72	315.29	402.27	471.13	514.61	686.76
73	346.10	443.94	518.24	567.16	753.80
74	380.52	487.43	568.97	623.33	828.09
75	418.58	534.55	626.96	686.76	907.82
76	458.44	585.28	688.57	755.61	994.80
77	500.12	641.46	753.80	826.28	1087.21
78	541.79	701.25	824.47	904.20	1186.87
79	588.91	764.67	898.76	987.55	1291.97
80	636.02				
81	686.76				
82	737.49				
83	790.04				
84	848.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.80	74.29	85.16	92.41	123.22
45-49	67.04	81.54	94.23	103.29	135.90
50-54	81.54	101.47	119.59	130.47	170.33
55	94.23	117.78	137.71	148.59	201.13
56	99.66	125.03	144.96	157.65	212.01
57	105.10	132.28	154.02	166.71	226.50
58	112.35	141.34	164.89	179.39	241.00
59	121.41	152.21	175.77	192.07	257.31
60	130.47	163.08	190.26	208.38	275.43
61	139.53	175.77	204.76	224.69	295.36
62	150.40	188.45	219.25	241.00	317.10
63	161.27	201.13	235.56	257.31	340.66
64	172.14	215.63	251.87	275.43	364.22
65	184.83	230.13	268.18	293.55	389.58
66	199.32	248.25	289.92	315.29	420.39
67	215.63	268.18	313.48	340.66	456.63
68	233.75	291.74	340.66	371.46	496.49
69	251.87	317.10	371.46	404.08	541.79
70	273.62	346.10	404.08	440.32	590.72
71	297.17	378.71	442.13	483.81	646.89
72	324.35	414.95	485.62	530.92	708.50
73	356.97	456.63	534.55	585.28	777.36
74	391.40	501.93	587.09	643.27	855.27
75	431.26	550.85	646.89	708.50	936.81
76	471.13	603.40	710.31	779.17	1025.60
77	514.61	661.39	777.36	853.46	1121.64
78	558.10	723.00	849.84	933.19	1223.11
79	605.21	788.23	927.75	1020.17	1331.83
80	654.14				
81	704.88				
82	757.42				
83	811.78				
84	869.77				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.86	48.92	52.55	57.98	74.29
45-49	45.30	56.17	59.80	63.42	83.35
50-54	56.17	65.23	74.29	79.73	101.47
55	63.42	76.10	85.16	92.41	121.41
56	68.86	81.54	92.41	97.85	128.65
57	72.48	86.98	97.85	105.10	137.71
58	79.73	94.23	106.91	112.35	148.59
59	85.16	101.47	115.97	123.22	161.27
60	92.41	110.53	125.03	134.09	177.58
61	99.66	119.59	135.90	146.77	192.07
62	108.72	130.47	148.59	159.46	208.38
63	117.78	141.34	159.46	172.14	226.50
64	123.22	148.59	172.14	184.83	241.00
65	132.28	159.46	184.83	197.51	257.31
66	141.34	172.14	201.13	215.63	279.05
67	154.02	188.45	217.44	233.75	304.42
68	168.52	204.76	237.37	257.31	335.22
69	183.01	224.69	260.93	280.86	366.03
70	201.13	244.62	282.68	309.86	402.27
71	219.25	269.99	313.48	340.66	443.94
72	242.81	300.80	347.91	378.71	492.87
73	268.18	335.22	387.77	422.20	547.23
74	298.98	373.28	431.26	471.13	607.03
75	333.41	413.14	480.19	523.67	674.07
76	366.03	458.44	532.73	581.66	746.55
77	405.89	507.37	590.72	643.27	824.47
78	445.76	559.91	652.33	712.12	907.82
79	491.06	616.09	717.56	782.79	998.42
80	536.36				
81	587.09				
82	639.64				
83	695.82				
84	753.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.11	57.98	63.42	65.23	86.98
45-49	52.55	63.42	70.67	74.29	96.04
50-54	61.61	74.29	85.16	92.41	119.59
55	72.48	85.16	96.04	105.10	137.71
56	76.10	88.79	101.47	110.53	144.96
57	81.54	96.04	108.72	117.78	155.83
58	86.98	105.10	117.78	125.03	166.71
59	94.23	112.35	128.65	137.71	179.39
60	99.66	123.22	137.71	148.59	193.89
61	108.72	132.28	152.21	164.89	210.19
62	117.78	143.15	164.89	177.58	228.31
63	125.03	154.02	177.58	190.26	246.43
64	134.09	164.89	188.45	202.95	264.55
65	144.96	173.95	202.95	215.63	282.68
66	154.02	188.45	217.44	231.94	306.23
67	166.71	204.76	233.75	253.68	335.22
68	181.20	221.07	257.31	279.05	366.03
69	197.51	242.81	280.86	304.42	400.46
70	217.44	268.18	306.23	335.22	442.13
71	237.37	293.55	340.66	369.65	485.62
72	262.74	327.98	376.90	411.33	536.36
73	291.74	364.22	420.39	458.44	596.15
74	322.54	405.89	469.31	509.18	661.39
75	358.78	449.38	521.86	567.16	733.87
76	395.02	498.31	579.85	630.58	811.78
77	436.70	550.85	641.46	699.44	896.95
78	480.19	607.03	710.31	773.73	987.55
79	527.30	668.64	780.98	849.84	1085.40
80	576.22				
81	628.77				
82	684.94				
83	741.12				
84	804.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.92	59.80	68.86	70.67	92.41
45-49	56.17	65.23	74.29	79.73	101.47
50-54	63.42	79.73	88.79	96.04	128.65
55	74.29	88.79	99.66	108.72	144.96
56	79.73	94.23	106.91	115.97	154.02
57	83.35	99.66	112.35	123.22	161.27
58	88.79	108.72	121.41	132.28	173.95
59	96.04	117.78	132.28	144.96	188.45
60	105.10	128.65	144.96	155.83	202.95
61	112.35	137.71	157.65	170.33	219.25
62	121.41	148.59	170.33	183.01	237.37
63	130.47	159.46	183.01	195.70	255.49
64	137.71	170.33	193.89	208.38	273.62
65	148.59	181.20	208.38	224.69	293.55
66	159.46	193.89	224.69	241.00	317.10
67	172.14	210.19	242.81	262.74	347.91
68	188.45	230.13	266.37	288.11	378.71
69	204.76	251.87	289.92	315.29	414.95
70	224.69	277.24	317.10	346.10	456.63
71	244.62	304.42	351.53	382.34	503.74
72	269.99	338.85	389.58	424.01	556.29
73	300.80	376.90	434.88	472.94	617.90
74	333.41	418.58	483.81	527.30	684.94
75	369.65	463.88	539.98	587.09	759.24
76	407.70	516.43	599.78	652.33	840.78
77	449.38	568.97	663.20	723.00	927.75
78	494.68	626.96	733.87	799.10	1021.98
79	541.79	690.38	808.16	880.64	1121.64
80	592.53				
81	645.08				
82	703.06				
83	762.86				
84	824.47				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.10	96.04	110.53	121.41	159.46
45-49	85.16	106.91	123.22	134.09	177.58
50-54	105.10	130.47	152.21	164.89	226.50
55	119.59	152.21	173.95	190.26	262.74
56	125.03	159.46	184.83	201.13	275.43
57	134.09	170.33	195.70	213.82	291.74
58	143.15	181.20	208.38	228.31	309.86
59	154.02	193.89	224.69	242.81	327.98
60	164.89	206.57	239.19	257.31	349.72
61	173.95	221.07	255.49	277.24	373.28
62	188.45	237.37	273.62	297.17	398.64
63	201.13	251.87	289.92	315.29	425.82
64	213.82	268.18	309.86	337.04	454.82
65	226.50	286.30	329.79	358.78	483.81
66	242.81	304.42	351.53	384.15	518.24
67	260.93	327.98	378.71	413.14	558.10
68	279.05	353.34	409.52	447.57	603.40
69	300.80	378.71	443.94	483.81	650.52
70	324.35	411.33	480.19	523.67	701.25
71	351.53	445.76	520.05	568.97	761.05
72	382.34	483.81	567.16	619.71	826.28
73	414.95	529.11	619.71	677.70	902.39
74	454.82	578.03	677.70	741.12	982.11
75	496.49	630.58	739.30	809.97	1072.72
76	539.98	690.38	808.16	884.27	1168.75
77	587.09	751.99	880.64	965.81	1270.23
78	632.39	820.85	956.75	1050.97	1378.95
79	684.94	891.51	1040.10	1143.38	1496.73
80	737.49				
81	790.04				
82	848.03				
83	907.82				
84	969.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	85.16	108.72	125.03	137.71	179.39
45-49	96.04	119.59	141.34	152.21	201.13
50-54	117.78	146.77	172.14	188.45	253.68
55	132.28	168.52	197.51	215.63	289.92
56	137.71	177.58	208.38	226.50	302.61
57	146.77	188.45	219.25	239.19	318.92
58	155.83	197.51	231.94	253.68	338.85
59	166.71	210.19	246.43	268.18	360.59
60	179.39	226.50	262.74	286.30	382.34
61	192.07	241.00	279.05	302.61	407.70
62	204.76	257.31	297.17	324.35	434.88
63	217.44	275.43	315.29	342.47	463.88
64	230.13	291.74	337.04	366.03	492.87
65	244.62	309.86	358.78	389.58	527.30
66	262.74	329.79	384.15	420.39	559.91
67	280.86	355.16	413.14	451.19	605.21
68	302.61	384.15	447.57	491.06	652.33
69	326.16	411.33	482.00	529.11	703.06
70	351.53	447.57	521.86	570.79	759.24
71	378.71	483.81	567.16	619.71	822.66
72	413.14	527.30	616.09	675.88	895.14
73	449.38	576.22	674.07	737.49	976.68
74	491.06	626.96	735.68	806.35	1063.66
75	534.55	684.94	800.91	878.83	1159.69
76	581.66	746.55	873.39	956.75	1259.35
77	628.77	809.97	951.31	1041.91	1369.89
78	679.51	880.64	1034.66	1134.32	1485.86
79	732.06	954.93	1121.64	1230.36	1610.89
80	788.23				
81	844.40				
82	906.01				
83	967.62				
84	1031.04				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	88.79	112.35	132.28	144.96	188.45
45-49	99.66	125.03	146.77	159.46	208.38
50-54	123.22	155.83	181.20	195.70	264.55
55	137.71	173.95	206.57	226.50	300.80
56	144.96	183.01	217.44	237.37	315.29
57	154.02	193.89	228.31	250.06	333.41
58	161.27	206.57	241.00	264.55	351.53
59	172.14	219.25	255.49	279.05	373.28
60	184.83	233.75	269.99	297.17	396.83
61	197.51	250.06	288.11	313.48	422.20
62	210.19	266.37	306.23	335.22	449.38
63	224.69	282.68	326.16	355.16	480.19
64	239.19	300.80	347.91	378.71	509.18
65	253.68	318.92	371.46	405.89	543.61
66	269.99	340.66	398.64	434.88	579.85
67	289.92	366.03	427.64	469.31	625.15
68	311.67	396.83	462.07	507.37	674.07
69	337.04	425.82	498.31	547.23	726.62
70	362.40	462.07	539.98	592.53	784.60
71	391.40	500.12	587.09	641.46	849.84
72	425.82	545.42	637.83	699.44	925.94
73	463.88	594.34	695.82	762.86	1007.48
74	505.55	648.70	759.24	833.53	1098.08
75	550.85	704.88	826.28	907.82	1195.93
76	599.78	770.11	902.39	989.36	1301.03
77	648.70	835.34	980.30	1076.34	1413.38
78	699.44	906.01	1065.47	1170.56	1532.97
79	751.99	982.11	1156.07	1268.41	1659.81
80	809.97				
81	867.96				
82	929.57				
83	992.99				
84	1060.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.98	70.67	83.35	88.79	119.59
45-49	63.42	79.73	92.41	99.66	132.28
50-54	83.35	101.47	117.78	130.47	170.33
55	96.04	117.78	135.90	148.59	202.95
56	99.66	123.22	143.15	155.83	215.63
57	106.91	132.28	154.02	166.71	230.13
58	115.97	143.15	166.71	179.39	246.43
59	123.22	154.02	179.39	193.89	266.37
60	134.09	168.52	193.89	210.19	286.30
61	146.77	181.20	210.19	228.31	309.86
62	157.65	195.70	228.31	246.43	333.41
63	168.52	210.19	244.62	264.55	358.78
64	181.20	226.50	262.74	282.68	384.15
65	192.07	241.00	279.05	302.61	411.33
66	206.57	260.93	300.80	326.16	443.94
67	224.69	280.86	326.16	353.34	482.00
68	242.81	306.23	355.16	385.96	523.67
69	264.55	335.22	387.77	422.20	570.79
70	288.11	364.22	424.01	462.07	625.15
71	315.29	400.46	463.88	507.37	681.32
72	346.10	438.51	510.99	558.10	748.36
73	378.71	483.81	563.54	616.09	822.66
74	418.58	530.92	619.71	677.70	902.39
75	458.44	583.47	681.32	746.55	989.36
76	503.74	639.64	748.36	820.85	1085.40
77	547.23	701.25	820.85	898.76	1185.06
78	594.34	764.67	896.95	985.74	1293.78
79	645.08	835.34	978.49	1074.53	1406.13
80	699.44				
81	753.80				
82	811.78				
83	871.58				
84	935.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	65.23	83.35	96.04	101.47	135.90
45-49	74.29	92.41	105.10	115.97	152.21
50-54	92.41	115.97	134.09	146.77	192.07
55	106.91	132.28	154.02	166.71	226.50
56	112.35	141.34	161.27	177.58	239.19
57	119.59	148.59	172.14	188.45	255.49
58	128.65	159.46	184.83	202.95	273.62
59	135.90	170.33	197.51	217.44	291.74
60	146.77	184.83	215.63	233.75	313.48
61	159.46	197.51	231.94	253.68	337.04
62	170.33	213.82	250.06	273.62	360.59
63	183.01	228.31	268.18	291.74	387.77
64	195.70	244.62	286.30	311.67	414.95
65	208.38	262.74	304.42	333.41	443.94
66	226.50	282.68	327.98	358.78	480.19
67	244.62	304.42	355.16	385.96	520.05
68	266.37	333.41	387.77	422.20	567.16
69	288.11	362.40	422.20	460.25	617.90
70	311.67	395.02	460.25	500.12	674.07
71	338.85	433.07	503.74	550.85	737.49
72	371.46	472.94	554.48	605.21	808.16
73	407.70	521.86	608.84	666.82	886.08
74	447.57	572.60	668.64	733.87	974.87
75	492.87	628.77	737.49	808.16	1067.28
76	539.98	688.57	809.97	889.70	1170.56
77	588.91	753.80	886.08	971.24	1279.29
78	637.83	824.47	969.43	1063.66	1397.07
79	692.19	898.76	1058.22	1161.50	1520.28
80	748.36				
81	808.16				
82	867.96				
83	929.57				
84	998.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.67	86.98	99.66	108.72	144.96
45-49	79.73	96.04	110.53	121.41	159.46
50-54	96.04	119.59	141.34	154.02	201.13
55	110.53	137.71	161.27	173.95	237.37
56	117.78	146.77	170.33	184.83	250.06
57	123.22	155.83	181.20	195.70	266.37
58	132.28	166.71	193.89	210.19	282.68
59	143.15	179.39	206.57	226.50	302.61
60	154.02	192.07	224.69	244.62	324.35
61	164.89	206.57	241.00	264.55	347.91
62	177.58	221.07	257.31	282.68	373.28
63	190.26	237.37	277.24	302.61	400.46
64	202.95	253.68	297.17	324.35	427.64
65	217.44	269.99	315.29	346.10	458.44
66	233.75	291.74	340.66	371.46	494.68
67	253.68	315.29	369.65	400.46	536.36
68	275.43	342.47	400.46	436.70	583.47
69	297.17	373.28	436.70	474.75	637.83
70	322.54	407.70	474.75	518.24	695.82
71	349.72	445.76	520.05	568.97	761.05
72	382.34	487.43	570.79	625.15	833.53
73	420.39	536.36	628.77	688.57	915.07
74	460.25	590.72	690.38	757.42	1005.67
75	507.37	648.70	761.05	833.53	1101.71
76	554.48	710.31	835.34	916.88	1206.81
77	605.21	777.36	915.07	1003.86	1319.15
78	655.95	849.84	1000.24	1098.08	1438.74
79	712.12	927.75	1090.84	1199.56	1567.40
80	770.11				
81	829.91				
82	891.51				
83	954.93				
84	1023.79				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.44	34.79	40.59	43.49	55.09
45-49	33.34	39.14	44.94	47.84	60.88
50-54	40.59	47.84	55.09	59.43	75.38
55	46.39	55.09	63.78	68.13	89.88
56	49.29	59.43	68.13	72.48	95.67
57	53.64	63.78	72.48	78.28	102.92
58	57.98	69.58	78.28	85.53	111.62
59	63.78	75.38	85.53	92.78	121.77
60	69.58	82.63	94.23	102.92	131.92
61	75.38	91.33	102.92	111.62	143.51
62	81.18	98.57	111.62	121.77	156.56
63	86.98	105.82	120.32	130.47	168.16
64	92.78	113.07	129.02	139.16	181.20
65	98.57	121.77	137.71	149.31	194.25
66	107.27	130.47	149.31	160.91	210.19
67	115.97	142.06	162.36	175.40	229.04
68	126.12	155.11	178.30	192.80	252.23
69	137.71	169.61	195.70	211.64	276.88
70	150.76	185.55	214.54	233.39	304.42
71	166.71	205.85	237.74	259.48	336.31
72	185.55	229.04	265.28	289.92	375.45
73	207.30	256.58	297.17	324.71	420.39
74	230.49	287.02	333.41	363.85	469.68
75	258.03	321.81	374.00	407.34	523.31
76	287.02	359.50	417.49	455.18	582.75
77	318.92	400.09	465.33	505.92	647.98
78	353.71	445.03	517.51	561.00	717.56
79	391.40	491.42	572.60	620.44	792.94
80	430.54				
81	474.02				
82	518.96				
83	566.80				
84	617.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.24	43.49	49.29	52.19	66.68
45-49	39.14	47.84	53.64	57.98	73.93
50-54	46.39	56.54	65.23	71.03	92.78
55	55.09	65.23	73.93	79.73	105.82
56	57.98	69.58	78.28	84.08	111.62
57	62.33	73.93	84.08	89.88	118.87
58	66.68	79.73	89.88	97.12	127.57
59	72.48	86.98	98.57	105.82	137.71
60	78.28	94.23	107.27	115.97	150.76
61	84.08	102.92	117.42	126.12	162.36
62	91.33	110.17	127.57	137.71	176.85
63	98.57	118.87	136.26	146.41	189.90
64	104.37	127.57	144.96	158.01	204.40
65	111.62	137.71	155.11	168.16	220.34
66	120.32	146.41	168.16	182.65	237.74
67	130.47	160.91	182.65	198.60	259.48
68	142.06	175.40	200.05	218.89	284.12
69	155.11	191.35	220.34	239.19	313.12
70	169.61	210.19	242.09	262.38	343.56
71	185.55	231.94	268.18	291.37	381.25
72	207.30	258.03	298.62	326.16	424.74
73	230.49	288.47	334.86	363.85	474.02
74	256.58	323.26	375.45	408.79	529.11
75	287.02	360.95	420.39	456.63	589.99
76	318.92	401.54	469.68	511.71	658.13
77	355.16	447.93	521.86	568.25	730.61
78	392.85	497.22	579.85	630.58	807.44
79	433.44	550.85	642.18	698.71	892.96
80	476.92				
81	523.31				
82	571.15				
83	623.33				
84	678.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.69	46.39	52.19	56.54	72.48
45-49	42.04	50.74	57.98	62.33	79.73
50-54	49.29	60.88	69.58	75.38	100.02
55	57.98	69.58	78.28	85.53	111.62
56	60.88	73.93	82.63	89.88	117.42
57	65.23	78.28	88.43	95.67	124.67
58	69.58	84.08	95.67	102.92	134.81
59	75.38	91.33	104.37	111.62	144.96
60	82.63	98.57	113.07	121.77	158.01
61	88.43	107.27	123.22	131.92	171.05
62	95.67	115.97	133.36	143.51	185.55
63	102.92	124.67	143.51	153.66	200.05
64	108.72	133.36	152.21	165.26	214.54
65	117.42	143.51	162.36	176.85	230.49
66	126.12	153.66	175.40	191.35	249.33
67	136.26	168.16	191.35	208.74	272.53
68	147.86	184.10	210.19	229.04	298.62
69	162.36	200.05	230.49	250.78	327.61
70	176.85	220.34	253.68	275.43	360.95
71	194.25	242.09	281.23	305.87	400.09
72	215.99	269.63	313.12	340.66	445.03
73	240.64	301.52	350.81	381.25	497.22
74	268.18	337.76	392.85	427.64	555.20
75	300.07	376.90	439.23	478.37	618.99
76	333.41	420.39	491.42	534.91	690.02
77	369.65	468.23	546.51	595.79	765.40
78	408.79	518.96	605.94	661.02	846.58
79	450.83	575.50	671.17	732.06	935.00
80	495.77				
81	543.61				
82	594.34				
83	647.98				
84	704.51				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.98	71.03	81.18	86.98	118.87
45-49	63.78	78.28	89.88	97.12	131.92
50-54	78.28	97.12	111.62	123.22	168.16
55	91.33	113.07	130.47	142.06	194.25
56	95.67	118.87	137.71	150.76	205.85
57	101.47	126.12	146.41	159.46	217.44
58	108.72	134.81	156.56	169.61	230.49
59	114.52	143.51	166.71	181.20	244.99
60	123.22	153.66	176.85	192.80	260.93
61	131.92	163.81	189.90	205.85	278.33
62	140.61	175.40	202.95	220.34	297.17
63	149.31	187.00	217.44	234.84	317.47
64	159.46	198.60	230.49	250.78	337.76
65	169.61	211.64	246.43	268.18	360.95
66	181.20	227.59	263.83	287.02	388.50
67	195.70	244.99	285.57	310.22	418.94
68	211.64	265.28	308.77	336.31	453.73
69	227.59	287.02	333.41	363.85	489.97
70	246.43	311.67	362.40	395.75	532.01
71	266.73	339.21	394.30	430.54	578.40
72	291.37	371.10	431.99	472.57	632.03
73	320.37	407.34	475.47	520.41	692.92
74	352.26	447.93	523.31	572.60	759.60
75	387.05	491.42	575.50	629.13	833.53
76	423.29	539.26	632.03	692.92	913.26
77	462.43	591.44	694.37	759.60	998.79
78	503.02	646.53	761.05	832.08	1090.11
79	546.51	705.96	832.08	908.91	1188.69
80	591.44				
81	637.83				
82	687.12				
83	737.85				
84	791.49				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	66.68	82.63	95.67	104.37	137.71
45-49	73.93	92.78	105.82	115.97	153.66
50-54	91.33	114.52	131.92	143.51	194.25
55	102.92	130.47	150.76	163.81	223.24
56	107.27	137.71	159.46	172.50	234.84
57	113.07	144.96	168.16	182.65	246.43
58	120.32	153.66	178.30	194.25	260.93
59	129.02	162.36	188.45	207.30	276.88
60	139.16	172.50	201.50	218.89	292.82
61	147.86	184.10	214.54	233.39	313.12
62	158.01	197.15	229.04	249.33	333.41
63	168.16	208.74	244.99	266.73	356.61
64	178.30	223.24	259.48	284.12	379.80
65	189.90	237.74	278.33	302.97	405.89
66	202.95	255.13	297.17	324.71	434.88
67	217.44	275.43	321.81	350.81	469.68
68	234.84	297.17	347.91	379.80	508.82
69	253.68	323.26	375.45	411.69	549.40
70	275.43	350.81	408.79	447.93	595.79
71	298.62	381.25	445.03	487.07	647.98
72	326.16	417.49	487.07	533.46	708.86
73	358.06	456.63	534.91	587.09	775.54
74	392.85	501.57	587.09	643.63	849.47
75	430.54	550.85	645.08	705.96	932.10
76	471.13	601.59	707.41	775.54	1020.53
77	513.16	659.58	774.09	849.47	1114.75
78	558.10	719.01	848.03	927.75	1216.23
79	604.49	785.69	923.41	1011.83	1323.50
80	653.78				
81	704.51				
82	756.70				
83	813.23				
84	871.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	71.03	88.43	101.47	111.62	146.41
45-49	78.28	98.57	113.07	124.67	162.36
50-54	97.12	121.77	140.61	152.21	205.85
55	108.72	137.71	159.46	173.95	234.84
56	113.07	144.96	168.16	182.65	246.43
57	118.87	152.21	176.85	192.80	259.48
58	126.12	160.91	187.00	204.40	273.98
59	134.81	171.05	198.60	217.44	289.92
60	144.96	181.20	211.64	230.49	307.32
61	155.11	192.80	224.69	244.99	327.61
62	165.26	205.85	240.64	262.38	349.36
63	175.40	218.89	256.58	279.78	372.55
64	187.00	233.39	272.53	298.62	397.19
65	198.60	249.33	291.37	317.47	424.74
66	211.64	266.73	311.67	340.66	455.18
67	227.59	288.47	336.31	368.20	491.42
68	244.99	311.67	363.85	398.64	532.01
69	265.28	337.76	394.30	431.99	575.50
70	287.02	366.75	427.64	469.68	623.33
71	311.67	398.64	466.78	511.71	678.42
72	340.66	436.33	510.26	559.55	740.75
73	374.00	478.37	559.55	614.64	811.78
74	410.24	524.76	614.64	674.07	888.61
75	449.38	575.50	674.07	739.30	974.14
76	491.42	629.13	739.30	810.34	1065.47
77	534.91	688.57	808.89	887.16	1164.04
78	581.30	750.90	884.27	968.34	1269.86
79	629.13	819.03	962.55	1056.77	1381.48
80	679.87				
81	732.06				
82	787.14				
83	845.13				
84	904.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.04	52.19	60.88	66.68	88.43
45-49	46.39	57.98	68.13	73.93	98.57
50-54	62.33	76.83	86.98	94.23	126.12
55	71.03	88.43	100.02	110.17	149.31
56	75.38	92.78	105.82	115.97	159.46
57	79.73	98.57	113.07	124.67	171.05
58	85.53	105.82	121.77	134.81	184.10
59	92.78	114.52	131.92	144.96	198.60
60	100.02	124.67	143.51	156.56	214.54
61	108.72	134.81	156.56	169.61	230.49
62	117.42	146.41	169.61	184.10	249.33
63	126.12	156.56	182.65	198.60	268.18
64	134.81	168.16	195.70	211.64	287.02
65	144.96	179.75	208.74	227.59	308.77
66	156.56	192.80	224.69	244.99	333.41
67	169.61	210.19	244.99	266.73	362.40
68	184.10	229.04	268.18	291.37	395.75
69	200.05	250.78	292.82	318.92	431.99
70	217.44	273.98	320.37	349.36	472.57
71	237.74	301.52	352.26	385.60	517.51
72	262.38	333.41	389.95	426.19	571.15
73	289.92	369.65	431.99	472.57	630.58
74	321.81	408.79	479.82	524.76	697.27
75	355.16	453.73	530.56	581.30	769.75
76	391.40	501.57	585.64	642.18	848.03
77	430.54	552.30	646.53	708.86	932.10
78	471.13	607.39	711.76	779.89	1021.98
79	514.61	666.82	779.89	856.72	1119.10
80	559.55				
81	607.39				
82	656.68				
83	708.86				
84	763.95				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.74	63.78	72.48	79.73	104.37
45-49	56.54	69.58	81.18	88.43	115.97
50-54	71.03	88.43	102.92	111.62	146.41
55	82.63	102.92	117.42	129.02	173.95
56	86.98	108.72	124.67	134.81	185.55
57	91.33	114.52	131.92	143.51	197.15
58	98.57	123.22	142.06	155.11	211.64
59	105.82	133.36	153.66	166.71	226.14
60	114.52	143.51	165.26	179.75	242.09
61	123.22	153.66	178.30	194.25	259.48
62	133.36	166.71	192.80	210.19	279.78
63	142.06	178.30	207.30	224.69	300.07
64	152.21	189.90	221.79	240.64	321.81
65	163.81	204.40	236.29	256.58	345.01
66	175.40	218.89	253.68	276.88	372.55
67	189.90	237.74	276.88	300.07	404.44
68	205.85	258.03	301.52	327.61	442.13
69	223.24	282.68	329.06	358.06	482.72
70	243.54	308.77	360.95	392.85	529.11
71	266.73	339.21	395.75	431.99	579.85
72	292.82	374.00	437.78	478.37	639.28
73	323.26	413.14	484.17	529.11	705.96
74	358.06	458.08	536.36	587.09	779.89
75	395.75	505.92	592.89	649.43	859.62
76	436.33	558.10	653.78	717.56	948.05
77	478.37	614.64	720.46	791.49	1040.82
78	523.31	674.07	791.49	869.77	1140.85
79	569.70	739.30	868.32	953.85	1248.12
80	618.99				
81	669.72				
82	724.81				
83	781.34				
84	840.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.09	68.13	78.28	85.53	111.62
45-49	60.88	75.38	86.98	94.23	123.22
50-54	75.38	94.23	108.72	118.87	155.11
55	86.98	108.72	124.67	136.26	184.10
56	91.33	114.52	131.92	143.51	195.70
57	97.12	121.77	140.61	152.21	208.74
58	104.37	130.47	150.76	163.81	223.24
59	111.62	140.61	162.36	175.40	237.74
60	120.32	150.76	175.40	189.90	253.68
61	129.02	162.36	188.45	204.40	272.53
62	139.16	175.40	202.95	220.34	292.82
63	149.31	188.45	217.44	236.29	314.57
64	159.46	200.05	231.94	252.23	336.31
65	171.05	214.54	247.88	269.63	360.95
66	182.65	230.49	266.73	289.92	388.50
67	198.60	249.33	289.92	314.57	423.29
68	215.99	271.08	316.02	343.56	462.43
69	233.39	295.72	345.01	375.45	504.47
70	255.13	323.26	378.35	411.69	552.30
71	278.33	355.16	414.59	452.28	605.94
72	305.87	391.40	458.08	500.12	668.27
73	337.76	431.99	507.37	553.75	737.85
74	374.00	478.37	561.00	613.19	814.68
75	413.14	527.66	618.99	678.42	898.76
76	455.18	582.75	682.77	749.45	990.09
77	498.67	640.73	752.35	826.28	1087.21
78	545.06	703.06	826.28	908.91	1191.58
79	592.89	771.20	906.01	995.89	1303.20
80	643.63				
81	697.27				
82	753.80				
83	811.78				
84	872.67				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.24	40.59	47.84	50.74	65.23
45-49	39.14	46.39	52.19	56.54	71.03
50-54	47.84	56.54	65.23	69.58	88.43
55	55.09	65.23	75.38	79.73	105.82
56	57.98	69.58	79.73	85.53	113.07
57	63.78	75.38	85.53	92.78	121.77
58	68.13	81.18	92.78	100.02	131.92
59	75.38	88.43	100.02	108.72	143.51
60	81.18	97.12	110.17	121.77	155.11
61	88.43	107.27	121.77	131.92	168.16
62	95.67	115.97	131.92	143.51	184.10
63	102.92	124.67	142.06	153.66	197.15
64	108.72	133.36	152.21	163.81	213.09
65	115.97	143.51	162.36	175.40	229.04
66	126.12	153.66	175.40	189.90	247.88
67	136.26	166.71	191.35	205.85	269.63
68	147.86	182.65	210.19	226.14	297.17
69	162.36	200.05	230.49	249.33	326.16
70	176.85	218.89	252.23	273.98	358.06
71	195.70	242.09	279.78	305.87	395.75
72	218.89	269.63	311.67	340.66	442.13
73	243.54	301.52	349.36	382.70	494.32
74	271.08	337.76	392.85	427.64	552.30
75	302.97	378.35	440.68	479.82	616.09
76	337.76	423.29	491.42	534.91	685.67
77	375.45	471.13	547.95	595.79	762.50
78	416.04	523.31	608.84	659.58	843.68
79	460.98	578.40	674.07	730.61	933.55
80	505.92				
81	558.10				
82	610.29				
83	666.82				
84	726.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.04	50.74	57.98	60.88	78.28
45-49	46.39	56.54	63.78	68.13	86.98
50-54	55.09	66.68	76.83	84.08	108.72
55	65.23	76.83	86.98	94.23	124.67
56	68.13	81.18	92.78	98.57	131.92
57	73.93	86.98	98.57	105.82	139.16
58	78.28	94.23	105.82	114.52	150.76
59	85.53	102.92	115.97	124.67	162.36
60	92.78	110.17	126.12	136.26	176.85
61	98.57	121.77	137.71	147.86	191.35
62	107.27	129.02	150.76	162.36	208.74
63	115.97	139.16	160.91	172.50	223.24
64	123.22	150.76	171.05	185.55	240.64
65	131.92	162.36	182.65	197.15	259.48
66	142.06	172.50	197.15	214.54	279.78
67	153.66	189.90	214.54	233.39	305.87
68	166.71	205.85	234.84	258.03	334.86
69	182.65	224.69	259.48	281.23	368.20
70	200.05	247.88	284.12	308.77	404.44
71	218.89	272.53	316.02	342.11	447.93
72	243.54	302.97	350.81	384.15	500.12
73	271.08	339.21	394.30	427.64	558.10
74	301.52	379.80	442.13	481.27	621.89
75	337.76	424.74	494.32	537.81	694.37
76	375.45	472.57	552.30	601.59	774.09
77	417.49	527.66	614.64	668.27	859.62
78	462.43	585.64	682.77	742.20	949.50
79	510.26	647.98	755.25	821.93	1050.97
80	561.00				
81	616.09				
82	672.62				
83	733.51				
84	798.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.94	55.09	60.88	66.68	85.53
45-49	49.29	59.43	68.13	73.93	94.23
50-54	57.98	71.03	81.18	88.43	117.42
55	68.13	81.18	92.78	100.02	131.92
56	71.03	86.98	97.12	105.82	137.71
57	76.83	92.78	104.37	113.07	146.41
58	81.18	98.57	113.07	121.77	158.01
59	88.43	107.27	123.22	131.92	171.05
60	97.12	115.97	133.36	143.51	185.55
61	104.37	126.12	144.96	155.11	201.50
62	113.07	136.26	156.56	168.16	218.89
63	121.77	146.41	168.16	181.20	234.84
64	127.57	156.56	179.75	194.25	252.23
65	137.71	168.16	191.35	208.74	271.08
66	147.86	181.20	205.85	224.69	292.82
67	160.91	197.15	224.69	244.99	320.37
68	173.95	215.99	247.88	269.63	350.81
69	191.35	234.84	271.08	295.72	385.60
70	208.74	259.48	298.62	324.71	424.74
71	229.04	284.12	330.51	359.50	471.13
72	253.68	317.47	368.20	400.09	523.31
73	282.68	355.16	413.14	447.93	585.64
74	316.02	397.19	462.43	503.02	653.78
75	353.71	443.58	516.06	562.45	727.71
76	392.85	494.32	578.40	629.13	811.78
77	434.88	550.85	643.63	701.61	900.21
78	481.27	610.29	713.21	776.99	995.89
79	530.56	676.97	790.04	861.07	1100.26
80	582.75				
81	639.28				
82	698.71				
83	762.50				
84	829.18				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.13	84.08	95.67	102.92	139.16
45-49	75.38	92.78	105.82	114.52	155.11
50-54	92.78	114.52	131.92	144.96	197.15
55	107.27	133.36	153.66	166.71	229.04
56	113.07	139.16	162.36	176.85	242.09
57	118.87	147.86	172.50	187.00	255.13
58	127.57	158.01	184.10	200.05	271.08
59	134.81	168.16	195.70	213.09	288.47
60	144.96	181.20	208.74	226.14	307.32
61	155.11	192.80	223.24	242.09	327.61
62	165.26	205.85	239.19	259.48	349.36
63	175.40	220.34	255.13	276.88	374.00
64	187.00	233.39	271.08	295.72	397.19
65	200.05	249.33	289.92	316.02	424.74
66	213.09	268.18	310.22	337.76	456.63
67	230.49	288.47	336.31	365.30	492.87
68	249.33	311.67	363.85	395.75	533.46
69	268.18	337.76	392.85	427.64	576.95
70	289.92	366.75	426.19	465.33	626.23
71	313.12	398.64	463.88	505.92	679.87
72	342.11	436.33	508.82	556.65	743.65
73	376.90	479.82	559.55	611.74	814.68
74	414.59	527.66	616.09	674.07	892.96
75	455.18	578.40	676.97	740.75	979.94
76	498.67	634.93	743.65	814.68	1074.17
77	543.61	695.82	817.58	892.96	1175.64
78	591.44	761.05	895.86	978.49	1282.91
79	643.63	830.63	978.49	1069.82	1398.88
80	695.82				
81	750.90				
82	808.89				
83	868.32				
84	930.65				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	78.28	97.12	113.07	123.22	162.36
45-49	86.98	108.72	124.67	136.26	181.20
50-54	107.27	134.81	155.11	168.16	229.04
55	121.77	153.66	176.85	192.80	262.38
56	126.12	162.36	187.00	202.95	276.88
57	133.36	171.05	197.15	214.54	289.92
58	142.06	181.20	210.19	229.04	307.32
59	152.21	191.35	221.79	243.54	326.16
60	163.81	202.95	237.74	258.03	345.01
61	173.95	215.99	252.23	273.98	368.20
62	185.55	231.94	269.63	292.82	392.85
63	197.15	244.99	288.47	313.12	418.94
64	210.19	262.38	305.87	334.86	446.48
65	223.24	279.78	327.61	356.61	476.92
66	239.19	300.07	349.36	382.70	511.71
67	255.13	324.71	378.35	413.14	552.30
68	276.88	349.36	408.79	446.48	598.69
69	298.62	379.80	442.13	484.17	646.53
70	324.71	413.14	481.27	527.66	701.61
71	350.81	447.93	523.31	572.60	762.50
72	384.15	491.42	572.60	627.68	833.53
73	421.84	537.81	629.13	690.02	911.81
74	462.43	589.99	690.02	756.70	998.79
75	505.92	647.98	759.60	830.63	1095.91
76	553.75	707.41	832.08	911.81	1200.28
77	603.04	775.54	910.36	998.79	1311.90
78	656.68	846.58	997.34	1091.56	1430.77
79	711.76	924.86	1085.76	1190.13	1556.89
80	769.75				
81	829.18				
82	890.06				
83	956.75				
84	1024.88				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	84.08	104.37	118.87	131.92	172.50
45-49	92.78	115.97	133.36	146.41	191.35
50-54	114.52	143.51	165.26	179.75	242.09
55	127.57	162.36	187.00	204.40	276.88
56	133.36	171.05	197.15	214.54	289.92
57	139.16	179.75	208.74	226.14	305.87
58	147.86	189.90	220.34	240.64	321.81
59	158.01	201.50	233.39	255.13	340.66
60	171.05	213.09	249.33	271.08	360.95
61	182.65	226.14	263.83	288.47	385.60
62	194.25	242.09	282.68	308.77	411.69
63	205.85	258.03	301.52	329.06	437.78
64	220.34	273.98	320.37	350.81	466.78
65	233.39	292.82	342.11	374.00	500.12
66	249.33	313.12	366.75	400.09	534.91
67	268.18	339.21	395.75	433.44	578.40
68	288.47	366.75	427.64	469.68	626.23
69	311.67	397.19	463.88	508.82	676.97
70	337.76	431.99	503.02	552.30	733.51
71	366.75	469.68	549.40	601.59	798.74
72	400.09	513.16	600.14	658.13	871.22
73	440.68	562.45	658.13	723.36	955.30
74	482.72	617.54	723.36	792.94	1045.17
75	529.11	676.97	792.94	869.77	1146.65
76	578.40	740.75	869.77	953.85	1253.92
77	629.13	810.34	950.95	1043.72	1369.89
78	684.22	882.82	1040.82	1139.40	1494.55
79	740.75	963.99	1132.15	1243.77	1625.02
80	800.19				
81	861.07				
82	926.30				
83	994.44				
84	1064.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.29	60.88	71.03	78.28	104.37
45-49	55.09	68.13	79.73	86.98	115.97
50-54	73.93	89.88	102.92	110.17	147.86
55	84.08	104.37	117.42	129.02	175.40
56	88.43	108.72	124.67	136.26	187.00
57	94.23	115.97	133.36	146.41	201.50
58	100.02	124.67	143.51	158.01	215.99
59	108.72	134.81	155.11	171.05	233.39
60	117.42	146.41	168.16	184.10	252.23
61	127.57	158.01	184.10	200.05	271.08
62	137.71	172.50	200.05	215.99	292.82
63	147.86	184.10	214.54	233.39	316.02
64	158.01	197.15	230.49	249.33	337.76
65	171.05	211.64	244.99	268.18	363.85
66	184.10	226.14	263.83	288.47	392.85
67	200.05	247.88	288.47	313.12	426.19
68	215.99	269.63	316.02	342.11	465.33
69	234.84	295.72	345.01	375.45	508.82
70	255.13	321.81	376.90	411.69	556.65
71	279.78	355.16	414.59	453.73	608.84
72	308.77	392.85	458.08	501.57	672.62
73	340.66	434.88	508.82	556.65	742.20
74	378.35	481.27	563.90	617.54	820.48
75	417.49	533.46	624.78	684.22	906.01
76	460.98	589.99	688.57	755.25	997.34
77	505.92	649.43	761.05	833.53	1095.91
78	553.75	714.66	837.88	917.61	1201.73
79	605.94	784.24	917.61	1007.48	1316.25
80	658.13				
81	714.66				
82	772.65				
83	833.53				
84	898.76				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.43	75.38	85.53	94.23	123.22
45-49	66.68	81.18	95.67	104.37	136.26
50-54	84.08	104.37	121.77	131.92	172.50
55	97.12	121.77	137.71	152.21	204.40
56	102.92	127.57	146.41	158.01	218.89
57	107.27	134.81	155.11	168.16	231.94
58	115.97	144.96	166.71	182.65	249.33
59	124.67	156.56	181.20	195.70	266.73
60	134.81	168.16	194.25	211.64	284.12
61	144.96	181.20	210.19	229.04	305.87
62	156.56	195.70	226.14	247.88	329.06
63	166.71	210.19	243.54	263.83	353.71
64	179.75	223.24	260.93	282.68	378.35
65	192.80	240.64	278.33	301.52	405.89
66	205.85	258.03	298.62	326.16	437.78
67	223.24	279.78	326.16	353.71	475.47
68	242.09	302.97	355.16	385.60	520.41
69	262.38	331.96	387.05	421.84	568.25
70	287.02	363.85	424.74	462.43	621.89
71	313.12	398.64	465.33	508.82	682.77
72	345.01	440.68	514.61	562.45	752.35
73	379.80	485.62	569.70	621.89	830.63
74	421.84	539.26	630.58	690.02	917.61
75	465.33	595.79	697.27	763.95	1011.83
76	513.16	656.68	769.75	843.68	1114.75
77	562.45	723.36	848.03	930.65	1224.93
78	616.09	792.94	930.65	1023.43	1342.34
79	669.72	869.77	1021.98	1122.00	1468.46
80	727.71				
81	788.59				
82	852.37				
83	919.06				
84	988.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	65.23	79.73	92.78	100.02	131.92
45-49	71.03	88.43	102.92	110.17	144.96
50-54	88.43	110.17	127.57	139.16	182.65
55	102.92	127.57	146.41	160.91	215.99
56	107.27	134.81	155.11	168.16	230.49
57	114.52	143.51	165.26	179.75	244.99
58	123.22	153.66	176.85	192.80	262.38
59	131.92	165.26	191.35	205.85	279.78
60	142.06	176.85	205.85	223.24	298.62
61	152.21	191.35	221.79	240.64	320.37
62	163.81	205.85	239.19	259.48	345.01
63	175.40	221.79	255.13	278.33	369.65
64	187.00	234.84	272.53	297.17	395.75
65	201.50	252.23	291.37	317.47	424.74
66	214.54	271.08	313.12	340.66	456.63
67	233.39	292.82	340.66	369.65	498.67
68	253.68	318.92	371.10	404.44	543.61
69	273.98	347.91	405.89	442.13	592.89
70	300.07	379.80	445.03	484.17	649.43
71	327.61	417.49	487.07	532.01	713.21
72	359.50	460.98	539.26	588.54	785.69
73	397.19	508.82	597.24	650.88	868.32
74	440.68	562.45	659.58	721.91	958.20
75	485.62	620.44	727.71	798.74	1056.77
76	534.91	685.67	803.09	881.37	1165.49
77	587.09	753.80	885.72	972.69	1278.56
78	640.73	827.73	972.69	1069.82	1401.78
79	697.27	907.46	1065.47	1171.29	1533.69
80	756.70				
81	820.48				
82	887.16				
83	955.30				
84	1026.33				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.05	43.49	50.74	54.36	68.86
45-49	41.68	48.92	56.17	59.80	76.10
50-54	50.74	59.80	68.86	74.29	94.23
55	57.98	68.86	79.73	85.16	112.35
56	61.61	74.29	85.16	90.60	119.59
57	67.04	79.73	90.60	97.85	128.65
58	72.48	86.98	97.85	106.91	139.53
59	79.73	94.23	106.91	115.97	152.21
60	86.98	103.29	117.78	128.65	164.89
61	94.23	114.16	128.65	139.53	179.39
62	101.47	123.22	139.53	152.21	195.70
63	108.72	132.28	150.40	163.08	210.19
64	115.97	141.34	161.27	173.95	226.50
65	123.22	152.21	172.14	186.64	242.81
66	134.09	163.08	186.64	201.13	262.74
67	144.96	177.58	202.95	219.25	286.30
68	157.65	193.89	222.88	241.00	315.29
69	172.14	212.01	244.62	264.55	346.10
70	188.45	231.94	268.18	291.74	380.52
71	208.38	257.31	297.17	324.35	420.39
72	231.94	286.30	331.60	362.40	469.31
73	259.12	320.73	371.46	405.89	525.49
74	288.11	358.78	416.76	454.82	587.09
75	322.54	402.27	467.50	509.18	654.14
76	358.78	449.38	521.86	568.97	728.43
77	398.64	500.12	581.66	632.39	809.97
78	442.13	556.29	646.89	701.25	896.95
79	489.25	614.27	715.75	775.54	991.17
80	538.17				
81	592.53				
82	648.70				
83	708.50				
84	771.92				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.30	54.36	61.61	65.23	83.35
45-49	48.92	59.80	67.04	72.48	92.41
50-54	57.98	70.67	81.54	88.79	115.97
55	68.86	81.54	92.41	99.66	132.28
56	72.48	86.98	97.85	105.10	139.53
57	77.92	92.41	105.10	112.35	148.59
58	83.35	99.66	112.35	121.41	159.46
59	90.60	108.72	123.22	132.28	172.14
60	97.85	117.78	134.09	144.96	188.45
61	105.10	128.65	146.77	157.65	202.95
62	114.16	137.71	159.46	172.14	221.07
63	123.22	148.59	170.33	183.01	237.37
64	130.47	159.46	181.20	197.51	255.49
65	139.53	172.14	193.89	210.19	275.43
66	150.40	183.01	210.19	228.31	297.17
67	163.08	201.13	228.31	248.25	324.35
68	177.58	219.25	250.06	273.62	355.16
69	193.89	239.19	275.43	298.98	391.40
70	212.01	262.74	302.61	327.98	429.45
71	231.94	289.92	335.22	364.22	476.56
72	259.12	322.54	373.28	407.70	530.92
73	288.11	360.59	418.58	454.82	592.53
74	320.73	404.08	469.31	510.99	661.39
75	358.78	451.19	525.49	570.79	737.49
76	398.64	501.93	587.09	639.64	822.66
77	443.94	559.91	652.33	710.31	913.26
78	491.06	621.52	724.81	788.23	1009.30
79	541.79	688.57	802.72	873.39	1116.20
80	596.15				
81	654.14				
82	713.94				
83	779.17				
84	848.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.11	57.98	65.23	70.67	90.60
45-49	52.55	63.42	72.48	77.92	99.66
50-54	61.61	76.10	86.98	94.23	125.03
55	72.48	86.98	97.85	106.91	139.53
56	76.10	92.41	103.29	112.35	146.77
57	81.54	97.85	110.53	119.59	155.83
58	86.98	105.10	119.59	128.65	168.52
59	94.23	114.16	130.47	139.53	181.20
60	103.29	123.22	141.34	152.21	197.51
61	110.53	134.09	154.02	164.89	213.82
62	119.59	144.96	166.71	179.39	231.94
63	128.65	155.83	179.39	192.07	250.06
64	135.90	166.71	190.26	206.57	268.18
65	146.77	179.39	202.95	221.07	288.11
66	157.65	192.07	219.25	239.19	311.67
67	170.33	210.19	239.19	260.93	340.66
68	184.83	230.13	262.74	286.30	373.28
69	202.95	250.06	288.11	313.48	409.52
70	221.07	275.43	317.10	344.28	451.19
71	242.81	302.61	351.53	382.34	500.12
72	269.99	337.04	391.40	425.82	556.29
73	300.80	376.90	438.51	476.56	621.52
74	335.22	422.20	491.06	534.55	694.00
75	375.09	471.13	549.04	597.97	773.73
76	416.76	525.49	614.27	668.64	862.52
77	462.07	585.28	683.13	744.74	956.75
78	510.99	648.70	757.42	826.28	1058.22
79	563.54	719.37	838.97	915.07	1168.75
80	619.71				
81	679.51				
82	742.93				
83	809.97				
84	880.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.48	88.79	101.47	108.72	148.59
45-49	79.73	97.85	112.35	121.41	164.89
50-54	97.85	121.41	139.53	154.02	210.19
55	114.16	141.34	163.08	177.58	242.81
56	119.59	148.59	172.14	188.45	257.31
57	126.84	157.65	183.01	199.32	271.80
58	135.90	168.52	195.70	212.01	288.11
59	143.15	179.39	208.38	226.50	306.23
60	154.02	192.07	221.07	241.00	326.16
61	164.89	204.76	237.37	257.31	347.91
62	175.77	219.25	253.68	275.43	371.46
63	186.64	233.75	271.80	293.55	396.83
64	199.32	248.25	288.11	313.48	422.20
65	212.01	264.55	308.04	335.22	451.19
66	226.50	284.49	329.79	358.78	485.62
67	244.62	306.23	356.97	387.77	523.67
68	264.55	331.60	385.96	420.39	567.16
69	284.49	358.78	416.76	454.82	612.46
70	308.04	389.58	453.01	494.68	665.01
71	333.41	424.01	492.87	538.17	723.00
72	364.22	463.88	539.98	590.72	790.04
73	400.46	509.18	594.34	650.52	866.15
74	440.32	559.91	654.14	715.75	949.50
75	483.81	614.27	719.37	786.42	1041.91
76	529.11	674.07	790.04	866.15	1141.57
77	578.03	739.30	867.96	949.50	1248.48
78	628.77	808.16	951.31	1040.10	1362.64
79	683.13	882.45	1040.10	1136.14	1485.86
80	739.30				
81	797.29				
82	858.90				
83	922.32				
84	989.36				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	83.35	103.29	119.59	130.47	172.14
45-49	92.41	115.97	132.28	144.96	192.07
50-54	114.16	143.15	164.89	179.39	242.81
55	128.65	163.08	188.45	204.76	279.05
56	134.09	172.14	199.32	215.63	293.55
57	141.34	181.20	210.19	228.31	308.04
58	150.40	192.07	222.88	242.81	326.16
59	161.27	202.95	235.56	259.12	346.10
60	173.95	215.63	251.87	273.62	366.03
61	184.83	230.13	268.18	291.74	391.40
62	197.51	246.43	286.30	311.67	416.76
63	210.19	260.93	306.23	333.41	445.76
64	222.88	279.05	324.35	355.16	474.75
65	237.37	297.17	347.91	378.71	507.37
66	253.68	318.92	371.46	405.89	543.61
67	271.80	344.28	402.27	438.51	587.09
68	293.55	371.46	434.88	474.75	636.02
69	317.10	404.08	469.31	514.61	686.76
70	344.28	438.51	510.99	559.91	744.74
71	373.28	476.56	556.29	608.84	809.97
72	407.70	521.86	608.84	666.82	886.08
73	447.57	570.79	668.64	733.87	969.43
74	491.06	626.96	733.87	804.54	1061.84
75	538.17	688.57	806.35	882.45	1165.13
76	588.91	751.99	884.27	969.43	1275.66
77	641.46	824.47	967.62	1061.84	1393.44
78	697.63	898.76	1060.03	1159.69	1520.28
79	755.61	982.11	1154.26	1264.79	1654.37
80	817.22				
81	880.64				
82	945.87				
83	1016.54				
84	1089.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	88.79	110.53	126.84	139.53	183.01
45-49	97.85	123.22	141.34	155.83	202.95
50-54	121.41	152.21	175.77	190.26	257.31
55	135.90	172.14	199.32	217.44	293.55
56	141.34	181.20	210.19	228.31	308.04
57	148.59	190.26	221.07	241.00	324.35
58	157.65	201.13	233.75	255.49	342.47
59	168.52	213.82	248.25	271.80	362.40
60	181.20	226.50	264.55	288.11	384.15
61	193.89	241.00	280.86	306.23	409.52
62	206.57	257.31	300.80	327.98	436.70
63	219.25	273.62	320.73	349.72	465.69
64	233.75	291.74	340.66	373.28	496.49
65	248.25	311.67	364.22	396.83	530.92
66	264.55	333.41	389.58	425.82	568.97
67	284.49	360.59	420.39	460.25	614.27
68	306.23	389.58	454.82	498.31	665.01
69	331.60	422.20	492.87	539.98	719.37
70	358.78	458.44	534.55	587.09	779.17
71	389.58	498.31	583.47	639.64	848.03
72	425.82	545.42	637.83	699.44	925.94
73	467.50	597.97	699.44	768.30	1014.73
74	512.80	655.95	768.30	842.59	1110.77
75	561.73	719.37	842.59	924.13	1217.68
76	614.27	786.42	924.13	1012.92	1331.83
77	668.64	860.71	1011.11	1108.96	1455.05
78	726.62	938.63	1105.33	1210.43	1587.33
79	786.42	1023.79	1203.18	1320.96	1726.86
80	849.84				
81	915.07				
82	983.93				
83	1056.41				
84	1130.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.55	65.23	76.10	83.35	110.53
45-49	57.98	72.48	85.16	92.41	123.22
50-54	77.92	96.04	108.72	117.78	157.65
55	88.79	110.53	125.03	137.71	186.64
56	94.23	115.97	132.28	144.96	199.32
57	99.66	123.22	141.34	155.83	213.82
58	106.91	132.28	152.21	168.52	230.13
59	115.97	143.15	164.89	181.20	248.25
60	125.03	155.83	179.39	195.70	268.18
61	135.90	168.52	195.70	212.01	288.11
62	146.77	183.01	212.01	230.13	311.67
63	157.65	195.70	228.31	248.25	335.22
64	168.52	210.19	244.62	264.55	358.78
65	181.20	224.69	260.93	284.49	385.96
66	195.70	241.00	280.86	306.23	416.76
67	212.01	262.74	306.23	333.41	453.01
68	230.13	286.30	335.22	364.22	494.68
69	250.06	313.48	366.03	398.64	539.98
70	271.80	342.47	400.46	436.70	590.72
71	297.17	376.90	440.32	482.00	646.89
72	327.98	416.76	487.43	532.73	713.94
73	362.40	462.07	539.98	590.72	788.23
74	402.27	510.99	599.78	655.95	871.58
75	443.94	567.16	663.20	726.62	962.18
76	489.25	626.96	732.06	802.72	1060.03
77	538.17	690.38	808.16	886.08	1165.13
78	588.91	759.24	889.70	974.87	1277.47
79	643.27	833.53	974.87	1070.90	1398.88
80	699.44				
81	759.24				
82	820.85				
83	886.08				
84	954.93				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.42	79.73	90.60	99.66	130.47
45-49	70.67	86.98	101.47	110.53	144.96
50-54	88.79	110.53	128.65	139.53	183.01
55	103.29	128.65	146.77	161.27	217.44
56	108.72	135.90	155.83	168.52	231.94
57	114.16	143.15	164.89	179.39	246.43
58	123.22	154.02	177.58	193.89	264.55
59	132.28	166.71	192.07	208.38	282.68
60	143.15	179.39	206.57	224.69	302.61
61	154.02	192.07	222.88	242.81	324.35
62	166.71	208.38	241.00	262.74	349.72
63	177.58	222.88	259.12	280.86	375.09
64	190.26	237.37	277.24	300.80	402.27
65	204.76	255.49	295.36	320.73	431.26
66	219.25	273.62	317.10	346.10	465.69
67	237.37	297.17	346.10	375.09	505.55
68	257.31	322.54	376.90	409.52	552.67
69	279.05	353.34	411.33	447.57	603.40
70	304.42	385.96	451.19	491.06	661.39
71	333.41	424.01	494.68	539.98	724.81
72	366.03	467.50	547.23	597.97	799.10
73	404.08	516.43	605.21	661.39	882.45
74	447.57	572.60	670.45	733.87	974.87
75	494.68	632.39	741.12	811.78	1074.53
76	545.42	697.63	817.22	896.95	1185.06
77	597.97	768.30	900.57	989.36	1301.03
78	654.14	842.59	989.36	1087.21	1426.06
79	712.12	924.13	1085.40	1192.31	1560.15
80	773.73				
81	837.15				
82	906.01				
83	976.68				
84	1050.97				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.86	85.16	97.85	106.91	139.53
45-49	76.10	94.23	108.72	117.78	154.02
50-54	94.23	117.78	135.90	148.59	193.89
55	108.72	135.90	155.83	170.33	230.13
56	114.16	143.15	164.89	179.39	244.62
57	121.41	152.21	175.77	190.26	260.93
58	130.47	163.08	188.45	204.76	279.05
59	139.53	175.77	202.95	219.25	297.17
60	150.40	188.45	219.25	237.37	317.10
61	161.27	202.95	235.56	255.49	340.66
62	173.95	219.25	253.68	275.43	366.03
63	186.64	235.56	271.80	295.36	393.21
64	199.32	250.06	289.92	315.29	420.39
65	213.82	268.18	309.86	337.04	451.19
66	228.31	288.11	333.41	362.40	485.62
67	248.25	311.67	362.40	393.21	529.11
68	269.99	338.85	395.02	429.45	578.03
69	291.74	369.65	431.26	469.31	630.58
70	318.92	404.08	472.94	514.61	690.38
71	347.91	443.94	518.24	565.35	757.42
72	382.34	489.25	572.60	625.15	835.34
73	422.20	539.98	634.21	692.19	922.32
74	467.50	597.97	701.25	766.48	1018.36
75	516.43	659.58	773.73	848.03	1123.45
76	568.97	728.43	853.46	936.81	1237.61
77	623.33	800.91	940.44	1032.85	1359.02
78	681.32	878.83	1032.85	1136.14	1489.48
79	741.12	963.99	1132.51	1244.86	1629.01
80	804.54				
81	871.58				
82	942.25				
83	1014.73				
84	1090.84				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.30	50.74	59.80	63.42	81.54
45-49	48.92	57.98	65.23	70.67	88.79
50-54	59.80	70.67	81.54	86.98	110.53
55	68.86	81.54	94.23	99.66	132.28
56	72.48	86.98	99.66	106.91	141.34
57	79.73	94.23	106.91	115.97	152.21
58	85.16	101.47	115.97	125.03	164.89
59	94.23	110.53	125.03	135.90	179.39
60	101.47	121.41	137.71	152.21	193.89
61	110.53	134.09	152.21	164.89	210.19
62	119.59	144.96	164.89	179.39	230.13
63	128.65	155.83	177.58	192.07	246.43
64	135.90	166.71	190.26	204.76	266.37
65	144.96	179.39	202.95	219.25	286.30
66	157.65	192.07	219.25	237.37	309.86
67	170.33	208.38	239.19	257.31	337.04
68	184.83	228.31	262.74	282.68	371.46
69	202.95	250.06	288.11	311.67	407.70
70	221.07	273.62	315.29	342.47	447.57
71	244.62	302.61	349.72	382.34	494.68
72	273.62	337.04	389.58	425.82	552.67
73	304.42	376.90	436.70	478.37	617.90
74	338.85	422.20	491.06	534.55	690.38
75	378.71	472.94	550.85	599.78	770.11
76	422.20	529.11	614.27	668.64	857.09
77	469.31	588.91	684.94	744.74	953.12
78	520.05	654.14	761.05	824.47	1054.60
79	576.22	723.00	842.59	913.26	1166.94
80	632.39				
81	697.63				
82	762.86				
83	833.53				
84	907.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.55	63.42	72.48	76.10	97.85
45-49	57.98	70.67	79.73	85.16	108.72
50-54	68.86	83.35	96.04	105.10	135.90
55	81.54	96.04	108.72	117.78	155.83
56	85.16	101.47	115.97	123.22	164.89
57	92.41	108.72	123.22	132.28	173.95
58	97.85	117.78	132.28	143.15	188.45
59	106.91	128.65	144.96	155.83	202.95
60	115.97	137.71	157.65	170.33	221.07
61	123.22	152.21	172.14	184.83	239.19
62	134.09	161.27	188.45	202.95	260.93
63	144.96	173.95	201.13	215.63	279.05
64	154.02	188.45	213.82	231.94	300.80
65	164.89	202.95	228.31	246.43	324.35
66	177.58	215.63	246.43	268.18	349.72
67	192.07	237.37	268.18	291.74	382.34
68	208.38	257.31	293.55	322.54	418.58
69	228.31	280.86	324.35	351.53	460.25
70	250.06	309.86	355.16	385.96	505.55
71	273.62	340.66	395.02	427.64	559.91
72	304.42	378.71	438.51	480.19	625.15
73	338.85	424.01	492.87	534.55	697.63
74	376.90	474.75	552.67	601.59	777.36
75	422.20	530.92	617.90	672.26	867.96
76	469.31	590.72	690.38	751.99	967.62
77	521.86	659.58	768.30	835.34	1074.53
78	578.03	732.06	853.46	927.75	1186.87
79	637.83	809.97	944.06	1027.42	1313.71
80	701.25				
81	770.11				
82	840.78				
83	916.88				
84	998.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.17	68.86	76.10	83.35	106.91
45-49	61.61	74.29	85.16	92.41	117.78
50-54	72.48	88.79	101.47	110.53	146.77
55	85.16	101.47	115.97	125.03	164.89
56	88.79	108.72	121.41	132.28	172.14
57	96.04	115.97	130.47	141.34	183.01
58	101.47	123.22	141.34	152.21	197.51
59	110.53	134.09	154.02	164.89	213.82
60	121.41	144.96	166.71	179.39	231.94
61	130.47	157.65	181.20	193.89	251.87
62	141.34	170.33	195.70	210.19	273.62
63	152.21	183.01	210.19	226.50	293.55
64	159.46	195.70	224.69	242.81	315.29
65	172.14	210.19	239.19	260.93	338.85
66	184.83	226.50	257.31	280.86	366.03
67	201.13	246.43	280.86	306.23	400.46
68	217.44	269.99	309.86	337.04	438.51
69	239.19	293.55	338.85	369.65	482.00
70	260.93	324.35	373.28	405.89	530.92
71	286.30	355.16	413.14	449.38	588.91
72	317.10	396.83	460.25	500.12	654.14
73	353.34	443.94	516.43	559.91	732.06
74	395.02	496.49	578.03	628.77	817.22
75	442.13	554.48	645.08	703.06	909.63
76	491.06	617.90	723.00	786.42	1014.73
77	543.61	688.57	804.54	877.02	1125.26
78	601.59	762.86	891.51	971.24	1244.86
79	663.20	846.21	987.55	1076.34	1375.32
80	728.43				
81	799.10				
82	873.39				
83	953.12				
84	1036.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	85.16	105.10	119.59	128.65	173.95
45-49	94.23	115.97	132.28	143.15	193.89
50-54	115.97	143.15	164.89	181.20	246.43
55	134.09	166.71	192.07	208.38	286.30
56	141.34	173.95	202.95	221.07	302.61
57	148.59	184.83	215.63	233.75	318.92
58	159.46	197.51	230.13	250.06	338.85
59	168.52	210.19	244.62	266.37	360.59
60	181.20	226.50	260.93	282.68	384.15
61	193.89	241.00	279.05	302.61	409.52
62	206.57	257.31	298.98	324.35	436.70
63	219.25	275.43	318.92	346.10	467.50
64	233.75	291.74	338.85	369.65	496.49
65	250.06	311.67	362.40	395.02	530.92
66	266.37	335.22	387.77	422.20	570.79
67	288.11	360.59	420.39	456.63	616.09
68	311.67	389.58	454.82	494.68	666.82
69	335.22	422.20	491.06	534.55	721.18
70	362.40	458.44	532.73	581.66	782.79
71	391.40	498.31	579.85	632.39	849.84
72	427.64	545.42	636.02	695.82	929.57
73	471.13	599.78	699.44	764.67	1018.36
74	518.24	659.58	770.11	842.59	1116.20
75	568.97	723.00	846.21	925.94	1224.93
76	623.33	793.66	929.57	1018.36	1342.71
77	679.51	869.77	1021.98	1116.20	1469.55
78	739.30	951.31	1119.83	1223.11	1603.64
79	804.54	1038.29	1223.11	1337.27	1748.60
80	869.77				
81	938.63				
82	1011.11				
83	1085.40				
84	1163.32				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	97.85	121.41	141.34	154.02	202.95
45-49	108.72	135.90	155.83	170.33	226.50
50-54	134.09	168.52	193.89	210.19	286.30
55	152.21	192.07	221.07	241.00	327.98
56	157.65	202.95	233.75	253.68	346.10
57	166.71	213.82	246.43	268.18	362.40
58	177.58	226.50	262.74	286.30	384.15
59	190.26	239.19	277.24	304.42	407.70
60	204.76	253.68	297.17	322.54	431.26
61	217.44	269.99	315.29	342.47	460.25
62	231.94	289.92	337.04	366.03	491.06
63	246.43	306.23	360.59	391.40	523.67
64	262.74	327.98	382.34	418.58	558.10
65	279.05	349.72	409.52	445.76	596.15
66	298.98	375.09	436.70	478.37	639.64
67	318.92	405.89	472.94	516.43	690.38
68	346.10	436.70	510.99	558.10	748.36
69	373.28	474.75	552.67	605.21	808.16
70	405.89	516.43	601.59	659.58	877.02
71	438.51	559.91	654.14	715.75	953.12
72	480.19	614.27	715.75	784.60	1041.91
73	527.30	672.26	786.42	862.52	1139.76
74	578.03	737.49	862.52	945.87	1248.48
75	632.39	809.97	949.50	1038.29	1369.89
76	692.19	884.27	1040.10	1139.76	1500.35
77	753.80	969.43	1137.95	1248.48	1639.88
78	820.85	1058.22	1246.67	1364.45	1788.46
79	889.70	1156.07	1357.20	1487.67	1946.11
80	962.18				
81	1036.48				
82	1112.58				
83	1195.93				
84	1281.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	105.10	130.47	148.59	164.89	215.63
45-49	115.97	144.96	166.71	183.01	239.19
50-54	143.15	179.39	206.57	224.69	302.61
55	159.46	202.95	233.75	255.49	346.10
56	166.71	213.82	246.43	268.18	362.40
57	173.95	224.69	260.93	282.68	382.34
58	184.83	237.37	275.43	300.80	402.27
59	197.51	251.87	291.74	318.92	425.82
60	213.82	266.37	311.67	338.85	451.19
61	228.31	282.68	329.79	360.59	482.00
62	242.81	302.61	353.34	385.96	514.61
63	257.31	322.54	376.90	411.33	547.23
64	275.43	342.47	400.46	438.51	583.47
65	291.74	366.03	427.64	467.50	625.15
66	311.67	391.40	458.44	500.12	668.64
67	335.22	424.01	494.68	541.79	723.00
68	360.59	458.44	534.55	587.09	782.79
69	389.58	496.49	579.85	636.02	846.21
70	422.20	539.98	628.77	690.38	916.88
71	458.44	587.09	686.76	751.99	998.42
72	500.12	641.46	750.18	822.66	1089.02
73	550.85	703.06	822.66	904.20	1194.12
74	603.40	771.92	904.20	991.17	1306.47
75	661.39	846.21	991.17	1087.21	1433.31
76	723.00	925.94	1087.21	1192.31	1567.40
77	786.42	1012.92	1188.69	1304.65	1712.36
78	855.27	1103.52	1301.03	1424.25	1868.19
79	925.94	1204.99	1415.19	1554.71	2031.27
80	1000.24				
81	1076.34				
82	1157.88				
83	1243.05				
84	1330.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.61	76.10	88.79	97.85	130.47
45-49	68.86	85.16	99.66	108.72	144.96
50-54	92.41	112.35	128.65	137.71	184.83
55	105.10	130.47	146.77	161.27	219.25
56	110.53	135.90	155.83	170.33	233.75
57	117.78	144.96	166.71	183.01	251.87
58	125.03	155.83	179.39	197.51	269.99
59	135.90	168.52	193.89	213.82	291.74
60	146.77	183.01	210.19	230.13	315.29
61	159.46	197.51	230.13	250.06	338.85
62	172.14	215.63	250.06	269.99	366.03
63	184.83	230.13	268.18	291.74	395.02
64	197.51	246.43	288.11	311.67	422.20
65	213.82	264.55	306.23	335.22	454.82
66	230.13	282.68	329.79	360.59	491.06
67	250.06	309.86	360.59	391.40	532.73
68	269.99	337.04	395.02	427.64	581.66
69	293.55	369.65	431.26	469.31	636.02
70	318.92	402.27	471.13	514.61	695.82
71	349.72	443.94	518.24	567.16	761.05
72	385.96	491.06	572.60	626.96	840.78
73	425.82	543.61	636.02	695.82	927.75
74	472.94	601.59	704.88	771.92	1025.60
75	521.86	666.82	780.98	855.27	1132.51
76	576.22	737.49	860.71	944.06	1246.67
77	632.39	811.78	951.31	1041.91	1369.89
78	692.19	893.33	1047.35	1147.01	1502.16
79	757.42	980.30	1147.01	1259.35	1645.31
80	822.66				
81	893.33				
82	965.81				
83	1041.91				
84	1123.45				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74.29	94.23	106.91	117.78	154.02
45-49	83.35	101.47	119.59	130.47	170.33
50-54	105.10	130.47	152.21	164.89	215.63
55	121.41	152.21	172.14	190.26	255.49
56	128.65	159.46	183.01	197.51	273.62
57	134.09	168.52	193.89	210.19	289.92
58	144.96	181.20	208.38	228.31	311.67
59	155.83	195.70	226.50	244.62	333.41
60	168.52	210.19	242.81	264.55	355.16
61	181.20	226.50	262.74	286.30	382.34
62	195.70	244.62	282.68	309.86	411.33
63	208.38	262.74	304.42	329.79	442.13
64	224.69	279.05	326.16	353.34	472.94
65	241.00	300.80	347.91	376.90	507.37
66	257.31	322.54	373.28	407.70	547.23
67	279.05	349.72	407.70	442.13	594.34
68	302.61	378.71	443.94	482.00	650.52
69	327.98	414.95	483.81	527.30	710.31
70	358.78	454.82	530.92	578.03	777.36
71	391.40	498.31	581.66	636.02	853.46
72	431.26	550.85	643.27	703.06	940.44
73	474.75	607.03	712.12	777.36	1038.29
74	527.30	674.07	788.23	862.52	1147.01
75	581.66	744.74	871.58	954.93	1264.79
76	641.46	820.85	962.18	1054.60	1393.44
77	703.06	904.20	1060.03	1163.32	1531.16
78	770.11	991.17	1163.32	1279.29	1677.93
79	837.15	1087.21	1277.47	1402.50	1835.58
80	909.63				
81	985.74				
82	1065.47				
83	1148.82				
84	1235.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium with 44.96% Increase per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	81.54	99.66	115.97	125.03	164.89
45-49	88.79	110.53	128.65	137.71	181.20
50-54	110.53	137.71	159.46	173.95	228.31
55	128.65	159.46	183.01	201.13	269.99
56	134.09	168.52	193.89	210.19	288.11
57	143.15	179.39	206.57	224.69	306.23
58	154.02	192.07	221.07	241.00	327.98
59	164.89	206.57	239.19	257.31	349.72
60	177.58	221.07	257.31	279.05	373.28
61	190.26	239.19	277.24	300.80	400.46
62	204.76	257.31	298.98	324.35	431.26
63	219.25	277.24	318.92	347.91	462.07
64	233.75	293.55	340.66	371.46	494.68
65	251.87	315.29	364.22	396.83	530.92
66	268.18	338.85	391.40	425.82	570.79
67	291.74	366.03	425.82	462.07	623.33
68	317.10	398.64	463.88	505.55	679.51
69	342.47	434.88	507.37	552.67	741.12
70	375.09	474.75	556.29	605.21	811.78
71	409.52	521.86	608.84	665.01	891.51
72	449.38	576.22	674.07	735.68	982.11
73	496.49	636.02	746.55	813.60	1085.40
74	550.85	703.06	824.47	902.39	1197.75
75	607.03	775.54	909.63	998.42	1320.96
76	668.64	857.09	1003.86	1101.71	1456.86
77	733.87	942.25	1107.14	1215.87	1598.20
78	800.91	1034.66	1215.87	1337.27	1752.22
79	871.58	1134.32	1331.83	1464.11	1917.12
80	945.87				
81	1025.60				
82	1108.96				
83	1194.12				
84	1282.91				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0075-A45
Virginia

	First Year	Second Year
All rates for this form should be multiplied by a factor of:	1.2040	1.4496

	First Year	Second Year
This factor represents the **proposed** increase of:	20.4%	20.4%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2015

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17.34	19.38	22.44	23.46	24.48
45-49	19.38	21.42	24.48	25.50	27.54
50-54	23.46	26.52	29.58	31.62	35.70
55	26.52	30.60	34.68	37.74	44.88
56	28.56	32.64	37.74	40.80	48.96
57	30.60	35.70	40.80	43.86	54.06
58	33.66	38.76	44.88	47.94	59.16
59	36.72	42.84	48.96	52.02	65.28
60	40.80	47.94	54.06	57.12	71.40
61	43.86	52.02	59.16	62.22	77.52
62	47.94	57.12	64.26	68.34	84.66
63	51.00	61.20	69.36	73.44	90.78
64	54.06	65.28	74.46	79.56	96.90
65	58.14	69.36	79.56	85.68	104.04
66	62.22	75.48	85.68	92.82	112.20
67	67.32	81.60	93.84	100.98	122.40
68	73.44	89.76	103.02	111.18	134.64
69	80.58	97.92	113.22	121.38	146.88
70	87.72	107.10	124.44	133.62	162.18
71	96.90	118.32	136.68	147.90	179.52
72	107.10	131.58	151.98	164.22	198.90
73	119.34	146.88	169.32	182.58	221.34
74	132.60	163.20	188.70	204.00	246.84
75	147.90	181.56	209.10	226.44	274.38
76	164.22	201.96	232.56	250.92	303.96
77	181.56	223.38	257.04	277.44	336.60
78	199.92	246.84	283.56	306.00	371.28
79	220.32	271.32	312.12	336.60	409.02
80	240.72				
81	263.16				
82	286.62				
83	311.10				
84	337.62				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.64	39.78	45.90	49.98	60.18
45-49	35.70	43.86	51.00	55.08	67.32
50-54	43.86	54.06	63.24	68.34	85.68
55	53.04	64.26	74.46	79.56	102.00
56	56.10	68.34	78.54	84.66	109.14
57	60.18	73.44	83.64	89.76	116.28
58	64.26	78.54	89.76	95.88	124.44
59	68.34	83.64	95.88	103.02	132.60
60	72.42	89.76	103.02	111.18	141.78
61	77.52	95.88	110.16	119.34	150.96
62	82.62	102.00	118.32	128.52	162.18
63	87.72	109.14	126.48	136.68	173.40
64	93.84	115.26	134.64	145.86	185.64
65	99.96	123.42	142.80	155.04	198.90
66	107.10	131.58	153.00	165.24	213.18
67	115.26	141.78	164.22	177.48	229.50
68	124.44	153.00	177.48	191.76	247.86
69	133.62	165.24	190.74	207.06	267.24
70	144.84	179.52	207.06	224.40	287.64
71	157.08	194.82	224.40	243.78	312.12
72	170.34	212.16	244.80	266.22	339.66
73	185.64	231.54	268.26	291.72	370.26
74	202.98	253.98	293.76	320.28	404.94
75	221.34	277.44	322.32	350.88	441.66
76	240.72	302.94	352.92	384.54	482.46
77	261.12	330.48	385.56	421.26	525.30
78	282.54	360.06	421.26	460.02	571.20
79	304.98	391.68	459.00	501.84	621.18
80	329.46				
81	353.94				
82	380.46				
83	408.00				
84	436.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.46	28.56	32.64	35.70	42.84
45-49	25.50	31.62	36.72	39.78	47.94
50-54	35.70	42.84	49.98	54.06	65.28
55	40.80	49.98	57.12	61.20	78.54
56	42.84	53.04	60.18	65.28	83.64
57	45.90	57.12	64.26	69.36	89.76
58	49.98	62.22	69.36	75.48	96.90
59	54.06	67.32	75.48	81.60	106.08
60	59.16	73.44	82.62	89.76	115.26
61	64.26	79.56	90.78	97.92	125.46
62	69.36	85.68	97.92	106.08	135.66
63	74.46	91.80	105.06	114.24	145.86
64	79.56	97.92	112.20	122.40	157.08
65	84.66	105.06	120.36	130.56	168.30
66	91.80	113.22	129.54	140.76	182.58
67	98.94	122.40	140.76	153.00	197.88
68	107.10	133.62	154.02	167.28	215.22
69	117.30	145.86	168.30	182.58	234.60
70	127.50	159.12	183.60	199.92	257.04
71	139.74	174.42	201.96	219.30	280.50
72	153.00	191.76	222.36	241.74	308.04
73	168.30	211.14	244.80	267.24	338.64
74	185.64	232.56	270.30	294.78	372.30
75	204.00	256.02	297.84	324.36	408.00
76	223.38	281.52	327.42	357.00	447.78
77	243.78	308.04	359.04	391.68	489.60
78	265.20	336.60	392.70	429.42	534.48
79	287.64	367.20	429.42	469.20	582.42
80	312.12				
81	336.60				
82	363.12				
83	390.66				
84	419.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.40	22.44	26.52	27.54	28.56
45-49	22.44	25.50	28.56	29.58	32.64
50-54	27.54	31.62	34.68	36.72	41.82
55	31.62	35.70	40.80	44.88	53.04
56	33.66	38.76	44.88	47.94	57.12
57	35.70	41.82	47.94	52.02	63.24
58	39.78	45.90	53.04	56.10	69.36
59	42.84	49.98	57.12	61.20	76.50
60	47.94	56.10	63.24	67.32	83.64
61	52.02	61.20	69.36	73.44	90.78
62	56.10	67.32	75.48	80.58	99.96
63	60.18	72.42	81.60	86.70	107.10
64	63.24	76.50	87.72	93.84	114.24
65	68.34	81.60	93.84	100.98	122.40
66	73.44	88.74	100.98	109.14	131.58
67	79.56	95.88	110.16	118.32	143.82
68	86.70	106.08	121.38	130.56	158.10
69	94.86	115.26	133.62	142.80	172.38
70	103.02	126.48	146.88	157.08	190.74
71	114.24	138.72	161.16	174.42	211.14
72	126.48	155.04	178.50	192.78	233.58
73	140.76	172.38	198.90	215.22	260.10
74	156.06	191.76	222.36	239.70	290.70
75	174.42	213.18	245.82	266.22	322.32
76	192.78	237.66	273.36	294.78	358.02
77	213.18	263.16	301.92	326.40	395.76
78	235.62	290.70	333.54	360.06	436.56
79	259.08	319.26	367.20	395.76	481.44
80	283.56				
81	310.08				
82	337.62				
83	366.18				
84	396.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.76	46.92	54.06	59.16	70.38
45-49	41.82	52.02	60.18	65.28	79.56
50-54	52.02	63.24	74.46	80.58	100.98
55	62.22	75.48	87.72	93.84	120.36
56	66.30	80.58	92.82	99.96	128.52
57	70.38	86.70	97.92	106.08	136.68
58	75.48	92.82	106.08	113.22	146.88
59	80.58	97.92	113.22	121.38	156.06
60	85.68	106.08	121.38	130.56	167.28
61	90.78	113.22	129.54	140.76	177.48
62	96.90	120.36	138.72	150.96	190.74
63	103.02	128.52	148.92	161.16	204.00
64	110.16	135.66	158.10	171.36	218.28
65	117.30	144.84	168.30	182.58	233.58
66	126.48	155.04	179.52	194.82	250.92
67	135.66	167.28	192.78	209.10	270.30
68	146.88	179.52	209.10	225.42	291.72
69	157.08	194.82	224.40	243.78	314.16
70	170.34	211.14	243.78	264.18	338.64
71	184.62	229.50	264.18	286.62	367.20
72	199.92	249.90	287.64	313.14	399.84
73	218.28	272.34	315.18	342.72	435.54
74	238.68	298.86	345.78	376.38	476.34
75	260.10	326.40	379.44	413.10	519.18
76	283.56	355.98	415.14	452.88	567.12
77	307.02	388.62	453.90	495.72	618.12
78	332.52	423.30	495.72	541.62	672.18
79	359.04	461.04	539.58	590.58	730.32
80	387.60				
81	416.16				
82	447.78				
83	480.42				
84	514.08				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.66	38.76	41.82	49.98
45-49	29.58	36.72	42.84	46.92	56.10
50-54	41.82	49.98	59.16	63.24	76.50
55	47.94	59.16	67.32	72.42	92.82
56	49.98	62.22	70.38	76.50	97.92
57	54.06	67.32	75.48	81.60	106.08
58	59.16	73.44	81.60	88.74	114.24
59	63.24	79.56	88.74	95.88	124.44
60	69.36	86.70	96.90	106.08	135.66
61	75.48	93.84	107.10	115.26	147.90
62	81.60	100.98	115.26	124.44	159.12
63	87.72	108.12	123.42	134.64	171.36
64	93.84	115.26	131.58	143.82	184.62
65	99.96	123.42	141.78	154.02	197.88
66	108.12	133.62	151.98	165.24	215.22
67	116.28	143.82	165.24	179.52	232.56
68	126.48	157.08	181.56	196.86	252.96
69	137.70	171.36	197.88	215.22	276.42
70	149.94	187.68	216.24	235.62	301.92
71	164.22	205.02	237.66	258.06	330.48
72	179.52	225.42	261.12	284.58	362.10
73	197.88	248.88	287.64	314.16	398.82
74	218.28	273.36	318.24	346.80	437.58
75	239.70	300.90	350.88	381.48	480.42
76	263.16	331.50	385.56	420.24	526.32
77	286.62	362.10	422.28	461.04	576.30
78	312.12	395.76	462.06	504.90	628.32
79	338.64	432.48	504.90	551.82	685.44
80	367.20				
81	395.76				
82	427.38				
83	460.02				
84	493.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0076-A45
Virginia

	First Year	Second Year
All rates for this form should be multiplied by a factor of:	1.2040	1.4496

	First Year	Second Year
This factor represents the **proposed** increase of:	20.4%	20.4%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2015

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.68	24.23	28.05	29.33	30.60
45-49	24.23	26.78	30.60	31.88	34.43
50-54	29.33	33.15	36.98	39.53	44.63
55	33.15	38.25	43.35	47.18	56.10
56	35.70	40.80	47.18	51.00	61.20
57	38.25	44.63	51.00	54.83	67.58
58	42.08	48.45	56.10	59.93	73.95
59	45.90	53.55	61.20	65.03	81.60
60	51.00	59.93	67.58	71.40	89.25
61	54.83	65.03	73.95	77.78	96.90
62	59.93	71.40	80.33	85.43	105.83
63	63.75	76.50	86.70	91.80	113.48
64	67.58	81.60	93.08	99.45	121.13
65	72.68	86.70	99.45	107.10	130.05
66	77.78	94.35	107.10	116.03	140.25
67	84.15	102.00	117.30	126.23	153.00
68	91.80	112.20	128.78	138.98	168.30
69	100.73	122.40	141.53	151.73	183.60
70	109.65	133.88	155.55	167.03	202.73
71	121.13	147.90	170.85	184.88	224.40
72	133.88	164.48	189.98	205.28	248.63
73	149.18	183.60	211.65	228.23	276.68
74	165.75	204.00	235.88	255.00	308.55
75	184.88	226.95	261.38	283.05	342.98
76	205.28	252.45	290.70	313.65	379.95
77	226.95	279.23	321.30	346.80	420.75
78	249.90	308.55	354.45	382.50	464.10
79	275.40	339.15	390.15	420.75	511.28
80	300.90				
81	328.95				
82	358.28				
83	388.88				
84	422.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.80	49.73	57.38	62.48	75.23
45-49	44.63	54.83	63.75	68.85	84.15
50-54	54.83	67.58	79.05	85.43	107.10
55	66.30	80.33	93.08	99.45	127.50
56	70.13	85.43	98.18	105.83	136.43
57	75.23	91.80	104.55	112.20	145.35
58	80.33	98.18	112.20	119.85	155.55
59	85.43	104.55	119.85	128.78	165.75
60	90.53	112.20	128.78	138.98	177.23
61	96.90	119.85	137.70	149.18	188.70
62	103.28	127.50	147.90	160.65	202.73
63	109.65	136.43	158.10	170.85	216.75
64	117.30	144.08	168.30	182.33	232.05
65	124.95	154.28	178.50	193.80	248.63
66	133.88	164.48	191.25	206.55	266.48
67	144.08	177.23	205.28	221.85	286.88
68	155.55	191.25	221.85	239.70	309.83
69	167.03	206.55	238.43	258.83	334.05
70	181.05	224.40	258.83	280.50	359.55
71	196.35	243.53	280.50	304.73	390.15
72	212.93	265.20	306.00	332.78	424.58
73	232.05	289.43	335.33	364.65	462.83
74	253.73	317.48	367.20	400.35	506.18
75	276.68	346.80	402.90	438.60	552.08
76	300.90	378.68	441.15	480.68	603.08
77	326.40	413.10	481.95	526.58	656.63
78	353.18	450.08	526.58	575.03	714.00
79	381.23	489.60	573.75	627.30	776.48
80	411.83				
81	442.43				
82	475.58				
83	510.00				
84	545.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.33	35.70	40.80	44.63	53.55
45-49	31.88	39.53	45.90	49.73	59.93
50-54	44.63	53.55	62.48	67.58	81.60
55	51.00	62.48	71.40	76.50	98.18
56	53.55	66.30	75.23	81.60	104.55
57	57.38	71.40	80.33	86.70	112.20
58	62.48	77.78	86.70	94.35	121.13
59	67.58	84.15	94.35	102.00	132.60
60	73.95	91.80	103.28	112.20	144.08
61	80.33	99.45	113.48	122.40	156.83
62	86.70	107.10	122.40	132.60	169.58
63	93.08	114.75	131.33	142.80	182.33
64	99.45	122.40	140.25	153.00	196.35
65	105.83	131.33	150.45	163.20	210.38
66	114.75	141.53	161.93	175.95	228.23
67	123.68	153.00	175.95	191.25	247.35
68	133.88	167.03	192.53	209.10	269.03
69	146.63	182.33	210.38	228.23	293.25
70	159.38	198.90	229.50	249.90	321.30
71	174.68	218.03	252.45	274.13	350.63
72	191.25	239.70	277.95	302.18	385.05
73	210.38	263.93	306.00	334.05	423.30
74	232.05	290.70	337.88	368.48	465.38
75	255.00	320.03	372.30	405.45	510.00
76	279.23	351.90	409.28	446.25	559.73
77	304.73	385.05	448.80	489.60	612.00
78	331.50	420.75	490.88	536.78	668.10
79	359.55	459.00	536.78	586.50	728.03
80	390.15				
81	420.75				
82	453.90				
83	488.33				
84	524.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.50	28.05	33.15	34.43	35.70
45-49	28.05	31.88	35.70	36.98	40.80
50-54	34.43	39.53	43.35	45.90	52.28
55	39.53	44.63	51.00	56.10	66.30
56	42.08	48.45	56.10	59.93	71.40
57	44.63	52.28	59.93	65.03	79.05
58	49.73	57.38	66.30	70.13	86.70
59	53.55	62.48	71.40	76.50	95.63
60	59.93	70.13	79.05	84.15	104.55
61	65.03	76.50	86.70	91.80	113.48
62	70.13	84.15	94.35	100.73	124.95
63	75.23	90.53	102.00	108.38	133.88
64	79.05	95.63	109.65	117.30	142.80
65	85.43	102.00	117.30	126.23	153.00
66	91.80	110.93	126.23	136.43	164.48
67	99.45	119.85	137.70	147.90	179.78
68	108.38	132.60	151.73	163.20	197.63
69	118.58	144.08	167.03	178.50	215.48
70	128.78	158.10	183.60	196.35	238.43
71	142.80	173.40	201.45	218.03	263.93
72	158.10	193.80	223.13	240.98	291.98
73	175.95	215.48	248.63	269.03	325.13
74	195.08	239.70	277.95	299.63	363.38
75	218.03	266.48	307.28	332.78	402.90
76	240.98	297.08	341.70	368.48	447.53
77	266.48	328.95	377.40	408.00	494.70
78	294.53	363.38	416.93	450.08	545.70
79	323.85	399.08	459.00	494.70	601.80
80	354.45				
81	387.60				
82	422.03				
83	457.73				
84	495.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.45	58.65	67.58	73.95	87.98
45-49	52.28	65.03	75.23	81.60	99.45
50-54	65.03	79.05	93.08	100.73	126.23
55	77.78	94.35	109.65	117.30	150.45
56	82.88	100.73	116.03	124.95	160.65
57	87.98	108.38	122.40	132.60	170.85
58	94.35	116.03	132.60	141.53	183.60
59	100.73	122.40	141.53	151.73	195.08
60	107.10	132.60	151.73	163.20	209.10
61	113.48	141.53	161.93	175.95	221.85
62	121.13	150.45	173.40	188.70	238.43
63	128.78	160.65	186.15	201.45	255.00
64	137.70	169.58	197.63	214.20	272.85
65	146.63	181.05	210.38	228.23	291.98
66	158.10	193.80	224.40	243.53	313.65
67	169.58	209.10	240.98	261.38	337.88
68	183.60	224.40	261.38	281.78	364.65
69	196.35	243.53	280.50	304.73	392.70
70	212.93	263.93	304.73	330.23	423.30
71	230.78	286.88	330.23	358.28	459.00
72	249.90	312.38	359.55	391.43	499.80
73	272.85	340.43	393.98	428.40	544.43
74	298.35	373.58	432.23	470.48	595.43
75	325.13	408.00	474.30	516.38	648.98
76	354.45	444.98	518.93	566.10	708.90
77	383.78	485.78	567.38	619.65	772.65
78	415.65	529.13	619.65	677.03	840.23
79	448.80	576.30	674.48	738.23	912.90
80	484.50				
81	520.20				
82	559.73				
83	600.53				
84	642.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	42.08	48.45	52.28	62.48
45-49	36.98	45.90	53.55	58.65	70.13
50-54	52.28	62.48	73.95	79.05	95.63
55	59.93	73.95	84.15	90.53	116.03
56	62.48	77.78	87.98	95.63	122.40
57	67.58	84.15	94.35	102.00	132.60
58	73.95	91.80	102.00	110.93	142.80
59	79.05	99.45	110.93	119.85	155.55
60	86.70	108.38	121.13	132.60	169.58
61	94.35	117.30	133.88	144.08	184.88
62	102.00	126.23	144.08	155.55	198.90
63	109.65	135.15	154.28	168.30	214.20
64	117.30	144.08	164.48	179.78	230.78
65	124.95	154.28	177.23	192.53	247.35
66	135.15	167.03	189.98	206.55	269.03
67	145.35	179.78	206.55	224.40	290.70
68	158.10	196.35	226.95	246.08	316.20
69	172.13	214.20	247.35	269.03	345.53
70	187.43	234.60	270.30	294.53	377.40
71	205.28	256.28	297.08	322.58	413.10
72	224.40	281.78	326.40	355.73	452.63
73	247.35	311.10	359.55	392.70	498.53
74	272.85	341.70	397.80	433.50	546.98
75	299.63	376.13	438.60	476.85	600.53
76	328.95	414.38	481.95	525.30	657.90
77	358.28	452.63	527.85	576.30	720.38
78	390.15	494.70	577.58	631.13	785.40
79	423.30	540.60	631.13	689.78	856.80
80	459.00				
81	494.70				
82	534.23				
83	575.03				
84	617.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0080-A45
Virginia

	First Year	Second Year
All rates for this form should be multiplied by a factor of:	1.2040	1.4496

	First Year	Second Year
This factor represents the **proposed** increase of:	20.4%	20.4%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2015

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19.95	24.15	26.25	28.35	36.75
45-49	22.05	27.30	29.40	31.50	40.95
50-54	27.30	32.55	36.75	38.85	50.40
55	31.50	37.80	42.00	45.15	59.85
56	33.60	39.90	45.15	48.30	63.00
57	35.70	43.05	48.30	51.45	68.25
58	38.85	46.20	52.50	55.65	73.50
59	42.00	50.40	56.70	60.90	79.80
60	45.15	54.60	61.95	66.15	87.15
61	49.35	58.80	67.20	72.45	94.50
62	53.55	64.05	73.50	78.75	102.90
63	57.75	69.30	78.75	85.05	111.30
64	60.90	73.50	85.05	91.35	118.65
65	65.10	78.75	91.35	97.65	127.05
66	69.30	85.05	98.70	106.05	137.55
67	75.60	92.40	107.10	115.50	150.15
68	82.95	100.80	116.55	127.05	164.85
69	90.30	110.25	128.10	138.60	180.60
70	98.70	120.75	139.65	152.25	198.45
71	108.15	133.35	154.35	168.00	218.40
72	119.70	148.05	171.15	186.90	242.55
73	132.30	164.85	191.10	207.90	269.85
74	147.00	183.75	212.10	232.05	299.25
75	163.80	203.70	236.25	258.30	331.80
76	180.60	225.75	262.50	286.65	367.50
77	199.50	249.90	290.85	317.10	406.35
78	219.45	276.15	321.30	350.70	447.30
79	241.50	303.45	353.85	385.35	491.40
80	264.60				
81	288.75				
82	315.00				
83	342.30				
84	371.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	31.50	32.55	43.05
45-49	26.25	31.50	34.65	36.75	47.25
50-54	30.45	36.75	42.00	45.15	58.80
55	35.70	42.00	47.25	51.45	68.25
56	37.80	44.10	50.40	54.60	71.40
57	39.90	47.25	53.55	57.75	76.65
58	43.05	51.45	57.75	61.95	81.90
59	46.20	55.65	63.00	68.25	88.20
60	49.35	60.90	68.25	73.50	95.55
61	53.55	65.10	74.55	80.85	103.95
62	57.75	70.35	80.85	87.15	112.35
63	61.95	75.60	87.15	93.45	121.80
64	66.15	80.85	92.40	99.75	130.20
65	71.40	86.10	99.75	106.05	139.65
66	75.60	92.40	107.10	114.45	151.20
67	81.90	100.80	115.50	124.95	164.85
68	89.25	109.20	127.05	137.55	180.60
69	97.65	119.70	138.60	150.15	197.40
70	107.10	132.30	151.20	164.85	217.35
71	116.55	144.90	168.00	181.65	239.40
72	129.15	161.70	185.85	202.65	264.60
73	143.85	179.55	206.85	225.75	294.00
74	158.55	199.50	231.00	250.95	325.50
75	176.40	221.55	257.25	279.30	361.20
76	194.25	245.70	285.60	310.80	400.05
77	215.25	270.90	316.05	344.40	442.05
78	236.25	299.25	349.65	381.15	486.15
79	259.35	329.70	384.30	418.95	534.45
80	283.50				
81	309.75				
82	337.05				
83	365.40				
84	395.85				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.15	29.40	33.60	34.65	45.15
45-49	27.30	32.55	36.75	38.85	50.40
50-54	31.50	38.85	44.10	47.25	63.00
55	36.75	44.10	49.35	53.55	71.40
56	38.85	46.20	52.50	56.70	75.60
57	40.95	49.35	55.65	60.90	79.80
58	44.10	53.55	59.85	65.10	86.10
59	47.25	57.75	65.10	71.40	92.40
60	51.45	63.00	71.40	76.65	99.75
61	55.65	68.25	77.70	84.00	108.15
62	59.85	73.50	84.00	90.30	116.55
63	64.05	78.75	90.30	96.60	126.00
64	68.25	84.00	95.55	102.90	134.40
65	73.50	89.25	102.90	110.25	144.90
66	78.75	95.55	110.25	118.65	156.45
67	85.05	103.95	119.70	129.15	171.15
68	92.40	113.40	131.25	141.75	186.90
69	100.80	123.90	142.80	155.40	204.75
70	110.25	136.50	156.45	170.10	224.70
71	120.75	150.15	173.25	187.95	247.80
72	133.35	166.95	192.15	208.95	274.05
73	148.05	185.85	214.20	233.10	304.50
74	163.80	205.80	238.35	259.35	337.05
75	181.65	228.90	265.65	288.75	373.80
76	200.55	254.10	295.05	321.30	413.70
77	221.55	280.35	326.55	355.95	456.75
78	243.60	308.70	361.20	393.75	502.95
79	266.70	340.20	397.95	433.65	552.30
80	291.90				
81	318.15				
82	346.50				
83	375.90				
84	406.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	47.25	54.60	59.85	78.75
45-49	42.00	52.50	60.90	66.15	87.15
50-54	51.45	64.05	74.55	80.85	111.30
55	58.80	74.55	86.10	93.45	129.15
56	61.95	78.75	91.35	98.70	135.45
57	66.15	84.00	96.60	105.00	143.85
58	70.35	89.25	102.90	112.35	152.25
59	75.60	95.55	110.25	119.70	161.70
60	80.85	101.85	117.60	127.05	172.20
61	86.10	109.20	126.00	136.50	183.75
62	92.40	116.55	134.40	145.95	196.35
63	98.70	123.90	142.80	155.40	210.00
64	105.00	132.30	152.25	165.90	223.65
65	111.30	140.70	162.75	176.40	238.35
66	119.70	150.15	173.25	189.00	255.15
67	128.10	161.70	186.90	203.70	275.10
68	137.55	174.30	201.60	220.50	297.15
69	148.05	186.90	218.40	238.35	320.25
70	159.60	202.65	236.25	258.30	345.45
71	173.25	219.45	256.20	280.35	374.85
72	187.95	238.35	279.30	305.55	407.40
73	204.75	260.40	305.55	333.90	444.15
74	223.65	284.55	333.90	365.40	484.05
75	244.65	310.80	364.35	399.00	528.15
76	265.65	340.20	397.95	435.75	575.40
77	288.75	370.65	433.65	475.65	625.80
78	311.85	404.25	471.45	517.65	679.35
79	337.05	438.90	512.40	562.80	737.10
80	363.30				
81	389.55				
82	417.90				
83	447.30				
84	477.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	53.55	61.95	68.25	88.20
45-49	47.25	58.80	69.30	74.55	98.70
50-54	57.75	72.45	85.05	92.40	124.95
55	65.10	82.95	97.65	106.05	142.80
56	68.25	87.15	102.90	111.30	149.10
57	72.45	92.40	108.15	117.60	157.50
58	76.65	97.65	114.45	124.95	166.95
59	81.90	103.95	121.80	132.30	177.45
60	88.20	111.30	129.15	140.70	187.95
61	94.50	118.65	137.55	149.10	200.55
62	100.80	127.05	145.95	159.60	214.20
63	107.10	135.45	155.40	169.05	228.90
64	113.40	143.85	165.90	180.60	242.55
65	120.75	152.25	176.40	192.15	259.35
66	129.15	162.75	189.00	206.85	276.15
67	138.60	175.35	203.70	222.60	298.20
68	149.10	189.00	220.50	241.50	321.30
69	160.65	202.65	237.30	260.40	346.50
70	173.25	220.50	257.25	281.40	373.80
71	186.90	238.35	279.30	305.55	405.30
72	203.70	259.35	303.45	332.85	441.00
73	221.55	283.50	331.80	363.30	480.90
74	241.50	308.70	362.25	396.90	523.95
75	263.55	337.05	394.80	432.60	571.20
76	286.65	367.50	430.50	471.45	620.55
77	309.75	399.00	468.30	513.45	675.15
78	334.95	433.65	509.25	558.60	731.85
79	360.15	470.40	552.30	605.85	793.80
80	388.50				
81	415.80				
82	446.25				
83	476.70				
84	508.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	65.10	71.40	92.40
45-49	49.35	61.95	72.45	78.75	102.90
50-54	60.90	76.65	89.25	96.60	130.20
55	68.25	86.10	101.85	111.30	148.05
56	71.40	90.30	107.10	116.55	155.40
57	75.60	95.55	112.35	122.85	163.80
58	79.80	101.85	118.65	130.20	173.25
59	85.05	108.15	126.00	137.55	183.75
60	91.35	115.50	133.35	145.95	195.30
61	97.65	122.85	141.75	154.35	207.90
62	103.95	131.25	151.20	164.85	221.55
63	110.25	139.65	160.65	175.35	236.25
64	117.60	148.05	171.15	186.90	250.95
65	124.95	157.50	182.70	199.50	267.75
66	133.35	168.00	196.35	214.20	285.60
67	142.80	180.60	211.05	231.00	307.65
68	153.30	195.30	227.85	249.90	331.80
69	165.90	210.00	245.70	269.85	358.05
70	178.50	227.85	265.65	291.90	386.40
71	193.20	246.75	288.75	316.05	418.95
72	210.00	268.80	313.95	344.40	455.70
73	228.90	292.95	342.30	375.90	496.65
74	248.85	319.20	373.80	410.55	540.75
75	270.90	347.55	407.40	447.30	589.05
76	295.05	379.05	444.15	487.20	640.50
77	319.20	411.60	483.00	530.25	696.15
78	344.40	446.25	525.00	576.45	754.95
79	370.65	484.05	569.10	624.75	817.95
80	399.00				
81	427.35				
82	457.80				
83	489.30				
84	521.85				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	40.95	44.10	58.80
45-49	31.50	38.85	45.15	49.35	65.10
50-54	40.95	50.40	57.75	64.05	84.00
55	47.25	57.75	67.20	73.50	99.75
56	49.35	60.90	70.35	76.65	106.05
57	52.50	65.10	75.60	81.90	113.40
58	56.70	70.35	81.90	88.20	121.80
59	60.90	75.60	88.20	95.55	131.25
60	66.15	82.95	95.55	103.95	140.70
61	72.45	89.25	103.95	112.35	152.25
62	77.70	96.60	112.35	121.80	163.80
63	82.95	103.95	120.75	130.20	176.40
64	89.25	111.30	129.15	139.65	189.00
65	94.50	118.65	137.55	149.10	202.65
66	101.85	128.10	148.05	160.65	218.40
67	110.25	138.60	160.65	174.30	237.30
68	119.70	151.20	175.35	190.05	258.30
69	130.20	164.85	191.10	207.90	281.40
70	141.75	179.55	208.95	227.85	307.65
71	155.40	197.40	228.90	249.90	336.00
72	170.10	216.30	252.00	275.10	368.55
73	186.90	238.35	277.20	303.45	405.30
74	205.80	261.45	305.55	333.90	444.15
75	225.75	287.70	336.00	367.50	487.20
76	247.80	315.00	368.55	404.25	534.45
77	269.85	345.45	404.25	443.10	583.80
78	292.95	376.95	442.05	485.10	637.35
79	318.15	411.60	481.95	529.20	693.00
80	344.40				
81	371.70				
82	400.05				
83	429.45				
84	460.95				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	40.95	47.25	50.40	67.20
45-49	36.75	45.15	51.45	56.70	74.55
50-54	45.15	56.70	66.15	72.45	94.50
55	52.50	65.10	75.60	81.90	111.30
56	55.65	69.30	79.80	87.15	117.60
57	58.80	73.50	85.05	92.40	126.00
58	63.00	78.75	91.35	99.75	134.40
59	67.20	84.00	97.65	107.10	143.85
60	72.45	91.35	106.05	115.50	154.35
61	78.75	97.65	114.45	124.95	165.90
62	84.00	105.00	122.85	134.40	177.45
63	90.30	112.35	132.30	143.85	191.10
64	96.60	120.75	140.70	153.30	204.75
65	102.90	129.15	150.15	163.80	218.40
66	111.30	139.65	161.70	176.40	236.25
67	120.75	150.15	175.35	190.05	256.20
68	131.25	163.80	191.10	207.90	279.30
69	141.75	178.50	207.90	226.80	304.50
70	153.30	194.25	226.80	246.75	331.80
71	166.95	213.15	247.80	270.90	363.30
72	182.70	233.10	273.00	298.20	397.95
73	200.55	257.25	300.30	328.65	436.80
74	220.50	282.45	329.70	361.20	479.85
75	242.55	309.75	363.30	397.95	526.05
76	265.65	339.15	399.00	437.85	576.45
77	289.80	371.70	436.80	478.80	630.00
78	313.95	406.35	477.75	523.95	687.75
79	341.25	443.10	520.80	572.25	748.65
80	368.55				
81	397.95				
82	427.35				
83	457.80				
84	491.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.65	43.05	49.35	53.55	71.40
45-49	38.85	47.25	54.60	59.85	78.75
50-54	47.25	58.80	69.30	75.60	98.70
55	54.60	68.25	79.80	86.10	116.55
56	57.75	72.45	84.00	91.35	122.85
57	60.90	76.65	89.25	96.60	131.25
58	65.10	81.90	95.55	103.95	139.65
59	70.35	88.20	101.85	111.30	149.10
60	75.60	94.50	110.25	120.75	159.60
61	80.85	101.85	118.65	130.20	171.15
62	87.15	109.20	127.05	139.65	183.75
63	93.45	116.55	136.50	149.10	197.40
64	99.75	124.95	145.95	159.60	211.05
65	107.10	133.35	155.40	170.10	225.75
66	115.50	143.85	168.00	182.70	243.60
67	124.95	155.40	181.65	197.40	264.60
68	135.45	169.05	197.40	215.25	287.70
69	145.95	183.75	215.25	234.15	313.95
70	158.55	200.55	234.15	255.15	342.30
71	172.20	219.45	256.20	280.35	374.85
72	187.95	240.45	281.40	307.65	410.55
73	206.85	264.60	309.75	339.15	450.45
74	226.80	290.85	340.20	372.75	495.60
75	249.90	319.20	374.85	410.55	542.85
76	273.00	349.65	411.60	451.50	594.30
77	298.20	383.25	450.45	494.55	649.95
78	323.40	418.95	492.45	540.75	708.75
79	350.70	456.75	537.60	591.15	771.75
80	379.05				
81	408.45				
82	438.90				
83	470.40				
84	504.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	30.45	33.60	43.05
45-49	26.25	32.55	34.65	36.75	48.30
50-54	32.55	37.80	43.05	46.20	58.80
55	36.75	44.10	49.35	53.55	70.35
56	39.90	47.25	53.55	56.70	74.55
57	42.00	50.40	56.70	60.90	79.80
58	46.20	54.60	61.95	65.10	86.10
59	49.35	58.80	67.20	71.40	93.45
60	53.55	64.05	72.45	77.70	102.90
61	57.75	69.30	78.75	85.05	111.30
62	63.00	75.60	86.10	92.40	120.75
63	68.25	81.90	92.40	99.75	131.25
64	71.40	86.10	99.75	107.10	139.65
65	76.65	92.40	107.10	114.45	149.10
66	81.90	99.75	116.55	124.95	161.70
67	89.25	109.20	126.00	135.45	176.40
68	97.65	118.65	137.55	149.10	194.25
69	106.05	130.20	151.20	162.75	212.10
70	116.55	141.75	163.80	179.55	233.10
71	127.05	156.45	181.65	197.40	257.25
72	140.70	174.30	201.60	219.45	285.60
73	155.40	194.25	224.70	244.65	317.10
74	173.25	216.30	249.90	273.00	351.75
75	193.20	239.40	278.25	303.45	390.60
76	212.10	265.65	308.70	337.05	432.60
77	235.20	294.00	342.30	372.75	477.75
78	258.30	324.45	378.00	412.65	526.05
79	284.55	357.00	415.80	453.60	578.55
80	310.80				
81	340.20				
82	370.65				
83	403.20				
84	436.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	36.75	37.80	50.40
45-49	30.45	36.75	40.95	43.05	55.65
50-54	35.70	43.05	49.35	53.55	69.30
55	42.00	49.35	55.65	60.90	79.80
56	44.10	51.45	58.80	64.05	84.00
57	47.25	55.65	63.00	68.25	90.30
58	50.40	60.90	68.25	72.45	96.60
59	54.60	65.10	74.55	79.80	103.95
60	57.75	71.40	79.80	86.10	112.35
61	63.00	76.65	88.20	95.55	121.80
62	68.25	82.95	95.55	102.90	132.30
63	72.45	89.25	102.90	110.25	142.80
64	77.70	95.55	109.20	117.60	153.30
65	84.00	100.80	117.60	124.95	163.80
66	89.25	109.20	126.00	134.40	177.45
67	96.60	118.65	135.45	147.00	194.25
68	105.00	128.10	149.10	161.70	212.10
69	114.45	140.70	162.75	176.40	232.05
70	126.00	155.40	177.45	194.25	256.20
71	137.55	170.10	197.40	214.20	281.40
72	152.25	190.05	218.40	238.35	310.80
73	169.05	211.05	243.60	265.65	345.45
74	186.90	235.20	271.95	295.05	383.25
75	207.90	260.40	302.40	328.65	425.25
76	228.90	288.75	336.00	365.40	470.40
77	253.05	319.20	371.70	405.30	519.75
78	278.25	351.75	411.60	448.35	572.25
79	305.55	387.45	452.55	492.45	628.95
80	333.90				
81	364.35				
82	396.90				
83	429.45				
84	466.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	39.90	40.95	53.55
45-49	32.55	37.80	43.05	46.20	58.80
50-54	36.75	46.20	51.45	55.65	74.55
55	43.05	51.45	57.75	63.00	84.00
56	46.20	54.60	61.95	67.20	89.25
57	48.30	57.75	65.10	71.40	93.45
58	51.45	63.00	70.35	76.65	100.80
59	55.65	68.25	76.65	84.00	109.20
60	60.90	74.55	84.00	90.30	117.60
61	65.10	79.80	91.35	98.70	127.05
62	70.35	86.10	98.70	106.05	137.55
63	75.60	92.40	106.05	113.40	148.05
64	79.80	98.70	112.35	120.75	158.55
65	86.10	105.00	120.75	130.20	170.10
66	92.40	112.35	130.20	139.65	183.75
67	99.75	121.80	140.70	152.25	201.60
68	109.20	133.35	154.35	166.95	219.45
69	118.65	145.95	168.00	182.70	240.45
70	130.20	160.65	183.75	200.55	264.60
71	141.75	176.40	203.70	221.55	291.90
72	156.45	196.35	225.75	245.70	322.35
73	174.30	218.40	252.00	274.05	358.05
74	193.20	242.55	280.35	305.55	396.90
75	214.20	268.80	312.90	340.20	439.95
76	236.25	299.25	347.55	378.00	487.20
77	260.40	329.70	384.30	418.95	537.60
78	286.65	363.30	425.25	463.05	592.20
79	313.95	400.05	468.30	510.30	649.95
80	343.35				
81	373.80				
82	407.40				
83	442.05				
84	477.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	64.05	70.35	92.40
45-49	49.35	61.95	71.40	77.70	102.90
50-54	60.90	75.60	88.20	95.55	131.25
55	69.30	88.20	100.80	110.25	152.25
56	72.45	92.40	107.10	116.55	159.60
57	77.70	98.70	113.40	123.90	169.05
58	82.95	105.00	120.75	132.30	179.55
59	89.25	112.35	130.20	140.70	190.05
60	95.55	119.70	138.60	149.10	202.65
61	100.80	128.10	148.05	160.65	216.30
62	109.20	137.55	158.55	172.20	231.00
63	116.55	145.95	168.00	182.70	246.75
64	123.90	155.40	179.55	195.30	263.55
65	131.25	165.90	191.10	207.90	280.35
66	140.70	176.40	203.70	222.60	300.30
67	151.20	190.05	219.45	239.40	323.40
68	161.70	204.75	237.30	259.35	349.65
69	174.30	219.45	257.25	280.35	376.95
70	187.95	238.35	278.25	303.45	406.35
71	203.70	258.30	301.35	329.70	441.00
72	221.55	280.35	328.65	359.10	478.80
73	240.45	306.60	359.10	392.70	522.90
74	263.55	334.95	392.70	429.45	569.10
75	287.70	365.40	428.40	469.35	621.60
76	312.90	400.05	468.30	512.40	677.25
77	340.20	435.75	510.30	559.65	736.05
78	366.45	475.65	554.40	609.00	799.05
79	396.90	516.60	602.70	662.55	867.30
80	427.35				
81	457.80				
82	491.40				
83	526.05				
84	561.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	63.00	72.45	79.80	103.95
45-49	55.65	69.30	81.90	88.20	116.55
50-54	68.25	85.05	99.75	109.20	147.00
55	76.65	97.65	114.45	124.95	168.00
56	79.80	102.90	120.75	131.25	175.35
57	85.05	109.20	127.05	138.60	184.80
58	90.30	114.45	134.40	147.00	196.35
59	96.60	121.80	142.80	155.40	208.95
60	103.95	131.25	152.25	165.90	221.55
61	111.30	139.65	161.70	175.35	236.25
62	118.65	149.10	172.20	187.95	252.00
63	126.00	159.60	182.70	198.45	268.80
64	133.35	169.05	195.30	212.10	285.60
65	141.75	179.55	207.90	225.75	305.55
66	152.25	191.10	222.60	243.60	324.45
67	162.75	205.80	239.40	261.45	350.70
68	175.35	222.60	259.35	284.55	378.00
69	189.00	238.35	279.30	306.60	407.40
70	203.70	259.35	302.40	330.75	439.95
71	219.45	280.35	328.65	359.10	476.70
72	239.40	305.55	357.00	391.65	518.70
73	260.40	333.90	390.60	427.35	565.95
74	284.55	363.30	426.30	467.25	616.35
75	309.75	396.90	464.10	509.25	672.00
76	337.05	432.60	506.10	554.40	729.75
77	364.35	469.35	551.25	603.75	793.80
78	393.75	510.30	599.55	657.30	861.00
79	424.20	553.35	649.95	712.95	933.45
80	456.75				
81	489.30				
82	525.00				
83	560.70				
84	597.45				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	65.10	76.65	84.00	109.20
45-49	57.75	72.45	85.05	92.40	120.75
50-54	71.40	90.30	105.00	113.40	153.30
55	79.80	100.80	119.70	131.25	174.30
56	84.00	106.05	126.00	137.55	182.70
57	89.25	112.35	132.30	144.90	193.20
58	93.45	119.70	139.65	153.30	203.70
59	99.75	127.05	148.05	161.70	216.30
60	107.10	135.45	156.45	172.20	229.95
61	114.45	144.90	166.95	181.65	244.65
62	121.80	154.35	177.45	194.25	260.40
63	130.20	163.80	189.00	205.80	278.25
64	138.60	174.30	201.60	219.45	295.05
65	147.00	184.80	215.25	235.20	315.00
66	156.45	197.40	231.00	252.00	336.00
67	168.00	212.10	247.80	271.95	362.25
68	180.60	229.95	267.75	294.00	390.60
69	195.30	246.75	288.75	317.10	421.05
70	210.00	267.75	312.90	343.35	454.65
71	226.80	289.80	340.20	371.70	492.45
72	246.75	316.05	369.60	405.30	536.55
73	268.80	344.40	403.20	442.05	583.80
74	292.95	375.90	439.95	483.00	636.30
75	319.20	408.45	478.80	526.05	693.00
76	347.55	446.25	522.90	573.30	753.90
77	375.90	484.05	568.05	623.70	819.00
78	405.30	525.00	617.40	678.30	888.30
79	435.75	569.10	669.90	735.00	961.80
80	469.35				
81	502.95				
82	538.65				
83	575.40				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.60	40.95	48.30	51.45	69.30
45-49	36.75	46.20	53.55	57.75	76.65
50-54	48.30	58.80	68.25	75.60	98.70
55	55.65	68.25	78.75	86.10	117.60
56	57.75	71.40	82.95	90.30	124.95
57	61.95	76.65	89.25	96.60	133.35
58	67.20	82.95	96.60	103.95	142.80
59	71.40	89.25	103.95	112.35	154.35
60	77.70	97.65	112.35	121.80	165.90
61	85.05	105.00	121.80	132.30	179.55
62	91.35	113.40	132.30	142.80	193.20
63	97.65	121.80	141.75	153.30	207.90
64	105.00	131.25	152.25	163.80	222.60
65	111.30	139.65	161.70	175.35	238.35
66	119.70	151.20	174.30	189.00	257.25
67	130.20	162.75	189.00	204.75	279.30
68	140.70	177.45	205.80	223.65	303.45
69	153.30	194.25	224.70	244.65	330.75
70	166.95	211.05	245.70	267.75	362.25
71	182.70	232.05	268.80	294.00	394.80
72	200.55	254.10	296.10	323.40	433.65
73	219.45	280.35	326.55	357.00	476.70
74	242.55	307.65	359.10	392.70	522.90
75	265.65	338.10	394.80	432.60	573.30
76	291.90	370.65	433.65	475.65	628.95
77	317.10	406.35	475.65	520.80	686.70
78	344.40	443.10	519.75	571.20	749.70
79	373.80	484.05	567.00	622.65	814.80
80	405.30				
81	436.80				
82	470.40				
83	505.05				
84	541.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	48.30	55.65	58.80	78.75
45-49	43.05	53.55	60.90	67.20	88.20
50-54	53.55	67.20	77.70	85.05	111.30
55	61.95	76.65	89.25	96.60	131.25
56	65.10	81.90	93.45	102.90	138.60
57	69.30	86.10	99.75	109.20	148.05
58	74.55	92.40	107.10	117.60	158.55
59	78.75	98.70	114.45	126.00	169.05
60	85.05	107.10	124.95	135.45	181.65
61	92.40	114.45	134.40	147.00	195.30
62	98.70	123.90	144.90	158.55	208.95
63	106.05	132.30	155.40	169.05	224.70
64	113.40	141.75	165.90	180.60	240.45
65	120.75	152.25	176.40	193.20	257.25
66	131.25	163.80	190.05	207.90	278.25
67	141.75	176.40	205.80	223.65	301.35
68	154.35	193.20	224.70	244.65	328.65
69	166.95	210.00	244.65	266.70	358.05
70	180.60	228.90	266.70	289.80	390.60
71	196.35	250.95	291.90	319.20	427.35
72	215.25	274.05	321.30	350.70	468.30
73	236.25	302.40	352.80	386.40	513.45
74	259.35	331.80	387.45	425.25	564.90
75	285.60	364.35	427.35	468.30	618.45
76	312.90	399.00	469.35	515.55	678.30
77	341.25	436.80	513.45	562.80	741.30
78	369.60	477.75	561.75	616.35	809.55
79	401.10	520.80	613.20	673.05	880.95
80	433.65				
81	468.30				
82	502.95				
83	538.65				
84	578.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.95	50.40	57.75	63.00	84.00
45-49	46.20	55.65	64.05	70.35	92.40
50-54	55.65	69.30	81.90	89.25	116.55
55	64.05	79.80	93.45	100.80	137.55
56	68.25	85.05	98.70	107.10	144.90
57	71.40	90.30	105.00	113.40	154.35
58	76.65	96.60	112.35	121.80	163.80
59	82.95	103.95	119.70	131.25	175.35
60	89.25	111.30	130.20	141.75	187.95
61	95.55	119.70	139.65	153.30	201.60
62	102.90	128.10	149.10	163.80	216.30
63	110.25	137.55	160.65	175.35	232.05
64	117.60	147.00	172.20	187.95	247.80
65	126.00	156.45	182.70	200.55	265.65
66	135.45	169.05	197.40	215.25	286.65
67	147.00	182.70	214.20	232.05	310.80
68	159.60	198.45	232.05	253.05	338.10
69	172.20	216.30	253.05	275.10	369.60
70	186.90	236.25	275.10	300.30	403.20
71	202.65	258.30	301.35	329.70	441.00
72	221.55	282.45	330.75	362.25	483.00
73	243.60	310.80	364.35	399.00	530.25
74	266.70	342.30	400.05	438.90	582.75
75	294.00	375.90	441.00	483.00	638.40
76	321.30	411.60	484.05	531.30	699.30
77	350.70	450.45	530.25	581.70	764.40
78	380.10	492.45	579.60	636.30	833.70
79	412.65	537.60	632.10	695.10	908.25
80	446.25				
81	480.90				
82	516.60				
83	553.35				
84	593.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0081-A45
Virginia

	First Year	Second Year
All rates for this form should be multiplied by a factor of:	1.2040	1.4496

	First Year	Second Year
This factor represents the **proposed** increase of:	20.4%	20.4%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2015

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.94	30.19	32.81	35.44	45.94
45-49	27.56	34.13	36.75	39.38	51.19
50-54	34.13	40.69	45.94	48.56	63.00
55	39.38	47.25	52.50	56.44	74.81
56	42.00	49.88	56.44	60.38	78.75
57	44.63	53.81	60.38	64.31	85.31
58	48.56	57.75	65.63	69.56	91.88
59	52.50	63.00	70.88	76.13	99.75
60	56.44	68.25	77.44	82.69	108.94
61	61.69	73.50	84.00	90.56	118.13
62	66.94	80.06	91.88	98.44	128.63
63	72.19	86.63	98.44	106.31	139.13
64	76.13	91.88	106.31	114.19	148.31
65	81.38	98.44	114.19	122.06	158.81
66	86.63	106.31	123.38	132.56	171.94
67	94.50	115.50	133.88	144.38	187.69
68	103.69	126.00	145.69	158.81	206.06
69	112.88	137.81	160.13	173.25	225.75
70	123.38	150.94	174.56	190.31	248.06
71	135.19	166.69	192.94	210.00	273.00
72	149.63	185.06	213.94	233.63	303.19
73	165.38	206.06	238.88	259.88	337.31
74	183.75	229.69	265.13	290.06	374.06
75	204.75	254.63	295.31	322.88	414.75
76	225.75	282.19	328.13	358.31	459.38
77	249.38	312.38	363.56	396.38	507.94
78	274.31	345.19	401.63	438.38	559.13
79	301.88	379.31	442.31	481.69	614.25
80	330.75				
81	360.94				
82	393.75				
83	427.88				
84	464.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	39.38	40.69	53.81
45-49	32.81	39.38	43.31	45.94	59.06
50-54	38.06	45.94	52.50	56.44	73.50
55	44.63	52.50	59.06	64.31	85.31
56	47.25	55.13	63.00	68.25	89.25
57	49.88	59.06	66.94	72.19	95.81
58	53.81	64.31	72.19	77.44	102.38
59	57.75	69.56	78.75	85.31	110.25
60	61.69	76.13	85.31	91.88	119.44
61	66.94	81.38	93.19	101.06	129.94
62	72.19	87.94	101.06	108.94	140.44
63	77.44	94.50	108.94	116.81	152.25
64	82.69	101.06	115.50	124.69	162.75
65	89.25	107.63	124.69	132.56	174.56
66	94.50	115.50	133.88	143.06	189.00
67	102.38	126.00	144.38	156.19	206.06
68	111.56	136.50	158.81	171.94	225.75
69	122.06	149.63	173.25	187.69	246.75
70	133.88	165.38	189.00	206.06	271.69
71	145.69	181.13	210.00	227.06	299.25
72	161.44	202.13	232.31	253.31	330.75
73	179.81	224.44	258.56	282.19	367.50
74	198.19	249.38	288.75	313.69	406.88
75	220.50	276.94	321.56	349.13	451.50
76	242.81	307.13	357.00	388.50	500.06
77	269.06	338.63	395.06	430.50	552.56
78	295.31	374.06	437.06	476.44	607.69
79	324.19	412.13	480.38	523.69	668.06
80	354.38				
81	387.19				
82	421.31				
83	456.75				
84	494.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.19	36.75	42.00	43.31	56.44
45-49	34.13	40.69	45.94	48.56	63.00
50-54	39.38	48.56	55.13	59.06	78.75
55	45.94	55.13	61.69	66.94	89.25
56	48.56	57.75	65.63	70.88	94.50
57	51.19	61.69	69.56	76.13	99.75
58	55.13	66.94	74.81	81.38	107.63
59	59.06	72.19	81.38	89.25	115.50
60	64.31	78.75	89.25	95.81	124.69
61	69.56	85.31	97.13	105.00	135.19
62	74.81	91.88	105.00	112.88	145.69
63	80.06	98.44	112.88	120.75	157.50
64	85.31	105.00	119.44	128.63	168.00
65	91.88	111.56	128.63	137.81	181.13
66	98.44	119.44	137.81	148.31	195.56
67	106.31	129.94	149.63	161.44	213.94
68	115.50	141.75	164.06	177.19	233.63
69	126.00	154.88	178.50	194.25	255.94
70	137.81	170.63	195.56	212.63	280.88
71	150.94	187.69	216.56	234.94	309.75
72	166.69	208.69	240.19	261.19	342.56
73	185.06	232.31	267.75	291.38	380.63
74	204.75	257.25	297.94	324.19	421.31
75	227.06	286.13	332.06	360.94	467.25
76	250.69	317.63	368.81	401.63	517.13
77	276.94	350.44	408.19	444.94	570.94
78	304.50	385.88	451.50	492.19	628.69
79	333.38	425.25	497.44	542.06	690.38
80	364.88				
81	397.69				
82	433.13				
83	469.88				
84	507.94				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	59.06	68.25	74.81	98.44
45-49	52.50	65.63	76.13	82.69	108.94
50-54	64.31	80.06	93.19	101.06	139.13
55	73.50	93.19	107.63	116.81	161.44
56	77.44	98.44	114.19	123.38	169.31
57	82.69	105.00	120.75	131.25	179.81
58	87.94	111.56	128.63	140.44	190.31
59	94.50	119.44	137.81	149.63	202.13
60	101.06	127.31	147.00	158.81	215.25
61	107.63	136.50	157.50	170.63	229.69
62	115.50	145.69	168.00	182.44	245.44
63	123.38	154.88	178.50	194.25	262.50
64	131.25	165.38	190.31	207.38	279.56
65	139.13	175.88	203.44	220.50	297.94
66	149.63	187.69	216.56	236.25	318.94
67	160.13	202.13	233.63	254.63	343.88
68	171.94	217.88	252.00	275.63	371.44
69	185.06	233.63	273.00	297.94	400.31
70	199.50	253.31	295.31	322.88	431.81
71	216.56	274.31	320.25	350.44	468.56
72	234.94	297.94	349.13	381.94	509.25
73	255.94	325.50	381.94	417.38	555.19
74	279.56	355.69	417.38	456.75	605.06
75	305.81	388.50	455.44	498.75	660.19
76	332.06	425.25	497.44	544.69	719.25
77	360.94	463.31	542.06	594.56	782.25
78	389.81	505.31	589.31	647.06	849.19
79	421.31	548.63	640.50	703.50	921.38
80	454.13				
81	486.94				
82	522.38				
83	559.13				
84	597.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.94	77.44	85.31	110.25
45-49	59.06	73.50	86.63	93.19	123.38
50-54	72.19	90.56	106.31	115.50	156.19
55	81.38	103.69	122.06	132.56	178.50
56	85.31	108.94	128.63	139.13	186.38
57	90.56	115.50	135.19	147.00	196.88
58	95.81	122.06	143.06	156.19	208.69
59	102.38	129.94	152.25	165.38	221.81
60	110.25	139.13	161.44	175.88	234.94
61	118.13	148.31	171.94	186.38	250.69
62	126.00	158.81	182.44	199.50	267.75
63	133.88	169.31	194.25	211.31	286.13
64	141.75	179.81	207.38	225.75	303.19
65	150.94	190.31	220.50	240.19	324.19
66	161.44	203.44	236.25	258.56	345.19
67	173.25	219.19	254.63	278.25	372.75
68	186.38	236.25	275.63	301.88	401.63
69	200.81	253.31	296.63	325.50	433.13
70	216.56	275.63	321.56	351.75	467.25
71	233.63	297.94	349.13	381.94	506.63
72	254.63	324.19	379.31	416.06	551.25
73	276.94	354.38	414.75	454.13	601.13
74	301.88	385.88	452.81	496.13	654.94
75	329.44	421.31	493.50	540.75	714.00
76	358.31	459.38	538.13	589.31	775.69
77	387.19	498.75	585.38	641.81	843.94
78	418.69	542.06	636.56	698.25	914.81
79	450.19	588.00	690.38	757.31	992.25
80	485.63				
81	519.75				
82	557.81				
83	595.88				
84	635.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	81.38	89.25	115.50
45-49	61.69	77.44	90.56	98.44	128.63
50-54	76.13	95.81	111.56	120.75	162.75
55	85.31	107.63	127.31	139.13	185.06
56	89.25	112.88	133.88	145.69	194.25
57	94.50	119.44	140.44	153.56	204.75
58	99.75	127.31	148.31	162.75	216.56
59	106.31	135.19	157.50	171.94	229.69
60	114.19	144.38	166.69	182.44	244.13
61	122.06	153.56	177.19	192.94	259.88
62	129.94	164.06	189.00	206.06	276.94
63	137.81	174.56	200.81	219.19	295.31
64	147.00	185.06	213.94	233.63	313.69
65	156.19	196.88	228.38	249.38	334.69
66	166.69	210.00	245.44	267.75	357.00
67	178.50	225.75	263.81	288.75	384.56
68	191.63	244.13	284.81	312.38	414.75
69	207.38	262.50	307.13	337.31	447.56
70	223.13	284.81	332.06	364.88	483.00
71	241.50	308.44	360.94	395.06	523.69
72	262.50	336.00	392.44	430.50	569.63
73	286.13	366.19	427.88	469.88	620.81
74	311.06	399.00	467.25	513.19	675.94
75	338.63	434.44	509.25	559.13	736.31
76	368.81	473.81	555.19	609.00	800.63
77	399.00	514.50	603.75	662.81	870.19
78	430.50	557.81	656.25	720.56	943.69
79	463.31	605.06	711.38	780.94	1022.44
80	498.75				
81	534.19				
82	572.25				
83	611.63				
84	652.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	51.19	55.13	73.50
45-49	39.38	48.56	56.44	61.69	81.38
50-54	51.19	63.00	72.19	80.06	105.00
55	59.06	72.19	84.00	91.88	124.69
56	61.69	76.13	87.94	95.81	132.56
57	65.63	81.38	94.50	102.38	141.75
58	70.88	87.94	102.38	110.25	152.25
59	76.13	94.50	110.25	119.44	164.06
60	82.69	103.69	119.44	129.94	175.88
61	90.56	111.56	129.94	140.44	190.31
62	97.13	120.75	140.44	152.25	204.75
63	103.69	129.94	150.94	162.75	220.50
64	111.56	139.13	161.44	174.56	236.25
65	118.13	148.31	171.94	186.38	253.31
66	127.31	160.13	185.06	200.81	273.00
67	137.81	173.25	200.81	217.88	296.63
68	149.63	189.00	219.19	237.56	322.88
69	162.75	206.06	238.88	259.88	351.75
70	177.19	224.44	261.19	284.81	384.56
71	194.25	246.75	286.13	312.38	420.00
72	212.63	270.38	315.00	343.88	460.69
73	233.63	297.94	346.50	379.31	506.63
74	257.25	326.81	381.94	417.38	555.19
75	282.19	359.63	420.00	459.38	609.00
76	309.75	393.75	460.69	505.31	668.06
77	337.31	431.81	505.31	553.88	729.75
78	366.19	471.19	552.56	606.38	796.69
79	397.69	514.50	602.44	661.50	866.25
80	430.50				
81	464.63				
82	500.06				
83	536.81				
84	576.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	51.19	59.06	63.00	84.00
45-49	45.94	56.44	64.31	70.88	93.19
50-54	56.44	70.88	82.69	90.56	118.13
55	65.63	81.38	94.50	102.38	139.13
56	69.56	86.63	99.75	108.94	147.00
57	73.50	91.88	106.31	115.50	157.50
58	78.75	98.44	114.19	124.69	168.00
59	84.00	105.00	122.06	133.88	179.81
60	90.56	114.19	132.56	144.38	192.94
61	98.44	122.06	143.06	156.19	207.38
62	105.00	131.25	153.56	168.00	221.81
63	112.88	140.44	165.38	179.81	238.88
64	120.75	150.94	175.88	191.63	255.94
65	128.63	161.44	187.69	204.75	273.00
66	139.13	174.56	202.13	220.50	295.31
67	150.94	187.69	219.19	237.56	320.25
68	164.06	204.75	238.88	259.88	349.13
69	177.19	223.13	259.88	283.50	380.63
70	191.63	242.81	283.50	308.44	414.75
71	208.69	266.44	309.75	338.63	454.13
72	228.38	291.38	341.25	372.75	497.44
73	250.69	321.56	375.38	410.81	546.00
74	275.63	353.06	412.13	451.50	599.81
75	303.19	387.19	454.13	497.44	657.56
76	332.06	423.94	498.75	547.31	720.56
77	362.25	464.63	546.00	598.50	787.50
78	392.44	507.94	597.19	654.94	859.69
79	426.56	553.88	651.00	715.31	935.81
80	460.69				
81	497.44				
82	534.19				
83	572.25				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.31	53.81	61.69	66.94	89.25
45-49	48.56	59.06	68.25	74.81	98.44
50-54	59.06	73.50	86.63	94.50	123.38
55	68.25	85.31	99.75	107.63	145.69
56	72.19	90.56	105.00	114.19	153.56
57	76.13	95.81	111.56	120.75	164.06
58	81.38	102.38	119.44	129.94	174.56
59	87.94	110.25	127.31	139.13	186.38
60	94.50	118.13	137.81	150.94	199.50
61	101.06	127.31	148.31	162.75	213.94
62	108.94	136.50	158.81	174.56	229.69
63	116.81	145.69	170.63	186.38	246.75
64	124.69	156.19	182.44	199.50	263.81
65	133.88	166.69	194.25	212.63	282.19
66	144.38	179.81	210.00	228.38	304.50
67	156.19	194.25	227.06	246.75	330.75
68	169.31	211.31	246.75	269.06	359.63
69	182.44	229.69	269.06	292.69	392.44
70	198.19	250.69	292.69	318.94	427.88
71	215.25	274.31	320.25	350.44	468.56
72	234.94	300.56	351.75	384.56	513.19
73	258.56	330.75	387.19	423.94	563.06
74	283.50	363.56	425.25	465.94	619.50
75	312.38	399.00	468.56	513.19	678.56
76	341.25	437.06	514.50	564.38	742.88
77	372.75	479.06	563.06	618.19	812.44
78	404.25	523.69	615.56	675.94	885.94
79	438.38	570.94	672.00	738.94	964.69
80	473.81				
81	510.56				
82	548.63				
83	588.00				
84	630.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	38.06	42.00	53.81
45-49	32.81	40.69	43.31	45.94	60.38
50-54	40.69	47.25	53.81	57.75	73.50
55	45.94	55.13	61.69	66.94	87.94
56	49.88	59.06	66.94	70.88	93.19
57	52.50	63.00	70.88	76.13	99.75
58	57.75	68.25	77.44	81.38	107.63
59	61.69	73.50	84.00	89.25	116.81
60	66.94	80.06	90.56	97.13	128.63
61	72.19	86.63	98.44	106.31	139.13
62	78.75	94.50	107.63	115.50	150.94
63	85.31	102.38	115.50	124.69	164.06
64	89.25	107.63	124.69	133.88	174.56
65	95.81	115.50	133.88	143.06	186.38
66	102.38	124.69	145.69	156.19	202.13
67	111.56	136.50	157.50	169.31	220.50
68	122.06	148.31	171.94	186.38	242.81
69	132.56	162.75	189.00	203.44	265.13
70	145.69	177.19	204.75	224.44	291.38
71	158.81	195.56	227.06	246.75	321.56
72	175.88	217.88	252.00	274.31	357.00
73	194.25	242.81	280.88	305.81	396.38
74	216.56	270.38	312.38	341.25	439.69
75	241.50	299.25	347.81	379.31	488.25
76	265.13	332.06	385.88	421.31	540.75
77	294.00	367.50	427.88	465.94	597.19
78	322.88	405.56	472.50	515.81	657.56
79	355.69	446.25	519.75	567.00	723.19
80	388.50				
81	425.25				
82	463.31				
83	504.00				
84	546.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	45.94	47.25	63.00
45-49	38.06	45.94	51.19	53.81	69.56
50-54	44.63	53.81	61.69	66.94	86.63
55	52.50	61.69	69.56	76.13	99.75
56	55.13	64.31	73.50	80.06	105.00
57	59.06	69.56	78.75	85.31	112.88
58	63.00	76.13	85.31	90.56	120.75
59	68.25	81.38	93.19	99.75	129.94
60	72.19	89.25	99.75	107.63	140.44
61	78.75	95.81	110.25	119.44	152.25
62	85.31	103.69	119.44	128.63	165.38
63	90.56	111.56	128.63	137.81	178.50
64	97.13	119.44	136.50	147.00	191.63
65	105.00	126.00	147.00	156.19	204.75
66	111.56	136.50	157.50	168.00	221.81
67	120.75	148.31	169.31	183.75	242.81
68	131.25	160.13	186.38	202.13	265.13
69	143.06	175.88	203.44	220.50	290.06
70	157.50	194.25	221.81	242.81	320.25
71	171.94	212.63	246.75	267.75	351.75
72	190.31	237.56	273.00	297.94	388.50
73	211.31	263.81	304.50	332.06	431.81
74	233.63	294.00	339.94	368.81	479.06
75	259.88	325.50	378.00	410.81	531.56
76	286.13	360.94	420.00	456.75	588.00
77	316.31	399.00	464.63	506.63	649.69
78	347.81	439.69	514.50	560.44	715.31
79	381.94	484.31	565.69	615.56	786.19
80	417.38				
81	455.44				
82	496.13				
83	536.81				
84	582.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	49.88	51.19	66.94
45-49	40.69	47.25	53.81	57.75	73.50
50-54	45.94	57.75	64.31	69.56	93.19
55	53.81	64.31	72.19	78.75	105.00
56	57.75	68.25	77.44	84.00	111.56
57	60.38	72.19	81.38	89.25	116.81
58	64.31	78.75	87.94	95.81	126.00
59	69.56	85.31	95.81	105.00	136.50
60	76.13	93.19	105.00	112.88	147.00
61	81.38	99.75	114.19	123.38	158.81
62	87.94	107.63	123.38	132.56	171.94
63	94.50	115.50	132.56	141.75	185.06
64	99.75	123.38	140.44	150.94	198.19
65	107.63	131.25	150.94	162.75	212.63
66	115.50	140.44	162.75	174.56	229.69
67	124.69	152.25	175.88	190.31	252.00
68	136.50	166.69	192.94	208.69	274.31
69	148.31	182.44	210.00	228.38	300.56
70	162.75	200.81	229.69	250.69	330.75
71	177.19	220.50	254.63	276.94	364.88
72	195.56	245.44	282.19	307.13	402.94
73	217.88	273.00	315.00	342.56	447.56
74	241.50	303.19	350.44	381.94	496.13
75	267.75	336.00	391.13	425.25	549.94
76	295.31	374.06	434.44	472.50	609.00
77	325.50	412.13	480.38	523.69	672.00
78	358.31	454.13	531.56	578.81	740.25
79	392.44	500.06	585.38	637.88	812.44
80	429.19				
81	467.25				
82	509.25				
83	552.56				
84	597.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	80.06	87.94	115.50
45-49	61.69	77.44	89.25	97.13	128.63
50-54	76.13	94.50	110.25	119.44	164.06
55	86.63	110.25	126.00	137.81	190.31
56	90.56	115.50	133.88	145.69	199.50
57	97.13	123.38	141.75	154.88	211.31
58	103.69	131.25	150.94	165.38	224.44
59	111.56	140.44	162.75	175.88	237.56
60	119.44	149.63	173.25	186.38	253.31
61	126.00	160.13	185.06	200.81	270.38
62	136.50	171.94	198.19	215.25	288.75
63	145.69	182.44	210.00	228.38	308.44
64	154.88	194.25	224.44	244.13	329.44
65	164.06	207.38	238.88	259.88	350.44
66	175.88	220.50	254.63	278.25	375.38
67	189.00	237.56	274.31	299.25	404.25
68	202.13	255.94	296.63	324.19	437.06
69	217.88	274.31	321.56	350.44	471.19
70	234.94	297.94	347.81	379.31	507.94
71	254.63	322.88	376.69	412.13	551.25
72	276.94	350.44	410.81	448.88	598.50
73	300.56	383.25	448.88	490.88	653.63
74	329.44	418.69	490.88	536.81	711.38
75	359.63	456.75	535.50	586.69	777.00
76	391.13	500.06	585.38	640.50	846.56
77	425.25	544.69	637.88	699.56	920.06
78	458.06	594.56	693.00	761.25	998.81
79	496.13	645.75	753.38	828.19	1084.13
80	534.19				
81	572.25				
82	614.25				
83	657.56				
84	702.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	78.75	90.56	99.75	129.94
45-49	69.56	86.63	102.38	110.25	145.69
50-54	85.31	106.31	124.69	136.50	183.75
55	95.81	122.06	143.06	156.19	210.00
56	99.75	128.63	150.94	164.06	219.19
57	106.31	136.50	158.81	173.25	231.00
58	112.88	143.06	168.00	183.75	245.44
59	120.75	152.25	178.50	194.25	261.19
60	129.94	164.06	190.31	207.38	276.94
61	139.13	174.56	202.13	219.19	295.31
62	148.31	186.38	215.25	234.94	315.00
63	157.50	199.50	228.38	248.06	336.00
64	166.69	211.31	244.13	265.13	357.00
65	177.19	224.44	259.88	282.19	381.94
66	190.31	238.88	278.25	304.50	405.56
67	203.44	257.25	299.25	326.81	438.38
68	219.19	278.25	324.19	355.69	472.50
69	236.25	297.94	349.13	383.25	509.25
70	254.63	324.19	378.00	413.44	549.94
71	274.31	350.44	410.81	448.88	595.88
72	299.25	381.94	446.25	489.56	648.38
73	325.50	417.38	488.25	534.19	707.44
74	355.69	454.13	532.88	584.06	770.44
75	387.19	496.13	580.13	636.56	840.00
76	421.31	540.75	632.63	693.00	912.19
77	455.44	586.69	689.06	754.69	992.25
78	492.19	637.88	749.44	821.63	1076.25
79	530.25	691.69	812.44	891.19	1166.81
80	570.94				
81	611.63				
82	656.25				
83	700.88				
84	746.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	81.38	95.81	105.00	136.50
45-49	72.19	90.56	106.31	115.50	150.94
50-54	89.25	112.88	131.25	141.75	191.63
55	99.75	126.00	149.63	164.06	217.88
56	105.00	132.56	157.50	171.94	228.38
57	111.56	140.44	165.38	181.13	241.50
58	116.81	149.63	174.56	191.63	254.63
59	124.69	158.81	185.06	202.13	270.38
60	133.88	169.31	195.56	215.25	287.44
61	143.06	181.13	208.69	227.06	305.81
62	152.25	192.94	221.81	242.81	325.50
63	162.75	204.75	236.25	257.25	347.81
64	173.25	217.88	252.00	274.31	368.81
65	183.75	231.00	269.06	294.00	393.75
66	195.56	246.75	288.75	315.00	420.00
67	210.00	265.13	309.75	339.94	452.81
68	225.75	287.44	334.69	367.50	488.25
69	244.13	308.44	360.94	396.38	526.31
70	262.50	334.69	391.13	429.19	568.31
71	283.50	362.25	425.25	464.63	615.56
72	308.44	395.06	462.00	506.63	670.69
73	336.00	430.50	504.00	552.56	729.75
74	366.19	469.88	549.94	603.75	795.38
75	399.00	510.56	598.50	657.56	866.25
76	434.44	557.81	653.63	716.63	942.38
77	469.88	605.06	710.06	779.63	1023.75
78	506.63	656.25	771.75	847.88	1110.38
79	544.69	711.38	837.38	918.75	1202.25
80	586.69				
81	628.69				
82	673.31				
83	719.25				
84	767.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.19	60.38	64.31	86.63
45-49	45.94	57.75	66.94	72.19	95.81
50-54	60.38	73.50	85.31	94.50	123.38
55	69.56	85.31	98.44	107.63	147.00
56	72.19	89.25	103.69	112.88	156.19
57	77.44	95.81	111.56	120.75	166.69
58	84.00	103.69	120.75	129.94	178.50
59	89.25	111.56	129.94	140.44	192.94
60	97.13	122.06	140.44	152.25	207.38
61	106.31	131.25	152.25	165.38	224.44
62	114.19	141.75	165.38	178.50	241.50
63	122.06	152.25	177.19	191.63	259.88
64	131.25	164.06	190.31	204.75	278.25
65	139.13	174.56	202.13	219.19	297.94
66	149.63	189.00	217.88	236.25	321.56
67	162.75	203.44	236.25	255.94	349.13
68	175.88	221.81	257.25	279.56	379.31
69	191.63	242.81	280.88	305.81	413.44
70	208.69	263.81	307.13	334.69	452.81
71	228.38	290.06	336.00	367.50	493.50
72	250.69	317.63	370.13	404.25	542.06
73	274.31	350.44	408.19	446.25	595.88
74	303.19	384.56	448.88	490.88	653.63
75	332.06	422.63	493.50	540.75	716.63
76	364.88	463.31	542.06	594.56	786.19
77	396.38	507.94	594.56	651.00	858.38
78	430.50	553.88	649.69	714.00	937.13
79	467.25	605.06	708.75	778.31	1018.50
80	506.63				
81	546.00				
82	588.00				
83	631.31				
84	677.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	60.38	69.56	73.50	98.44
45-49	53.81	66.94	76.13	84.00	110.25
50-54	66.94	84.00	97.13	106.31	139.13
55	77.44	95.81	111.56	120.75	164.06
56	81.38	102.38	116.81	128.63	173.25
57	86.63	107.63	124.69	136.50	185.06
58	93.19	115.50	133.88	147.00	198.19
59	98.44	123.38	143.06	157.50	211.31
60	106.31	133.88	156.19	169.31	227.06
61	115.50	143.06	168.00	183.75	244.13
62	123.38	154.88	181.13	198.19	261.19
63	132.56	165.38	194.25	211.31	280.88
64	141.75	177.19	207.38	225.75	300.56
65	150.94	190.31	220.50	241.50	321.56
66	164.06	204.75	237.56	259.88	347.81
67	177.19	220.50	257.25	279.56	376.69
68	192.94	241.50	280.88	305.81	410.81
69	208.69	262.50	305.81	333.38	447.56
70	225.75	286.13	333.38	362.25	488.25
71	245.44	313.69	364.88	399.00	534.19
72	269.06	342.56	401.63	438.38	585.38
73	295.31	378.00	441.00	483.00	641.81
74	324.19	414.75	484.31	531.56	706.13
75	357.00	455.44	534.19	585.38	773.06
76	391.13	498.75	586.69	644.44	847.88
77	426.56	546.00	641.81	703.50	926.63
78	462.00	597.19	702.19	770.44	1011.94
79	501.38	651.00	766.50	841.31	1101.19
80	542.06				
81	585.38				
82	628.69				
83	673.31				
84	723.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.19	63.00	72.19	78.75	105.00
45-49	57.75	69.56	80.06	87.94	115.50
50-54	69.56	86.63	102.38	111.56	145.69
55	80.06	99.75	116.81	126.00	171.94
56	85.31	106.31	123.38	133.88	181.13
57	89.25	112.88	131.25	141.75	192.94
58	95.81	120.75	140.44	152.25	204.75
59	103.69	129.94	149.63	164.06	219.19
60	111.56	139.13	162.75	177.19	234.94
61	119.44	149.63	174.56	191.63	252.00
62	128.63	160.13	186.38	204.75	270.38
63	137.81	171.94	200.81	219.19	290.06
64	147.00	183.75	215.25	234.94	309.75
65	157.50	195.56	228.38	250.69	332.06
66	169.31	211.31	246.75	269.06	358.31
67	183.75	228.38	267.75	290.06	388.50
68	199.50	248.06	290.06	316.31	422.63
69	215.25	270.38	316.31	343.88	462.00
70	233.63	295.31	343.88	375.38	504.00
71	253.31	322.88	376.69	412.13	551.25
72	276.94	353.06	413.44	452.81	603.75
73	304.50	388.50	455.44	498.75	662.81
74	333.38	427.88	500.06	548.63	728.44
75	367.50	469.88	551.25	603.75	798.00
76	401.63	514.50	605.06	664.13	874.13
77	438.38	563.06	662.81	727.13	955.50
78	475.13	615.56	724.50	795.38	1042.13
79	515.81	672.00	790.13	868.88	1135.31
80	557.81				
81	601.13				
82	645.75				
83	691.69				
84	741.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0085-A45
Virginia

	First Year	Second Year
All rates for this form should be multiplied by a factor of:	1.2040	1.4496

	First Year	Second Year
This factor represents the **proposed** increase of:	20.4%	20.4%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2015

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22.05	25.20	29.40	31.50	39.90
45-49	24.15	28.35	32.55	34.65	44.10
50-54	29.40	34.65	39.90	43.05	54.60
55	33.60	39.90	46.20	49.35	65.10
56	35.70	43.05	49.35	52.50	69.30
57	38.85	46.20	52.50	56.70	74.55
58	42.00	50.40	56.70	61.95	80.85
59	46.20	54.60	61.95	67.20	88.20
60	50.40	59.85	68.25	74.55	95.55
61	54.60	66.15	74.55	80.85	103.95
62	58.80	71.40	80.85	88.20	113.40
63	63.00	76.65	87.15	94.50	121.80
64	67.20	81.90	93.45	100.80	131.25
65	71.40	88.20	99.75	108.15	140.70
66	77.70	94.50	108.15	116.55	152.25
67	84.00	102.90	117.60	127.05	165.90
68	91.35	112.35	129.15	139.65	182.70
69	99.75	122.85	141.75	153.30	200.55
70	109.20	134.40	155.40	169.05	220.50
71	120.75	149.10	172.20	187.95	243.60
72	134.40	165.90	192.15	210.00	271.95
73	150.15	185.85	215.25	235.20	304.50
74	166.95	207.90	241.50	263.55	340.20
75	186.90	233.10	270.90	295.05	379.05
76	207.90	260.40	302.40	329.70	422.10
77	231.00	289.80	337.05	366.45	469.35
78	256.20	322.35	374.85	406.35	519.75
79	283.50	355.95	414.75	449.40	574.35
80	311.85				
81	343.35				
82	375.90				
83	410.55				
84	447.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	31.50	35.70	37.80	48.30
45-49	28.35	34.65	38.85	42.00	53.55
50-54	33.60	40.95	47.25	51.45	67.20
55	39.90	47.25	53.55	57.75	76.65
56	42.00	50.40	56.70	60.90	80.85
57	45.15	53.55	60.90	65.10	86.10
58	48.30	57.75	65.10	70.35	92.40
59	52.50	63.00	71.40	76.65	99.75
60	56.70	68.25	77.70	84.00	109.20
61	60.90	74.55	85.05	91.35	117.60
62	66.15	79.80	92.40	99.75	128.10
63	71.40	86.10	98.70	106.05	137.55
64	75.60	92.40	105.00	114.45	148.05
65	80.85	99.75	112.35	121.80	159.60
66	87.15	106.05	121.80	132.30	172.20
67	94.50	116.55	132.30	143.85	187.95
68	102.90	127.05	144.90	158.55	205.80
69	112.35	138.60	159.60	173.25	226.80
70	122.85	152.25	175.35	190.05	248.85
71	134.40	168.00	194.25	211.05	276.15
72	150.15	186.90	216.30	236.25	307.65
73	166.95	208.95	242.55	263.55	343.35
74	185.85	234.15	271.95	296.10	383.25
75	207.90	261.45	304.50	330.75	427.35
76	231.00	290.85	340.20	370.65	476.70
77	257.25	324.45	378.00	411.60	529.20
78	284.55	360.15	420.00	456.75	584.85
79	313.95	399.00	465.15	506.10	646.80
80	345.45				
81	379.05				
82	413.70				
83	451.50				
84	491.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	37.80	40.95	52.50
45-49	30.45	36.75	42.00	45.15	57.75
50-54	35.70	44.10	50.40	54.60	72.45
55	42.00	50.40	56.70	61.95	80.85
56	44.10	53.55	59.85	65.10	85.05
57	47.25	56.70	64.05	69.30	90.30
58	50.40	60.90	69.30	74.55	97.65
59	54.60	66.15	75.60	80.85	105.00
60	59.85	71.40	81.90	88.20	114.45
61	64.05	77.70	89.25	95.55	123.90
62	69.30	84.00	96.60	103.95	134.40
63	74.55	90.30	103.95	111.30	144.90
64	78.75	96.60	110.25	119.70	155.40
65	85.05	103.95	117.60	128.10	166.95
66	91.35	111.30	127.05	138.60	180.60
67	98.70	121.80	138.60	151.20	197.40
68	107.10	133.35	152.25	165.90	216.30
69	117.60	144.90	166.95	181.65	237.30
70	128.10	159.60	183.75	199.50	261.45
71	140.70	175.35	203.70	221.55	289.80
72	156.45	195.30	226.80	246.75	322.35
73	174.30	218.40	254.10	276.15	360.15
74	194.25	244.65	284.55	309.75	402.15
75	217.35	273.00	318.15	346.50	448.35
76	241.50	304.50	355.95	387.45	499.80
77	267.75	339.15	395.85	431.55	554.40
78	296.10	375.90	438.90	478.80	613.20
79	326.55	416.85	486.15	530.25	677.25
80	359.10				
81	393.75				
82	430.50				
83	469.35				
84	510.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.45	58.80	63.00	86.10
45-49	46.20	56.70	65.10	70.35	95.55
50-54	56.70	70.35	80.85	89.25	121.80
55	66.15	81.90	94.50	102.90	140.70
56	69.30	86.10	99.75	109.20	149.10
57	73.50	91.35	106.05	115.50	157.50
58	78.75	97.65	113.40	122.85	166.95
59	82.95	103.95	120.75	131.25	177.45
60	89.25	111.30	128.10	139.65	189.00
61	95.55	118.65	137.55	149.10	201.60
62	101.85	127.05	147.00	159.60	215.25
63	108.15	135.45	157.50	170.10	229.95
64	115.50	143.85	166.95	181.65	244.65
65	122.85	153.30	178.50	194.25	261.45
66	131.25	164.85	191.10	207.90	281.40
67	141.75	177.45	206.85	224.70	303.45
68	153.30	192.15	223.65	243.60	328.65
69	164.85	207.90	241.50	263.55	354.90
70	178.50	225.75	262.50	286.65	385.35
71	193.20	245.70	285.60	311.85	418.95
72	211.05	268.80	312.90	342.30	457.80
73	232.05	295.05	344.40	376.95	501.90
74	255.15	324.45	379.05	414.75	550.20
75	280.35	355.95	416.85	455.70	603.75
76	306.60	390.60	457.80	501.90	661.50
77	334.95	428.40	502.95	550.20	723.45
78	364.35	468.30	551.25	602.70	789.60
79	395.85	511.35	602.70	658.35	861.00
80	428.40				
81	462.00				
82	497.70				
83	534.45				
84	573.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.30	59.85	69.30	75.60	99.75
45-49	53.55	67.20	76.65	84.00	111.30
50-54	66.15	82.95	95.55	103.95	140.70
55	74.55	94.50	109.20	118.65	161.70
56	77.70	99.75	115.50	124.95	170.10
57	81.90	105.00	121.80	132.30	178.50
58	87.15	111.30	129.15	140.70	189.00
59	93.45	117.60	136.50	150.15	200.55
60	100.80	124.95	145.95	158.55	212.10
61	107.10	133.35	155.40	169.05	226.80
62	114.45	142.80	165.90	180.60	241.50
63	121.80	151.20	177.45	193.20	258.30
64	129.15	161.70	187.95	205.80	275.10
65	137.55	172.20	201.60	219.45	294.00
66	147.00	184.80	215.25	235.20	315.00
67	157.50	199.50	233.10	254.10	340.20
68	170.10	215.25	252.00	275.10	368.55
69	183.75	234.15	271.95	298.20	397.95
70	199.50	254.10	296.10	324.45	431.55
71	216.30	276.15	322.35	352.80	469.35
72	236.25	302.40	352.80	386.40	513.45
73	259.35	330.75	387.45	425.25	561.75
74	284.55	363.30	425.25	466.20	615.30
75	311.85	399.00	467.25	511.35	675.15
76	341.25	435.75	512.40	561.75	739.20
77	371.70	477.75	560.70	615.30	807.45
78	404.25	520.80	614.25	672.00	880.95
79	437.85	569.10	668.85	732.90	958.65
80	473.55				
81	510.30				
82	548.10				
83	589.05				
84	631.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	64.05	73.50	80.85	106.05
45-49	56.70	71.40	81.90	90.30	117.60
50-54	70.35	88.20	101.85	110.25	149.10
55	78.75	99.75	115.50	126.00	170.10
56	81.90	105.00	121.80	132.30	178.50
57	86.10	110.25	128.10	139.65	187.95
58	91.35	116.55	135.45	148.05	198.45
59	97.65	123.90	143.85	157.50	210.00
60	105.00	131.25	153.30	166.95	222.60
61	112.35	139.65	162.75	177.45	237.30
62	119.70	149.10	174.30	190.05	253.05
63	127.05	158.55	185.85	202.65	269.85
64	135.45	169.05	197.40	216.30	287.70
65	143.85	180.60	211.05	229.95	307.65
66	153.30	193.20	225.75	246.75	329.70
67	164.85	208.95	243.60	266.70	355.95
68	177.45	225.75	263.55	288.75	385.35
69	192.15	244.65	285.60	312.90	416.85
70	207.90	265.65	309.75	340.20	451.50
71	225.75	288.75	338.10	370.65	491.40
72	246.75	316.05	369.60	405.30	536.55
73	270.90	346.50	405.30	445.20	588.00
74	297.15	380.10	445.20	488.25	643.65
75	325.50	416.85	488.25	535.50	705.60
76	355.95	455.70	535.50	586.95	771.75
77	387.45	498.75	585.90	642.60	843.15
78	421.05	543.90	640.50	701.40	919.80
79	455.70	593.25	697.20	765.45	1000.65
80	492.45				
81	530.25				
82	570.15				
83	612.15				
84	655.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	37.80	44.10	48.30	64.05
45-49	33.60	42.00	49.35	53.55	71.40
50-54	45.15	55.65	63.00	68.25	91.35
55	51.45	64.05	72.45	79.80	108.15
56	54.60	67.20	76.65	84.00	115.50
57	57.75	71.40	81.90	90.30	123.90
58	61.95	76.65	88.20	97.65	133.35
59	67.20	82.95	95.55	105.00	143.85
60	72.45	90.30	103.95	113.40	155.40
61	78.75	97.65	113.40	122.85	166.95
62	85.05	106.05	122.85	133.35	180.60
63	91.35	113.40	132.30	143.85	194.25
64	97.65	121.80	141.75	153.30	207.90
65	105.00	130.20	151.20	164.85	223.65
66	113.40	139.65	162.75	177.45	241.50
67	122.85	152.25	177.45	193.20	262.50
68	133.35	165.90	194.25	211.05	286.65
69	144.90	181.65	212.10	231.00	312.90
70	157.50	198.45	232.05	253.05	342.30
71	172.20	218.40	255.15	279.30	374.85
72	190.05	241.50	282.45	308.70	413.70
73	210.00	267.75	312.90	342.30	456.75
74	233.10	296.10	347.55	380.10	505.05
75	257.25	328.65	384.30	421.05	557.55
76	283.50	363.30	424.20	465.15	614.25
77	311.85	400.05	468.30	513.45	675.15
78	341.25	439.95	515.55	564.90	740.25
79	372.75	483.00	564.90	620.55	810.60
80	405.30				
81	439.95				
82	475.65				
83	513.45				
84	553.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.75	46.20	52.50	57.75	75.60
45-49	40.95	50.40	58.80	64.05	84.00
50-54	51.45	64.05	74.55	80.85	106.05
55	59.85	74.55	85.05	93.45	126.00
56	63.00	78.75	90.30	97.65	134.40
57	66.15	82.95	95.55	103.95	142.80
58	71.40	89.25	102.90	112.35	153.30
59	76.65	96.60	111.30	120.75	163.80
60	82.95	103.95	119.70	130.20	175.35
61	89.25	111.30	129.15	140.70	187.95
62	96.60	120.75	139.65	152.25	202.65
63	102.90	129.15	150.15	162.75	217.35
64	110.25	137.55	160.65	174.30	233.10
65	118.65	148.05	171.15	185.85	249.90
66	127.05	158.55	183.75	200.55	269.85
67	137.55	172.20	200.55	217.35	292.95
68	149.10	186.90	218.40	237.30	320.25
69	161.70	204.75	238.35	259.35	349.65
70	176.40	223.65	261.45	284.55	383.25
71	193.20	245.70	286.65	312.90	420.00
72	212.10	270.90	317.10	346.50	463.05
73	234.15	299.25	350.70	383.25	511.35
74	259.35	331.80	388.50	425.25	564.90
75	286.65	366.45	429.45	470.40	622.65
76	316.05	404.25	473.55	519.75	686.70
77	346.50	445.20	521.85	573.30	753.90
78	379.05	488.25	573.30	630.00	826.35
79	412.65	535.50	628.95	690.90	904.05
80	448.35				
81	485.10				
82	525.00				
83	565.95				
84	609.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.90	49.35	56.70	61.95	80.85
45-49	44.10	54.60	63.00	68.25	89.25
50-54	54.60	68.25	78.75	86.10	112.35
55	63.00	78.75	90.30	98.70	133.35
56	66.15	82.95	95.55	103.95	141.75
57	70.35	88.20	101.85	110.25	151.20
58	75.60	94.50	109.20	118.65	161.70
59	80.85	101.85	117.60	127.05	172.20
60	87.15	109.20	127.05	137.55	183.75
61	93.45	117.60	136.50	148.05	197.40
62	100.80	127.05	147.00	159.60	212.10
63	108.15	136.50	157.50	171.15	227.85
64	115.50	144.90	168.00	182.70	243.60
65	123.90	155.40	179.55	195.30	261.45
66	132.30	166.95	193.20	210.00	281.40
67	143.85	180.60	210.00	227.85	306.60
68	156.45	196.35	228.90	248.85	334.95
69	169.05	214.20	249.90	271.95	365.40
70	184.80	234.15	274.05	298.20	400.05
71	201.60	257.25	300.30	327.60	438.90
72	221.55	283.50	331.80	362.25	484.05
73	244.65	312.90	367.50	401.10	534.45
74	270.90	346.50	406.35	444.15	590.10
75	299.25	382.20	448.35	491.40	651.00
76	329.70	422.10	494.55	542.85	717.15
77	361.20	464.10	544.95	598.50	787.50
78	394.80	509.25	598.50	658.35	863.10
79	429.45	558.60	656.25	721.35	943.95
80	466.20				
81	505.05				
82	546.00				
83	588.00				
84	632.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	29.40	34.65	36.75	47.25
45-49	28.35	33.60	37.80	40.95	51.45
50-54	34.65	40.95	47.25	50.40	64.05
55	39.90	47.25	54.60	57.75	76.65
56	42.00	50.40	57.75	61.95	81.90
57	46.20	54.60	61.95	67.20	88.20
58	49.35	58.80	67.20	72.45	95.55
59	54.60	64.05	72.45	78.75	103.95
60	58.80	70.35	79.80	88.20	112.35
61	64.05	77.70	88.20	95.55	121.80
62	69.30	84.00	95.55	103.95	133.35
63	74.55	90.30	102.90	111.30	142.80
64	78.75	96.60	110.25	118.65	154.35
65	84.00	103.95	117.60	127.05	165.90
66	91.35	111.30	127.05	137.55	179.55
67	98.70	120.75	138.60	149.10	195.30
68	107.10	132.30	152.25	163.80	215.25
69	117.60	144.90	166.95	180.60	236.25
70	128.10	158.55	182.70	198.45	259.35
71	141.75	175.35	202.65	221.55	286.65
72	158.55	195.30	225.75	246.75	320.25
73	176.40	218.40	253.05	277.20	358.05
74	196.35	244.65	284.55	309.75	400.05
75	219.45	274.05	319.20	347.55	446.25
76	244.65	306.60	355.95	387.45	496.65
77	271.95	341.25	396.90	431.55	552.30
78	301.35	379.05	441.00	477.75	611.10
79	333.90	418.95	488.25	529.20	676.20
80	366.45				
81	404.25				
82	442.05				
83	483.00				
84	526.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	36.75	42.00	44.10	56.70
45-49	33.60	40.95	46.20	49.35	63.00
50-54	39.90	48.30	55.65	60.90	78.75
55	47.25	55.65	63.00	68.25	90.30
56	49.35	58.80	67.20	71.40	95.55
57	53.55	63.00	71.40	76.65	100.80
58	56.70	68.25	76.65	82.95	109.20
59	61.95	74.55	84.00	90.30	117.60
60	67.20	79.80	91.35	98.70	128.10
61	71.40	88.20	99.75	107.10	138.60
62	77.70	93.45	109.20	117.60	151.20
63	84.00	100.80	116.55	124.95	161.70
64	89.25	109.20	123.90	134.40	174.30
65	95.55	117.60	132.30	142.80	187.95
66	102.90	124.95	142.80	155.40	202.65
67	111.30	137.55	155.40	169.05	221.55
68	120.75	149.10	170.10	186.90	242.55
69	132.30	162.75	187.95	203.70	266.70
70	144.90	179.55	205.80	223.65	292.95
71	158.55	197.40	228.90	247.80	324.45
72	176.40	219.45	254.10	278.25	362.25
73	196.35	245.70	285.60	309.75	404.25
74	218.40	275.10	320.25	348.60	450.45
75	244.65	307.65	358.05	389.55	502.95
76	271.95	342.30	400.05	435.75	560.70
77	302.40	382.20	445.20	484.05	622.65
78	334.95	424.20	494.55	537.60	687.75
79	369.60	469.35	547.05	595.35	761.25
80	406.35				
81	446.25				
82	487.20				
83	531.30				
84	578.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	39.90	44.10	48.30	61.95
45-49	35.70	43.05	49.35	53.55	68.25
50-54	42.00	51.45	58.80	64.05	85.05
55	49.35	58.80	67.20	72.45	95.55
56	51.45	63.00	70.35	76.65	99.75
57	55.65	67.20	75.60	81.90	106.05
58	58.80	71.40	81.90	88.20	114.45
59	64.05	77.70	89.25	95.55	123.90
60	70.35	84.00	96.60	103.95	134.40
61	75.60	91.35	105.00	112.35	145.95
62	81.90	98.70	113.40	121.80	158.55
63	88.20	106.05	121.80	131.25	170.10
64	92.40	113.40	130.20	140.70	182.70
65	99.75	121.80	138.60	151.20	196.35
66	107.10	131.25	149.10	162.75	212.10
67	116.55	142.80	162.75	177.45	232.05
68	126.00	156.45	179.55	195.30	254.10
69	138.60	170.10	196.35	214.20	279.30
70	151.20	187.95	216.30	235.20	307.65
71	165.90	205.80	239.40	260.40	341.25
72	183.75	229.95	266.70	289.80	379.05
73	204.75	257.25	299.25	324.45	424.20
74	228.90	287.70	334.95	364.35	473.55
75	256.20	321.30	373.80	407.40	527.10
76	284.55	358.05	418.95	455.70	588.00
77	315.00	399.00	466.20	508.20	652.05
78	348.60	442.05	516.60	562.80	721.35
79	384.30	490.35	572.25	623.70	796.95
80	422.10				
81	463.05				
82	506.10				
83	552.30				
84	600.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	60.90	69.30	74.55	100.80
45-49	54.60	67.20	76.65	82.95	112.35
50-54	67.20	82.95	95.55	105.00	142.80
55	77.70	96.60	111.30	120.75	165.90
56	81.90	100.80	117.60	128.10	175.35
57	86.10	107.10	124.95	135.45	184.80
58	92.40	114.45	133.35	144.90	196.35
59	97.65	121.80	141.75	154.35	208.95
60	105.00	131.25	151.20	163.80	222.60
61	112.35	139.65	161.70	175.35	237.30
62	119.70	149.10	173.25	187.95	253.05
63	127.05	159.60	184.80	200.55	270.90
64	135.45	169.05	196.35	214.20	287.70
65	144.90	180.60	210.00	228.90	307.65
66	154.35	194.25	224.70	244.65	330.75
67	166.95	208.95	243.60	264.60	357.00
68	180.60	225.75	263.55	286.65	386.40
69	194.25	244.65	284.55	309.75	417.90
70	210.00	265.65	308.70	337.05	453.60
71	226.80	288.75	336.00	366.45	492.45
72	247.80	316.05	368.55	403.20	538.65
73	273.00	347.55	405.30	443.10	590.10
74	300.30	382.20	446.25	488.25	646.80
75	329.70	418.95	490.35	536.55	709.80
76	361.20	459.90	538.65	590.10	778.05
77	393.75	504.00	592.20	646.80	851.55
78	428.40	551.25	648.90	708.75	929.25
79	466.20	601.65	708.75	774.90	1013.25
80	504.00				
81	543.90				
82	585.90				
83	628.95				
84	674.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.70	70.35	81.90	89.25	117.60
45-49	63.00	78.75	90.30	98.70	131.25
50-54	77.70	97.65	112.35	121.80	165.90
55	88.20	111.30	128.10	139.65	190.05
56	91.35	117.60	135.45	147.00	200.55
57	96.60	123.90	142.80	155.40	210.00
58	102.90	131.25	152.25	165.90	222.60
59	110.25	138.60	160.65	176.40	236.25
60	118.65	147.00	172.20	186.90	249.90
61	126.00	156.45	182.70	198.45	266.70
62	134.40	168.00	195.30	212.10	284.55
63	142.80	177.45	208.95	226.80	303.45
64	152.25	190.05	221.55	242.55	323.40
65	161.70	202.65	237.30	258.30	345.45
66	173.25	217.35	253.05	277.20	370.65
67	184.80	235.20	274.05	299.25	400.05
68	200.55	253.05	296.10	323.40	433.65
69	216.30	275.10	320.25	350.70	468.30
70	235.20	299.25	348.60	382.20	508.20
71	254.10	324.45	379.05	414.75	552.30
72	278.25	355.95	414.75	454.65	603.75
73	305.55	389.55	455.70	499.80	660.45
74	334.95	427.35	499.80	548.10	723.45
75	366.45	469.35	550.20	601.65	793.80
76	401.10	512.40	602.70	660.45	869.40
77	436.80	561.75	659.40	723.45	950.25
78	475.65	613.20	722.40	790.65	1036.35
79	515.55	669.90	786.45	862.05	1127.70
80	557.55				
81	600.60				
82	644.70				
83	693.00				
84	742.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.90	75.60	86.10	95.55	124.95
45-49	67.20	84.00	96.60	106.05	138.60
50-54	82.95	103.95	119.70	130.20	175.35
55	92.40	117.60	135.45	148.05	200.55
56	96.60	123.90	142.80	155.40	210.00
57	100.80	130.20	151.20	163.80	221.55
58	107.10	137.55	159.60	174.30	233.10
59	114.45	145.95	169.05	184.80	246.75
60	123.90	154.35	180.60	196.35	261.45
61	132.30	163.80	191.10	208.95	279.30
62	140.70	175.35	204.75	223.65	298.20
63	149.10	186.90	218.40	238.35	317.10
64	159.60	198.45	232.05	254.10	338.10
65	169.05	212.10	247.80	270.90	362.25
66	180.60	226.80	265.65	289.80	387.45
67	194.25	245.70	286.65	313.95	418.95
68	208.95	265.65	309.75	340.20	453.60
69	225.75	287.70	336.00	368.55	490.35
70	244.65	312.90	364.35	400.05	531.30
71	265.65	340.20	397.95	435.75	578.55
72	289.80	371.70	434.70	476.70	631.05
73	319.20	407.40	476.70	523.95	691.95
74	349.65	447.30	523.95	574.35	757.05
75	383.25	490.35	574.35	630.00	830.55
76	418.95	536.55	630.00	690.90	908.25
77	455.70	586.95	688.80	756.00	992.25
78	495.60	639.45	753.90	825.30	1082.55
79	536.55	698.25	820.05	900.90	1177.05
80	579.60				
81	623.70				
82	670.95				
83	720.30				
84	770.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.70	44.10	51.45	56.70	75.60
45-49	39.90	49.35	57.75	63.00	84.00
50-54	53.55	65.10	74.55	79.80	107.10
55	60.90	75.60	85.05	93.45	127.05
56	64.05	78.75	90.30	98.70	135.45
57	68.25	84.00	96.60	106.05	145.95
58	72.45	90.30	103.95	114.45	156.45
59	78.75	97.65	112.35	123.90	169.05
60	85.05	106.05	121.80	133.35	182.70
61	92.40	114.45	133.35	144.90	196.35
62	99.75	124.95	144.90	156.45	212.10
63	107.10	133.35	155.40	169.05	228.90
64	114.45	142.80	166.95	180.60	244.65
65	123.90	153.30	177.45	194.25	263.55
66	133.35	163.80	191.10	208.95	284.55
67	144.90	179.55	208.95	226.80	308.70
68	156.45	195.30	228.90	247.80	337.05
69	170.10	214.20	249.90	271.95	368.55
70	184.80	233.10	273.00	298.20	403.20
71	202.65	257.25	300.30	328.65	441.00
72	223.65	284.55	331.80	363.30	487.20
73	246.75	315.00	368.55	403.20	537.60
74	274.05	348.60	408.45	447.30	594.30
75	302.40	386.40	452.55	495.60	656.25
76	333.90	427.35	498.75	547.05	722.40
77	366.45	470.40	551.25	603.75	793.80
78	401.10	517.65	606.90	664.65	870.45
79	438.90	568.05	664.65	729.75	953.40
80	476.70				
81	517.65				
82	559.65				
83	603.75				
84	651.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.05	54.60	61.95	68.25	89.25
45-49	48.30	58.80	69.30	75.60	98.70
50-54	60.90	75.60	88.20	95.55	124.95
55	70.35	88.20	99.75	110.25	148.05
56	74.55	92.40	106.05	114.45	158.55
57	77.70	97.65	112.35	121.80	168.00
58	84.00	105.00	120.75	132.30	180.60
59	90.30	113.40	131.25	141.75	193.20
60	97.65	121.80	140.70	153.30	205.80
61	105.00	131.25	152.25	165.90	221.55
62	113.40	141.75	163.80	179.55	238.35
63	120.75	152.25	176.40	191.10	256.20
64	130.20	161.70	189.00	204.75	274.05
65	139.65	174.30	201.60	218.40	294.00
66	149.10	186.90	216.30	236.25	317.10
67	161.70	202.65	236.25	256.20	344.40
68	175.35	219.45	257.25	279.30	376.95
69	190.05	240.45	280.35	305.55	411.60
70	207.90	263.55	307.65	334.95	450.45
71	226.80	288.75	337.05	368.55	494.55
72	249.90	319.20	372.75	407.40	544.95
73	275.10	351.75	412.65	450.45	601.65
74	305.55	390.60	456.75	499.80	664.65
75	337.05	431.55	505.05	553.35	732.90
76	371.70	475.65	557.55	611.10	807.45
77	407.40	523.95	614.25	674.10	887.25
78	446.25	574.35	674.10	741.30	972.30
79	485.10	630.00	740.25	812.70	1063.65
80	527.10				
81	571.20				
82	617.40				
83	665.70				
84	716.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	57.75	67.20	72.45	95.55
45-49	51.45	64.05	74.55	79.80	105.00
50-54	64.05	79.80	92.40	100.80	132.30
55	74.55	92.40	106.05	116.55	156.45
56	77.70	97.65	112.35	121.80	166.95
57	82.95	103.95	119.70	130.20	177.45
58	89.25	111.30	128.10	139.65	190.05
59	95.55	119.70	138.60	149.10	202.65
60	102.90	128.10	149.10	161.70	216.30
61	110.25	138.60	160.65	174.30	232.05
62	118.65	149.10	173.25	187.95	249.90
63	127.05	160.65	184.80	201.60	267.75
64	135.45	170.10	197.40	215.25	286.65
65	145.95	182.70	211.05	229.95	307.65
66	155.40	196.35	226.80	246.75	330.75
67	169.05	212.10	246.75	267.75	361.20
68	183.75	231.00	268.80	292.95	393.75
69	198.45	252.00	294.00	320.25	429.45
70	217.35	275.10	322.35	350.70	470.40
71	237.30	302.40	352.80	385.35	516.60
72	260.40	333.90	390.60	426.30	569.10
73	287.70	368.55	432.60	471.45	628.95
74	319.20	407.40	477.75	522.90	694.05
75	351.75	449.40	527.10	578.55	765.45
76	387.45	496.65	581.70	638.40	844.20
77	425.25	546.00	641.55	704.55	926.10
78	464.10	599.55	704.55	774.90	1015.35
79	505.05	657.30	771.75	848.40	1110.90
80	548.10				
81	594.30				
82	642.60				
83	691.95				
84	743.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0086-A45
Virginia

	First Year	Second Year
All rates for this form should be multiplied by a factor of:	1.2040	1.4496

	First Year	Second Year
This factor represents the **proposed** increase of:	20.4%	20.4%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2015

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.56	31.50	36.75	39.38	49.88
45-49	30.19	35.44	40.69	43.31	55.13
50-54	36.75	43.31	49.88	53.81	68.25
55	42.00	49.88	57.75	61.69	81.38
56	44.63	53.81	61.69	65.63	86.63
57	48.56	57.75	65.63	70.88	93.19
58	52.50	63.00	70.88	77.44	101.06
59	57.75	68.25	77.44	84.00	110.25
60	63.00	74.81	85.31	93.19	119.44
61	68.25	82.69	93.19	101.06	129.94
62	73.50	89.25	101.06	110.25	141.75
63	78.75	95.81	108.94	118.13	152.25
64	84.00	102.38	116.81	126.00	164.06
65	89.25	110.25	124.69	135.19	175.88
66	97.13	118.13	135.19	145.69	190.31
67	105.00	128.63	147.00	158.81	207.38
68	114.19	140.44	161.44	174.56	228.38
69	124.69	153.56	177.19	191.63	250.69
70	136.50	168.00	194.25	211.31	275.63
71	150.94	186.38	215.25	234.94	304.50
72	168.00	207.38	240.19	262.50	339.94
73	187.69	232.31	269.06	294.00	380.63
74	208.69	259.88	301.88	329.44	425.25
75	233.63	291.38	338.63	368.81	473.81
76	259.88	325.50	378.00	412.13	527.63
77	288.75	362.25	421.31	458.06	586.69
78	320.25	402.94	468.56	507.94	649.69
79	354.38	444.94	518.44	561.75	717.94
80	389.81				
81	429.19				
82	469.88				
83	513.19				
84	559.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	39.38	44.63	47.25	60.38
45-49	35.44	43.31	48.56	52.50	66.94
50-54	42.00	51.19	59.06	64.31	84.00
55	49.88	59.06	66.94	72.19	95.81
56	52.50	63.00	70.88	76.13	101.06
57	56.44	66.94	76.13	81.38	107.63
58	60.38	72.19	81.38	87.94	115.50
59	65.63	78.75	89.25	95.81	124.69
60	70.88	85.31	97.13	105.00	136.50
61	76.13	93.19	106.31	114.19	147.00
62	82.69	99.75	115.50	124.69	160.13
63	89.25	107.63	123.38	132.56	171.94
64	94.50	115.50	131.25	143.06	185.06
65	101.06	124.69	140.44	152.25	199.50
66	108.94	132.56	152.25	165.38	215.25
67	118.13	145.69	165.38	179.81	234.94
68	128.63	158.81	181.13	198.19	257.25
69	140.44	173.25	199.50	216.56	283.50
70	153.56	190.31	219.19	237.56	311.06
71	168.00	210.00	242.81	263.81	345.19
72	187.69	233.63	270.38	295.31	384.56
73	208.69	261.19	303.19	329.44	429.19
74	232.31	292.69	339.94	370.13	479.06
75	259.88	326.81	380.63	413.44	534.19
76	288.75	363.56	425.25	463.31	595.88
77	321.56	405.56	472.50	514.50	661.50
78	355.69	450.19	525.00	570.94	731.06
79	392.44	498.75	581.44	632.63	808.50
80	431.81				
81	473.81				
82	517.13				
83	564.38				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	47.25	51.19	65.63
45-49	38.06	45.94	52.50	56.44	72.19
50-54	44.63	55.13	63.00	68.25	90.56
55	52.50	63.00	70.88	77.44	101.06
56	55.13	66.94	74.81	81.38	106.31
57	59.06	70.88	80.06	86.63	112.88
58	63.00	76.13	86.63	93.19	122.06
59	68.25	82.69	94.50	101.06	131.25
60	74.81	89.25	102.38	110.25	143.06
61	80.06	97.13	111.56	119.44	154.88
62	86.63	105.00	120.75	129.94	168.00
63	93.19	112.88	129.94	139.13	181.13
64	98.44	120.75	137.81	149.63	194.25
65	106.31	129.94	147.00	160.13	208.69
66	114.19	139.13	158.81	173.25	225.75
67	123.38	152.25	173.25	189.00	246.75
68	133.88	166.69	190.31	207.38	270.38
69	147.00	181.13	208.69	227.06	296.63
70	160.13	199.50	229.69	249.38	326.81
71	175.88	219.19	254.63	276.94	362.25
72	195.56	244.13	283.50	308.44	402.94
73	217.88	273.00	317.63	345.19	450.19
74	242.81	305.81	355.69	387.19	502.69
75	271.69	341.25	397.69	433.13	560.44
76	301.88	380.63	444.94	484.31	624.75
77	334.69	423.94	494.81	539.44	693.00
78	370.13	469.88	548.63	598.50	766.50
79	408.19	521.06	607.69	662.81	846.56
80	448.88				
81	492.19				
82	538.13				
83	586.69				
84	637.88				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	64.31	73.50	78.75	107.63
45-49	57.75	70.88	81.38	87.94	119.44
50-54	70.88	87.94	101.06	111.56	152.25
55	82.69	102.38	118.13	128.63	175.88
56	86.63	107.63	124.69	136.50	186.38
57	91.88	114.19	132.56	144.38	196.88
58	98.44	122.06	141.75	153.56	208.69
59	103.69	129.94	150.94	164.06	221.81
60	111.56	139.13	160.13	174.56	236.25
61	119.44	148.31	171.94	186.38	252.00
62	127.31	158.81	183.75	199.50	269.06
63	135.19	169.31	196.88	212.63	287.44
64	144.38	179.81	208.69	227.06	305.81
65	153.56	191.63	223.13	242.81	326.81
66	164.06	206.06	238.88	259.88	351.75
67	177.19	221.81	258.56	280.88	379.31
68	191.63	240.19	279.56	304.50	410.81
69	206.06	259.88	301.88	329.44	443.63
70	223.13	282.19	328.13	358.31	481.69
71	241.50	307.13	357.00	389.81	523.69
72	263.81	336.00	391.13	427.88	572.25
73	290.06	368.81	430.50	471.19	627.38
74	318.94	405.56	473.81	518.44	687.75
75	350.44	444.94	521.06	569.63	754.69
76	383.25	488.25	572.25	627.38	826.88
77	418.69	535.50	628.69	687.75	904.31
78	455.44	585.38	689.06	753.38	987.00
79	494.81	639.19	753.38	822.94	1076.25
80	535.50				
81	577.50				
82	622.13				
83	668.06				
84	716.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.38	74.81	86.63	94.50	124.69
45-49	66.94	84.00	95.81	105.00	139.13
50-54	82.69	103.69	119.44	129.94	175.88
55	93.19	118.13	136.50	148.31	202.13
56	97.13	124.69	144.38	156.19	212.63
57	102.38	131.25	152.25	165.38	223.13
58	108.94	139.13	161.44	175.88	236.25
59	116.81	147.00	170.63	187.69	250.69
60	126.00	156.19	182.44	198.19	265.13
61	133.88	166.69	194.25	211.31	283.50
62	143.06	178.50	207.38	225.75	301.88
63	152.25	189.00	221.81	241.50	322.88
64	161.44	202.13	234.94	257.25	343.88
65	171.94	215.25	252.00	274.31	367.50
66	183.75	231.00	269.06	294.00	393.75
67	196.88	249.38	291.38	317.63	425.25
68	212.63	269.06	315.00	343.88	460.69
69	229.69	292.69	339.94	372.75	497.44
70	249.38	317.63	370.13	405.56	539.44
71	270.38	345.19	402.94	441.00	586.69
72	295.31	378.00	441.00	483.00	641.81
73	324.19	413.44	484.31	531.56	702.19
74	355.69	454.13	531.56	582.75	769.13
75	389.81	498.75	584.06	639.19	843.94
76	426.56	544.69	640.50	702.19	924.00
77	464.63	597.19	700.88	769.13	1009.31
78	505.31	651.00	767.81	840.00	1101.19
79	547.31	711.38	836.06	916.13	1198.31
80	591.94				
81	637.88				
82	685.13				
83	736.31				
84	788.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	80.06	91.88	101.06	132.56
45-49	70.88	89.25	102.38	112.88	147.00
50-54	87.94	110.25	127.31	137.81	186.38
55	98.44	124.69	144.38	157.50	212.63
56	102.38	131.25	152.25	165.38	223.13
57	107.63	137.81	160.13	174.56	234.94
58	114.19	145.69	169.31	185.06	248.06
59	122.06	154.88	179.81	196.88	262.50
60	131.25	164.06	191.63	208.69	278.25
61	140.44	174.56	203.44	221.81	296.63
62	149.63	186.38	217.88	237.56	316.31
63	158.81	198.19	232.31	253.31	337.31
64	169.31	211.31	246.75	270.38	359.63
65	179.81	225.75	263.81	287.44	384.56
66	191.63	241.50	282.19	308.44	412.13
67	206.06	261.19	304.50	333.38	444.94
68	221.81	282.19	329.44	360.94	481.69
69	240.19	305.81	357.00	391.13	521.06
70	259.88	332.06	387.19	425.25	564.38
71	282.19	360.94	422.63	463.31	614.25
72	308.44	395.06	462.00	506.63	670.69
73	338.63	433.13	506.63	556.50	735.00
74	371.44	475.13	556.50	610.31	804.56
75	406.88	521.06	610.31	669.38	882.00
76	444.94	569.63	669.38	733.69	964.69
77	484.31	623.44	732.38	803.25	1053.94
78	526.31	679.88	800.63	876.75	1149.75
79	569.63	741.56	871.50	956.81	1250.81
80	615.56				
81	662.81				
82	712.69				
83	765.19				
84	819.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	47.25	55.13	60.38	80.06
45-49	42.00	52.50	61.69	66.94	89.25
50-54	56.44	69.56	78.75	85.31	114.19
55	64.31	80.06	90.56	99.75	135.19
56	68.25	84.00	95.81	105.00	144.38
57	72.19	89.25	102.38	112.88	154.88
58	77.44	95.81	110.25	122.06	166.69
59	84.00	103.69	119.44	131.25	179.81
60	90.56	112.88	129.94	141.75	194.25
61	98.44	122.06	141.75	153.56	208.69
62	106.31	132.56	153.56	166.69	225.75
63	114.19	141.75	165.38	179.81	242.81
64	122.06	152.25	177.19	191.63	259.88
65	131.25	162.75	189.00	206.06	279.56
66	141.75	174.56	203.44	221.81	301.88
67	153.56	190.31	221.81	241.50	328.13
68	166.69	207.38	242.81	263.81	358.31
69	181.13	227.06	265.13	288.75	391.13
70	196.88	248.06	290.06	316.31	427.88
71	215.25	273.00	318.94	349.13	468.56
72	237.56	301.88	353.06	385.88	517.13
73	262.50	334.69	391.13	427.88	570.94
74	291.38	370.13	434.44	475.13	631.31
75	321.56	410.81	480.38	526.31	696.94
76	354.38	454.13	530.25	581.44	767.81
77	389.81	500.06	585.38	641.81	843.94
78	426.56	549.94	644.44	706.13	925.31
79	465.94	603.75	706.13	775.69	1013.25
80	506.63				
81	549.94				
82	594.56				
83	641.81				
84	691.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.94	57.75	65.63	72.19	94.50
45-49	51.19	63.00	73.50	80.06	105.00
50-54	64.31	80.06	93.19	101.06	132.56
55	74.81	93.19	106.31	116.81	157.50
56	78.75	98.44	112.88	122.06	168.00
57	82.69	103.69	119.44	129.94	178.50
58	89.25	111.56	128.63	140.44	191.63
59	95.81	120.75	139.13	150.94	204.75
60	103.69	129.94	149.63	162.75	219.19
61	111.56	139.13	161.44	175.88	234.94
62	120.75	150.94	174.56	190.31	253.31
63	128.63	161.44	187.69	203.44	271.69
64	137.81	171.94	200.81	217.88	291.38
65	148.31	185.06	213.94	232.31	312.38
66	158.81	198.19	229.69	250.69	337.31
67	171.94	215.25	250.69	271.69	366.19
68	186.38	233.63	273.00	296.63	400.31
69	202.13	255.94	297.94	324.19	437.06
70	220.50	279.56	326.81	355.69	479.06
71	241.50	307.13	358.31	391.13	525.00
72	265.13	338.63	396.38	433.13	578.81
73	292.69	374.06	438.38	479.06	639.19
74	324.19	414.75	485.63	531.56	706.13
75	358.31	458.06	536.81	588.00	778.31
76	395.06	505.31	591.94	649.69	858.38
77	433.13	556.50	652.31	716.63	942.38
78	473.81	610.31	716.63	787.50	1032.94
79	515.81	669.38	786.19	863.63	1130.06
80	560.44				
81	606.38				
82	656.25				
83	707.44				
84	761.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.88	61.69	70.88	77.44	101.06
45-49	55.13	68.25	78.75	85.31	111.56
50-54	68.25	85.31	98.44	107.63	140.44
55	78.75	98.44	112.88	123.38	166.69
56	82.69	103.69	119.44	129.94	177.19
57	87.94	110.25	127.31	137.81	189.00
58	94.50	118.13	136.50	148.31	202.13
59	101.06	127.31	147.00	158.81	215.25
60	108.94	136.50	158.81	171.94	229.69
61	116.81	147.00	170.63	185.06	246.75
62	126.00	158.81	183.75	199.50	265.13
63	135.19	170.63	196.88	213.94	284.81
64	144.38	181.13	210.00	228.38	304.50
65	154.88	194.25	224.44	244.13	326.81
66	165.38	208.69	241.50	262.50	351.75
67	179.81	225.75	262.50	284.81	383.25
68	195.56	245.44	286.13	311.06	418.69
69	211.31	267.75	312.38	339.94	456.75
70	231.00	292.69	342.56	372.75	500.06
71	252.00	321.56	375.38	409.50	548.63
72	276.94	354.38	414.75	452.81	605.06
73	305.81	391.13	459.38	501.38	668.06
74	338.63	433.13	507.94	555.19	737.63
75	374.06	477.75	560.44	614.25	813.75
76	412.13	527.63	618.19	678.56	896.44
77	451.50	580.13	681.19	748.13	984.38
78	493.50	636.56	748.13	822.94	1078.88
79	536.81	698.25	820.31	901.69	1179.94
80	582.75				
81	631.31				
82	682.50				
83	735.00				
84	790.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	36.75	43.31	45.94	59.06
45-49	35.44	42.00	47.25	51.19	64.31
50-54	43.31	51.19	59.06	63.00	80.06
55	49.88	59.06	68.25	72.19	95.81
56	52.50	63.00	72.19	77.44	102.38
57	57.75	68.25	77.44	84.00	110.25
58	61.69	73.50	84.00	90.56	119.44
59	68.25	80.06	90.56	98.44	129.94
60	73.50	87.94	99.75	110.25	140.44
61	80.06	97.13	110.25	119.44	152.25
62	86.63	105.00	119.44	129.94	166.69
63	93.19	112.88	128.63	139.13	178.50
64	98.44	120.75	137.81	148.31	192.94
65	105.00	129.94	147.00	158.81	207.38
66	114.19	139.13	158.81	171.94	224.44
67	123.38	150.94	173.25	186.38	244.13
68	133.88	165.38	190.31	204.75	269.06
69	147.00	181.13	208.69	225.75	295.31
70	160.13	198.19	228.38	248.06	324.19
71	177.19	219.19	253.31	276.94	358.31
72	198.19	244.13	282.19	308.44	400.31
73	220.50	273.00	316.31	346.50	447.56
74	245.44	305.81	355.69	387.19	500.06
75	274.31	342.56	399.00	434.44	557.81
76	305.81	383.25	444.94	484.31	620.81
77	339.94	426.56	496.13	539.44	690.38
78	376.69	473.81	551.25	597.19	763.88
79	417.38	523.69	610.31	661.50	845.25
80	458.06				
81	505.31				
82	552.56				
83	603.75				
84	657.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	45.94	52.50	55.13	70.88
45-49	42.00	51.19	57.75	61.69	78.75
50-54	49.88	60.38	69.56	76.13	98.44
55	59.06	69.56	78.75	85.31	112.88
56	61.69	73.50	84.00	89.25	119.44
57	66.94	78.75	89.25	95.81	126.00
58	70.88	85.31	95.81	103.69	136.50
59	77.44	93.19	105.00	112.88	147.00
60	84.00	99.75	114.19	123.38	160.13
61	89.25	110.25	124.69	133.88	173.25
62	97.13	116.81	136.50	147.00	189.00
63	105.00	126.00	145.69	156.19	202.13
64	111.56	136.50	154.88	168.00	217.88
65	119.44	147.00	165.38	178.50	234.94
66	128.63	156.19	178.50	194.25	253.31
67	139.13	171.94	194.25	211.31	276.94
68	150.94	186.38	212.63	233.63	303.19
69	165.38	203.44	234.94	254.63	333.38
70	181.13	224.44	257.25	279.56	366.19
71	198.19	246.75	286.13	309.75	405.56
72	220.50	274.31	317.63	347.81	452.81
73	245.44	307.13	357.00	387.19	505.31
74	273.00	343.88	400.31	435.75	563.06
75	305.81	384.56	447.56	486.94	628.69
76	339.94	427.88	500.06	544.69	700.88
77	378.00	477.75	556.50	605.06	778.31
78	418.69	530.25	618.19	672.00	859.69
79	462.00	586.69	683.81	744.19	951.56
80	507.94				
81	557.81				
82	609.00				
83	664.13				
84	723.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	49.88	55.13	60.38	77.44
45-49	44.63	53.81	61.69	66.94	85.31
50-54	52.50	64.31	73.50	80.06	106.31
55	61.69	73.50	84.00	90.56	119.44
56	64.31	78.75	87.94	95.81	124.69
57	69.56	84.00	94.50	102.38	132.56
58	73.50	89.25	102.38	110.25	143.06
59	80.06	97.13	111.56	119.44	154.88
60	87.94	105.00	120.75	129.94	168.00
61	94.50	114.19	131.25	140.44	182.44
62	102.38	123.38	141.75	152.25	198.19
63	110.25	132.56	152.25	164.06	212.63
64	115.50	141.75	162.75	175.88	228.38
65	124.69	152.25	173.25	189.00	245.44
66	133.88	164.06	186.38	203.44	265.13
67	145.69	178.50	203.44	221.81	290.06
68	157.50	195.56	224.44	244.13	317.63
69	173.25	212.63	245.44	267.75	349.13
70	189.00	234.94	270.38	294.00	384.56
71	207.38	257.25	299.25	325.50	426.56
72	229.69	287.44	333.38	362.25	473.81
73	255.94	321.56	374.06	405.56	530.25
74	286.13	359.63	418.69	455.44	591.94
75	320.25	401.63	467.25	509.25	658.88
76	355.69	447.56	523.69	569.63	735.00
77	393.75	498.75	582.75	635.25	815.06
78	435.75	552.56	645.75	703.50	901.69
79	480.38	612.94	715.31	779.63	996.19
80	527.63				
81	578.81				
82	632.63				
83	690.38				
84	750.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	76.13	86.63	93.19	126.00
45-49	68.25	84.00	95.81	103.69	140.44
50-54	84.00	103.69	119.44	131.25	178.50
55	97.13	120.75	139.13	150.94	207.38
56	102.38	126.00	147.00	160.13	219.19
57	107.63	133.88	156.19	169.31	231.00
58	115.50	143.06	166.69	181.13	245.44
59	122.06	152.25	177.19	192.94	261.19
60	131.25	164.06	189.00	204.75	278.25
61	140.44	174.56	202.13	219.19	296.63
62	149.63	186.38	216.56	234.94	316.31
63	158.81	199.50	231.00	250.69	338.63
64	169.31	211.31	245.44	267.75	359.63
65	181.13	225.75	262.50	286.13	384.56
66	192.94	242.81	280.88	305.81	413.44
67	208.69	261.19	304.50	330.75	446.25
68	225.75	282.19	329.44	358.31	483.00
69	242.81	305.81	355.69	387.19	522.38
70	262.50	332.06	385.88	421.31	567.00
71	283.50	360.94	420.00	458.06	615.56
72	309.75	395.06	460.69	504.00	673.31
73	341.25	434.44	506.63	553.88	737.63
74	375.38	477.75	557.81	610.31	808.50
75	412.13	523.69	612.94	670.69	887.25
76	451.50	574.88	673.31	737.63	972.56
77	492.19	630.00	740.25	808.50	1064.44
78	535.50	689.06	811.13	885.94	1161.56
79	582.75	752.06	885.94	968.63	1266.56
80	630.00				
81	679.88				
82	732.38				
83	786.19				
84	842.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.88	87.94	102.38	111.56	147.00
45-49	78.75	98.44	112.88	123.38	164.06
50-54	97.13	122.06	140.44	152.25	207.38
55	110.25	139.13	160.13	174.56	237.56
56	114.19	147.00	169.31	183.75	250.69
57	120.75	154.88	178.50	194.25	262.50
58	128.63	164.06	190.31	207.38	278.25
59	137.81	173.25	200.81	220.50	295.31
60	148.31	183.75	215.25	233.63	312.38
61	157.50	195.56	228.38	248.06	333.38
62	168.00	210.00	244.13	265.13	355.69
63	178.50	221.81	261.19	283.50	379.31
64	190.31	237.56	276.94	303.19	404.25
65	202.13	253.31	296.63	322.88	431.81
66	216.56	271.69	316.31	346.50	463.31
67	231.00	294.00	342.56	374.06	500.06
68	250.69	316.31	370.13	404.25	542.06
69	270.38	343.88	400.31	438.38	585.38
70	294.00	374.06	435.75	477.75	635.25
71	317.63	405.56	473.81	518.44	690.38
72	347.81	444.94	518.44	568.31	754.69
73	381.94	486.94	569.63	624.75	825.56
74	418.69	534.19	624.75	685.13	904.31
75	458.06	586.69	687.75	752.06	992.25
76	501.38	640.50	753.38	825.56	1086.75
77	546.00	702.19	824.25	904.31	1187.81
78	594.56	766.50	903.00	988.31	1295.44
79	644.44	837.38	983.06	1077.56	1409.63
80	696.94				
81	750.75				
82	805.88				
83	866.25				
84	927.94				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.13	94.50	107.63	119.44	156.19
45-49	84.00	105.00	120.75	132.56	173.25
50-54	103.69	129.94	149.63	162.75	219.19
55	115.50	147.00	169.31	185.06	250.69
56	120.75	154.88	178.50	194.25	262.50
57	126.00	162.75	189.00	204.75	276.94
58	133.88	171.94	199.50	217.88	291.38
59	143.06	182.44	211.31	231.00	308.44
60	154.88	192.94	225.75	245.44	326.81
61	165.38	204.75	238.88	261.19	349.13
62	175.88	219.19	255.94	279.56	372.75
63	186.38	233.63	273.00	297.94	396.38
64	199.50	248.06	290.06	317.63	422.63
65	211.31	265.13	309.75	338.63	452.81
66	225.75	283.50	332.06	362.25	484.31
67	242.81	307.13	358.31	392.44	523.69
68	261.19	332.06	387.19	425.25	567.00
69	282.19	359.63	420.00	460.69	612.94
70	305.81	391.13	455.44	500.06	664.13
71	332.06	425.25	497.44	544.69	723.19
72	362.25	464.63	543.38	595.88	788.81
73	399.00	509.25	595.88	654.94	864.94
74	437.06	559.13	654.94	717.94	946.31
75	479.06	612.94	717.94	787.50	1038.19
76	523.69	670.69	787.50	863.63	1135.31
77	569.63	733.69	861.00	945.00	1240.31
78	619.50	799.31	942.38	1031.63	1353.19
79	670.69	872.81	1025.06	1126.13	1471.31
80	724.50				
81	779.63				
82	838.69				
83	900.38				
84	963.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.63	55.13	64.31	70.88	94.50
45-49	49.88	61.69	72.19	78.75	105.00
50-54	66.94	81.38	93.19	99.75	133.88
55	76.13	94.50	106.31	116.81	158.81
56	80.06	98.44	112.88	123.38	169.31
57	85.31	105.00	120.75	132.56	182.44
58	90.56	112.88	129.94	143.06	195.56
59	98.44	122.06	140.44	154.88	211.31
60	106.31	132.56	152.25	166.69	228.38
61	115.50	143.06	166.69	181.13	245.44
62	124.69	156.19	181.13	195.56	265.13
63	133.88	166.69	194.25	211.31	286.13
64	143.06	178.50	208.69	225.75	305.81
65	154.88	191.63	221.81	242.81	329.44
66	166.69	204.75	238.88	261.19	355.69
67	181.13	224.44	261.19	283.50	385.88
68	195.56	244.13	286.13	309.75	421.31
69	212.63	267.75	312.38	339.94	460.69
70	231.00	291.38	341.25	372.75	504.00
71	253.31	321.56	375.38	410.81	551.25
72	279.56	355.69	414.75	454.13	609.00
73	308.44	393.75	460.69	504.00	672.00
74	342.56	435.75	510.56	559.13	742.88
75	378.00	483.00	565.69	619.50	820.31
76	417.38	534.19	623.44	683.81	903.00
77	458.06	588.00	689.06	754.69	992.25
78	501.38	647.06	758.63	830.81	1088.06
79	548.63	710.06	830.81	912.19	1191.75
80	595.88				
81	647.06				
82	699.56				
83	754.69				
84	813.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.81	68.25	77.44	85.31	111.56
45-49	60.38	73.50	86.63	94.50	123.38
50-54	76.13	94.50	110.25	119.44	156.19
55	87.94	110.25	124.69	137.81	185.06
56	93.19	115.50	132.56	143.06	198.19
57	97.13	122.06	140.44	152.25	210.00
58	105.00	131.25	150.94	165.38	225.75
59	112.88	141.75	164.06	177.19	241.50
60	122.06	152.25	175.88	191.63	257.25
61	131.25	164.06	190.31	207.38	276.94
62	141.75	177.19	204.75	224.44	297.94
63	150.94	190.31	220.50	238.88	320.25
64	162.75	202.13	236.25	255.94	342.56
65	174.56	217.88	252.00	273.00	367.50
66	186.38	233.63	270.38	295.31	396.38
67	202.13	253.31	295.31	320.25	430.50
68	219.19	274.31	321.56	349.13	471.19
69	237.56	300.56	350.44	381.94	514.50
70	259.88	329.44	384.56	418.69	563.06
71	283.50	360.94	421.31	460.69	618.19
72	312.38	399.00	465.94	509.25	681.19
73	343.88	439.69	515.81	563.06	752.06
74	381.94	488.25	570.94	624.75	830.81
75	421.31	539.44	631.31	691.69	916.13
76	464.63	594.56	696.94	763.88	1009.31
77	509.25	654.94	767.81	842.63	1109.06
78	557.81	717.94	842.63	926.63	1215.38
79	606.38	787.50	925.31	1015.88	1329.56
80	658.88				
81	714.00				
82	771.75				
83	832.13				
84	895.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.06	72.19	84.00	90.56	119.44
45-49	64.31	80.06	93.19	99.75	131.25
50-54	80.06	99.75	115.50	126.00	165.38
55	93.19	115.50	132.56	145.69	195.56
56	97.13	122.06	140.44	152.25	208.69
57	103.69	129.94	149.63	162.75	221.81
58	111.56	139.13	160.13	174.56	237.56
59	119.44	149.63	173.25	186.38	253.31
60	128.63	160.13	186.38	202.13	270.38
61	137.81	173.25	200.81	217.88	290.06
62	148.31	186.38	216.56	234.94	312.38
63	158.81	200.81	231.00	252.00	334.69
64	169.31	212.63	246.75	269.06	358.31
65	182.44	228.38	263.81	287.44	384.56
66	194.25	245.44	283.50	308.44	413.44
67	211.31	265.13	308.44	334.69	451.50
68	229.69	288.75	336.00	366.19	492.19
69	248.06	315.00	367.50	400.31	536.81
70	271.69	343.88	402.94	438.38	588.00
71	296.63	378.00	441.00	481.69	645.75
72	325.50	417.38	488.25	532.88	711.38
73	359.63	460.69	540.75	589.31	786.19
74	399.00	509.25	597.19	653.63	867.56
75	439.69	561.75	658.88	723.19	956.81
76	484.31	620.81	727.13	798.00	1055.25
77	531.56	682.50	801.94	880.69	1157.63
78	580.13	749.44	880.69	968.63	1269.19
79	631.31	821.63	964.69	1060.50	1388.63
80	685.13				
81	742.88				
82	803.25				
83	864.94				
84	929.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0090-A45
Virginia

	First Year	Second Year
All rates for this form should be multiplied by a factor of:	1.2040	1.4496

	First Year	Second Year
This factor represents the **proposed** increase of:	20.4%	20.4%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2015

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17	19	22	23	24
45-49	19	21	24	25	27
50-54	23	26	29	31	35
55	26	30	34	37	44
56	28	32	37	40	48
57	30	35	40	43	53
58	33	38	44	47	58
59	36	42	48	51	64
60	40	47	53	56	70
61	43	51	58	61	76
62	47	56	63	67	83
63	50	60	68	72	89
64	53	64	73	78	95
65	57	68	78	84	102
66	61	74	84	91	110
67	66	80	92	99	120
68	72	88	101	109	132
69	79	96	111	119	144
70	86	105	122	131	159
71	95	116	134	145	176
72	105	129	149	161	195
73	117	144	166	179	217
74	130	160	185	200	242
75	145	178	205	222	269
76	161	198	228	246	298
77	178	219	252	272	330
78	196	242	278	300	364
79	216	266	306	330	401
80	236				
81	258				
82	281				
83	305				
84	331				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	45	49	59
45-49	35	43	50	54	66
50-54	43	53	62	67	84
55	52	63	73	78	100
56	55	67	77	83	107
57	59	72	82	88	114
58	63	77	88	94	122
59	67	82	94	101	130
60	71	88	101	109	139
61	76	94	108	117	148
62	81	100	116	126	159
63	86	107	124	134	170
64	92	113	132	143	182
65	98	121	140	152	195
66	105	129	150	162	209
67	113	139	161	174	225
68	122	150	174	188	243
69	131	162	187	203	262
70	142	176	203	220	282
71	154	191	220	239	306
72	167	208	240	261	333
73	182	227	263	286	363
74	199	249	288	314	397
75	217	272	316	344	433
76	236	297	346	377	473
77	256	324	378	413	515
78	277	353	413	451	560
79	299	384	450	492	609
80	323				
81	347				
82	373				
83	400				
84	428				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	35	42
45-49	25	31	36	39	47
50-54	35	42	49	53	64
55	40	49	56	60	77
56	42	52	59	64	82
57	45	56	63	68	88
58	49	61	68	74	95
59	53	66	74	80	104
60	58	72	81	88	113
61	63	78	89	96	123
62	68	84	96	104	133
63	73	90	103	112	143
64	78	96	110	120	154
65	83	103	118	128	165
66	90	111	127	138	179
67	97	120	138	150	194
68	105	131	151	164	211
69	115	143	165	179	230
70	125	156	180	196	252
71	137	171	198	215	275
72	150	188	218	237	302
73	165	207	240	262	332
74	182	228	265	289	365
75	200	251	292	318	400
76	219	276	321	350	439
77	239	302	352	384	480
78	260	330	385	421	524
79	282	360	421	460	571
80	306				
81	330				
82	356				
83	383				
84	411				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20	22	26	27	28
45-49	22	25	28	29	32
50-54	27	31	34	36	41
55	31	35	40	44	52
56	33	38	44	47	56
57	35	41	47	51	62
58	39	45	52	55	68
59	42	49	56	60	75
60	47	55	62	66	82
61	51	60	68	72	89
62	55	66	74	79	98
63	59	71	80	85	105
64	62	75	86	92	112
65	67	80	92	99	120
66	72	87	99	107	129
67	78	94	108	116	141
68	85	104	119	128	155
69	93	113	131	140	169
70	101	124	144	154	187
71	112	136	158	171	207
72	124	152	175	189	229
73	138	169	195	211	255
74	153	188	218	235	285
75	171	209	241	261	316
76	189	233	268	289	351
77	209	258	296	320	388
78	231	285	327	353	428
79	254	313	360	388	472
80	278				
81	304				
82	331				
83	359				
84	389				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	46	53	58	69
45-49	41	51	59	64	78
50-54	51	62	73	79	99
55	61	74	86	92	118
56	65	79	91	98	126
57	69	85	96	104	134
58	74	91	104	111	144
59	79	96	111	119	153
60	84	104	119	128	164
61	89	111	127	138	174
62	95	118	136	148	187
63	101	126	146	158	200
64	108	133	155	168	214
65	115	142	165	179	229
66	124	152	176	191	246
67	133	164	189	205	265
68	144	176	205	221	286
69	154	191	220	239	308
70	167	207	239	259	332
71	181	225	259	281	360
72	196	245	282	307	392
73	214	267	309	336	427
74	234	293	339	369	467
75	255	320	372	405	509
76	278	349	407	444	556
77	301	381	445	486	606
78	326	415	486	531	659
79	352	452	529	579	716
80	380				
81	408				
82	439				
83	471				
84	504				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	41	49
45-49	29	36	42	46	55
50-54	41	49	58	62	75
55	47	58	66	71	91
56	49	61	69	75	96
57	53	66	74	80	104
58	58	72	80	87	112
59	62	78	87	94	122
60	68	85	95	104	133
61	74	92	105	113	145
62	80	99	113	122	156
63	86	106	121	132	168
64	92	113	129	141	181
65	98	121	139	151	194
66	106	131	149	162	211
67	114	141	162	176	228
68	124	154	178	193	248
69	135	168	194	211	271
70	147	184	212	231	296
71	161	201	233	253	324
72	176	221	256	279	355
73	194	244	282	308	391
74	214	268	312	340	429
75	235	295	344	374	471
76	258	325	378	412	516
77	281	355	414	452	565
78	306	388	453	495	616
79	332	424	495	541	672
80	360				
81	388				
82	419				
83	451				
84	484				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0091-A45
Virginia

	First Year	Second Year
All rates for this form should be multiplied by a factor of:	1.2040	1.4496

	First Year	Second Year
This factor represents the **proposed** increase of:	20.4%	20.4%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2015

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.25	23.75	27.50	28.75	30.00
45-49	23.75	26.25	30.00	31.25	33.75
50-54	28.75	32.50	36.25	38.75	43.75
55	32.50	37.50	42.50	46.25	55.00
56	35.00	40.00	46.25	50.00	60.00
57	37.50	43.75	50.00	53.75	66.25
58	41.25	47.50	55.00	58.75	72.50
59	45.00	52.50	60.00	63.75	80.00
60	50.00	58.75	66.25	70.00	87.50
61	53.75	63.75	72.50	76.25	95.00
62	58.75	70.00	78.75	83.75	103.75
63	62.50	75.00	85.00	90.00	111.25
64	66.25	80.00	91.25	97.50	118.75
65	71.25	85.00	97.50	105.00	127.50
66	76.25	92.50	105.00	113.75	137.50
67	82.50	100.00	115.00	123.75	150.00
68	90.00	110.00	126.25	136.25	165.00
69	98.75	120.00	138.75	148.75	180.00
70	107.50	131.25	152.50	163.75	198.75
71	118.75	145.00	167.50	181.25	220.00
72	131.25	161.25	186.25	201.25	243.75
73	146.25	180.00	207.50	223.75	271.25
74	162.50	200.00	231.25	250.00	302.50
75	181.25	222.50	256.25	277.50	336.25
76	201.25	247.50	285.00	307.50	372.50
77	222.50	273.75	315.00	340.00	412.50
78	245.00	302.50	347.50	375.00	455.00
79	270.00	332.50	382.50	412.50	501.25
80	295.00				
81	322.50				
82	351.25				
83	381.25				
84	413.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	56.25	61.25	73.75
45-49	43.75	53.75	62.50	67.50	82.50
50-54	53.75	66.25	77.50	83.75	105.00
55	65.00	78.75	91.25	97.50	125.00
56	68.75	83.75	96.25	103.75	133.75
57	73.75	90.00	102.50	110.00	142.50
58	78.75	96.25	110.00	117.50	152.50
59	83.75	102.50	117.50	126.25	162.50
60	88.75	110.00	126.25	136.25	173.75
61	95.00	117.50	135.00	146.25	185.00
62	101.25	125.00	145.00	157.50	198.75
63	107.50	133.75	155.00	167.50	212.50
64	115.00	141.25	165.00	178.75	227.50
65	122.50	151.25	175.00	190.00	243.75
66	131.25	161.25	187.50	202.50	261.25
67	141.25	173.75	201.25	217.50	281.25
68	152.50	187.50	217.50	235.00	303.75
69	163.75	202.50	233.75	253.75	327.50
70	177.50	220.00	253.75	275.00	352.50
71	192.50	238.75	275.00	298.75	382.50
72	208.75	260.00	300.00	326.25	416.25
73	227.50	283.75	328.75	357.50	453.75
74	248.75	311.25	360.00	392.50	496.25
75	271.25	340.00	395.00	430.00	541.25
76	295.00	371.25	432.50	471.25	591.25
77	320.00	405.00	472.50	516.25	643.75
78	346.25	441.25	516.25	563.75	700.00
79	373.75	480.00	562.50	615.00	761.25
80	403.75				
81	433.75				
82	466.25				
83	500.00				
84	535.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	43.75	52.50
45-49	31.25	38.75	45.00	48.75	58.75
50-54	43.75	52.50	61.25	66.25	80.00
55	50.00	61.25	70.00	75.00	96.25
56	52.50	65.00	73.75	80.00	102.50
57	56.25	70.00	78.75	85.00	110.00
58	61.25	76.25	85.00	92.50	118.75
59	66.25	82.50	92.50	100.00	130.00
60	72.50	90.00	101.25	110.00	141.25
61	78.75	97.50	111.25	120.00	153.75
62	85.00	105.00	120.00	130.00	166.25
63	91.25	112.50	128.75	140.00	178.75
64	97.50	120.00	137.50	150.00	192.50
65	103.75	128.75	147.50	160.00	206.25
66	112.50	138.75	158.75	172.50	223.75
67	121.25	150.00	172.50	187.50	242.50
68	131.25	163.75	188.75	205.00	263.75
69	143.75	178.75	206.25	223.75	287.50
70	156.25	195.00	225.00	245.00	315.00
71	171.25	213.75	247.50	268.75	343.75
72	187.50	235.00	272.50	296.25	377.50
73	206.25	258.75	300.00	327.50	415.00
74	227.50	285.00	331.25	361.25	456.25
75	250.00	313.75	365.00	397.50	500.00
76	273.75	345.00	401.25	437.50	548.75
77	298.75	377.50	440.00	480.00	600.00
78	325.00	412.50	481.25	526.25	655.00
79	352.50	450.00	526.25	575.00	713.75
80	382.50				
81	412.50				
82	445.00				
83	478.75				
84	513.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.00	27.50	32.50	33.75	35.00
45-49	27.50	31.25	35.00	36.25	40.00
50-54	33.75	38.75	42.50	45.00	51.25
55	38.75	43.75	50.00	55.00	65.00
56	41.25	47.50	55.00	58.75	70.00
57	43.75	51.25	58.75	63.75	77.50
58	48.75	56.25	65.00	68.75	85.00
59	52.50	61.25	70.00	75.00	93.75
60	58.75	68.75	77.50	82.50	102.50
61	63.75	75.00	85.00	90.00	111.25
62	68.75	82.50	92.50	98.75	122.50
63	73.75	88.75	100.00	106.25	131.25
64	77.50	93.75	107.50	115.00	140.00
65	83.75	100.00	115.00	123.75	150.00
66	90.00	108.75	123.75	133.75	161.25
67	97.50	117.50	135.00	145.00	176.25
68	106.25	130.00	148.75	160.00	193.75
69	116.25	141.25	163.75	175.00	211.25
70	126.25	155.00	180.00	192.50	233.75
71	140.00	170.00	197.50	213.75	258.75
72	155.00	190.00	218.75	236.25	286.25
73	172.50	211.25	243.75	263.75	318.75
74	191.25	235.00	272.50	293.75	356.25
75	213.75	261.25	301.25	326.25	395.00
76	236.25	291.25	335.00	361.25	438.75
77	261.25	322.50	370.00	400.00	485.00
78	288.75	356.25	408.75	441.25	535.00
79	317.50	391.25	450.00	485.00	590.00
80	347.50				
81	380.00				
82	413.75				
83	448.75				
84	486.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	57.50	66.25	72.50	86.25
45-49	51.25	63.75	73.75	80.00	97.50
50-54	63.75	77.50	91.25	98.75	123.75
55	76.25	92.50	107.50	115.00	147.50
56	81.25	98.75	113.75	122.50	157.50
57	86.25	106.25	120.00	130.00	167.50
58	92.50	113.75	130.00	138.75	180.00
59	98.75	120.00	138.75	148.75	191.25
60	105.00	130.00	148.75	160.00	205.00
61	111.25	138.75	158.75	172.50	217.50
62	118.75	147.50	170.00	185.00	233.75
63	126.25	157.50	182.50	197.50	250.00
64	135.00	166.25	193.75	210.00	267.50
65	143.75	177.50	206.25	223.75	286.25
66	155.00	190.00	220.00	238.75	307.50
67	166.25	205.00	236.25	256.25	331.25
68	180.00	220.00	256.25	276.25	357.50
69	192.50	238.75	275.00	298.75	385.00
70	208.75	258.75	298.75	323.75	415.00
71	226.25	281.25	323.75	351.25	450.00
72	245.00	306.25	352.50	383.75	490.00
73	267.50	333.75	386.25	420.00	533.75
74	292.50	366.25	423.75	461.25	583.75
75	318.75	400.00	465.00	506.25	636.25
76	347.50	436.25	508.75	555.00	695.00
77	376.25	476.25	556.25	607.50	757.50
78	407.50	518.75	607.50	663.75	823.75
79	440.00	565.00	661.25	723.75	895.00
80	475.00				
81	510.00				
82	548.75				
83	588.75				
84	630.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	51.25	61.25
45-49	36.25	45.00	52.50	57.50	68.75
50-54	51.25	61.25	72.50	77.50	93.75
55	58.75	72.50	82.50	88.75	113.75
56	61.25	76.25	86.25	93.75	120.00
57	66.25	82.50	92.50	100.00	130.00
58	72.50	90.00	100.00	108.75	140.00
59	77.50	97.50	108.75	117.50	152.50
60	85.00	106.25	118.75	130.00	166.25
61	92.50	115.00	131.25	141.25	181.25
62	100.00	123.75	141.25	152.50	195.00
63	107.50	132.50	151.25	165.00	210.00
64	115.00	141.25	161.25	176.25	226.25
65	122.50	151.25	173.75	188.75	242.50
66	132.50	163.75	186.25	202.50	263.75
67	142.50	176.25	202.50	220.00	285.00
68	155.00	192.50	222.50	241.25	310.00
69	168.75	210.00	242.50	263.75	338.75
70	183.75	230.00	265.00	288.75	370.00
71	201.25	251.25	291.25	316.25	405.00
72	220.00	276.25	320.00	348.75	443.75
73	242.50	305.00	352.50	385.00	488.75
74	267.50	335.00	390.00	425.00	536.25
75	293.75	368.75	430.00	467.50	588.75
76	322.50	406.25	472.50	515.00	645.00
77	351.25	443.75	517.50	565.00	706.25
78	382.50	485.00	566.25	618.75	770.00
79	415.00	530.00	618.75	676.25	840.00
80	450.00				
81	485.00				
82	523.75				
83	563.75				
84	605.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0095-A45
Virginia

	First Year	Second Year
All rates for this form should be multiplied by a factor of:	1.2040	1.4496

	First Year	Second Year
This factor represents the **proposed** increase of:	20.4%	20.4%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2015

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19	23	25	27	35
45-49	21	26	28	30	39
50-54	26	31	35	37	48
55	30	36	40	43	57
56	32	38	43	46	60
57	34	41	46	49	65
58	37	44	50	53	70
59	40	48	54	58	76
60	43	52	59	63	83
61	47	56	64	69	90
62	51	61	70	75	98
63	55	66	75	81	106
64	58	70	81	87	113
65	62	75	87	93	121
66	66	81	94	101	131
67	72	88	102	110	143
68	79	96	111	121	157
69	86	105	122	132	172
70	94	115	133	145	189
71	103	127	147	160	208
72	114	141	163	178	231
73	126	157	182	198	257
74	140	175	202	221	285
75	156	194	225	246	316
76	172	215	250	273	350
77	190	238	277	302	387
78	209	263	306	334	426
79	230	289	337	367	468
80	252				
81	275				
82	300				
83	326				
84	354				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	30	31	41
45-49	25	30	33	35	45
50-54	29	35	40	43	56
55	34	40	45	49	65
56	36	42	48	52	68
57	38	45	51	55	73
58	41	49	55	59	78
59	44	53	60	65	84
60	47	58	65	70	91
61	51	62	71	77	99
62	55	67	77	83	107
63	59	72	83	89	116
64	63	77	88	95	124
65	68	82	95	101	133
66	72	88	102	109	144
67	78	96	110	119	157
68	85	104	121	131	172
69	93	114	132	143	188
70	102	126	144	157	207
71	111	138	160	173	228
72	123	154	177	193	252
73	137	171	197	215	280
74	151	190	220	239	310
75	168	211	245	266	344
76	185	234	272	296	381
77	205	258	301	328	421
78	225	285	333	363	463
79	247	314	366	399	509
80	270				
81	295				
82	321				
83	348				
84	377				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	33	43
45-49	26	31	35	37	48
50-54	30	37	42	45	60
55	35	42	47	51	68
56	37	44	50	54	72
57	39	47	53	58	76
58	42	51	57	62	82
59	45	55	62	68	88
60	49	60	68	73	95
61	53	65	74	80	103
62	57	70	80	86	111
63	61	75	86	92	120
64	65	80	91	98	128
65	70	85	98	105	138
66	75	91	105	113	149
67	81	99	114	123	163
68	88	108	125	135	178
69	96	118	136	148	195
70	105	130	149	162	214
71	115	143	165	179	236
72	127	159	183	199	261
73	141	177	204	222	290
74	156	196	227	247	321
75	173	218	253	275	356
76	191	242	281	306	394
77	211	267	311	339	435
78	232	294	344	375	479
79	254	324	379	413	526
80	278				
81	303				
82	330				
83	358				
84	387				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	45	52	57	75
45-49	40	50	58	63	83
50-54	49	61	71	77	106
55	56	71	82	89	123
56	59	75	87	94	129
57	63	80	92	100	137
58	67	85	98	107	145
59	72	91	105	114	154
60	77	97	112	121	164
61	82	104	120	130	175
62	88	111	128	139	187
63	94	118	136	148	200
64	100	126	145	158	213
65	106	134	155	168	227
66	114	143	165	180	243
67	122	154	178	194	262
68	131	166	192	210	283
69	141	178	208	227	305
70	152	193	225	246	329
71	165	209	244	267	357
72	179	227	266	291	388
73	195	248	291	318	423
74	213	271	318	348	461
75	233	296	347	380	503
76	253	324	379	415	548
77	275	353	413	453	596
78	297	385	449	493	647
79	321	418	488	536	702
80	346				
81	371				
82	398				
83	426				
84	455				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	51	59	65	84
45-49	45	56	66	71	94
50-54	55	69	81	88	119
55	62	79	93	101	136
56	65	83	98	106	142
57	69	88	103	112	150
58	73	93	109	119	159
59	78	99	116	126	169
60	84	106	123	134	179
61	90	113	131	142	191
62	96	121	139	152	204
63	102	129	148	161	218
64	108	137	158	172	231
65	115	145	168	183	247
66	123	155	180	197	263
67	132	167	194	212	284
68	142	180	210	230	306
69	153	193	226	248	330
70	165	210	245	268	356
71	178	227	266	291	386
72	194	247	289	317	420
73	211	270	316	346	458
74	230	294	345	378	499
75	251	321	376	412	544
76	273	350	410	449	591
77	295	380	446	489	643
78	319	413	485	532	697
79	343	448	526	577	756
80	370				
81	396				
82	425				
83	454				
84	484				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	62	68	88
45-49	47	59	69	75	98
50-54	58	73	85	92	124
55	65	82	97	106	141
56	68	86	102	111	148
57	72	91	107	117	156
58	76	97	113	124	165
59	81	103	120	131	175
60	87	110	127	139	186
61	93	117	135	147	198
62	99	125	144	157	211
63	105	133	153	167	225
64	112	141	163	178	239
65	119	150	174	190	255
66	127	160	187	204	272
67	136	172	201	220	293
68	146	186	217	238	316
69	158	200	234	257	341
70	170	217	253	278	368
71	184	235	275	301	399
72	200	256	299	328	434
73	218	279	326	358	473
74	237	304	356	391	515
75	258	331	388	426	561
76	281	361	423	464	610
77	304	392	460	505	663
78	328	425	500	549	719
79	353	461	542	595	779
80	380				
81	407				
82	436				
83	466				
84	497				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	39	42	56
45-49	30	37	43	47	62
50-54	39	48	55	61	80
55	45	55	64	70	95
56	47	58	67	73	101
57	50	62	72	78	108
58	54	67	78	84	116
59	58	72	84	91	125
60	63	79	91	99	134
61	69	85	99	107	145
62	74	92	107	116	156
63	79	99	115	124	168
64	85	106	123	133	180
65	90	113	131	142	193
66	97	122	141	153	208
67	105	132	153	166	226
68	114	144	167	181	246
69	124	157	182	198	268
70	135	171	199	217	293
71	148	188	218	238	320
72	162	206	240	262	351
73	178	227	264	289	386
74	196	249	291	318	423
75	215	274	320	350	464
76	236	300	351	385	509
77	257	329	385	422	556
78	279	359	421	462	607
79	303	392	459	504	660
80	328				
81	354				
82	381				
83	409				
84	439				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	39	45	48	64
45-49	35	43	49	54	71
50-54	43	54	63	69	90
55	50	62	72	78	106
56	53	66	76	83	112
57	56	70	81	88	120
58	60	75	87	95	128
59	64	80	93	102	137
60	69	87	101	110	147
61	75	93	109	119	158
62	80	100	117	128	169
63	86	107	126	137	182
64	92	115	134	146	195
65	98	123	143	156	208
66	106	133	154	168	225
67	115	143	167	181	244
68	125	156	182	198	266
69	135	170	198	216	290
70	146	185	216	235	316
71	159	203	236	258	346
72	174	222	260	284	379
73	191	245	286	313	416
74	210	269	314	344	457
75	231	295	346	379	501
76	253	323	380	417	549
77	276	354	416	456	600
78	299	387	455	499	655
79	325	422	496	545	713
80	351				
81	379				
82	407				
83	436				
84	468				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33	41	47	51	68
45-49	37	45	52	57	75
50-54	45	56	66	72	94
55	52	65	76	82	111
56	55	69	80	87	117
57	58	73	85	92	125
58	62	78	91	99	133
59	67	84	97	106	142
60	72	90	105	115	152
61	77	97	113	124	163
62	83	104	121	133	175
63	89	111	130	142	188
64	95	119	139	152	201
65	102	127	148	162	215
66	110	137	160	174	232
67	119	148	173	188	252
68	129	161	188	205	274
69	139	175	205	223	299
70	151	191	223	243	326
71	164	209	244	267	357
72	179	229	268	293	391
73	197	252	295	323	429
74	216	277	324	355	472
75	238	304	357	391	517
76	260	333	392	430	566
77	284	365	429	471	619
78	308	399	469	515	675
79	334	435	512	563	735
80	361				
81	389				
82	418				
83	448				
84	480				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	29	32	41
45-49	25	31	33	35	46
50-54	31	36	41	44	56
55	35	42	47	51	67
56	38	45	51	54	71
57	40	48	54	58	76
58	44	52	59	62	82
59	47	56	64	68	89
60	51	61	69	74	98
61	55	66	75	81	106
62	60	72	82	88	115
63	65	78	88	95	125
64	68	82	95	102	133
65	73	88	102	109	142
66	78	95	111	119	154
67	85	104	120	129	168
68	93	113	131	142	185
69	101	124	144	155	202
70	111	135	156	171	222
71	121	149	173	188	245
72	134	166	192	209	272
73	148	185	214	233	302
74	165	206	238	260	335
75	184	228	265	289	372
76	202	253	294	321	412
77	224	280	326	355	455
78	246	309	360	393	501
79	271	340	396	432	551
80	296				
81	324				
82	353				
83	384				
84	416				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	35	36	48
45-49	29	35	39	41	53
50-54	34	41	47	51	66
55	40	47	53	58	76
56	42	49	56	61	80
57	45	53	60	65	86
58	48	58	65	69	92
59	52	62	71	76	99
60	55	68	76	82	107
61	60	73	84	91	116
62	65	79	91	98	126
63	69	85	98	105	136
64	74	91	104	112	146
65	80	96	112	119	156
66	85	104	120	128	169
67	92	113	129	140	185
68	100	122	142	154	202
69	109	134	155	168	221
70	120	148	169	185	244
71	131	162	188	204	268
72	145	181	208	227	296
73	161	201	232	253	329
74	178	224	259	281	365
75	198	248	288	313	405
76	218	275	320	348	448
77	241	304	354	386	495
78	265	335	392	427	545
79	291	369	431	469	599
80	318				
81	347				
82	378				
83	409				
84	444				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	39	51
45-49	31	36	41	44	56
50-54	35	44	49	53	71
55	41	49	55	60	80
56	44	52	59	64	85
57	46	55	62	68	89
58	49	60	67	73	96
59	53	65	73	80	104
60	58	71	80	86	112
61	62	76	87	94	121
62	67	82	94	101	131
63	72	88	101	108	141
64	76	94	107	115	151
65	82	100	115	124	162
66	88	107	124	133	175
67	95	116	134	145	192
68	104	127	147	159	209
69	113	139	160	174	229
70	124	153	175	191	252
71	135	168	194	211	278
72	149	187	215	234	307
73	166	208	240	261	341
74	184	231	267	291	378
75	204	256	298	324	419
76	225	285	331	360	464
77	248	314	366	399	512
78	273	346	405	441	564
79	299	381	446	486	619
80	327				
81	356				
82	388				
83	421				
84	455				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	61	67	88
45-49	47	59	68	74	98
50-54	58	72	84	91	125
55	66	84	96	105	145
56	69	88	102	111	152
57	74	94	108	118	161
58	79	100	115	126	171
59	85	107	124	134	181
60	91	114	132	142	193
61	96	122	141	153	206
62	104	131	151	164	220
63	111	139	160	174	235
64	118	148	171	186	251
65	125	158	182	198	267
66	134	168	194	212	286
67	144	181	209	228	308
68	154	195	226	247	333
69	166	209	245	267	359
70	179	227	265	289	387
71	194	246	287	314	420
72	211	267	313	342	456
73	229	292	342	374	498
74	251	319	374	409	542
75	274	348	408	447	592
76	298	381	446	488	645
77	324	415	486	533	701
78	349	453	528	580	761
79	378	492	574	631	826
80	407				
81	436				
82	468				
83	501				
84	535				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	60	69	76	99
45-49	53	66	78	84	111
50-54	65	81	95	104	140
55	73	93	109	119	160
56	76	98	115	125	167
57	81	104	121	132	176
58	86	109	128	140	187
59	92	116	136	148	199
60	99	125	145	158	211
61	106	133	154	167	225
62	113	142	164	179	240
63	120	152	174	189	256
64	127	161	186	202	272
65	135	171	198	215	291
66	145	182	212	232	309
67	155	196	228	249	334
68	167	212	247	271	360
69	180	227	266	292	388
70	194	247	288	315	419
71	209	267	313	342	454
72	228	291	340	373	494
73	248	318	372	407	539
74	271	346	406	445	587
75	295	378	442	485	640
76	321	412	482	528	695
77	347	447	525	575	756
78	375	486	571	626	820
79	404	527	619	679	889
80	435				
81	466				
82	500				
83	534				
84	569				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	62	73	80	104
45-49	55	69	81	88	115
50-54	68	86	100	108	146
55	76	96	114	125	166
56	80	101	120	131	174
57	85	107	126	138	184
58	89	114	133	146	194
59	95	121	141	154	206
60	102	129	149	164	219
61	109	138	159	173	233
62	116	147	169	185	248
63	124	156	180	196	265
64	132	166	192	209	281
65	140	176	205	224	300
66	149	188	220	240	320
67	160	202	236	259	345
68	172	219	255	280	372
69	186	235	275	302	401
70	200	255	298	327	433
71	216	276	324	354	469
72	235	301	352	386	511
73	256	328	384	421	556
74	279	358	419	460	606
75	304	389	456	501	660
76	331	425	498	546	718
77	358	461	541	594	780
78	386	500	588	646	846
79	415	542	638	700	916
80	447				
81	479				
82	513				
83	548				
84	585				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	46	49	66
45-49	35	44	51	55	73
50-54	46	56	65	72	94
55	53	65	75	82	112
56	55	68	79	86	119
57	59	73	85	92	127
58	64	79	92	99	136
59	68	85	99	107	147
60	74	93	107	116	158
61	81	100	116	126	171
62	87	108	126	136	184
63	93	116	135	146	198
64	100	125	145	156	212
65	106	133	154	167	227
66	114	144	166	180	245
67	124	155	180	195	266
68	134	169	196	213	289
69	146	185	214	233	315
70	159	201	234	255	345
71	174	221	256	280	376
72	191	242	282	308	413
73	209	267	311	340	454
74	231	293	342	374	498
75	253	322	376	412	546
76	278	353	413	453	599
77	302	387	453	496	654
78	328	422	495	544	714
79	356	461	540	593	776
80	386				
81	416				
82	448				
83	481				
84	516				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	46	53	56	75
45-49	41	51	58	64	84
50-54	51	64	74	81	106
55	59	73	85	92	125
56	62	78	89	98	132
57	66	82	95	104	141
58	71	88	102	112	151
59	75	94	109	120	161
60	81	102	119	129	173
61	88	109	128	140	186
62	94	118	138	151	199
63	101	126	148	161	214
64	108	135	158	172	229
65	115	145	168	184	245
66	125	156	181	198	265
67	135	168	196	213	287
68	147	184	214	233	313
69	159	200	233	254	341
70	172	218	254	276	372
71	187	239	278	304	407
72	205	261	306	334	446
73	225	288	336	368	489
74	247	316	369	405	538
75	272	347	407	446	589
76	298	380	447	491	646
77	325	416	489	536	706
78	352	455	535	587	771
79	382	496	584	641	839
80	413				
81	446				
82	479				
83	513				
84	551				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39	48	55	60	80
45-49	44	53	61	67	88
50-54	53	66	78	85	111
55	61	76	89	96	131
56	65	81	94	102	138
57	68	86	100	108	147
58	73	92	107	116	156
59	79	99	114	125	167
60	85	106	124	135	179
61	91	114	133	146	192
62	98	122	142	156	206
63	105	131	153	167	221
64	112	140	164	179	236
65	120	149	174	191	253
66	129	161	188	205	273
67	140	174	204	221	296
68	152	189	221	241	322
69	164	206	241	262	352
70	178	225	262	286	384
71	193	246	287	314	420
72	211	269	315	345	460
73	232	296	347	380	505
74	254	326	381	418	555
75	280	358	420	460	608
76	306	392	461	506	666
77	334	429	505	554	728
78	362	469	552	606	794
79	393	512	602	662	865
80	425				
81	458				
82	492				
83	527				
84	565				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0096-A45
Virginia

	First Year	Second Year
All rates for this form should be multiplied by a factor of:	1.2040	1.4496

	First Year	Second Year
This factor represents the **proposed** increase of:	20.4%	20.4%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2015

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.75	28.75	31.25	33.75	43.75
45-49	26.25	32.50	35.00	37.50	48.75
50-54	32.50	38.75	43.75	46.25	60.00
55	37.50	45.00	50.00	53.75	71.25
56	40.00	47.50	53.75	57.50	75.00
57	42.50	51.25	57.50	61.25	81.25
58	46.25	55.00	62.50	66.25	87.50
59	50.00	60.00	67.50	72.50	95.00
60	53.75	65.00	73.75	78.75	103.75
61	58.75	70.00	80.00	86.25	112.50
62	63.75	76.25	87.50	93.75	122.50
63	68.75	82.50	93.75	101.25	132.50
64	72.50	87.50	101.25	108.75	141.25
65	77.50	93.75	108.75	116.25	151.25
66	82.50	101.25	117.50	126.25	163.75
67	90.00	110.00	127.50	137.50	178.75
68	98.75	120.00	138.75	151.25	196.25
69	107.50	131.25	152.50	165.00	215.00
70	117.50	143.75	166.25	181.25	236.25
71	128.75	158.75	183.75	200.00	260.00
72	142.50	176.25	203.75	222.50	288.75
73	157.50	196.25	227.50	247.50	321.25
74	175.00	218.75	252.50	276.25	356.25
75	195.00	242.50	281.25	307.50	395.00
76	215.00	268.75	312.50	341.25	437.50
77	237.50	297.50	346.25	377.50	483.75
78	261.25	328.75	382.50	417.50	532.50
79	287.50	361.25	421.25	458.75	585.00
80	315.00				
81	343.75				
82	375.00				
83	407.50				
84	442.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	37.50	38.75	51.25
45-49	31.25	37.50	41.25	43.75	56.25
50-54	36.25	43.75	50.00	53.75	70.00
55	42.50	50.00	56.25	61.25	81.25
56	45.00	52.50	60.00	65.00	85.00
57	47.50	56.25	63.75	68.75	91.25
58	51.25	61.25	68.75	73.75	97.50
59	55.00	66.25	75.00	81.25	105.00
60	58.75	72.50	81.25	87.50	113.75
61	63.75	77.50	88.75	96.25	123.75
62	68.75	83.75	96.25	103.75	133.75
63	73.75	90.00	103.75	111.25	145.00
64	78.75	96.25	110.00	118.75	155.00
65	85.00	102.50	118.75	126.25	166.25
66	90.00	110.00	127.50	136.25	180.00
67	97.50	120.00	137.50	148.75	196.25
68	106.25	130.00	151.25	163.75	215.00
69	116.25	142.50	165.00	178.75	235.00
70	127.50	157.50	180.00	196.25	258.75
71	138.75	172.50	200.00	216.25	285.00
72	153.75	192.50	221.25	241.25	315.00
73	171.25	213.75	246.25	268.75	350.00
74	188.75	237.50	275.00	298.75	387.50
75	210.00	263.75	306.25	332.50	430.00
76	231.25	292.50	340.00	370.00	476.25
77	256.25	322.50	376.25	410.00	526.25
78	281.25	356.25	416.25	453.75	578.75
79	308.75	392.50	457.50	498.75	636.25
80	337.50				
81	368.75				
82	401.25				
83	435.00				
84	471.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	41.25	53.75
45-49	32.50	38.75	43.75	46.25	60.00
50-54	37.50	46.25	52.50	56.25	75.00
55	43.75	52.50	58.75	63.75	85.00
56	46.25	55.00	62.50	67.50	90.00
57	48.75	58.75	66.25	72.50	95.00
58	52.50	63.75	71.25	77.50	102.50
59	56.25	68.75	77.50	85.00	110.00
60	61.25	75.00	85.00	91.25	118.75
61	66.25	81.25	92.50	100.00	128.75
62	71.25	87.50	100.00	107.50	138.75
63	76.25	93.75	107.50	115.00	150.00
64	81.25	100.00	113.75	122.50	160.00
65	87.50	106.25	122.50	131.25	172.50
66	93.75	113.75	131.25	141.25	186.25
67	101.25	123.75	142.50	153.75	203.75
68	110.00	135.00	156.25	168.75	222.50
69	120.00	147.50	170.00	185.00	243.75
70	131.25	162.50	186.25	202.50	267.50
71	143.75	178.75	206.25	223.75	295.00
72	158.75	198.75	228.75	248.75	326.25
73	176.25	221.25	255.00	277.50	362.50
74	195.00	245.00	283.75	308.75	401.25
75	216.25	272.50	316.25	343.75	445.00
76	238.75	302.50	351.25	382.50	492.50
77	263.75	333.75	388.75	423.75	543.75
78	290.00	367.50	430.00	468.75	598.75
79	317.50	405.00	473.75	516.25	657.50
80	347.50				
81	378.75				
82	412.50				
83	447.50				
84	483.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	56.25	65.00	71.25	93.75
45-49	50.00	62.50	72.50	78.75	103.75
50-54	61.25	76.25	88.75	96.25	132.50
55	70.00	88.75	102.50	111.25	153.75
56	73.75	93.75	108.75	117.50	161.25
57	78.75	100.00	115.00	125.00	171.25
58	83.75	106.25	122.50	133.75	181.25
59	90.00	113.75	131.25	142.50	192.50
60	96.25	121.25	140.00	151.25	205.00
61	102.50	130.00	150.00	162.50	218.75
62	110.00	138.75	160.00	173.75	233.75
63	117.50	147.50	170.00	185.00	250.00
64	125.00	157.50	181.25	197.50	266.25
65	132.50	167.50	193.75	210.00	283.75
66	142.50	178.75	206.25	225.00	303.75
67	152.50	192.50	222.50	242.50	327.50
68	163.75	207.50	240.00	262.50	353.75
69	176.25	222.50	260.00	283.75	381.25
70	190.00	241.25	281.25	307.50	411.25
71	206.25	261.25	305.00	333.75	446.25
72	223.75	283.75	332.50	363.75	485.00
73	243.75	310.00	363.75	397.50	528.75
74	266.25	338.75	397.50	435.00	576.25
75	291.25	370.00	433.75	475.00	628.75
76	316.25	405.00	473.75	518.75	685.00
77	343.75	441.25	516.25	566.25	745.00
78	371.25	481.25	561.25	616.25	808.75
79	401.25	522.50	610.00	670.00	877.50
80	432.50				
81	463.75				
82	497.50				
83	532.50				
84	568.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	63.75	73.75	81.25	105.00
45-49	56.25	70.00	82.50	88.75	117.50
50-54	68.75	86.25	101.25	110.00	148.75
55	77.50	98.75	116.25	126.25	170.00
56	81.25	103.75	122.50	132.50	177.50
57	86.25	110.00	128.75	140.00	187.50
58	91.25	116.25	136.25	148.75	198.75
59	97.50	123.75	145.00	157.50	211.25
60	105.00	132.50	153.75	167.50	223.75
61	112.50	141.25	163.75	177.50	238.75
62	120.00	151.25	173.75	190.00	255.00
63	127.50	161.25	185.00	201.25	272.50
64	135.00	171.25	197.50	215.00	288.75
65	143.75	181.25	210.00	228.75	308.75
66	153.75	193.75	225.00	246.25	328.75
67	165.00	208.75	242.50	265.00	355.00
68	177.50	225.00	262.50	287.50	382.50
69	191.25	241.25	282.50	310.00	412.50
70	206.25	262.50	306.25	335.00	445.00
71	222.50	283.75	332.50	363.75	482.50
72	242.50	308.75	361.25	396.25	525.00
73	263.75	337.50	395.00	432.50	572.50
74	287.50	367.50	431.25	472.50	623.75
75	313.75	401.25	470.00	515.00	680.00
76	341.25	437.50	512.50	561.25	738.75
77	368.75	475.00	557.50	611.25	803.75
78	398.75	516.25	606.25	665.00	871.25
79	428.75	560.00	657.50	721.25	945.00
80	462.50				
81	495.00				
82	531.25				
83	567.50				
84	605.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	77.50	85.00	110.00
45-49	58.75	73.75	86.25	93.75	122.50
50-54	72.50	91.25	106.25	115.00	155.00
55	81.25	102.50	121.25	132.50	176.25
56	85.00	107.50	127.50	138.75	185.00
57	90.00	113.75	133.75	146.25	195.00
58	95.00	121.25	141.25	155.00	206.25
59	101.25	128.75	150.00	163.75	218.75
60	108.75	137.50	158.75	173.75	232.50
61	116.25	146.25	168.75	183.75	247.50
62	123.75	156.25	180.00	196.25	263.75
63	131.25	166.25	191.25	208.75	281.25
64	140.00	176.25	203.75	222.50	298.75
65	148.75	187.50	217.50	237.50	318.75
66	158.75	200.00	233.75	255.00	340.00
67	170.00	215.00	251.25	275.00	366.25
68	182.50	232.50	271.25	297.50	395.00
69	197.50	250.00	292.50	321.25	426.25
70	212.50	271.25	316.25	347.50	460.00
71	230.00	293.75	343.75	376.25	498.75
72	250.00	320.00	373.75	410.00	542.50
73	272.50	348.75	407.50	447.50	591.25
74	296.25	380.00	445.00	488.75	643.75
75	322.50	413.75	485.00	532.50	701.25
76	351.25	451.25	528.75	580.00	762.50
77	380.00	490.00	575.00	631.25	828.75
78	410.00	531.25	625.00	686.25	898.75
79	441.25	576.25	677.50	743.75	973.75
80	475.00				
81	508.75				
82	545.00				
83	582.50				
84	621.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	48.75	52.50	70.00
45-49	37.50	46.25	53.75	58.75	77.50
50-54	48.75	60.00	68.75	76.25	100.00
55	56.25	68.75	80.00	87.50	118.75
56	58.75	72.50	83.75	91.25	126.25
57	62.50	77.50	90.00	97.50	135.00
58	67.50	83.75	97.50	105.00	145.00
59	72.50	90.00	105.00	113.75	156.25
60	78.75	98.75	113.75	123.75	167.50
61	86.25	106.25	123.75	133.75	181.25
62	92.50	115.00	133.75	145.00	195.00
63	98.75	123.75	143.75	155.00	210.00
64	106.25	132.50	153.75	166.25	225.00
65	112.50	141.25	163.75	177.50	241.25
66	121.25	152.50	176.25	191.25	260.00
67	131.25	165.00	191.25	207.50	282.50
68	142.50	180.00	208.75	226.25	307.50
69	155.00	196.25	227.50	247.50	335.00
70	168.75	213.75	248.75	271.25	366.25
71	185.00	235.00	272.50	297.50	400.00
72	202.50	257.50	300.00	327.50	438.75
73	222.50	283.75	330.00	361.25	482.50
74	245.00	311.25	363.75	397.50	528.75
75	268.75	342.50	400.00	437.50	580.00
76	295.00	375.00	438.75	481.25	636.25
77	321.25	411.25	481.25	527.50	695.00
78	348.75	448.75	526.25	577.50	758.75
79	378.75	490.00	573.75	630.00	825.00
80	410.00				
81	442.50				
82	476.25				
83	511.25				
84	548.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	48.75	56.25	60.00	80.00
45-49	43.75	53.75	61.25	67.50	88.75
50-54	53.75	67.50	78.75	86.25	112.50
55	62.50	77.50	90.00	97.50	132.50
56	66.25	82.50	95.00	103.75	140.00
57	70.00	87.50	101.25	110.00	150.00
58	75.00	93.75	108.75	118.75	160.00
59	80.00	100.00	116.25	127.50	171.25
60	86.25	108.75	126.25	137.50	183.75
61	93.75	116.25	136.25	148.75	197.50
62	100.00	125.00	146.25	160.00	211.25
63	107.50	133.75	157.50	171.25	227.50
64	115.00	143.75	167.50	182.50	243.75
65	122.50	153.75	178.75	195.00	260.00
66	132.50	166.25	192.50	210.00	281.25
67	143.75	178.75	208.75	226.25	305.00
68	156.25	195.00	227.50	247.50	332.50
69	168.75	212.50	247.50	270.00	362.50
70	182.50	231.25	270.00	293.75	395.00
71	198.75	253.75	295.00	322.50	432.50
72	217.50	277.50	325.00	355.00	473.75
73	238.75	306.25	357.50	391.25	520.00
74	262.50	336.25	392.50	430.00	571.25
75	288.75	368.75	432.50	473.75	626.25
76	316.25	403.75	475.00	521.25	686.25
77	345.00	442.50	520.00	570.00	750.00
78	373.75	483.75	568.75	623.75	818.75
79	406.25	527.50	620.00	681.25	891.25
80	438.75				
81	473.75				
82	508.75				
83	545.00				
84	585.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.25	51.25	58.75	63.75	85.00
45-49	46.25	56.25	65.00	71.25	93.75
50-54	56.25	70.00	82.50	90.00	117.50
55	65.00	81.25	95.00	102.50	138.75
56	68.75	86.25	100.00	108.75	146.25
57	72.50	91.25	106.25	115.00	156.25
58	77.50	97.50	113.75	123.75	166.25
59	83.75	105.00	121.25	132.50	177.50
60	90.00	112.50	131.25	143.75	190.00
61	96.25	121.25	141.25	155.00	203.75
62	103.75	130.00	151.25	166.25	218.75
63	111.25	138.75	162.50	177.50	235.00
64	118.75	148.75	173.75	190.00	251.25
65	127.50	158.75	185.00	202.50	268.75
66	137.50	171.25	200.00	217.50	290.00
67	148.75	185.00	216.25	235.00	315.00
68	161.25	201.25	235.00	256.25	342.50
69	173.75	218.75	256.25	278.75	373.75
70	188.75	238.75	278.75	303.75	407.50
71	205.00	261.25	305.00	333.75	446.25
72	223.75	286.25	335.00	366.25	488.75
73	246.25	315.00	368.75	403.75	536.25
74	270.00	346.25	405.00	443.75	590.00
75	297.50	380.00	446.25	488.75	646.25
76	325.00	416.25	490.00	537.50	707.50
77	355.00	456.25	536.25	588.75	773.75
78	385.00	498.75	586.25	643.75	843.75
79	417.50	543.75	640.00	703.75	918.75
80	451.25				
81	486.25				
82	522.50				
83	560.00				
84	600.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	36.25	40.00	51.25
45-49	31.25	38.75	41.25	43.75	57.50
50-54	38.75	45.00	51.25	55.00	70.00
55	43.75	52.50	58.75	63.75	83.75
56	47.50	56.25	63.75	67.50	88.75
57	50.00	60.00	67.50	72.50	95.00
58	55.00	65.00	73.75	77.50	102.50
59	58.75	70.00	80.00	85.00	111.25
60	63.75	76.25	86.25	92.50	122.50
61	68.75	82.50	93.75	101.25	132.50
62	75.00	90.00	102.50	110.00	143.75
63	81.25	97.50	110.00	118.75	156.25
64	85.00	102.50	118.75	127.50	166.25
65	91.25	110.00	127.50	136.25	177.50
66	97.50	118.75	138.75	148.75	192.50
67	106.25	130.00	150.00	161.25	210.00
68	116.25	141.25	163.75	177.50	231.25
69	126.25	155.00	180.00	193.75	252.50
70	138.75	168.75	195.00	213.75	277.50
71	151.25	186.25	216.25	235.00	306.25
72	167.50	207.50	240.00	261.25	340.00
73	185.00	231.25	267.50	291.25	377.50
74	206.25	257.50	297.50	325.00	418.75
75	230.00	285.00	331.25	361.25	465.00
76	252.50	316.25	367.50	401.25	515.00
77	280.00	350.00	407.50	443.75	568.75
78	307.50	386.25	450.00	491.25	626.25
79	338.75	425.00	495.00	540.00	688.75
80	370.00				
81	405.00				
82	441.25				
83	480.00				
84	520.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	43.75	45.00	60.00
45-49	36.25	43.75	48.75	51.25	66.25
50-54	42.50	51.25	58.75	63.75	82.50
55	50.00	58.75	66.25	72.50	95.00
56	52.50	61.25	70.00	76.25	100.00
57	56.25	66.25	75.00	81.25	107.50
58	60.00	72.50	81.25	86.25	115.00
59	65.00	77.50	88.75	95.00	123.75
60	68.75	85.00	95.00	102.50	133.75
61	75.00	91.25	105.00	113.75	145.00
62	81.25	98.75	113.75	122.50	157.50
63	86.25	106.25	122.50	131.25	170.00
64	92.50	113.75	130.00	140.00	182.50
65	100.00	120.00	140.00	148.75	195.00
66	106.25	130.00	150.00	160.00	211.25
67	115.00	141.25	161.25	175.00	231.25
68	125.00	152.50	177.50	192.50	252.50
69	136.25	167.50	193.75	210.00	276.25
70	150.00	185.00	211.25	231.25	305.00
71	163.75	202.50	235.00	255.00	335.00
72	181.25	226.25	260.00	283.75	370.00
73	201.25	251.25	290.00	316.25	411.25
74	222.50	280.00	323.75	351.25	456.25
75	247.50	310.00	360.00	391.25	506.25
76	272.50	343.75	400.00	435.00	560.00
77	301.25	380.00	442.50	482.50	618.75
78	331.25	418.75	490.00	533.75	681.25
79	363.75	461.25	538.75	586.25	748.75
80	397.50				
81	433.75				
82	472.50				
83	511.25				
84	555.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	48.75	63.75
45-49	38.75	45.00	51.25	55.00	70.00
50-54	43.75	55.00	61.25	66.25	88.75
55	51.25	61.25	68.75	75.00	100.00
56	55.00	65.00	73.75	80.00	106.25
57	57.50	68.75	77.50	85.00	111.25
58	61.25	75.00	83.75	91.25	120.00
59	66.25	81.25	91.25	100.00	130.00
60	72.50	88.75	100.00	107.50	140.00
61	77.50	95.00	108.75	117.50	151.25
62	83.75	102.50	117.50	126.25	163.75
63	90.00	110.00	126.25	135.00	176.25
64	95.00	117.50	133.75	143.75	188.75
65	102.50	125.00	143.75	155.00	202.50
66	110.00	133.75	155.00	166.25	218.75
67	118.75	145.00	167.50	181.25	240.00
68	130.00	158.75	183.75	198.75	261.25
69	141.25	173.75	200.00	217.50	286.25
70	155.00	191.25	218.75	238.75	315.00
71	168.75	210.00	242.50	263.75	347.50
72	186.25	233.75	268.75	292.50	383.75
73	207.50	260.00	300.00	326.25	426.25
74	230.00	288.75	333.75	363.75	472.50
75	255.00	320.00	372.50	405.00	523.75
76	281.25	356.25	413.75	450.00	580.00
77	310.00	392.50	457.50	498.75	640.00
78	341.25	432.50	506.25	551.25	705.00
79	373.75	476.25	557.50	607.50	773.75
80	408.75				
81	445.00				
82	485.00				
83	526.25				
84	568.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	76.25	83.75	110.00
45-49	58.75	73.75	85.00	92.50	122.50
50-54	72.50	90.00	105.00	113.75	156.25
55	82.50	105.00	120.00	131.25	181.25
56	86.25	110.00	127.50	138.75	190.00
57	92.50	117.50	135.00	147.50	201.25
58	98.75	125.00	143.75	157.50	213.75
59	106.25	133.75	155.00	167.50	226.25
60	113.75	142.50	165.00	177.50	241.25
61	120.00	152.50	176.25	191.25	257.50
62	130.00	163.75	188.75	205.00	275.00
63	138.75	173.75	200.00	217.50	293.75
64	147.50	185.00	213.75	232.50	313.75
65	156.25	197.50	227.50	247.50	333.75
66	167.50	210.00	242.50	265.00	357.50
67	180.00	226.25	261.25	285.00	385.00
68	192.50	243.75	282.50	308.75	416.25
69	207.50	261.25	306.25	333.75	448.75
70	223.75	283.75	331.25	361.25	483.75
71	242.50	307.50	358.75	392.50	525.00
72	263.75	333.75	391.25	427.50	570.00
73	286.25	365.00	427.50	467.50	622.50
74	313.75	398.75	467.50	511.25	677.50
75	342.50	435.00	510.00	558.75	740.00
76	372.50	476.25	557.50	610.00	806.25
77	405.00	518.75	607.50	666.25	876.25
78	436.25	566.25	660.00	725.00	951.25
79	472.50	615.00	717.50	788.75	1032.50
80	508.75				
81	545.00				
82	585.00				
83	626.25				
84	668.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	75.00	86.25	95.00	123.75
45-49	66.25	82.50	97.50	105.00	138.75
50-54	81.25	101.25	118.75	130.00	175.00
55	91.25	116.25	136.25	148.75	200.00
56	95.00	122.50	143.75	156.25	208.75
57	101.25	130.00	151.25	165.00	220.00
58	107.50	136.25	160.00	175.00	233.75
59	115.00	145.00	170.00	185.00	248.75
60	123.75	156.25	181.25	197.50	263.75
61	132.50	166.25	192.50	208.75	281.25
62	141.25	177.50	205.00	223.75	300.00
63	150.00	190.00	217.50	236.25	320.00
64	158.75	201.25	232.50	252.50	340.00
65	168.75	213.75	247.50	268.75	363.75
66	181.25	227.50	265.00	290.00	386.25
67	193.75	245.00	285.00	311.25	417.50
68	208.75	265.00	308.75	338.75	450.00
69	225.00	283.75	332.50	365.00	485.00
70	242.50	308.75	360.00	393.75	523.75
71	261.25	333.75	391.25	427.50	567.50
72	285.00	363.75	425.00	466.25	617.50
73	310.00	397.50	465.00	508.75	673.75
74	338.75	432.50	507.50	556.25	733.75
75	368.75	472.50	552.50	606.25	800.00
76	401.25	515.00	602.50	660.00	868.75
77	433.75	558.75	656.25	718.75	945.00
78	468.75	607.50	713.75	782.50	1025.00
79	505.00	658.75	773.75	848.75	1111.25
80	543.75				
81	582.50				
82	625.00				
83	667.50				
84	711.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	77.50	91.25	100.00	130.00
45-49	68.75	86.25	101.25	110.00	143.75
50-54	85.00	107.50	125.00	135.00	182.50
55	95.00	120.00	142.50	156.25	207.50
56	100.00	126.25	150.00	163.75	217.50
57	106.25	133.75	157.50	172.50	230.00
58	111.25	142.50	166.25	182.50	242.50
59	118.75	151.25	176.25	192.50	257.50
60	127.50	161.25	186.25	205.00	273.75
61	136.25	172.50	198.75	216.25	291.25
62	145.00	183.75	211.25	231.25	310.00
63	155.00	195.00	225.00	245.00	331.25
64	165.00	207.50	240.00	261.25	351.25
65	175.00	220.00	256.25	280.00	375.00
66	186.25	235.00	275.00	300.00	400.00
67	200.00	252.50	295.00	323.75	431.25
68	215.00	273.75	318.75	350.00	465.00
69	232.50	293.75	343.75	377.50	501.25
70	250.00	318.75	372.50	408.75	541.25
71	270.00	345.00	405.00	442.50	586.25
72	293.75	376.25	440.00	482.50	638.75
73	320.00	410.00	480.00	526.25	695.00
74	348.75	447.50	523.75	575.00	757.50
75	380.00	486.25	570.00	626.25	825.00
76	413.75	531.25	622.50	682.50	897.50
77	447.50	576.25	676.25	742.50	975.00
78	482.50	625.00	735.00	807.50	1057.50
79	518.75	677.50	797.50	875.00	1145.00
80	558.75				
81	598.75				
82	641.25				
83	685.00				
84	731.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	57.50	61.25	82.50
45-49	43.75	55.00	63.75	68.75	91.25
50-54	57.50	70.00	81.25	90.00	117.50
55	66.25	81.25	93.75	102.50	140.00
56	68.75	85.00	98.75	107.50	148.75
57	73.75	91.25	106.25	115.00	158.75
58	80.00	98.75	115.00	123.75	170.00
59	85.00	106.25	123.75	133.75	183.75
60	92.50	116.25	133.75	145.00	197.50
61	101.25	125.00	145.00	157.50	213.75
62	108.75	135.00	157.50	170.00	230.00
63	116.25	145.00	168.75	182.50	247.50
64	125.00	156.25	181.25	195.00	265.00
65	132.50	166.25	192.50	208.75	283.75
66	142.50	180.00	207.50	225.00	306.25
67	155.00	193.75	225.00	243.75	332.50
68	167.50	211.25	245.00	266.25	361.25
69	182.50	231.25	267.50	291.25	393.75
70	198.75	251.25	292.50	318.75	431.25
71	217.50	276.25	320.00	350.00	470.00
72	238.75	302.50	352.50	385.00	516.25
73	261.25	333.75	388.75	425.00	567.50
74	288.75	366.25	427.50	467.50	622.50
75	316.25	402.50	470.00	515.00	682.50
76	347.50	441.25	516.25	566.25	748.75
77	377.50	483.75	566.25	620.00	817.50
78	410.00	527.50	618.75	680.00	892.50
79	445.00	576.25	675.00	741.25	970.00
80	482.50				
81	520.00				
82	560.00				
83	601.25				
84	645.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	57.50	66.25	70.00	93.75
45-49	51.25	63.75	72.50	80.00	105.00
50-54	63.75	80.00	92.50	101.25	132.50
55	73.75	91.25	106.25	115.00	156.25
56	77.50	97.50	111.25	122.50	165.00
57	82.50	102.50	118.75	130.00	176.25
58	88.75	110.00	127.50	140.00	188.75
59	93.75	117.50	136.25	150.00	201.25
60	101.25	127.50	148.75	161.25	216.25
61	110.00	136.25	160.00	175.00	232.50
62	117.50	147.50	172.50	188.75	248.75
63	126.25	157.50	185.00	201.25	267.50
64	135.00	168.75	197.50	215.00	286.25
65	143.75	181.25	210.00	230.00	306.25
66	156.25	195.00	226.25	247.50	331.25
67	168.75	210.00	245.00	266.25	358.75
68	183.75	230.00	267.50	291.25	391.25
69	198.75	250.00	291.25	317.50	426.25
70	215.00	272.50	317.50	345.00	465.00
71	233.75	298.75	347.50	380.00	508.75
72	256.25	326.25	382.50	417.50	557.50
73	281.25	360.00	420.00	460.00	611.25
74	308.75	395.00	461.25	506.25	672.50
75	340.00	433.75	508.75	557.50	736.25
76	372.50	475.00	558.75	613.75	807.50
77	406.25	520.00	611.25	670.00	882.50
78	440.00	568.75	668.75	733.75	963.75
79	477.50	620.00	730.00	801.25	1048.75
80	516.25				
81	557.50				
82	598.75				
83	641.25				
84	688.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.75	60.00	68.75	75.00	100.00
45-49	55.00	66.25	76.25	83.75	110.00
50-54	66.25	82.50	97.50	106.25	138.75
55	76.25	95.00	111.25	120.00	163.75
56	81.25	101.25	117.50	127.50	172.50
57	85.00	107.50	125.00	135.00	183.75
58	91.25	115.00	133.75	145.00	195.00
59	98.75	123.75	142.50	156.25	208.75
60	106.25	132.50	155.00	168.75	223.75
61	113.75	142.50	166.25	182.50	240.00
62	122.50	152.50	177.50	195.00	257.50
63	131.25	163.75	191.25	208.75	276.25
64	140.00	175.00	205.00	223.75	295.00
65	150.00	186.25	217.50	238.75	316.25
66	161.25	201.25	235.00	256.25	341.25
67	175.00	217.50	255.00	276.25	370.00
68	190.00	236.25	276.25	301.25	402.50
69	205.00	257.50	301.25	327.50	440.00
70	222.50	281.25	327.50	357.50	480.00
71	241.25	307.50	358.75	392.50	525.00
72	263.75	336.25	393.75	431.25	575.00
73	290.00	370.00	433.75	475.00	631.25
74	317.50	407.50	476.25	522.50	693.75
75	350.00	447.50	525.00	575.00	760.00
76	382.50	490.00	576.25	632.50	832.50
77	417.50	536.25	631.25	692.50	910.00
78	452.50	586.25	690.00	757.50	992.50
79	491.25	640.00	752.50	827.50	1081.25
80	531.25				
81	572.50				
82	615.00				
83	658.75				
84	706.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0100-A45
Virginia

	First Year	Second Year
All rates for this form should be multiplied by a factor of:	1.2040	1.4496

	First Year	Second Year
This factor represents the **proposed** increase of:	20.4%	20.4%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2015

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21	24	28	30	38
45-49	23	27	31	33	42
50-54	28	33	38	41	52
55	32	38	44	47	62
56	34	41	47	50	66
57	37	44	50	54	71
58	40	48	54	59	77
59	44	52	59	64	84
60	48	57	65	71	91
61	52	63	71	77	99
62	56	68	77	84	108
63	60	73	83	90	116
64	64	78	89	96	125
65	68	84	95	103	134
66	74	90	103	111	145
67	80	98	112	121	158
68	87	107	123	133	174
69	95	117	135	146	191
70	104	128	148	161	210
71	115	142	164	179	232
72	128	158	183	200	259
73	143	177	205	224	290
74	159	198	230	251	324
75	178	222	258	281	361
76	198	248	288	314	402
77	220	276	321	349	447
78	244	307	357	387	495
79	270	339	395	428	547
80	297				
81	327				
82	358				
83	391				
84	426				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	30	34	36	46
45-49	27	33	37	40	51
50-54	32	39	45	49	64
55	38	45	51	55	73
56	40	48	54	58	77
57	43	51	58	62	82
58	46	55	62	67	88
59	50	60	68	73	95
60	54	65	74	80	104
61	58	71	81	87	112
62	63	76	88	95	122
63	68	82	94	101	131
64	72	88	100	109	141
65	77	95	107	116	152
66	83	101	116	126	164
67	90	111	126	137	179
68	98	121	138	151	196
69	107	132	152	165	216
70	117	145	167	181	237
71	128	160	185	201	263
72	143	178	206	225	293
73	159	199	231	251	327
74	177	223	259	282	365
75	198	249	290	315	407
76	220	277	324	353	454
77	245	309	360	392	504
78	271	343	400	435	557
79	299	380	443	482	616
80	329				
81	361				
82	394				
83	430				
84	468				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	36	39	50
45-49	29	35	40	43	55
50-54	34	42	48	52	69
55	40	48	54	59	77
56	42	51	57	62	81
57	45	54	61	66	86
58	48	58	66	71	93
59	52	63	72	77	100
60	57	68	78	84	109
61	61	74	85	91	118
62	66	80	92	99	128
63	71	86	99	106	138
64	75	92	105	114	148
65	81	99	112	122	159
66	87	106	121	132	172
67	94	116	132	144	188
68	102	127	145	158	206
69	112	138	159	173	226
70	122	152	175	190	249
71	134	167	194	211	276
72	149	186	216	235	307
73	166	208	242	263	343
74	185	233	271	295	383
75	207	260	303	330	427
76	230	290	339	369	476
77	255	323	377	411	528
78	282	358	418	456	584
79	311	397	463	505	645
80	342				
81	375				
82	410				
83	447				
84	486				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	49	56	60	82
45-49	44	54	62	67	91
50-54	54	67	77	85	116
55	63	78	90	98	134
56	66	82	95	104	142
57	70	87	101	110	150
58	75	93	108	117	159
59	79	99	115	125	169
60	85	106	122	133	180
61	91	113	131	142	192
62	97	121	140	152	205
63	103	129	150	162	219
64	110	137	159	173	233
65	117	146	170	185	249
66	125	157	182	198	268
67	135	169	197	214	289
68	146	183	213	232	313
69	157	198	230	251	338
70	170	215	250	273	367
71	184	234	272	297	399
72	201	256	298	326	436
73	221	281	328	359	478
74	243	309	361	395	524
75	267	339	397	434	575
76	292	372	436	478	630
77	319	408	479	524	689
78	347	446	525	574	752
79	377	487	574	627	820
80	408				
81	440				
82	474				
83	509				
84	546				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46	57	66	72	95
45-49	51	64	73	80	106
50-54	63	79	91	99	134
55	71	90	104	113	154
56	74	95	110	119	162
57	78	100	116	126	170
58	83	106	123	134	180
59	89	112	130	143	191
60	96	119	139	151	202
61	102	127	148	161	216
62	109	136	158	172	230
63	116	144	169	184	246
64	123	154	179	196	262
65	131	164	192	209	280
66	140	176	205	224	300
67	150	190	222	242	324
68	162	205	240	262	351
69	175	223	259	284	379
70	190	242	282	309	411
71	206	263	307	336	447
72	225	288	336	368	489
73	247	315	369	405	535
74	271	346	405	444	586
75	297	380	445	487	643
76	325	415	488	535	704
77	354	455	534	586	769
78	385	496	585	640	839
79	417	542	637	698	913
80	451				
81	486				
82	522				
83	561				
84	601				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	61	70	77	101
45-49	54	68	78	86	112
50-54	67	84	97	105	142
55	75	95	110	120	162
56	78	100	116	126	170
57	82	105	122	133	179
58	87	111	129	141	189
59	93	118	137	150	200
60	100	125	146	159	212
61	107	133	155	169	226
62	114	142	166	181	241
63	121	151	177	193	257
64	129	161	188	206	274
65	137	172	201	219	293
66	146	184	215	235	314
67	157	199	232	254	339
68	169	215	251	275	367
69	183	233	272	298	397
70	198	253	295	324	430
71	215	275	322	353	468
72	235	301	352	386	511
73	258	330	386	424	560
74	283	362	424	465	613
75	310	397	465	510	672
76	339	434	510	559	735
77	369	475	558	612	803
78	401	518	610	668	876
79	434	565	664	729	953
80	469				
81	505				
82	543				
83	583				
84	624				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	36	42	46	61
45-49	32	40	47	51	68
50-54	43	53	60	65	87
55	49	61	69	76	103
56	52	64	73	80	110
57	55	68	78	86	118
58	59	73	84	93	127
59	64	79	91	100	137
60	69	86	99	108	148
61	75	93	108	117	159
62	81	101	117	127	172
63	87	108	126	137	185
64	93	116	135	146	198
65	100	124	144	157	213
66	108	133	155	169	230
67	117	145	169	184	250
68	127	158	185	201	273
69	138	173	202	220	298
70	150	189	221	241	326
71	164	208	243	266	357
72	181	230	269	294	394
73	200	255	298	326	435
74	222	282	331	362	481
75	245	313	366	401	531
76	270	346	404	443	585
77	297	381	446	489	643
78	325	419	491	538	705
79	355	460	538	591	772
80	386				
81	419				
82	453				
83	489				
84	527				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35	44	50	55	72
45-49	39	48	56	61	80
50-54	49	61	71	77	101
55	57	71	81	89	120
56	60	75	86	93	128
57	63	79	91	99	136
58	68	85	98	107	146
59	73	92	106	115	156
60	79	99	114	124	167
61	85	106	123	134	179
62	92	115	133	145	193
63	98	123	143	155	207
64	105	131	153	166	222
65	113	141	163	177	238
66	121	151	175	191	257
67	131	164	191	207	279
68	142	178	208	226	305
69	154	195	227	247	333
70	168	213	249	271	365
71	184	234	273	298	400
72	202	258	302	330	441
73	223	285	334	365	487
74	247	316	370	405	538
75	273	349	409	448	593
76	301	385	451	495	654
77	330	424	497	546	718
78	361	465	546	600	787
79	393	510	599	658	861
80	427				
81	462				
82	500				
83	539				
84	580				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	47	54	59	77
45-49	42	52	60	65	85
50-54	52	65	75	82	107
55	60	75	86	94	127
56	63	79	91	99	135
57	67	84	97	105	144
58	72	90	104	113	154
59	77	97	112	121	164
60	83	104	121	131	175
61	89	112	130	141	188
62	96	121	140	152	202
63	103	130	150	163	217
64	110	138	160	174	232
65	118	148	171	186	249
66	126	159	184	200	268
67	137	172	200	217	292
68	149	187	218	237	319
69	161	204	238	259	348
70	176	223	261	284	381
71	192	245	286	312	418
72	211	270	316	345	461
73	233	298	350	382	509
74	258	330	387	423	562
75	285	364	427	468	620
76	314	402	471	517	683
77	344	442	519	570	750
78	376	485	570	627	822
79	409	532	625	687	899
80	444				
81	481				
82	520				
83	560				
84	602				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	28	33	35	45
45-49	27	32	36	39	49
50-54	33	39	45	48	61
55	38	45	52	55	73
56	40	48	55	59	78
57	44	52	59	64	84
58	47	56	64	69	91
59	52	61	69	75	99
60	56	67	76	84	107
61	61	74	84	91	116
62	66	80	91	99	127
63	71	86	98	106	136
64	75	92	105	113	147
65	80	99	112	121	158
66	87	106	121	131	171
67	94	115	132	142	186
68	102	126	145	156	205
69	112	138	159	172	225
70	122	151	174	189	247
71	135	167	193	211	273
72	151	186	215	235	305
73	168	208	241	264	341
74	187	233	271	295	381
75	209	261	304	331	425
76	233	292	339	369	473
77	259	325	378	411	526
78	287	361	420	455	582
79	318	399	465	504	644
80	349				
81	385				
82	421				
83	460				
84	501				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	35	40	42	54
45-49	32	39	44	47	60
50-54	38	46	53	58	75
55	45	53	60	65	86
56	47	56	64	68	91
57	51	60	68	73	96
58	54	65	73	79	104
59	59	71	80	86	112
60	64	76	87	94	122
61	68	84	95	102	132
62	74	89	104	112	144
63	80	96	111	119	154
64	85	104	118	128	166
65	91	112	126	136	179
66	98	119	136	148	193
67	106	131	148	161	211
68	115	142	162	178	231
69	126	155	179	194	254
70	138	171	196	213	279
71	151	188	218	236	309
72	168	209	242	265	345
73	187	234	272	295	385
74	208	262	305	332	429
75	233	293	341	371	479
76	259	326	381	415	534
77	288	364	424	461	593
78	319	404	471	512	655
79	352	447	521	567	725
80	387				
81	425				
82	464				
83	506				
84	551				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	38	42	46	59
45-49	34	41	47	51	65
50-54	40	49	56	61	81
55	47	56	64	69	91
56	49	60	67	73	95
57	53	64	72	78	101
58	56	68	78	84	109
59	61	74	85	91	118
60	67	80	92	99	128
61	72	87	100	107	139
62	78	94	108	116	151
63	84	101	116	125	162
64	88	108	124	134	174
65	95	116	132	144	187
66	102	125	142	155	202
67	111	136	155	169	221
68	120	149	171	186	242
69	132	162	187	204	266
70	144	179	206	224	293
71	158	196	228	248	325
72	175	219	254	276	361
73	195	245	285	309	404
74	218	274	319	347	451
75	244	306	356	388	502
76	271	341	399	434	560
77	300	380	444	484	621
78	332	421	492	536	687
79	366	467	545	594	759
80	402				
81	441				
82	482				
83	526				
84	572				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	58	66	71	96
45-49	52	64	73	79	107
50-54	64	79	91	100	136
55	74	92	106	115	158
56	78	96	112	122	167
57	82	102	119	129	176
58	88	109	127	138	187
59	93	116	135	147	199
60	100	125	144	156	212
61	107	133	154	167	226
62	114	142	165	179	241
63	121	152	176	191	258
64	129	161	187	204	274
65	138	172	200	218	293
66	147	185	214	233	315
67	159	199	232	252	340
68	172	215	251	273	368
69	185	233	271	295	398
70	200	253	294	321	432
71	216	275	320	349	469
72	236	301	351	384	513
73	260	331	386	422	562
74	286	364	425	465	616
75	314	399	467	511	676
76	344	438	513	562	741
77	375	480	564	616	811
78	408	525	618	675	885
79	444	573	675	738	965
80	480				
81	518				
82	558				
83	599				
84	642				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54	67	78	85	112
45-49	60	75	86	94	125
50-54	74	93	107	116	158
55	84	106	122	133	181
56	87	112	129	140	191
57	92	118	136	148	200
58	98	125	145	158	212
59	105	132	153	168	225
60	113	140	164	178	238
61	120	149	174	189	254
62	128	160	186	202	271
63	136	169	199	216	289
64	145	181	211	231	308
65	154	193	226	246	329
66	165	207	241	264	353
67	176	224	261	285	381
68	191	241	282	308	413
69	206	262	305	334	446
70	224	285	332	364	484
71	242	309	361	395	526
72	265	339	395	433	575
73	291	371	434	476	629
74	319	407	476	522	689
75	349	447	524	573	756
76	382	488	574	629	828
77	416	535	628	689	905
78	453	584	688	753	987
79	491	638	749	821	1074
80	531				
81	572				
82	614				
83	660				
84	707				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58	72	82	91	119
45-49	64	80	92	101	132
50-54	79	99	114	124	167
55	88	112	129	141	191
56	92	118	136	148	200
57	96	124	144	156	211
58	102	131	152	166	222
59	109	139	161	176	235
60	118	147	172	187	249
61	126	156	182	199	266
62	134	167	195	213	284
63	142	178	208	227	302
64	152	189	221	242	322
65	161	202	236	258	345
66	172	216	253	276	369
67	185	234	273	299	399
68	199	253	295	324	432
69	215	274	320	351	467
70	233	298	347	381	506
71	253	324	379	415	551
72	276	354	414	454	601
73	304	388	454	499	659
74	333	426	499	547	721
75	365	467	547	600	791
76	399	511	600	658	865
77	434	559	656	720	945
78	472	609	718	786	1031
79	511	665	781	858	1121
80	552				
81	594				
82	639				
83	686				
84	734				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34	42	49	54	72
45-49	38	47	55	60	80
50-54	51	62	71	76	102
55	58	72	81	89	121
56	61	75	86	94	129
57	65	80	92	101	139
58	69	86	99	109	149
59	75	93	107	118	161
60	81	101	116	127	174
61	88	109	127	138	187
62	95	119	138	149	202
63	102	127	148	161	218
64	109	136	159	172	233
65	118	146	169	185	251
66	127	156	182	199	271
67	138	171	199	216	294
68	149	186	218	236	321
69	162	204	238	259	351
70	176	222	260	284	384
71	193	245	286	313	420
72	213	271	316	346	464
73	235	300	351	384	512
74	261	332	389	426	566
75	288	368	431	472	625
76	318	407	475	521	688
77	349	448	525	575	756
78	382	493	578	633	829
79	418	541	633	695	908
80	454				
81	493				
82	533				
83	575				
84	620				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41	52	59	65	85
45-49	46	56	66	72	94
50-54	58	72	84	91	119
55	67	84	95	105	141
56	71	88	101	109	151
57	74	93	107	116	160
58	80	100	115	126	172
59	86	108	125	135	184
60	93	116	134	146	196
61	100	125	145	158	211
62	108	135	156	171	227
63	115	145	168	182	244
64	124	154	180	195	261
65	133	166	192	208	280
66	142	178	206	225	302
67	154	193	225	244	328
68	167	209	245	266	359
69	181	229	267	291	392
70	198	251	293	319	429
71	216	275	321	351	471
72	238	304	355	388	519
73	262	335	393	429	573
74	291	372	435	476	633
75	321	411	481	527	698
76	354	453	531	582	769
77	388	499	585	642	845
78	425	547	642	706	926
79	462	600	705	774	1013
80	502				
81	544				
82	588				
83	634				
84	682				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45	55	64	69	91
45-49	49	61	71	76	100
50-54	61	76	88	96	126
55	71	88	101	111	149
56	74	93	107	116	159
57	79	99	114	124	169
58	85	106	122	133	181
59	91	114	132	142	193
60	98	122	142	154	206
61	105	132	153	166	221
62	113	142	165	179	238
63	121	153	176	192	255
64	129	162	188	205	273
65	139	174	201	219	293
66	148	187	216	235	315
67	161	202	235	255	344
68	175	220	256	279	375
69	189	240	280	305	409
70	207	262	307	334	448
71	226	288	336	367	492
72	248	318	372	406	542
73	274	351	412	449	599
74	304	388	455	498	661
75	335	428	502	551	729
76	369	473	554	608	804
77	405	520	611	671	882
78	442	571	671	738	967
79	481	626	735	808	1058
80	522				
81	566				
82	612				
83	659				
84	708				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0101-A45
Virginia

	First Year	Second Year
All rates for this form should be multiplied by a factor of:	1.2040	1.4496

	First Year	Second Year
This factor represents the **proposed** increase of:	20.4%	20.4%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2015

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	30.00	35.00	37.50	47.50
45-49	28.75	33.75	38.75	41.25	52.50
50-54	35.00	41.25	47.50	51.25	65.00
55	40.00	47.50	55.00	58.75	77.50
56	42.50	51.25	58.75	62.50	82.50
57	46.25	55.00	62.50	67.50	88.75
58	50.00	60.00	67.50	73.75	96.25
59	55.00	65.00	73.75	80.00	105.00
60	60.00	71.25	81.25	88.75	113.75
61	65.00	78.75	88.75	96.25	123.75
62	70.00	85.00	96.25	105.00	135.00
63	75.00	91.25	103.75	112.50	145.00
64	80.00	97.50	111.25	120.00	156.25
65	85.00	105.00	118.75	128.75	167.50
66	92.50	112.50	128.75	138.75	181.25
67	100.00	122.50	140.00	151.25	197.50
68	108.75	133.75	153.75	166.25	217.50
69	118.75	146.25	168.75	182.50	238.75
70	130.00	160.00	185.00	201.25	262.50
71	143.75	177.50	205.00	223.75	290.00
72	160.00	197.50	228.75	250.00	323.75
73	178.75	221.25	256.25	280.00	362.50
74	198.75	247.50	287.50	313.75	405.00
75	222.50	277.50	322.50	351.25	451.25
76	247.50	310.00	360.00	392.50	502.50
77	275.00	345.00	401.25	436.25	558.75
78	305.00	383.75	446.25	483.75	618.75
79	337.50	423.75	493.75	535.00	683.75
80	371.25				
81	408.75				
82	447.50				
83	488.75				
84	532.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	37.50	42.50	45.00	57.50
45-49	33.75	41.25	46.25	50.00	63.75
50-54	40.00	48.75	56.25	61.25	80.00
55	47.50	56.25	63.75	68.75	91.25
56	50.00	60.00	67.50	72.50	96.25
57	53.75	63.75	72.50	77.50	102.50
58	57.50	68.75	77.50	83.75	110.00
59	62.50	75.00	85.00	91.25	118.75
60	67.50	81.25	92.50	100.00	130.00
61	72.50	88.75	101.25	108.75	140.00
62	78.75	95.00	110.00	118.75	152.50
63	85.00	102.50	117.50	126.25	163.75
64	90.00	110.00	125.00	136.25	176.25
65	96.25	118.75	133.75	145.00	190.00
66	103.75	126.25	145.00	157.50	205.00
67	112.50	138.75	157.50	171.25	223.75
68	122.50	151.25	172.50	188.75	245.00
69	133.75	165.00	190.00	206.25	270.00
70	146.25	181.25	208.75	226.25	296.25
71	160.00	200.00	231.25	251.25	328.75
72	178.75	222.50	257.50	281.25	366.25
73	198.75	248.75	288.75	313.75	408.75
74	221.25	278.75	323.75	352.50	456.25
75	247.50	311.25	362.50	393.75	508.75
76	275.00	346.25	405.00	441.25	567.50
77	306.25	386.25	450.00	490.00	630.00
78	338.75	428.75	500.00	543.75	696.25
79	373.75	475.00	553.75	602.50	770.00
80	411.25				
81	451.25				
82	492.50				
83	537.50				
84	585.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	45.00	48.75	62.50
45-49	36.25	43.75	50.00	53.75	68.75
50-54	42.50	52.50	60.00	65.00	86.25
55	50.00	60.00	67.50	73.75	96.25
56	52.50	63.75	71.25	77.50	101.25
57	56.25	67.50	76.25	82.50	107.50
58	60.00	72.50	82.50	88.75	116.25
59	65.00	78.75	90.00	96.25	125.00
60	71.25	85.00	97.50	105.00	136.25
61	76.25	92.50	106.25	113.75	147.50
62	82.50	100.00	115.00	123.75	160.00
63	88.75	107.50	123.75	132.50	172.50
64	93.75	115.00	131.25	142.50	185.00
65	101.25	123.75	140.00	152.50	198.75
66	108.75	132.50	151.25	165.00	215.00
67	117.50	145.00	165.00	180.00	235.00
68	127.50	158.75	181.25	197.50	257.50
69	140.00	172.50	198.75	216.25	282.50
70	152.50	190.00	218.75	237.50	311.25
71	167.50	208.75	242.50	263.75	345.00
72	186.25	232.50	270.00	293.75	383.75
73	207.50	260.00	302.50	328.75	428.75
74	231.25	291.25	338.75	368.75	478.75
75	258.75	325.00	378.75	412.50	533.75
76	287.50	362.50	423.75	461.25	595.00
77	318.75	403.75	471.25	513.75	660.00
78	352.50	447.50	522.50	570.00	730.00
79	388.75	496.25	578.75	631.25	806.25
80	427.50				
81	468.75				
82	512.50				
83	558.75				
84	607.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	61.25	70.00	75.00	102.50
45-49	55.00	67.50	77.50	83.75	113.75
50-54	67.50	83.75	96.25	106.25	145.00
55	78.75	97.50	112.50	122.50	167.50
56	82.50	102.50	118.75	130.00	177.50
57	87.50	108.75	126.25	137.50	187.50
58	93.75	116.25	135.00	146.25	198.75
59	98.75	123.75	143.75	156.25	211.25
60	106.25	132.50	152.50	166.25	225.00
61	113.75	141.25	163.75	177.50	240.00
62	121.25	151.25	175.00	190.00	256.25
63	128.75	161.25	187.50	202.50	273.75
64	137.50	171.25	198.75	216.25	291.25
65	146.25	182.50	212.50	231.25	311.25
66	156.25	196.25	227.50	247.50	335.00
67	168.75	211.25	246.25	267.50	361.25
68	182.50	228.75	266.25	290.00	391.25
69	196.25	247.50	287.50	313.75	422.50
70	212.50	268.75	312.50	341.25	458.75
71	230.00	292.50	340.00	371.25	498.75
72	251.25	320.00	372.50	407.50	545.00
73	276.25	351.25	410.00	448.75	597.50
74	303.75	386.25	451.25	493.75	655.00
75	333.75	423.75	496.25	542.50	718.75
76	365.00	465.00	545.00	597.50	787.50
77	398.75	510.00	598.75	655.00	861.25
78	433.75	557.50	656.25	717.50	940.00
79	471.25	608.75	717.50	783.75	1025.00
80	510.00				
81	550.00				
82	592.50				
83	636.25				
84	682.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.50	71.25	82.50	90.00	118.75
45-49	63.75	80.00	91.25	100.00	132.50
50-54	78.75	98.75	113.75	123.75	167.50
55	88.75	112.50	130.00	141.25	192.50
56	92.50	118.75	137.50	148.75	202.50
57	97.50	125.00	145.00	157.50	212.50
58	103.75	132.50	153.75	167.50	225.00
59	111.25	140.00	162.50	178.75	238.75
60	120.00	148.75	173.75	188.75	252.50
61	127.50	158.75	185.00	201.25	270.00
62	136.25	170.00	197.50	215.00	287.50
63	145.00	180.00	211.25	230.00	307.50
64	153.75	192.50	223.75	245.00	327.50
65	163.75	205.00	240.00	261.25	350.00
66	175.00	220.00	256.25	280.00	375.00
67	187.50	237.50	277.50	302.50	405.00
68	202.50	256.25	300.00	327.50	438.75
69	218.75	278.75	323.75	355.00	473.75
70	237.50	302.50	352.50	386.25	513.75
71	257.50	328.75	383.75	420.00	558.75
72	281.25	360.00	420.00	460.00	611.25
73	308.75	393.75	461.25	506.25	668.75
74	338.75	432.50	506.25	555.00	732.50
75	371.25	475.00	556.25	608.75	803.75
76	406.25	518.75	610.00	668.75	880.00
77	442.50	568.75	667.50	732.50	961.25
78	481.25	620.00	731.25	800.00	1048.75
79	521.25	677.50	796.25	872.50	1141.25
80	563.75				
81	607.50				
82	652.50				
83	701.25				
84	751.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	76.25	87.50	96.25	126.25
45-49	67.50	85.00	97.50	107.50	140.00
50-54	83.75	105.00	121.25	131.25	177.50
55	93.75	118.75	137.50	150.00	202.50
56	97.50	125.00	145.00	157.50	212.50
57	102.50	131.25	152.50	166.25	223.75
58	108.75	138.75	161.25	176.25	236.25
59	116.25	147.50	171.25	187.50	250.00
60	125.00	156.25	182.50	198.75	265.00
61	133.75	166.25	193.75	211.25	282.50
62	142.50	177.50	207.50	226.25	301.25
63	151.25	188.75	221.25	241.25	321.25
64	161.25	201.25	235.00	257.50	342.50
65	171.25	215.00	251.25	273.75	366.25
66	182.50	230.00	268.75	293.75	392.50
67	196.25	248.75	290.00	317.50	423.75
68	211.25	268.75	313.75	343.75	458.75
69	228.75	291.25	340.00	372.50	496.25
70	247.50	316.25	368.75	405.00	537.50
71	268.75	343.75	402.50	441.25	585.00
72	293.75	376.25	440.00	482.50	638.75
73	322.50	412.50	482.50	530.00	700.00
74	353.75	452.50	530.00	581.25	766.25
75	387.50	496.25	581.25	637.50	840.00
76	423.75	542.50	637.50	698.75	918.75
77	461.25	593.75	697.50	765.00	1003.75
78	501.25	647.50	762.50	835.00	1095.00
79	542.50	706.25	830.00	911.25	1191.25
80	586.25				
81	631.25				
82	678.75				
83	728.75				
84	780.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	45.00	52.50	57.50	76.25
45-49	40.00	50.00	58.75	63.75	85.00
50-54	53.75	66.25	75.00	81.25	108.75
55	61.25	76.25	86.25	95.00	128.75
56	65.00	80.00	91.25	100.00	137.50
57	68.75	85.00	97.50	107.50	147.50
58	73.75	91.25	105.00	116.25	158.75
59	80.00	98.75	113.75	125.00	171.25
60	86.25	107.50	123.75	135.00	185.00
61	93.75	116.25	135.00	146.25	198.75
62	101.25	126.25	146.25	158.75	215.00
63	108.75	135.00	157.50	171.25	231.25
64	116.25	145.00	168.75	182.50	247.50
65	125.00	155.00	180.00	196.25	266.25
66	135.00	166.25	193.75	211.25	287.50
67	146.25	181.25	211.25	230.00	312.50
68	158.75	197.50	231.25	251.25	341.25
69	172.50	216.25	252.50	275.00	372.50
70	187.50	236.25	276.25	301.25	407.50
71	205.00	260.00	303.75	332.50	446.25
72	226.25	287.50	336.25	367.50	492.50
73	250.00	318.75	372.50	407.50	543.75
74	277.50	352.50	413.75	452.50	601.25
75	306.25	391.25	457.50	501.25	663.75
76	337.50	432.50	505.00	553.75	731.25
77	371.25	476.25	557.50	611.25	803.75
78	406.25	523.75	613.75	672.50	881.25
79	443.75	575.00	672.50	738.75	965.00
80	482.50				
81	523.75				
82	566.25				
83	611.25				
84	658.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.75	55.00	62.50	68.75	90.00
45-49	48.75	60.00	70.00	76.25	100.00
50-54	61.25	76.25	88.75	96.25	126.25
55	71.25	88.75	101.25	111.25	150.00
56	75.00	93.75	107.50	116.25	160.00
57	78.75	98.75	113.75	123.75	170.00
58	85.00	106.25	122.50	133.75	182.50
59	91.25	115.00	132.50	143.75	195.00
60	98.75	123.75	142.50	155.00	208.75
61	106.25	132.50	153.75	167.50	223.75
62	115.00	143.75	166.25	181.25	241.25
63	122.50	153.75	178.75	193.75	258.75
64	131.25	163.75	191.25	207.50	277.50
65	141.25	176.25	203.75	221.25	297.50
66	151.25	188.75	218.75	238.75	321.25
67	163.75	205.00	238.75	258.75	348.75
68	177.50	222.50	260.00	282.50	381.25
69	192.50	243.75	283.75	308.75	416.25
70	210.00	266.25	311.25	338.75	456.25
71	230.00	292.50	341.25	372.50	500.00
72	252.50	322.50	377.50	412.50	551.25
73	278.75	356.25	417.50	456.25	608.75
74	308.75	395.00	462.50	506.25	672.50
75	341.25	436.25	511.25	560.00	741.25
76	376.25	481.25	563.75	618.75	817.50
77	412.50	530.00	621.25	682.50	897.50
78	451.25	581.25	682.50	750.00	983.75
79	491.25	637.50	748.75	822.50	1076.25
80	533.75				
81	577.50				
82	625.00				
83	673.75				
84	725.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	58.75	67.50	73.75	96.25
45-49	52.50	65.00	75.00	81.25	106.25
50-54	65.00	81.25	93.75	102.50	133.75
55	75.00	93.75	107.50	117.50	158.75
56	78.75	98.75	113.75	123.75	168.75
57	83.75	105.00	121.25	131.25	180.00
58	90.00	112.50	130.00	141.25	192.50
59	96.25	121.25	140.00	151.25	205.00
60	103.75	130.00	151.25	163.75	218.75
61	111.25	140.00	162.50	176.25	235.00
62	120.00	151.25	175.00	190.00	252.50
63	128.75	162.50	187.50	203.75	271.25
64	137.50	172.50	200.00	217.50	290.00
65	147.50	185.00	213.75	232.50	311.25
66	157.50	198.75	230.00	250.00	335.00
67	171.25	215.00	250.00	271.25	365.00
68	186.25	233.75	272.50	296.25	398.75
69	201.25	255.00	297.50	323.75	435.00
70	220.00	278.75	326.25	355.00	476.25
71	240.00	306.25	357.50	390.00	522.50
72	263.75	337.50	395.00	431.25	576.25
73	291.25	372.50	437.50	477.50	636.25
74	322.50	412.50	483.75	528.75	702.50
75	356.25	455.00	533.75	585.00	775.00
76	392.50	502.50	588.75	646.25	853.75
77	430.00	552.50	648.75	712.50	937.50
78	470.00	606.25	712.50	783.75	1027.50
79	511.25	665.00	781.25	858.75	1123.75
80	555.00				
81	601.25				
82	650.00				
83	700.00				
84	752.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	35.00	41.25	43.75	56.25
45-49	33.75	40.00	45.00	48.75	61.25
50-54	41.25	48.75	56.25	60.00	76.25
55	47.50	56.25	65.00	68.75	91.25
56	50.00	60.00	68.75	73.75	97.50
57	55.00	65.00	73.75	80.00	105.00
58	58.75	70.00	80.00	86.25	113.75
59	65.00	76.25	86.25	93.75	123.75
60	70.00	83.75	95.00	105.00	133.75
61	76.25	92.50	105.00	113.75	145.00
62	82.50	100.00	113.75	123.75	158.75
63	88.75	107.50	122.50	132.50	170.00
64	93.75	115.00	131.25	141.25	183.75
65	100.00	123.75	140.00	151.25	197.50
66	108.75	132.50	151.25	163.75	213.75
67	117.50	143.75	165.00	177.50	232.50
68	127.50	157.50	181.25	195.00	256.25
69	140.00	172.50	198.75	215.00	281.25
70	152.50	188.75	217.50	236.25	308.75
71	168.75	208.75	241.25	263.75	341.25
72	188.75	232.50	268.75	293.75	381.25
73	210.00	260.00	301.25	330.00	426.25
74	233.75	291.25	338.75	368.75	476.25
75	261.25	326.25	380.00	413.75	531.25
76	291.25	365.00	423.75	461.25	591.25
77	323.75	406.25	472.50	513.75	657.50
78	358.75	451.25	525.00	568.75	727.50
79	397.50	498.75	581.25	630.00	805.00
80	436.25				
81	481.25				
82	526.25				
83	575.00				
84	626.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	43.75	50.00	52.50	67.50
45-49	40.00	48.75	55.00	58.75	75.00
50-54	47.50	57.50	66.25	72.50	93.75
55	56.25	66.25	75.00	81.25	107.50
56	58.75	70.00	80.00	85.00	113.75
57	63.75	75.00	85.00	91.25	120.00
58	67.50	81.25	91.25	98.75	130.00
59	73.75	88.75	100.00	107.50	140.00
60	80.00	95.00	108.75	117.50	152.50
61	85.00	105.00	118.75	127.50	165.00
62	92.50	111.25	130.00	140.00	180.00
63	100.00	120.00	138.75	148.75	192.50
64	106.25	130.00	147.50	160.00	207.50
65	113.75	140.00	157.50	170.00	223.75
66	122.50	148.75	170.00	185.00	241.25
67	132.50	163.75	185.00	201.25	263.75
68	143.75	177.50	202.50	222.50	288.75
69	157.50	193.75	223.75	242.50	317.50
70	172.50	213.75	245.00	266.25	348.75
71	188.75	235.00	272.50	295.00	386.25
72	210.00	261.25	302.50	331.25	431.25
73	233.75	292.50	340.00	368.75	481.25
74	260.00	327.50	381.25	415.00	536.25
75	291.25	366.25	426.25	463.75	598.75
76	323.75	407.50	476.25	518.75	667.50
77	360.00	455.00	530.00	576.25	741.25
78	398.75	505.00	588.75	640.00	818.75
79	440.00	558.75	651.25	708.75	906.25
80	483.75				
81	531.25				
82	580.00				
83	632.50				
84	688.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	47.50	52.50	57.50	73.75
45-49	42.50	51.25	58.75	63.75	81.25
50-54	50.00	61.25	70.00	76.25	101.25
55	58.75	70.00	80.00	86.25	113.75
56	61.25	75.00	83.75	91.25	118.75
57	66.25	80.00	90.00	97.50	126.25
58	70.00	85.00	97.50	105.00	136.25
59	76.25	92.50	106.25	113.75	147.50
60	83.75	100.00	115.00	123.75	160.00
61	90.00	108.75	125.00	133.75	173.75
62	97.50	117.50	135.00	145.00	188.75
63	105.00	126.25	145.00	156.25	202.50
64	110.00	135.00	155.00	167.50	217.50
65	118.75	145.00	165.00	180.00	233.75
66	127.50	156.25	177.50	193.75	252.50
67	138.75	170.00	193.75	211.25	276.25
68	150.00	186.25	213.75	232.50	302.50
69	165.00	202.50	233.75	255.00	332.50
70	180.00	223.75	257.50	280.00	366.25
71	197.50	245.00	285.00	310.00	406.25
72	218.75	273.75	317.50	345.00	451.25
73	243.75	306.25	356.25	386.25	505.00
74	272.50	342.50	398.75	433.75	563.75
75	305.00	382.50	445.00	485.00	627.50
76	338.75	426.25	498.75	542.50	700.00
77	375.00	475.00	555.00	605.00	776.25
78	415.00	526.25	615.00	670.00	858.75
79	457.50	583.75	681.25	742.50	948.75
80	502.50				
81	551.25				
82	602.50				
83	657.50				
84	715.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	72.50	82.50	88.75	120.00
45-49	65.00	80.00	91.25	98.75	133.75
50-54	80.00	98.75	113.75	125.00	170.00
55	92.50	115.00	132.50	143.75	197.50
56	97.50	120.00	140.00	152.50	208.75
57	102.50	127.50	148.75	161.25	220.00
58	110.00	136.25	158.75	172.50	233.75
59	116.25	145.00	168.75	183.75	248.75
60	125.00	156.25	180.00	195.00	265.00
61	133.75	166.25	192.50	208.75	282.50
62	142.50	177.50	206.25	223.75	301.25
63	151.25	190.00	220.00	238.75	322.50
64	161.25	201.25	233.75	255.00	342.50
65	172.50	215.00	250.00	272.50	366.25
66	183.75	231.25	267.50	291.25	393.75
67	198.75	248.75	290.00	315.00	425.00
68	215.00	268.75	313.75	341.25	460.00
69	231.25	291.25	338.75	368.75	497.50
70	250.00	316.25	367.50	401.25	540.00
71	270.00	343.75	400.00	436.25	586.25
72	295.00	376.25	438.75	480.00	641.25
73	325.00	413.75	482.50	527.50	702.50
74	357.50	455.00	531.25	581.25	770.00
75	392.50	498.75	583.75	638.75	845.00
76	430.00	547.50	641.25	702.50	926.25
77	468.75	600.00	705.00	770.00	1013.75
78	510.00	656.25	772.50	843.75	1106.25
79	555.00	716.25	843.75	922.50	1206.25
80	600.00				
81	647.50				
82	697.50				
83	748.75				
84	802.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.50	83.75	97.50	106.25	140.00
45-49	75.00	93.75	107.50	117.50	156.25
50-54	92.50	116.25	133.75	145.00	197.50
55	105.00	132.50	152.50	166.25	226.25
56	108.75	140.00	161.25	175.00	238.75
57	115.00	147.50	170.00	185.00	250.00
58	122.50	156.25	181.25	197.50	265.00
59	131.25	165.00	191.25	210.00	281.25
60	141.25	175.00	205.00	222.50	297.50
61	150.00	186.25	217.50	236.25	317.50
62	160.00	200.00	232.50	252.50	338.75
63	170.00	211.25	248.75	270.00	361.25
64	181.25	226.25	263.75	288.75	385.00
65	192.50	241.25	282.50	307.50	411.25
66	206.25	258.75	301.25	330.00	441.25
67	220.00	280.00	326.25	356.25	476.25
68	238.75	301.25	352.50	385.00	516.25
69	257.50	327.50	381.25	417.50	557.50
70	280.00	356.25	415.00	455.00	605.00
71	302.50	386.25	451.25	493.75	657.50
72	331.25	423.75	493.75	541.25	718.75
73	363.75	463.75	542.50	595.00	786.25
74	398.75	508.75	595.00	652.50	861.25
75	436.25	558.75	655.00	716.25	945.00
76	477.50	610.00	717.50	786.25	1035.00
77	520.00	668.75	785.00	861.25	1131.25
78	566.25	730.00	860.00	941.25	1233.75
79	613.75	797.50	936.25	1026.25	1342.50
80	663.75				
81	715.00				
82	767.50				
83	825.00				
84	883.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.50	90.00	102.50	113.75	148.75
45-49	80.00	100.00	115.00	126.25	165.00
50-54	98.75	123.75	142.50	155.00	208.75
55	110.00	140.00	161.25	176.25	238.75
56	115.00	147.50	170.00	185.00	250.00
57	120.00	155.00	180.00	195.00	263.75
58	127.50	163.75	190.00	207.50	277.50
59	136.25	173.75	201.25	220.00	293.75
60	147.50	183.75	215.00	233.75	311.25
61	157.50	195.00	227.50	248.75	332.50
62	167.50	208.75	243.75	266.25	355.00
63	177.50	222.50	260.00	283.75	377.50
64	190.00	236.25	276.25	302.50	402.50
65	201.25	252.50	295.00	322.50	431.25
66	215.00	270.00	316.25	345.00	461.25
67	231.25	292.50	341.25	373.75	498.75
68	248.75	316.25	368.75	405.00	540.00
69	268.75	342.50	400.00	438.75	583.75
70	291.25	372.50	433.75	476.25	632.50
71	316.25	405.00	473.75	518.75	688.75
72	345.00	442.50	517.50	567.50	751.25
73	380.00	485.00	567.50	623.75	823.75
74	416.25	532.50	623.75	683.75	901.25
75	456.25	583.75	683.75	750.00	988.75
76	498.75	638.75	750.00	822.50	1081.25
77	542.50	698.75	820.00	900.00	1181.25
78	590.00	761.25	897.50	982.50	1288.75
79	638.75	831.25	976.25	1072.50	1401.25
80	690.00				
81	742.50				
82	798.75				
83	857.50				
84	917.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.50	52.50	61.25	67.50	90.00
45-49	47.50	58.75	68.75	75.00	100.00
50-54	63.75	77.50	88.75	95.00	127.50
55	72.50	90.00	101.25	111.25	151.25
56	76.25	93.75	107.50	117.50	161.25
57	81.25	100.00	115.00	126.25	173.75
58	86.25	107.50	123.75	136.25	186.25
59	93.75	116.25	133.75	147.50	201.25
60	101.25	126.25	145.00	158.75	217.50
61	110.00	136.25	158.75	172.50	233.75
62	118.75	148.75	172.50	186.25	252.50
63	127.50	158.75	185.00	201.25	272.50
64	136.25	170.00	198.75	215.00	291.25
65	147.50	182.50	211.25	231.25	313.75
66	158.75	195.00	227.50	248.75	338.75
67	172.50	213.75	248.75	270.00	367.50
68	186.25	232.50	272.50	295.00	401.25
69	202.50	255.00	297.50	323.75	438.75
70	220.00	277.50	325.00	355.00	480.00
71	241.25	306.25	357.50	391.25	525.00
72	266.25	338.75	395.00	432.50	580.00
73	293.75	375.00	438.75	480.00	640.00
74	326.25	415.00	486.25	532.50	707.50
75	360.00	460.00	538.75	590.00	781.25
76	397.50	508.75	593.75	651.25	860.00
77	436.25	560.00	656.25	718.75	945.00
78	477.50	616.25	722.50	791.25	1036.25
79	522.50	676.25	791.25	868.75	1135.00
80	567.50				
81	616.25				
82	666.25				
83	718.75				
84	775.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.25	65.00	73.75	81.25	106.25
45-49	57.50	70.00	82.50	90.00	117.50
50-54	72.50	90.00	105.00	113.75	148.75
55	83.75	105.00	118.75	131.25	176.25
56	88.75	110.00	126.25	136.25	188.75
57	92.50	116.25	133.75	145.00	200.00
58	100.00	125.00	143.75	157.50	215.00
59	107.50	135.00	156.25	168.75	230.00
60	116.25	145.00	167.50	182.50	245.00
61	125.00	156.25	181.25	197.50	263.75
62	135.00	168.75	195.00	213.75	283.75
63	143.75	181.25	210.00	227.50	305.00
64	155.00	192.50	225.00	243.75	326.25
65	166.25	207.50	240.00	260.00	350.00
66	177.50	222.50	257.50	281.25	377.50
67	192.50	241.25	281.25	305.00	410.00
68	208.75	261.25	306.25	332.50	448.75
69	226.25	286.25	333.75	363.75	490.00
70	247.50	313.75	366.25	398.75	536.25
71	270.00	343.75	401.25	438.75	588.75
72	297.50	380.00	443.75	485.00	648.75
73	327.50	418.75	491.25	536.25	716.25
74	363.75	465.00	543.75	595.00	791.25
75	401.25	513.75	601.25	658.75	872.50
76	442.50	566.25	663.75	727.50	961.25
77	485.00	623.75	731.25	802.50	1056.25
78	531.25	683.75	802.50	882.50	1157.50
79	577.50	750.00	881.25	967.50	1266.25
80	627.50				
81	680.00				
82	735.00				
83	792.50				
84	852.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.25	68.75	80.00	86.25	113.75
45-49	61.25	76.25	88.75	95.00	125.00
50-54	76.25	95.00	110.00	120.00	157.50
55	88.75	110.00	126.25	138.75	186.25
56	92.50	116.25	133.75	145.00	198.75
57	98.75	123.75	142.50	155.00	211.25
58	106.25	132.50	152.50	166.25	226.25
59	113.75	142.50	165.00	177.50	241.25
60	122.50	152.50	177.50	192.50	257.50
61	131.25	165.00	191.25	207.50	276.25
62	141.25	177.50	206.25	223.75	297.50
63	151.25	191.25	220.00	240.00	318.75
64	161.25	202.50	235.00	256.25	341.25
65	173.75	217.50	251.25	273.75	366.25
66	185.00	233.75	270.00	293.75	393.75
67	201.25	252.50	293.75	318.75	430.00
68	218.75	275.00	320.00	348.75	468.75
69	236.25	300.00	350.00	381.25	511.25
70	258.75	327.50	383.75	417.50	560.00
71	282.50	360.00	420.00	458.75	615.00
72	310.00	397.50	465.00	507.50	677.50
73	342.50	438.75	515.00	561.25	748.75
74	380.00	485.00	568.75	622.50	826.25
75	418.75	535.00	627.50	688.75	911.25
76	461.25	591.25	692.50	760.00	1005.00
77	506.25	650.00	763.75	838.75	1102.50
78	552.50	713.75	838.75	922.50	1208.75
79	601.25	782.50	918.75	1010.00	1322.50
80	652.50				
81	707.50				
82	765.00				
83	823.75				
84	885.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0075-A45
VIRGINIA

All rates for this form should be multiplied by a factor of: 1.8000

This factor represents the **proposed** increase of: 80.0%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2013

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17.34	19.38	22.44	23.46	24.48
45-49	19.38	21.42	24.48	25.50	27.54
50-54	23.46	26.52	29.58	31.62	35.70
55	26.52	30.60	34.68	37.74	44.88
56	28.56	32.64	37.74	40.80	48.96
57	30.60	35.70	40.80	43.86	54.06
58	33.66	38.76	44.88	47.94	59.16
59	36.72	42.84	48.96	52.02	65.28
60	40.80	47.94	54.06	57.12	71.40
61	43.86	52.02	59.16	62.22	77.52
62	47.94	57.12	64.26	68.34	84.66
63	51.00	61.20	69.36	73.44	90.78
64	54.06	65.28	74.46	79.56	96.90
65	58.14	69.36	79.56	85.68	104.04
66	62.22	75.48	85.68	92.82	112.20
67	67.32	81.60	93.84	100.98	122.40
68	73.44	89.76	103.02	111.18	134.64
69	80.58	97.92	113.22	121.38	146.88
70	87.72	107.10	124.44	133.62	162.18
71	96.90	118.32	136.68	147.90	179.52
72	107.10	131.58	151.98	164.22	198.90
73	119.34	146.88	169.32	182.58	221.34
74	132.60	163.20	188.70	204.00	246.84
75	147.90	181.56	209.10	226.44	274.38
76	164.22	201.96	232.56	250.92	303.96
77	181.56	223.38	257.04	277.44	336.60
78	199.92	246.84	283.56	306.00	371.28
79	220.32	271.32	312.12	336.60	409.02
80	240.72				
81	263.16				
82	286.62				
83	311.10				
84	337.62				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.64	39.78	45.90	49.98	60.18
45-49	35.70	43.86	51.00	55.08	67.32
50-54	43.86	54.06	63.24	68.34	85.68
55	53.04	64.26	74.46	79.56	102.00
56	56.10	68.34	78.54	84.66	109.14
57	60.18	73.44	83.64	89.76	116.28
58	64.26	78.54	89.76	95.88	124.44
59	68.34	83.64	95.88	103.02	132.60
60	72.42	89.76	103.02	111.18	141.78
61	77.52	95.88	110.16	119.34	150.96
62	82.62	102.00	118.32	128.52	162.18
63	87.72	109.14	126.48	136.68	173.40
64	93.84	115.26	134.64	145.86	185.64
65	99.96	123.42	142.80	155.04	198.90
66	107.10	131.58	153.00	165.24	213.18
67	115.26	141.78	164.22	177.48	229.50
68	124.44	153.00	177.48	191.76	247.86
69	133.62	165.24	190.74	207.06	267.24
70	144.84	179.52	207.06	224.40	287.64
71	157.08	194.82	224.40	243.78	312.12
72	170.34	212.16	244.80	266.22	339.66
73	185.64	231.54	268.26	291.72	370.26
74	202.98	253.98	293.76	320.28	404.94
75	221.34	277.44	322.32	350.88	441.66
76	240.72	302.94	352.92	384.54	482.46
77	261.12	330.48	385.56	421.26	525.30
78	282.54	360.06	421.26	460.02	571.20
79	304.98	391.68	459.00	501.84	621.18
80	329.46				
81	353.94				
82	380.46				
83	408.00				
84	436.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.46	28.56	32.64	35.70	42.84
45-49	25.50	31.62	36.72	39.78	47.94
50-54	35.70	42.84	49.98	54.06	65.28
55	40.80	49.98	57.12	61.20	78.54
56	42.84	53.04	60.18	65.28	83.64
57	45.90	57.12	64.26	69.36	89.76
58	49.98	62.22	69.36	75.48	96.90
59	54.06	67.32	75.48	81.60	106.08
60	59.16	73.44	82.62	89.76	115.26
61	64.26	79.56	90.78	97.92	125.46
62	69.36	85.68	97.92	106.08	135.66
63	74.46	91.80	105.06	114.24	145.86
64	79.56	97.92	112.20	122.40	157.08
65	84.66	105.06	120.36	130.56	168.30
66	91.80	113.22	129.54	140.76	182.58
67	98.94	122.40	140.76	153.00	197.88
68	107.10	133.62	154.02	167.28	215.22
69	117.30	145.86	168.30	182.58	234.60
70	127.50	159.12	183.60	199.92	257.04
71	139.74	174.42	201.96	219.30	280.50
72	153.00	191.76	222.36	241.74	308.04
73	168.30	211.14	244.80	267.24	338.64
74	185.64	232.56	270.30	294.78	372.30
75	204.00	256.02	297.84	324.36	408.00
76	223.38	281.52	327.42	357.00	447.78
77	243.78	308.04	359.04	391.68	489.60
78	265.20	336.60	392.70	429.42	534.48
79	287.64	367.20	429.42	469.20	582.42
80	312.12				
81	336.60				
82	363.12				
83	390.66				
84	419.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.40	22.44	26.52	27.54	28.56
45-49	22.44	25.50	28.56	29.58	32.64
50-54	27.54	31.62	34.68	36.72	41.82
55	31.62	35.70	40.80	44.88	53.04
56	33.66	38.76	44.88	47.94	57.12
57	35.70	41.82	47.94	52.02	63.24
58	39.78	45.90	53.04	56.10	69.36
59	42.84	49.98	57.12	61.20	76.50
60	47.94	56.10	63.24	67.32	83.64
61	52.02	61.20	69.36	73.44	90.78
62	56.10	67.32	75.48	80.58	99.96
63	60.18	72.42	81.60	86.70	107.10
64	63.24	76.50	87.72	93.84	114.24
65	68.34	81.60	93.84	100.98	122.40
66	73.44	88.74	100.98	109.14	131.58
67	79.56	95.88	110.16	118.32	143.82
68	86.70	106.08	121.38	130.56	158.10
69	94.86	115.26	133.62	142.80	172.38
70	103.02	126.48	146.88	157.08	190.74
71	114.24	138.72	161.16	174.42	211.14
72	126.48	155.04	178.50	192.78	233.58
73	140.76	172.38	198.90	215.22	260.10
74	156.06	191.76	222.36	239.70	290.70
75	174.42	213.18	245.82	266.22	322.32
76	192.78	237.66	273.36	294.78	358.02
77	213.18	263.16	301.92	326.40	395.76
78	235.62	290.70	333.54	360.06	436.56
79	259.08	319.26	367.20	395.76	481.44
80	283.56				
81	310.08				
82	337.62				
83	366.18				
84	396.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.76	46.92	54.06	59.16	70.38
45-49	41.82	52.02	60.18	65.28	79.56
50-54	52.02	63.24	74.46	80.58	100.98
55	62.22	75.48	87.72	93.84	120.36
56	66.30	80.58	92.82	99.96	128.52
57	70.38	86.70	97.92	106.08	136.68
58	75.48	92.82	106.08	113.22	146.88
59	80.58	97.92	113.22	121.38	156.06
60	85.68	106.08	121.38	130.56	167.28
61	90.78	113.22	129.54	140.76	177.48
62	96.90	120.36	138.72	150.96	190.74
63	103.02	128.52	148.92	161.16	204.00
64	110.16	135.66	158.10	171.36	218.28
65	117.30	144.84	168.30	182.58	233.58
66	126.48	155.04	179.52	194.82	250.92
67	135.66	167.28	192.78	209.10	270.30
68	146.88	179.52	209.10	225.42	291.72
69	157.08	194.82	224.40	243.78	314.16
70	170.34	211.14	243.78	264.18	338.64
71	184.62	229.50	264.18	286.62	367.20
72	199.92	249.90	287.64	313.14	399.84
73	218.28	272.34	315.18	342.72	435.54
74	238.68	298.86	345.78	376.38	476.34
75	260.10	326.40	379.44	413.10	519.18
76	283.56	355.98	415.14	452.88	567.12
77	307.02	388.62	453.90	495.72	618.12
78	332.52	423.30	495.72	541.62	672.18
79	359.04	461.04	539.58	590.58	730.32
80	387.60				
81	416.16				
82	447.78				
83	480.42				
84	514.08				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.66	38.76	41.82	49.98
45-49	29.58	36.72	42.84	46.92	56.10
50-54	41.82	49.98	59.16	63.24	76.50
55	47.94	59.16	67.32	72.42	92.82
56	49.98	62.22	70.38	76.50	97.92
57	54.06	67.32	75.48	81.60	106.08
58	59.16	73.44	81.60	88.74	114.24
59	63.24	79.56	88.74	95.88	124.44
60	69.36	86.70	96.90	106.08	135.66
61	75.48	93.84	107.10	115.26	147.90
62	81.60	100.98	115.26	124.44	159.12
63	87.72	108.12	123.42	134.64	171.36
64	93.84	115.26	131.58	143.82	184.62
65	99.96	123.42	141.78	154.02	197.88
66	108.12	133.62	151.98	165.24	215.22
67	116.28	143.82	165.24	179.52	232.56
68	126.48	157.08	181.56	196.86	252.96
69	137.70	171.36	197.88	215.22	276.42
70	149.94	187.68	216.24	235.62	301.92
71	164.22	205.02	237.66	258.06	330.48
72	179.52	225.42	261.12	284.58	362.10
73	197.88	248.88	287.64	314.16	398.82
74	218.28	273.36	318.24	346.80	437.58
75	239.70	300.90	350.88	381.48	480.42
76	263.16	331.50	385.56	420.24	526.32
77	286.62	362.10	422.28	461.04	576.30
78	312.12	395.76	462.06	504.90	628.32
79	338.64	432.48	504.90	551.82	685.44
80	367.20				
81	395.76				
82	427.38				
83	460.02				
84	493.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0076-A45
VIRGINIA

All rates for this form should be multiplied by a factor of: 1.8000

This factor represents the **proposed** increase of: 80.0%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2013

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.68	24.23	28.05	29.33	30.60
45-49	24.23	26.78	30.60	31.88	34.43
50-54	29.33	33.15	36.98	39.53	44.63
55	33.15	38.25	43.35	47.18	56.10
56	35.70	40.80	47.18	51.00	61.20
57	38.25	44.63	51.00	54.83	67.58
58	42.08	48.45	56.10	59.93	73.95
59	45.90	53.55	61.20	65.03	81.60
60	51.00	59.93	67.58	71.40	89.25
61	54.83	65.03	73.95	77.78	96.90
62	59.93	71.40	80.33	85.43	105.83
63	63.75	76.50	86.70	91.80	113.48
64	67.58	81.60	93.08	99.45	121.13
65	72.68	86.70	99.45	107.10	130.05
66	77.78	94.35	107.10	116.03	140.25
67	84.15	102.00	117.30	126.23	153.00
68	91.80	112.20	128.78	138.98	168.30
69	100.73	122.40	141.53	151.73	183.60
70	109.65	133.88	155.55	167.03	202.73
71	121.13	147.90	170.85	184.88	224.40
72	133.88	164.48	189.98	205.28	248.63
73	149.18	183.60	211.65	228.23	276.68
74	165.75	204.00	235.88	255.00	308.55
75	184.88	226.95	261.38	283.05	342.98
76	205.28	252.45	290.70	313.65	379.95
77	226.95	279.23	321.30	346.80	420.75
78	249.90	308.55	354.45	382.50	464.10
79	275.40	339.15	390.15	420.75	511.28
80	300.90				
81	328.95				
82	358.28				
83	388.88				
84	422.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.80	49.73	57.38	62.48	75.23
45-49	44.63	54.83	63.75	68.85	84.15
50-54	54.83	67.58	79.05	85.43	107.10
55	66.30	80.33	93.08	99.45	127.50
56	70.13	85.43	98.18	105.83	136.43
57	75.23	91.80	104.55	112.20	145.35
58	80.33	98.18	112.20	119.85	155.55
59	85.43	104.55	119.85	128.78	165.75
60	90.53	112.20	128.78	138.98	177.23
61	96.90	119.85	137.70	149.18	188.70
62	103.28	127.50	147.90	160.65	202.73
63	109.65	136.43	158.10	170.85	216.75
64	117.30	144.08	168.30	182.33	232.05
65	124.95	154.28	178.50	193.80	248.63
66	133.88	164.48	191.25	206.55	266.48
67	144.08	177.23	205.28	221.85	286.88
68	155.55	191.25	221.85	239.70	309.83
69	167.03	206.55	238.43	258.83	334.05
70	181.05	224.40	258.83	280.50	359.55
71	196.35	243.53	280.50	304.73	390.15
72	212.93	265.20	306.00	332.78	424.58
73	232.05	289.43	335.33	364.65	462.83
74	253.73	317.48	367.20	400.35	506.18
75	276.68	346.80	402.90	438.60	552.08
76	300.90	378.68	441.15	480.68	603.08
77	326.40	413.10	481.95	526.58	656.63
78	353.18	450.08	526.58	575.03	714.00
79	381.23	489.60	573.75	627.30	776.48
80	411.83				
81	442.43				
82	475.58				
83	510.00				
84	545.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.33	35.70	40.80	44.63	53.55
45-49	31.88	39.53	45.90	49.73	59.93
50-54	44.63	53.55	62.48	67.58	81.60
55	51.00	62.48	71.40	76.50	98.18
56	53.55	66.30	75.23	81.60	104.55
57	57.38	71.40	80.33	86.70	112.20
58	62.48	77.78	86.70	94.35	121.13
59	67.58	84.15	94.35	102.00	132.60
60	73.95	91.80	103.28	112.20	144.08
61	80.33	99.45	113.48	122.40	156.83
62	86.70	107.10	122.40	132.60	169.58
63	93.08	114.75	131.33	142.80	182.33
64	99.45	122.40	140.25	153.00	196.35
65	105.83	131.33	150.45	163.20	210.38
66	114.75	141.53	161.93	175.95	228.23
67	123.68	153.00	175.95	191.25	247.35
68	133.88	167.03	192.53	209.10	269.03
69	146.63	182.33	210.38	228.23	293.25
70	159.38	198.90	229.50	249.90	321.30
71	174.68	218.03	252.45	274.13	350.63
72	191.25	239.70	277.95	302.18	385.05
73	210.38	263.93	306.00	334.05	423.30
74	232.05	290.70	337.88	368.48	465.38
75	255.00	320.03	372.30	405.45	510.00
76	279.23	351.90	409.28	446.25	559.73
77	304.73	385.05	448.80	489.60	612.00
78	331.50	420.75	490.88	536.78	668.10
79	359.55	459.00	536.78	586.50	728.03
80	390.15				
81	420.75				
82	453.90				
83	488.33				
84	524.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.50	28.05	33.15	34.43	35.70
45-49	28.05	31.88	35.70	36.98	40.80
50-54	34.43	39.53	43.35	45.90	52.28
55	39.53	44.63	51.00	56.10	66.30
56	42.08	48.45	56.10	59.93	71.40
57	44.63	52.28	59.93	65.03	79.05
58	49.73	57.38	66.30	70.13	86.70
59	53.55	62.48	71.40	76.50	95.63
60	59.93	70.13	79.05	84.15	104.55
61	65.03	76.50	86.70	91.80	113.48
62	70.13	84.15	94.35	100.73	124.95
63	75.23	90.53	102.00	108.38	133.88
64	79.05	95.63	109.65	117.30	142.80
65	85.43	102.00	117.30	126.23	153.00
66	91.80	110.93	126.23	136.43	164.48
67	99.45	119.85	137.70	147.90	179.78
68	108.38	132.60	151.73	163.20	197.63
69	118.58	144.08	167.03	178.50	215.48
70	128.78	158.10	183.60	196.35	238.43
71	142.80	173.40	201.45	218.03	263.93
72	158.10	193.80	223.13	240.98	291.98
73	175.95	215.48	248.63	269.03	325.13
74	195.08	239.70	277.95	299.63	363.38
75	218.03	266.48	307.28	332.78	402.90
76	240.98	297.08	341.70	368.48	447.53
77	266.48	328.95	377.40	408.00	494.70
78	294.53	363.38	416.93	450.08	545.70
79	323.85	399.08	459.00	494.70	601.80
80	354.45				
81	387.60				
82	422.03				
83	457.73				
84	495.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.45	58.65	67.58	73.95	87.98
45-49	52.28	65.03	75.23	81.60	99.45
50-54	65.03	79.05	93.08	100.73	126.23
55	77.78	94.35	109.65	117.30	150.45
56	82.88	100.73	116.03	124.95	160.65
57	87.98	108.38	122.40	132.60	170.85
58	94.35	116.03	132.60	141.53	183.60
59	100.73	122.40	141.53	151.73	195.08
60	107.10	132.60	151.73	163.20	209.10
61	113.48	141.53	161.93	175.95	221.85
62	121.13	150.45	173.40	188.70	238.43
63	128.78	160.65	186.15	201.45	255.00
64	137.70	169.58	197.63	214.20	272.85
65	146.63	181.05	210.38	228.23	291.98
66	158.10	193.80	224.40	243.53	313.65
67	169.58	209.10	240.98	261.38	337.88
68	183.60	224.40	261.38	281.78	364.65
69	196.35	243.53	280.50	304.73	392.70
70	212.93	263.93	304.73	330.23	423.30
71	230.78	286.88	330.23	358.28	459.00
72	249.90	312.38	359.55	391.43	499.80
73	272.85	340.43	393.98	428.40	544.43
74	298.35	373.58	432.23	470.48	595.43
75	325.13	408.00	474.30	516.38	648.98
76	354.45	444.98	518.93	566.10	708.90
77	383.78	485.78	567.38	619.65	772.65
78	415.65	529.13	619.65	677.03	840.23
79	448.80	576.30	674.48	738.23	912.90
80	484.50				
81	520.20				
82	559.73				
83	600.53				
84	642.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	42.08	48.45	52.28	62.48
45-49	36.98	45.90	53.55	58.65	70.13
50-54	52.28	62.48	73.95	79.05	95.63
55	59.93	73.95	84.15	90.53	116.03
56	62.48	77.78	87.98	95.63	122.40
57	67.58	84.15	94.35	102.00	132.60
58	73.95	91.80	102.00	110.93	142.80
59	79.05	99.45	110.93	119.85	155.55
60	86.70	108.38	121.13	132.60	169.58
61	94.35	117.30	133.88	144.08	184.88
62	102.00	126.23	144.08	155.55	198.90
63	109.65	135.15	154.28	168.30	214.20
64	117.30	144.08	164.48	179.78	230.78
65	124.95	154.28	177.23	192.53	247.35
66	135.15	167.03	189.98	206.55	269.03
67	145.35	179.78	206.55	224.40	290.70
68	158.10	196.35	226.95	246.08	316.20
69	172.13	214.20	247.35	269.03	345.53
70	187.43	234.60	270.30	294.53	377.40
71	205.28	256.28	297.08	322.58	413.10
72	224.40	281.78	326.40	355.73	452.63
73	247.35	311.10	359.55	392.70	498.53
74	272.85	341.70	397.80	433.50	546.98
75	299.63	376.13	438.60	476.85	600.53
76	328.95	414.38	481.95	525.30	657.90
77	358.28	452.63	527.85	576.30	720.38
78	390.15	494.70	577.58	631.13	785.40
79	423.30	540.60	631.13	689.78	856.80
80	459.00				
81	494.70				
82	534.23				
83	575.03				
84	617.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0080-A45
VIRGINIA

All rates for this form should be multiplied by a factor of: 1.8000

This factor represents the **proposed** increase of: 80.0%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2013

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19.95	24.15	26.25	28.35	36.75
45-49	22.05	27.30	29.40	31.50	40.95
50-54	27.30	32.55	36.75	38.85	50.40
55	31.50	37.80	42.00	45.15	59.85
56	33.60	39.90	45.15	48.30	63.00
57	35.70	43.05	48.30	51.45	68.25
58	38.85	46.20	52.50	55.65	73.50
59	42.00	50.40	56.70	60.90	79.80
60	45.15	54.60	61.95	66.15	87.15
61	49.35	58.80	67.20	72.45	94.50
62	53.55	64.05	73.50	78.75	102.90
63	57.75	69.30	78.75	85.05	111.30
64	60.90	73.50	85.05	91.35	118.65
65	65.10	78.75	91.35	97.65	127.05
66	69.30	85.05	98.70	106.05	137.55
67	75.60	92.40	107.10	115.50	150.15
68	82.95	100.80	116.55	127.05	164.85
69	90.30	110.25	128.10	138.60	180.60
70	98.70	120.75	139.65	152.25	198.45
71	108.15	133.35	154.35	168.00	218.40
72	119.70	148.05	171.15	186.90	242.55
73	132.30	164.85	191.10	207.90	269.85
74	147.00	183.75	212.10	232.05	299.25
75	163.80	203.70	236.25	258.30	331.80
76	180.60	225.75	262.50	286.65	367.50
77	199.50	249.90	290.85	317.10	406.35
78	219.45	276.15	321.30	350.70	447.30
79	241.50	303.45	353.85	385.35	491.40
80	264.60				
81	288.75				
82	315.00				
83	342.30				
84	371.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	31.50	32.55	43.05
45-49	26.25	31.50	34.65	36.75	47.25
50-54	30.45	36.75	42.00	45.15	58.80
55	35.70	42.00	47.25	51.45	68.25
56	37.80	44.10	50.40	54.60	71.40
57	39.90	47.25	53.55	57.75	76.65
58	43.05	51.45	57.75	61.95	81.90
59	46.20	55.65	63.00	68.25	88.20
60	49.35	60.90	68.25	73.50	95.55
61	53.55	65.10	74.55	80.85	103.95
62	57.75	70.35	80.85	87.15	112.35
63	61.95	75.60	87.15	93.45	121.80
64	66.15	80.85	92.40	99.75	130.20
65	71.40	86.10	99.75	106.05	139.65
66	75.60	92.40	107.10	114.45	151.20
67	81.90	100.80	115.50	124.95	164.85
68	89.25	109.20	127.05	137.55	180.60
69	97.65	119.70	138.60	150.15	197.40
70	107.10	132.30	151.20	164.85	217.35
71	116.55	144.90	168.00	181.65	239.40
72	129.15	161.70	185.85	202.65	264.60
73	143.85	179.55	206.85	225.75	294.00
74	158.55	199.50	231.00	250.95	325.50
75	176.40	221.55	257.25	279.30	361.20
76	194.25	245.70	285.60	310.80	400.05
77	215.25	270.90	316.05	344.40	442.05
78	236.25	299.25	349.65	381.15	486.15
79	259.35	329.70	384.30	418.95	534.45
80	283.50				
81	309.75				
82	337.05				
83	365.40				
84	395.85				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.15	29.40	33.60	34.65	45.15
45-49	27.30	32.55	36.75	38.85	50.40
50-54	31.50	38.85	44.10	47.25	63.00
55	36.75	44.10	49.35	53.55	71.40
56	38.85	46.20	52.50	56.70	75.60
57	40.95	49.35	55.65	60.90	79.80
58	44.10	53.55	59.85	65.10	86.10
59	47.25	57.75	65.10	71.40	92.40
60	51.45	63.00	71.40	76.65	99.75
61	55.65	68.25	77.70	84.00	108.15
62	59.85	73.50	84.00	90.30	116.55
63	64.05	78.75	90.30	96.60	126.00
64	68.25	84.00	95.55	102.90	134.40
65	73.50	89.25	102.90	110.25	144.90
66	78.75	95.55	110.25	118.65	156.45
67	85.05	103.95	119.70	129.15	171.15
68	92.40	113.40	131.25	141.75	186.90
69	100.80	123.90	142.80	155.40	204.75
70	110.25	136.50	156.45	170.10	224.70
71	120.75	150.15	173.25	187.95	247.80
72	133.35	166.95	192.15	208.95	274.05
73	148.05	185.85	214.20	233.10	304.50
74	163.80	205.80	238.35	259.35	337.05
75	181.65	228.90	265.65	288.75	373.80
76	200.55	254.10	295.05	321.30	413.70
77	221.55	280.35	326.55	355.95	456.75
78	243.60	308.70	361.20	393.75	502.95
79	266.70	340.20	397.95	433.65	552.30
80	291.90				
81	318.15				
82	346.50				
83	375.90				
84	406.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	47.25	54.60	59.85	78.75
45-49	42.00	52.50	60.90	66.15	87.15
50-54	51.45	64.05	74.55	80.85	111.30
55	58.80	74.55	86.10	93.45	129.15
56	61.95	78.75	91.35	98.70	135.45
57	66.15	84.00	96.60	105.00	143.85
58	70.35	89.25	102.90	112.35	152.25
59	75.60	95.55	110.25	119.70	161.70
60	80.85	101.85	117.60	127.05	172.20
61	86.10	109.20	126.00	136.50	183.75
62	92.40	116.55	134.40	145.95	196.35
63	98.70	123.90	142.80	155.40	210.00
64	105.00	132.30	152.25	165.90	223.65
65	111.30	140.70	162.75	176.40	238.35
66	119.70	150.15	173.25	189.00	255.15
67	128.10	161.70	186.90	203.70	275.10
68	137.55	174.30	201.60	220.50	297.15
69	148.05	186.90	218.40	238.35	320.25
70	159.60	202.65	236.25	258.30	345.45
71	173.25	219.45	256.20	280.35	374.85
72	187.95	238.35	279.30	305.55	407.40
73	204.75	260.40	305.55	333.90	444.15
74	223.65	284.55	333.90	365.40	484.05
75	244.65	310.80	364.35	399.00	528.15
76	265.65	340.20	397.95	435.75	575.40
77	288.75	370.65	433.65	475.65	625.80
78	311.85	404.25	471.45	517.65	679.35
79	337.05	438.90	512.40	562.80	737.10
80	363.30				
81	389.55				
82	417.90				
83	447.30				
84	477.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	53.55	61.95	68.25	88.20
45-49	47.25	58.80	69.30	74.55	98.70
50-54	57.75	72.45	85.05	92.40	124.95
55	65.10	82.95	97.65	106.05	142.80
56	68.25	87.15	102.90	111.30	149.10
57	72.45	92.40	108.15	117.60	157.50
58	76.65	97.65	114.45	124.95	166.95
59	81.90	103.95	121.80	132.30	177.45
60	88.20	111.30	129.15	140.70	187.95
61	94.50	118.65	137.55	149.10	200.55
62	100.80	127.05	145.95	159.60	214.20
63	107.10	135.45	155.40	169.05	228.90
64	113.40	143.85	165.90	180.60	242.55
65	120.75	152.25	176.40	192.15	259.35
66	129.15	162.75	189.00	206.85	276.15
67	138.60	175.35	203.70	222.60	298.20
68	149.10	189.00	220.50	241.50	321.30
69	160.65	202.65	237.30	260.40	346.50
70	173.25	220.50	257.25	281.40	373.80
71	186.90	238.35	279.30	305.55	405.30
72	203.70	259.35	303.45	332.85	441.00
73	221.55	283.50	331.80	363.30	480.90
74	241.50	308.70	362.25	396.90	523.95
75	263.55	337.05	394.80	432.60	571.20
76	286.65	367.50	430.50	471.45	620.55
77	309.75	399.00	468.30	513.45	675.15
78	334.95	433.65	509.25	558.60	731.85
79	360.15	470.40	552.30	605.85	793.80
80	388.50				
81	415.80				
82	446.25				
83	476.70				
84	508.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	65.10	71.40	92.40
45-49	49.35	61.95	72.45	78.75	102.90
50-54	60.90	76.65	89.25	96.60	130.20
55	68.25	86.10	101.85	111.30	148.05
56	71.40	90.30	107.10	116.55	155.40
57	75.60	95.55	112.35	122.85	163.80
58	79.80	101.85	118.65	130.20	173.25
59	85.05	108.15	126.00	137.55	183.75
60	91.35	115.50	133.35	145.95	195.30
61	97.65	122.85	141.75	154.35	207.90
62	103.95	131.25	151.20	164.85	221.55
63	110.25	139.65	160.65	175.35	236.25
64	117.60	148.05	171.15	186.90	250.95
65	124.95	157.50	182.70	199.50	267.75
66	133.35	168.00	196.35	214.20	285.60
67	142.80	180.60	211.05	231.00	307.65
68	153.30	195.30	227.85	249.90	331.80
69	165.90	210.00	245.70	269.85	358.05
70	178.50	227.85	265.65	291.90	386.40
71	193.20	246.75	288.75	316.05	418.95
72	210.00	268.80	313.95	344.40	455.70
73	228.90	292.95	342.30	375.90	496.65
74	248.85	319.20	373.80	410.55	540.75
75	270.90	347.55	407.40	447.30	589.05
76	295.05	379.05	444.15	487.20	640.50
77	319.20	411.60	483.00	530.25	696.15
78	344.40	446.25	525.00	576.45	754.95
79	370.65	484.05	569.10	624.75	817.95
80	399.00				
81	427.35				
82	457.80				
83	489.30				
84	521.85				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	40.95	44.10	58.80
45-49	31.50	38.85	45.15	49.35	65.10
50-54	40.95	50.40	57.75	64.05	84.00
55	47.25	57.75	67.20	73.50	99.75
56	49.35	60.90	70.35	76.65	106.05
57	52.50	65.10	75.60	81.90	113.40
58	56.70	70.35	81.90	88.20	121.80
59	60.90	75.60	88.20	95.55	131.25
60	66.15	82.95	95.55	103.95	140.70
61	72.45	89.25	103.95	112.35	152.25
62	77.70	96.60	112.35	121.80	163.80
63	82.95	103.95	120.75	130.20	176.40
64	89.25	111.30	129.15	139.65	189.00
65	94.50	118.65	137.55	149.10	202.65
66	101.85	128.10	148.05	160.65	218.40
67	110.25	138.60	160.65	174.30	237.30
68	119.70	151.20	175.35	190.05	258.30
69	130.20	164.85	191.10	207.90	281.40
70	141.75	179.55	208.95	227.85	307.65
71	155.40	197.40	228.90	249.90	336.00
72	170.10	216.30	252.00	275.10	368.55
73	186.90	238.35	277.20	303.45	405.30
74	205.80	261.45	305.55	333.90	444.15
75	225.75	287.70	336.00	367.50	487.20
76	247.80	315.00	368.55	404.25	534.45
77	269.85	345.45	404.25	443.10	583.80
78	292.95	376.95	442.05	485.10	637.35
79	318.15	411.60	481.95	529.20	693.00
80	344.40				
81	371.70				
82	400.05				
83	429.45				
84	460.95				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	40.95	47.25	50.40	67.20
45-49	36.75	45.15	51.45	56.70	74.55
50-54	45.15	56.70	66.15	72.45	94.50
55	52.50	65.10	75.60	81.90	111.30
56	55.65	69.30	79.80	87.15	117.60
57	58.80	73.50	85.05	92.40	126.00
58	63.00	78.75	91.35	99.75	134.40
59	67.20	84.00	97.65	107.10	143.85
60	72.45	91.35	106.05	115.50	154.35
61	78.75	97.65	114.45	124.95	165.90
62	84.00	105.00	122.85	134.40	177.45
63	90.30	112.35	132.30	143.85	191.10
64	96.60	120.75	140.70	153.30	204.75
65	102.90	129.15	150.15	163.80	218.40
66	111.30	139.65	161.70	176.40	236.25
67	120.75	150.15	175.35	190.05	256.20
68	131.25	163.80	191.10	207.90	279.30
69	141.75	178.50	207.90	226.80	304.50
70	153.30	194.25	226.80	246.75	331.80
71	166.95	213.15	247.80	270.90	363.30
72	182.70	233.10	273.00	298.20	397.95
73	200.55	257.25	300.30	328.65	436.80
74	220.50	282.45	329.70	361.20	479.85
75	242.55	309.75	363.30	397.95	526.05
76	265.65	339.15	399.00	437.85	576.45
77	289.80	371.70	436.80	478.80	630.00
78	313.95	406.35	477.75	523.95	687.75
79	341.25	443.10	520.80	572.25	748.65
80	368.55				
81	397.95				
82	427.35				
83	457.80				
84	491.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.65	43.05	49.35	53.55	71.40
45-49	38.85	47.25	54.60	59.85	78.75
50-54	47.25	58.80	69.30	75.60	98.70
55	54.60	68.25	79.80	86.10	116.55
56	57.75	72.45	84.00	91.35	122.85
57	60.90	76.65	89.25	96.60	131.25
58	65.10	81.90	95.55	103.95	139.65
59	70.35	88.20	101.85	111.30	149.10
60	75.60	94.50	110.25	120.75	159.60
61	80.85	101.85	118.65	130.20	171.15
62	87.15	109.20	127.05	139.65	183.75
63	93.45	116.55	136.50	149.10	197.40
64	99.75	124.95	145.95	159.60	211.05
65	107.10	133.35	155.40	170.10	225.75
66	115.50	143.85	168.00	182.70	243.60
67	124.95	155.40	181.65	197.40	264.60
68	135.45	169.05	197.40	215.25	287.70
69	145.95	183.75	215.25	234.15	313.95
70	158.55	200.55	234.15	255.15	342.30
71	172.20	219.45	256.20	280.35	374.85
72	187.95	240.45	281.40	307.65	410.55
73	206.85	264.60	309.75	339.15	450.45
74	226.80	290.85	340.20	372.75	495.60
75	249.90	319.20	374.85	410.55	542.85
76	273.00	349.65	411.60	451.50	594.30
77	298.20	383.25	450.45	494.55	649.95
78	323.40	418.95	492.45	540.75	708.75
79	350.70	456.75	537.60	591.15	771.75
80	379.05				
81	408.45				
82	438.90				
83	470.40				
84	504.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	30.45	33.60	43.05
45-49	26.25	32.55	34.65	36.75	48.30
50-54	32.55	37.80	43.05	46.20	58.80
55	36.75	44.10	49.35	53.55	70.35
56	39.90	47.25	53.55	56.70	74.55
57	42.00	50.40	56.70	60.90	79.80
58	46.20	54.60	61.95	65.10	86.10
59	49.35	58.80	67.20	71.40	93.45
60	53.55	64.05	72.45	77.70	102.90
61	57.75	69.30	78.75	85.05	111.30
62	63.00	75.60	86.10	92.40	120.75
63	68.25	81.90	92.40	99.75	131.25
64	71.40	86.10	99.75	107.10	139.65
65	76.65	92.40	107.10	114.45	149.10
66	81.90	99.75	116.55	124.95	161.70
67	89.25	109.20	126.00	135.45	176.40
68	97.65	118.65	137.55	149.10	194.25
69	106.05	130.20	151.20	162.75	212.10
70	116.55	141.75	163.80	179.55	233.10
71	127.05	156.45	181.65	197.40	257.25
72	140.70	174.30	201.60	219.45	285.60
73	155.40	194.25	224.70	244.65	317.10
74	173.25	216.30	249.90	273.00	351.75
75	193.20	239.40	278.25	303.45	390.60
76	212.10	265.65	308.70	337.05	432.60
77	235.20	294.00	342.30	372.75	477.75
78	258.30	324.45	378.00	412.65	526.05
79	284.55	357.00	415.80	453.60	578.55
80	310.80				
81	340.20				
82	370.65				
83	403.20				
84	436.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	36.75	37.80	50.40
45-49	30.45	36.75	40.95	43.05	55.65
50-54	35.70	43.05	49.35	53.55	69.30
55	42.00	49.35	55.65	60.90	79.80
56	44.10	51.45	58.80	64.05	84.00
57	47.25	55.65	63.00	68.25	90.30
58	50.40	60.90	68.25	72.45	96.60
59	54.60	65.10	74.55	79.80	103.95
60	57.75	71.40	79.80	86.10	112.35
61	63.00	76.65	88.20	95.55	121.80
62	68.25	82.95	95.55	102.90	132.30
63	72.45	89.25	102.90	110.25	142.80
64	77.70	95.55	109.20	117.60	153.30
65	84.00	100.80	117.60	124.95	163.80
66	89.25	109.20	126.00	134.40	177.45
67	96.60	118.65	135.45	147.00	194.25
68	105.00	128.10	149.10	161.70	212.10
69	114.45	140.70	162.75	176.40	232.05
70	126.00	155.40	177.45	194.25	256.20
71	137.55	170.10	197.40	214.20	281.40
72	152.25	190.05	218.40	238.35	310.80
73	169.05	211.05	243.60	265.65	345.45
74	186.90	235.20	271.95	295.05	383.25
75	207.90	260.40	302.40	328.65	425.25
76	228.90	288.75	336.00	365.40	470.40
77	253.05	319.20	371.70	405.30	519.75
78	278.25	351.75	411.60	448.35	572.25
79	305.55	387.45	452.55	492.45	628.95
80	333.90				
81	364.35				
82	396.90				
83	429.45				
84	466.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	39.90	40.95	53.55
45-49	32.55	37.80	43.05	46.20	58.80
50-54	36.75	46.20	51.45	55.65	74.55
55	43.05	51.45	57.75	63.00	84.00
56	46.20	54.60	61.95	67.20	89.25
57	48.30	57.75	65.10	71.40	93.45
58	51.45	63.00	70.35	76.65	100.80
59	55.65	68.25	76.65	84.00	109.20
60	60.90	74.55	84.00	90.30	117.60
61	65.10	79.80	91.35	98.70	127.05
62	70.35	86.10	98.70	106.05	137.55
63	75.60	92.40	106.05	113.40	148.05
64	79.80	98.70	112.35	120.75	158.55
65	86.10	105.00	120.75	130.20	170.10
66	92.40	112.35	130.20	139.65	183.75
67	99.75	121.80	140.70	152.25	201.60
68	109.20	133.35	154.35	166.95	219.45
69	118.65	145.95	168.00	182.70	240.45
70	130.20	160.65	183.75	200.55	264.60
71	141.75	176.40	203.70	221.55	291.90
72	156.45	196.35	225.75	245.70	322.35
73	174.30	218.40	252.00	274.05	358.05
74	193.20	242.55	280.35	305.55	396.90
75	214.20	268.80	312.90	340.20	439.95
76	236.25	299.25	347.55	378.00	487.20
77	260.40	329.70	384.30	418.95	537.60
78	286.65	363.30	425.25	463.05	592.20
79	313.95	400.05	468.30	510.30	649.95
80	343.35				
81	373.80				
82	407.40				
83	442.05				
84	477.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	64.05	70.35	92.40
45-49	49.35	61.95	71.40	77.70	102.90
50-54	60.90	75.60	88.20	95.55	131.25
55	69.30	88.20	100.80	110.25	152.25
56	72.45	92.40	107.10	116.55	159.60
57	77.70	98.70	113.40	123.90	169.05
58	82.95	105.00	120.75	132.30	179.55
59	89.25	112.35	130.20	140.70	190.05
60	95.55	119.70	138.60	149.10	202.65
61	100.80	128.10	148.05	160.65	216.30
62	109.20	137.55	158.55	172.20	231.00
63	116.55	145.95	168.00	182.70	246.75
64	123.90	155.40	179.55	195.30	263.55
65	131.25	165.90	191.10	207.90	280.35
66	140.70	176.40	203.70	222.60	300.30
67	151.20	190.05	219.45	239.40	323.40
68	161.70	204.75	237.30	259.35	349.65
69	174.30	219.45	257.25	280.35	376.95
70	187.95	238.35	278.25	303.45	406.35
71	203.70	258.30	301.35	329.70	441.00
72	221.55	280.35	328.65	359.10	478.80
73	240.45	306.60	359.10	392.70	522.90
74	263.55	334.95	392.70	429.45	569.10
75	287.70	365.40	428.40	469.35	621.60
76	312.90	400.05	468.30	512.40	677.25
77	340.20	435.75	510.30	559.65	736.05
78	366.45	475.65	554.40	609.00	799.05
79	396.90	516.60	602.70	662.55	867.30
80	427.35				
81	457.80				
82	491.40				
83	526.05				
84	561.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	63.00	72.45	79.80	103.95
45-49	55.65	69.30	81.90	88.20	116.55
50-54	68.25	85.05	99.75	109.20	147.00
55	76.65	97.65	114.45	124.95	168.00
56	79.80	102.90	120.75	131.25	175.35
57	85.05	109.20	127.05	138.60	184.80
58	90.30	114.45	134.40	147.00	196.35
59	96.60	121.80	142.80	155.40	208.95
60	103.95	131.25	152.25	165.90	221.55
61	111.30	139.65	161.70	175.35	236.25
62	118.65	149.10	172.20	187.95	252.00
63	126.00	159.60	182.70	198.45	268.80
64	133.35	169.05	195.30	212.10	285.60
65	141.75	179.55	207.90	225.75	305.55
66	152.25	191.10	222.60	243.60	324.45
67	162.75	205.80	239.40	261.45	350.70
68	175.35	222.60	259.35	284.55	378.00
69	189.00	238.35	279.30	306.60	407.40
70	203.70	259.35	302.40	330.75	439.95
71	219.45	280.35	328.65	359.10	476.70
72	239.40	305.55	357.00	391.65	518.70
73	260.40	333.90	390.60	427.35	565.95
74	284.55	363.30	426.30	467.25	616.35
75	309.75	396.90	464.10	509.25	672.00
76	337.05	432.60	506.10	554.40	729.75
77	364.35	469.35	551.25	603.75	793.80
78	393.75	510.30	599.55	657.30	861.00
79	424.20	553.35	649.95	712.95	933.45
80	456.75				
81	489.30				
82	525.00				
83	560.70				
84	597.45				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	65.10	76.65	84.00	109.20
45-49	57.75	72.45	85.05	92.40	120.75
50-54	71.40	90.30	105.00	113.40	153.30
55	79.80	100.80	119.70	131.25	174.30
56	84.00	106.05	126.00	137.55	182.70
57	89.25	112.35	132.30	144.90	193.20
58	93.45	119.70	139.65	153.30	203.70
59	99.75	127.05	148.05	161.70	216.30
60	107.10	135.45	156.45	172.20	229.95
61	114.45	144.90	166.95	181.65	244.65
62	121.80	154.35	177.45	194.25	260.40
63	130.20	163.80	189.00	205.80	278.25
64	138.60	174.30	201.60	219.45	295.05
65	147.00	184.80	215.25	235.20	315.00
66	156.45	197.40	231.00	252.00	336.00
67	168.00	212.10	247.80	271.95	362.25
68	180.60	229.95	267.75	294.00	390.60
69	195.30	246.75	288.75	317.10	421.05
70	210.00	267.75	312.90	343.35	454.65
71	226.80	289.80	340.20	371.70	492.45
72	246.75	316.05	369.60	405.30	536.55
73	268.80	344.40	403.20	442.05	583.80
74	292.95	375.90	439.95	483.00	636.30
75	319.20	408.45	478.80	526.05	693.00
76	347.55	446.25	522.90	573.30	753.90
77	375.90	484.05	568.05	623.70	819.00
78	405.30	525.00	617.40	678.30	888.30
79	435.75	569.10	669.90	735.00	961.80
80	469.35				
81	502.95				
82	538.65				
83	575.40				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.60	40.95	48.30	51.45	69.30
45-49	36.75	46.20	53.55	57.75	76.65
50-54	48.30	58.80	68.25	75.60	98.70
55	55.65	68.25	78.75	86.10	117.60
56	57.75	71.40	82.95	90.30	124.95
57	61.95	76.65	89.25	96.60	133.35
58	67.20	82.95	96.60	103.95	142.80
59	71.40	89.25	103.95	112.35	154.35
60	77.70	97.65	112.35	121.80	165.90
61	85.05	105.00	121.80	132.30	179.55
62	91.35	113.40	132.30	142.80	193.20
63	97.65	121.80	141.75	153.30	207.90
64	105.00	131.25	152.25	163.80	222.60
65	111.30	139.65	161.70	175.35	238.35
66	119.70	151.20	174.30	189.00	257.25
67	130.20	162.75	189.00	204.75	279.30
68	140.70	177.45	205.80	223.65	303.45
69	153.30	194.25	224.70	244.65	330.75
70	166.95	211.05	245.70	267.75	362.25
71	182.70	232.05	268.80	294.00	394.80
72	200.55	254.10	296.10	323.40	433.65
73	219.45	280.35	326.55	357.00	476.70
74	242.55	307.65	359.10	392.70	522.90
75	265.65	338.10	394.80	432.60	573.30
76	291.90	370.65	433.65	475.65	628.95
77	317.10	406.35	475.65	520.80	686.70
78	344.40	443.10	519.75	571.20	749.70
79	373.80	484.05	567.00	622.65	814.80
80	405.30				
81	436.80				
82	470.40				
83	505.05				
84	541.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	48.30	55.65	58.80	78.75
45-49	43.05	53.55	60.90	67.20	88.20
50-54	53.55	67.20	77.70	85.05	111.30
55	61.95	76.65	89.25	96.60	131.25
56	65.10	81.90	93.45	102.90	138.60
57	69.30	86.10	99.75	109.20	148.05
58	74.55	92.40	107.10	117.60	158.55
59	78.75	98.70	114.45	126.00	169.05
60	85.05	107.10	124.95	135.45	181.65
61	92.40	114.45	134.40	147.00	195.30
62	98.70	123.90	144.90	158.55	208.95
63	106.05	132.30	155.40	169.05	224.70
64	113.40	141.75	165.90	180.60	240.45
65	120.75	152.25	176.40	193.20	257.25
66	131.25	163.80	190.05	207.90	278.25
67	141.75	176.40	205.80	223.65	301.35
68	154.35	193.20	224.70	244.65	328.65
69	166.95	210.00	244.65	266.70	358.05
70	180.60	228.90	266.70	289.80	390.60
71	196.35	250.95	291.90	319.20	427.35
72	215.25	274.05	321.30	350.70	468.30
73	236.25	302.40	352.80	386.40	513.45
74	259.35	331.80	387.45	425.25	564.90
75	285.60	364.35	427.35	468.30	618.45
76	312.90	399.00	469.35	515.55	678.30
77	341.25	436.80	513.45	562.80	741.30
78	369.60	477.75	561.75	616.35	809.55
79	401.10	520.80	613.20	673.05	880.95
80	433.65				
81	468.30				
82	502.95				
83	538.65				
84	578.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.95	50.40	57.75	63.00	84.00
45-49	46.20	55.65	64.05	70.35	92.40
50-54	55.65	69.30	81.90	89.25	116.55
55	64.05	79.80	93.45	100.80	137.55
56	68.25	85.05	98.70	107.10	144.90
57	71.40	90.30	105.00	113.40	154.35
58	76.65	96.60	112.35	121.80	163.80
59	82.95	103.95	119.70	131.25	175.35
60	89.25	111.30	130.20	141.75	187.95
61	95.55	119.70	139.65	153.30	201.60
62	102.90	128.10	149.10	163.80	216.30
63	110.25	137.55	160.65	175.35	232.05
64	117.60	147.00	172.20	187.95	247.80
65	126.00	156.45	182.70	200.55	265.65
66	135.45	169.05	197.40	215.25	286.65
67	147.00	182.70	214.20	232.05	310.80
68	159.60	198.45	232.05	253.05	338.10
69	172.20	216.30	253.05	275.10	369.60
70	186.90	236.25	275.10	300.30	403.20
71	202.65	258.30	301.35	329.70	441.00
72	221.55	282.45	330.75	362.25	483.00
73	243.60	310.80	364.35	399.00	530.25
74	266.70	342.30	400.05	438.90	582.75
75	294.00	375.90	441.00	483.00	638.40
76	321.30	411.60	484.05	531.30	699.30
77	350.70	450.45	530.25	581.70	764.40
78	380.10	492.45	579.60	636.30	833.70
79	412.65	537.60	632.10	695.10	908.25
80	446.25				
81	480.90				
82	516.60				
83	553.35				
84	593.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0081-A45
VIRGINIA

All rates for this form should be multiplied by a factor of: 1.8000

This factor represents the **proposed** increase of: 80.0%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2013

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.94	30.19	32.81	35.44	45.94
45-49	27.56	34.13	36.75	39.38	51.19
50-54	34.13	40.69	45.94	48.56	63.00
55	39.38	47.25	52.50	56.44	74.81
56	42.00	49.88	56.44	60.38	78.75
57	44.63	53.81	60.38	64.31	85.31
58	48.56	57.75	65.63	69.56	91.88
59	52.50	63.00	70.88	76.13	99.75
60	56.44	68.25	77.44	82.69	108.94
61	61.69	73.50	84.00	90.56	118.13
62	66.94	80.06	91.88	98.44	128.63
63	72.19	86.63	98.44	106.31	139.13
64	76.13	91.88	106.31	114.19	148.31
65	81.38	98.44	114.19	122.06	158.81
66	86.63	106.31	123.38	132.56	171.94
67	94.50	115.50	133.88	144.38	187.69
68	103.69	126.00	145.69	158.81	206.06
69	112.88	137.81	160.13	173.25	225.75
70	123.38	150.94	174.56	190.31	248.06
71	135.19	166.69	192.94	210.00	273.00
72	149.63	185.06	213.94	233.63	303.19
73	165.38	206.06	238.88	259.88	337.31
74	183.75	229.69	265.13	290.06	374.06
75	204.75	254.63	295.31	322.88	414.75
76	225.75	282.19	328.13	358.31	459.38
77	249.38	312.38	363.56	396.38	507.94
78	274.31	345.19	401.63	438.38	559.13
79	301.88	379.31	442.31	481.69	614.25
80	330.75				
81	360.94				
82	393.75				
83	427.88				
84	464.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	39.38	40.69	53.81
45-49	32.81	39.38	43.31	45.94	59.06
50-54	38.06	45.94	52.50	56.44	73.50
55	44.63	52.50	59.06	64.31	85.31
56	47.25	55.13	63.00	68.25	89.25
57	49.88	59.06	66.94	72.19	95.81
58	53.81	64.31	72.19	77.44	102.38
59	57.75	69.56	78.75	85.31	110.25
60	61.69	76.13	85.31	91.88	119.44
61	66.94	81.38	93.19	101.06	129.94
62	72.19	87.94	101.06	108.94	140.44
63	77.44	94.50	108.94	116.81	152.25
64	82.69	101.06	115.50	124.69	162.75
65	89.25	107.63	124.69	132.56	174.56
66	94.50	115.50	133.88	143.06	189.00
67	102.38	126.00	144.38	156.19	206.06
68	111.56	136.50	158.81	171.94	225.75
69	122.06	149.63	173.25	187.69	246.75
70	133.88	165.38	189.00	206.06	271.69
71	145.69	181.13	210.00	227.06	299.25
72	161.44	202.13	232.31	253.31	330.75
73	179.81	224.44	258.56	282.19	367.50
74	198.19	249.38	288.75	313.69	406.88
75	220.50	276.94	321.56	349.13	451.50
76	242.81	307.13	357.00	388.50	500.06
77	269.06	338.63	395.06	430.50	552.56
78	295.31	374.06	437.06	476.44	607.69
79	324.19	412.13	480.38	523.69	668.06
80	354.38				
81	387.19				
82	421.31				
83	456.75				
84	494.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.19	36.75	42.00	43.31	56.44
45-49	34.13	40.69	45.94	48.56	63.00
50-54	39.38	48.56	55.13	59.06	78.75
55	45.94	55.13	61.69	66.94	89.25
56	48.56	57.75	65.63	70.88	94.50
57	51.19	61.69	69.56	76.13	99.75
58	55.13	66.94	74.81	81.38	107.63
59	59.06	72.19	81.38	89.25	115.50
60	64.31	78.75	89.25	95.81	124.69
61	69.56	85.31	97.13	105.00	135.19
62	74.81	91.88	105.00	112.88	145.69
63	80.06	98.44	112.88	120.75	157.50
64	85.31	105.00	119.44	128.63	168.00
65	91.88	111.56	128.63	137.81	181.13
66	98.44	119.44	137.81	148.31	195.56
67	106.31	129.94	149.63	161.44	213.94
68	115.50	141.75	164.06	177.19	233.63
69	126.00	154.88	178.50	194.25	255.94
70	137.81	170.63	195.56	212.63	280.88
71	150.94	187.69	216.56	234.94	309.75
72	166.69	208.69	240.19	261.19	342.56
73	185.06	232.31	267.75	291.38	380.63
74	204.75	257.25	297.94	324.19	421.31
75	227.06	286.13	332.06	360.94	467.25
76	250.69	317.63	368.81	401.63	517.13
77	276.94	350.44	408.19	444.94	570.94
78	304.50	385.88	451.50	492.19	628.69
79	333.38	425.25	497.44	542.06	690.38
80	364.88				
81	397.69				
82	433.13				
83	469.88				
84	507.94				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	59.06	68.25	74.81	98.44
45-49	52.50	65.63	76.13	82.69	108.94
50-54	64.31	80.06	93.19	101.06	139.13
55	73.50	93.19	107.63	116.81	161.44
56	77.44	98.44	114.19	123.38	169.31
57	82.69	105.00	120.75	131.25	179.81
58	87.94	111.56	128.63	140.44	190.31
59	94.50	119.44	137.81	149.63	202.13
60	101.06	127.31	147.00	158.81	215.25
61	107.63	136.50	157.50	170.63	229.69
62	115.50	145.69	168.00	182.44	245.44
63	123.38	154.88	178.50	194.25	262.50
64	131.25	165.38	190.31	207.38	279.56
65	139.13	175.88	203.44	220.50	297.94
66	149.63	187.69	216.56	236.25	318.94
67	160.13	202.13	233.63	254.63	343.88
68	171.94	217.88	252.00	275.63	371.44
69	185.06	233.63	273.00	297.94	400.31
70	199.50	253.31	295.31	322.88	431.81
71	216.56	274.31	320.25	350.44	468.56
72	234.94	297.94	349.13	381.94	509.25
73	255.94	325.50	381.94	417.38	555.19
74	279.56	355.69	417.38	456.75	605.06
75	305.81	388.50	455.44	498.75	660.19
76	332.06	425.25	497.44	544.69	719.25
77	360.94	463.31	542.06	594.56	782.25
78	389.81	505.31	589.31	647.06	849.19
79	421.31	548.63	640.50	703.50	921.38
80	454.13				
81	486.94				
82	522.38				
83	559.13				
84	597.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.94	77.44	85.31	110.25
45-49	59.06	73.50	86.63	93.19	123.38
50-54	72.19	90.56	106.31	115.50	156.19
55	81.38	103.69	122.06	132.56	178.50
56	85.31	108.94	128.63	139.13	186.38
57	90.56	115.50	135.19	147.00	196.88
58	95.81	122.06	143.06	156.19	208.69
59	102.38	129.94	152.25	165.38	221.81
60	110.25	139.13	161.44	175.88	234.94
61	118.13	148.31	171.94	186.38	250.69
62	126.00	158.81	182.44	199.50	267.75
63	133.88	169.31	194.25	211.31	286.13
64	141.75	179.81	207.38	225.75	303.19
65	150.94	190.31	220.50	240.19	324.19
66	161.44	203.44	236.25	258.56	345.19
67	173.25	219.19	254.63	278.25	372.75
68	186.38	236.25	275.63	301.88	401.63
69	200.81	253.31	296.63	325.50	433.13
70	216.56	275.63	321.56	351.75	467.25
71	233.63	297.94	349.13	381.94	506.63
72	254.63	324.19	379.31	416.06	551.25
73	276.94	354.38	414.75	454.13	601.13
74	301.88	385.88	452.81	496.13	654.94
75	329.44	421.31	493.50	540.75	714.00
76	358.31	459.38	538.13	589.31	775.69
77	387.19	498.75	585.38	641.81	843.94
78	418.69	542.06	636.56	698.25	914.81
79	450.19	588.00	690.38	757.31	992.25
80	485.63				
81	519.75				
82	557.81				
83	595.88				
84	635.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	81.38	89.25	115.50
45-49	61.69	77.44	90.56	98.44	128.63
50-54	76.13	95.81	111.56	120.75	162.75
55	85.31	107.63	127.31	139.13	185.06
56	89.25	112.88	133.88	145.69	194.25
57	94.50	119.44	140.44	153.56	204.75
58	99.75	127.31	148.31	162.75	216.56
59	106.31	135.19	157.50	171.94	229.69
60	114.19	144.38	166.69	182.44	244.13
61	122.06	153.56	177.19	192.94	259.88
62	129.94	164.06	189.00	206.06	276.94
63	137.81	174.56	200.81	219.19	295.31
64	147.00	185.06	213.94	233.63	313.69
65	156.19	196.88	228.38	249.38	334.69
66	166.69	210.00	245.44	267.75	357.00
67	178.50	225.75	263.81	288.75	384.56
68	191.63	244.13	284.81	312.38	414.75
69	207.38	262.50	307.13	337.31	447.56
70	223.13	284.81	332.06	364.88	483.00
71	241.50	308.44	360.94	395.06	523.69
72	262.50	336.00	392.44	430.50	569.63
73	286.13	366.19	427.88	469.88	620.81
74	311.06	399.00	467.25	513.19	675.94
75	338.63	434.44	509.25	559.13	736.31
76	368.81	473.81	555.19	609.00	800.63
77	399.00	514.50	603.75	662.81	870.19
78	430.50	557.81	656.25	720.56	943.69
79	463.31	605.06	711.38	780.94	1022.44
80	498.75				
81	534.19				
82	572.25				
83	611.63				
84	652.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	51.19	55.13	73.50
45-49	39.38	48.56	56.44	61.69	81.38
50-54	51.19	63.00	72.19	80.06	105.00
55	59.06	72.19	84.00	91.88	124.69
56	61.69	76.13	87.94	95.81	132.56
57	65.63	81.38	94.50	102.38	141.75
58	70.88	87.94	102.38	110.25	152.25
59	76.13	94.50	110.25	119.44	164.06
60	82.69	103.69	119.44	129.94	175.88
61	90.56	111.56	129.94	140.44	190.31
62	97.13	120.75	140.44	152.25	204.75
63	103.69	129.94	150.94	162.75	220.50
64	111.56	139.13	161.44	174.56	236.25
65	118.13	148.31	171.94	186.38	253.31
66	127.31	160.13	185.06	200.81	273.00
67	137.81	173.25	200.81	217.88	296.63
68	149.63	189.00	219.19	237.56	322.88
69	162.75	206.06	238.88	259.88	351.75
70	177.19	224.44	261.19	284.81	384.56
71	194.25	246.75	286.13	312.38	420.00
72	212.63	270.38	315.00	343.88	460.69
73	233.63	297.94	346.50	379.31	506.63
74	257.25	326.81	381.94	417.38	555.19
75	282.19	359.63	420.00	459.38	609.00
76	309.75	393.75	460.69	505.31	668.06
77	337.31	431.81	505.31	553.88	729.75
78	366.19	471.19	552.56	606.38	796.69
79	397.69	514.50	602.44	661.50	866.25
80	430.50				
81	464.63				
82	500.06				
83	536.81				
84	576.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	51.19	59.06	63.00	84.00
45-49	45.94	56.44	64.31	70.88	93.19
50-54	56.44	70.88	82.69	90.56	118.13
55	65.63	81.38	94.50	102.38	139.13
56	69.56	86.63	99.75	108.94	147.00
57	73.50	91.88	106.31	115.50	157.50
58	78.75	98.44	114.19	124.69	168.00
59	84.00	105.00	122.06	133.88	179.81
60	90.56	114.19	132.56	144.38	192.94
61	98.44	122.06	143.06	156.19	207.38
62	105.00	131.25	153.56	168.00	221.81
63	112.88	140.44	165.38	179.81	238.88
64	120.75	150.94	175.88	191.63	255.94
65	128.63	161.44	187.69	204.75	273.00
66	139.13	174.56	202.13	220.50	295.31
67	150.94	187.69	219.19	237.56	320.25
68	164.06	204.75	238.88	259.88	349.13
69	177.19	223.13	259.88	283.50	380.63
70	191.63	242.81	283.50	308.44	414.75
71	208.69	266.44	309.75	338.63	454.13
72	228.38	291.38	341.25	372.75	497.44
73	250.69	321.56	375.38	410.81	546.00
74	275.63	353.06	412.13	451.50	599.81
75	303.19	387.19	454.13	497.44	657.56
76	332.06	423.94	498.75	547.31	720.56
77	362.25	464.63	546.00	598.50	787.50
78	392.44	507.94	597.19	654.94	859.69
79	426.56	553.88	651.00	715.31	935.81
80	460.69				
81	497.44				
82	534.19				
83	572.25				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.31	53.81	61.69	66.94	89.25
45-49	48.56	59.06	68.25	74.81	98.44
50-54	59.06	73.50	86.63	94.50	123.38
55	68.25	85.31	99.75	107.63	145.69
56	72.19	90.56	105.00	114.19	153.56
57	76.13	95.81	111.56	120.75	164.06
58	81.38	102.38	119.44	129.94	174.56
59	87.94	110.25	127.31	139.13	186.38
60	94.50	118.13	137.81	150.94	199.50
61	101.06	127.31	148.31	162.75	213.94
62	108.94	136.50	158.81	174.56	229.69
63	116.81	145.69	170.63	186.38	246.75
64	124.69	156.19	182.44	199.50	263.81
65	133.88	166.69	194.25	212.63	282.19
66	144.38	179.81	210.00	228.38	304.50
67	156.19	194.25	227.06	246.75	330.75
68	169.31	211.31	246.75	269.06	359.63
69	182.44	229.69	269.06	292.69	392.44
70	198.19	250.69	292.69	318.94	427.88
71	215.25	274.31	320.25	350.44	468.56
72	234.94	300.56	351.75	384.56	513.19
73	258.56	330.75	387.19	423.94	563.06
74	283.50	363.56	425.25	465.94	619.50
75	312.38	399.00	468.56	513.19	678.56
76	341.25	437.06	514.50	564.38	742.88
77	372.75	479.06	563.06	618.19	812.44
78	404.25	523.69	615.56	675.94	885.94
79	438.38	570.94	672.00	738.94	964.69
80	473.81				
81	510.56				
82	548.63				
83	588.00				
84	630.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	38.06	42.00	53.81
45-49	32.81	40.69	43.31	45.94	60.38
50-54	40.69	47.25	53.81	57.75	73.50
55	45.94	55.13	61.69	66.94	87.94
56	49.88	59.06	66.94	70.88	93.19
57	52.50	63.00	70.88	76.13	99.75
58	57.75	68.25	77.44	81.38	107.63
59	61.69	73.50	84.00	89.25	116.81
60	66.94	80.06	90.56	97.13	128.63
61	72.19	86.63	98.44	106.31	139.13
62	78.75	94.50	107.63	115.50	150.94
63	85.31	102.38	115.50	124.69	164.06
64	89.25	107.63	124.69	133.88	174.56
65	95.81	115.50	133.88	143.06	186.38
66	102.38	124.69	145.69	156.19	202.13
67	111.56	136.50	157.50	169.31	220.50
68	122.06	148.31	171.94	186.38	242.81
69	132.56	162.75	189.00	203.44	265.13
70	145.69	177.19	204.75	224.44	291.38
71	158.81	195.56	227.06	246.75	321.56
72	175.88	217.88	252.00	274.31	357.00
73	194.25	242.81	280.88	305.81	396.38
74	216.56	270.38	312.38	341.25	439.69
75	241.50	299.25	347.81	379.31	488.25
76	265.13	332.06	385.88	421.31	540.75
77	294.00	367.50	427.88	465.94	597.19
78	322.88	405.56	472.50	515.81	657.56
79	355.69	446.25	519.75	567.00	723.19
80	388.50				
81	425.25				
82	463.31				
83	504.00				
84	546.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	45.94	47.25	63.00
45-49	38.06	45.94	51.19	53.81	69.56
50-54	44.63	53.81	61.69	66.94	86.63
55	52.50	61.69	69.56	76.13	99.75
56	55.13	64.31	73.50	80.06	105.00
57	59.06	69.56	78.75	85.31	112.88
58	63.00	76.13	85.31	90.56	120.75
59	68.25	81.38	93.19	99.75	129.94
60	72.19	89.25	99.75	107.63	140.44
61	78.75	95.81	110.25	119.44	152.25
62	85.31	103.69	119.44	128.63	165.38
63	90.56	111.56	128.63	137.81	178.50
64	97.13	119.44	136.50	147.00	191.63
65	105.00	126.00	147.00	156.19	204.75
66	111.56	136.50	157.50	168.00	221.81
67	120.75	148.31	169.31	183.75	242.81
68	131.25	160.13	186.38	202.13	265.13
69	143.06	175.88	203.44	220.50	290.06
70	157.50	194.25	221.81	242.81	320.25
71	171.94	212.63	246.75	267.75	351.75
72	190.31	237.56	273.00	297.94	388.50
73	211.31	263.81	304.50	332.06	431.81
74	233.63	294.00	339.94	368.81	479.06
75	259.88	325.50	378.00	410.81	531.56
76	286.13	360.94	420.00	456.75	588.00
77	316.31	399.00	464.63	506.63	649.69
78	347.81	439.69	514.50	560.44	715.31
79	381.94	484.31	565.69	615.56	786.19
80	417.38				
81	455.44				
82	496.13				
83	536.81				
84	582.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	49.88	51.19	66.94
45-49	40.69	47.25	53.81	57.75	73.50
50-54	45.94	57.75	64.31	69.56	93.19
55	53.81	64.31	72.19	78.75	105.00
56	57.75	68.25	77.44	84.00	111.56
57	60.38	72.19	81.38	89.25	116.81
58	64.31	78.75	87.94	95.81	126.00
59	69.56	85.31	95.81	105.00	136.50
60	76.13	93.19	105.00	112.88	147.00
61	81.38	99.75	114.19	123.38	158.81
62	87.94	107.63	123.38	132.56	171.94
63	94.50	115.50	132.56	141.75	185.06
64	99.75	123.38	140.44	150.94	198.19
65	107.63	131.25	150.94	162.75	212.63
66	115.50	140.44	162.75	174.56	229.69
67	124.69	152.25	175.88	190.31	252.00
68	136.50	166.69	192.94	208.69	274.31
69	148.31	182.44	210.00	228.38	300.56
70	162.75	200.81	229.69	250.69	330.75
71	177.19	220.50	254.63	276.94	364.88
72	195.56	245.44	282.19	307.13	402.94
73	217.88	273.00	315.00	342.56	447.56
74	241.50	303.19	350.44	381.94	496.13
75	267.75	336.00	391.13	425.25	549.94
76	295.31	374.06	434.44	472.50	609.00
77	325.50	412.13	480.38	523.69	672.00
78	358.31	454.13	531.56	578.81	740.25
79	392.44	500.06	585.38	637.88	812.44
80	429.19				
81	467.25				
82	509.25				
83	552.56				
84	597.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	80.06	87.94	115.50
45-49	61.69	77.44	89.25	97.13	128.63
50-54	76.13	94.50	110.25	119.44	164.06
55	86.63	110.25	126.00	137.81	190.31
56	90.56	115.50	133.88	145.69	199.50
57	97.13	123.38	141.75	154.88	211.31
58	103.69	131.25	150.94	165.38	224.44
59	111.56	140.44	162.75	175.88	237.56
60	119.44	149.63	173.25	186.38	253.31
61	126.00	160.13	185.06	200.81	270.38
62	136.50	171.94	198.19	215.25	288.75
63	145.69	182.44	210.00	228.38	308.44
64	154.88	194.25	224.44	244.13	329.44
65	164.06	207.38	238.88	259.88	350.44
66	175.88	220.50	254.63	278.25	375.38
67	189.00	237.56	274.31	299.25	404.25
68	202.13	255.94	296.63	324.19	437.06
69	217.88	274.31	321.56	350.44	471.19
70	234.94	297.94	347.81	379.31	507.94
71	254.63	322.88	376.69	412.13	551.25
72	276.94	350.44	410.81	448.88	598.50
73	300.56	383.25	448.88	490.88	653.63
74	329.44	418.69	490.88	536.81	711.38
75	359.63	456.75	535.50	586.69	777.00
76	391.13	500.06	585.38	640.50	846.56
77	425.25	544.69	637.88	699.56	920.06
78	458.06	594.56	693.00	761.25	998.81
79	496.13	645.75	753.38	828.19	1084.13
80	534.19				
81	572.25				
82	614.25				
83	657.56				
84	702.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	78.75	90.56	99.75	129.94
45-49	69.56	86.63	102.38	110.25	145.69
50-54	85.31	106.31	124.69	136.50	183.75
55	95.81	122.06	143.06	156.19	210.00
56	99.75	128.63	150.94	164.06	219.19
57	106.31	136.50	158.81	173.25	231.00
58	112.88	143.06	168.00	183.75	245.44
59	120.75	152.25	178.50	194.25	261.19
60	129.94	164.06	190.31	207.38	276.94
61	139.13	174.56	202.13	219.19	295.31
62	148.31	186.38	215.25	234.94	315.00
63	157.50	199.50	228.38	248.06	336.00
64	166.69	211.31	244.13	265.13	357.00
65	177.19	224.44	259.88	282.19	381.94
66	190.31	238.88	278.25	304.50	405.56
67	203.44	257.25	299.25	326.81	438.38
68	219.19	278.25	324.19	355.69	472.50
69	236.25	297.94	349.13	383.25	509.25
70	254.63	324.19	378.00	413.44	549.94
71	274.31	350.44	410.81	448.88	595.88
72	299.25	381.94	446.25	489.56	648.38
73	325.50	417.38	488.25	534.19	707.44
74	355.69	454.13	532.88	584.06	770.44
75	387.19	496.13	580.13	636.56	840.00
76	421.31	540.75	632.63	693.00	912.19
77	455.44	586.69	689.06	754.69	992.25
78	492.19	637.88	749.44	821.63	1076.25
79	530.25	691.69	812.44	891.19	1166.81
80	570.94				
81	611.63				
82	656.25				
83	700.88				
84	746.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	81.38	95.81	105.00	136.50
45-49	72.19	90.56	106.31	115.50	150.94
50-54	89.25	112.88	131.25	141.75	191.63
55	99.75	126.00	149.63	164.06	217.88
56	105.00	132.56	157.50	171.94	228.38
57	111.56	140.44	165.38	181.13	241.50
58	116.81	149.63	174.56	191.63	254.63
59	124.69	158.81	185.06	202.13	270.38
60	133.88	169.31	195.56	215.25	287.44
61	143.06	181.13	208.69	227.06	305.81
62	152.25	192.94	221.81	242.81	325.50
63	162.75	204.75	236.25	257.25	347.81
64	173.25	217.88	252.00	274.31	368.81
65	183.75	231.00	269.06	294.00	393.75
66	195.56	246.75	288.75	315.00	420.00
67	210.00	265.13	309.75	339.94	452.81
68	225.75	287.44	334.69	367.50	488.25
69	244.13	308.44	360.94	396.38	526.31
70	262.50	334.69	391.13	429.19	568.31
71	283.50	362.25	425.25	464.63	615.56
72	308.44	395.06	462.00	506.63	670.69
73	336.00	430.50	504.00	552.56	729.75
74	366.19	469.88	549.94	603.75	795.38
75	399.00	510.56	598.50	657.56	866.25
76	434.44	557.81	653.63	716.63	942.38
77	469.88	605.06	710.06	779.63	1023.75
78	506.63	656.25	771.75	847.88	1110.38
79	544.69	711.38	837.38	918.75	1202.25
80	586.69				
81	628.69				
82	673.31				
83	719.25				
84	767.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.19	60.38	64.31	86.63
45-49	45.94	57.75	66.94	72.19	95.81
50-54	60.38	73.50	85.31	94.50	123.38
55	69.56	85.31	98.44	107.63	147.00
56	72.19	89.25	103.69	112.88	156.19
57	77.44	95.81	111.56	120.75	166.69
58	84.00	103.69	120.75	129.94	178.50
59	89.25	111.56	129.94	140.44	192.94
60	97.13	122.06	140.44	152.25	207.38
61	106.31	131.25	152.25	165.38	224.44
62	114.19	141.75	165.38	178.50	241.50
63	122.06	152.25	177.19	191.63	259.88
64	131.25	164.06	190.31	204.75	278.25
65	139.13	174.56	202.13	219.19	297.94
66	149.63	189.00	217.88	236.25	321.56
67	162.75	203.44	236.25	255.94	349.13
68	175.88	221.81	257.25	279.56	379.31
69	191.63	242.81	280.88	305.81	413.44
70	208.69	263.81	307.13	334.69	452.81
71	228.38	290.06	336.00	367.50	493.50
72	250.69	317.63	370.13	404.25	542.06
73	274.31	350.44	408.19	446.25	595.88
74	303.19	384.56	448.88	490.88	653.63
75	332.06	422.63	493.50	540.75	716.63
76	364.88	463.31	542.06	594.56	786.19
77	396.38	507.94	594.56	651.00	858.38
78	430.50	553.88	649.69	714.00	937.13
79	467.25	605.06	708.75	778.31	1018.50
80	506.63				
81	546.00				
82	588.00				
83	631.31				
84	677.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	60.38	69.56	73.50	98.44
45-49	53.81	66.94	76.13	84.00	110.25
50-54	66.94	84.00	97.13	106.31	139.13
55	77.44	95.81	111.56	120.75	164.06
56	81.38	102.38	116.81	128.63	173.25
57	86.63	107.63	124.69	136.50	185.06
58	93.19	115.50	133.88	147.00	198.19
59	98.44	123.38	143.06	157.50	211.31
60	106.31	133.88	156.19	169.31	227.06
61	115.50	143.06	168.00	183.75	244.13
62	123.38	154.88	181.13	198.19	261.19
63	132.56	165.38	194.25	211.31	280.88
64	141.75	177.19	207.38	225.75	300.56
65	150.94	190.31	220.50	241.50	321.56
66	164.06	204.75	237.56	259.88	347.81
67	177.19	220.50	257.25	279.56	376.69
68	192.94	241.50	280.88	305.81	410.81
69	208.69	262.50	305.81	333.38	447.56
70	225.75	286.13	333.38	362.25	488.25
71	245.44	313.69	364.88	399.00	534.19
72	269.06	342.56	401.63	438.38	585.38
73	295.31	378.00	441.00	483.00	641.81
74	324.19	414.75	484.31	531.56	706.13
75	357.00	455.44	534.19	585.38	773.06
76	391.13	498.75	586.69	644.44	847.88
77	426.56	546.00	641.81	703.50	926.63
78	462.00	597.19	702.19	770.44	1011.94
79	501.38	651.00	766.50	841.31	1101.19
80	542.06				
81	585.38				
82	628.69				
83	673.31				
84	723.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.19	63.00	72.19	78.75	105.00
45-49	57.75	69.56	80.06	87.94	115.50
50-54	69.56	86.63	102.38	111.56	145.69
55	80.06	99.75	116.81	126.00	171.94
56	85.31	106.31	123.38	133.88	181.13
57	89.25	112.88	131.25	141.75	192.94
58	95.81	120.75	140.44	152.25	204.75
59	103.69	129.94	149.63	164.06	219.19
60	111.56	139.13	162.75	177.19	234.94
61	119.44	149.63	174.56	191.63	252.00
62	128.63	160.13	186.38	204.75	270.38
63	137.81	171.94	200.81	219.19	290.06
64	147.00	183.75	215.25	234.94	309.75
65	157.50	195.56	228.38	250.69	332.06
66	169.31	211.31	246.75	269.06	358.31
67	183.75	228.38	267.75	290.06	388.50
68	199.50	248.06	290.06	316.31	422.63
69	215.25	270.38	316.31	343.88	462.00
70	233.63	295.31	343.88	375.38	504.00
71	253.31	322.88	376.69	412.13	551.25
72	276.94	353.06	413.44	452.81	603.75
73	304.50	388.50	455.44	498.75	662.81
74	333.38	427.88	500.06	548.63	728.44
75	367.50	469.88	551.25	603.75	798.00
76	401.63	514.50	605.06	664.13	874.13
77	438.38	563.06	662.81	727.13	955.50
78	475.13	615.56	724.50	795.38	1042.13
79	515.81	672.00	790.13	868.88	1135.31
80	557.81				
81	601.13				
82	645.75				
83	691.69				
84	741.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0085-A45
VIRGINIA

All rates for this form should be multiplied by a factor of: 1.8000

This factor represents the **proposed** increase of: 80.0%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22.05	25.20	29.40	31.50	39.90
45-49	24.15	28.35	32.55	34.65	44.10
50-54	29.40	34.65	39.90	43.05	54.60
55	33.60	39.90	46.20	49.35	65.10
56	35.70	43.05	49.35	52.50	69.30
57	38.85	46.20	52.50	56.70	74.55
58	42.00	50.40	56.70	61.95	80.85
59	46.20	54.60	61.95	67.20	88.20
60	50.40	59.85	68.25	74.55	95.55
61	54.60	66.15	74.55	80.85	103.95
62	58.80	71.40	80.85	88.20	113.40
63	63.00	76.65	87.15	94.50	121.80
64	67.20	81.90	93.45	100.80	131.25
65	71.40	88.20	99.75	108.15	140.70
66	77.70	94.50	108.15	116.55	152.25
67	84.00	102.90	117.60	127.05	165.90
68	91.35	112.35	129.15	139.65	182.70
69	99.75	122.85	141.75	153.30	200.55
70	109.20	134.40	155.40	169.05	220.50
71	120.75	149.10	172.20	187.95	243.60
72	134.40	165.90	192.15	210.00	271.95
73	150.15	185.85	215.25	235.20	304.50
74	166.95	207.90	241.50	263.55	340.20
75	186.90	233.10	270.90	295.05	379.05
76	207.90	260.40	302.40	329.70	422.10
77	231.00	289.80	337.05	366.45	469.35
78	256.20	322.35	374.85	406.35	519.75
79	283.50	355.95	414.75	449.40	574.35
80	311.85				
81	343.35				
82	375.90				
83	410.55				
84	447.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	31.50	35.70	37.80	48.30
45-49	28.35	34.65	38.85	42.00	53.55
50-54	33.60	40.95	47.25	51.45	67.20
55	39.90	47.25	53.55	57.75	76.65
56	42.00	50.40	56.70	60.90	80.85
57	45.15	53.55	60.90	65.10	86.10
58	48.30	57.75	65.10	70.35	92.40
59	52.50	63.00	71.40	76.65	99.75
60	56.70	68.25	77.70	84.00	109.20
61	60.90	74.55	85.05	91.35	117.60
62	66.15	79.80	92.40	99.75	128.10
63	71.40	86.10	98.70	106.05	137.55
64	75.60	92.40	105.00	114.45	148.05
65	80.85	99.75	112.35	121.80	159.60
66	87.15	106.05	121.80	132.30	172.20
67	94.50	116.55	132.30	143.85	187.95
68	102.90	127.05	144.90	158.55	205.80
69	112.35	138.60	159.60	173.25	226.80
70	122.85	152.25	175.35	190.05	248.85
71	134.40	168.00	194.25	211.05	276.15
72	150.15	186.90	216.30	236.25	307.65
73	166.95	208.95	242.55	263.55	343.35
74	185.85	234.15	271.95	296.10	383.25
75	207.90	261.45	304.50	330.75	427.35
76	231.00	290.85	340.20	370.65	476.70
77	257.25	324.45	378.00	411.60	529.20
78	284.55	360.15	420.00	456.75	584.85
79	313.95	399.00	465.15	506.10	646.80
80	345.45				
81	379.05				
82	413.70				
83	451.50				
84	491.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	37.80	40.95	52.50
45-49	30.45	36.75	42.00	45.15	57.75
50-54	35.70	44.10	50.40	54.60	72.45
55	42.00	50.40	56.70	61.95	80.85
56	44.10	53.55	59.85	65.10	85.05
57	47.25	56.70	64.05	69.30	90.30
58	50.40	60.90	69.30	74.55	97.65
59	54.60	66.15	75.60	80.85	105.00
60	59.85	71.40	81.90	88.20	114.45
61	64.05	77.70	89.25	95.55	123.90
62	69.30	84.00	96.60	103.95	134.40
63	74.55	90.30	103.95	111.30	144.90
64	78.75	96.60	110.25	119.70	155.40
65	85.05	103.95	117.60	128.10	166.95
66	91.35	111.30	127.05	138.60	180.60
67	98.70	121.80	138.60	151.20	197.40
68	107.10	133.35	152.25	165.90	216.30
69	117.60	144.90	166.95	181.65	237.30
70	128.10	159.60	183.75	199.50	261.45
71	140.70	175.35	203.70	221.55	289.80
72	156.45	195.30	226.80	246.75	322.35
73	174.30	218.40	254.10	276.15	360.15
74	194.25	244.65	284.55	309.75	402.15
75	217.35	273.00	318.15	346.50	448.35
76	241.50	304.50	355.95	387.45	499.80
77	267.75	339.15	395.85	431.55	554.40
78	296.10	375.90	438.90	478.80	613.20
79	326.55	416.85	486.15	530.25	677.25
80	359.10				
81	393.75				
82	430.50				
83	469.35				
84	510.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.45	58.80	63.00	86.10
45-49	46.20	56.70	65.10	70.35	95.55
50-54	56.70	70.35	80.85	89.25	121.80
55	66.15	81.90	94.50	102.90	140.70
56	69.30	86.10	99.75	109.20	149.10
57	73.50	91.35	106.05	115.50	157.50
58	78.75	97.65	113.40	122.85	166.95
59	82.95	103.95	120.75	131.25	177.45
60	89.25	111.30	128.10	139.65	189.00
61	95.55	118.65	137.55	149.10	201.60
62	101.85	127.05	147.00	159.60	215.25
63	108.15	135.45	157.50	170.10	229.95
64	115.50	143.85	166.95	181.65	244.65
65	122.85	153.30	178.50	194.25	261.45
66	131.25	164.85	191.10	207.90	281.40
67	141.75	177.45	206.85	224.70	303.45
68	153.30	192.15	223.65	243.60	328.65
69	164.85	207.90	241.50	263.55	354.90
70	178.50	225.75	262.50	286.65	385.35
71	193.20	245.70	285.60	311.85	418.95
72	211.05	268.80	312.90	342.30	457.80
73	232.05	295.05	344.40	376.95	501.90
74	255.15	324.45	379.05	414.75	550.20
75	280.35	355.95	416.85	455.70	603.75
76	306.60	390.60	457.80	501.90	661.50
77	334.95	428.40	502.95	550.20	723.45
78	364.35	468.30	551.25	602.70	789.60
79	395.85	511.35	602.70	658.35	861.00
80	428.40				
81	462.00				
82	497.70				
83	534.45				
84	573.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.30	59.85	69.30	75.60	99.75
45-49	53.55	67.20	76.65	84.00	111.30
50-54	66.15	82.95	95.55	103.95	140.70
55	74.55	94.50	109.20	118.65	161.70
56	77.70	99.75	115.50	124.95	170.10
57	81.90	105.00	121.80	132.30	178.50
58	87.15	111.30	129.15	140.70	189.00
59	93.45	117.60	136.50	150.15	200.55
60	100.80	124.95	145.95	158.55	212.10
61	107.10	133.35	155.40	169.05	226.80
62	114.45	142.80	165.90	180.60	241.50
63	121.80	151.20	177.45	193.20	258.30
64	129.15	161.70	187.95	205.80	275.10
65	137.55	172.20	201.60	219.45	294.00
66	147.00	184.80	215.25	235.20	315.00
67	157.50	199.50	233.10	254.10	340.20
68	170.10	215.25	252.00	275.10	368.55
69	183.75	234.15	271.95	298.20	397.95
70	199.50	254.10	296.10	324.45	431.55
71	216.30	276.15	322.35	352.80	469.35
72	236.25	302.40	352.80	386.40	513.45
73	259.35	330.75	387.45	425.25	561.75
74	284.55	363.30	425.25	466.20	615.30
75	311.85	399.00	467.25	511.35	675.15
76	341.25	435.75	512.40	561.75	739.20
77	371.70	477.75	560.70	615.30	807.45
78	404.25	520.80	614.25	672.00	880.95
79	437.85	569.10	668.85	732.90	958.65
80	473.55				
81	510.30				
82	548.10				
83	589.05				
84	631.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	64.05	73.50	80.85	106.05
45-49	56.70	71.40	81.90	90.30	117.60
50-54	70.35	88.20	101.85	110.25	149.10
55	78.75	99.75	115.50	126.00	170.10
56	81.90	105.00	121.80	132.30	178.50
57	86.10	110.25	128.10	139.65	187.95
58	91.35	116.55	135.45	148.05	198.45
59	97.65	123.90	143.85	157.50	210.00
60	105.00	131.25	153.30	166.95	222.60
61	112.35	139.65	162.75	177.45	237.30
62	119.70	149.10	174.30	190.05	253.05
63	127.05	158.55	185.85	202.65	269.85
64	135.45	169.05	197.40	216.30	287.70
65	143.85	180.60	211.05	229.95	307.65
66	153.30	193.20	225.75	246.75	329.70
67	164.85	208.95	243.60	266.70	355.95
68	177.45	225.75	263.55	288.75	385.35
69	192.15	244.65	285.60	312.90	416.85
70	207.90	265.65	309.75	340.20	451.50
71	225.75	288.75	338.10	370.65	491.40
72	246.75	316.05	369.60	405.30	536.55
73	270.90	346.50	405.30	445.20	588.00
74	297.15	380.10	445.20	488.25	643.65
75	325.50	416.85	488.25	535.50	705.60
76	355.95	455.70	535.50	586.95	771.75
77	387.45	498.75	585.90	642.60	843.15
78	421.05	543.90	640.50	701.40	919.80
79	455.70	593.25	697.20	765.45	1000.65
80	492.45				
81	530.25				
82	570.15				
83	612.15				
84	655.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	37.80	44.10	48.30	64.05
45-49	33.60	42.00	49.35	53.55	71.40
50-54	45.15	55.65	63.00	68.25	91.35
55	51.45	64.05	72.45	79.80	108.15
56	54.60	67.20	76.65	84.00	115.50
57	57.75	71.40	81.90	90.30	123.90
58	61.95	76.65	88.20	97.65	133.35
59	67.20	82.95	95.55	105.00	143.85
60	72.45	90.30	103.95	113.40	155.40
61	78.75	97.65	113.40	122.85	166.95
62	85.05	106.05	122.85	133.35	180.60
63	91.35	113.40	132.30	143.85	194.25
64	97.65	121.80	141.75	153.30	207.90
65	105.00	130.20	151.20	164.85	223.65
66	113.40	139.65	162.75	177.45	241.50
67	122.85	152.25	177.45	193.20	262.50
68	133.35	165.90	194.25	211.05	286.65
69	144.90	181.65	212.10	231.00	312.90
70	157.50	198.45	232.05	253.05	342.30
71	172.20	218.40	255.15	279.30	374.85
72	190.05	241.50	282.45	308.70	413.70
73	210.00	267.75	312.90	342.30	456.75
74	233.10	296.10	347.55	380.10	505.05
75	257.25	328.65	384.30	421.05	557.55
76	283.50	363.30	424.20	465.15	614.25
77	311.85	400.05	468.30	513.45	675.15
78	341.25	439.95	515.55	564.90	740.25
79	372.75	483.00	564.90	620.55	810.60
80	405.30				
81	439.95				
82	475.65				
83	513.45				
84	553.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.75	46.20	52.50	57.75	75.60
45-49	40.95	50.40	58.80	64.05	84.00
50-54	51.45	64.05	74.55	80.85	106.05
55	59.85	74.55	85.05	93.45	126.00
56	63.00	78.75	90.30	97.65	134.40
57	66.15	82.95	95.55	103.95	142.80
58	71.40	89.25	102.90	112.35	153.30
59	76.65	96.60	111.30	120.75	163.80
60	82.95	103.95	119.70	130.20	175.35
61	89.25	111.30	129.15	140.70	187.95
62	96.60	120.75	139.65	152.25	202.65
63	102.90	129.15	150.15	162.75	217.35
64	110.25	137.55	160.65	174.30	233.10
65	118.65	148.05	171.15	185.85	249.90
66	127.05	158.55	183.75	200.55	269.85
67	137.55	172.20	200.55	217.35	292.95
68	149.10	186.90	218.40	237.30	320.25
69	161.70	204.75	238.35	259.35	349.65
70	176.40	223.65	261.45	284.55	383.25
71	193.20	245.70	286.65	312.90	420.00
72	212.10	270.90	317.10	346.50	463.05
73	234.15	299.25	350.70	383.25	511.35
74	259.35	331.80	388.50	425.25	564.90
75	286.65	366.45	429.45	470.40	622.65
76	316.05	404.25	473.55	519.75	686.70
77	346.50	445.20	521.85	573.30	753.90
78	379.05	488.25	573.30	630.00	826.35
79	412.65	535.50	628.95	690.90	904.05
80	448.35				
81	485.10				
82	525.00				
83	565.95				
84	609.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.90	49.35	56.70	61.95	80.85
45-49	44.10	54.60	63.00	68.25	89.25
50-54	54.60	68.25	78.75	86.10	112.35
55	63.00	78.75	90.30	98.70	133.35
56	66.15	82.95	95.55	103.95	141.75
57	70.35	88.20	101.85	110.25	151.20
58	75.60	94.50	109.20	118.65	161.70
59	80.85	101.85	117.60	127.05	172.20
60	87.15	109.20	127.05	137.55	183.75
61	93.45	117.60	136.50	148.05	197.40
62	100.80	127.05	147.00	159.60	212.10
63	108.15	136.50	157.50	171.15	227.85
64	115.50	144.90	168.00	182.70	243.60
65	123.90	155.40	179.55	195.30	261.45
66	132.30	166.95	193.20	210.00	281.40
67	143.85	180.60	210.00	227.85	306.60
68	156.45	196.35	228.90	248.85	334.95
69	169.05	214.20	249.90	271.95	365.40
70	184.80	234.15	274.05	298.20	400.05
71	201.60	257.25	300.30	327.60	438.90
72	221.55	283.50	331.80	362.25	484.05
73	244.65	312.90	367.50	401.10	534.45
74	270.90	346.50	406.35	444.15	590.10
75	299.25	382.20	448.35	491.40	651.00
76	329.70	422.10	494.55	542.85	717.15
77	361.20	464.10	544.95	598.50	787.50
78	394.80	509.25	598.50	658.35	863.10
79	429.45	558.60	656.25	721.35	943.95
80	466.20				
81	505.05				
82	546.00				
83	588.00				
84	632.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	29.40	34.65	36.75	47.25
45-49	28.35	33.60	37.80	40.95	51.45
50-54	34.65	40.95	47.25	50.40	64.05
55	39.90	47.25	54.60	57.75	76.65
56	42.00	50.40	57.75	61.95	81.90
57	46.20	54.60	61.95	67.20	88.20
58	49.35	58.80	67.20	72.45	95.55
59	54.60	64.05	72.45	78.75	103.95
60	58.80	70.35	79.80	88.20	112.35
61	64.05	77.70	88.20	95.55	121.80
62	69.30	84.00	95.55	103.95	133.35
63	74.55	90.30	102.90	111.30	142.80
64	78.75	96.60	110.25	118.65	154.35
65	84.00	103.95	117.60	127.05	165.90
66	91.35	111.30	127.05	137.55	179.55
67	98.70	120.75	138.60	149.10	195.30
68	107.10	132.30	152.25	163.80	215.25
69	117.60	144.90	166.95	180.60	236.25
70	128.10	158.55	182.70	198.45	259.35
71	141.75	175.35	202.65	221.55	286.65
72	158.55	195.30	225.75	246.75	320.25
73	176.40	218.40	253.05	277.20	358.05
74	196.35	244.65	284.55	309.75	400.05
75	219.45	274.05	319.20	347.55	446.25
76	244.65	306.60	355.95	387.45	496.65
77	271.95	341.25	396.90	431.55	552.30
78	301.35	379.05	441.00	477.75	611.10
79	333.90	418.95	488.25	529.20	676.20
80	366.45				
81	404.25				
82	442.05				
83	483.00				
84	526.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	36.75	42.00	44.10	56.70
45-49	33.60	40.95	46.20	49.35	63.00
50-54	39.90	48.30	55.65	60.90	78.75
55	47.25	55.65	63.00	68.25	90.30
56	49.35	58.80	67.20	71.40	95.55
57	53.55	63.00	71.40	76.65	100.80
58	56.70	68.25	76.65	82.95	109.20
59	61.95	74.55	84.00	90.30	117.60
60	67.20	79.80	91.35	98.70	128.10
61	71.40	88.20	99.75	107.10	138.60
62	77.70	93.45	109.20	117.60	151.20
63	84.00	100.80	116.55	124.95	161.70
64	89.25	109.20	123.90	134.40	174.30
65	95.55	117.60	132.30	142.80	187.95
66	102.90	124.95	142.80	155.40	202.65
67	111.30	137.55	155.40	169.05	221.55
68	120.75	149.10	170.10	186.90	242.55
69	132.30	162.75	187.95	203.70	266.70
70	144.90	179.55	205.80	223.65	292.95
71	158.55	197.40	228.90	247.80	324.45
72	176.40	219.45	254.10	278.25	362.25
73	196.35	245.70	285.60	309.75	404.25
74	218.40	275.10	320.25	348.60	450.45
75	244.65	307.65	358.05	389.55	502.95
76	271.95	342.30	400.05	435.75	560.70
77	302.40	382.20	445.20	484.05	622.65
78	334.95	424.20	494.55	537.60	687.75
79	369.60	469.35	547.05	595.35	761.25
80	406.35				
81	446.25				
82	487.20				
83	531.30				
84	578.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	39.90	44.10	48.30	61.95
45-49	35.70	43.05	49.35	53.55	68.25
50-54	42.00	51.45	58.80	64.05	85.05
55	49.35	58.80	67.20	72.45	95.55
56	51.45	63.00	70.35	76.65	99.75
57	55.65	67.20	75.60	81.90	106.05
58	58.80	71.40	81.90	88.20	114.45
59	64.05	77.70	89.25	95.55	123.90
60	70.35	84.00	96.60	103.95	134.40
61	75.60	91.35	105.00	112.35	145.95
62	81.90	98.70	113.40	121.80	158.55
63	88.20	106.05	121.80	131.25	170.10
64	92.40	113.40	130.20	140.70	182.70
65	99.75	121.80	138.60	151.20	196.35
66	107.10	131.25	149.10	162.75	212.10
67	116.55	142.80	162.75	177.45	232.05
68	126.00	156.45	179.55	195.30	254.10
69	138.60	170.10	196.35	214.20	279.30
70	151.20	187.95	216.30	235.20	307.65
71	165.90	205.80	239.40	260.40	341.25
72	183.75	229.95	266.70	289.80	379.05
73	204.75	257.25	299.25	324.45	424.20
74	228.90	287.70	334.95	364.35	473.55
75	256.20	321.30	373.80	407.40	527.10
76	284.55	358.05	418.95	455.70	588.00
77	315.00	399.00	466.20	508.20	652.05
78	348.60	442.05	516.60	562.80	721.35
79	384.30	490.35	572.25	623.70	796.95
80	422.10				
81	463.05				
82	506.10				
83	552.30				
84	600.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	60.90	69.30	74.55	100.80
45-49	54.60	67.20	76.65	82.95	112.35
50-54	67.20	82.95	95.55	105.00	142.80
55	77.70	96.60	111.30	120.75	165.90
56	81.90	100.80	117.60	128.10	175.35
57	86.10	107.10	124.95	135.45	184.80
58	92.40	114.45	133.35	144.90	196.35
59	97.65	121.80	141.75	154.35	208.95
60	105.00	131.25	151.20	163.80	222.60
61	112.35	139.65	161.70	175.35	237.30
62	119.70	149.10	173.25	187.95	253.05
63	127.05	159.60	184.80	200.55	270.90
64	135.45	169.05	196.35	214.20	287.70
65	144.90	180.60	210.00	228.90	307.65
66	154.35	194.25	224.70	244.65	330.75
67	166.95	208.95	243.60	264.60	357.00
68	180.60	225.75	263.55	286.65	386.40
69	194.25	244.65	284.55	309.75	417.90
70	210.00	265.65	308.70	337.05	453.60
71	226.80	288.75	336.00	366.45	492.45
72	247.80	316.05	368.55	403.20	538.65
73	273.00	347.55	405.30	443.10	590.10
74	300.30	382.20	446.25	488.25	646.80
75	329.70	418.95	490.35	536.55	709.80
76	361.20	459.90	538.65	590.10	778.05
77	393.75	504.00	592.20	646.80	851.55
78	428.40	551.25	648.90	708.75	929.25
79	466.20	601.65	708.75	774.90	1013.25
80	504.00				
81	543.90				
82	585.90				
83	628.95				
84	674.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.70	70.35	81.90	89.25	117.60
45-49	63.00	78.75	90.30	98.70	131.25
50-54	77.70	97.65	112.35	121.80	165.90
55	88.20	111.30	128.10	139.65	190.05
56	91.35	117.60	135.45	147.00	200.55
57	96.60	123.90	142.80	155.40	210.00
58	102.90	131.25	152.25	165.90	222.60
59	110.25	138.60	160.65	176.40	236.25
60	118.65	147.00	172.20	186.90	249.90
61	126.00	156.45	182.70	198.45	266.70
62	134.40	168.00	195.30	212.10	284.55
63	142.80	177.45	208.95	226.80	303.45
64	152.25	190.05	221.55	242.55	323.40
65	161.70	202.65	237.30	258.30	345.45
66	173.25	217.35	253.05	277.20	370.65
67	184.80	235.20	274.05	299.25	400.05
68	200.55	253.05	296.10	323.40	433.65
69	216.30	275.10	320.25	350.70	468.30
70	235.20	299.25	348.60	382.20	508.20
71	254.10	324.45	379.05	414.75	552.30
72	278.25	355.95	414.75	454.65	603.75
73	305.55	389.55	455.70	499.80	660.45
74	334.95	427.35	499.80	548.10	723.45
75	366.45	469.35	550.20	601.65	793.80
76	401.10	512.40	602.70	660.45	869.40
77	436.80	561.75	659.40	723.45	950.25
78	475.65	613.20	722.40	790.65	1036.35
79	515.55	669.90	786.45	862.05	1127.70
80	557.55				
81	600.60				
82	644.70				
83	693.00				
84	742.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.90	75.60	86.10	95.55	124.95
45-49	67.20	84.00	96.60	106.05	138.60
50-54	82.95	103.95	119.70	130.20	175.35
55	92.40	117.60	135.45	148.05	200.55
56	96.60	123.90	142.80	155.40	210.00
57	100.80	130.20	151.20	163.80	221.55
58	107.10	137.55	159.60	174.30	233.10
59	114.45	145.95	169.05	184.80	246.75
60	123.90	154.35	180.60	196.35	261.45
61	132.30	163.80	191.10	208.95	279.30
62	140.70	175.35	204.75	223.65	298.20
63	149.10	186.90	218.40	238.35	317.10
64	159.60	198.45	232.05	254.10	338.10
65	169.05	212.10	247.80	270.90	362.25
66	180.60	226.80	265.65	289.80	387.45
67	194.25	245.70	286.65	313.95	418.95
68	208.95	265.65	309.75	340.20	453.60
69	225.75	287.70	336.00	368.55	490.35
70	244.65	312.90	364.35	400.05	531.30
71	265.65	340.20	397.95	435.75	578.55
72	289.80	371.70	434.70	476.70	631.05
73	319.20	407.40	476.70	523.95	691.95
74	349.65	447.30	523.95	574.35	757.05
75	383.25	490.35	574.35	630.00	830.55
76	418.95	536.55	630.00	690.90	908.25
77	455.70	586.95	688.80	756.00	992.25
78	495.60	639.45	753.90	825.30	1082.55
79	536.55	698.25	820.05	900.90	1177.05
80	579.60				
81	623.70				
82	670.95				
83	720.30				
84	770.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.70	44.10	51.45	56.70	75.60
45-49	39.90	49.35	57.75	63.00	84.00
50-54	53.55	65.10	74.55	79.80	107.10
55	60.90	75.60	85.05	93.45	127.05
56	64.05	78.75	90.30	98.70	135.45
57	68.25	84.00	96.60	106.05	145.95
58	72.45	90.30	103.95	114.45	156.45
59	78.75	97.65	112.35	123.90	169.05
60	85.05	106.05	121.80	133.35	182.70
61	92.40	114.45	133.35	144.90	196.35
62	99.75	124.95	144.90	156.45	212.10
63	107.10	133.35	155.40	169.05	228.90
64	114.45	142.80	166.95	180.60	244.65
65	123.90	153.30	177.45	194.25	263.55
66	133.35	163.80	191.10	208.95	284.55
67	144.90	179.55	208.95	226.80	308.70
68	156.45	195.30	228.90	247.80	337.05
69	170.10	214.20	249.90	271.95	368.55
70	184.80	233.10	273.00	298.20	403.20
71	202.65	257.25	300.30	328.65	441.00
72	223.65	284.55	331.80	363.30	487.20
73	246.75	315.00	368.55	403.20	537.60
74	274.05	348.60	408.45	447.30	594.30
75	302.40	386.40	452.55	495.60	656.25
76	333.90	427.35	498.75	547.05	722.40
77	366.45	470.40	551.25	603.75	793.80
78	401.10	517.65	606.90	664.65	870.45
79	438.90	568.05	664.65	729.75	953.40
80	476.70				
81	517.65				
82	559.65				
83	603.75				
84	651.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.05	54.60	61.95	68.25	89.25
45-49	48.30	58.80	69.30	75.60	98.70
50-54	60.90	75.60	88.20	95.55	124.95
55	70.35	88.20	99.75	110.25	148.05
56	74.55	92.40	106.05	114.45	158.55
57	77.70	97.65	112.35	121.80	168.00
58	84.00	105.00	120.75	132.30	180.60
59	90.30	113.40	131.25	141.75	193.20
60	97.65	121.80	140.70	153.30	205.80
61	105.00	131.25	152.25	165.90	221.55
62	113.40	141.75	163.80	179.55	238.35
63	120.75	152.25	176.40	191.10	256.20
64	130.20	161.70	189.00	204.75	274.05
65	139.65	174.30	201.60	218.40	294.00
66	149.10	186.90	216.30	236.25	317.10
67	161.70	202.65	236.25	256.20	344.40
68	175.35	219.45	257.25	279.30	376.95
69	190.05	240.45	280.35	305.55	411.60
70	207.90	263.55	307.65	334.95	450.45
71	226.80	288.75	337.05	368.55	494.55
72	249.90	319.20	372.75	407.40	544.95
73	275.10	351.75	412.65	450.45	601.65
74	305.55	390.60	456.75	499.80	664.65
75	337.05	431.55	505.05	553.35	732.90
76	371.70	475.65	557.55	611.10	807.45
77	407.40	523.95	614.25	674.10	887.25
78	446.25	574.35	674.10	741.30	972.30
79	485.10	630.00	740.25	812.70	1063.65
80	527.10				
81	571.20				
82	617.40				
83	665.70				
84	716.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	57.75	67.20	72.45	95.55
45-49	51.45	64.05	74.55	79.80	105.00
50-54	64.05	79.80	92.40	100.80	132.30
55	74.55	92.40	106.05	116.55	156.45
56	77.70	97.65	112.35	121.80	166.95
57	82.95	103.95	119.70	130.20	177.45
58	89.25	111.30	128.10	139.65	190.05
59	95.55	119.70	138.60	149.10	202.65
60	102.90	128.10	149.10	161.70	216.30
61	110.25	138.60	160.65	174.30	232.05
62	118.65	149.10	173.25	187.95	249.90
63	127.05	160.65	184.80	201.60	267.75
64	135.45	170.10	197.40	215.25	286.65
65	145.95	182.70	211.05	229.95	307.65
66	155.40	196.35	226.80	246.75	330.75
67	169.05	212.10	246.75	267.75	361.20
68	183.75	231.00	268.80	292.95	393.75
69	198.45	252.00	294.00	320.25	429.45
70	217.35	275.10	322.35	350.70	470.40
71	237.30	302.40	352.80	385.35	516.60
72	260.40	333.90	390.60	426.30	569.10
73	287.70	368.55	432.60	471.45	628.95
74	319.20	407.40	477.75	522.90	694.05
75	351.75	449.40	527.10	578.55	765.45
76	387.45	496.65	581.70	638.40	844.20
77	425.25	546.00	641.55	704.55	926.10
78	464.10	599.55	704.55	774.90	1015.35
79	505.05	657.30	771.75	848.40	1110.90
80	548.10				
81	594.30				
82	642.60				
83	691.95				
84	743.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0086-A45
VIRGINIA

All rates for this form should be multiplied by a factor of: 1.8000

This factor represents the **proposed** increase of: 80.0%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2013

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.56	31.50	36.75	39.38	49.88
45-49	30.19	35.44	40.69	43.31	55.13
50-54	36.75	43.31	49.88	53.81	68.25
55	42.00	49.88	57.75	61.69	81.38
56	44.63	53.81	61.69	65.63	86.63
57	48.56	57.75	65.63	70.88	93.19
58	52.50	63.00	70.88	77.44	101.06
59	57.75	68.25	77.44	84.00	110.25
60	63.00	74.81	85.31	93.19	119.44
61	68.25	82.69	93.19	101.06	129.94
62	73.50	89.25	101.06	110.25	141.75
63	78.75	95.81	108.94	118.13	152.25
64	84.00	102.38	116.81	126.00	164.06
65	89.25	110.25	124.69	135.19	175.88
66	97.13	118.13	135.19	145.69	190.31
67	105.00	128.63	147.00	158.81	207.38
68	114.19	140.44	161.44	174.56	228.38
69	124.69	153.56	177.19	191.63	250.69
70	136.50	168.00	194.25	211.31	275.63
71	150.94	186.38	215.25	234.94	304.50
72	168.00	207.38	240.19	262.50	339.94
73	187.69	232.31	269.06	294.00	380.63
74	208.69	259.88	301.88	329.44	425.25
75	233.63	291.38	338.63	368.81	473.81
76	259.88	325.50	378.00	412.13	527.63
77	288.75	362.25	421.31	458.06	586.69
78	320.25	402.94	468.56	507.94	649.69
79	354.38	444.94	518.44	561.75	717.94
80	389.81				
81	429.19				
82	469.88				
83	513.19				
84	559.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	39.38	44.63	47.25	60.38
45-49	35.44	43.31	48.56	52.50	66.94
50-54	42.00	51.19	59.06	64.31	84.00
55	49.88	59.06	66.94	72.19	95.81
56	52.50	63.00	70.88	76.13	101.06
57	56.44	66.94	76.13	81.38	107.63
58	60.38	72.19	81.38	87.94	115.50
59	65.63	78.75	89.25	95.81	124.69
60	70.88	85.31	97.13	105.00	136.50
61	76.13	93.19	106.31	114.19	147.00
62	82.69	99.75	115.50	124.69	160.13
63	89.25	107.63	123.38	132.56	171.94
64	94.50	115.50	131.25	143.06	185.06
65	101.06	124.69	140.44	152.25	199.50
66	108.94	132.56	152.25	165.38	215.25
67	118.13	145.69	165.38	179.81	234.94
68	128.63	158.81	181.13	198.19	257.25
69	140.44	173.25	199.50	216.56	283.50
70	153.56	190.31	219.19	237.56	311.06
71	168.00	210.00	242.81	263.81	345.19
72	187.69	233.63	270.38	295.31	384.56
73	208.69	261.19	303.19	329.44	429.19
74	232.31	292.69	339.94	370.13	479.06
75	259.88	326.81	380.63	413.44	534.19
76	288.75	363.56	425.25	463.31	595.88
77	321.56	405.56	472.50	514.50	661.50
78	355.69	450.19	525.00	570.94	731.06
79	392.44	498.75	581.44	632.63	808.50
80	431.81				
81	473.81				
82	517.13				
83	564.38				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	47.25	51.19	65.63
45-49	38.06	45.94	52.50	56.44	72.19
50-54	44.63	55.13	63.00	68.25	90.56
55	52.50	63.00	70.88	77.44	101.06
56	55.13	66.94	74.81	81.38	106.31
57	59.06	70.88	80.06	86.63	112.88
58	63.00	76.13	86.63	93.19	122.06
59	68.25	82.69	94.50	101.06	131.25
60	74.81	89.25	102.38	110.25	143.06
61	80.06	97.13	111.56	119.44	154.88
62	86.63	105.00	120.75	129.94	168.00
63	93.19	112.88	129.94	139.13	181.13
64	98.44	120.75	137.81	149.63	194.25
65	106.31	129.94	147.00	160.13	208.69
66	114.19	139.13	158.81	173.25	225.75
67	123.38	152.25	173.25	189.00	246.75
68	133.88	166.69	190.31	207.38	270.38
69	147.00	181.13	208.69	227.06	296.63
70	160.13	199.50	229.69	249.38	326.81
71	175.88	219.19	254.63	276.94	362.25
72	195.56	244.13	283.50	308.44	402.94
73	217.88	273.00	317.63	345.19	450.19
74	242.81	305.81	355.69	387.19	502.69
75	271.69	341.25	397.69	433.13	560.44
76	301.88	380.63	444.94	484.31	624.75
77	334.69	423.94	494.81	539.44	693.00
78	370.13	469.88	548.63	598.50	766.50
79	408.19	521.06	607.69	662.81	846.56
80	448.88				
81	492.19				
82	538.13				
83	586.69				
84	637.88				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	64.31	73.50	78.75	107.63
45-49	57.75	70.88	81.38	87.94	119.44
50-54	70.88	87.94	101.06	111.56	152.25
55	82.69	102.38	118.13	128.63	175.88
56	86.63	107.63	124.69	136.50	186.38
57	91.88	114.19	132.56	144.38	196.88
58	98.44	122.06	141.75	153.56	208.69
59	103.69	129.94	150.94	164.06	221.81
60	111.56	139.13	160.13	174.56	236.25
61	119.44	148.31	171.94	186.38	252.00
62	127.31	158.81	183.75	199.50	269.06
63	135.19	169.31	196.88	212.63	287.44
64	144.38	179.81	208.69	227.06	305.81
65	153.56	191.63	223.13	242.81	326.81
66	164.06	206.06	238.88	259.88	351.75
67	177.19	221.81	258.56	280.88	379.31
68	191.63	240.19	279.56	304.50	410.81
69	206.06	259.88	301.88	329.44	443.63
70	223.13	282.19	328.13	358.31	481.69
71	241.50	307.13	357.00	389.81	523.69
72	263.81	336.00	391.13	427.88	572.25
73	290.06	368.81	430.50	471.19	627.38
74	318.94	405.56	473.81	518.44	687.75
75	350.44	444.94	521.06	569.63	754.69
76	383.25	488.25	572.25	627.38	826.88
77	418.69	535.50	628.69	687.75	904.31
78	455.44	585.38	689.06	753.38	987.00
79	494.81	639.19	753.38	822.94	1076.25
80	535.50				
81	577.50				
82	622.13				
83	668.06				
84	716.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.38	74.81	86.63	94.50	124.69
45-49	66.94	84.00	95.81	105.00	139.13
50-54	82.69	103.69	119.44	129.94	175.88
55	93.19	118.13	136.50	148.31	202.13
56	97.13	124.69	144.38	156.19	212.63
57	102.38	131.25	152.25	165.38	223.13
58	108.94	139.13	161.44	175.88	236.25
59	116.81	147.00	170.63	187.69	250.69
60	126.00	156.19	182.44	198.19	265.13
61	133.88	166.69	194.25	211.31	283.50
62	143.06	178.50	207.38	225.75	301.88
63	152.25	189.00	221.81	241.50	322.88
64	161.44	202.13	234.94	257.25	343.88
65	171.94	215.25	252.00	274.31	367.50
66	183.75	231.00	269.06	294.00	393.75
67	196.88	249.38	291.38	317.63	425.25
68	212.63	269.06	315.00	343.88	460.69
69	229.69	292.69	339.94	372.75	497.44
70	249.38	317.63	370.13	405.56	539.44
71	270.38	345.19	402.94	441.00	586.69
72	295.31	378.00	441.00	483.00	641.81
73	324.19	413.44	484.31	531.56	702.19
74	355.69	454.13	531.56	582.75	769.13
75	389.81	498.75	584.06	639.19	843.94
76	426.56	544.69	640.50	702.19	924.00
77	464.63	597.19	700.88	769.13	1009.31
78	505.31	651.00	767.81	840.00	1101.19
79	547.31	711.38	836.06	916.13	1198.31
80	591.94				
81	637.88				
82	685.13				
83	736.31				
84	788.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	80.06	91.88	101.06	132.56
45-49	70.88	89.25	102.38	112.88	147.00
50-54	87.94	110.25	127.31	137.81	186.38
55	98.44	124.69	144.38	157.50	212.63
56	102.38	131.25	152.25	165.38	223.13
57	107.63	137.81	160.13	174.56	234.94
58	114.19	145.69	169.31	185.06	248.06
59	122.06	154.88	179.81	196.88	262.50
60	131.25	164.06	191.63	208.69	278.25
61	140.44	174.56	203.44	221.81	296.63
62	149.63	186.38	217.88	237.56	316.31
63	158.81	198.19	232.31	253.31	337.31
64	169.31	211.31	246.75	270.38	359.63
65	179.81	225.75	263.81	287.44	384.56
66	191.63	241.50	282.19	308.44	412.13
67	206.06	261.19	304.50	333.38	444.94
68	221.81	282.19	329.44	360.94	481.69
69	240.19	305.81	357.00	391.13	521.06
70	259.88	332.06	387.19	425.25	564.38
71	282.19	360.94	422.63	463.31	614.25
72	308.44	395.06	462.00	506.63	670.69
73	338.63	433.13	506.63	556.50	735.00
74	371.44	475.13	556.50	610.31	804.56
75	406.88	521.06	610.31	669.38	882.00
76	444.94	569.63	669.38	733.69	964.69
77	484.31	623.44	732.38	803.25	1053.94
78	526.31	679.88	800.63	876.75	1149.75
79	569.63	741.56	871.50	956.81	1250.81
80	615.56				
81	662.81				
82	712.69				
83	765.19				
84	819.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	47.25	55.13	60.38	80.06
45-49	42.00	52.50	61.69	66.94	89.25
50-54	56.44	69.56	78.75	85.31	114.19
55	64.31	80.06	90.56	99.75	135.19
56	68.25	84.00	95.81	105.00	144.38
57	72.19	89.25	102.38	112.88	154.88
58	77.44	95.81	110.25	122.06	166.69
59	84.00	103.69	119.44	131.25	179.81
60	90.56	112.88	129.94	141.75	194.25
61	98.44	122.06	141.75	153.56	208.69
62	106.31	132.56	153.56	166.69	225.75
63	114.19	141.75	165.38	179.81	242.81
64	122.06	152.25	177.19	191.63	259.88
65	131.25	162.75	189.00	206.06	279.56
66	141.75	174.56	203.44	221.81	301.88
67	153.56	190.31	221.81	241.50	328.13
68	166.69	207.38	242.81	263.81	358.31
69	181.13	227.06	265.13	288.75	391.13
70	196.88	248.06	290.06	316.31	427.88
71	215.25	273.00	318.94	349.13	468.56
72	237.56	301.88	353.06	385.88	517.13
73	262.50	334.69	391.13	427.88	570.94
74	291.38	370.13	434.44	475.13	631.31
75	321.56	410.81	480.38	526.31	696.94
76	354.38	454.13	530.25	581.44	767.81
77	389.81	500.06	585.38	641.81	843.94
78	426.56	549.94	644.44	706.13	925.31
79	465.94	603.75	706.13	775.69	1013.25
80	506.63				
81	549.94				
82	594.56				
83	641.81				
84	691.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.94	57.75	65.63	72.19	94.50
45-49	51.19	63.00	73.50	80.06	105.00
50-54	64.31	80.06	93.19	101.06	132.56
55	74.81	93.19	106.31	116.81	157.50
56	78.75	98.44	112.88	122.06	168.00
57	82.69	103.69	119.44	129.94	178.50
58	89.25	111.56	128.63	140.44	191.63
59	95.81	120.75	139.13	150.94	204.75
60	103.69	129.94	149.63	162.75	219.19
61	111.56	139.13	161.44	175.88	234.94
62	120.75	150.94	174.56	190.31	253.31
63	128.63	161.44	187.69	203.44	271.69
64	137.81	171.94	200.81	217.88	291.38
65	148.31	185.06	213.94	232.31	312.38
66	158.81	198.19	229.69	250.69	337.31
67	171.94	215.25	250.69	271.69	366.19
68	186.38	233.63	273.00	296.63	400.31
69	202.13	255.94	297.94	324.19	437.06
70	220.50	279.56	326.81	355.69	479.06
71	241.50	307.13	358.31	391.13	525.00
72	265.13	338.63	396.38	433.13	578.81
73	292.69	374.06	438.38	479.06	639.19
74	324.19	414.75	485.63	531.56	706.13
75	358.31	458.06	536.81	588.00	778.31
76	395.06	505.31	591.94	649.69	858.38
77	433.13	556.50	652.31	716.63	942.38
78	473.81	610.31	716.63	787.50	1032.94
79	515.81	669.38	786.19	863.63	1130.06
80	560.44				
81	606.38				
82	656.25				
83	707.44				
84	761.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.88	61.69	70.88	77.44	101.06
45-49	55.13	68.25	78.75	85.31	111.56
50-54	68.25	85.31	98.44	107.63	140.44
55	78.75	98.44	112.88	123.38	166.69
56	82.69	103.69	119.44	129.94	177.19
57	87.94	110.25	127.31	137.81	189.00
58	94.50	118.13	136.50	148.31	202.13
59	101.06	127.31	147.00	158.81	215.25
60	108.94	136.50	158.81	171.94	229.69
61	116.81	147.00	170.63	185.06	246.75
62	126.00	158.81	183.75	199.50	265.13
63	135.19	170.63	196.88	213.94	284.81
64	144.38	181.13	210.00	228.38	304.50
65	154.88	194.25	224.44	244.13	326.81
66	165.38	208.69	241.50	262.50	351.75
67	179.81	225.75	262.50	284.81	383.25
68	195.56	245.44	286.13	311.06	418.69
69	211.31	267.75	312.38	339.94	456.75
70	231.00	292.69	342.56	372.75	500.06
71	252.00	321.56	375.38	409.50	548.63
72	276.94	354.38	414.75	452.81	605.06
73	305.81	391.13	459.38	501.38	668.06
74	338.63	433.13	507.94	555.19	737.63
75	374.06	477.75	560.44	614.25	813.75
76	412.13	527.63	618.19	678.56	896.44
77	451.50	580.13	681.19	748.13	984.38
78	493.50	636.56	748.13	822.94	1078.88
79	536.81	698.25	820.31	901.69	1179.94
80	582.75				
81	631.31				
82	682.50				
83	735.00				
84	790.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	36.75	43.31	45.94	59.06
45-49	35.44	42.00	47.25	51.19	64.31
50-54	43.31	51.19	59.06	63.00	80.06
55	49.88	59.06	68.25	72.19	95.81
56	52.50	63.00	72.19	77.44	102.38
57	57.75	68.25	77.44	84.00	110.25
58	61.69	73.50	84.00	90.56	119.44
59	68.25	80.06	90.56	98.44	129.94
60	73.50	87.94	99.75	110.25	140.44
61	80.06	97.13	110.25	119.44	152.25
62	86.63	105.00	119.44	129.94	166.69
63	93.19	112.88	128.63	139.13	178.50
64	98.44	120.75	137.81	148.31	192.94
65	105.00	129.94	147.00	158.81	207.38
66	114.19	139.13	158.81	171.94	224.44
67	123.38	150.94	173.25	186.38	244.13
68	133.88	165.38	190.31	204.75	269.06
69	147.00	181.13	208.69	225.75	295.31
70	160.13	198.19	228.38	248.06	324.19
71	177.19	219.19	253.31	276.94	358.31
72	198.19	244.13	282.19	308.44	400.31
73	220.50	273.00	316.31	346.50	447.56
74	245.44	305.81	355.69	387.19	500.06
75	274.31	342.56	399.00	434.44	557.81
76	305.81	383.25	444.94	484.31	620.81
77	339.94	426.56	496.13	539.44	690.38
78	376.69	473.81	551.25	597.19	763.88
79	417.38	523.69	610.31	661.50	845.25
80	458.06				
81	505.31				
82	552.56				
83	603.75				
84	657.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	45.94	52.50	55.13	70.88
45-49	42.00	51.19	57.75	61.69	78.75
50-54	49.88	60.38	69.56	76.13	98.44
55	59.06	69.56	78.75	85.31	112.88
56	61.69	73.50	84.00	89.25	119.44
57	66.94	78.75	89.25	95.81	126.00
58	70.88	85.31	95.81	103.69	136.50
59	77.44	93.19	105.00	112.88	147.00
60	84.00	99.75	114.19	123.38	160.13
61	89.25	110.25	124.69	133.88	173.25
62	97.13	116.81	136.50	147.00	189.00
63	105.00	126.00	145.69	156.19	202.13
64	111.56	136.50	154.88	168.00	217.88
65	119.44	147.00	165.38	178.50	234.94
66	128.63	156.19	178.50	194.25	253.31
67	139.13	171.94	194.25	211.31	276.94
68	150.94	186.38	212.63	233.63	303.19
69	165.38	203.44	234.94	254.63	333.38
70	181.13	224.44	257.25	279.56	366.19
71	198.19	246.75	286.13	309.75	405.56
72	220.50	274.31	317.63	347.81	452.81
73	245.44	307.13	357.00	387.19	505.31
74	273.00	343.88	400.31	435.75	563.06
75	305.81	384.56	447.56	486.94	628.69
76	339.94	427.88	500.06	544.69	700.88
77	378.00	477.75	556.50	605.06	778.31
78	418.69	530.25	618.19	672.00	859.69
79	462.00	586.69	683.81	744.19	951.56
80	507.94				
81	557.81				
82	609.00				
83	664.13				
84	723.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	49.88	55.13	60.38	77.44
45-49	44.63	53.81	61.69	66.94	85.31
50-54	52.50	64.31	73.50	80.06	106.31
55	61.69	73.50	84.00	90.56	119.44
56	64.31	78.75	87.94	95.81	124.69
57	69.56	84.00	94.50	102.38	132.56
58	73.50	89.25	102.38	110.25	143.06
59	80.06	97.13	111.56	119.44	154.88
60	87.94	105.00	120.75	129.94	168.00
61	94.50	114.19	131.25	140.44	182.44
62	102.38	123.38	141.75	152.25	198.19
63	110.25	132.56	152.25	164.06	212.63
64	115.50	141.75	162.75	175.88	228.38
65	124.69	152.25	173.25	189.00	245.44
66	133.88	164.06	186.38	203.44	265.13
67	145.69	178.50	203.44	221.81	290.06
68	157.50	195.56	224.44	244.13	317.63
69	173.25	212.63	245.44	267.75	349.13
70	189.00	234.94	270.38	294.00	384.56
71	207.38	257.25	299.25	325.50	426.56
72	229.69	287.44	333.38	362.25	473.81
73	255.94	321.56	374.06	405.56	530.25
74	286.13	359.63	418.69	455.44	591.94
75	320.25	401.63	467.25	509.25	658.88
76	355.69	447.56	523.69	569.63	735.00
77	393.75	498.75	582.75	635.25	815.06
78	435.75	552.56	645.75	703.50	901.69
79	480.38	612.94	715.31	779.63	996.19
80	527.63				
81	578.81				
82	632.63				
83	690.38				
84	750.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	76.13	86.63	93.19	126.00
45-49	68.25	84.00	95.81	103.69	140.44
50-54	84.00	103.69	119.44	131.25	178.50
55	97.13	120.75	139.13	150.94	207.38
56	102.38	126.00	147.00	160.13	219.19
57	107.63	133.88	156.19	169.31	231.00
58	115.50	143.06	166.69	181.13	245.44
59	122.06	152.25	177.19	192.94	261.19
60	131.25	164.06	189.00	204.75	278.25
61	140.44	174.56	202.13	219.19	296.63
62	149.63	186.38	216.56	234.94	316.31
63	158.81	199.50	231.00	250.69	338.63
64	169.31	211.31	245.44	267.75	359.63
65	181.13	225.75	262.50	286.13	384.56
66	192.94	242.81	280.88	305.81	413.44
67	208.69	261.19	304.50	330.75	446.25
68	225.75	282.19	329.44	358.31	483.00
69	242.81	305.81	355.69	387.19	522.38
70	262.50	332.06	385.88	421.31	567.00
71	283.50	360.94	420.00	458.06	615.56
72	309.75	395.06	460.69	504.00	673.31
73	341.25	434.44	506.63	553.88	737.63
74	375.38	477.75	557.81	610.31	808.50
75	412.13	523.69	612.94	670.69	887.25
76	451.50	574.88	673.31	737.63	972.56
77	492.19	630.00	740.25	808.50	1064.44
78	535.50	689.06	811.13	885.94	1161.56
79	582.75	752.06	885.94	968.63	1266.56
80	630.00				
81	679.88				
82	732.38				
83	786.19				
84	842.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.88	87.94	102.38	111.56	147.00
45-49	78.75	98.44	112.88	123.38	164.06
50-54	97.13	122.06	140.44	152.25	207.38
55	110.25	139.13	160.13	174.56	237.56
56	114.19	147.00	169.31	183.75	250.69
57	120.75	154.88	178.50	194.25	262.50
58	128.63	164.06	190.31	207.38	278.25
59	137.81	173.25	200.81	220.50	295.31
60	148.31	183.75	215.25	233.63	312.38
61	157.50	195.56	228.38	248.06	333.38
62	168.00	210.00	244.13	265.13	355.69
63	178.50	221.81	261.19	283.50	379.31
64	190.31	237.56	276.94	303.19	404.25
65	202.13	253.31	296.63	322.88	431.81
66	216.56	271.69	316.31	346.50	463.31
67	231.00	294.00	342.56	374.06	500.06
68	250.69	316.31	370.13	404.25	542.06
69	270.38	343.88	400.31	438.38	585.38
70	294.00	374.06	435.75	477.75	635.25
71	317.63	405.56	473.81	518.44	690.38
72	347.81	444.94	518.44	568.31	754.69
73	381.94	486.94	569.63	624.75	825.56
74	418.69	534.19	624.75	685.13	904.31
75	458.06	586.69	687.75	752.06	992.25
76	501.38	640.50	753.38	825.56	1086.75
77	546.00	702.19	824.25	904.31	1187.81
78	594.56	766.50	903.00	988.31	1295.44
79	644.44	837.38	983.06	1077.56	1409.63
80	696.94				
81	750.75				
82	805.88				
83	866.25				
84	927.94				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.13	94.50	107.63	119.44	156.19
45-49	84.00	105.00	120.75	132.56	173.25
50-54	103.69	129.94	149.63	162.75	219.19
55	115.50	147.00	169.31	185.06	250.69
56	120.75	154.88	178.50	194.25	262.50
57	126.00	162.75	189.00	204.75	276.94
58	133.88	171.94	199.50	217.88	291.38
59	143.06	182.44	211.31	231.00	308.44
60	154.88	192.94	225.75	245.44	326.81
61	165.38	204.75	238.88	261.19	349.13
62	175.88	219.19	255.94	279.56	372.75
63	186.38	233.63	273.00	297.94	396.38
64	199.50	248.06	290.06	317.63	422.63
65	211.31	265.13	309.75	338.63	452.81
66	225.75	283.50	332.06	362.25	484.31
67	242.81	307.13	358.31	392.44	523.69
68	261.19	332.06	387.19	425.25	567.00
69	282.19	359.63	420.00	460.69	612.94
70	305.81	391.13	455.44	500.06	664.13
71	332.06	425.25	497.44	544.69	723.19
72	362.25	464.63	543.38	595.88	788.81
73	399.00	509.25	595.88	654.94	864.94
74	437.06	559.13	654.94	717.94	946.31
75	479.06	612.94	717.94	787.50	1038.19
76	523.69	670.69	787.50	863.63	1135.31
77	569.63	733.69	861.00	945.00	1240.31
78	619.50	799.31	942.38	1031.63	1353.19
79	670.69	872.81	1025.06	1126.13	1471.31
80	724.50				
81	779.63				
82	838.69				
83	900.38				
84	963.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.63	55.13	64.31	70.88	94.50
45-49	49.88	61.69	72.19	78.75	105.00
50-54	66.94	81.38	93.19	99.75	133.88
55	76.13	94.50	106.31	116.81	158.81
56	80.06	98.44	112.88	123.38	169.31
57	85.31	105.00	120.75	132.56	182.44
58	90.56	112.88	129.94	143.06	195.56
59	98.44	122.06	140.44	154.88	211.31
60	106.31	132.56	152.25	166.69	228.38
61	115.50	143.06	166.69	181.13	245.44
62	124.69	156.19	181.13	195.56	265.13
63	133.88	166.69	194.25	211.31	286.13
64	143.06	178.50	208.69	225.75	305.81
65	154.88	191.63	221.81	242.81	329.44
66	166.69	204.75	238.88	261.19	355.69
67	181.13	224.44	261.19	283.50	385.88
68	195.56	244.13	286.13	309.75	421.31
69	212.63	267.75	312.38	339.94	460.69
70	231.00	291.38	341.25	372.75	504.00
71	253.31	321.56	375.38	410.81	551.25
72	279.56	355.69	414.75	454.13	609.00
73	308.44	393.75	460.69	504.00	672.00
74	342.56	435.75	510.56	559.13	742.88
75	378.00	483.00	565.69	619.50	820.31
76	417.38	534.19	623.44	683.81	903.00
77	458.06	588.00	689.06	754.69	992.25
78	501.38	647.06	758.63	830.81	1088.06
79	548.63	710.06	830.81	912.19	1191.75
80	595.88				
81	647.06				
82	699.56				
83	754.69				
84	813.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.81	68.25	77.44	85.31	111.56
45-49	60.38	73.50	86.63	94.50	123.38
50-54	76.13	94.50	110.25	119.44	156.19
55	87.94	110.25	124.69	137.81	185.06
56	93.19	115.50	132.56	143.06	198.19
57	97.13	122.06	140.44	152.25	210.00
58	105.00	131.25	150.94	165.38	225.75
59	112.88	141.75	164.06	177.19	241.50
60	122.06	152.25	175.88	191.63	257.25
61	131.25	164.06	190.31	207.38	276.94
62	141.75	177.19	204.75	224.44	297.94
63	150.94	190.31	220.50	238.88	320.25
64	162.75	202.13	236.25	255.94	342.56
65	174.56	217.88	252.00	273.00	367.50
66	186.38	233.63	270.38	295.31	396.38
67	202.13	253.31	295.31	320.25	430.50
68	219.19	274.31	321.56	349.13	471.19
69	237.56	300.56	350.44	381.94	514.50
70	259.88	329.44	384.56	418.69	563.06
71	283.50	360.94	421.31	460.69	618.19
72	312.38	399.00	465.94	509.25	681.19
73	343.88	439.69	515.81	563.06	752.06
74	381.94	488.25	570.94	624.75	830.81
75	421.31	539.44	631.31	691.69	916.13
76	464.63	594.56	696.94	763.88	1009.31
77	509.25	654.94	767.81	842.63	1109.06
78	557.81	717.94	842.63	926.63	1215.38
79	606.38	787.50	925.31	1015.88	1329.56
80	658.88				
81	714.00				
82	771.75				
83	832.13				
84	895.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.06	72.19	84.00	90.56	119.44
45-49	64.31	80.06	93.19	99.75	131.25
50-54	80.06	99.75	115.50	126.00	165.38
55	93.19	115.50	132.56	145.69	195.56
56	97.13	122.06	140.44	152.25	208.69
57	103.69	129.94	149.63	162.75	221.81
58	111.56	139.13	160.13	174.56	237.56
59	119.44	149.63	173.25	186.38	253.31
60	128.63	160.13	186.38	202.13	270.38
61	137.81	173.25	200.81	217.88	290.06
62	148.31	186.38	216.56	234.94	312.38
63	158.81	200.81	231.00	252.00	334.69
64	169.31	212.63	246.75	269.06	358.31
65	182.44	228.38	263.81	287.44	384.56
66	194.25	245.44	283.50	308.44	413.44
67	211.31	265.13	308.44	334.69	451.50
68	229.69	288.75	336.00	366.19	492.19
69	248.06	315.00	367.50	400.31	536.81
70	271.69	343.88	402.94	438.38	588.00
71	296.63	378.00	441.00	481.69	645.75
72	325.50	417.38	488.25	532.88	711.38
73	359.63	460.69	540.75	589.31	786.19
74	399.00	509.25	597.19	653.63	867.56
75	439.69	561.75	658.88	723.19	956.81
76	484.31	620.81	727.13	798.00	1055.25
77	531.56	682.50	801.94	880.69	1157.63
78	580.13	749.44	880.69	968.63	1269.19
79	631.31	821.63	964.69	1060.50	1388.63
80	685.13				
81	742.88				
82	803.25				
83	864.94				
84	929.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0090-A45
VIRGINIA

All rates for this form should be multiplied by a factor of: 1.8000

This factor represents the **proposed** increase of: 80.0%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2013

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17	19	22	23	24
45-49	19	21	24	25	27
50-54	23	26	29	31	35
55	26	30	34	37	44
56	28	32	37	40	48
57	30	35	40	43	53
58	33	38	44	47	58
59	36	42	48	51	64
60	40	47	53	56	70
61	43	51	58	61	76
62	47	56	63	67	83
63	50	60	68	72	89
64	53	64	73	78	95
65	57	68	78	84	102
66	61	74	84	91	110
67	66	80	92	99	120
68	72	88	101	109	132
69	79	96	111	119	144
70	86	105	122	131	159
71	95	116	134	145	176
72	105	129	149	161	195
73	117	144	166	179	217
74	130	160	185	200	242
75	145	178	205	222	269
76	161	198	228	246	298
77	178	219	252	272	330
78	196	242	278	300	364
79	216	266	306	330	401
80	236				
81	258				
82	281				
83	305				
84	331				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	45	49	59
45-49	35	43	50	54	66
50-54	43	53	62	67	84
55	52	63	73	78	100
56	55	67	77	83	107
57	59	72	82	88	114
58	63	77	88	94	122
59	67	82	94	101	130
60	71	88	101	109	139
61	76	94	108	117	148
62	81	100	116	126	159
63	86	107	124	134	170
64	92	113	132	143	182
65	98	121	140	152	195
66	105	129	150	162	209
67	113	139	161	174	225
68	122	150	174	188	243
69	131	162	187	203	262
70	142	176	203	220	282
71	154	191	220	239	306
72	167	208	240	261	333
73	182	227	263	286	363
74	199	249	288	314	397
75	217	272	316	344	433
76	236	297	346	377	473
77	256	324	378	413	515
78	277	353	413	451	560
79	299	384	450	492	609
80	323				
81	347				
82	373				
83	400				
84	428				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	35	42
45-49	25	31	36	39	47
50-54	35	42	49	53	64
55	40	49	56	60	77
56	42	52	59	64	82
57	45	56	63	68	88
58	49	61	68	74	95
59	53	66	74	80	104
60	58	72	81	88	113
61	63	78	89	96	123
62	68	84	96	104	133
63	73	90	103	112	143
64	78	96	110	120	154
65	83	103	118	128	165
66	90	111	127	138	179
67	97	120	138	150	194
68	105	131	151	164	211
69	115	143	165	179	230
70	125	156	180	196	252
71	137	171	198	215	275
72	150	188	218	237	302
73	165	207	240	262	332
74	182	228	265	289	365
75	200	251	292	318	400
76	219	276	321	350	439
77	239	302	352	384	480
78	260	330	385	421	524
79	282	360	421	460	571
80	306				
81	330				
82	356				
83	383				
84	411				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20	22	26	27	28
45-49	22	25	28	29	32
50-54	27	31	34	36	41
55	31	35	40	44	52
56	33	38	44	47	56
57	35	41	47	51	62
58	39	45	52	55	68
59	42	49	56	60	75
60	47	55	62	66	82
61	51	60	68	72	89
62	55	66	74	79	98
63	59	71	80	85	105
64	62	75	86	92	112
65	67	80	92	99	120
66	72	87	99	107	129
67	78	94	108	116	141
68	85	104	119	128	155
69	93	113	131	140	169
70	101	124	144	154	187
71	112	136	158	171	207
72	124	152	175	189	229
73	138	169	195	211	255
74	153	188	218	235	285
75	171	209	241	261	316
76	189	233	268	289	351
77	209	258	296	320	388
78	231	285	327	353	428
79	254	313	360	388	472
80	278				
81	304				
82	331				
83	359				
84	389				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	46	53	58	69
45-49	41	51	59	64	78
50-54	51	62	73	79	99
55	61	74	86	92	118
56	65	79	91	98	126
57	69	85	96	104	134
58	74	91	104	111	144
59	79	96	111	119	153
60	84	104	119	128	164
61	89	111	127	138	174
62	95	118	136	148	187
63	101	126	146	158	200
64	108	133	155	168	214
65	115	142	165	179	229
66	124	152	176	191	246
67	133	164	189	205	265
68	144	176	205	221	286
69	154	191	220	239	308
70	167	207	239	259	332
71	181	225	259	281	360
72	196	245	282	307	392
73	214	267	309	336	427
74	234	293	339	369	467
75	255	320	372	405	509
76	278	349	407	444	556
77	301	381	445	486	606
78	326	415	486	531	659
79	352	452	529	579	716
80	380				
81	408				
82	439				
83	471				
84	504				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	41	49
45-49	29	36	42	46	55
50-54	41	49	58	62	75
55	47	58	66	71	91
56	49	61	69	75	96
57	53	66	74	80	104
58	58	72	80	87	112
59	62	78	87	94	122
60	68	85	95	104	133
61	74	92	105	113	145
62	80	99	113	122	156
63	86	106	121	132	168
64	92	113	129	141	181
65	98	121	139	151	194
66	106	131	149	162	211
67	114	141	162	176	228
68	124	154	178	193	248
69	135	168	194	211	271
70	147	184	212	231	296
71	161	201	233	253	324
72	176	221	256	279	355
73	194	244	282	308	391
74	214	268	312	340	429
75	235	295	344	374	471
76	258	325	378	412	516
77	281	355	414	452	565
78	306	388	453	495	616
79	332	424	495	541	672
80	360				
81	388				
82	419				
83	451				
84	484				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0091-A45
VIRGINIA

All rates for this form should be multiplied by a factor of: 1.8000

This factor represents the **proposed** increase of: 80.0%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2013

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.25	23.75	27.50	28.75	30.00
45-49	23.75	26.25	30.00	31.25	33.75
50-54	28.75	32.50	36.25	38.75	43.75
55	32.50	37.50	42.50	46.25	55.00
56	35.00	40.00	46.25	50.00	60.00
57	37.50	43.75	50.00	53.75	66.25
58	41.25	47.50	55.00	58.75	72.50
59	45.00	52.50	60.00	63.75	80.00
60	50.00	58.75	66.25	70.00	87.50
61	53.75	63.75	72.50	76.25	95.00
62	58.75	70.00	78.75	83.75	103.75
63	62.50	75.00	85.00	90.00	111.25
64	66.25	80.00	91.25	97.50	118.75
65	71.25	85.00	97.50	105.00	127.50
66	76.25	92.50	105.00	113.75	137.50
67	82.50	100.00	115.00	123.75	150.00
68	90.00	110.00	126.25	136.25	165.00
69	98.75	120.00	138.75	148.75	180.00
70	107.50	131.25	152.50	163.75	198.75
71	118.75	145.00	167.50	181.25	220.00
72	131.25	161.25	186.25	201.25	243.75
73	146.25	180.00	207.50	223.75	271.25
74	162.50	200.00	231.25	250.00	302.50
75	181.25	222.50	256.25	277.50	336.25
76	201.25	247.50	285.00	307.50	372.50
77	222.50	273.75	315.00	340.00	412.50
78	245.00	302.50	347.50	375.00	455.00
79	270.00	332.50	382.50	412.50	501.25
80	295.00				
81	322.50				
82	351.25				
83	381.25				
84	413.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	56.25	61.25	73.75
45-49	43.75	53.75	62.50	67.50	82.50
50-54	53.75	66.25	77.50	83.75	105.00
55	65.00	78.75	91.25	97.50	125.00
56	68.75	83.75	96.25	103.75	133.75
57	73.75	90.00	102.50	110.00	142.50
58	78.75	96.25	110.00	117.50	152.50
59	83.75	102.50	117.50	126.25	162.50
60	88.75	110.00	126.25	136.25	173.75
61	95.00	117.50	135.00	146.25	185.00
62	101.25	125.00	145.00	157.50	198.75
63	107.50	133.75	155.00	167.50	212.50
64	115.00	141.25	165.00	178.75	227.50
65	122.50	151.25	175.00	190.00	243.75
66	131.25	161.25	187.50	202.50	261.25
67	141.25	173.75	201.25	217.50	281.25
68	152.50	187.50	217.50	235.00	303.75
69	163.75	202.50	233.75	253.75	327.50
70	177.50	220.00	253.75	275.00	352.50
71	192.50	238.75	275.00	298.75	382.50
72	208.75	260.00	300.00	326.25	416.25
73	227.50	283.75	328.75	357.50	453.75
74	248.75	311.25	360.00	392.50	496.25
75	271.25	340.00	395.00	430.00	541.25
76	295.00	371.25	432.50	471.25	591.25
77	320.00	405.00	472.50	516.25	643.75
78	346.25	441.25	516.25	563.75	700.00
79	373.75	480.00	562.50	615.00	761.25
80	403.75				
81	433.75				
82	466.25				
83	500.00				
84	535.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	43.75	52.50
45-49	31.25	38.75	45.00	48.75	58.75
50-54	43.75	52.50	61.25	66.25	80.00
55	50.00	61.25	70.00	75.00	96.25
56	52.50	65.00	73.75	80.00	102.50
57	56.25	70.00	78.75	85.00	110.00
58	61.25	76.25	85.00	92.50	118.75
59	66.25	82.50	92.50	100.00	130.00
60	72.50	90.00	101.25	110.00	141.25
61	78.75	97.50	111.25	120.00	153.75
62	85.00	105.00	120.00	130.00	166.25
63	91.25	112.50	128.75	140.00	178.75
64	97.50	120.00	137.50	150.00	192.50
65	103.75	128.75	147.50	160.00	206.25
66	112.50	138.75	158.75	172.50	223.75
67	121.25	150.00	172.50	187.50	242.50
68	131.25	163.75	188.75	205.00	263.75
69	143.75	178.75	206.25	223.75	287.50
70	156.25	195.00	225.00	245.00	315.00
71	171.25	213.75	247.50	268.75	343.75
72	187.50	235.00	272.50	296.25	377.50
73	206.25	258.75	300.00	327.50	415.00
74	227.50	285.00	331.25	361.25	456.25
75	250.00	313.75	365.00	397.50	500.00
76	273.75	345.00	401.25	437.50	548.75
77	298.75	377.50	440.00	480.00	600.00
78	325.00	412.50	481.25	526.25	655.00
79	352.50	450.00	526.25	575.00	713.75
80	382.50				
81	412.50				
82	445.00				
83	478.75				
84	513.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.00	27.50	32.50	33.75	35.00
45-49	27.50	31.25	35.00	36.25	40.00
50-54	33.75	38.75	42.50	45.00	51.25
55	38.75	43.75	50.00	55.00	65.00
56	41.25	47.50	55.00	58.75	70.00
57	43.75	51.25	58.75	63.75	77.50
58	48.75	56.25	65.00	68.75	85.00
59	52.50	61.25	70.00	75.00	93.75
60	58.75	68.75	77.50	82.50	102.50
61	63.75	75.00	85.00	90.00	111.25
62	68.75	82.50	92.50	98.75	122.50
63	73.75	88.75	100.00	106.25	131.25
64	77.50	93.75	107.50	115.00	140.00
65	83.75	100.00	115.00	123.75	150.00
66	90.00	108.75	123.75	133.75	161.25
67	97.50	117.50	135.00	145.00	176.25
68	106.25	130.00	148.75	160.00	193.75
69	116.25	141.25	163.75	175.00	211.25
70	126.25	155.00	180.00	192.50	233.75
71	140.00	170.00	197.50	213.75	258.75
72	155.00	190.00	218.75	236.25	286.25
73	172.50	211.25	243.75	263.75	318.75
74	191.25	235.00	272.50	293.75	356.25
75	213.75	261.25	301.25	326.25	395.00
76	236.25	291.25	335.00	361.25	438.75
77	261.25	322.50	370.00	400.00	485.00
78	288.75	356.25	408.75	441.25	535.00
79	317.50	391.25	450.00	485.00	590.00
80	347.50				
81	380.00				
82	413.75				
83	448.75				
84	486.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	57.50	66.25	72.50	86.25
45-49	51.25	63.75	73.75	80.00	97.50
50-54	63.75	77.50	91.25	98.75	123.75
55	76.25	92.50	107.50	115.00	147.50
56	81.25	98.75	113.75	122.50	157.50
57	86.25	106.25	120.00	130.00	167.50
58	92.50	113.75	130.00	138.75	180.00
59	98.75	120.00	138.75	148.75	191.25
60	105.00	130.00	148.75	160.00	205.00
61	111.25	138.75	158.75	172.50	217.50
62	118.75	147.50	170.00	185.00	233.75
63	126.25	157.50	182.50	197.50	250.00
64	135.00	166.25	193.75	210.00	267.50
65	143.75	177.50	206.25	223.75	286.25
66	155.00	190.00	220.00	238.75	307.50
67	166.25	205.00	236.25	256.25	331.25
68	180.00	220.00	256.25	276.25	357.50
69	192.50	238.75	275.00	298.75	385.00
70	208.75	258.75	298.75	323.75	415.00
71	226.25	281.25	323.75	351.25	450.00
72	245.00	306.25	352.50	383.75	490.00
73	267.50	333.75	386.25	420.00	533.75
74	292.50	366.25	423.75	461.25	583.75
75	318.75	400.00	465.00	506.25	636.25
76	347.50	436.25	508.75	555.00	695.00
77	376.25	476.25	556.25	607.50	757.50
78	407.50	518.75	607.50	663.75	823.75
79	440.00	565.00	661.25	723.75	895.00
80	475.00				
81	510.00				
82	548.75				
83	588.75				
84	630.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	51.25	61.25
45-49	36.25	45.00	52.50	57.50	68.75
50-54	51.25	61.25	72.50	77.50	93.75
55	58.75	72.50	82.50	88.75	113.75
56	61.25	76.25	86.25	93.75	120.00
57	66.25	82.50	92.50	100.00	130.00
58	72.50	90.00	100.00	108.75	140.00
59	77.50	97.50	108.75	117.50	152.50
60	85.00	106.25	118.75	130.00	166.25
61	92.50	115.00	131.25	141.25	181.25
62	100.00	123.75	141.25	152.50	195.00
63	107.50	132.50	151.25	165.00	210.00
64	115.00	141.25	161.25	176.25	226.25
65	122.50	151.25	173.75	188.75	242.50
66	132.50	163.75	186.25	202.50	263.75
67	142.50	176.25	202.50	220.00	285.00
68	155.00	192.50	222.50	241.25	310.00
69	168.75	210.00	242.50	263.75	338.75
70	183.75	230.00	265.00	288.75	370.00
71	201.25	251.25	291.25	316.25	405.00
72	220.00	276.25	320.00	348.75	443.75
73	242.50	305.00	352.50	385.00	488.75
74	267.50	335.00	390.00	425.00	536.25
75	293.75	368.75	430.00	467.50	588.75
76	322.50	406.25	472.50	515.00	645.00
77	351.25	443.75	517.50	565.00	706.25
78	382.50	485.00	566.25	618.75	770.00
79	415.00	530.00	618.75	676.25	840.00
80	450.00				
81	485.00				
82	523.75				
83	563.75				
84	605.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0095-A45
VIRGINIA

All rates for this form should be multiplied by a factor of: 1.8000

This factor represents the **proposed** increase of: 80.0%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2013

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19	23	25	27	35
45-49	21	26	28	30	39
50-54	26	31	35	37	48
55	30	36	40	43	57
56	32	38	43	46	60
57	34	41	46	49	65
58	37	44	50	53	70
59	40	48	54	58	76
60	43	52	59	63	83
61	47	56	64	69	90
62	51	61	70	75	98
63	55	66	75	81	106
64	58	70	81	87	113
65	62	75	87	93	121
66	66	81	94	101	131
67	72	88	102	110	143
68	79	96	111	121	157
69	86	105	122	132	172
70	94	115	133	145	189
71	103	127	147	160	208
72	114	141	163	178	231
73	126	157	182	198	257
74	140	175	202	221	285
75	156	194	225	246	316
76	172	215	250	273	350
77	190	238	277	302	387
78	209	263	306	334	426
79	230	289	337	367	468
80	252				
81	275				
82	300				
83	326				
84	354				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	30	31	41
45-49	25	30	33	35	45
50-54	29	35	40	43	56
55	34	40	45	49	65
56	36	42	48	52	68
57	38	45	51	55	73
58	41	49	55	59	78
59	44	53	60	65	84
60	47	58	65	70	91
61	51	62	71	77	99
62	55	67	77	83	107
63	59	72	83	89	116
64	63	77	88	95	124
65	68	82	95	101	133
66	72	88	102	109	144
67	78	96	110	119	157
68	85	104	121	131	172
69	93	114	132	143	188
70	102	126	144	157	207
71	111	138	160	173	228
72	123	154	177	193	252
73	137	171	197	215	280
74	151	190	220	239	310
75	168	211	245	266	344
76	185	234	272	296	381
77	205	258	301	328	421
78	225	285	333	363	463
79	247	314	366	399	509
80	270				
81	295				
82	321				
83	348				
84	377				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	33	43
45-49	26	31	35	37	48
50-54	30	37	42	45	60
55	35	42	47	51	68
56	37	44	50	54	72
57	39	47	53	58	76
58	42	51	57	62	82
59	45	55	62	68	88
60	49	60	68	73	95
61	53	65	74	80	103
62	57	70	80	86	111
63	61	75	86	92	120
64	65	80	91	98	128
65	70	85	98	105	138
66	75	91	105	113	149
67	81	99	114	123	163
68	88	108	125	135	178
69	96	118	136	148	195
70	105	130	149	162	214
71	115	143	165	179	236
72	127	159	183	199	261
73	141	177	204	222	290
74	156	196	227	247	321
75	173	218	253	275	356
76	191	242	281	306	394
77	211	267	311	339	435
78	232	294	344	375	479
79	254	324	379	413	526
80	278				
81	303				
82	330				
83	358				
84	387				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	45	52	57	75
45-49	40	50	58	63	83
50-54	49	61	71	77	106
55	56	71	82	89	123
56	59	75	87	94	129
57	63	80	92	100	137
58	67	85	98	107	145
59	72	91	105	114	154
60	77	97	112	121	164
61	82	104	120	130	175
62	88	111	128	139	187
63	94	118	136	148	200
64	100	126	145	158	213
65	106	134	155	168	227
66	114	143	165	180	243
67	122	154	178	194	262
68	131	166	192	210	283
69	141	178	208	227	305
70	152	193	225	246	329
71	165	209	244	267	357
72	179	227	266	291	388
73	195	248	291	318	423
74	213	271	318	348	461
75	233	296	347	380	503
76	253	324	379	415	548
77	275	353	413	453	596
78	297	385	449	493	647
79	321	418	488	536	702
80	346				
81	371				
82	398				
83	426				
84	455				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	51	59	65	84
45-49	45	56	66	71	94
50-54	55	69	81	88	119
55	62	79	93	101	136
56	65	83	98	106	142
57	69	88	103	112	150
58	73	93	109	119	159
59	78	99	116	126	169
60	84	106	123	134	179
61	90	113	131	142	191
62	96	121	139	152	204
63	102	129	148	161	218
64	108	137	158	172	231
65	115	145	168	183	247
66	123	155	180	197	263
67	132	167	194	212	284
68	142	180	210	230	306
69	153	193	226	248	330
70	165	210	245	268	356
71	178	227	266	291	386
72	194	247	289	317	420
73	211	270	316	346	458
74	230	294	345	378	499
75	251	321	376	412	544
76	273	350	410	449	591
77	295	380	446	489	643
78	319	413	485	532	697
79	343	448	526	577	756
80	370				
81	396				
82	425				
83	454				
84	484				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	62	68	88
45-49	47	59	69	75	98
50-54	58	73	85	92	124
55	65	82	97	106	141
56	68	86	102	111	148
57	72	91	107	117	156
58	76	97	113	124	165
59	81	103	120	131	175
60	87	110	127	139	186
61	93	117	135	147	198
62	99	125	144	157	211
63	105	133	153	167	225
64	112	141	163	178	239
65	119	150	174	190	255
66	127	160	187	204	272
67	136	172	201	220	293
68	146	186	217	238	316
69	158	200	234	257	341
70	170	217	253	278	368
71	184	235	275	301	399
72	200	256	299	328	434
73	218	279	326	358	473
74	237	304	356	391	515
75	258	331	388	426	561
76	281	361	423	464	610
77	304	392	460	505	663
78	328	425	500	549	719
79	353	461	542	595	779
80	380				
81	407				
82	436				
83	466				
84	497				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	39	42	56
45-49	30	37	43	47	62
50-54	39	48	55	61	80
55	45	55	64	70	95
56	47	58	67	73	101
57	50	62	72	78	108
58	54	67	78	84	116
59	58	72	84	91	125
60	63	79	91	99	134
61	69	85	99	107	145
62	74	92	107	116	156
63	79	99	115	124	168
64	85	106	123	133	180
65	90	113	131	142	193
66	97	122	141	153	208
67	105	132	153	166	226
68	114	144	167	181	246
69	124	157	182	198	268
70	135	171	199	217	293
71	148	188	218	238	320
72	162	206	240	262	351
73	178	227	264	289	386
74	196	249	291	318	423
75	215	274	320	350	464
76	236	300	351	385	509
77	257	329	385	422	556
78	279	359	421	462	607
79	303	392	459	504	660
80	328				
81	354				
82	381				
83	409				
84	439				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	39	45	48	64
45-49	35	43	49	54	71
50-54	43	54	63	69	90
55	50	62	72	78	106
56	53	66	76	83	112
57	56	70	81	88	120
58	60	75	87	95	128
59	64	80	93	102	137
60	69	87	101	110	147
61	75	93	109	119	158
62	80	100	117	128	169
63	86	107	126	137	182
64	92	115	134	146	195
65	98	123	143	156	208
66	106	133	154	168	225
67	115	143	167	181	244
68	125	156	182	198	266
69	135	170	198	216	290
70	146	185	216	235	316
71	159	203	236	258	346
72	174	222	260	284	379
73	191	245	286	313	416
74	210	269	314	344	457
75	231	295	346	379	501
76	253	323	380	417	549
77	276	354	416	456	600
78	299	387	455	499	655
79	325	422	496	545	713
80	351				
81	379				
82	407				
83	436				
84	468				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33	41	47	51	68
45-49	37	45	52	57	75
50-54	45	56	66	72	94
55	52	65	76	82	111
56	55	69	80	87	117
57	58	73	85	92	125
58	62	78	91	99	133
59	67	84	97	106	142
60	72	90	105	115	152
61	77	97	113	124	163
62	83	104	121	133	175
63	89	111	130	142	188
64	95	119	139	152	201
65	102	127	148	162	215
66	110	137	160	174	232
67	119	148	173	188	252
68	129	161	188	205	274
69	139	175	205	223	299
70	151	191	223	243	326
71	164	209	244	267	357
72	179	229	268	293	391
73	197	252	295	323	429
74	216	277	324	355	472
75	238	304	357	391	517
76	260	333	392	430	566
77	284	365	429	471	619
78	308	399	469	515	675
79	334	435	512	563	735
80	361				
81	389				
82	418				
83	448				
84	480				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	29	32	41
45-49	25	31	33	35	46
50-54	31	36	41	44	56
55	35	42	47	51	67
56	38	45	51	54	71
57	40	48	54	58	76
58	44	52	59	62	82
59	47	56	64	68	89
60	51	61	69	74	98
61	55	66	75	81	106
62	60	72	82	88	115
63	65	78	88	95	125
64	68	82	95	102	133
65	73	88	102	109	142
66	78	95	111	119	154
67	85	104	120	129	168
68	93	113	131	142	185
69	101	124	144	155	202
70	111	135	156	171	222
71	121	149	173	188	245
72	134	166	192	209	272
73	148	185	214	233	302
74	165	206	238	260	335
75	184	228	265	289	372
76	202	253	294	321	412
77	224	280	326	355	455
78	246	309	360	393	501
79	271	340	396	432	551
80	296				
81	324				
82	353				
83	384				
84	416				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	35	36	48
45-49	29	35	39	41	53
50-54	34	41	47	51	66
55	40	47	53	58	76
56	42	49	56	61	80
57	45	53	60	65	86
58	48	58	65	69	92
59	52	62	71	76	99
60	55	68	76	82	107
61	60	73	84	91	116
62	65	79	91	98	126
63	69	85	98	105	136
64	74	91	104	112	146
65	80	96	112	119	156
66	85	104	120	128	169
67	92	113	129	140	185
68	100	122	142	154	202
69	109	134	155	168	221
70	120	148	169	185	244
71	131	162	188	204	268
72	145	181	208	227	296
73	161	201	232	253	329
74	178	224	259	281	365
75	198	248	288	313	405
76	218	275	320	348	448
77	241	304	354	386	495
78	265	335	392	427	545
79	291	369	431	469	599
80	318				
81	347				
82	378				
83	409				
84	444				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	39	51
45-49	31	36	41	44	56
50-54	35	44	49	53	71
55	41	49	55	60	80
56	44	52	59	64	85
57	46	55	62	68	89
58	49	60	67	73	96
59	53	65	73	80	104
60	58	71	80	86	112
61	62	76	87	94	121
62	67	82	94	101	131
63	72	88	101	108	141
64	76	94	107	115	151
65	82	100	115	124	162
66	88	107	124	133	175
67	95	116	134	145	192
68	104	127	147	159	209
69	113	139	160	174	229
70	124	153	175	191	252
71	135	168	194	211	278
72	149	187	215	234	307
73	166	208	240	261	341
74	184	231	267	291	378
75	204	256	298	324	419
76	225	285	331	360	464
77	248	314	366	399	512
78	273	346	405	441	564
79	299	381	446	486	619
80	327				
81	356				
82	388				
83	421				
84	455				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	61	67	88
45-49	47	59	68	74	98
50-54	58	72	84	91	125
55	66	84	96	105	145
56	69	88	102	111	152
57	74	94	108	118	161
58	79	100	115	126	171
59	85	107	124	134	181
60	91	114	132	142	193
61	96	122	141	153	206
62	104	131	151	164	220
63	111	139	160	174	235
64	118	148	171	186	251
65	125	158	182	198	267
66	134	168	194	212	286
67	144	181	209	228	308
68	154	195	226	247	333
69	166	209	245	267	359
70	179	227	265	289	387
71	194	246	287	314	420
72	211	267	313	342	456
73	229	292	342	374	498
74	251	319	374	409	542
75	274	348	408	447	592
76	298	381	446	488	645
77	324	415	486	533	701
78	349	453	528	580	761
79	378	492	574	631	826
80	407				
81	436				
82	468				
83	501				
84	535				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	60	69	76	99
45-49	53	66	78	84	111
50-54	65	81	95	104	140
55	73	93	109	119	160
56	76	98	115	125	167
57	81	104	121	132	176
58	86	109	128	140	187
59	92	116	136	148	199
60	99	125	145	158	211
61	106	133	154	167	225
62	113	142	164	179	240
63	120	152	174	189	256
64	127	161	186	202	272
65	135	171	198	215	291
66	145	182	212	232	309
67	155	196	228	249	334
68	167	212	247	271	360
69	180	227	266	292	388
70	194	247	288	315	419
71	209	267	313	342	454
72	228	291	340	373	494
73	248	318	372	407	539
74	271	346	406	445	587
75	295	378	442	485	640
76	321	412	482	528	695
77	347	447	525	575	756
78	375	486	571	626	820
79	404	527	619	679	889
80	435				
81	466				
82	500				
83	534				
84	569				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	62	73	80	104
45-49	55	69	81	88	115
50-54	68	86	100	108	146
55	76	96	114	125	166
56	80	101	120	131	174
57	85	107	126	138	184
58	89	114	133	146	194
59	95	121	141	154	206
60	102	129	149	164	219
61	109	138	159	173	233
62	116	147	169	185	248
63	124	156	180	196	265
64	132	166	192	209	281
65	140	176	205	224	300
66	149	188	220	240	320
67	160	202	236	259	345
68	172	219	255	280	372
69	186	235	275	302	401
70	200	255	298	327	433
71	216	276	324	354	469
72	235	301	352	386	511
73	256	328	384	421	556
74	279	358	419	460	606
75	304	389	456	501	660
76	331	425	498	546	718
77	358	461	541	594	780
78	386	500	588	646	846
79	415	542	638	700	916
80	447				
81	479				
82	513				
83	548				
84	585				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	46	49	66
45-49	35	44	51	55	73
50-54	46	56	65	72	94
55	53	65	75	82	112
56	55	68	79	86	119
57	59	73	85	92	127
58	64	79	92	99	136
59	68	85	99	107	147
60	74	93	107	116	158
61	81	100	116	126	171
62	87	108	126	136	184
63	93	116	135	146	198
64	100	125	145	156	212
65	106	133	154	167	227
66	114	144	166	180	245
67	124	155	180	195	266
68	134	169	196	213	289
69	146	185	214	233	315
70	159	201	234	255	345
71	174	221	256	280	376
72	191	242	282	308	413
73	209	267	311	340	454
74	231	293	342	374	498
75	253	322	376	412	546
76	278	353	413	453	599
77	302	387	453	496	654
78	328	422	495	544	714
79	356	461	540	593	776
80	386				
81	416				
82	448				
83	481				
84	516				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	46	53	56	75
45-49	41	51	58	64	84
50-54	51	64	74	81	106
55	59	73	85	92	125
56	62	78	89	98	132
57	66	82	95	104	141
58	71	88	102	112	151
59	75	94	109	120	161
60	81	102	119	129	173
61	88	109	128	140	186
62	94	118	138	151	199
63	101	126	148	161	214
64	108	135	158	172	229
65	115	145	168	184	245
66	125	156	181	198	265
67	135	168	196	213	287
68	147	184	214	233	313
69	159	200	233	254	341
70	172	218	254	276	372
71	187	239	278	304	407
72	205	261	306	334	446
73	225	288	336	368	489
74	247	316	369	405	538
75	272	347	407	446	589
76	298	380	447	491	646
77	325	416	489	536	706
78	352	455	535	587	771
79	382	496	584	641	839
80	413				
81	446				
82	479				
83	513				
84	551				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39	48	55	60	80
45-49	44	53	61	67	88
50-54	53	66	78	85	111
55	61	76	89	96	131
56	65	81	94	102	138
57	68	86	100	108	147
58	73	92	107	116	156
59	79	99	114	125	167
60	85	106	124	135	179
61	91	114	133	146	192
62	98	122	142	156	206
63	105	131	153	167	221
64	112	140	164	179	236
65	120	149	174	191	253
66	129	161	188	205	273
67	140	174	204	221	296
68	152	189	221	241	322
69	164	206	241	262	352
70	178	225	262	286	384
71	193	246	287	314	420
72	211	269	315	345	460
73	232	296	347	380	505
74	254	326	381	418	555
75	280	358	420	460	608
76	306	392	461	506	666
77	334	429	505	554	728
78	362	469	552	606	794
79	393	512	602	662	865
80	425				
81	458				
82	492				
83	527				
84	565				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0096-A45
VIRGINIA

All rates for this form should be multiplied by a factor of: 1.8000

This factor represents the **proposed** increase of: 80.0%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2013

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.75	28.75	31.25	33.75	43.75
45-49	26.25	32.50	35.00	37.50	48.75
50-54	32.50	38.75	43.75	46.25	60.00
55	37.50	45.00	50.00	53.75	71.25
56	40.00	47.50	53.75	57.50	75.00
57	42.50	51.25	57.50	61.25	81.25
58	46.25	55.00	62.50	66.25	87.50
59	50.00	60.00	67.50	72.50	95.00
60	53.75	65.00	73.75	78.75	103.75
61	58.75	70.00	80.00	86.25	112.50
62	63.75	76.25	87.50	93.75	122.50
63	68.75	82.50	93.75	101.25	132.50
64	72.50	87.50	101.25	108.75	141.25
65	77.50	93.75	108.75	116.25	151.25
66	82.50	101.25	117.50	126.25	163.75
67	90.00	110.00	127.50	137.50	178.75
68	98.75	120.00	138.75	151.25	196.25
69	107.50	131.25	152.50	165.00	215.00
70	117.50	143.75	166.25	181.25	236.25
71	128.75	158.75	183.75	200.00	260.00
72	142.50	176.25	203.75	222.50	288.75
73	157.50	196.25	227.50	247.50	321.25
74	175.00	218.75	252.50	276.25	356.25
75	195.00	242.50	281.25	307.50	395.00
76	215.00	268.75	312.50	341.25	437.50
77	237.50	297.50	346.25	377.50	483.75
78	261.25	328.75	382.50	417.50	532.50
79	287.50	361.25	421.25	458.75	585.00
80	315.00				
81	343.75				
82	375.00				
83	407.50				
84	442.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	37.50	38.75	51.25
45-49	31.25	37.50	41.25	43.75	56.25
50-54	36.25	43.75	50.00	53.75	70.00
55	42.50	50.00	56.25	61.25	81.25
56	45.00	52.50	60.00	65.00	85.00
57	47.50	56.25	63.75	68.75	91.25
58	51.25	61.25	68.75	73.75	97.50
59	55.00	66.25	75.00	81.25	105.00
60	58.75	72.50	81.25	87.50	113.75
61	63.75	77.50	88.75	96.25	123.75
62	68.75	83.75	96.25	103.75	133.75
63	73.75	90.00	103.75	111.25	145.00
64	78.75	96.25	110.00	118.75	155.00
65	85.00	102.50	118.75	126.25	166.25
66	90.00	110.00	127.50	136.25	180.00
67	97.50	120.00	137.50	148.75	196.25
68	106.25	130.00	151.25	163.75	215.00
69	116.25	142.50	165.00	178.75	235.00
70	127.50	157.50	180.00	196.25	258.75
71	138.75	172.50	200.00	216.25	285.00
72	153.75	192.50	221.25	241.25	315.00
73	171.25	213.75	246.25	268.75	350.00
74	188.75	237.50	275.00	298.75	387.50
75	210.00	263.75	306.25	332.50	430.00
76	231.25	292.50	340.00	370.00	476.25
77	256.25	322.50	376.25	410.00	526.25
78	281.25	356.25	416.25	453.75	578.75
79	308.75	392.50	457.50	498.75	636.25
80	337.50				
81	368.75				
82	401.25				
83	435.00				
84	471.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	41.25	53.75
45-49	32.50	38.75	43.75	46.25	60.00
50-54	37.50	46.25	52.50	56.25	75.00
55	43.75	52.50	58.75	63.75	85.00
56	46.25	55.00	62.50	67.50	90.00
57	48.75	58.75	66.25	72.50	95.00
58	52.50	63.75	71.25	77.50	102.50
59	56.25	68.75	77.50	85.00	110.00
60	61.25	75.00	85.00	91.25	118.75
61	66.25	81.25	92.50	100.00	128.75
62	71.25	87.50	100.00	107.50	138.75
63	76.25	93.75	107.50	115.00	150.00
64	81.25	100.00	113.75	122.50	160.00
65	87.50	106.25	122.50	131.25	172.50
66	93.75	113.75	131.25	141.25	186.25
67	101.25	123.75	142.50	153.75	203.75
68	110.00	135.00	156.25	168.75	222.50
69	120.00	147.50	170.00	185.00	243.75
70	131.25	162.50	186.25	202.50	267.50
71	143.75	178.75	206.25	223.75	295.00
72	158.75	198.75	228.75	248.75	326.25
73	176.25	221.25	255.00	277.50	362.50
74	195.00	245.00	283.75	308.75	401.25
75	216.25	272.50	316.25	343.75	445.00
76	238.75	302.50	351.25	382.50	492.50
77	263.75	333.75	388.75	423.75	543.75
78	290.00	367.50	430.00	468.75	598.75
79	317.50	405.00	473.75	516.25	657.50
80	347.50				
81	378.75				
82	412.50				
83	447.50				
84	483.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	56.25	65.00	71.25	93.75
45-49	50.00	62.50	72.50	78.75	103.75
50-54	61.25	76.25	88.75	96.25	132.50
55	70.00	88.75	102.50	111.25	153.75
56	73.75	93.75	108.75	117.50	161.25
57	78.75	100.00	115.00	125.00	171.25
58	83.75	106.25	122.50	133.75	181.25
59	90.00	113.75	131.25	142.50	192.50
60	96.25	121.25	140.00	151.25	205.00
61	102.50	130.00	150.00	162.50	218.75
62	110.00	138.75	160.00	173.75	233.75
63	117.50	147.50	170.00	185.00	250.00
64	125.00	157.50	181.25	197.50	266.25
65	132.50	167.50	193.75	210.00	283.75
66	142.50	178.75	206.25	225.00	303.75
67	152.50	192.50	222.50	242.50	327.50
68	163.75	207.50	240.00	262.50	353.75
69	176.25	222.50	260.00	283.75	381.25
70	190.00	241.25	281.25	307.50	411.25
71	206.25	261.25	305.00	333.75	446.25
72	223.75	283.75	332.50	363.75	485.00
73	243.75	310.00	363.75	397.50	528.75
74	266.25	338.75	397.50	435.00	576.25
75	291.25	370.00	433.75	475.00	628.75
76	316.25	405.00	473.75	518.75	685.00
77	343.75	441.25	516.25	566.25	745.00
78	371.25	481.25	561.25	616.25	808.75
79	401.25	522.50	610.00	670.00	877.50
80	432.50				
81	463.75				
82	497.50				
83	532.50				
84	568.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	63.75	73.75	81.25	105.00
45-49	56.25	70.00	82.50	88.75	117.50
50-54	68.75	86.25	101.25	110.00	148.75
55	77.50	98.75	116.25	126.25	170.00
56	81.25	103.75	122.50	132.50	177.50
57	86.25	110.00	128.75	140.00	187.50
58	91.25	116.25	136.25	148.75	198.75
59	97.50	123.75	145.00	157.50	211.25
60	105.00	132.50	153.75	167.50	223.75
61	112.50	141.25	163.75	177.50	238.75
62	120.00	151.25	173.75	190.00	255.00
63	127.50	161.25	185.00	201.25	272.50
64	135.00	171.25	197.50	215.00	288.75
65	143.75	181.25	210.00	228.75	308.75
66	153.75	193.75	225.00	246.25	328.75
67	165.00	208.75	242.50	265.00	355.00
68	177.50	225.00	262.50	287.50	382.50
69	191.25	241.25	282.50	310.00	412.50
70	206.25	262.50	306.25	335.00	445.00
71	222.50	283.75	332.50	363.75	482.50
72	242.50	308.75	361.25	396.25	525.00
73	263.75	337.50	395.00	432.50	572.50
74	287.50	367.50	431.25	472.50	623.75
75	313.75	401.25	470.00	515.00	680.00
76	341.25	437.50	512.50	561.25	738.75
77	368.75	475.00	557.50	611.25	803.75
78	398.75	516.25	606.25	665.00	871.25
79	428.75	560.00	657.50	721.25	945.00
80	462.50				
81	495.00				
82	531.25				
83	567.50				
84	605.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	77.50	85.00	110.00
45-49	58.75	73.75	86.25	93.75	122.50
50-54	72.50	91.25	106.25	115.00	155.00
55	81.25	102.50	121.25	132.50	176.25
56	85.00	107.50	127.50	138.75	185.00
57	90.00	113.75	133.75	146.25	195.00
58	95.00	121.25	141.25	155.00	206.25
59	101.25	128.75	150.00	163.75	218.75
60	108.75	137.50	158.75	173.75	232.50
61	116.25	146.25	168.75	183.75	247.50
62	123.75	156.25	180.00	196.25	263.75
63	131.25	166.25	191.25	208.75	281.25
64	140.00	176.25	203.75	222.50	298.75
65	148.75	187.50	217.50	237.50	318.75
66	158.75	200.00	233.75	255.00	340.00
67	170.00	215.00	251.25	275.00	366.25
68	182.50	232.50	271.25	297.50	395.00
69	197.50	250.00	292.50	321.25	426.25
70	212.50	271.25	316.25	347.50	460.00
71	230.00	293.75	343.75	376.25	498.75
72	250.00	320.00	373.75	410.00	542.50
73	272.50	348.75	407.50	447.50	591.25
74	296.25	380.00	445.00	488.75	643.75
75	322.50	413.75	485.00	532.50	701.25
76	351.25	451.25	528.75	580.00	762.50
77	380.00	490.00	575.00	631.25	828.75
78	410.00	531.25	625.00	686.25	898.75
79	441.25	576.25	677.50	743.75	973.75
80	475.00				
81	508.75				
82	545.00				
83	582.50				
84	621.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	48.75	52.50	70.00
45-49	37.50	46.25	53.75	58.75	77.50
50-54	48.75	60.00	68.75	76.25	100.00
55	56.25	68.75	80.00	87.50	118.75
56	58.75	72.50	83.75	91.25	126.25
57	62.50	77.50	90.00	97.50	135.00
58	67.50	83.75	97.50	105.00	145.00
59	72.50	90.00	105.00	113.75	156.25
60	78.75	98.75	113.75	123.75	167.50
61	86.25	106.25	123.75	133.75	181.25
62	92.50	115.00	133.75	145.00	195.00
63	98.75	123.75	143.75	155.00	210.00
64	106.25	132.50	153.75	166.25	225.00
65	112.50	141.25	163.75	177.50	241.25
66	121.25	152.50	176.25	191.25	260.00
67	131.25	165.00	191.25	207.50	282.50
68	142.50	180.00	208.75	226.25	307.50
69	155.00	196.25	227.50	247.50	335.00
70	168.75	213.75	248.75	271.25	366.25
71	185.00	235.00	272.50	297.50	400.00
72	202.50	257.50	300.00	327.50	438.75
73	222.50	283.75	330.00	361.25	482.50
74	245.00	311.25	363.75	397.50	528.75
75	268.75	342.50	400.00	437.50	580.00
76	295.00	375.00	438.75	481.25	636.25
77	321.25	411.25	481.25	527.50	695.00
78	348.75	448.75	526.25	577.50	758.75
79	378.75	490.00	573.75	630.00	825.00
80	410.00				
81	442.50				
82	476.25				
83	511.25				
84	548.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	48.75	56.25	60.00	80.00
45-49	43.75	53.75	61.25	67.50	88.75
50-54	53.75	67.50	78.75	86.25	112.50
55	62.50	77.50	90.00	97.50	132.50
56	66.25	82.50	95.00	103.75	140.00
57	70.00	87.50	101.25	110.00	150.00
58	75.00	93.75	108.75	118.75	160.00
59	80.00	100.00	116.25	127.50	171.25
60	86.25	108.75	126.25	137.50	183.75
61	93.75	116.25	136.25	148.75	197.50
62	100.00	125.00	146.25	160.00	211.25
63	107.50	133.75	157.50	171.25	227.50
64	115.00	143.75	167.50	182.50	243.75
65	122.50	153.75	178.75	195.00	260.00
66	132.50	166.25	192.50	210.00	281.25
67	143.75	178.75	208.75	226.25	305.00
68	156.25	195.00	227.50	247.50	332.50
69	168.75	212.50	247.50	270.00	362.50
70	182.50	231.25	270.00	293.75	395.00
71	198.75	253.75	295.00	322.50	432.50
72	217.50	277.50	325.00	355.00	473.75
73	238.75	306.25	357.50	391.25	520.00
74	262.50	336.25	392.50	430.00	571.25
75	288.75	368.75	432.50	473.75	626.25
76	316.25	403.75	475.00	521.25	686.25
77	345.00	442.50	520.00	570.00	750.00
78	373.75	483.75	568.75	623.75	818.75
79	406.25	527.50	620.00	681.25	891.25
80	438.75				
81	473.75				
82	508.75				
83	545.00				
84	585.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.25	51.25	58.75	63.75	85.00
45-49	46.25	56.25	65.00	71.25	93.75
50-54	56.25	70.00	82.50	90.00	117.50
55	65.00	81.25	95.00	102.50	138.75
56	68.75	86.25	100.00	108.75	146.25
57	72.50	91.25	106.25	115.00	156.25
58	77.50	97.50	113.75	123.75	166.25
59	83.75	105.00	121.25	132.50	177.50
60	90.00	112.50	131.25	143.75	190.00
61	96.25	121.25	141.25	155.00	203.75
62	103.75	130.00	151.25	166.25	218.75
63	111.25	138.75	162.50	177.50	235.00
64	118.75	148.75	173.75	190.00	251.25
65	127.50	158.75	185.00	202.50	268.75
66	137.50	171.25	200.00	217.50	290.00
67	148.75	185.00	216.25	235.00	315.00
68	161.25	201.25	235.00	256.25	342.50
69	173.75	218.75	256.25	278.75	373.75
70	188.75	238.75	278.75	303.75	407.50
71	205.00	261.25	305.00	333.75	446.25
72	223.75	286.25	335.00	366.25	488.75
73	246.25	315.00	368.75	403.75	536.25
74	270.00	346.25	405.00	443.75	590.00
75	297.50	380.00	446.25	488.75	646.25
76	325.00	416.25	490.00	537.50	707.50
77	355.00	456.25	536.25	588.75	773.75
78	385.00	498.75	586.25	643.75	843.75
79	417.50	543.75	640.00	703.75	918.75
80	451.25				
81	486.25				
82	522.50				
83	560.00				
84	600.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	36.25	40.00	51.25
45-49	31.25	38.75	41.25	43.75	57.50
50-54	38.75	45.00	51.25	55.00	70.00
55	43.75	52.50	58.75	63.75	83.75
56	47.50	56.25	63.75	67.50	88.75
57	50.00	60.00	67.50	72.50	95.00
58	55.00	65.00	73.75	77.50	102.50
59	58.75	70.00	80.00	85.00	111.25
60	63.75	76.25	86.25	92.50	122.50
61	68.75	82.50	93.75	101.25	132.50
62	75.00	90.00	102.50	110.00	143.75
63	81.25	97.50	110.00	118.75	156.25
64	85.00	102.50	118.75	127.50	166.25
65	91.25	110.00	127.50	136.25	177.50
66	97.50	118.75	138.75	148.75	192.50
67	106.25	130.00	150.00	161.25	210.00
68	116.25	141.25	163.75	177.50	231.25
69	126.25	155.00	180.00	193.75	252.50
70	138.75	168.75	195.00	213.75	277.50
71	151.25	186.25	216.25	235.00	306.25
72	167.50	207.50	240.00	261.25	340.00
73	185.00	231.25	267.50	291.25	377.50
74	206.25	257.50	297.50	325.00	418.75
75	230.00	285.00	331.25	361.25	465.00
76	252.50	316.25	367.50	401.25	515.00
77	280.00	350.00	407.50	443.75	568.75
78	307.50	386.25	450.00	491.25	626.25
79	338.75	425.00	495.00	540.00	688.75
80	370.00				
81	405.00				
82	441.25				
83	480.00				
84	520.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	43.75	45.00	60.00
45-49	36.25	43.75	48.75	51.25	66.25
50-54	42.50	51.25	58.75	63.75	82.50
55	50.00	58.75	66.25	72.50	95.00
56	52.50	61.25	70.00	76.25	100.00
57	56.25	66.25	75.00	81.25	107.50
58	60.00	72.50	81.25	86.25	115.00
59	65.00	77.50	88.75	95.00	123.75
60	68.75	85.00	95.00	102.50	133.75
61	75.00	91.25	105.00	113.75	145.00
62	81.25	98.75	113.75	122.50	157.50
63	86.25	106.25	122.50	131.25	170.00
64	92.50	113.75	130.00	140.00	182.50
65	100.00	120.00	140.00	148.75	195.00
66	106.25	130.00	150.00	160.00	211.25
67	115.00	141.25	161.25	175.00	231.25
68	125.00	152.50	177.50	192.50	252.50
69	136.25	167.50	193.75	210.00	276.25
70	150.00	185.00	211.25	231.25	305.00
71	163.75	202.50	235.00	255.00	335.00
72	181.25	226.25	260.00	283.75	370.00
73	201.25	251.25	290.00	316.25	411.25
74	222.50	280.00	323.75	351.25	456.25
75	247.50	310.00	360.00	391.25	506.25
76	272.50	343.75	400.00	435.00	560.00
77	301.25	380.00	442.50	482.50	618.75
78	331.25	418.75	490.00	533.75	681.25
79	363.75	461.25	538.75	586.25	748.75
80	397.50				
81	433.75				
82	472.50				
83	511.25				
84	555.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	48.75	63.75
45-49	38.75	45.00	51.25	55.00	70.00
50-54	43.75	55.00	61.25	66.25	88.75
55	51.25	61.25	68.75	75.00	100.00
56	55.00	65.00	73.75	80.00	106.25
57	57.50	68.75	77.50	85.00	111.25
58	61.25	75.00	83.75	91.25	120.00
59	66.25	81.25	91.25	100.00	130.00
60	72.50	88.75	100.00	107.50	140.00
61	77.50	95.00	108.75	117.50	151.25
62	83.75	102.50	117.50	126.25	163.75
63	90.00	110.00	126.25	135.00	176.25
64	95.00	117.50	133.75	143.75	188.75
65	102.50	125.00	143.75	155.00	202.50
66	110.00	133.75	155.00	166.25	218.75
67	118.75	145.00	167.50	181.25	240.00
68	130.00	158.75	183.75	198.75	261.25
69	141.25	173.75	200.00	217.50	286.25
70	155.00	191.25	218.75	238.75	315.00
71	168.75	210.00	242.50	263.75	347.50
72	186.25	233.75	268.75	292.50	383.75
73	207.50	260.00	300.00	326.25	426.25
74	230.00	288.75	333.75	363.75	472.50
75	255.00	320.00	372.50	405.00	523.75
76	281.25	356.25	413.75	450.00	580.00
77	310.00	392.50	457.50	498.75	640.00
78	341.25	432.50	506.25	551.25	705.00
79	373.75	476.25	557.50	607.50	773.75
80	408.75				
81	445.00				
82	485.00				
83	526.25				
84	568.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	76.25	83.75	110.00
45-49	58.75	73.75	85.00	92.50	122.50
50-54	72.50	90.00	105.00	113.75	156.25
55	82.50	105.00	120.00	131.25	181.25
56	86.25	110.00	127.50	138.75	190.00
57	92.50	117.50	135.00	147.50	201.25
58	98.75	125.00	143.75	157.50	213.75
59	106.25	133.75	155.00	167.50	226.25
60	113.75	142.50	165.00	177.50	241.25
61	120.00	152.50	176.25	191.25	257.50
62	130.00	163.75	188.75	205.00	275.00
63	138.75	173.75	200.00	217.50	293.75
64	147.50	185.00	213.75	232.50	313.75
65	156.25	197.50	227.50	247.50	333.75
66	167.50	210.00	242.50	265.00	357.50
67	180.00	226.25	261.25	285.00	385.00
68	192.50	243.75	282.50	308.75	416.25
69	207.50	261.25	306.25	333.75	448.75
70	223.75	283.75	331.25	361.25	483.75
71	242.50	307.50	358.75	392.50	525.00
72	263.75	333.75	391.25	427.50	570.00
73	286.25	365.00	427.50	467.50	622.50
74	313.75	398.75	467.50	511.25	677.50
75	342.50	435.00	510.00	558.75	740.00
76	372.50	476.25	557.50	610.00	806.25
77	405.00	518.75	607.50	666.25	876.25
78	436.25	566.25	660.00	725.00	951.25
79	472.50	615.00	717.50	788.75	1032.50
80	508.75				
81	545.00				
82	585.00				
83	626.25				
84	668.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	75.00	86.25	95.00	123.75
45-49	66.25	82.50	97.50	105.00	138.75
50-54	81.25	101.25	118.75	130.00	175.00
55	91.25	116.25	136.25	148.75	200.00
56	95.00	122.50	143.75	156.25	208.75
57	101.25	130.00	151.25	165.00	220.00
58	107.50	136.25	160.00	175.00	233.75
59	115.00	145.00	170.00	185.00	248.75
60	123.75	156.25	181.25	197.50	263.75
61	132.50	166.25	192.50	208.75	281.25
62	141.25	177.50	205.00	223.75	300.00
63	150.00	190.00	217.50	236.25	320.00
64	158.75	201.25	232.50	252.50	340.00
65	168.75	213.75	247.50	268.75	363.75
66	181.25	227.50	265.00	290.00	386.25
67	193.75	245.00	285.00	311.25	417.50
68	208.75	265.00	308.75	338.75	450.00
69	225.00	283.75	332.50	365.00	485.00
70	242.50	308.75	360.00	393.75	523.75
71	261.25	333.75	391.25	427.50	567.50
72	285.00	363.75	425.00	466.25	617.50
73	310.00	397.50	465.00	508.75	673.75
74	338.75	432.50	507.50	556.25	733.75
75	368.75	472.50	552.50	606.25	800.00
76	401.25	515.00	602.50	660.00	868.75
77	433.75	558.75	656.25	718.75	945.00
78	468.75	607.50	713.75	782.50	1025.00
79	505.00	658.75	773.75	848.75	1111.25
80	543.75				
81	582.50				
82	625.00				
83	667.50				
84	711.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	77.50	91.25	100.00	130.00
45-49	68.75	86.25	101.25	110.00	143.75
50-54	85.00	107.50	125.00	135.00	182.50
55	95.00	120.00	142.50	156.25	207.50
56	100.00	126.25	150.00	163.75	217.50
57	106.25	133.75	157.50	172.50	230.00
58	111.25	142.50	166.25	182.50	242.50
59	118.75	151.25	176.25	192.50	257.50
60	127.50	161.25	186.25	205.00	273.75
61	136.25	172.50	198.75	216.25	291.25
62	145.00	183.75	211.25	231.25	310.00
63	155.00	195.00	225.00	245.00	331.25
64	165.00	207.50	240.00	261.25	351.25
65	175.00	220.00	256.25	280.00	375.00
66	186.25	235.00	275.00	300.00	400.00
67	200.00	252.50	295.00	323.75	431.25
68	215.00	273.75	318.75	350.00	465.00
69	232.50	293.75	343.75	377.50	501.25
70	250.00	318.75	372.50	408.75	541.25
71	270.00	345.00	405.00	442.50	586.25
72	293.75	376.25	440.00	482.50	638.75
73	320.00	410.00	480.00	526.25	695.00
74	348.75	447.50	523.75	575.00	757.50
75	380.00	486.25	570.00	626.25	825.00
76	413.75	531.25	622.50	682.50	897.50
77	447.50	576.25	676.25	742.50	975.00
78	482.50	625.00	735.00	807.50	1057.50
79	518.75	677.50	797.50	875.00	1145.00
80	558.75				
81	598.75				
82	641.25				
83	685.00				
84	731.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	57.50	61.25	82.50
45-49	43.75	55.00	63.75	68.75	91.25
50-54	57.50	70.00	81.25	90.00	117.50
55	66.25	81.25	93.75	102.50	140.00
56	68.75	85.00	98.75	107.50	148.75
57	73.75	91.25	106.25	115.00	158.75
58	80.00	98.75	115.00	123.75	170.00
59	85.00	106.25	123.75	133.75	183.75
60	92.50	116.25	133.75	145.00	197.50
61	101.25	125.00	145.00	157.50	213.75
62	108.75	135.00	157.50	170.00	230.00
63	116.25	145.00	168.75	182.50	247.50
64	125.00	156.25	181.25	195.00	265.00
65	132.50	166.25	192.50	208.75	283.75
66	142.50	180.00	207.50	225.00	306.25
67	155.00	193.75	225.00	243.75	332.50
68	167.50	211.25	245.00	266.25	361.25
69	182.50	231.25	267.50	291.25	393.75
70	198.75	251.25	292.50	318.75	431.25
71	217.50	276.25	320.00	350.00	470.00
72	238.75	302.50	352.50	385.00	516.25
73	261.25	333.75	388.75	425.00	567.50
74	288.75	366.25	427.50	467.50	622.50
75	316.25	402.50	470.00	515.00	682.50
76	347.50	441.25	516.25	566.25	748.75
77	377.50	483.75	566.25	620.00	817.50
78	410.00	527.50	618.75	680.00	892.50
79	445.00	576.25	675.00	741.25	970.00
80	482.50				
81	520.00				
82	560.00				
83	601.25				
84	645.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	57.50	66.25	70.00	93.75
45-49	51.25	63.75	72.50	80.00	105.00
50-54	63.75	80.00	92.50	101.25	132.50
55	73.75	91.25	106.25	115.00	156.25
56	77.50	97.50	111.25	122.50	165.00
57	82.50	102.50	118.75	130.00	176.25
58	88.75	110.00	127.50	140.00	188.75
59	93.75	117.50	136.25	150.00	201.25
60	101.25	127.50	148.75	161.25	216.25
61	110.00	136.25	160.00	175.00	232.50
62	117.50	147.50	172.50	188.75	248.75
63	126.25	157.50	185.00	201.25	267.50
64	135.00	168.75	197.50	215.00	286.25
65	143.75	181.25	210.00	230.00	306.25
66	156.25	195.00	226.25	247.50	331.25
67	168.75	210.00	245.00	266.25	358.75
68	183.75	230.00	267.50	291.25	391.25
69	198.75	250.00	291.25	317.50	426.25
70	215.00	272.50	317.50	345.00	465.00
71	233.75	298.75	347.50	380.00	508.75
72	256.25	326.25	382.50	417.50	557.50
73	281.25	360.00	420.00	460.00	611.25
74	308.75	395.00	461.25	506.25	672.50
75	340.00	433.75	508.75	557.50	736.25
76	372.50	475.00	558.75	613.75	807.50
77	406.25	520.00	611.25	670.00	882.50
78	440.00	568.75	668.75	733.75	963.75
79	477.50	620.00	730.00	801.25	1048.75
80	516.25				
81	557.50				
82	598.75				
83	641.25				
84	688.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.75	60.00	68.75	75.00	100.00
45-49	55.00	66.25	76.25	83.75	110.00
50-54	66.25	82.50	97.50	106.25	138.75
55	76.25	95.00	111.25	120.00	163.75
56	81.25	101.25	117.50	127.50	172.50
57	85.00	107.50	125.00	135.00	183.75
58	91.25	115.00	133.75	145.00	195.00
59	98.75	123.75	142.50	156.25	208.75
60	106.25	132.50	155.00	168.75	223.75
61	113.75	142.50	166.25	182.50	240.00
62	122.50	152.50	177.50	195.00	257.50
63	131.25	163.75	191.25	208.75	276.25
64	140.00	175.00	205.00	223.75	295.00
65	150.00	186.25	217.50	238.75	316.25
66	161.25	201.25	235.00	256.25	341.25
67	175.00	217.50	255.00	276.25	370.00
68	190.00	236.25	276.25	301.25	402.50
69	205.00	257.50	301.25	327.50	440.00
70	222.50	281.25	327.50	357.50	480.00
71	241.25	307.50	358.75	392.50	525.00
72	263.75	336.25	393.75	431.25	575.00
73	290.00	370.00	433.75	475.00	631.25
74	317.50	407.50	476.25	522.50	693.75
75	350.00	447.50	525.00	575.00	760.00
76	382.50	490.00	576.25	632.50	832.50
77	417.50	536.25	631.25	692.50	910.00
78	452.50	586.25	690.00	757.50	992.50
79	491.25	640.00	752.50	827.50	1081.25
80	531.25				
81	572.50				
82	615.00				
83	658.75				
84	706.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0100-A45
VIRGINIA

All rates for this form should be multiplied by a factor of: 1.8000

This factor represents the **proposed** increase of: 80.0%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21	24	28	30	38
45-49	23	27	31	33	42
50-54	28	33	38	41	52
55	32	38	44	47	62
56	34	41	47	50	66
57	37	44	50	54	71
58	40	48	54	59	77
59	44	52	59	64	84
60	48	57	65	71	91
61	52	63	71	77	99
62	56	68	77	84	108
63	60	73	83	90	116
64	64	78	89	96	125
65	68	84	95	103	134
66	74	90	103	111	145
67	80	98	112	121	158
68	87	107	123	133	174
69	95	117	135	146	191
70	104	128	148	161	210
71	115	142	164	179	232
72	128	158	183	200	259
73	143	177	205	224	290
74	159	198	230	251	324
75	178	222	258	281	361
76	198	248	288	314	402
77	220	276	321	349	447
78	244	307	357	387	495
79	270	339	395	428	547
80	297				
81	327				
82	358				
83	391				
84	426				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	30	34	36	46
45-49	27	33	37	40	51
50-54	32	39	45	49	64
55	38	45	51	55	73
56	40	48	54	58	77
57	43	51	58	62	82
58	46	55	62	67	88
59	50	60	68	73	95
60	54	65	74	80	104
61	58	71	81	87	112
62	63	76	88	95	122
63	68	82	94	101	131
64	72	88	100	109	141
65	77	95	107	116	152
66	83	101	116	126	164
67	90	111	126	137	179
68	98	121	138	151	196
69	107	132	152	165	216
70	117	145	167	181	237
71	128	160	185	201	263
72	143	178	206	225	293
73	159	199	231	251	327
74	177	223	259	282	365
75	198	249	290	315	407
76	220	277	324	353	454
77	245	309	360	392	504
78	271	343	400	435	557
79	299	380	443	482	616
80	329				
81	361				
82	394				
83	430				
84	468				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	36	39	50
45-49	29	35	40	43	55
50-54	34	42	48	52	69
55	40	48	54	59	77
56	42	51	57	62	81
57	45	54	61	66	86
58	48	58	66	71	93
59	52	63	72	77	100
60	57	68	78	84	109
61	61	74	85	91	118
62	66	80	92	99	128
63	71	86	99	106	138
64	75	92	105	114	148
65	81	99	112	122	159
66	87	106	121	132	172
67	94	116	132	144	188
68	102	127	145	158	206
69	112	138	159	173	226
70	122	152	175	190	249
71	134	167	194	211	276
72	149	186	216	235	307
73	166	208	242	263	343
74	185	233	271	295	383
75	207	260	303	330	427
76	230	290	339	369	476
77	255	323	377	411	528
78	282	358	418	456	584
79	311	397	463	505	645
80	342				
81	375				
82	410				
83	447				
84	486				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	49	56	60	82
45-49	44	54	62	67	91
50-54	54	67	77	85	116
55	63	78	90	98	134
56	66	82	95	104	142
57	70	87	101	110	150
58	75	93	108	117	159
59	79	99	115	125	169
60	85	106	122	133	180
61	91	113	131	142	192
62	97	121	140	152	205
63	103	129	150	162	219
64	110	137	159	173	233
65	117	146	170	185	249
66	125	157	182	198	268
67	135	169	197	214	289
68	146	183	213	232	313
69	157	198	230	251	338
70	170	215	250	273	367
71	184	234	272	297	399
72	201	256	298	326	436
73	221	281	328	359	478
74	243	309	361	395	524
75	267	339	397	434	575
76	292	372	436	478	630
77	319	408	479	524	689
78	347	446	525	574	752
79	377	487	574	627	820
80	408				
81	440				
82	474				
83	509				
84	546				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46	57	66	72	95
45-49	51	64	73	80	106
50-54	63	79	91	99	134
55	71	90	104	113	154
56	74	95	110	119	162
57	78	100	116	126	170
58	83	106	123	134	180
59	89	112	130	143	191
60	96	119	139	151	202
61	102	127	148	161	216
62	109	136	158	172	230
63	116	144	169	184	246
64	123	154	179	196	262
65	131	164	192	209	280
66	140	176	205	224	300
67	150	190	222	242	324
68	162	205	240	262	351
69	175	223	259	284	379
70	190	242	282	309	411
71	206	263	307	336	447
72	225	288	336	368	489
73	247	315	369	405	535
74	271	346	405	444	586
75	297	380	445	487	643
76	325	415	488	535	704
77	354	455	534	586	769
78	385	496	585	640	839
79	417	542	637	698	913
80	451				
81	486				
82	522				
83	561				
84	601				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	61	70	77	101
45-49	54	68	78	86	112
50-54	67	84	97	105	142
55	75	95	110	120	162
56	78	100	116	126	170
57	82	105	122	133	179
58	87	111	129	141	189
59	93	118	137	150	200
60	100	125	146	159	212
61	107	133	155	169	226
62	114	142	166	181	241
63	121	151	177	193	257
64	129	161	188	206	274
65	137	172	201	219	293
66	146	184	215	235	314
67	157	199	232	254	339
68	169	215	251	275	367
69	183	233	272	298	397
70	198	253	295	324	430
71	215	275	322	353	468
72	235	301	352	386	511
73	258	330	386	424	560
74	283	362	424	465	613
75	310	397	465	510	672
76	339	434	510	559	735
77	369	475	558	612	803
78	401	518	610	668	876
79	434	565	664	729	953
80	469				
81	505				
82	543				
83	583				
84	624				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	36	42	46	61
45-49	32	40	47	51	68
50-54	43	53	60	65	87
55	49	61	69	76	103
56	52	64	73	80	110
57	55	68	78	86	118
58	59	73	84	93	127
59	64	79	91	100	137
60	69	86	99	108	148
61	75	93	108	117	159
62	81	101	117	127	172
63	87	108	126	137	185
64	93	116	135	146	198
65	100	124	144	157	213
66	108	133	155	169	230
67	117	145	169	184	250
68	127	158	185	201	273
69	138	173	202	220	298
70	150	189	221	241	326
71	164	208	243	266	357
72	181	230	269	294	394
73	200	255	298	326	435
74	222	282	331	362	481
75	245	313	366	401	531
76	270	346	404	443	585
77	297	381	446	489	643
78	325	419	491	538	705
79	355	460	538	591	772
80	386				
81	419				
82	453				
83	489				
84	527				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35	44	50	55	72
45-49	39	48	56	61	80
50-54	49	61	71	77	101
55	57	71	81	89	120
56	60	75	86	93	128
57	63	79	91	99	136
58	68	85	98	107	146
59	73	92	106	115	156
60	79	99	114	124	167
61	85	106	123	134	179
62	92	115	133	145	193
63	98	123	143	155	207
64	105	131	153	166	222
65	113	141	163	177	238
66	121	151	175	191	257
67	131	164	191	207	279
68	142	178	208	226	305
69	154	195	227	247	333
70	168	213	249	271	365
71	184	234	273	298	400
72	202	258	302	330	441
73	223	285	334	365	487
74	247	316	370	405	538
75	273	349	409	448	593
76	301	385	451	495	654
77	330	424	497	546	718
78	361	465	546	600	787
79	393	510	599	658	861
80	427				
81	462				
82	500				
83	539				
84	580				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	47	54	59	77
45-49	42	52	60	65	85
50-54	52	65	75	82	107
55	60	75	86	94	127
56	63	79	91	99	135
57	67	84	97	105	144
58	72	90	104	113	154
59	77	97	112	121	164
60	83	104	121	131	175
61	89	112	130	141	188
62	96	121	140	152	202
63	103	130	150	163	217
64	110	138	160	174	232
65	118	148	171	186	249
66	126	159	184	200	268
67	137	172	200	217	292
68	149	187	218	237	319
69	161	204	238	259	348
70	176	223	261	284	381
71	192	245	286	312	418
72	211	270	316	345	461
73	233	298	350	382	509
74	258	330	387	423	562
75	285	364	427	468	620
76	314	402	471	517	683
77	344	442	519	570	750
78	376	485	570	627	822
79	409	532	625	687	899
80	444				
81	481				
82	520				
83	560				
84	602				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	28	33	35	45
45-49	27	32	36	39	49
50-54	33	39	45	48	61
55	38	45	52	55	73
56	40	48	55	59	78
57	44	52	59	64	84
58	47	56	64	69	91
59	52	61	69	75	99
60	56	67	76	84	107
61	61	74	84	91	116
62	66	80	91	99	127
63	71	86	98	106	136
64	75	92	105	113	147
65	80	99	112	121	158
66	87	106	121	131	171
67	94	115	132	142	186
68	102	126	145	156	205
69	112	138	159	172	225
70	122	151	174	189	247
71	135	167	193	211	273
72	151	186	215	235	305
73	168	208	241	264	341
74	187	233	271	295	381
75	209	261	304	331	425
76	233	292	339	369	473
77	259	325	378	411	526
78	287	361	420	455	582
79	318	399	465	504	644
80	349				
81	385				
82	421				
83	460				
84	501				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	35	40	42	54
45-49	32	39	44	47	60
50-54	38	46	53	58	75
55	45	53	60	65	86
56	47	56	64	68	91
57	51	60	68	73	96
58	54	65	73	79	104
59	59	71	80	86	112
60	64	76	87	94	122
61	68	84	95	102	132
62	74	89	104	112	144
63	80	96	111	119	154
64	85	104	118	128	166
65	91	112	126	136	179
66	98	119	136	148	193
67	106	131	148	161	211
68	115	142	162	178	231
69	126	155	179	194	254
70	138	171	196	213	279
71	151	188	218	236	309
72	168	209	242	265	345
73	187	234	272	295	385
74	208	262	305	332	429
75	233	293	341	371	479
76	259	326	381	415	534
77	288	364	424	461	593
78	319	404	471	512	655
79	352	447	521	567	725
80	387				
81	425				
82	464				
83	506				
84	551				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	38	42	46	59
45-49	34	41	47	51	65
50-54	40	49	56	61	81
55	47	56	64	69	91
56	49	60	67	73	95
57	53	64	72	78	101
58	56	68	78	84	109
59	61	74	85	91	118
60	67	80	92	99	128
61	72	87	100	107	139
62	78	94	108	116	151
63	84	101	116	125	162
64	88	108	124	134	174
65	95	116	132	144	187
66	102	125	142	155	202
67	111	136	155	169	221
68	120	149	171	186	242
69	132	162	187	204	266
70	144	179	206	224	293
71	158	196	228	248	325
72	175	219	254	276	361
73	195	245	285	309	404
74	218	274	319	347	451
75	244	306	356	388	502
76	271	341	399	434	560
77	300	380	444	484	621
78	332	421	492	536	687
79	366	467	545	594	759
80	402				
81	441				
82	482				
83	526				
84	572				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	58	66	71	96
45-49	52	64	73	79	107
50-54	64	79	91	100	136
55	74	92	106	115	158
56	78	96	112	122	167
57	82	102	119	129	176
58	88	109	127	138	187
59	93	116	135	147	199
60	100	125	144	156	212
61	107	133	154	167	226
62	114	142	165	179	241
63	121	152	176	191	258
64	129	161	187	204	274
65	138	172	200	218	293
66	147	185	214	233	315
67	159	199	232	252	340
68	172	215	251	273	368
69	185	233	271	295	398
70	200	253	294	321	432
71	216	275	320	349	469
72	236	301	351	384	513
73	260	331	386	422	562
74	286	364	425	465	616
75	314	399	467	511	676
76	344	438	513	562	741
77	375	480	564	616	811
78	408	525	618	675	885
79	444	573	675	738	965
80	480				
81	518				
82	558				
83	599				
84	642				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54	67	78	85	112
45-49	60	75	86	94	125
50-54	74	93	107	116	158
55	84	106	122	133	181
56	87	112	129	140	191
57	92	118	136	148	200
58	98	125	145	158	212
59	105	132	153	168	225
60	113	140	164	178	238
61	120	149	174	189	254
62	128	160	186	202	271
63	136	169	199	216	289
64	145	181	211	231	308
65	154	193	226	246	329
66	165	207	241	264	353
67	176	224	261	285	381
68	191	241	282	308	413
69	206	262	305	334	446
70	224	285	332	364	484
71	242	309	361	395	526
72	265	339	395	433	575
73	291	371	434	476	629
74	319	407	476	522	689
75	349	447	524	573	756
76	382	488	574	629	828
77	416	535	628	689	905
78	453	584	688	753	987
79	491	638	749	821	1074
80	531				
81	572				
82	614				
83	660				
84	707				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58	72	82	91	119
45-49	64	80	92	101	132
50-54	79	99	114	124	167
55	88	112	129	141	191
56	92	118	136	148	200
57	96	124	144	156	211
58	102	131	152	166	222
59	109	139	161	176	235
60	118	147	172	187	249
61	126	156	182	199	266
62	134	167	195	213	284
63	142	178	208	227	302
64	152	189	221	242	322
65	161	202	236	258	345
66	172	216	253	276	369
67	185	234	273	299	399
68	199	253	295	324	432
69	215	274	320	351	467
70	233	298	347	381	506
71	253	324	379	415	551
72	276	354	414	454	601
73	304	388	454	499	659
74	333	426	499	547	721
75	365	467	547	600	791
76	399	511	600	658	865
77	434	559	656	720	945
78	472	609	718	786	1031
79	511	665	781	858	1121
80	552				
81	594				
82	639				
83	686				
84	734				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34	42	49	54	72
45-49	38	47	55	60	80
50-54	51	62	71	76	102
55	58	72	81	89	121
56	61	75	86	94	129
57	65	80	92	101	139
58	69	86	99	109	149
59	75	93	107	118	161
60	81	101	116	127	174
61	88	109	127	138	187
62	95	119	138	149	202
63	102	127	148	161	218
64	109	136	159	172	233
65	118	146	169	185	251
66	127	156	182	199	271
67	138	171	199	216	294
68	149	186	218	236	321
69	162	204	238	259	351
70	176	222	260	284	384
71	193	245	286	313	420
72	213	271	316	346	464
73	235	300	351	384	512
74	261	332	389	426	566
75	288	368	431	472	625
76	318	407	475	521	688
77	349	448	525	575	756
78	382	493	578	633	829
79	418	541	633	695	908
80	454				
81	493				
82	533				
83	575				
84	620				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41	52	59	65	85
45-49	46	56	66	72	94
50-54	58	72	84	91	119
55	67	84	95	105	141
56	71	88	101	109	151
57	74	93	107	116	160
58	80	100	115	126	172
59	86	108	125	135	184
60	93	116	134	146	196
61	100	125	145	158	211
62	108	135	156	171	227
63	115	145	168	182	244
64	124	154	180	195	261
65	133	166	192	208	280
66	142	178	206	225	302
67	154	193	225	244	328
68	167	209	245	266	359
69	181	229	267	291	392
70	198	251	293	319	429
71	216	275	321	351	471
72	238	304	355	388	519
73	262	335	393	429	573
74	291	372	435	476	633
75	321	411	481	527	698
76	354	453	531	582	769
77	388	499	585	642	845
78	425	547	642	706	926
79	462	600	705	774	1013
80	502				
81	544				
82	588				
83	634				
84	682				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45	55	64	69	91
45-49	49	61	71	76	100
50-54	61	76	88	96	126
55	71	88	101	111	149
56	74	93	107	116	159
57	79	99	114	124	169
58	85	106	122	133	181
59	91	114	132	142	193
60	98	122	142	154	206
61	105	132	153	166	221
62	113	142	165	179	238
63	121	153	176	192	255
64	129	162	188	205	273
65	139	174	201	219	293
66	148	187	216	235	315
67	161	202	235	255	344
68	175	220	256	279	375
69	189	240	280	305	409
70	207	262	307	334	448
71	226	288	336	367	492
72	248	318	372	406	542
73	274	351	412	449	599
74	304	388	455	498	661
75	335	428	502	551	729
76	369	473	554	608	804
77	405	520	611	671	882
78	442	571	671	738	967
79	481	626	735	808	1058
80	522				
81	566				
82	612				
83	659				
84	708				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0101-A45
VIRGINIA

All rates for this form should be multiplied by a factor of: 1.8000

This factor represents the **proposed** increase of: 80.0%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

April-2013

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	30.00	35.00	37.50	47.50
45-49	28.75	33.75	38.75	41.25	52.50
50-54	35.00	41.25	47.50	51.25	65.00
55	40.00	47.50	55.00	58.75	77.50
56	42.50	51.25	58.75	62.50	82.50
57	46.25	55.00	62.50	67.50	88.75
58	50.00	60.00	67.50	73.75	96.25
59	55.00	65.00	73.75	80.00	105.00
60	60.00	71.25	81.25	88.75	113.75
61	65.00	78.75	88.75	96.25	123.75
62	70.00	85.00	96.25	105.00	135.00
63	75.00	91.25	103.75	112.50	145.00
64	80.00	97.50	111.25	120.00	156.25
65	85.00	105.00	118.75	128.75	167.50
66	92.50	112.50	128.75	138.75	181.25
67	100.00	122.50	140.00	151.25	197.50
68	108.75	133.75	153.75	166.25	217.50
69	118.75	146.25	168.75	182.50	238.75
70	130.00	160.00	185.00	201.25	262.50
71	143.75	177.50	205.00	223.75	290.00
72	160.00	197.50	228.75	250.00	323.75
73	178.75	221.25	256.25	280.00	362.50
74	198.75	247.50	287.50	313.75	405.00
75	222.50	277.50	322.50	351.25	451.25
76	247.50	310.00	360.00	392.50	502.50
77	275.00	345.00	401.25	436.25	558.75
78	305.00	383.75	446.25	483.75	618.75
79	337.50	423.75	493.75	535.00	683.75
80	371.25				
81	408.75				
82	447.50				
83	488.75				
84	532.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	37.50	42.50	45.00	57.50
45-49	33.75	41.25	46.25	50.00	63.75
50-54	40.00	48.75	56.25	61.25	80.00
55	47.50	56.25	63.75	68.75	91.25
56	50.00	60.00	67.50	72.50	96.25
57	53.75	63.75	72.50	77.50	102.50
58	57.50	68.75	77.50	83.75	110.00
59	62.50	75.00	85.00	91.25	118.75
60	67.50	81.25	92.50	100.00	130.00
61	72.50	88.75	101.25	108.75	140.00
62	78.75	95.00	110.00	118.75	152.50
63	85.00	102.50	117.50	126.25	163.75
64	90.00	110.00	125.00	136.25	176.25
65	96.25	118.75	133.75	145.00	190.00
66	103.75	126.25	145.00	157.50	205.00
67	112.50	138.75	157.50	171.25	223.75
68	122.50	151.25	172.50	188.75	245.00
69	133.75	165.00	190.00	206.25	270.00
70	146.25	181.25	208.75	226.25	296.25
71	160.00	200.00	231.25	251.25	328.75
72	178.75	222.50	257.50	281.25	366.25
73	198.75	248.75	288.75	313.75	408.75
74	221.25	278.75	323.75	352.50	456.25
75	247.50	311.25	362.50	393.75	508.75
76	275.00	346.25	405.00	441.25	567.50
77	306.25	386.25	450.00	490.00	630.00
78	338.75	428.75	500.00	543.75	696.25
79	373.75	475.00	553.75	602.50	770.00
80	411.25				
81	451.25				
82	492.50				
83	537.50				
84	585.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	45.00	48.75	62.50
45-49	36.25	43.75	50.00	53.75	68.75
50-54	42.50	52.50	60.00	65.00	86.25
55	50.00	60.00	67.50	73.75	96.25
56	52.50	63.75	71.25	77.50	101.25
57	56.25	67.50	76.25	82.50	107.50
58	60.00	72.50	82.50	88.75	116.25
59	65.00	78.75	90.00	96.25	125.00
60	71.25	85.00	97.50	105.00	136.25
61	76.25	92.50	106.25	113.75	147.50
62	82.50	100.00	115.00	123.75	160.00
63	88.75	107.50	123.75	132.50	172.50
64	93.75	115.00	131.25	142.50	185.00
65	101.25	123.75	140.00	152.50	198.75
66	108.75	132.50	151.25	165.00	215.00
67	117.50	145.00	165.00	180.00	235.00
68	127.50	158.75	181.25	197.50	257.50
69	140.00	172.50	198.75	216.25	282.50
70	152.50	190.00	218.75	237.50	311.25
71	167.50	208.75	242.50	263.75	345.00
72	186.25	232.50	270.00	293.75	383.75
73	207.50	260.00	302.50	328.75	428.75
74	231.25	291.25	338.75	368.75	478.75
75	258.75	325.00	378.75	412.50	533.75
76	287.50	362.50	423.75	461.25	595.00
77	318.75	403.75	471.25	513.75	660.00
78	352.50	447.50	522.50	570.00	730.00
79	388.75	496.25	578.75	631.25	806.25
80	427.50				
81	468.75				
82	512.50				
83	558.75				
84	607.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	61.25	70.00	75.00	102.50
45-49	55.00	67.50	77.50	83.75	113.75
50-54	67.50	83.75	96.25	106.25	145.00
55	78.75	97.50	112.50	122.50	167.50
56	82.50	102.50	118.75	130.00	177.50
57	87.50	108.75	126.25	137.50	187.50
58	93.75	116.25	135.00	146.25	198.75
59	98.75	123.75	143.75	156.25	211.25
60	106.25	132.50	152.50	166.25	225.00
61	113.75	141.25	163.75	177.50	240.00
62	121.25	151.25	175.00	190.00	256.25
63	128.75	161.25	187.50	202.50	273.75
64	137.50	171.25	198.75	216.25	291.25
65	146.25	182.50	212.50	231.25	311.25
66	156.25	196.25	227.50	247.50	335.00
67	168.75	211.25	246.25	267.50	361.25
68	182.50	228.75	266.25	290.00	391.25
69	196.25	247.50	287.50	313.75	422.50
70	212.50	268.75	312.50	341.25	458.75
71	230.00	292.50	340.00	371.25	498.75
72	251.25	320.00	372.50	407.50	545.00
73	276.25	351.25	410.00	448.75	597.50
74	303.75	386.25	451.25	493.75	655.00
75	333.75	423.75	496.25	542.50	718.75
76	365.00	465.00	545.00	597.50	787.50
77	398.75	510.00	598.75	655.00	861.25
78	433.75	557.50	656.25	717.50	940.00
79	471.25	608.75	717.50	783.75	1025.00
80	510.00				
81	550.00				
82	592.50				
83	636.25				
84	682.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.50	71.25	82.50	90.00	118.75
45-49	63.75	80.00	91.25	100.00	132.50
50-54	78.75	98.75	113.75	123.75	167.50
55	88.75	112.50	130.00	141.25	192.50
56	92.50	118.75	137.50	148.75	202.50
57	97.50	125.00	145.00	157.50	212.50
58	103.75	132.50	153.75	167.50	225.00
59	111.25	140.00	162.50	178.75	238.75
60	120.00	148.75	173.75	188.75	252.50
61	127.50	158.75	185.00	201.25	270.00
62	136.25	170.00	197.50	215.00	287.50
63	145.00	180.00	211.25	230.00	307.50
64	153.75	192.50	223.75	245.00	327.50
65	163.75	205.00	240.00	261.25	350.00
66	175.00	220.00	256.25	280.00	375.00
67	187.50	237.50	277.50	302.50	405.00
68	202.50	256.25	300.00	327.50	438.75
69	218.75	278.75	323.75	355.00	473.75
70	237.50	302.50	352.50	386.25	513.75
71	257.50	328.75	383.75	420.00	558.75
72	281.25	360.00	420.00	460.00	611.25
73	308.75	393.75	461.25	506.25	668.75
74	338.75	432.50	506.25	555.00	732.50
75	371.25	475.00	556.25	608.75	803.75
76	406.25	518.75	610.00	668.75	880.00
77	442.50	568.75	667.50	732.50	961.25
78	481.25	620.00	731.25	800.00	1048.75
79	521.25	677.50	796.25	872.50	1141.25
80	563.75				
81	607.50				
82	652.50				
83	701.25				
84	751.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	76.25	87.50	96.25	126.25
45-49	67.50	85.00	97.50	107.50	140.00
50-54	83.75	105.00	121.25	131.25	177.50
55	93.75	118.75	137.50	150.00	202.50
56	97.50	125.00	145.00	157.50	212.50
57	102.50	131.25	152.50	166.25	223.75
58	108.75	138.75	161.25	176.25	236.25
59	116.25	147.50	171.25	187.50	250.00
60	125.00	156.25	182.50	198.75	265.00
61	133.75	166.25	193.75	211.25	282.50
62	142.50	177.50	207.50	226.25	301.25
63	151.25	188.75	221.25	241.25	321.25
64	161.25	201.25	235.00	257.50	342.50
65	171.25	215.00	251.25	273.75	366.25
66	182.50	230.00	268.75	293.75	392.50
67	196.25	248.75	290.00	317.50	423.75
68	211.25	268.75	313.75	343.75	458.75
69	228.75	291.25	340.00	372.50	496.25
70	247.50	316.25	368.75	405.00	537.50
71	268.75	343.75	402.50	441.25	585.00
72	293.75	376.25	440.00	482.50	638.75
73	322.50	412.50	482.50	530.00	700.00
74	353.75	452.50	530.00	581.25	766.25
75	387.50	496.25	581.25	637.50	840.00
76	423.75	542.50	637.50	698.75	918.75
77	461.25	593.75	697.50	765.00	1003.75
78	501.25	647.50	762.50	835.00	1095.00
79	542.50	706.25	830.00	911.25	1191.25
80	586.25				
81	631.25				
82	678.75				
83	728.75				
84	780.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	45.00	52.50	57.50	76.25
45-49	40.00	50.00	58.75	63.75	85.00
50-54	53.75	66.25	75.00	81.25	108.75
55	61.25	76.25	86.25	95.00	128.75
56	65.00	80.00	91.25	100.00	137.50
57	68.75	85.00	97.50	107.50	147.50
58	73.75	91.25	105.00	116.25	158.75
59	80.00	98.75	113.75	125.00	171.25
60	86.25	107.50	123.75	135.00	185.00
61	93.75	116.25	135.00	146.25	198.75
62	101.25	126.25	146.25	158.75	215.00
63	108.75	135.00	157.50	171.25	231.25
64	116.25	145.00	168.75	182.50	247.50
65	125.00	155.00	180.00	196.25	266.25
66	135.00	166.25	193.75	211.25	287.50
67	146.25	181.25	211.25	230.00	312.50
68	158.75	197.50	231.25	251.25	341.25
69	172.50	216.25	252.50	275.00	372.50
70	187.50	236.25	276.25	301.25	407.50
71	205.00	260.00	303.75	332.50	446.25
72	226.25	287.50	336.25	367.50	492.50
73	250.00	318.75	372.50	407.50	543.75
74	277.50	352.50	413.75	452.50	601.25
75	306.25	391.25	457.50	501.25	663.75
76	337.50	432.50	505.00	553.75	731.25
77	371.25	476.25	557.50	611.25	803.75
78	406.25	523.75	613.75	672.50	881.25
79	443.75	575.00	672.50	738.75	965.00
80	482.50				
81	523.75				
82	566.25				
83	611.25				
84	658.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.75	55.00	62.50	68.75	90.00
45-49	48.75	60.00	70.00	76.25	100.00
50-54	61.25	76.25	88.75	96.25	126.25
55	71.25	88.75	101.25	111.25	150.00
56	75.00	93.75	107.50	116.25	160.00
57	78.75	98.75	113.75	123.75	170.00
58	85.00	106.25	122.50	133.75	182.50
59	91.25	115.00	132.50	143.75	195.00
60	98.75	123.75	142.50	155.00	208.75
61	106.25	132.50	153.75	167.50	223.75
62	115.00	143.75	166.25	181.25	241.25
63	122.50	153.75	178.75	193.75	258.75
64	131.25	163.75	191.25	207.50	277.50
65	141.25	176.25	203.75	221.25	297.50
66	151.25	188.75	218.75	238.75	321.25
67	163.75	205.00	238.75	258.75	348.75
68	177.50	222.50	260.00	282.50	381.25
69	192.50	243.75	283.75	308.75	416.25
70	210.00	266.25	311.25	338.75	456.25
71	230.00	292.50	341.25	372.50	500.00
72	252.50	322.50	377.50	412.50	551.25
73	278.75	356.25	417.50	456.25	608.75
74	308.75	395.00	462.50	506.25	672.50
75	341.25	436.25	511.25	560.00	741.25
76	376.25	481.25	563.75	618.75	817.50
77	412.50	530.00	621.25	682.50	897.50
78	451.25	581.25	682.50	750.00	983.75
79	491.25	637.50	748.75	822.50	1076.25
80	533.75				
81	577.50				
82	625.00				
83	673.75				
84	725.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	58.75	67.50	73.75	96.25
45-49	52.50	65.00	75.00	81.25	106.25
50-54	65.00	81.25	93.75	102.50	133.75
55	75.00	93.75	107.50	117.50	158.75
56	78.75	98.75	113.75	123.75	168.75
57	83.75	105.00	121.25	131.25	180.00
58	90.00	112.50	130.00	141.25	192.50
59	96.25	121.25	140.00	151.25	205.00
60	103.75	130.00	151.25	163.75	218.75
61	111.25	140.00	162.50	176.25	235.00
62	120.00	151.25	175.00	190.00	252.50
63	128.75	162.50	187.50	203.75	271.25
64	137.50	172.50	200.00	217.50	290.00
65	147.50	185.00	213.75	232.50	311.25
66	157.50	198.75	230.00	250.00	335.00
67	171.25	215.00	250.00	271.25	365.00
68	186.25	233.75	272.50	296.25	398.75
69	201.25	255.00	297.50	323.75	435.00
70	220.00	278.75	326.25	355.00	476.25
71	240.00	306.25	357.50	390.00	522.50
72	263.75	337.50	395.00	431.25	576.25
73	291.25	372.50	437.50	477.50	636.25
74	322.50	412.50	483.75	528.75	702.50
75	356.25	455.00	533.75	585.00	775.00
76	392.50	502.50	588.75	646.25	853.75
77	430.00	552.50	648.75	712.50	937.50
78	470.00	606.25	712.50	783.75	1027.50
79	511.25	665.00	781.25	858.75	1123.75
80	555.00				
81	601.25				
82	650.00				
83	700.00				
84	752.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	35.00	41.25	43.75	56.25
45-49	33.75	40.00	45.00	48.75	61.25
50-54	41.25	48.75	56.25	60.00	76.25
55	47.50	56.25	65.00	68.75	91.25
56	50.00	60.00	68.75	73.75	97.50
57	55.00	65.00	73.75	80.00	105.00
58	58.75	70.00	80.00	86.25	113.75
59	65.00	76.25	86.25	93.75	123.75
60	70.00	83.75	95.00	105.00	133.75
61	76.25	92.50	105.00	113.75	145.00
62	82.50	100.00	113.75	123.75	158.75
63	88.75	107.50	122.50	132.50	170.00
64	93.75	115.00	131.25	141.25	183.75
65	100.00	123.75	140.00	151.25	197.50
66	108.75	132.50	151.25	163.75	213.75
67	117.50	143.75	165.00	177.50	232.50
68	127.50	157.50	181.25	195.00	256.25
69	140.00	172.50	198.75	215.00	281.25
70	152.50	188.75	217.50	236.25	308.75
71	168.75	208.75	241.25	263.75	341.25
72	188.75	232.50	268.75	293.75	381.25
73	210.00	260.00	301.25	330.00	426.25
74	233.75	291.25	338.75	368.75	476.25
75	261.25	326.25	380.00	413.75	531.25
76	291.25	365.00	423.75	461.25	591.25
77	323.75	406.25	472.50	513.75	657.50
78	358.75	451.25	525.00	568.75	727.50
79	397.50	498.75	581.25	630.00	805.00
80	436.25				
81	481.25				
82	526.25				
83	575.00				
84	626.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	43.75	50.00	52.50	67.50
45-49	40.00	48.75	55.00	58.75	75.00
50-54	47.50	57.50	66.25	72.50	93.75
55	56.25	66.25	75.00	81.25	107.50
56	58.75	70.00	80.00	85.00	113.75
57	63.75	75.00	85.00	91.25	120.00
58	67.50	81.25	91.25	98.75	130.00
59	73.75	88.75	100.00	107.50	140.00
60	80.00	95.00	108.75	117.50	152.50
61	85.00	105.00	118.75	127.50	165.00
62	92.50	111.25	130.00	140.00	180.00
63	100.00	120.00	138.75	148.75	192.50
64	106.25	130.00	147.50	160.00	207.50
65	113.75	140.00	157.50	170.00	223.75
66	122.50	148.75	170.00	185.00	241.25
67	132.50	163.75	185.00	201.25	263.75
68	143.75	177.50	202.50	222.50	288.75
69	157.50	193.75	223.75	242.50	317.50
70	172.50	213.75	245.00	266.25	348.75
71	188.75	235.00	272.50	295.00	386.25
72	210.00	261.25	302.50	331.25	431.25
73	233.75	292.50	340.00	368.75	481.25
74	260.00	327.50	381.25	415.00	536.25
75	291.25	366.25	426.25	463.75	598.75
76	323.75	407.50	476.25	518.75	667.50
77	360.00	455.00	530.00	576.25	741.25
78	398.75	505.00	588.75	640.00	818.75
79	440.00	558.75	651.25	708.75	906.25
80	483.75				
81	531.25				
82	580.00				
83	632.50				
84	688.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	47.50	52.50	57.50	73.75
45-49	42.50	51.25	58.75	63.75	81.25
50-54	50.00	61.25	70.00	76.25	101.25
55	58.75	70.00	80.00	86.25	113.75
56	61.25	75.00	83.75	91.25	118.75
57	66.25	80.00	90.00	97.50	126.25
58	70.00	85.00	97.50	105.00	136.25
59	76.25	92.50	106.25	113.75	147.50
60	83.75	100.00	115.00	123.75	160.00
61	90.00	108.75	125.00	133.75	173.75
62	97.50	117.50	135.00	145.00	188.75
63	105.00	126.25	145.00	156.25	202.50
64	110.00	135.00	155.00	167.50	217.50
65	118.75	145.00	165.00	180.00	233.75
66	127.50	156.25	177.50	193.75	252.50
67	138.75	170.00	193.75	211.25	276.25
68	150.00	186.25	213.75	232.50	302.50
69	165.00	202.50	233.75	255.00	332.50
70	180.00	223.75	257.50	280.00	366.25
71	197.50	245.00	285.00	310.00	406.25
72	218.75	273.75	317.50	345.00	451.25
73	243.75	306.25	356.25	386.25	505.00
74	272.50	342.50	398.75	433.75	563.75
75	305.00	382.50	445.00	485.00	627.50
76	338.75	426.25	498.75	542.50	700.00
77	375.00	475.00	555.00	605.00	776.25
78	415.00	526.25	615.00	670.00	858.75
79	457.50	583.75	681.25	742.50	948.75
80	502.50				
81	551.25				
82	602.50				
83	657.50				
84	715.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	72.50	82.50	88.75	120.00
45-49	65.00	80.00	91.25	98.75	133.75
50-54	80.00	98.75	113.75	125.00	170.00
55	92.50	115.00	132.50	143.75	197.50
56	97.50	120.00	140.00	152.50	208.75
57	102.50	127.50	148.75	161.25	220.00
58	110.00	136.25	158.75	172.50	233.75
59	116.25	145.00	168.75	183.75	248.75
60	125.00	156.25	180.00	195.00	265.00
61	133.75	166.25	192.50	208.75	282.50
62	142.50	177.50	206.25	223.75	301.25
63	151.25	190.00	220.00	238.75	322.50
64	161.25	201.25	233.75	255.00	342.50
65	172.50	215.00	250.00	272.50	366.25
66	183.75	231.25	267.50	291.25	393.75
67	198.75	248.75	290.00	315.00	425.00
68	215.00	268.75	313.75	341.25	460.00
69	231.25	291.25	338.75	368.75	497.50
70	250.00	316.25	367.50	401.25	540.00
71	270.00	343.75	400.00	436.25	586.25
72	295.00	376.25	438.75	480.00	641.25
73	325.00	413.75	482.50	527.50	702.50
74	357.50	455.00	531.25	581.25	770.00
75	392.50	498.75	583.75	638.75	845.00
76	430.00	547.50	641.25	702.50	926.25
77	468.75	600.00	705.00	770.00	1013.75
78	510.00	656.25	772.50	843.75	1106.25
79	555.00	716.25	843.75	922.50	1206.25
80	600.00				
81	647.50				
82	697.50				
83	748.75				
84	802.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.50	83.75	97.50	106.25	140.00
45-49	75.00	93.75	107.50	117.50	156.25
50-54	92.50	116.25	133.75	145.00	197.50
55	105.00	132.50	152.50	166.25	226.25
56	108.75	140.00	161.25	175.00	238.75
57	115.00	147.50	170.00	185.00	250.00
58	122.50	156.25	181.25	197.50	265.00
59	131.25	165.00	191.25	210.00	281.25
60	141.25	175.00	205.00	222.50	297.50
61	150.00	186.25	217.50	236.25	317.50
62	160.00	200.00	232.50	252.50	338.75
63	170.00	211.25	248.75	270.00	361.25
64	181.25	226.25	263.75	288.75	385.00
65	192.50	241.25	282.50	307.50	411.25
66	206.25	258.75	301.25	330.00	441.25
67	220.00	280.00	326.25	356.25	476.25
68	238.75	301.25	352.50	385.00	516.25
69	257.50	327.50	381.25	417.50	557.50
70	280.00	356.25	415.00	455.00	605.00
71	302.50	386.25	451.25	493.75	657.50
72	331.25	423.75	493.75	541.25	718.75
73	363.75	463.75	542.50	595.00	786.25
74	398.75	508.75	595.00	652.50	861.25
75	436.25	558.75	655.00	716.25	945.00
76	477.50	610.00	717.50	786.25	1035.00
77	520.00	668.75	785.00	861.25	1131.25
78	566.25	730.00	860.00	941.25	1233.75
79	613.75	797.50	936.25	1026.25	1342.50
80	663.75				
81	715.00				
82	767.50				
83	825.00				
84	883.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.50	90.00	102.50	113.75	148.75
45-49	80.00	100.00	115.00	126.25	165.00
50-54	98.75	123.75	142.50	155.00	208.75
55	110.00	140.00	161.25	176.25	238.75
56	115.00	147.50	170.00	185.00	250.00
57	120.00	155.00	180.00	195.00	263.75
58	127.50	163.75	190.00	207.50	277.50
59	136.25	173.75	201.25	220.00	293.75
60	147.50	183.75	215.00	233.75	311.25
61	157.50	195.00	227.50	248.75	332.50
62	167.50	208.75	243.75	266.25	355.00
63	177.50	222.50	260.00	283.75	377.50
64	190.00	236.25	276.25	302.50	402.50
65	201.25	252.50	295.00	322.50	431.25
66	215.00	270.00	316.25	345.00	461.25
67	231.25	292.50	341.25	373.75	498.75
68	248.75	316.25	368.75	405.00	540.00
69	268.75	342.50	400.00	438.75	583.75
70	291.25	372.50	433.75	476.25	632.50
71	316.25	405.00	473.75	518.75	688.75
72	345.00	442.50	517.50	567.50	751.25
73	380.00	485.00	567.50	623.75	823.75
74	416.25	532.50	623.75	683.75	901.25
75	456.25	583.75	683.75	750.00	988.75
76	498.75	638.75	750.00	822.50	1081.25
77	542.50	698.75	820.00	900.00	1181.25
78	590.00	761.25	897.50	982.50	1288.75
79	638.75	831.25	976.25	1072.50	1401.25
80	690.00				
81	742.50				
82	798.75				
83	857.50				
84	917.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.50	52.50	61.25	67.50	90.00
45-49	47.50	58.75	68.75	75.00	100.00
50-54	63.75	77.50	88.75	95.00	127.50
55	72.50	90.00	101.25	111.25	151.25
56	76.25	93.75	107.50	117.50	161.25
57	81.25	100.00	115.00	126.25	173.75
58	86.25	107.50	123.75	136.25	186.25
59	93.75	116.25	133.75	147.50	201.25
60	101.25	126.25	145.00	158.75	217.50
61	110.00	136.25	158.75	172.50	233.75
62	118.75	148.75	172.50	186.25	252.50
63	127.50	158.75	185.00	201.25	272.50
64	136.25	170.00	198.75	215.00	291.25
65	147.50	182.50	211.25	231.25	313.75
66	158.75	195.00	227.50	248.75	338.75
67	172.50	213.75	248.75	270.00	367.50
68	186.25	232.50	272.50	295.00	401.25
69	202.50	255.00	297.50	323.75	438.75
70	220.00	277.50	325.00	355.00	480.00
71	241.25	306.25	357.50	391.25	525.00
72	266.25	338.75	395.00	432.50	580.00
73	293.75	375.00	438.75	480.00	640.00
74	326.25	415.00	486.25	532.50	707.50
75	360.00	460.00	538.75	590.00	781.25
76	397.50	508.75	593.75	651.25	860.00
77	436.25	560.00	656.25	718.75	945.00
78	477.50	616.25	722.50	791.25	1036.25
79	522.50	676.25	791.25	868.75	1135.00
80	567.50				
81	616.25				
82	666.25				
83	718.75				
84	775.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.25	65.00	73.75	81.25	106.25
45-49	57.50	70.00	82.50	90.00	117.50
50-54	72.50	90.00	105.00	113.75	148.75
55	83.75	105.00	118.75	131.25	176.25
56	88.75	110.00	126.25	136.25	188.75
57	92.50	116.25	133.75	145.00	200.00
58	100.00	125.00	143.75	157.50	215.00
59	107.50	135.00	156.25	168.75	230.00
60	116.25	145.00	167.50	182.50	245.00
61	125.00	156.25	181.25	197.50	263.75
62	135.00	168.75	195.00	213.75	283.75
63	143.75	181.25	210.00	227.50	305.00
64	155.00	192.50	225.00	243.75	326.25
65	166.25	207.50	240.00	260.00	350.00
66	177.50	222.50	257.50	281.25	377.50
67	192.50	241.25	281.25	305.00	410.00
68	208.75	261.25	306.25	332.50	448.75
69	226.25	286.25	333.75	363.75	490.00
70	247.50	313.75	366.25	398.75	536.25
71	270.00	343.75	401.25	438.75	588.75
72	297.50	380.00	443.75	485.00	648.75
73	327.50	418.75	491.25	536.25	716.25
74	363.75	465.00	543.75	595.00	791.25
75	401.25	513.75	601.25	658.75	872.50
76	442.50	566.25	663.75	727.50	961.25
77	485.00	623.75	731.25	802.50	1056.25
78	531.25	683.75	802.50	882.50	1157.50
79	577.50	750.00	881.25	967.50	1266.25
80	627.50				
81	680.00				
82	735.00				
83	792.50				
84	852.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.25	68.75	80.00	86.25	113.75
45-49	61.25	76.25	88.75	95.00	125.00
50-54	76.25	95.00	110.00	120.00	157.50
55	88.75	110.00	126.25	138.75	186.25
56	92.50	116.25	133.75	145.00	198.75
57	98.75	123.75	142.50	155.00	211.25
58	106.25	132.50	152.50	166.25	226.25
59	113.75	142.50	165.00	177.50	241.25
60	122.50	152.50	177.50	192.50	257.50
61	131.25	165.00	191.25	207.50	276.25
62	141.25	177.50	206.25	223.75	297.50
63	151.25	191.25	220.00	240.00	318.75
64	161.25	202.50	235.00	256.25	341.25
65	173.75	217.50	251.25	273.75	366.25
66	185.00	233.75	270.00	293.75	393.75
67	201.25	252.50	293.75	318.75	430.00
68	218.75	275.00	320.00	348.75	468.75
69	236.25	300.00	350.00	381.25	511.25
70	258.75	327.50	383.75	417.50	560.00
71	282.50	360.00	420.00	458.75	615.00
72	310.00	397.50	465.00	507.50	677.50
73	342.50	438.75	515.00	561.25	748.75
74	380.00	485.00	568.75	622.50	826.25
75	418.75	535.00	627.50	688.75	911.25
76	461.25	591.25	692.50	760.00	1005.00
77	506.25	650.00	763.75	838.75	1102.50
78	552.50	713.75	838.75	922.50	1208.75
79	601.25	782.50	918.75	1010.00	1322.50
80	652.50				
81	707.50				
82	765.00				
83	823.75				
84	885.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Continental Casualty Company (CCC)
Address: 333 S. Wabash Ave, Chicago, IL 60604

Actuarial Memorandum for the Preferred Solution Series
April 26, 2013

Product	Number
Comprehensive Long Term Care	P1-N0080-A45
Comprehensive Long Term Care	P1-N0081-A45
Comprehensive Long Term Care	P1-N0085-A45
Comprehensive Long Term Care	P1-N0086-A45
Comprehensive Long Term Care	P1-N0095-A45
Comprehensive Long Term Care	P1-N0096-A45
Comprehensive Long Term Care	P1-N0100-A45
Comprehensive Long Term Care	P1-N0101-A45
Nursing Home Only	P1-N0075-A45
Nursing Home Only	P1-N0076-A45
Nursing Home Only	P1-N0090-A45
Nursing Home Only	P1-N0091-A45

The above captioned policy forms provide comprehensive or facility only coverage. These forms were sold concurrently with identical original pricing assumptions and have been grouped into policy group "Preferred Solution" for experience purposes. These policy forms were issued in Virginia by CCC from August 1998 through July 2003 and are no longer being marketed in any jurisdiction.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of documenting the rates and demonstrating that the anticipated loss ratio of these policy forms with those rates meets the minimum requirements of the jurisdiction. It may not be suitable for other purposes.

This is a rate increase filing for the above captioned forms. An 80% rate increase is being requested for all policyholders covered under these policy forms including all associated riders.

2. Description of Benefits

All of the forms are guaranteed renewable individual long term care policies sold through non-captive agents. These tax qualified and non-tax qualified forms provide long-term care confinement and home health care benefits with lifetime limits. Benefits are limited to the policy's lifetime maximum which is equal to the following multipliers times the facility daily benefit amount: 365x, 730x, 1095x, 1460x, 1825x, or Unlimited. Benefit eligibility for the tax qualified forms requires inability to perform two or more activities of daily living or being cognitively impaired. Benefit eligibility for the non-tax qualified forms requires inability to perform two or more activities of daily living, being cognitively impaired, or medical necessity.

Long-Term Care Benefits: This policy pays the Long-Term Care Daily Benefit Amount, as shown on insured's policy schedule, for each day of Long-Term Care confinement in a nursing home or assisted living facility, limited to the Benefit Lifetime Maximum.

Home Health Care Benefits: For comprehensive policy forms, this policy pays 100% of the expenses incurred for each day of care for therapist or nurse, 100% or 80%

(percentage varies by form) of the expenses incurred for each day of care for home health aide, medical social worker, or homemaker, and 100% or 80% (percentage varies by form) of expenses incurred for each day of care for Adult Day Care or Alternate Care Facility. The total benefits payable each day for Home Health Care benefits are limited to the daily benefit amount shown on the insured's application and are subject to the policy's Benefit Lifetime Maximum.

Other Benefits: The policies may include a bed reservation, waiver of premium, nonforfeiture, and alternate plan of care benefit.

Optional Benefits: Optional riders may include inflation protection, survivorship, shared benefit, dual waiver of premium, and restoration of benefits.

3. Renewability

These forms are guaranteed renewable long-term care policy forms.

4. Applicability

This filing applies to in-force insureds only, as these forms are no longer being marketed. The premium change will apply to the base forms and all riders associated with the base forms.

5. Actuarial Assumptions

a. Morbidity. The Milliman 2002 *Long-Term Care Guidelines* (Milliman *LTCGs*) provide the basis for the claim costs. The Milliman *LTCGs* provide a flexible, but consistent, basis for the determination of claim costs for a wide variety of long-term care benefit packages. These rating structures can be used to anticipate future claim levels, evaluate past experience, and establish inter-relationships between different long-term care coverages. Milliman analyzed nearly $1.8 billion in long-term care insurance incurred claims to develop the Milliman *LTCGs*.

Adjustments were then made to incorporate CCC individual long-term care actual claim experience which is deemed 100% credible on a nationwide basis. A global actual-to-expected (A/E) scalar of 99.6% was derived and is applied to the Milliman *LTCGs* claim costs. An A/E adjustment based on issue age is also applied to the base claim costs, shown in the table below.

Issue Ages	A/E Adjustment
<60	73.9%
60-69	109.2
70-74	119.0
75+	124.1

A 1.6% annual improvement in projected morbidity is assumed to apply for 15 years, as supported by the National Long Term Care Survey results, and presented at the Society of Actuaries 2004 Spring Meeting, "Morbidity Improvement and Its Impact on LTC Insurance Pricing and Valuation".

A scalar experience adjustment of 91.0% was applied to all claim costs based on the comparison of projected incurred claims to actual experience. This adjustment was made to reflect that actual historical experience has been running better than the LTCGs best estimate. The adjustment was developed by inspection of the progression of the historical to projected values and smoothing the transition of annual loss ratios from the historical period to the projection period.

Additional adjustments for inflation protection (if applicable), underwriting risk classification, selection, and election of other riders were also used.

b. Persistency. Mortality is assumed to follow the 1994 Group Annuitant Mortality (1994 GAM) Static table, with selection consistent with experience. Additionally, projected mortality rates are assumed to improve by 0.6% annually for 15 years.

   The projected annual voluntary lapse rates are 0% for limited-pay policies that are fully paid up and 1.5% all other policies.

c. Policyholder Behavior Due to the Rate Increase. In the year of rate increase notification to policyholders, an additional 4% of in-force policyholders are assumed to lapse. An additional portion of policyholders will elect to reduce benefits resulting in a cumulative 14% reduction in premiums and benefits. We assume a cumulative 2% increase in morbidity due to adverse selection from the rate increase.

d. Expenses. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commissions will not be paid on the increased premium.

The assumptions in this filing are based on the experience of CCC, industry experience, and judgment. The experience period is inception through December 31, 2011. These assumptions are based on the nationwide experience of the particular policy forms in this filing and similar nationwide forms and are deemed reasonable for the particular policy forms in this filing. The assumptions described above reflect an estimate of the most likely outcome and do not reflect an explicit margin for conservatism.

In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policies were taken into consideration.

6. Marketing Method

These policies were sold through non-captive agents.

7. Underwriting Description

These policy forms were fully underwritten with the use of various tools in addition to the application which may have included medical records, an attending physician's statement, telephone interviews, and/or face-to-face assessments.

8. Premiums

Premiums are unisex, level, and payable for life unless the insured selected a limited pay option. The premiums may vary by issue age, elimination period, benefit period / lifetime maximum, initial daily benefit amount, level of home health care coverage, inflation protection option, premium mode, underwriting class, marital status, and optional coverages chosen.

9. Issue Age Range

Issue ages range from 18 to 84.

10. Area Factors

Area factors are not used for these products.

11. Premium Modalization Rules

The following modal factors remain unchanged and are applied to the annual premium to obtain the modal premium. The nationwide percent distribution (based on CCC's in-force count as of 12/31/2011) is shown below:

Premium Mode	Modal Factor	Percent Distribution
Annual	1.00*AP	60.7%
Semi-Annual	0.52*AP	7.9
Quarterly	0.27*AP	11.6
Monthly	0.09*AP	19.8

12. Reserves

Active life reserves have not been used in this rate increase demonstration, except as indicated in Exhibits IV and V and in the supplement to the actuarial memorandum.

Reserves for known open claims are computed using a continuance table derived from Milliman *LTCGs*, adjusted for CCC-specific experience. The discount rate used to calculate the reserves varies by year of claim incurral as summarized in the table below. Incurred but not reported (IBNR) reserves are computed using standard lag techniques.

Incurral Year	Discount Rate
1998-2005	4.5%
2006-2011	4.0

Reserves for known open claims as of December 31, 2011 have been discounted to the incurral date for each respective claim using a 5.0% interest rate and included in the historical incurred claims. IBNR reserve balances as of December 31, 2011 have been allocated to a calendar year of incurral and included in the historical incurred claims.

13. Trend Assumptions

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

14. Past and Future Experience

Nationwide experience of CCC, across the above-listed forms and corresponding nationwide Preferred Solution forms, is shown in Exhibit I and includes earned premiums, paid claims, incurred claims, and loss ratios. Exhibit II provides Virginia-specific experience.

The company has chosen a credibility standard of 1,082 claims. Based on this parameter, CCC does not view Virginia-specific as credible, but is providing it as required.

Incurred claims are shown by incurral year, whereas paid claims are shown by the year in which the payments were made. The paid loss ratio is equal to paid claims divided by earned premium. The incurred loss ratio is equal to the incurred claims divided by earned premium. The difference between the incurred and paid lifetime loss ratios is driven by 1) a 5.0% discount rate underlying the calculation of the incurred claim amounts not reflected in the paid claim amounts, and 2) a difference in the currently assumed continuance table underlying the development of the paid claims and that assumed in the development of the base claim cost tables that are the basis for projected incurred claims.

Historical experience is shown by claim incurral year with the incurred loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_k \sum_t {}_jPmt_t^k * v^{t-k} + \sum_k ({}_jCR_{ValDate}^k + {}_jIBNR_{ValDate}^k) * v^{ValDate-k}}{EP_j}$$

LR_j = loss ratio for year *j*

${}_jPmt_t^k$ = claim payments at time *t* on claims incurred at time *k* in year *j*

${}_jCR_{ValDate}^k$ = open claim reserve held on December 31, 2011 for claims incurred at time *k* in year *j*

${}_jIBNR_{ValDate}^k$ = incurred but not reported reserve as of December 31, 2011 attributable to claims incurred at time *k* in year *j*

EP_j = earned premium in year *j*

ValDate = December 31, 2011

j = year of claim incurral

k = date of claim incurral

t = date of claim payment

v = 1 / 1.050 = 0.95238

Exhibits I and II also show future anticipated experience for calendar years 2012 to 2051, based on in-force experience as of December 31, 2011, using the assumptions in this filing. Exhibit III provides supplementary justification in support of the current assumptions described in section 5.

Exhibits I and II provide historical and projected values for premium, paid claims, incurred claims and policy count. Accumulated past, discounted future, and lifetime values both without and with the proposed rate increase are shown.

The original pricing memoranda for these products indicates that an after-tax net investment earnings rate of 5.0% was used to demonstrate that the lifetime loss ratio for these forms was anticipated to be at least 60% over the life of the policy. CCC's internal documentation shows that an assumed pre-tax net investment earnings rate of 7.14% was used in the original determination of premiums.

Pursuant to 14VAC5-130-70.C, the loss ratios are calculated using an interest rate consistent with that assumed in the determination of premiums. That is, CCC's actual and future expected pre-tax net investment earnings rate is used in determining the lifetime loss ratio for this business. CCC's actual historical pre-tax net investment earnings rates vary between 7.0% and 7.2%, and its projected pre-tax net investment earnings rates vary between 5.1% and 6.2% between 2012 and 2051. The rates are shown in Exhibits I and II.

Exhibit IV shows nationwide past experience including earned premiums, incurred claims, increase in active life reserves, and incurred loss ratios by calendar year. Exhibit V provides similar information on a Virginia-specific basis. Please note that Virginia-specific experience is not considered fully credible, but is being provided as required by the rate revisions checklist. As defined by 14VAC5-130-70.B.6, the incurred loss ratio is equal to the sum of incurred claims and increase in active life reserves divided by earned premium. The values in these exhibits are shown without interest accumulation.

For projection purposes, the rate increase is assumed to occur on each policy's first anniversary on or after July 1, 2013, although the increases will be effective on the insured's next premium due date, subject to 90 day prior notification.

15. History of Previous Rate Revisions

There have been no rate increases on these forms in Virginia or nationwide.

16. Analysis Performed to Consider a Rate Increase

The initial premium schedules were based on pricing assumptions believed to be appropriate, given industry experience available when the initial rate schedules were

developed. The original pricing assumptions for claim costs, voluntary termination rates, mortality, and interest were as follows:

a. Original Pricing Claim Costs. The underlying claim costs were based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

   Claim frequency was based on actual claim experience of similar policy forms issued by CCC from 1984 to 1993. To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with CCC's experience. Average lengths of stay for each benefit period and elimination period were calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" by Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

   Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advance data, Number 135, and CCC's claims payment experience on policy forms P1-54076 and P1-59433.

b. Original Pricing Voluntary Termination Rates. Vary by duration and issue age as shown in the following table.

Issue Ages	Year 1	Year 2	Years 3+
18-59	4.0%	4.0%	4.0%
60-64	4.8	4.0	4.0
65-69	5.9	4.0	4.0
70-74	7.2	4.0	4.0
75-79	9.0	4.1	4.0
80-84	10.0	5.4	4.0

c. Original Pricing Mortality. 1983 GAM blended 60% female/40% male

d. Original Pricing Investment Earnings. An after-tax net investment earnings rate of 5.0% was used to determine the expected lifetime loss ratio, and a pre-tax net investment earnings rate of 7.14% was used in the determination of premiums.

As part of the in-force management of the business, CCC monitors the performance of the business by completing periodic analysis of morbidity and persistency. An analysis of the projected lifetime loss ratio based on current assumptions compared to that

assumed at the time of original pricing revealed that experience has deteriorated significantly.

The assumptions used in this filing (described in Section 5) are based on actual in-force experience of CCC, industry experience, and judgment. Actual persistency has been higher than that assumed in original pricing, while actual morbidity has been lower than expected in original pricing.

17. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company is requesting an 80% rate increase for all forms included in this rate increase request. In states that require it, this level of increase is required to allow certification that no future premium rate increases are needed under moderately adverse conditions.

The requested rate increase was determined by targeting a 71.0% lifetime loss ratio using the company's current assumptions. The company's current assumptions are those listed in section 5 of this actuarial memorandum and a 5.0% interest assumption (representing the historical and projected long-term after-tax net investment earnings rate for this business). These assumptions do not include any margin for conservatism. Pursuant to 14VAC5-130-70.C, this rate filing uses the company's pre-tax net investment earnings rates, which is consistent with that used in the original determination of premiums.

Projected experience assuming the requested rate increase is implemented is shown in Exhibits I and II. As shown in Exhibits I and II, the expected lifetime loss ratio with and without the requested rate increase exceeds the 60% minimum required by loss ratio regulation. As required by 14VAC5-130-70.C, the lifetime loss ratio is calculated using an interest rate consistent with that assumed in the original determination of premiums.

Rate pages are enclosed with this memorandum. The proposed rates are uniformly 80% higher than the original rates.

18. Average Annual Premium (Annualized Premium Based on 12/31/2011 In-force)

	Virginia	Nationwide
Before the Rate Increase	$1,629	$1,682
After the Rate Increase	$2,933	$3,028

19. Proposed Effective Date

The rate increase will apply to policies on their next premium due date following a 90 day policyholder notification period following approval. The majority of these policies were issued with a 10-year rate guarantee. No policy will receive a rate increase while still in its rate guarantee period.

20. Nationwide Distribution of Business as of 12/31/2011 (based on in-force insured count)

By Issue Age:

Issue Ages	Percent Distribution
<45	2.6%
45-49	6.3
50-54	15.9
55-59	24.7
60-64	23.5
65-69	16.1
70-74	7.8
75-79	2.8
80+	0.3

By Elimination Period:

Elimination Period	Percent Distribution
0-Day	10.1%
30-Day	38.2
60-Day	0.9
90-Day	48.1
180-Day	2.2
360-Day	0.5

By Benefit Period:

Benefit Period	Percent Distribution
365x	0.1%
730x	5.5
1095x	22.3
1460x	14.4
1825x	20.7
Lifetime	37.0

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	15.8%
5% Simple for Life	27.7
5% Compound for Life	55.1
Guaranteed Purchase Option	1.4

By Coverage Type:

Home Health Care Coverage	Percent Distribution
0%	4.9%
50%	11.8
75%	6.0
100%	77.3

21. Number of Insureds and Annualized Premium

Based on CCC's 12/31/2011 in-force count, the number of insureds and annualized premium that will be affected by this increase in this jurisdiction and nationwide are:

Jurisdiction	Number of Insured	Annualized Premium
Virginia	3,662	$5,966,447
Nationwide	94,619	$159,189,123

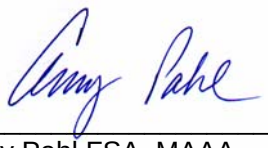
22. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8, "Regulatory Filings for Health Plan Entities" and 18, "Long-Term Care Insurance".

I have relied on data and information provided by CCC to develop this actuarial memorandum. I have not audited or independently verified the data provided, but have reviewed it for reasonableness.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of Virginia and the rules of the Bureau. In my opinion, the rates are reasonable in relation to the benefits provided.



Amy Pahl FSA, MAAA
Principal and Consulting Actuary

Date: April 26, 2013

Exhibit I
Continental Casualty Company
Nationwide Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	47,921	0	0	0.0%	0.0%	218	120,985	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	11,301,893	838	126,537	0.0%	1.1%	17,663	26,631,353	1,974	298,166	0.0%	1.1%				0.0084		0.992		7.1%	2.3564
	2000	52,939,330	60,019	2,503,199	0.1%	4.7%	44,834	116,427,951	131,998	5,505,214	0.1%	4.7%				0.0300		0.970		7.1%	2.1993
	2001	103,034,628	767,023	4,802,497	0.7%	4.7%	75,878	211,494,362	1,574,432	9,857,860	0.7%	4.7%				0.0381		0.962		7.1%	2.0527
	2002	162,218,751	2,027,120	10,819,128	1.2%	6.7%	111,262	310,868,006	3,884,674	20,733,243	1.2%	6.7%				0.0379		0.962		7.1%	1.9164
	2003	204,897,876	4,567,338	13,013,852	2.2%	6.4%	116,091	366,633,224	8,172,549	23,286,286	2.2%	6.4%				0.0485		0.951		7.1%	1.7893
	2004	197,124,946	7,706,004	19,931,702	3.9%	10.1%	111,353	329,450,012	12,878,853	33,311,357	3.9%	10.1%				0.0408		0.959		7.0%	1.6713
	2005	189,821,210	11,683,070	23,829,608	6.2%	12.6%	108,034	296,407,789	18,243,235	37,210,180	6.2%	12.6%				0.0298		0.970		7.0%	1.5615
	2006	184,514,248	16,666,803	33,832,414	9.0%	18.3%	105,513	269,020,507	24,300,084	49,327,428	9.0%	18.3%				0.0233		0.977		7.2%	1.4580
	2007	179,969,445	22,137,875	37,138,363	12.3%	20.6%	103,354	244,790,758	30,111,485	50,514,842	12.3%	20.6%				0.0205		0.980		7.2%	1.3602
	2008	175,750,089	29,597,783	51,011,726	16.8%	29.0%	101,153	223,133,487	37,577,543	64,764,829	16.8%	29.0%				0.0213		0.979		7.0%	1.2696
	2009	170,876,585	37,748,757	53,446,206	22.1%	31.3%	98,664	202,686,372	44,775,933	63,395,564	22.1%	31.3%				0.0246		0.975		7.0%	1.1862
	2010	165,999,568	46,070,891	67,823,885	27.8%	40.9%	96,369	183,871,929	51,031,118	75,126,151	27.8%	40.9%				0.0233		0.977		7.1%	1.1077
	2011	161,072,812	52,553,345	85,032,369	32.6%	52.8%	94,619	166,622,579	54,364,072	87,962,161	32.6%	52.8%				0.0182		0.982		7.0%	1.0345
Projected Future Experience	2012	155,749,002	71,268,093	91,092,452	45.8%	58.5%	91,910	151,105,679	69,143,387	88,376,726	45.8%	58.5%	1.0000	1.1028	1.0000	0.0286	0.0000	0.971	0.967	6.2%	0.9702
	2013	149,248,689	91,913,211	102,106,840	61.6%	68.4%	89,128	136,383,169	83,990,118	93,305,037	61.6%	68.4%	1.0000	1.1559	1.0000	0.0303	0.0000	0.970	0.958	6.1%	0.9138
	2014	143,904,200	105,868,041	114,018,521	73.6%	79.2%	86,260	123,999,401	91,224,396	98,247,503	73.6%	79.2%	1.0000	1.1538	1.0000	0.0322	0.0000	0.968	0.964	6.0%	0.8617
	2015	138,464,167	115,544,236	126,747,566	83.4%	91.5%	83,285	112,589,823	93,952,864	103,062,665	83.4%	91.5%	1.0000	1.1513	1.0000	0.0345	0.0000	0.966	0.962	5.9%	0.8131
	2016	132,807,215	125,731,027	140,196,044	94.7%	105.6%	80,183	101,960,109	96,527,505	107,632,735	94.7%	105.6%	1.0000	1.1489	1.0000	0.0372	0.0000	0.963	0.959	5.9%	0.7677
	2017	126,905,082	136,621,305	154,184,566	107.7%	121.5%	76,931	92,027,898	99,073,822	111,810,191	107.7%	121.5%	1.0000	1.1463	1.0000	0.0406	0.0000	0.959	0.956	5.9%	0.7252
	2018	120,729,582	149,509,558	168,509,789	123.8%	139.6%	73,519	82,722,002	102,441,586	115,460,244	123.8%	139.6%	1.0000	1.1436	1.0000	0.0444	0.0000	0.956	0.951	5.8%	0.6852
	2019	114,295,648	163,216,760	182,687,826	142.8%	159.8%	69,961	74,031,086	105,718,057	118,329,772	142.8%	159.8%	1.0000	1.1393	1.0000	0.0484	0.0000	0.952	0.947	5.8%	0.6477
	2020	107,662,270	177,198,662	195,895,396	164.6%	182.0%	66,285	65,953,287	108,550,880	120,004,392	164.6%	182.0%	1.0000	1.1318	1.0000	0.0525	0.0000	0.947	0.942	5.7%	0.6126
	2021	100,915,095	190,761,117	207,742,532	189.0%	205.9%	62,542	58,482,654	110,550,521	120,391,648	189.0%	205.9%	1.0000	1.1239	1.0000	0.0565	0.0000	0.944	0.937	5.7%	0.5795
	2022	94,154,163	203,597,887	217,857,639	216.2%	231.4%	58,785	51,628,291	111,640,427	119,459,589	216.2%	231.4%	1.0000	1.1157	1.0000	0.0601	0.0000	0.940	0.933	5.7%	0.5483
	2023	87,493,800	215,362,096	226,367,670	246.1%	258.7%	55,065	45,405,367	111,763,289	117,474,689	246.1%	258.7%	1.0000	1.1093	1.0000	0.0633	0.0000	0.937	0.929	5.6%	0.5190
	2024	81,015,503	225,946,995	234,053,824	278.9%	288.9%	51,421	39,797,450	110,992,511	114,974,850	278.9%	288.9%	1.0000	1.1072	1.0000	0.0662	0.0000	0.934	0.926	5.6%	0.4912
	2025	74,768,394	235,414,882	240,704,813	314.9%	321.9%	47,863	34,771,700	109,481,763	111,941,892	314.9%	321.9%	1.0000	1.1049	1.0000	0.0692	0.0000	0.931	0.923	5.6%	0.4651
	2026	68,754,072	244,081,469	248,139,309	355.0%	360.9%	44,393	30,275,700	107,480,724	109,267,585	355.0%	360.9%	1.0000	1.1115	1.0000	0.0725	0.0000	0.927	0.920	5.6%	0.4403
	2027	62,978,140	252,483,274	256,227,655	400.9%	406.9%	41,014	26,263,568	105,292,275	106,853,782	400.9%	406.9%	1.0000	1.1177	1.0000	0.0761	0.0000	0.924	0.916	5.6%	0.4170
	2028	57,446,440	260,692,377	262,970,897	453.8%	457.8%	37,738	22,694,795	102,989,150	103,889,302	453.8%	457.8%	1.0000	1.1154	1.0000	0.0799	0.0000	0.920	0.912	5.5%	0.3951
	2029	52,171,969	268,342,147	268,110,720	514.3%	513.9%	34,576	19,531,397	100,458,101	100,371,463	514.3%	513.9%	1.0000	1.1128	1.0000	0.0838	0.0000	0.916	0.908	5.5%	0.3744
	2030	47,168,185	275,012,165	271,380,535	583.0%	575.3%	31,538	16,739,062	97,596,416	96,307,622	583.0%	575.3%	1.0000	1.1097	1.0000	0.0879	0.0000	0.912	0.904	5.5%	0.3549
	2031	42,444,587	280,307,882	272,573,945	660.4%	642.2%	28,634	14,284,837	94,338,354	91,735,477	660.4%	642.2%	1.0000	1.1063	1.0000	0.0921	0.0000	0.908	0.900	5.4%	0.3366
	2032	38,007,464	283,926,637	271,656,970	747.0%	714.7%	25,873	12,132,679	90,634,590	86,717,887	747.0%	714.7%	1.0000	1.1030	1.0000	0.0965	0.0000	0.904	0.895	5.4%	0.3192
	2033	33,860,852	285,714,160	268,850,764	843.8%	794.0%	23,260	10,250,840	86,495,467	81,390,339	843.8%	794.0%	1.0000	1.1008	1.0000	0.1010	0.0000	0.899	0.891	5.5%	0.3027
	2034	30,007,549	285,626,715	264,184,407	951.8%	880.4%	20,802	8,614,579	81,997,829	75,842,163	951.8%	880.4%	1.0000	1.0987	1.0000	0.1057	0.0000	0.894	0.886	5.5%	0.2871
	2035	26,448,401	283,627,349	257,482,390	1072.4%	973.5%	18,503	7,201,480	77,227,224	70,108,367	1072.4%	973.5%	1.0000	1.0957	1.0000	0.1105	0.0000	0.889	0.881	5.4%	0.2723
	2036	23,179,697	279,661,363	248,707,736	1206.5%	1073.0%	16,366	5,988,094	72,245,918	64,249,557	1206.5%	1073.0%	1.0000	1.0921	1.0000	0.1155	0.0000	0.884	0.876	5.4%	0.2583
	2037	20,196,365	273,727,658	238,224,283	1355.3%	1179.5%	14,392	4,952,558	67,123,574	58,417,426	1355.3%	1179.5%	1.0000	1.0892	1.0000	0.1206	0.0000	0.879	0.871	5.3%	0.2452
	2038	17,491,081	265,944,098	226,469,953	1520.5%	1294.8%	12,580	4,073,839	61,940,914	52,747,009	1520.5%	1294.8%	1.0000	1.0876	1.0000	0.1259	0.0000	0.874	0.866	5.3%	0.2329
	2039	15,054,715	256,502,659	213,671,630	1703.8%	1419.3%	10,929	3,332,259	56,775,121	47,294,764	1703.8%	1419.3%	1.0000	1.0860	1.0000	0.1313	0.0000	0.869	0.861	5.2%	0.2213
	2040	12,875,274	245,590,939	199,791,183	1907.5%	1551.7%	9,435	2,710,446	51,700,728	42,059,164	1907.5%	1551.7%	1.0000	1.0831	1.0000	0.1367	0.0000	0.863	0.855	5.1%	0.2105
	2041	10,940,140	233,348,692	184,859,881	2133.0%	1689.7%	8,093	2,191,672	46,747,472	37,033,557	2133.0%	1689.7%	1.0000	1.0787	1.0000	0.1422	0.0000	0.858	0.850	5.1%	0.2003
	2042	9,234,981	219,944,017	169,411,250	2381.6%	1834.5%	6,897	1,759,435	41,903,418	32,275,988	2381.6%	1834.5%	1.0000	1.0753	1.0000	0.1478	0.0000	0.852	0.844	5.2%	0.1905
	2043	7,743,722	205,640,479	153,995,100	2655.6%	1988.6%	5,839	1,400,794	37,199,149	27,856,805	2655.6%	1988.6%	1.0000	1.0737	1.0000	0.1534	0.0000	0.847	0.839	5.4%	0.1809
	2044	6,449,849	190,756,767	138,895,367	2957.5%	2153.5%	4,911	1,106,610	32,728,415	23,830,480	2957.5%	2153.5%	1.0000	1.0724	1.0000	0.1590	0.0000	0.841	0.833	5.5%	0.1716
	2045	5,336,132	175,600,278	124,244,065	3290.8%	2328.4%	4,103	867,933	28,561,737	20,208,546	3290.8%	2328.4%	1.0000	1.0707	1.0000	0.1645	0.0000	0.835	0.827	5.5%	0.1627
	2046	4,384,743	160,427,290	110,118,511	3658.8%	2511.4%	3,405	675,877	24,728,728	16,973,987	3658.8%	2511.4%	1.0000	1.0680	1.0000	0.1701	0.0000	0.830	0.822	5.5%	0.1541
	2047	3,578,736	145,452,639	96,698,420	4064.4%	2702.0%	2,807	522,718	21,245,146	14,123,993	4064.4%	2702.0%	1.0000	1.0651	1.0000	0.1756	0.0000	0.824	0.816	5.5%	0.1461
	2048	2,901,447	130,878,651	84,234,771	4510.8%	2903.2%	2,299	401,593	18,115,099	11,659,054	4510.8%	2903.2%	1.0000	1.0635	1.0000	0.1809	0.0000	0.819	0.811	5.5%	0.1384
	2049	2,337,103	116,894,255	72,819,778	5001.7%	3115.8%	1,872	306,456	15,327,904	9,548,584	5001.7%	3115.8%	1.0000	1.0621	1.0000	0.1860	0.0000	0.814	0.805	5.6%	0.1311
	2050	1,871,152	103,647,310	62,427,384	5539.2%	3336.3%	1,514	232,321	12,868,769	7,750,935	5539.2%	3336.3%	1.0000	1.0599	1.0000	0.1912	0.0000	0.809	0.801	5.6%	0.1242
	2051	1,488,657	91,240,282	53,072,344	6129.0%	3565.1%	1,217	174,943	10,722,292	6,236,907	6129.0%	3565.1%	1.0000	1.0577	1.0000	0.1962	0.0000	0.804	0.796	5.7%	0.1175
	Past	1,959,569,303	231,586,866	403,311,486	11.8%	20.6%	1,185,005	2,948,159,313	287,047,948	521,293,280	9.7%	17.7%									
	Future	2,232,464,265	8,023,025,423	7,421,384,726	359.4%	332.4%	1,406,126	1,369,544,400	2,949,495,640	2,935,222,673	215.4%	214.3%									
	Lifetime	4,192,033,567	8,254,612,289	7,824,696,212	196.9%	186.7%	2,591,131	4,317,703,713	3,236,543,588	3,456,515,953	75.0%	80.1%									

Exhibit I
Continental Casualty Company
Nationwide Experience Projections with 80% Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	47,921	0	0	0.0%	0.0%	218	120,985	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	11,301,893	838	126,537	0.0%	1.1%	17,663	26,631,353	1,974	298,166	0.0%	1.1%				0.0084		0.992		7.1%	2.3564
	2000	52,939,330	60,019	2,503,199	0.1%	4.7%	44,834	116,427,951	131,998	5,505,214	0.1%	4.7%				0.0300		0.970		7.1%	2.1993
	2001	103,034,628	767,023	4,802,497	0.7%	4.7%	75,878	211,494,362	1,574,432	9,857,860	0.7%	4.7%				0.0381		0.962		7.1%	2.0527
	2002	162,218,751	2,027,120	10,819,128	1.2%	6.7%	111,262	310,868,006	3,884,674	20,733,243	1.2%	6.7%				0.0379		0.962		7.1%	1.9164
	2003	204,897,876	4,567,338	13,013,852	2.2%	6.4%	116,091	366,633,224	8,172,549	23,286,286	2.2%	6.4%				0.0485		0.951		7.1%	1.7893
	2004	197,124,946	7,706,004	19,931,702	3.9%	10.1%	111,353	329,450,012	12,878,853	33,311,357	3.9%	10.1%				0.0408		0.959		7.0%	1.6713
	2005	189,821,210	11,683,070	23,829,608	6.2%	12.6%	108,034	296,407,789	18,243,235	37,210,180	6.2%	12.6%				0.0298		0.970		7.0%	1.5615
	2006	184,514,248	16,666,803	33,832,414	9.0%	18.3%	105,513	269,020,507	24,300,084	49,327,428	9.0%	18.3%				0.0233		0.977		7.2%	1.4580
	2007	179,969,445	22,137,875	37,138,363	12.3%	20.6%	103,354	244,790,758	30,111,485	50,514,842	12.3%	20.6%				0.0205		0.980		7.2%	1.3602
	2008	175,750,089	29,597,783	51,011,726	16.8%	29.0%	101,153	223,133,487	37,577,543	64,764,829	16.8%	29.0%				0.0213		0.979		7.0%	1.2696
	2009	170,876,585	37,748,757	53,446,206	22.1%	31.3%	98,664	202,686,372	44,775,933	63,395,564	22.1%	31.3%				0.0246		0.975		7.0%	1.1862
	2010	165,999,568	46,070,891	67,823,885	27.8%	40.9%	96,369	183,871,929	51,031,118	75,126,151	27.8%	40.9%				0.0233		0.977		7.1%	1.1077
	2011	161,072,812	52,553,345	85,032,369	32.6%	52.8%	94,619	166,622,579	54,364,072	87,962,161	32.6%	52.8%				0.0182		0.982		7.0%	1.0345
Projected Future Experience	2012	155,749,002	71,268,093	91,092,452	45.8%	58.5%	91,910	151,105,679	69,143,387	88,376,726	45.8%	58.5%	1.0000	1.1028	1.0000	0.0286	0.0000	0.971	0.967	6.2%	0.9702
	2013	158,463,642	91,592,333	100,172,626	57.8%	63.2%	87,363	144,803,776	83,696,900	91,537,556	57.8%	63.2%	1.1024	1.1537	1.0028	0.0505	0.0198	0.951	1.017	6.1%	0.9138
	2014	205,589,106	103,003,958	100,430,423	50.1%	48.9%	82,837	177,152,064	88,756,473	86,538,908	50.1%	48.9%	1.5392	1.0419	1.0177	0.0529	0.0203	0.948	1.297	6.0%	0.8617
	2015	205,768,827	107,936,910	109,632,561	52.5%	53.3%	79,981	167,317,483	87,767,094	89,145,885	52.5%	53.3%	1.0536	1.1282	1.0199	0.0345	0.0000	0.966	1.001	5.9%	0.8131
	2016	197,362,145	113,629,245	121,087,744	57.6%	61.4%	77,003	151,520,877	87,236,602	92,962,717	57.6%	61.4%	1.0000	1.1472	1.0199	0.0372	0.0000	0.963	0.959	5.9%	0.7677
	2017	188,591,103	120,766,392	132,976,564	64.0%	70.5%	73,881	136,760,817	87,576,297	96,430,761	64.0%	70.5%	1.0000	1.1446	1.0199	0.0405	0.0000	0.959	0.956	5.9%	0.7252
	2018	179,413,816	130,604,257	145,124,279	72.8%	80.9%	70,604	122,931,511	89,487,973	99,436,862	72.8%	80.9%	1.0000	1.1420	1.0199	0.0443	0.0000	0.956	0.951	5.8%	0.6852
	2019	169,852,476	141,656,569	157,117,756	83.4%	92.5%	67,188	110,016,115	91,753,183	101,767,637	83.4%	92.5%	1.0000	1.1377	1.0198	0.0484	0.0000	0.952	0.947	5.8%	0.6477
	2020	159,994,745	153,203,804	168,256,293	95.8%	105.2%	63,658	98,011,860	93,851,769	103,072,837	95.8%	105.2%	1.0000	1.1303	1.0198	0.0525	0.0000	0.947	0.942	5.7%	0.6126
	2021	149,967,903	164,452,516	178,211,094	109.7%	118.8%	60,064	86,909,901	95,304,072	103,277,490	109.7%	118.8%	1.0000	1.1226	1.0198	0.0565	0.0000	0.944	0.937	5.7%	0.5795
	2022	139,920,618	175,121,996	186,670,093	125.2%	133.4%	56,457	76,723,770	96,026,018	102,358,277	125.2%	133.4%	1.0000	1.1144	1.0198	0.0601	0.0000	0.940	0.933	5.7%	0.5483
	2023	130,022,786	184,905,986	193,748,978	142.2%	149.0%	52,885	67,476,006	95,957,931	100,547,048	142.2%	149.0%	1.0000	1.1080	1.0198	0.0633	0.0000	0.937	0.929	5.6%	0.5190
	2024	120,395,518	193,710,704	200,122,839	160.9%	166.2%	49,385	59,142,194	95,156,997	98,306,847	160.9%	166.2%	1.0000	1.1061	1.0198	0.0662	0.0000	0.934	0.926	5.6%	0.4912
	2025	111,111,813	201,579,174	205,615,231	181.4%	185.1%	45,969	51,673,527	93,746,169	95,623,173	181.4%	185.1%	1.0000	1.1038	1.0198	0.0692	0.0000	0.931	0.923	5.6%	0.4651
	2026	102,174,050	208,773,971	211,780,716	204.3%	207.3%	42,636	44,992,112	91,933,147	93,257,160	204.3%	207.3%	1.0000	1.1105	1.0198	0.0725	0.0000	0.928	0.920	5.6%	0.4403
	2027	93,590,553	215,749,884	218,508,255	230.5%	233.5%	39,392	39,029,763	89,973,469	91,123,783	230.5%	233.5%	1.0000	1.1168	1.0198	0.0761	0.0000	0.924	0.916	5.6%	0.4170
	2028	85,370,005	222,567,324	224,093,073	260.7%	262.5%	36,246	33,726,281	87,927,464	88,530,226	260.7%	262.5%	1.0000	1.1146	1.0198	0.0799	0.0000	0.920	0.912	5.5%	0.3951
	2029	77,531,718	228,913,625	228,318,610	295.3%	294.5%	33,209	29,025,218	85,697,414	85,474,661	295.3%	294.5%	1.0000	1.1120	1.0198	0.0838	0.0000	0.916	0.908	5.5%	0.3744
	2030	70,095,695	234,431,155	230,959,390	334.4%	329.5%	30,292	24,875,585	83,195,012	81,962,951	334.4%	329.5%	1.0000	1.1090	1.0198	0.0878	0.0000	0.912	0.904	5.5%	0.3549
	2031	63,076,050	238,785,479	231,841,674	378.6%	367.6%	27,503	21,228,410	80,363,880	78,026,924	378.6%	367.6%	1.0000	1.1056	1.0198	0.0921	0.0000	0.908	0.900	5.4%	0.3366
	2032	56,482,131	241,720,594	230,940,594	428.0%	408.9%	24,851	18,030,132	77,161,647	73,720,473	428.0%	408.9%	1.0000	1.1024	1.0198	0.0964	0.0000	0.904	0.895	5.4%	0.3192
	2033	50,319,934	243,107,212	228,445,494	483.1%	454.0%	22,342	15,233,569	73,596,884	69,158,280	483.1%	454.0%	1.0000	1.1003	1.0198	0.1010	0.0000	0.899	0.891	5.5%	0.3027
	2034	44,593,617	242,909,741	224,383,714	544.7%	503.2%	19,982	12,801,953	69,734,623	64,416,164	544.7%	503.2%	1.0000	1.0983	1.0197	0.1056	0.0000	0.894	0.886	5.5%	0.2871
	2035	39,304,439	241,098,378	218,606,898	613.4%	556.2%	17,774	10,701,975	65,647,260	59,523,187	613.4%	556.2%	1.0000	1.0953	1.0197	0.1105	0.0000	0.890	0.881	5.4%	0.2723
	2036	34,446,884	237,627,874	211,083,054	689.8%	612.8%	15,721	8,898,786	61,387,257	54,529,839	689.8%	612.8%	1.0000	1.0917	1.0197	0.1155	0.0000	0.885	0.876	5.4%	0.2583
	2037	30,013,414	232,498,163	202,121,836	774.6%	673.4%	13,825	7,359,898	57,013,265	49,564,374	774.6%	673.4%	1.0000	1.0889	1.0197	0.1206	0.0000	0.879	0.871	5.3%	0.2452
	2038	25,993,146	225,809,958	192,095,774	868.7%	739.0%	12,085	6,054,051	52,593,290	44,740,936	868.7%	739.0%	1.0000	1.0873	1.0197	0.1259	0.0000	0.874	0.866	5.3%	0.2329
	2039	22,372,510	217,726,373	181,197,699	973.2%	809.9%	10,499	4,952,003	48,192,254	40,106,880	973.2%	809.9%	1.0000	1.0858	1.0197	0.1312	0.0000	0.869	0.861	5.2%	0.2213
	2040	19,133,687	208,406,800	169,392,849	1089.2%	885.3%	9,064	4,027,940	43,872,886	35,659,840	1089.2%	885.3%	1.0000	1.0829	1.0197	0.1367	0.0000	0.863	0.855	5.1%	0.2105
	2041	16,257,923	197,969,637	156,706,317	1217.7%	963.9%	7,775	3,257,000	39,659,875	31,393,466	1217.7%	963.9%	1.0000	1.0785	1.0197	0.1422	0.0000	0.858	0.850	5.1%	0.2003
	2042	13,723,920	186,557,452	143,588,944	1359.4%	1046.3%	6,626	2,614,661	35,542,657	27,356,359	1359.4%	1046.3%	1.0000	1.0752	1.0197	0.1478	0.0000	0.852	0.844	5.2%	0.1905
	2043	11,507,791	174,392,940	130,506,914	1515.4%	1134.1%	5,610	2,081,691	31,546,654	23,607,930	1515.4%	1134.1%	1.0000	1.0735	1.0197	0.1534	0.0000	0.847	0.839	5.4%	0.1809
	2044	9,584,991	161,745,404	117,699,898	1687.5%	1228.0%	4,718	1,644,511	27,750,894	20,193,942	1687.5%	1228.0%	1.0000	1.0723	1.0196	0.1589	0.0000	0.841	0.833	5.5%	0.1716
	2045	7,929,919	148,874,270	105,277,266	1877.4%	1327.6%	3,942	1,289,817	24,214,699	17,123,558	1877.4%	1327.6%	1.0000	1.0706	1.0196	0.1645	0.0000	0.835	0.827	5.5%	0.1627
	2046	6,516,079	135,995,591	93,303,103	2087.1%	1431.9%	3,272	1,004,407	20,962,755	14,382,011	2087.1%	1431.9%	1.0000	1.0679	1.0196	0.1701	0.0000	0.830	0.822	5.5%	0.1541
	2047	5,318,288	123,290,293	81,928,933	2318.2%	1540.5%	2,697	776,801	18,008,063	11,966,728	2318.2%	1540.5%	1.0000	1.0651	1.0196	0.1756	0.0000	0.824	0.816	5.5%	0.1461
	2048	4,311,782	110,928,845	71,367,243	2572.7%	1655.2%	2,209	596,800	15,353,818	9,878,041	2572.7%	1655.2%	1.0000	1.0635	1.0196	0.1809	0.0000	0.819	0.811	5.5%	0.1384
	2049	3,473,123	99,070,513	61,695,981	2852.5%	1776.4%	1,798	455,418	12,990,744	8,089,962	2852.5%	1776.4%	1.0000	1.0621	1.0196	0.1860	0.0000	0.814	0.805	5.6%	0.1311
	2050	2,780,681	87,839,856	52,892,078	3158.9%	1902.1%	1,455	345,247	10,906,128	6,567,039	3158.9%	1902.1%	1.0000	1.0599	1.0196	0.1911	0.0000	0.809	0.801	5.6%	0.1242
	2051	2,212,263	77,322,998	44,966,935	3495.2%	2032.6%	1,169	259,979	9,086,773	5,284,383	3495.2%	2032.6%	1.0000	1.0577	1.0195	0.1962	0.0000	0.804	0.796	5.7%	0.1175
	Past	1,959,569,303	231,586,866	403,311,486	11.8%	20.6%	1,185,005	2,948,159,313	287,047,948	521,293,280	9.7%	17.7%									
	Future	3,170,318,093	6,897,546,264	6,353,962,179	217.6%	200.4%	1,355,880	1,896,809,588	2,569,773,676	2,535,021,820	135.5%	133.6%									
	Lifetime	5,129,887,396	7,129,133,130	6,757,273,665	139.0%	131.7%	2,540,885	4,844,968,901	2,856,821,625	3,056,315,100	59.0%	63.1%									

Exhibit II
Continental Casualty Company
Virginia-Specific Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	941	0	0	0.0%	0.0%	4	2,376	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	398,989	0	0	0.0%	0.0%	570	940,162	0	0	0.0%	0.0%				0.0104		0.990		7.1%	2.3564
	2000	1,548,349	0	0	0.0%	0.0%	1,394	3,405,240	0	0	0.0%	0.0%				0.0299		0.970		7.1%	2.1993
	2001	3,130,890	0	4,476	0.0%	0.1%	2,407	6,426,631	0	9,188	0.0%	0.1%				0.0368		0.963		7.1%	2.0527
	2002	5,186,510	16,523	384,766	0.3%	7.4%	3,971	9,939,171	31,665	737,346	0.3%	7.4%				0.0253		0.975		7.1%	1.9164
	2003	7,170,692	105,531	188,623	1.5%	2.6%	4,249	12,830,850	188,832	337,512	1.5%	2.6%				0.0400		0.960		7.1%	1.7893
	2004	6,978,371	104,736	356,749	1.5%	5.1%	4,126	11,662,777	175,043	596,226	1.5%	5.1%				0.0289		0.971		7.0%	1.6713
	2005	6,822,680	139,467	602,854	2.0%	8.8%	4,050	10,653,685	217,779	941,362	2.0%	8.8%				0.0184		0.982		7.0%	1.5615
	2006	6,691,663	329,249	1,721,500	4.9%	25.7%	3,976	9,756,399	480,043	2,509,935	4.9%	25.7%				0.0183		0.982		7.2%	1.4580
	2007	6,551,910	731,716	1,436,422	11.2%	21.9%	3,911	8,911,773	995,265	1,953,792	11.2%	21.9%				0.0163		0.984		7.2%	1.3602
	2008	6,438,447	1,193,728	1,321,150	18.5%	20.5%	3,843	8,174,296	1,515,565	1,677,341	18.5%	20.5%				0.0174		0.983		7.0%	1.2696
	2009	6,304,317	1,417,099	2,669,838	22.5%	42.3%	3,767	7,477,907	1,680,901	3,166,846	22.5%	42.3%				0.0198		0.980		7.0%	1.1862
	2010	6,158,883	1,703,747	1,845,646	27.7%	30.0%	3,692	6,821,980	1,887,181	2,044,358	27.7%	30.0%				0.0199		0.980		7.1%	1.1077
	2011	6,018,203	1,730,240	2,628,450	28.8%	43.7%	3,662	6,225,560	1,789,856	2,719,013	28.8%	43.7%				0.0081		0.992		7.0%	1.0345
Projected Future Experience	2012	5,837,617	2,229,756	3,075,978	38.2%	52.7%	3,564	5,663,581	2,163,281	2,984,274	38.2%	52.7%	1.0000	1.2025	1.0000	0.0268	0.0000	0.973	0.970	6.2%	0.9702
	2013	5,571,059	2,967,462	3,466,130	53.3%	62.2%	3,463	5,090,823	2,711,661	3,167,343	53.3%	62.2%	1.0000	1.1596	1.0000	0.0282	0.0000	0.972	0.954	6.1%	0.9138
	2014	5,387,536	3,490,209	3,893,925	64.8%	72.3%	3,359	4,642,333	3,007,444	3,355,318	64.8%	72.3%	1.0000	1.1581	1.0000	0.0299	0.0000	0.970	0.967	6.0%	0.8617
	2015	5,199,391	3,860,999	4,358,933	74.3%	83.8%	3,252	4,227,798	3,139,507	3,544,393	74.3%	83.8%	1.0000	1.1563	1.0000	0.0319	0.0000	0.968	0.965	5.9%	0.8131
	2016	5,004,286	4,283,031	4,860,921	85.6%	97.1%	3,141	3,841,941	3,288,212	3,731,876	85.6%	97.1%	1.0000	1.1547	1.0000	0.0343	0.0000	0.966	0.962	5.9%	0.7677
	2017	4,800,943	4,683,688	5,394,161	97.6%	112.4%	3,024	3,481,505	3,396,475	3,911,689	97.6%	112.4%	1.0000	1.1525	1.0000	0.0371	0.0000	0.963	0.959	5.9%	0.7252
	2018	4,588,216	5,167,124	5,956,546	112.6%	129.8%	2,902	3,143,773	3,540,432	4,081,332	112.6%	129.8%	1.0000	1.1508	1.0000	0.0405	0.0000	0.960	0.956	5.8%	0.6852
	2019	4,366,190	5,695,258	6,526,077	130.4%	149.5%	2,774	2,828,050	3,688,908	4,227,042	130.4%	149.5%	1.0000	1.1461	1.0000	0.0440	0.0000	0.956	0.952	5.8%	0.6477
	2020	4,136,334	6,249,468	7,079,990	151.1%	171.2%	2,642	2,533,894	3,828,388	4,337,161	151.1%	171.2%	1.0000	1.1393	1.0000	0.0478	0.0000	0.952	0.947	5.7%	0.6126
	2021	3,901,162	6,806,797	7,606,470	174.5%	195.0%	2,506	2,260,815	3,944,698	4,408,127	174.5%	195.0%	1.0000	1.1326	1.0000	0.0514	0.0000	0.949	0.943	5.7%	0.5795
	2022	3,663,954	7,357,234	8,088,507	200.8%	220.8%	2,369	2,009,084	4,034,250	4,435,234	200.8%	220.8%	1.0000	1.1250	1.0000	0.0548	0.0000	0.945	0.939	5.7%	0.5483
	2023	3,428,142	7,886,081	8,514,237	230.0%	248.4%	2,231	1,779,052	4,092,523	4,418,508	230.0%	248.4%	1.0000	1.1173	1.0000	0.0579	0.0000	0.942	0.936	5.6%	0.5190
	2024	3,196,880	8,384,419	8,912,929	262.3%	278.8%	2,096	1,570,411	4,118,699	4,378,320	262.3%	278.8%	1.0000	1.1143	1.0000	0.0606	0.0000	0.939	0.933	5.6%	0.4912
	2025	2,971,883	8,852,170	9,283,843	297.9%	312.4%	1,963	1,382,100	4,116,780	4,317,533	297.9%	312.4%	1.0000	1.1122	1.0000	0.0634	0.0000	0.937	0.930	5.6%	0.4651
	2026	2,753,418	9,300,593	9,699,777	337.8%	352.3%	1,833	1,212,462	4,095,495	4,271,275	337.8%	352.3%	1.0000	1.1193	1.0000	0.0666	0.0000	0.933	0.926	5.6%	0.4403
	2027	2,541,492	9,749,418	10,152,466	383.6%	399.5%	1,704	1,059,870	4,065,768	4,233,850	383.6%	399.5%	1.0000	1.1255	1.0000	0.0700	0.0000	0.930	0.923	5.6%	0.4170
	2028	2,336,537	10,200,172	10,559,268	436.6%	451.9%	1,579	923,072	4,029,681	4,171,545	436.6%	451.9%	1.0000	1.1228	1.0000	0.0737	0.0000	0.926	0.919	5.5%	0.3951
	2029	2,139,092	10,636,680	10,899,832	497.3%	509.6%	1,456	800,803	3,982,008	4,080,524	497.3%	509.6%	1.0000	1.1189	1.0000	0.0775	0.0000	0.923	0.915	5.5%	0.3744
	2030	1,949,733	11,041,050	11,170,403	566.3%	572.9%	1,338	691,922	3,918,252	3,964,157	566.3%	572.9%	1.0000	1.1156	1.0000	0.0814	0.0000	0.919	0.911	5.5%	0.3549
	2031	1,768,963	11,397,289	11,361,599	644.3%	642.3%	1,223	595,349	3,835,788	3,823,776	644.3%	642.3%	1.0000	1.1123	1.0000	0.0856	0.0000	0.914	0.907	5.4%	0.3366
	2032	1,597,253	11,691,024	11,469,115	731.9%	718.1%	1,113	509,872	3,731,989	3,661,152	731.9%	718.1%	1.0000	1.1091	1.0000	0.0899	0.0000	0.910	0.903	5.4%	0.3192
	2033	1,434,939	11,912,913	11,497,473	830.2%	801.3%	1,008	434,405	3,606,447	3,480,679	830.2%	801.3%	1.0000	1.1069	1.0000	0.0944	0.0000	0.906	0.898	5.5%	0.3027
	2034	1,282,331	12,057,238	11,436,734	940.3%	891.9%	909	368,132	3,461,396	3,283,262	940.3%	891.9%	1.0000	1.1040	1.0000	0.0990	0.0000	0.901	0.894	5.5%	0.2871
	2035	1,139,688	12,118,602	11,283,020	1063.3%	990.0%	814	310,319	3,299,703	3,072,187	1063.3%	990.0%	1.0000	1.1009	1.0000	0.1038	0.0000	0.896	0.889	5.4%	0.2723
	2036	1,007,157	12,091,211	11,025,878	1200.5%	1094.8%	726	260,182	3,123,566	2,848,354	1200.5%	1094.8%	1.0000	1.0966	1.0000	0.1088	0.0000	0.891	0.884	5.4%	0.2583
	2037	884,739	11,971,088	10,684,286	1353.1%	1207.6%	643	216,956	2,935,554	2,620,004	1353.1%	1207.6%	1.0000	1.0937	1.0000	0.1140	0.0000	0.886	0.878	5.3%	0.2452
	2038	772,481	11,759,784	10,270,296	1522.3%	1329.5%	566	179,918	2,738,966	2,392,050	1522.3%	1329.5%	1.0000	1.0914	1.0000	0.1192	0.0000	0.881	0.873	5.3%	0.2329
	2039	670,283	11,463,648	9,798,058	1710.3%	1461.8%	496	148,363	2,537,401	2,168,734	1710.3%	1461.8%	1.0000	1.0897	1.0000	0.1245	0.0000	0.875	0.868	5.2%	0.2213
	2040	577,885	11,090,910	9,266,799	1919.2%	1603.6%	431	121,654	2,334,810	1,950,806	1919.2%	1603.6%	1.0000	1.0871	1.0000	0.1300	0.0000	0.870	0.862	5.1%	0.2105
	2041	494,926	10,647,061	8,672,887	2151.2%	1752.4%	373	99,150	2,132,959	1,737,466	2151.2%	1752.4%	1.0000	1.0825	1.0000	0.1354	0.0000	0.865	0.856	5.1%	0.2003
	2042	421,121	10,137,489	8,033,735	2407.3%	1907.7%	320	80,231	1,931,380	1,530,576	2407.3%	1907.7%	1.0000	1.0780	1.0000	0.1407	0.0000	0.859	0.851	5.2%	0.1905
	2043	355,984	9,571,894	7,379,248	2688.9%	2072.9%	274	64,395	1,731,499	1,334,862	2688.9%	2072.9%	1.0000	1.0757	1.0000	0.1461	0.0000	0.854	0.845	5.4%	0.1809
	2044	298,938	8,965,164	6,731,515	2999.0%	2251.8%	232	51,289	1,538,166	1,154,936	2999.0%	2251.8%	1.0000	1.0750	1.0000	0.1514	0.0000	0.849	0.840	5.5%	0.1716
	2045	249,360	8,333,565	6,099,193	3342.0%	2445.9%	196	40,559	1,355,471	992,046	3342.0%	2445.9%	1.0000	1.0744	1.0000	0.1566	0.0000	0.843	0.834	5.5%	0.1627
	2046	206,620	7,691,293	5,481,896	3722.4%	2653.1%	164	31,849	1,185,558	844,995	3722.4%	2653.1%	1.0000	1.0723	1.0000	0.1618	0.0000	0.838	0.829	5.5%	0.1541
	2047	170,148	7,048,971	4,884,257	4142.8%	2870.6%	137	24,852	1,029,589	713,406	4142.8%	2870.6%	1.0000	1.0691	1.0000	0.1666	0.0000	0.833	0.823	5.5%	0.1461
	2048	139,252	6,415,658	4,319,271	4607.2%	3101.8%	113	19,274	888,000	597,836	4607.2%	3101.8%	1.0000	1.0673	1.0000	0.1715	0.0000	0.829	0.818	5.5%	0.1384
	2049	113,271	5,800,381	3,799,180	5120.8%	3354.1%	93	14,853	760,582	498,172	5120.8%	3354.1%	1.0000	1.0677	1.0000	0.1762	0.0000	0.824	0.813	5.6%	0.1311
	2050	91,598	5,211,146	3,323,629	5689.1%	3628.5%	76	11,373	647,012	412,659	5689.1%	3628.5%	1.0000	1.0678	1.0000	0.1807	0.0000	0.819	0.809	5.6%	0.1242
	2051	73,628	4,653,541	2,886,873	6320.3%	3920.9%	62	8,653	546,871	339,257	6320.3%	3920.9%	1.0000	1.0656	1.0000	0.1849	0.0000	0.815	0.804	5.7%	0.1175
	Past	69,400,844	7,472,037	13,160,474	10.8%	19.0%	43,622	103,228,807	8,962,130	16,692,919	8.7%	16.2%									
	Future	87,524,429	330,871,480	309,205,335	378.0%	353.3%	57,166	52,734,919	114,515,167	115,476,717	217.2%	219.0%									
	Lifetime	156,925,273	338,343,517	322,365,809	215.6%	205.4%	100,788	155,963,726	123,477,297	132,169,636	79.2%	84.7%									

Exhibit II
Continental Casualty Company
Virginia-Specific Experience Projections with 80% Increase
All Policy Forms

		Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest						With Interest					Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	941	0	0	0.0%	0.0%	4	2,376	0	0	0.0%	0.0%				0.0000		1.000		7.1%	2.5247
	1999	398,989	0	0	0.0%	0.0%	570	940,162	0	0	0.0%	0.0%				0.0104		0.990		7.1%	2.3564
	2000	1,548,349	0	0	0.0%	0.0%	1,394	3,405,240	0	0	0.0%	0.0%				0.0299		0.970		7.1%	2.1993
	2001	3,130,890	0	4,476	0.0%	0.1%	2,407	6,426,631	0	9,188	0.0%	0.1%				0.0368		0.963		7.1%	2.0527
	2002	5,186,510	16,523	384,766	0.3%	7.4%	3,971	9,939,171	31,665	737,346	0.3%	7.4%				0.0253		0.975		7.1%	1.9164
	2003	7,170,692	105,531	188,623	1.5%	2.6%	4,249	12,830,850	188,832	337,512	1.5%	2.6%				0.0400		0.960		7.1%	1.7893
	2004	6,978,371	104,736	356,749	1.5%	5.1%	4,126	11,662,777	175,043	596,226	1.5%	5.1%				0.0289		0.971		7.0%	1.6713
	2005	6,822,680	139,467	602,854	2.0%	8.8%	4,050	10,653,685	217,779	941,362	2.0%	8.8%				0.0184		0.982		7.0%	1.5615
	2006	6,691,663	329,249	1,721,500	4.9%	25.7%	3,976	9,756,399	480,043	2,509,935	4.9%	25.7%				0.0183		0.982		7.2%	1.4580
	2007	6,551,910	731,716	1,436,422	11.2%	21.9%	3,911	8,911,773	995,265	1,953,792	11.2%	21.9%				0.0163		0.984		7.2%	1.3602
	2008	6,438,447	1,193,728	1,321,150	18.5%	20.5%	3,843	8,174,296	1,515,565	1,677,341	18.5%	20.5%				0.0174		0.983		7.0%	1.2696
	2009	6,304,317	1,417,099	2,669,838	22.5%	42.3%	3,767	7,477,907	1,680,901	3,166,846	22.5%	42.3%				0.0198		0.980		7.0%	1.1862
	2010	6,158,883	1,703,747	1,845,646	27.7%	30.0%	3,692	6,821,980	1,887,181	2,044,358	27.7%	30.0%				0.0199		0.980		7.1%	1.1077
	2011	6,018,203	1,730,240	2,628,450	28.8%	43.7%	3,662	6,225,560	1,789,856	2,719,013	28.8%	43.7%				0.0081		0.992		7.0%	1.0345
Projected Future Experience	2012	5,837,617	2,229,756	3,075,978	38.2%	52.7%	3,564	5,663,581	2,163,281	2,984,274	38.2%	52.7%	1.0000	1.2025	1.0000	0.0268	0.0000	0.973	0.970	6.2%	0.9702
	2013	5,916,773	2,956,914	3,401,069	50.0%	57.5%	3,394	5,406,736	2,702,023	3,107,890	50.0%	57.5%	1.1020	1.1577	1.0028	0.0485	0.0199	0.952	1.014	6.1%	0.9138
	2014	7,703,113	3,395,784	3,431,185	44.1%	44.5%	3,226	6,637,620	2,926,079	2,956,584	44.1%	44.5%	1.5369	1.0460	1.0175	0.0505	0.0202	0.951	1.302	6.0%	0.8617
	2015	7,726,711	3,609,361	3,770,101	46.7%	48.8%	3,123	6,282,846	2,934,892	3,065,594	46.7%	48.8%	1.0524	1.1325	1.0197	0.0319	0.0000	0.968	1.003	5.9%	0.8131
	2016	7,436,769	3,879,689	4,197,915	52.2%	56.4%	3,016	5,709,432	2,978,554	3,222,866	52.2%	56.4%	1.0000	1.1530	1.0197	0.0343	0.0000	0.966	0.962	5.9%	0.7677
	2017	7,134,585	4,148,579	4,651,326	58.1%	65.2%	2,904	5,173,795	3,008,430	3,373,007	58.1%	65.2%	1.0000	1.1507	1.0197	0.0371	0.0000	0.963	0.959	5.9%	0.7252
	2018	6,818,456	4,519,140	5,128,539	66.3%	75.2%	2,787	4,671,898	3,096,443	3,513,994	66.3%	75.2%	1.0000	1.1491	1.0197	0.0404	0.0000	0.960	0.956	5.8%	0.6852
	2019	6,488,508	4,945,942	5,610,808	76.2%	86.5%	2,664	4,202,708	3,203,564	3,634,208	76.2%	86.5%	1.0000	1.1444	1.0197	0.0440	0.0000	0.956	0.952	5.8%	0.6477
	2020	6,146,923	5,404,580	6,078,735	87.9%	98.9%	2,537	3,765,570	3,310,815	3,723,798	87.9%	98.9%	1.0000	1.1377	1.0197	0.0478	0.0000	0.952	0.947	5.7%	0.6126
	2021	5,797,439	5,868,104	6,522,343	101.2%	112.5%	2,407	3,359,751	3,400,703	3,779,850	101.2%	112.5%	1.0000	1.1311	1.0197	0.0514	0.0000	0.949	0.943	5.7%	0.5795
	2022	5,444,928	6,327,216	6,927,267	116.2%	127.2%	2,275	2,985,660	3,469,452	3,798,483	116.2%	127.2%	1.0000	1.1236	1.0197	0.0548	0.0000	0.945	0.939	5.7%	0.5483
	2023	5,094,494	6,768,969	7,283,730	132.9%	143.0%	2,143	2,643,814	3,512,792	3,779,930	132.9%	143.0%	1.0000	1.1160	1.0197	0.0579	0.0000	0.942	0.936	5.6%	0.5190
	2024	4,750,819	7,185,653	7,616,756	151.3%	160.3%	2,013	2,333,757	3,529,827	3,741,598	151.3%	160.3%	1.0000	1.1132	1.0198	0.0606	0.0000	0.939	0.933	5.6%	0.4912
	2025	4,416,456	7,576,756	7,925,982	171.6%	179.5%	1,886	2,053,912	3,523,637	3,686,048	171.6%	179.5%	1.0000	1.1111	1.0198	0.0634	0.0000	0.937	0.930	5.6%	0.4651
	2026	4,091,800	7,951,597	8,273,654	194.3%	202.2%	1,760	1,801,815	3,501,468	3,643,285	194.3%	202.2%	1.0000	1.1183	1.0198	0.0666	0.0000	0.933	0.926	5.6%	0.4403
	2027	3,776,860	8,326,873	8,652,668	220.5%	229.1%	1,637	1,575,052	3,472,529	3,608,394	220.5%	229.1%	1.0000	1.1246	1.0198	0.0700	0.0000	0.930	0.923	5.6%	0.4170
	2028	3,472,281	8,703,846	8,992,580	250.7%	259.0%	1,516	1,371,760	3,438,542	3,552,609	250.7%	259.0%	1.0000	1.1219	1.0198	0.0736	0.0000	0.926	0.919	5.5%	0.3951
	2029	3,178,861	9,068,721	9,276,101	285.3%	291.8%	1,399	1,190,057	3,395,018	3,472,654	285.3%	291.8%	1.0000	1.1181	1.0198	0.0774	0.0000	0.923	0.915	5.5%	0.3744
	2030	2,897,460	9,406,279	9,500,108	324.6%	327.9%	1,285	1,028,252	3,338,104	3,371,402	324.6%	327.9%	1.0000	1.1149	1.0198	0.0814	0.0000	0.919	0.911	5.5%	0.3549
	2031	2,628,821	9,702,994	9,656,940	369.1%	367.3%	1,175	884,737	3,265,568	3,250,068	369.1%	367.3%	1.0000	1.1116	1.0198	0.0855	0.0000	0.914	0.907	5.4%	0.3366
	2032	2,373,646	9,946,743	9,743,145	419.0%	410.5%	1,070	757,711	3,175,183	3,110,191	419.0%	410.5%	1.0000	1.1085	1.0198	0.0898	0.0000	0.910	0.903	5.4%	0.3192
	2033	2,132,434	10,129,699	9,762,510	475.0%	457.8%	969	645,561	3,066,607	2,955,446	475.0%	457.8%	1.0000	1.1064	1.0198	0.0943	0.0000	0.906	0.898	5.5%	0.3027
	2034	1,905,646	10,247,080	9,706,823	537.7%	509.4%	873	547,074	2,941,736	2,786,638	537.7%	509.4%	1.0000	1.1036	1.0198	0.0990	0.0000	0.901	0.894	5.5%	0.2871
	2035	1,693,668	10,294,423	9,572,944	607.8%	565.2%	782	461,159	2,803,008	2,606,561	607.8%	565.2%	1.0000	1.1005	1.0198	0.1038	0.0000	0.896	0.889	5.4%	0.2723
	2036	1,496,716	10,266,928	9,352,091	686.0%	624.8%	697	386,652	2,652,292	2,415,959	686.0%	624.8%	1.0000	1.0962	1.0198	0.1088	0.0000	0.891	0.884	5.4%	0.2583
	2037	1,314,793	10,161,336	9,060,470	772.8%	689.1%	618	322,414	2,491,766	2,221,811	772.8%	689.1%	1.0000	1.0934	1.0197	0.1140	0.0000	0.886	0.878	5.3%	0.2452
	2038	1,147,968	9,979,052	8,708,210	869.3%	758.6%	544	267,373	2,324,216	2,028,225	869.3%	758.6%	1.0000	1.0912	1.0197	0.1192	0.0000	0.881	0.873	5.3%	0.2329
	2039	996,094	9,725,499	8,307,352	976.4%	834.0%	476	220,479	2,152,673	1,838,776	976.4%	834.0%	1.0000	1.0897	1.0197	0.1245	0.0000	0.875	0.868	5.2%	0.2213
	2040	858,783	9,407,670	7,856,949	1095.5%	914.9%	414	180,787	1,980,461	1,654,010	1095.5%	914.9%	1.0000	1.0871	1.0197	0.1299	0.0000	0.870	0.862	5.1%	0.2105
	2041	735,500	9,030,212	7,354,097	1227.8%	999.9%	358	147,345	1,809,051	1,473,269	1227.8%	999.9%	1.0000	1.0825	1.0196	0.1353	0.0000	0.865	0.856	5.1%	0.2003
	2042	625,820	8,597,690	6,813,294	1373.8%	1088.7%	308	119,230	1,638,020	1,298,059	1373.8%	1088.7%	1.0000	1.0782	1.0196	0.1407	0.0000	0.859	0.851	5.2%	0.1905
	2043	529,021	8,118,250	6,259,716	1534.6%	1183.3%	263	95,697	1,468,544	1,132,346	1534.6%	1183.3%	1.0000	1.0759	1.0195	0.1461	0.0000	0.854	0.845	5.4%	0.1809
	2044	444,246	7,604,431	5,712,192	1711.8%	1285.8%	223	76,220	1,304,703	980,049	1711.8%	1285.8%	1.0000	1.0753	1.0195	0.1513	0.0000	0.849	0.840	5.5%	0.1716
	2045	370,569	7,069,907	5,177,638	1907.8%	1397.2%	188	60,274	1,149,934	842,153	1907.8%	1397.2%	1.0000	1.0747	1.0194	0.1566	0.0000	0.843	0.834	5.5%	0.1627
	2046	307,054	6,526,592	4,655,897	2125.6%	1516.3%	158	47,330	1,006,028	717,673	2125.6%	1516.3%	1.0000	1.0728	1.0193	0.1617	0.0000	0.838	0.829	5.5%	0.1541
	2047	252,854	5,983,430	4,150,941	2366.4%	1641.6%	131	36,932	873,953	606,296	2366.4%	1641.6%	1.0000	1.0697	1.0192	0.1665	0.0000	0.834	0.823	5.5%	0.1461
	2048	206,940	5,448,040	3,673,596	2632.7%	1775.2%	109	28,643	754,071	508,468	2632.7%	1775.2%	1.0000	1.0681	1.0192	0.1714	0.0000	0.829	0.818	5.5%	0.1384
	2049	168,330	4,928,022	3,234,326	2927.6%	1921.4%	90	22,072	646,193	424,105	2927.6%	1921.4%	1.0000	1.0686	1.0190	0.1760	0.0000	0.824	0.813	5.6%	0.1311
	2050	136,122	4,430,099	2,832,508	3254.5%	2080.9%	74	16,901	550,038	351,682	3254.5%	2080.9%	1.0000	1.0689	1.0189	0.1806	0.0000	0.819	0.809	5.6%	0.1242
	2051	109,417	3,958,898	2,463,111	3618.2%	2251.1%	60	12,858	465,238	289,458	3618.2%	2251.1%	1.0000	1.0668	1.0188	0.1848	0.0000	0.815	0.804	5.7%	0.1175
	Past	69,400,844	7,472,037	13,160,474	10.8%	19.0%	43,622	103,228,807	8,962,130	16,692,919	8.7%	16.2%									
	Future	124,565,293	283,830,754	264,371,592	227.9%	212.2%	55,117	73,195,463	99,425,435	99,507,712	135.8%	135.9%									
	Lifetime	193,966,137	291,302,792	277,532,066	150.2%	143.1%	98,739	176,424,270	108,387,565	116,200,631	61.4%	65.9%									

Exhibit III
Continental Casualty Company
Supplementary Justification for Projection Assumptions

Morbidity – Global A/E Scalar

A global actual-to-expected (A/E) scalar of 99.6% was derived and is applied to the Milliman 2002 *Long-Term Guidelines* (Milliman *LTCGs*) claim costs. This scalar was developed by reviewing the Preferred Solution A/E experience through June 2011 on a durational basis, where the Milliman *LTCGs* provide the expected basis. The durational A/E ratios for durations 8 to 12 are weighted together, using the daily benefit amounts (DBA) in force as of June 30, 2011 as weights, to produce the ultimate level 99.6% scalar multiplier for future projections. The table below summarizes the derivation of the global scalar.

A/E Claim Experience by Duration
Using Preferred Solution Experience through June 2011

Policy Duration	Actual Claims	Expected Claims	A/E Ratio	6/30/2011 DBA In Force
1	6,664,387	10,201,235	65.3%	
2	13,799,936	15,130,299	91.2%	
3	22,098,410	21,466,890	102.9%	
4	24,289,895	28,506,741	85.2%	
5	25,790,663	36,621,911	70.4%	
6	41,333,094	45,681,414	90.5%	
7	45,592,923	55,095,806	82.8%	
8	59,621,031	64,379,813	92.6%	8,464
9	65,011,688	68,019,477	95.6%	4,302,871
10	51,115,466	53,730,750	95.1%	4,873,960
11	38,318,166	35,934,170	106.6%	4,083,250
12	16,709,961	16,336,000	102.3%	4,127,271
Total	410,345,621	451,104,506	91.0%	
			Weighted Average	**99.6%**

Morbidity – Issue Age A/E Scalars

An A/E adjustment based on issue age is also applied to the base claim costs, shown in section 5 of the actuarial memorandum. The issue age adjustments were developed by reviewing all of CCC's long-term care A/E experience through June 2011, for ultimate durations only, where the Milliman *LTCGs* provide the expected basis. The table below summarizes the derivation of the issue age A/E adjustments.

A/E Claim Experience by Issue Age
For Ultimate Durations on All of CCC's Experience through June 2011

Issue Ages	Issue Age Distribution	Actual Claims	Expected Claims	A/E Ratio	Normalized A/E Ratio
< 60	40%	87,261,487	136,640,973	63.9%	73.9%
60 – 64	26%	205,457,429	213,408,139	96.3%	109.2%
65 – 69	21%	278,640,257	302,735,771	92.0%	
70 – 74	10%	180,046,046	174,984,929	102.9%	119.0%
75 +	3%	75,666,887	70,527,287	107.3%	124.1%
Weighted Average	100%	167,112,591	193,331,329	86.4%	100.0%

Exhibit III
Continental Casualty Company
Supplementary Justification for Projection Assumptions

Persistency

Mortality is assumed to follow the 1994 GAM Static table, with selection consistent with experience on all of CCC's long-term care policy forms. The mortality selection factors are shown in the table below.

Mortality Selection Factors
For All of CCC's Policy Forms

Policy Duration	Selection Factors	Policy Duration	Selection Factors
1	0.20	11	0.54
2	0.25	12	0.56
3	0.28	13	0.58
4	0.32	14	0.60
5	0.35	15	0.62
6	0.38	16	0.67
7	0.42	17	0.72
8	0.46	18	0.77
9	0.50	19	0.82
10	0.52	20	0.86
		21+	0.90

The projected annual voluntary lapse rate is 1.5% for all premium-paying policies. The ultimate voluntary lapse assumption was selected based on the results of a policy termination study that analyzed experience from January 2006 through June 2011 on all of CCC's long-term care policy forms. The actual total terminations were combined with the expected number of deaths using the mortality assumption above to back into the ultimate voluntary lapse rate. The table below provides the results of the termination study.

Policy Termination Experience
Using All of CCC's Experience from January 2006 through June 2011

Policy Duration	Total Exposure	Total Terminations	Estimated Deaths	Imputed Lapses	Imputed Lapse Rate
1	0	0	0	0	0.0%
2	<1	0	<1	<0	-0.2%
3	7,326	194	20	174	2.4%
4	41,416	928	159	769	1.9%
5	72,628	1,576	347	1,229	1.7%
6	98,943	1,937	580	1,357	1.4%
7	123,736	2,657	912	1,745	1.4%
8	147,074	3,477	1,358	2,119	1.4%
9	148,370	3,864	1,734	2,130	1.4%
10	144,029	4,194	2,024	2,170	1.5%
11	130,315	4,058	2,184	1,874	1.4%
12	113,366	4,075	2,230	1,845	1.6%
13	99,680	3,803	2,231	1,572	1.6%
14	85,923	3,646	2,138	1,508	1.8%
15	68,229	3,182	1,903	1,279	1.9%
16+	212,025	14,792	9,943	4,849	2.3%
Total	1,493,060	52,383	27,764	24,619	1.6%

Exhibit III
Continental Casualty Company
Supplementary Justification for Projection Assumptions

Interest

CCC's actual historical pre-tax net investment earnings rates vary between 7.0% and 7.2%, and its projected pre-tax net investment earnings rates vary between 5.1% and 6.2% between 2012 and 2051. The interest rate assumption used in this filing is consistent with that assumed in the original determination of premiums.

Policyholder Behavior Due to the Rate Increase

The additional lapse and reduced benefit election assumptions of 4% and 14%, respectively, are loosely based on the experience for other companies and actuarial judgment.

The adverse selection assumption of 2% was developed from the following formula and actuarial judgment. We assume that at the time of the rate increase, policyholders that voluntarily lapse their policy will be selective in that their relative morbidity is 50% lower than that of the remaining pool.

PoolMorb = AdvSelMorb x (1 – Shock) + [(1 – 50%) x AdvSelMorb] x Shock, where

PoolMorb =	morbidity of the pool before the rate increase = 1.0
AdvSelMorb =	adverse morbidity of the remaining pool after the rate increase due to selective lapses
Shock =	percentage of additional lapse due to the rate increase

Solving the above for the adverse selection component results in the following formula:

Adverse Selection = AdvSelMorb = 1 / (1 – 50% x Shock)

Exhibit IV
Continental Casualty Company
Incurred Loss Ratio Including the Change in Active Life Reserves
Nationwide Experience, without Interest
All Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Loss Ratio
1998	47,921	0	0	0%
1999	11,301,893	126,537	206,306	3%
2000	52,939,330	2,503,199	14,348,130	32%
2001	103,034,628	4,802,497	50,385,666	54%
2002	162,218,751	10,819,128	99,352,791	68%
2003	204,897,876	13,013,852	153,019,899	81%
2004	197,124,946	19,931,702	190,077,048	107%
2005	189,821,210	23,829,608	202,337,971	119%
2006	184,514,248	33,832,414	204,671,568	129%
2007	179,969,445	37,138,363	209,044,343	137%
2008	175,750,089	51,011,726	206,700,560	147%
2009	170,876,585	53,446,206	208,208,877	153%
2010	165,999,568	67,823,885	211,146,945	168%
2011	161,072,812	85,032,369	216,499,926	187%
Total	1,959,569,303	403,311,486	1,966,000,030	121%

Exhibit V
Continental Casualty Company
Incurred Loss Ratio Including the Change in Active Life Reserves
Virginia-Specific Experience, without Interest
All Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Loss Ratio
1998	941	0	0	0%
1999	398,989	0	3,387	1%
2000	1,548,349	0	428,639	28%
2001	3,130,890	4,476	1,491,029	48%
2002	5,186,510	384,766	3,162,710	68%
2003	7,170,692	188,623	5,505,408	79%
2004	6,978,371	356,749	7,322,093	110%
2005	6,822,680	602,854	8,177,082	129%
2006	6,691,663	1,721,500	8,314,398	150%
2007	6,551,910	1,436,422	8,260,827	148%
2008	6,438,447	1,321,150	8,968,437	160%
2009	6,304,317	2,669,838	8,656,280	180%
2010	6,158,883	1,845,646	8,852,796	174%
2011	6,018,203	2,628,450	9,822,778	207%
Total	69,400,844	13,160,474	78,965,864	133%