

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

**Company Name and NAIC Number:**

**SERFF Tracking Number:**

**Effective Date:**

**Revised Rates**

**Average Annual Premium Per Member:**

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

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

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

**Number of Policy Holders Affected :**

**Plans Affected**

**(The Form Number and "Product Name")**

<b>Form#</b>	<b>"Product Name"(if applicable)</b>
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**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.***

Drivers for Virginia 10955/11001 revised rates.

The revised rates for this filing are based on experience for policyholders in the 10955/11001 policy form series. The original pricing assumptions were not accurate and as a result did not predict future experience accurately. We estimate that 90% of this rate increase request is due to voluntary terminations being lower than expected and the other 10% is due to mortality being lower than expected. Generally speaking there will now be more policyholders active at higher ages when claims significantly exceed premiums.