Filing at a Glance

Company:	State Farm Mutual Automobile Insurance Company
Product Name:	Long Term Care Insurance
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Rate
Date Submitted:	06/15/2017
SERFF Tr Num:	STLH-130740474
SERFF Status:	Closed-Approved and Filed
State Tr Num:	STLH-130740474
State Status:	Approved & Filed
Co Tr Num:	2017 VA LTC 97058 SERIES (POST-RATE STABILITY)
Implementation Date Requested:	On Approval
Author(s):	Barb Baxter, David Diffor, Jeff Mueller, Grant Wahlheim, Janel Allison, Tanya Bennett, Morgan Brinker, Harrison Lin, David Seitz, Roland Hutchins, Carisa Burgos
Reviewer(s):	Bobby Toone (primary)
Disposition Date:	10/16/2019
Disposition Status:	Approved and Filed
Implementation Date:	

General Information

Project Name: 2016 VA LTCI 97058 Series (Post-Rate Stability)
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 136.6%

Deemer Date: 09/11/2019
Submitted By: Janel Allison

Status of Filing in Domicile: Pending

Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 10/16/2019
State Status Changed: 10/16/2019
Created By: Elena Oliver
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:
Dear Sir or Madam,

On behalf of State Farm Mutual Automobile Insurance Company of Bloomington, IL, I submit the following rate revision filing.

We are filing new rate tables for Policy Form 97058VA and Rider Forms 99572VA, 99573, and 99574. This filing represents an average increase of 136.6% to be implemented over a 5 year period. Rate increases will range from 0% to 40% each of the first four years on forms 97058VA, 99572VA, and 99573. Rate increases will range from 0% to 4.1% in the fifth year. There will be a rate decrease on form 99574. The rate for form 99574 will go from 30% to 22% of premium. These new rates will apply on the policyholder's next renewal. These rates will be implemented approximately 135 days after approval.

Most policyholders will be given the option to reduce coverage in an effort to reduce the impact of the proposed increase. Only policyholders who have coverage that is greater than the minimum issue requirements will have this option. Options available include:
- Reduce the daily benefit amount
- Decrease the benefit period
- Increase the elimination period
- Remove an optional rider

Sincerely,

Janel Allison
Actuarial Analyst I
State Farm Life/Health Actuarial
309-763-7113

Company and Contact

Filing Contact Information

Elena Oliver, Actuarial Analyst I
One State Farm Plaza
Bloomington, IL 61710

Elena.Oliver.d17p@statefarm.com
309-994-6457 [Phone]
309-766-1827 [FAX]

State: *Virginia* **Filing Company:** *State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2016 VA LTCI 97058 Series (Post-Rate Stability)/*

Filing Company Information

State Farm Mutual Automobile Insurance Company
One State Farm Plaza
Bloomington, IL 61710
(309) 766-5188 ext. [Phone]

CoCode: 25178
Group Code: 176
Group Name:
FEIN Number: 37-0533100

State of Domicile: Illinois
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Bobby Toone	10/16/2019	10/16/2019

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bobby Toone	08/05/2019	08/05/2019
Info has been requested from company	Bobby Toone	07/26/2019	07/26/2019
Info has been requested from company	Bobby Toone	05/08/2019	05/08/2019
Info has been requested from company	Bobby Toone	04/01/2019	04/01/2019
Info has been requested from company	Bobby Toone	02/28/2019	02/28/2019
Info has been requested from company	Bobby Toone	11/06/2018	11/06/2018
Disapproved	Bobby Toone	01/29/2018	01/29/2018
Info has been requested from company	Janet Houser	08/29/2017	08/29/2017

Response Letters

Responded By	Created On	Date Submitted
Grant Wahlheim	08/12/2019	08/12/2019
Grant Wahlheim	08/02/2019	08/02/2019
Harrison Lin	05/28/2019	07/07/2019
Harrison Lin	04/30/2019	05/01/2019
Harrison Lin	03/28/2019	03/29/2019
Harrison Lin	12/11/2018	12/11/2018
Harrison Lin	01/31/2018	02/05/2018
Janel Allison	10/16/2017	10/16/2017

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	EXVA POLICYHOLDER NOTIFICATION LETTER	Grant Wahlheim	10/14/2019	10/14/2019
Supporting Document	97058 VA Policyholder Letter in John Doe format	Grant Wahlheim	10/14/2019	10/14/2019

State: *Virginia* **Filing Company:** *State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2016 VA LTCI 97058 Series (Post-Rate Stability)/*

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	EXVA POLICYHOLDER NOTIFICATION LETTER	Harrison Lin	01/16/2018	02/05/2018
Rate	Rate Tables	Harrison Lin	01/16/2018	02/05/2018
Supporting Document	Certification of Compliance	Harrison Lin	01/16/2018	02/05/2018
Supporting Document	L&H Actuarial Memorandum	Harrison Lin	01/16/2018	02/05/2018
Supporting Document	Long Term Care Insurance Rate Request Summary	Harrison Lin	01/16/2018	02/05/2018
Supporting Document	Rate Table Comparison	Harrison Lin	01/16/2018	02/05/2018
Supporting Document	Actual and Projected Experience	Harrison Lin	01/16/2018	02/05/2018
Supporting Document	Actual to Expected Experience	Harrison Lin	01/16/2018	02/05/2018
Supporting Document	Rate Increase Status by State	Harrison Lin	01/16/2018	02/05/2018
Supporting Document	Policyholder Notification Documentation	Harrison Lin	01/16/2018	02/05/2018
Supporting Document	Pre-Filing Questionnaire	Harrison Lin	01/16/2018	02/05/2018
Supporting Document	Proposed Rate Tables	Harrison Lin	01/16/2018	02/05/2018

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status Update	Note To Reviewer	Grant Wahlheim	10/11/2019	10/11/2019
Extension Request	Note To Filer	Bobby Toone	06/07/2019	06/07/2019
Request for Extension	Note To Reviewer	Harrison Lin	06/07/2019	06/07/2019
Long Term Care Rate Request Summary	Note To Filer	Janet Houser	08/29/2017	08/29/2017

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Disposition

Disposition Date: 10/16/2019
Implementation Date:
Status: Approved and Filed

Comment: In approving this filing, the Company is reminded that pursuant to 14VAC5-200-153 D, it is required to provide updated experience for the next three years comparing the actual results to the results that the Company projected in justifying the rate increase. We would expect this filing to be made no later than 11/16/2020 and to include updated data through the most recent year end.

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):
State Farm Mutual Automobile Insurance Company	75.800%	33.500%	$109,645	237	$327,299	40.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document (revised)	Rate Table Comparison	Received & Acknowledged	Yes
Supporting Document (revised)	Actual and Projected Experience	Received & Acknowledged	Yes
Supporting Document (revised)	Actual to Expected Experience	Received & Acknowledged	Yes
Supporting Document (revised)	Rate Increase Status by State	Received & Acknowledged	Yes
Supporting Document	Distribution of Business	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Notification Documentation	Received & Acknowledged	Yes
Supporting Document	Policyholder Notification Documentation	Withdrawn	Yes
Supporting Document (revised)	Pre-Filing Questionnaire	Received & Acknowledged	Yes
Supporting Document	Current Rate Table A01	Received & Acknowledged	Yes
Supporting Document (revised)	Proposed Rate Tables	Received & Acknowledged	Yes
Supporting Document	Objection Response 8-29-2017	Received & Acknowledged	Yes

State: Virginia
Filing Company: State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Objection Response	Received & Acknowledged	Yes
Supporting Document	Objection Response 3-14-2019	Received & Acknowledged	Yes
Supporting Document (revised)	97058 VA Policyholder Letter in John Doe format	Received & Acknowledged	Yes
Supporting Document	97058 VA Policyholder Letter in John Doe format	Withdrawn	Yes
Supporting Document	97058 VA Policyholder Letter in John Doe format	Withdrawn	Yes
Supporting Document	Objection Response 5-8-2019	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Rate Table Comparison	Withdrawn	No
Supporting Document	Rate Table Comparison	Withdrawn	No
Supporting Document	Actual and Projected Experience	Withdrawn	No
Supporting Document	Actual to Expected Experience	Withdrawn	No
Supporting Document	Rate Increase Status by State	Withdrawn	No
Supporting Document	Policyholder Notification Documentation	Withdrawn	No
Supporting Document	Pre-Filing Questionnaire	Withdrawn	No
Supporting Document	Proposed Rate Tables	Withdrawn	No
Supporting Document	97058 VA Policyholder Letter in John Doe format	Withdrawn	No
Supporting Document	97058 VA Policyholder Letter in John Doe format	Withdrawn	No
Supporting Document	Objection Response 7-26-2019	Received & Acknowledged	Yes
Supporting Document	Objection Response 8-5-2019	Received & Acknowledged	Yes
Form (revised)	EXVA POLICYHOLDER NOTIFICATION LETTER	Filed	Yes
Form	EXVA POLICYHOLDER NOTIFICATION LETTER	Withdrawn	Yes
Form	EXVA POLICYHOLDER NOTIFICATION LETTER	Withdrawn	Yes
Form	EXVA POLICYHOLDER NOTIFICATION LETTER	Withdrawn	No
Form	EXVA POLICYHOLDER NOTIFICATION LETTER	Withdrawn	No
Form	EXVA POLICYHOLDER NOTIFICATION LETTER	Withdrawn	No
Form	EXVA POLICYHOLDER NOTIFICATION LETTER	Withdrawn	No

State: *Virginia* **Filing Company:** *State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2016 VA LTCI 97058 Series (Post-Rate Stability)/*

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	EX VA POLICYHOLDER NOTIFICATION LETTER	Withdrawn	No
Rate (revised)	Rate Tables	Approved	Yes
Rate	Rate Tables	Withdrawn	No
Rate	Rate Tables	Withdrawn	No

State:	*Virginia*	**Filing Company:**	*State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016 VA LTCI 97058 Series (Post-Rate Stability)/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/05/2019
Submitted Date	08/05/2019
Respond By Date	08/12/2019

Dear Elena Oliver,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Policyholder Notification Documentation (Supporting Document)

Comments: Please revise the SOV to show where the Policyholder Name and Policy Number have been added to the header of pages 2 through 6.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016 VA LTCI 97058 Series (Post-Rate Stability)/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/26/2019
Submitted Date	07/26/2019
Respond By Date	08/09/2019

Dear Elena Oliver,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Policyholder Notification Documentation (Supporting Document)

Comments: Under the Date of Rate Increase field, the Statement of Variability lists fields Mode and Policyholder Name. Please identify where these variable fields appear in the form with respect to this section.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/08/2019
Submitted Date	05/08/2019
Respond By Date	06/07/2019

Dear Elena Oliver,

Introduction:

Thank you for your previous response, however, one or more items included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- EXVA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: 14VAC5-20-75 D requires that an insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificateholders, if applicable, at least 75 days prior to the implementation of the premium rate schedule increase by the insurer.

Please verify that all policyholders will be given a minimum of 75 days notice of this scheduled premium increase.

Objection 2

- EXVA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: 14VAC5-200-185 D 3 requires that a Contingent Benefit upon Lapse will be triggered if the policy lapses within 120 days of the due date of the new increased premium.

Please revise section 6 of the Questions and Answers to include this statement.

Objection 3

- EXVA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: Please revise section 3 and 8 of the Questions and Answers part of the Policyholder Notification Letter by including a statement to the effect that if it is deemed necessary to enact another premium increase in the future, options similar those in this letter will be available then, also

Objection 4

- EXVA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: In compliance with 14VAC5-200-75 A 3, please revise the letter to include the premium rate or rate schedule that will be in effect until the requested rate increase in put into place.

Conclusion:

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

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: *Virginia* **Filing Company:** *State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2016 VA LTCI 97058 Series (Post-Rate Stability)/*

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/01/2019
Submitted Date	04/01/2019
Respond By Date	05/01/2019

Dear Elena Oliver,

Introduction:

Thank you for your response, however, one or more items included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Objection Response 3-14-2019 (Supporting Document)

Comments: Referring to your response to objection 1;

14VAC5-200-185 E states, "Benefits continued as nonforfeiture benefits, including contingent benefits upon lapse in accordance with subdivision D 3 but not subdivision D 4 of this section, are described in this subsection.

Subsection 3, of section E, describes the benefits in the nonforfeiture option, as well as the Contingent Benefit Upon Lapse (CBUL).The CBUL is the option an insured can choose to maintain some benefits of the policy when it lapses. It's also the automatic benefit if the policy lapses within 120 days of the due date of the policy premium increase.

Conclusion:

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

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: *Virginia* **Filing Company:** *State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2016 VA LTCI 97058 Series (Post-Rate Stability)/*

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/28/2019
Submitted Date	02/28/2019
Respond By Date	03/30/2019

Dear Elena Oliver,

Introduction:

Thank you for your response, however one or more items included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- EXVA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: On page 2 of the letter, the paragraph that describes the Contingent Benefit upon Lapse has this statement, "This benefit would provide either a paid up policy based on premiums paid to date or a reduction of your base daily benefit to an amount that would retain your premium level prior to the increase." The Contingent Benefit upon Lapse does not provide for a reduction of benefits to maintain a level premium.

Please revise this statement by removing the section that begins with "...or a reduction of your base daily benefit to an amount ...".

Objection 2

- EXVA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: 14VAC5-100-50 3 requires that a "form must be submitted in the final form in which it is to be marketed or issued, sufficiently completed in "John Doe" fashion to indicate how it is intended to be used, if formal approval is sought.

Objection 3

- EXVA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: In compliance with 14VAC5-200-75 A 1and 2, please revise the letter to include a statement that the policy may be subject to rate increases in the future, including the policyholder's options in the event of future increases.

Objection 4

- EXVA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: In compliance with 14VAC5-200-75 D 2, please provide a clear explanation of the options available to the policyholder as alternatives to paying the increased premium.

Conclusion:

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

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/06/2018
Submitted Date	11/06/2018
Respond By Date	

Dear Elena Oliver,

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

- Rate Tables, [97058 VA, 99572 VA, 99573, 99574] (Rate)

Comments: In the Rate Action Information section of the Rate/Rule Schedule, please provide the previous State Filing Number. If this is the first rate filing since these forms were initially approved, please provide the original SERFF tracking number for these forms.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: If this the first rate increase request since these policies were approved, please explain, given the much publicized issues and concerns with the adequacy of long term care rates over the last 10-15 years, why you have not requested a rate increase before now.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the percentage of earned premium left to be earned.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please show a comparison between the Virginia requested increase and the requested increase in other states, including those that have been approved.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please show how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised information necessary 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,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016 VA LTCI 97058 Series (Post-Rate Stability)/*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	01/29/2018
Submitted Date	01/29/2018
Respond By Date	02/13/2018

Dear Elena Oliver,

Introduction:

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

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

Objection 1

- Certification of Compliance (Supporting Document)

Comments: The Company attached the Virginia Readability Compliance Certification. Please replace this with a Certification of Compliance pursuant to 14VAC5-100-40 3 which requires the following language:

"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."

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised information necessasry 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,
Bobby Toone

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/29/2017
Submitted Date	08/29/2017
Respond By Date	

Dear Elena Oliver,

Introduction:

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

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

Objection 1

- Rate Tables, [97058VA, 99572VA, 99573, 99574] (Rate)

Comments: The Affected Forms numbers should appear exactly as approved. According to our records, the form numbers were approved with a space between the number and VA as follows:

99572 VA and 97058 VA. Please correct.

Please move the current rate table to Supporting Documentation since these rates have been previously approved.

Objection 2

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Because the forms numbers on the Rate Request Summary should reflect the form numbers exactly as approved as noted in objection one, please update the attached form which is used specifically for Long Term Care policies.

Objection 3

- EX VA POLICYHOLDER NOTIFICATION LETTER, 97058 VA (Form)

Comments: The Form Schedule indicate the form number for the letter is 97058 VA which is actually the form number of the LTC policy to which this letter applies.

Since the letter is considered a form, please add a form number to the lower left hand corner of the letter for compliance with 14VAC5-100-50-1. Please update the Form Number column in the Form Schedule accordingly.

Pursuant to 14VAC5-200-75 D 2 c, in the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections. Please confirm there are no partnership policies.

Please attach a Certification of Compliance pursuant to 14VAC5-100-40 3 to Supporting Documentation.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: The following regards the document, Demonstration of Options.pdf:

A)For Example 1, is the 5.14 factor based on the insureds attained age or the insureds original issue age?

B)For Example 2, is the 2.06 factor based on the insureds attained age or the insureds original issue age?

C)For Example 3, is the 11.26 factor based on the insureds attained age or the insureds original issue age?

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: The following regards the Proposed Rate Table files:

Please provide all rates in an Excel file. Please illustrate that the increased premium is increased by the stated amount.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: The following regards the file: Virginia - Actuarial Memorandum and Certification (Pre-Rate Stability).pdf:

1)An important criteria for modeling long-term care business is the marital status. Please explain why the Actuarial Memorandum does not mention the use of marital status for the calculation of mortality, lapse and morbidity.

2)Section III: This item includes the number of in-force policies. Please include the Annualized Premium, in-force on the valuation date, for Virginia and Nationwide.

3)Section IV
A)This section does not mention a survivorship benefit (where the policy of the surviving spouse becomes paid-up after the first death of a spouse). Please confirm that no policies in this filing have a survivorship benefit.
B)From the rate sheets, it appears that all policies in this filing have a lifetime premium-paying-period. Please confirm.
C)If there are in-force policies that are paid-up, please do not include them in the LOSS RATIO calculations.

4)Section XV
A)It appears that rate increases vary by a number of parameters: inflation protection option, benefit period, elimination period and issue age. Rather than making a broad statement that the rate increase varies from 0 300%, please summarize the rate increase by benefit option (maximum daily benefit, elimination period, underwriting classification, inflation protection option and issue age). Please be clear regarding which insureds will receive a rate increase and which insureds will not receive a rate increase.
B)For the purpose of this rate increase, does State Farm plan to offer a Landing Spot for insureds whose coverage includes inflation protection?

5)Please add a section that presents the amount of the rate increase that is attributable to: mortality, lapse and morbidity. These three percentages should add to 100%.

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: When calculating Loss Ratios please use the following when responding to our objection below:

For accumulating and discounting, the interest rate used should be the statutory maximum valuation rate during the calendar years of issue. If the years of issue have varying statutory maximum valuation interest rates, please weight the interest rates to calculate a single interest rate. This interest rate should be used for all projections in this filing.

For the LOSS RATIO exhibit, please include separate columns for annual and cumulative: earned premiums, incurred claims and LOSS RATIOs.

For LOSS RATIO exhibits that include a rate increase, please include four additional columns: 1) the percentage of the rate increase, 2) the additional earned premium, and 3) the total earned premium. For the fourth column, please include the aggregate year-end

contract reserve (ALR), for the valuation date and all projected years.

All LOSS RATIO calculations should be in one unprotected Excel file with the formulas visible. There is no need to submit Excel spreadsheets as a pdf.

Objection:

To calculate the rate increase, please present three LOSS RATIO exhibits in an Excel file:

Expected LOSS RATIO:

a)Initial rate-filing assumptions and the expected sales distribution. Please include the Margin for Adverse Experience (MAE) related to morbidity

The LOSS RATIO in b) and c) will use historical values on the valuation date and prior:

b)Please use historical values on and prior to the valuation date. Please use assumptions from the Expected LOSS RATIO for the projection. Please include the MAE

c)Please use historical values on and prior to the valuation date. Please use new assumptions for the projection. Please include a column for the ALR. Please include the MAE.

To test the rate increase, please use the 58%/85% LOSS RATIO Test. For the 58% in this test, please use the greater of the Expected LOSS RATIO and 58%. For the 85% in this test, please use the greater of the Expected LOSS RATIO and 85%. Using the 58% or the 85% in the LOSS RATIO test when the Expected LOSS RATIO is higher implies that State Farm intends to lower the Loss Ratio for all past and future initial premiums.

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:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/12/2019
Submitted Date	08/12/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see Objection Response 8-5-2019 below.

Related Objection 1

Applies To:

- Policyholder Notification Documentation (Supporting Document)

Comments: Please revise the SOV to show where the Policyholder Name and Policy Number have been added to the header of pages 2 through 6.

Changed Items:

State: *Virginia* **Filing Company:** *State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2016 VA LTCI 97058 Series (Post-Rate Stability)/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	97058 VA Policyholder Letter in John Doe format
Comments:	
Attachment(s):	97058 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	97058 VA Policyholder Letter in John Doe format
Comments:	
Attachment(s):	97058 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*

Satisfied - Item:	Objection Response 8-5-2019
Comments:	
Attachment(s):	Objection Response 8-5-2019.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Grant Wahlheim

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/02/2019
Submitted Date	08/02/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see Objection Response 7-26-2019 below.

Related Objection 1

Applies To:

- Policyholder Notification Documentation (Supporting Document)

Comments: Under the Date of Rate Increase field, the Statement of Variability lists fields Mode and Policyholder Name. Please identify where these variable fields appear in the form with respect to this section.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*

Satisfied - Item:	Policyholder Notification Documentation
Comments:	The Policyholder Notification Letter has been attached to the "Form Schedule "tab.
Attachment(s):	VA Policy Schedule.pdf VA Policy Schedule - After Dropping Rider.pdf Nonforfeiture Letter.pdf Statement of Variability for EXVA Policyholder Letter.pdf
Previous Version	
Satisfied - Item:	*Policyholder Notification Documentation*
Comments:	*The Policyholder Notification Letter has been attached to the "Form Schedule "tab.*
Attachment(s):	*VA Policy Schedule.pdf* *VA Policy Schedule - After Dropping Rider.pdf* *Nonforfeiture Letter.pdf* *Statement of Variability for EXVA Policyholder Letter.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Notification Documentation*
Comments:	*The Policyholder Notification Letter has been attached to the "Form Schedule "tab.*
Attachment(s):	*Statement of Variability for 97058 VA Policyholder Letter.pdf* *VA Policy Schedule.pdf*

	VA Policy Schedule - After Dropping Rider.pdf Nonforfeiture Letter.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*

Satisfied - Item:	Policyholder Notification Documentation
Comments:	The Policyholder Notification Letter has been attached to the "Form Schedule "tab.
Attachment(s):	VA Policy Schedule.pdf VA Policy Schedule - After Dropping Rider.pdf Nonforfeiture Letter.pdf Statement of Variability for EXVA Policyholder Letter.pdf
Previous Version	
Satisfied - Item:	*Policyholder Notification Documentation*
Comments:	*The Policyholder Notification Letter has been attached to the "Form Schedule "tab.*
Attachment(s):	*VA Policy Schedule.pdf* *VA Policy Schedule - After Dropping Rider.pdf* *Nonforfeiture Letter.pdf* *Statement of Variability for EXVA Policyholder Letter.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Notification Documentation*
Comments:	*The Policyholder Notification Letter has been attached to the "Form Schedule "tab.*
Attachment(s):	*Statement of Variability for 97058 VA Policyholder Letter.pdf* *VA Policy Schedule.pdf*

	VA Policy Schedule - After Dropping Rider.pdf *Nonforfeiture Letter.pdf*

Satisfied - Item:	Objection Response 7-26-2019
Comments:	
Attachment(s):	Objection Response 7-26-2019.pdf

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EXVA POLICYHOLDER NOTIFICATION LETTER	EXVA	OTH	Other		44.700	97058 VA Policyholder Letter.pdf	Date Submitted: 08/02/2019 By: Grant Wahlheim
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 07/07/2019 By: Grant Wahlheim*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 05/01/2019 By: Harrison Lin*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 03/29/2019 By: Harrison Lin*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 02/05/2018 By:*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Janel Allison*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97058 VA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 06/15/2017 By: Janel Allison*

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Grant Wahlheim

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/28/2019
Submitted Date	07/07/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see Objection Response below.

Related Objection 1

Applies To:

- EXVA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: 14VAC5-20-75 D requires that an insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificateholders, if applicable, at least 75 days prior to the implementation of the premium rate schedule increase by the insurer.

Please verify that all policyholders will be given a minimum of 75 days notice of this scheduled premium increase.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	97058 VA Policyholder Letter in John Doe format
Comments:	
Attachment(s):	97058 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	97058 VA Policyholder Letter in John Doe format
Comments:	
Attachment(s):	97058 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*

Satisfied - Item:	Objection Response 5-8-2019
Comments:	
Attachment(s):	Objection Response 5-8-2019.pdf

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EXVA POLICYHOLDER NOTIFICATION LETTER	EXVA	OTH	Other		44.700	97058 VA Policyholder Letter.pdf	Date Submitted: 07/07/2019 By: Grant Wahlheim
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 05/01/2019 By: Harrison Lin*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 03/29/2019 By: Harrison Lin*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 02/05/2018 By:*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Janel Allison*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97058 VA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 06/15/2017 By: Janel Allison*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see Objection Response below.

Related Objection 2

Applies To:

- EXVA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: 14VAC5-200-185 D 3 requires that a Contingent Benefit upon Lapse will be triggered if the policy lapses within 120 days of the due date of the new increased premium.

Please revise section 6 of the Questions and Answers to include this statement.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	97058 VA Policyholder Letter in John Doe format
Comments:	
Attachment(s):	97058 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	97058 VA Policyholder Letter in John Doe format
Comments:	
Attachment(s):	97058 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*

Satisfied - Item:	Objection Response 5-8-2019
Comments:	
Attachment(s):	Objection Response 5-8-2019.pdf

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EXVA POLICYHOLDER NOTIFICATION LETTER	EXVA	OTH	Other		44.700	97058 VA Policyholder Letter.pdf	Date Submitted: 07/07/2019 By: Grant Wahlheim
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 05/01/2019 By: Harrison Lin*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 03/29/2019 By: Harrison Lin*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 02/05/2018 By:*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Janel Allison*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97058 VA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 06/15/2017 By: Janel Allison*

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see Objection Response below.

Related Objection 3

Applies To:

- EXVA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: Please revise section 3 and 8 of the Questions and Answers part of the Policyholder Notification Letter by including a statement to the effect that if it is deemed necessary to enact another premium increase in the future, options similar those in this letter will be available then, also

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	97058 VA Policyholder Letter in John Doe format
Comments:	
Attachment(s):	97058 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	97058 VA Policyholder Letter in John Doe format
Comments:	
Attachment(s):	97058 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*

Satisfied - Item:	Objection Response 5-8-2019
Comments:	
Attachment(s):	Objection Response 5-8-2019.pdf

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EXVA POLICYHOLDER NOTIFICATION LETTER	EXVA	OTH	Other		44.700	97058 VA Policyholder Letter.pdf	Date Submitted: 07/07/2019 By: Grant Wahlheim
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 05/01/2019 By: Harrison Lin*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 03/29/2019 By: Harrison Lin*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 02/05/2018 By:*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Janel Allison*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97058 VA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 06/15/2017 By: Janel Allison*

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see Objection Response below.

Related Objection 4

Applies To:

- EXVA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: In compliance with 14VAC5-200-75 A 3, please revise the letter to include the premium rate or rate schedule that will be in effect until the requested rate increase in put into place.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	97058 VA Policyholder Letter in John Doe format
Comments:	
Attachment(s):	97058 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	97058 VA Policyholder Letter in John Doe format
Comments:	
Attachment(s):	97058 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*

Satisfied - Item:	Objection Response 5-8-2019
Comments:	
Attachment(s):	Objection Response 5-8-2019.pdf

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EXVA POLICYHOLDER NOTIFICATION LETTER	EXVA	OTH	Other		44.700	97058 VA Policyholder Letter.pdf	Date Submitted: 07/07/2019 By: Grant Wahlheim
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 05/01/2019 By: Harrison Lin*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 03/29/2019 By: Harrison Lin*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 02/05/2018 By:*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Janel Allison*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97058 VA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 06/15/2017 By: Janel Allison*

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Grant Wahlheim

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/30/2019
Submitted Date	05/01/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Based on the conference call on 4/4/2019, we have removed the section in the Contingent Benefit upon Lapse (CBUL) paragraph stating that a policyholder can reduce their daily benefit to retain their premium prior to the rate increase. We have changed this in the policyholder letter and the John Doe letter.

Related Objection 1

Applies To:

- Objection Response 3-14-2019 (Supporting Document)

Comments: Referring to your response to objection 1;

14VAC5-200-185 E states, "Benefits continued as nonforfeiture benefits, including contingent benefits upon lapse in accordance with subdivision D 3 but not subdivision D 4 of this section, are described in this subsection.

Subsection 3, of section E, describes the benefits in the nonforfeiture option, as well as the Contingent Benefit Upon Lapse (CBUL).The CBUL is the option an insured can choose to maintain some benefits of the policy when it lapses. It's also the automatic benefit if the policy lapses within 120 days of the due date of the policy premium increase.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	97058 VA Policyholder Letter in John Doe format
Comments:	
Attachment(s):	97058 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EXVA POLICYHOLDER NOTIFICATION LETTER	EXVA	OTH	Other		44.700	97058 VA Policyholder Letter.pdf	Date Submitted: 05/01/2019 By: Harrison Lin
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 03/29/2019 By: Harrison Lin*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 02/05/2018 By:*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Janel Allison*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97058 VA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 06/15/2017 By: Janel Allison*

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Harrison Lin

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/28/2019
Submitted Date	03/29/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see Objection Response below.

Related Objection 1

Applies To:

- EXVA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: On page 2 of the letter, the paragraph that describes the Contingent Benefit upon Lapse has this statement, "This benefit would provide either a paid up policy based on premiums paid to date or a reduction of your base daily benefit to an amount that would retain your premium level prior to the increase." The Contingent Benefit upon Lapse does not provide for a reduction of benefits to maintain a level premium.

Please revise this statement by removing the section that begins with "...or a reduction of your base daily benefit to an amount ...".

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 3-14-2019
Comments:	
Attachment(s):	Objection Response 97058 3-14-2019.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see Objection Response below.

Related Objection 2

Applies To:

- EXVA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: 14VAC5-100-50 3 requires that a "form must be submitted in the final form in which it is to be marketed or issued, sufficiently completed in "John Doe" fashion to indicate how it is intended to be used, if formal approval is sought.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 3-14-2019
Comments:	
Attachment(s):	Objection Response 97058 3-14-2019.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 3-14-2019
Comments:	
Attachment(s):	Objection Response 97058 3-14-2019.pdf

Satisfied - Item:	97058 VA Policyholder Letter in John Doe format
Comments:	
Attachment(s):	97058 VA Policyholder Letter in John Doe format.pdf

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EXVA POLICYHOLDER NOTIFICATION LETTER	EXVA	OTH	Other		44.700	97058 VA Policyholder Letter.pdf	Date Submitted: 03/29/2019 By: Harrison Lin
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 02/05/2018 By:*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Janel Allison*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97058 VA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 06/15/2017 By: Janel Allison*

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see Objection Response below.

Related Objection 3

Applies To:

- EXVA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: In compliance with 14VAC5-200-75 A 1and 2, please revise the letter to include a statement that the policy may be subject to rate increases in the future, including the policyholder's options in the event of future increases.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 3-14-2019
Comments:	
Attachment(s):	Objection Response 97058 3-14-2019.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see Objection Response below.

Related Objection 4

Applies To:

- EXVA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: In compliance with 14VAC5-200-75 D 2, please provide a clear explanation of the options available to the policyholder as alternatives to paying the increased premium.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 3-14-2019
Comments:	
Attachment(s):	Objection Response 97058 3-14-2019.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Harrison Lin

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/11/2018
Submitted Date	12/11/2018

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see Objection Response below.

Related Objection 1

Applies To:

- Rate Tables, [97058 VA, 99572 VA, 99573, 99574] (Rate)

Comments: In the Rate Action Information section of the Rate/Rule Schedule, please provide the previous State Filing Number. If this is the first rate filing since these forms were initially approved, please provide the original SERFF tracking number for these forms.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response
Comments:	
Attachment(s):	97058 Inforce Rate Increase History.pdf Objection Response 11-6-2018.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see Objection Response below.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: If this the first rate increase request since these policies were approved, please explain, given the much publicized issues and concerns with the adequacy of long term care rates over the last 10-15 years, why you have not requested a rate increase before now.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response
Comments:	
Attachment(s):	97058 Inforce Rate Increase History.pdf Objection Response 11-6-2018.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see Objection Response below.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the percentage of earned premium left to be earned.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response
Comments:	
Attachment(s):	97058 Inforce Rate Increase History.pdf Objection Response 11-6-2018.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see Objection Response below.

Related Objection 4

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*

Comments: Please show a comparison between the Virginia requested increase and the requested increase in other states, including those that have been approved.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response
Comments:	
Attachment(s):	97058 Inforce Rate Increase History.pdf Objection Response 11-6-2018.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see Objection Response below.

Related Objection 5

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*

Comments: Please show how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse.

Changed Items:

State:	Virginia	**Filing Company:**	State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care Insurance		
Project Name/Number:	2016 VA LTCI 97058 Series (Post-Rate Stability)/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response
Comments:	
Attachment(s):	97058 Inforce Rate Increase History.pdf Objection Response 11-6-2018.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Harrison Lin

State: *Virginia* **Filing Company:** *State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2016 VA LTCI 97058 Series (Post-Rate Stability)/*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/31/2018
Submitted Date	02/05/2018

Dear Bobby Toone,

Introduction:

Response 1

Comments:

We have added the statement to the compliance form. The amended document is included in the Amendment.

Related Objection 1

Applies To:

- Certification of Compliance (Supporting Document)

Comments: The Company attached the Virginia Readability Compliance Certification. Please replace this with a Certification of Compliance pursuant to 14VAC5-100-40 3 which requires the following language:

"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."

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Harrison Lin

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/16/2017
Submitted Date	10/16/2017

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see Objection Response 8-29-2017 and the following supporting documentation.

Related Objection 1

Applies To:

- Rate Tables, [97058VA, 99572VA, 99573, 99574] (Rate)

Comments: The Affected Forms numbers should appear exactly as approved. According to our records, the form numbers were approved with a space between the number and VA as follows:

99572 VA and 97058 VA. Please correct.

Please move the current rate table to Supporting Documentation since these rates have been previously approved.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx

State:	*Virginia*	**Filing Company:**	*State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016 VA LTCI 97058 Series (Post-Rate Stability)/*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*

No Form Schedule items changed.

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

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	97058 VA, 99572 VA, 99573, 99574	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 136.6	Proposed Rate Table N10 (1st year).pdf, Proposed Rate Table N11 (2nd year).pdf, Proposed Rate Table N12 (3rd year).pdf, Proposed Rate Table N13 (4th year).pdf, Proposed Rate Table N14 (5th year).pdf,	10/16/2017 By: Janel Allison
Previous Version						
1	*Rate Tables*	*97058VA, 99572VA, 99573, 99574*	*Revised*	*Previous State Filing Number: N/A Percent Rate Change Request: 136.6*	*Current Rate Table - A01.pdf, Proposed Rate Table N10 (1st year).pdf, Proposed Rate Table N11 (2nd year).pdf, Proposed Rate Table N12 (3rd year).pdf, Proposed Rate Table N13 (4th year).pdf, Proposed Rate Table N14 (5th year).pdf,*	*06/15/2017 By: Janel Allison*

Response 2

Comments:

Please see Objection Response 8-29-2017 and the following supporting documentation.

Related Objection 2

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Because the forms numbers on the Rate Request Summary should reflect the form numbers exactly as approved as noted in objection one, please update the attached form which is used specifically for Long Term Care policies.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA 97058 Narrative (Post-Rate Stability).pdf Demonstration of Options.pdf Health Insurance Rate Request Summary.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*Health Insurance Rate Request Summary.pdf* *VA 97058 Narrative (Post-Rate Stability).pdf* *Demonstration of Options.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see Objection Response 8-29-2017 and the following supporting documentation.

Related Objection 3

Applies To:

- *EX VA POLICYHOLDER NOTIFICATION LETTER, 97058 VA (Form)*

Comments: The Form Schedule indicate the form number for the letter is 97058 VA which is actually the form number of the LTC policy to which this letter applies.

Since the letter is considered a form, please add a form number to the lower left hand corner of the letter for compliance with 14VAC5-100-50-1. Please update the Form Number column in the Form Schedule accordingly.

Pursuant to 14VAC5-200-75 D 2 c, in the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections. Please confirm there are no partnership policies.

Please attach a Certification of Compliance pursuant to 14VAC5-100-40 3 to Supporting Documentation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VIRGINIA READABILITY COMPLIANCE CERTIFICATION.pdf
Previous Version	
Bypassed - Item:	*Certification of Compliance*
Bypass Reason:	*This is not a form filing.*
Attachment(s):	

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EXVA POLICYHOLDER NOTIFICATION LETTER	EXVA	OTH	Other		42.400	97058 VA Policyholder Letter - Ultimate.pdf	Date Submitted: 10/16/2017 By: Janel Allison
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97058 VA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 06/15/2017 By: Janel Allison*

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see Objection Response 8-29-2017 and the following supporting documentation.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The following regards the document, Demonstration of Options.pdf:

A)For Example 1, is the 5.14 factor based on the insureds attained age or the insureds original issue age?

B)For Example 2, is the 2.06 factor based on the insureds attained age or the insureds original issue age?

C)For Example 3, is the 11.26 factor based on the insureds attained age or the insureds original issue age?

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see Objection Response 8-29-2017 and the following supporting documentation.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The following regards the Proposed Rate Table files:

Please provide all rates in an Excel file. Please illustrate that the increased premium is increased by the stated amount.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Current Rate Table A01
Comments:	
Attachment(s):	Current Rate Table A01.pdf Current Rate Table A01.xlsx

Supporting Document Schedule Item Changes	
Satisfied - Item:	Current Rate Table A01
Comments:	
Attachment(s):	Current Rate Table A01.pdf Current Rate Table A01.xlsx

Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx

Supporting Document Schedule Item Changes	
Satisfied - Item:	Current Rate Table A01
Comments:	
Attachment(s):	Current Rate Table A01.pdf Current Rate Table A01.xlsx

Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*

Supporting Document Schedule Item Changes

Satisfied - Item:	Current Rate Table A01
Comments:	
Attachment(s):	Current Rate Table A01.pdf Current Rate Table A01.xlsx

Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*

Satisfied - Item:	Rate Table Comparison
Comments:	
Attachment(s):	Rate Table Comparison - N10 to A01 (1st year).pdf Rate Table Comparison - N11 to N10 (2nd year).pdf Rate Table Comparison - N12 to N11 (3rd year).pdf Rate Table Comparison - N13 to N12 (4th year).pdf Rate Table Comparison - N14 to N13 (5th year).pdf
Previous Version	
Satisfied - Item:	*Rate Table Comparison*
Comments:	
Attachment(s):	*Rate Table Comparison - N10 to A01 (1st year).pdf* *Rate Table Comparison - N11 to N10 (2nd year).pdf* *Rate Table Comparison - N12 to N11 (3rd year).pdf* *Rate Table Comparison - N13 to N12 (4th year).pdf* *Rate Table Comparison - N14 to N13 (5th year).pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Current Rate Table A01
Comments:	
Attachment(s):	Current Rate Table A01.pdf Current Rate Table A01.xlsx

Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*

Satisfied - Item:	Rate Table Comparison
Comments:	
Attachment(s):	Rate Table Comparison - N10 to A01 (1st year).pdf Rate Table Comparison - N11 to N10 (2nd year).pdf Rate Table Comparison - N12 to N11 (3rd year).pdf Rate Table Comparison - N13 to N12 (4th year).pdf Rate Table Comparison - N14 to N13 (5th year).pdf
Previous Version	
Satisfied - Item:	*Rate Table Comparison*
Comments:	
Attachment(s):	*Rate Table Comparison - N10 to A01 (1st year).pdf* *Rate Table Comparison - N11 to N10 (2nd year).pdf* *Rate Table Comparison - N12 to N11 (3rd year).pdf* *Rate Table Comparison - N13 to N12 (4th year).pdf* *Rate Table Comparison - N14 to N13 (5th year).pdf*

Satisfied - Item:	Proposed Rate Tables
Comments:	

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Attachment(s):	Proposed Rate Table N10 (1st year).xlsx Proposed Rate Table N11 (2nd year).xlsx Proposed Rate Table N12 (3rd year).xlsx Proposed Rate Table N13 (4th year).xlsx Proposed Rate Table N14 (5th year).xlsx

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	97058 VA, 99572 VA, 99573, 99574	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 136.6	Proposed Rate Table N10 (1st year).pdf, Proposed Rate Table N11 (2nd year).pdf, Proposed Rate Table N12 (3rd year).pdf, Proposed Rate Table N13 (4th year).pdf, Proposed Rate Table N14 (5th year).pdf,	10/16/2017 By: Janel Allison
Previous Version						
1	*Rate Tables*	*97058VA, 99572VA, 99573, 99574*	*Revised*	*Previous State Filing Number: N/A Percent Rate Change Request: 136.6*	*Current Rate Table - A01.pdf, Proposed Rate Table N10 (1st year).pdf, Proposed Rate Table N11 (2nd year).pdf, Proposed Rate Table N12 (3rd year).pdf, Proposed Rate Table N13 (4th year).pdf, Proposed Rate Table N14 (5th year).pdf,*	*06/15/2017 By: Janel Allison*

Response 6

Comments:

Please see Objection Response 8-29-2017 and the following supporting documentation.

Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The following regards the file: Virginia - Actuarial Memorandum and Certification (Pre-Rate Stability).pdf:

1)An important criteria for modeling long-term care business is the marital status. Please explain why the Actuarial Memorandum does not mention the use of marital status for the calculation of mortality, lapse and morbidity.

2)Section III: This item includes the number of in-force policies. Please include the Annualized Premium, in-force on the valuation date, for Virginia and Nationwide.

3)Section IV
A)This section does not mention a survivorship benefit (where the policy of the surviving spouse becomes paid-up after the first death of a spouse). Please confirm that no policies in this filing have a survivorship benefit.
B)From the rate sheets, it appears that all policies in this filing have a lifetime premium-paying-period. Please confirm.
C)If there are in-force policies that are paid-up, please do not include them in the LOSS RATIO calculations.

4)Section XV
A)It appears that rate increases vary by a number of parameters: inflation protection option, benefit period, elimination period and issue age. Rather than making a broad statement that the rate increase varies from 0 300%, please summarize the rate increase by benefit option (maximum daily benefit, elimination period, underwriting classification, inflation protection option and issue age). Please be clear regarding which insureds will receive a rate increase and which insureds will not receive a rate increase.
B)For the purpose of this rate increase, does State Farm plan to offer a Landing Spot for insureds whose coverage includes inflation protection?

5)Please add a section that presents the amount of the rate increase that is attributable to: mortality, lapse and morbidity. These three percentages should add to 100%.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please see Objection Response 8-29-2017 and the following supporting documentation.

Related Objection 7

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Comments: When calculating Loss Ratios please use the following when responding to our objection below:

For accumulating and discounting, the interest rate used should be the statutory maximum valuation rate during the calendar years of issue. If the years of issue have varying statutory maximum valuation interest rates, please weight the interest rates to calculate a single interest rate. This interest rate should be used for all projections in this filing.

For the LOSS RATIO exhibit, please include separate columns for annual and cumulative: earned premiums, incurred claims and LOSS RATIOs.

For LOSS RATIO exhibits that include a rate increase, please include four additional columns: 1) the percentage of the rate increase, 2) the additional earned premium, and 3) the total earned premium. For the fourth column, please include the aggregate year-end contract reserve (ALR), for the valuation date and all projected years.

All LOSS RATIO calculations should be in one unprotected Excel file with the formulas visible. There is no need to submit Excel spreadsheets as a pdf.

Objection:

To calculate the rate increase, please present three LOSS RATIO exhibits in an Excel file:

Expected LOSS RATIO:

a)Initial rate-filing assumptions and the expected sales distribution. Please include the Margin for Adverse Experience (MAE) related to morbidity

The LOSS RATIO in b) and c) will use historical values on the valuation date and prior:

b)Please use historical values on and prior to the valuation date. Please use assumptions from the Expected LOSS RATIO for the projection. Please include the MAE

c)Please use historical values on and prior to the valuation date. Please use new assumptions for the projection. Please include a column for the ALR. Please include the MAE.

To test the rate increase, please use the 58%/85% LOSS RATIO Test. For the 58% in this test, please use the greater of the Expected LOSS RATIO and 58%. For the 85% in this test, please use the greater of the Expected LOSS RATIO and 85%. Using the 58% or the 85% in the LOSS RATIO test when the Expected LOSS RATIO is higher implies that State Farm intends to lower the Loss Ratio for all past and future initial premiums.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Janel Allison

Amendment Letter

Submitted Date: 10/14/2019

Comments:

From our phone call on the afternoon of 10/11/2019, a final version of form EXVA the 97058 VA Policyholder Letter has been attached which removed the highlighting. An updated John Doe version has also been included within the supporting documentation. Please let us know if there is anything else needed to review this filing.

Changed Items:

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EXVA POLICYHOLDER NOTIFICATION LETTER	EXVA	OTH	Other		44.700	97058 VA Policyholder Letter - Final.pdf	Date Submitted: 10/14/2019 By:
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 08/02/2019 By: Grant Wahlheim*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 07/07/2019 By: Grant Wahlheim*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 05/01/2019 By: Harrison Lin*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 03/29/2019 By: Harrison Lin*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*44.700*	*97058 VA Policyholder Letter.pdf*	*Date Submitted: 02/05/2018 By:*
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Janel Allison*
Previous Version								
1	*EX VA*	*97058 VA*	*OTH*	*Other*		*42.400*	*97058 VA*	*Date Submitted:*

State: *Virginia* **Filing Company:** *State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2016 VA LTCI 97058 Series (Post-Rate Stability)/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
	POLICYHOLDER NOTIFICATION LETTER						*Policyholder Letter - Ultimate.pdf*	*06/15/2017 By: Janel Allison*

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	97058 VA Policyholder Letter in John Doe format
Comments:	
Attachment(s):	97058 VA Policyholder Letter in John Doe format - Final.pdf
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97058 VA Policyholder Letter in John Doe format*
Comments:	
Attachment(s):	*97058 VA Policyholder Letter in John Doe format.pdf*

State: *Virginia* **Filing Company:** *State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2016 VA LTCI 97058 Series (Post-Rate Stability)/*

Amendment Letter

Submitted Date: 02/05/2018

Comments:

From our conference call on 12/19/2017 and speaking to management, we have decided to lower the proposed increase on this block of business. We are asking for a maximum amount of increase that does not recoup any past losses. As a result, we are asking for a 33.5% average increase at this time. Since our initial filing in June of 2017, we have updated our actual past claims experience to reflect additional months of development. Because of this, we have submitted revised Actual to Expected Exhibits and revised projection exhibits to reflect the experience changed and revised proposed increase. We have also revised the supporting documentation to reflect the new proposed increase of 33.5%.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EXVA POLICYHOLDER NOTIFICATION LETTER	EXVA	OTH	Other		44.700	97058 VA Policyholder Letter.pdf	Date Submitted: 02/05/2018 By:
Previous Version								
1	*EXVA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Janel Allison*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97058 VA*	*OTH*	*Other*		*42.400*	*97058 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 06/15/2017 By: Janel Allison*

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2016 VA LTCI 97058 Series (Post-Rate Stability)/

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	97058 VA, 99572 VA, 99573, 99574	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 33.5	Proposed Rate Table N10.pdf,	02/05/2018 By:
Previous Version						
1	*Rate Tables*	*97058 VA, 99572 VA, 99573, 99574*	*Revised*	*Previous State Filing Number: N/A Percent Rate Change Request: 136.6*	*Proposed Rate Table N10 (1st year).pdf, Proposed Rate Table N11 (2nd year).pdf, Proposed Rate Table N12 (3rd year).pdf, Proposed Rate Table N13 (4th year).pdf, Proposed Rate Table N14 (5th year).pdf,*	*10/16/2017 By: Janel Allison*
Previous Version						
1	*Rate Tables*	*97058VA, 99572VA, 99573, 99574*	*Revised*	*Previous State Filing Number: N/A Percent Rate Change Request: 136.6*	*Current Rate Table - A01.pdf, Proposed Rate Table N10 (1st year).pdf, Proposed Rate Table N11 (2nd year).pdf, Proposed Rate Table N12 (3rd year).pdf, Proposed Rate Table N13 (4th year).pdf, Proposed Rate Table N14 (5th year).pdf,*	*06/15/2017 By: Janel Allison*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VIRGINIA READABILITY COMPLIANCE CERTIFICATION.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VIRGINIA READABILITY COMPLIANCE CERTIFICATION.pdf*
Previous Version	
Bypassed - Item:	*Certification of Compliance*
Bypass Reason:	*This is not a form filing.*
Attachment(s):	

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Demonstration of Options.pdf Health Insurance Rate Request Summary.pdf VA 97058 Narrative (Post-Rate Stability).pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	

Attachment(s):	*VA 97058 Narrative (Post-Rate Stability).pdf* *Demonstration of Options.pdf* *Health Insurance Rate Request Summary.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*Health Insurance Rate Request Summary.pdf* *VA 97058 Narrative (Post-Rate Stability).pdf* *Demonstration of Options.pdf*

Satisfied - Item:	Rate Table Comparison
Comments:	
Attachment(s):	Rate Table Comparison - N10 to A01.pdf
Previous Version	
Satisfied - Item:	*Rate Table Comparison*
Comments:	
Attachment(s):	*Rate Table Comparison - N10 to A01 (1st year).pdf* *Rate Table Comparison - N11 to N10 (2nd year).pdf* *Rate Table Comparison - N12 to N11 (3rd year).pdf* *Rate Table Comparison - N13 to N12 (4th year).pdf* *Rate Table Comparison - N14 to N13 (5th year).pdf*
Previous Version	
Satisfied - Item:	*Rate Table Comparison*
Comments:	
Attachment(s):	*Rate Table Comparison - N10 to A01 (1st year).pdf* *Rate Table Comparison - N11 to N10 (2nd year).pdf* *Rate Table Comparison - N12 to N11 (3rd year).pdf* *Rate Table Comparison - N13 to N12 (4th year).pdf* *Rate Table Comparison - N14 to N13 (5th year).pdf*

Satisfied - Item:	Actual and Projected Experience
Comments:	
Attachment(s):	Actual and Projected Nationwide Experience - VA - Post Rate.pdf Actual and Projected Nationwide Experience - VA - Post Rate.xlsx Actual and Projected Experience - VA - Post RAte.pdf Actual and Projected Experience - VA - Post RAte.xlsx
Previous Version	

Satisfied - Item:	*Actual and Projected Experience*
Comments:	
Attachment(s):	*Actual & Projected Nationwide - VA - Post-Rate Stability Only.pdf* *Actual & Projected Nationwide - VA - Post-Rate Stability Only.xlsx* *Actual & Projected State Exhibit - VA - Post-Rate Stability Only.pdf* *Actual & Projected State Exhibit - VA - Post-Rate Stability Only.xlsx*

Satisfied - Item:	Actual to Expected Experience
Comments:	
Attachment(s):	Nationwide Actual to Expected VA Post Rate Stability.pdf Actual to Expected VA Post Rate Stability.pdf
Previous Version	
Satisfied - Item:	*Actual to Expected Experience*
Comments:	
Attachment(s):	*Nationwide A to E (Post-Rate Stability).pdf* *Virginia A to E (Post-Rate Stability).pdf*

Satisfied - Item:	Rate Increase Status by State
Comments:	
Attachment(s):	97058 Inforce Rate Increase History.pdf
Previous Version	
Satisfied - Item:	*Rate Increase Status by State*
Comments:	
Attachment(s):	*97058 In-Force Rate Increase History.pdf*

Satisfied - Item:	Policyholder Notification Documentation
Comments:	The Policyholder Notification Letter has been attached to the "Form Schedule "tab.
Attachment(s):	VA Policy Schedule.pdf VA Policy Schedule - After Dropping Rider.pdf Nonforfeiture Letter.pdf Statement of Variability for EXVA Policyholder Letter.pdf
Previous Version	
Satisfied - Item:	*Policyholder Notification Documentation*
Comments:	*The Policyholder Notification Letter has been attached to the "Form Schedule "tab.*
Attachment(s):	*Statement of Variability for 97058 VA Policyholder Letter.pdf* *VA Policy Schedule.pdf* *VA Policy Schedule - After Dropping Rider.pdf*

	Nonforfeiture Letter.pdf

Satisfied - Item:	Pre-Filing Questionnaire
Comments:	
Attachment(s):	Actual Distribution of Business - Projected with Original Assumptions.pdf Actual Distribution of Business - Projected with Original Assumptions.xlsx Actual Historical - Original Assumptions Projected.pdf Actual Historical - Original Assumptions Projected.xlsx Actual and Projected Nationwide Experience - Original Assumptions.xlsx Actual and Projected Experience - Original Assumptions.pdf Actual and Projected Experience - Original Assumptions.xlsx Actual and Projected Nationwide Experience - Proposed Rates from Inception.pdf Actual and Projected Nationwide Experience - Proposed Rates from Inception.xlsx LTC questions State Farm - Post-Rate Stability.pdf Actual and Projected Nationwide Experience - Original Assumptions.pdf
Previous Version	
Satisfied - Item:	*Pre-Filing Questionnaire*
Comments:	
Attachment(s):	*LTC questions State Farm - Post-Rate Stability.pdf* *Actual & Projected Experience - Proposed Rates from Inception.pdf* *Actual & Projected Experience - Proposed Rates from Inception.xlsx* *Actual Distribution of Business - Projected with Original Assumptions.pdf* *Actual Distribution of Business - Projected with Original Assumptions.xlsx* *Actual Historical - Original Assumptions Projected.pdf* *Actual Historical - Original Assumptions Projected.xlsx*

Satisfied - Item:	Proposed Rate Tables
Comments:	
Attachment(s):	Proposed Rate Table N10.xlsx
Previous Version	
Satisfied - Item:	*Proposed Rate Tables*
Comments:	
Attachment(s):	*Proposed Rate Table N10 (1st year).xlsx* *Proposed Rate Table N11 (2nd year).xlsx* *Proposed Rate Table N12 (3rd year).xlsx* *Proposed Rate Table N13 (4th year).xlsx* *Proposed Rate Table N14 (5th year).xlsx*

State:	*Virginia*	**Filing Company:**	*State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016 VA LTCI 97058 Series (Post-Rate Stability)/*		

Note To Reviewer

Created By:

Grant Wahlheim on 10/11/2019 08:14 AM

Last Edited By:

Grant Wahlheim

Submitted On:

10/11/2019 08:14 AM

Subject:

Status Update

Comments:

Hello,

It has been two months since the latest update on this filing, and one month since the deemer date of 9/11/2019 has passed. Could you please provide an update on when a disposition can be expected on this filing?

Thanks!
Grant Wahlheim

Note To Filer

Created By:

Bobby Toone on 06/07/2019 10:39 AM

Last Edited By:

Bobby Toone

Submitted On:

06/07/2019 10:40 AM

Subject:

Extension Request

Comments:

An extension has been granted to 07/07/2019.

Note To Reviewer

Created By:

Harrison Lin on 06/07/2019 09:51 AM

Last Edited By:

Bobby Toone

Submitted On:

06/07/2019 10:40 AM

Subject:

Request for Extension

Comments:

We would like to request for an extension on this Objection Response. Thanks!

Note To Filer

Created By:

Janet Houser on 08/29/2017 01:08 PM

Last Edited By:

Bobby Toone

Submitted On:

06/07/2019 10:40 AM

Subject:

Long Term Care Rate Request Summary

Comments:

Attached is the form referenced in our objection letter.

Reset Form

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")

Form#	"Product Name"(if applicable)

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

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

State: *Virginia* **Filing Company:** *State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2016 VA LTCI 97058 Series (Post-Rate Stability)/*

Post Submission Update Request Processed On 12/11/2018

Status:	Allowed
Created By:	Harrison Lin
Processed By:	Bobby Toone
Comments:	Allowed

Rate Information:

Field Name	Requested Change	Prior Value
SERFF Tracking Number of Last Filing	STLH-129232272	

State: *Virginia* **Filing Company:** *State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2016 VA LTCI 97058 Series (Post-Rate Stability)/*

Post Submission Update Request Processed On 05/01/2018

Status:	Allowed
Created By:	Harrison Lin
Processed By:	Bobby Toone
Comments:	Allowed

Company Rate Information:

Company Name:State Farm Mutual Automobile Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	75.800%	180.600%
Overall % Rate Impact	33.500%	136.600%
Written Premium Change for this Program	$109645	$447091
Maximum %Change (where required)	40.000%	300.000%

State: *Virginia*
Filing Company: *State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2016 VA LTCI 97058 Series (Post-Rate Stability)/*

Form Schedule

Lead Form Number: 97058VA

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed 10/16/2019	EXVA POLICYHOLDER NOTIFICATION LETTER	EXVA	OTH	Other		44.700	97058 VA Policyholder Letter - Final.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	**NAP**	Network Access Plan
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
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	**PRD**	Provider Directory

State Farm Mutual Automobile Insurance Company

<DATE>

Greeley Health Operations Center
P.O. Box 339404
Greeley, Colorado 80633-9404

<INSURED NAME & ADDRESS>

Re: <POLICY NUMBER>
Form Number: <FORM NUM>

Dear <INSURED NAME>:

As a valued State Farm Mutual Automobile Insurance Company (State Farm) customer, we are proud to serve your insurance and financial services needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

Lower than expected lapse rates and lower than expected mortality mean that State Farm anticipates paying more claims than originally expected. In addition, higher than expected claim costs means that State Farm expects to pay more on those claims than originally expected. These trends have led to pricing challenges for Long-Term Care insurance providers including State Farm. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims.

Your current <PREMIUM MODE> is <MODAL PREMIUM>. Your new <PREMIUM MODE> premium will be <MODAL PREMIUM>, effective on the next <ANNIVERSARY OR RENEWAL> date of your policy, <DATE OF RATE INCREASE>. Your billing notice will reflect the new premium.

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability and how the changes in the policy's current benefits may be used to reduce the rate increase. **Available options may not be of equal value.** These options will be available in the event of a future

increase and changes in the current benefits may be made at any time to reduce the rate increase.

You have the right to a new policy schedule reflecting the new premium rate schedule. Please contact your State Farm agent to obtain a new policy schedule. Please be sure to attach it to your policy.

Your current benefit selections include:

- Base daily benefit <DAILY BENEFIT AMOUNT>
- Benefit factor <BENEFIT FACTOR AMOUNT>
- Elimination period <ELIMINATION PERIOD AMOUNT>
- Inflation protection <INFLATION PROTECTION>
- Non-Forfeiture rider – <NON-FORFEITURE RIDER>

Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge.

<Because of this premium increase, you qualify for a contingent benefit upon lapse. This benefit is based on the age at which you purchased this policy, the percent of premium increases applied to date, and the duration of the policy (i.e. how long you have owned the policy). This benefit would provide a paid up policy based on premiums paid to date. The paid-up benefit will equal 100% of the sum of all premiums paid to date but in no case less than 30 times the daily nursing home benefit at the time of lapse not to exceed the maximum benefits which would be payable if the policy had remained in premium paying status. Your billing notice will provide additional detail as well as the opportunity to exercise this option. The contingent benefit upon lapse is separate from any non-forfeiture benefit that may have been purchased along with this policy.>

The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

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

We appreciate your business and value you as a Long-Term Care customer.

Sincerely,

Policyholder Service
Health Insurance Division
State Farm Mutual Automobile Insurance Company

cc: <AGENT NAME>, <PROCESSING STATE CODE>-<AGENT CODE>
<AGENT PHONE NUMBER>

Questions and Answers

1. Why does State Farm need to raise premium rates - can you explain further?

Both the cost of Long-Term Care, as well as Long-Term Care claims experience, are trending higher than anticipated. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business and adequately fund anticipated claims.

2. Is there an alternative to paying higher premiums?

Several options may exist to assist with maintaining the affordability of your LTCI coverage including: (1) Reducing the daily benefit. (2) Reducing the benefit factor. (3) Increasing the elimination period. (4) Removing the inflation protection benefit or changing from compound inflation protection to simple inflation protection where available. (5) Removing or exercising the non-forfeiture benefit rider.

These are options that can be considered and should be discussed with your State Farm Agent in order to make the best decision for your individual circumstances.

3. Does my Long-Term Care policy allow State Farm to raise my premiums?

Your Long-Term Care policy states that premiums are subject to change and that while we cannot change your policy benefits without your consent, we may change premium rates provided the rate change is for a defined group of policyholders and not a single individual. Your Long-Term Care Insurance premium rates are guaranteed for a period of 12 months following the effective date of this rate increase. After that, premium rates could be increased again if rates are determined to be inadequate to support future claims obligations (subject to review and approval by the Virginia State Corporation Commission). If a future premium increase is enacted, all current options to maintain the affordability of LTCI coverage as listed in Question 2 will also be available to you.

4. If I no longer live in the state where I purchased my policy, does the increase still apply?

Yes, the rate increase will apply to the state in which the policy was issued.

5. My policy is currently in claim status and I am receiving benefits. Do I have to pay the increased premium?

Premiums will be waived when an insured meets waiver of premium benefit eligibility requirements and is receiving claim benefits. Premiums at the new rate would begin if and when the insured's premium is no longer being waived.

6. What happens if I still cannot afford the premium even after reviewing my options as stated above?

After careful evaluation and discussion with your State Farm Agent, you will need to determine your insurance needs based on your individual circumstances and then make a decision regarding this policy. If premium is not received by the established due date, the policy will lapse for nonpayment of premium, unless you purchased a Nonforfeiture Benefit rider. You may also be eligible for a contingent benefit upon lapse. This option will be triggered if the policy lapses within 120 days of the due date of the new increased premium. If you qualify for contingent benefit upon lapse, you'll be notified on your billing notice and in this policyholder letter.

7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?

If you purchased a Nonforfeiture Benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture Benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums.

8. Will State Farm raise my premium on this policy again in the future?

Long-Term Care Insurance premium rates are not guaranteed. We anticipate seeking further rate increases in the future as experience continues to emerge (subject to review and approval by the Virginia State Corporation Commission). If a future premium increase is enacted, all current options to maintain the affordability of LTCI coverage as listed in Question 2 will also be available to you.

9. When will my premium increase be effective?

The increased premium will be effective on the next renewal date of your policy.

10. A family member and I bought the same policy. Why is the percentage of premium increase on my policy different than theirs?

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.

State: *Virginia* **Filing Company:** *State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2016 VA LTCI 97058 Series (Post-Rate Stability)/*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing: N/A
SERFF Tracking Number of Last Filing: STLH-129232272

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):
State Farm Mutual Automobile Insurance Company	75.800%	33.500%	$109,645	237	$327,299	40.000%	0.000%

State: *Virginia* **Filing Company:** *State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2016 VA LTCI 97058 Series (Post-Rate Stability)/*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Tables	97058 VA, 99572 VA, 99573, 99574	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 33.5	Proposed Rate Table N10.pdf,

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 VA Series
Select Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.33	1.68	2.33	3.49	3.61
30-34	1.60	2.05	2.88	4.37	4.49
35-39	1.93	2.49	3.56	5.47	5.60
40	2.06	2.69	3.85	5.96	6.09
41	2.15	2.80	4.03	6.24	6.37
42	2.24	2.93	4.22	6.54	6.66
43	2.34	3.07	4.43	6.85	6.97
44	2.45	3.22	4.66	7.18	7.31
45	2.56	3.38	4.91	7.56	7.69
46	2.69	3.56	5.17	7.97	8.09
47	2.83	3.76	5.46	8.40	8.54
48	2.97	3.96	5.77	8.86	9.02
49	3.13	4.18	6.11	9.37	9.52
50	3.30	4.41	6.46	9.90	10.07
51	3.47	4.65	6.83	10.44	10.61
52	3.64	4.89	7.19	11.00	11.19
53	3.83	5.16	7.60	11.61	11.80
54	4.04	5.45	8.05	12.29	12.50
55	4.28	5.80	8.58	13.09	13.33
56	4.56	6.20	9.19	14.01	14.27
57	4.87	6.63	9.85	15.02	15.30
58	5.21	7.10	10.58	16.13	16.44
59	5.58	7.62	11.39	17.35	17.68
60	5.98	8.19	12.26	18.69	19.04
61	6.35	8.73	13.10	20.01	20.38
62	6.70	9.23	13.90	21.29	21.71
63	7.11	9.82	14.82	22.76	23.21
64	7.66	10.61	16.04	24.63	25.10
65	8.42	11.68	17.71	27.09	27.61
66	9.42	13.07	19.86	30.11	30.69
67	10.61	14.72	22.36	33.59	34.20
68	11.96	16.58	25.20	37.52	38.19
69	13.42	18.63	28.36	41.96	42.69
70	14.96	20.81	31.78	46.93	47.73
71	16.48	23.01	35.24	49.66	53.07
72	18.00	25.22	38.35	51.76	57.46
73	19.68	27.69	40.18	54.21	60.20
74	21.67	30.62	43.05	58.10	64.50
75	24.12	34.22	47.55	64.17	71.25
76	27.22	38.81	55.29	74.61	82.83
77	30.87	44.23	63.04	85.06	94.42
78	34.79	50.02	70.80	95.51	106.03
79	38.65	55.79	78.65	106.07	117.77
80	42.18	61.07	86.43	116.79	129.66
81	45.80	66.58	94.74	130.57	144.94
82	49.42	72.09	103.04	144.34	160.24
83	53.04	77.61	111.36	158.12	175.51
84	56.67	83.13	119.66	171.90	190.79
	EXB01N10	EXC01N10	EXD01N10	EXE01N10	EXA01N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 VA Series
Select Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.25	1.54	2.16	3.23	3.35
30-34	1.49	1.88	2.65	4.03	4.14
35-39	1.77	2.29	3.26	5.03	5.14
40	1.88	2.46	3.52	5.46	5.57
41	1.96	2.56	3.68	5.71	5.84
42	2.04	2.68	3.85	5.98	6.09
43	2.13	2.80	4.04	6.26	6.37
44	2.23	2.94	4.25	6.57	6.68
45	2.34	3.09	4.48	6.90	7.01
46	2.45	3.24	4.72	7.27	7.39
47	2.57	3.42	4.98	7.66	7.78
48	2.71	3.60	5.26	8.08	8.22
49	2.85	3.80	5.56	8.53	8.68
50	3.00	4.01	5.88	9.02	9.17
51	3.15	4.22	6.20	9.51	9.67
52	3.30	4.44	6.54	10.01	10.18
53	3.47	4.68	6.90	10.56	10.74
54	3.66	4.95	7.31	11.17	11.37
55	3.88	5.26	7.79	11.90	12.11
56	4.14	5.62	8.34	12.73	12.96
57	4.41	6.01	8.94	13.64	13.89
58	4.72	6.43	9.60	14.63	14.91
59	5.05	6.90	10.32	15.72	16.03
60	5.40	7.40	11.10	16.93	17.25
61	5.74	7.89	11.86	18.10	18.45
62	6.05	8.34	12.58	19.25	19.63
63	6.42	8.86	13.40	20.57	20.97
64	6.91	9.57	14.50	22.22	22.65
65	7.59	10.53	15.98	24.40	24.86
66	8.49	11.78	17.89	27.09	27.59
67	9.56	13.26	20.14	30.17	30.72
68	10.77	14.93	22.67	33.66	34.26
69	12.07	16.75	25.46	37.47	38.22
70	13.44	18.69	28.48	40.05	42.62
71	14.78	20.62	31.36	42.32	46.99
72	16.12	22.56	32.84	44.29	49.19
73	17.59	24.72	34.55	46.62	51.76
74	19.32	27.25	37.54	50.65	56.22
75	21.44	30.35	41.93	56.58	62.82
76	24.12	34.27	48.43	65.33	72.54
77	27.28	38.88	54.92	74.09	82.26
78	30.65	43.83	61.42	82.84	91.98
79	33.97	48.71	68.04	91.79	101.92
80	36.99	53.15	74.52	100.59	111.69
81	40.04	57.72	81.26	111.61	123.90
82	43.10	62.29	87.99	122.63	136.12
83	46.15	66.84	94.74	133.64	148.35
84	49.21	71.41	101.48	144.67	160.57
	EXH01N10	EXI01N10	EXJ01N10	EXK01N10	EXG01N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 VA Series
Select Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.14	1.41	1.94	2.91	3.02
30-34	1.34	1.69	2.36	3.60	3.71
35-39	1.57	2.03	2.88	4.45	4.55
40	1.67	2.16	3.10	4.83	4.93
41	1.74	2.26	3.24	5.05	5.15
42	1.81	2.36	3.40	5.28	5.38
43	1.88	2.47	3.55	5.52	5.63
44	1.97	2.58	3.73	5.78	5.88
45	2.06	2.71	3.92	6.08	6.17
46	2.16	2.86	4.14	6.40	6.50
47	2.27	3.00	4.37	6.73	6.85
48	2.38	3.16	4.61	7.10	7.22
49	2.50	3.33	4.87	7.49	7.62
50	2.63	3.52	5.15	7.91	8.04
51	2.76	3.70	5.42	8.34	8.48
52	2.90	3.89	5.72	8.78	8.92
53	3.04	4.10	6.04	9.24	9.41
54	3.20	4.33	6.38	9.79	9.95
55	3.39	4.59	6.80	10.40	10.60
56	3.61	4.89	7.27	11.13	11.33
57	3.85	5.23	7.79	11.91	12.12
58	4.11	5.60	8.36	12.77	13.01
59	4.39	6.00	8.98	13.71	13.97
60	4.70	6.44	9.65	14.73	15.02
61	4.98	6.85	10.30	15.75	16.04
62	5.25	7.25	10.92	16.73	17.07
63	5.56	7.70	11.63	17.86	18.21
64	5.98	8.30	12.56	19.28	19.64
65	6.57	9.11	13.84	21.13	21.52
66	7.35	10.20	15.48	23.41	23.84
67	8.28	11.49	17.41	26.04	26.50
68	9.33	12.93	19.58	28.99	29.51
69	10.46	14.49	21.96	31.87	32.84
70	11.62	16.13	24.50	34.04	36.50
71	12.75	17.75	26.65	35.95	39.93
72	13.88	19.37	27.89	37.64	41.80
73	15.10	21.16	29.34	39.60	43.96
74	16.53	23.24	31.78	42.88	47.61
75	18.27	25.78	35.33	47.67	52.93
76	20.48	28.97	40.48	54.62	60.64
77	23.06	32.72	45.64	61.57	68.36
78	25.82	36.72	50.80	68.51	76.06
79	28.53	40.65	56.14	75.69	84.04
80	30.98	44.21	61.22	82.52	91.61
81	33.40	47.78	66.37	90.83	100.81
82	35.83	51.35	71.51	99.14	110.02
83	38.26	54.92	76.66	107.44	119.23
84	40.69	58.47	81.80	115.75	128.43
	EXN01N10	EXO01N10	EXP01N10	EXQ01N10	EXM01N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Select Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.47	4.26	5.28	6.97	7.21
30-34	4.09	5.05	6.29	8.12	8.36
35-39	4.83	5.99	7.50	9.51	9.74
40	5.14	6.43	8.05	10.07	10.30
41	5.35	6.68	8.39	10.51	10.75
42	5.56	6.96	8.75	11.02	11.27
43	5.78	7.25	9.13	11.58	11.83
44	6.03	7.59	9.55	12.15	12.42
45	6.29	7.92	10.01	12.77	13.03
46	6.58	8.32	10.51	13.38	13.65
47	6.92	8.74	11.06	14.00	14.29
48	7.24	9.17	11.63	14.66	14.97
49	7.60	9.63	12.25	15.39	15.68
50	7.97	10.11	12.85	16.16	16.49
51	8.30	10.57	13.47	17.00	17.32
52	8.64	11.00	14.04	17.86	18.21
53	9.00	11.48	14.67	18.80	19.17
54	9.42	12.03	15.40	19.85	20.24
55	9.91	12.68	16.27	21.04	21.48
56	10.50	13.47	17.29	22.39	22.85
57	11.16	14.32	18.42	23.84	24.33
58	11.89	15.27	19.68	25.44	25.96
59	12.68	16.32	21.06	27.17	27.73
60	13.54	17.44	22.53	29.09	29.68
61	14.35	18.54	24.00	30.98	31.60
62	15.16	19.61	25.41	32.83	33.50
63	16.07	20.83	27.02	34.94	35.64
64	17.22	22.36	29.04	37.56	38.30
65	18.70	24.30	31.63	40.98	41.78
66	20.54	26.71	34.79	45.21	46.07
67	22.65	29.48	38.39	50.08	51.00
68	25.03	32.59	42.46	55.54	56.53
69	27.65	36.04	47.01	61.53	62.62
70	30.48	39.80	52.07	68.04	69.20
71	33.33	43.75	57.41	74.73	75.99
72	35.01	46.51	62.63	81.68	83.01
73	36.87	48.18	64.57	87.15	90.71
74	38.98	50.62	67.56	91.17	99.54
75	41.75	54.18	71.50	96.48	107.13
76	45.34	59.54	78.51	105.96	117.63
77	48.94	64.92	85.53	115.40	128.12
78	52.56	70.30	92.50	124.80	138.54
79	56.16	75.77	100.68	135.82	150.80
80	60.76	82.18	109.62	147.97	164.27
81	65.69	89.16	119.62	162.52	180.40
82	70.63	96.15	129.60	177.07	196.55
83	75.55	103.13	139.60	191.62	212.68
84	80.50	110.12	149.58	206.18	228.80
	XSB01N10	XSC01N10	XSD01N10	XSE01N10	XSA01N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Select Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.21	3.89	4.84	6.47	6.66
30-34	3.77	4.63	5.78	7.50	7.71
35-39	4.42	5.52	6.92	8.75	8.97
40	4.70	5.91	7.41	9.27	9.49
41	4.90	6.13	7.71	9.67	9.91
42	5.08	6.40	8.04	10.14	10.36
43	5.29	6.66	8.40	10.65	10.88
44	5.53	6.96	8.78	11.19	11.42
45	5.77	7.28	9.21	11.75	11.98
46	6.03	7.63	9.66	12.29	12.56
47	6.33	8.02	10.16	12.87	13.13
48	6.64	8.41	10.68	13.47	13.76
49	6.96	8.83	11.23	14.13	14.43
50	7.29	9.27	11.80	14.85	15.16
51	7.60	9.67	12.35	15.61	15.93
52	7.90	10.08	12.88	16.39	16.73
53	8.22	10.51	13.44	17.25	17.61
54	8.60	11.00	14.10	18.20	18.58
55	9.06	11.61	14.90	19.31	19.70
56	9.60	12.32	15.83	20.52	20.96
57	10.19	13.10	16.87	21.85	22.30
58	10.85	13.96	18.00	23.30	23.79
59	11.56	14.91	19.25	24.86	25.40
60	12.32	15.92	20.58	26.60	27.15
61	13.08	16.91	21.91	28.32	28.90
62	13.80	17.89	23.21	30.00	30.62
63	14.64	18.98	24.67	31.92	32.56
64	15.67	20.36	26.47	34.27	34.96
65	17.00	22.13	28.81	37.32	38.05
66	18.66	24.30	31.65	41.09	41.87
67	20.58	26.80	34.90	45.43	46.27
68	22.72	29.61	38.54	50.27	51.18
69	25.06	32.69	42.62	55.57	56.55
70	27.55	36.04	47.08	61.26	62.33
71	28.77	38.71	51.80	67.14	68.26
72	29.91	39.82	53.58	72.29	74.44
73	31.15	41.04	55.16	74.43	81.16
74	32.85	42.95	57.71	77.86	86.44
75	34.88	45.77	61.15	82.51	91.60
76	38.08	50.47	67.52	91.10	101.15
77	41.31	55.14	73.71	99.45	110.43
78	44.51	59.83	80.76	108.96	120.97
79	47.74	64.91	88.03	118.76	131.86
80	51.51	70.18	95.52	128.79	143.00
81	55.49	75.81	103.65	140.48	155.94
82	59.48	81.44	111.78	152.15	168.87
83	63.46	87.08	119.93	163.82	181.82
84	67.45	92.71	128.06	175.50	194.77
	XSH01N10	XSI01N10	XSJ01N10	XSK01N10	XSG01N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Select Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.87	3.50	4.34	5.75	5.99
30-34	3.36	4.14	5.15	6.68	6.90
35-39	3.92	4.90	6.13	7.78	7.98
40	4.19	5.22	6.57	8.25	8.44
41	4.35	5.45	6.85	8.61	8.81
42	4.52	5.67	7.14	9.02	9.21
43	4.69	5.91	7.45	9.45	9.66
44	4.90	6.16	7.78	9.93	10.14
45	5.11	6.44	8.15	10.42	10.63
46	5.35	6.76	8.55	10.92	11.13
47	5.60	7.08	9.00	11.41	11.65
48	5.87	7.45	9.46	11.94	12.21
49	6.15	7.81	9.95	12.52	12.78
50	6.44	8.19	10.44	13.16	13.43
51	6.71	8.54	10.91	13.83	14.13
52	6.97	8.89	11.38	14.53	14.83
53	7.25	9.28	11.89	15.27	15.60
54	7.57	9.72	12.45	16.13	16.46
55	7.97	10.22	13.15	17.08	17.44
56	8.44	10.84	13.96	18.16	18.52
57	8.96	11.52	14.85	19.31	19.70
58	9.53	12.28	15.86	20.57	21.00
59	10.15	13.09	16.94	21.94	22.40
60	10.82	13.99	18.10	23.44	23.93
61	11.45	14.84	19.25	24.93	25.44
62	12.10	15.71	20.38	26.42	26.96
63	12.81	16.66	21.66	28.08	28.66
64	13.71	17.85	23.23	30.14	30.73
65	14.87	19.36	25.23	32.76	33.39
66	16.31	21.25	27.71	35.98	36.67
67	17.98	23.45	30.52	39.70	40.43
68	19.85	25.87	33.68	43.85	44.65
69	21.88	28.55	37.16	48.34	49.20
70	23.77	31.40	40.96	53.13	54.04
71	24.62	33.39	44.83	58.06	59.01
72	25.35	34.36	46.09	62.20	64.16
73	26.11	35.42	47.49	64.08	69.72
74	27.32	37.04	49.63	66.96	74.34
75	28.91	39.12	52.45	70.76	78.57
76	31.46	42.77	57.44	77.50	86.05
77	34.35	46.30	62.10	83.78	93.02
78	37.21	50.36	67.73	91.35	101.43
79	40.09	54.60	73.59	99.26	110.19
80	43.12	58.81	79.50	107.12	118.91
81	46.26	63.23	85.76	115.95	128.67
82	49.41	67.65	92.02	124.79	138.46
83	52.56	72.07	98.28	133.61	148.25
84	55.71	76.47	104.54	142.45	158.02
	XSN01N10	XSO01N10	XSP01N10	XSQ01N10	XSM01N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Select Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	6.19	7.91	10.21	14.04	14.45
30-34	6.89	8.82	11.38	15.16	15.57
35-39	7.70	9.86	12.75	16.51	16.91
40	8.04	10.32	13.34	17.02	17.42
41	8.26	10.60	13.71	17.35	17.74
42	8.48	10.89	14.08	17.68	18.07
43	8.72	11.21	14.49	18.05	18.44
44	8.99	11.56	14.94	18.47	18.87
45	9.25	11.91	15.43	18.98	19.38
46	9.56	12.32	15.95	19.57	19.98
47	9.91	12.78	16.52	20.24	20.66
48	10.25	13.23	17.14	20.97	21.41
49	10.61	13.71	17.75	21.74	22.19
50	10.98	14.17	18.35	22.54	23.00
51	11.31	14.60	18.93	23.34	23.80
52	11.61	15.01	19.45	24.14	24.61
53	11.94	15.43	20.02	24.98	25.48
54	12.32	15.93	20.68	25.97	26.49
55	12.78	16.56	21.50	27.15	27.69
56	13.37	17.32	22.51	28.53	29.11
57	14.03	18.17	23.63	30.06	30.67
58	14.76	19.12	24.89	31.75	32.40
59	15.54	20.17	26.26	33.60	34.29
60	16.38	21.28	27.73	35.63	36.34
61	17.19	22.36	29.16	37.66	38.40
62	17.98	23.39	30.53	39.68	40.47
63	18.86	24.58	32.12	41.94	42.78
64	19.98	26.07	34.08	44.70	45.58
65	21.45	28.01	36.65	48.20	49.13
66	23.28	30.42	39.82	52.42	53.41
67	25.41	33.21	43.43	57.22	58.27
68	27.80	36.33	47.52	62.58	63.70
69	30.44	39.79	52.11	68.49	69.69
70	33.26	43.55	57.18	74.93	76.22
71	36.20	47.50	62.55	81.63	83.01
72	39.26	51.63	68.22	88.59	90.05
73	42.59	56.18	74.48	96.25	97.78
74	45.73	59.67	80.10	105.00	106.64
75	48.39	62.65	82.92	111.91	117.01
76	51.91	67.39	88.39	119.27	129.43
77	55.40	72.15	93.86	126.65	140.63
78	58.93	76.93	98.83	133.37	148.05
79	62.45	81.80	105.41	142.21	157.91
80	67.33	88.41	114.36	154.32	171.33
81	72.53	95.55	124.27	168.75	187.32
82	77.73	102.70	134.18	183.17	203.32
83	82.92	109.85	144.09	197.60	219.31
84	88.13	117.00	154.00	212.04	235.30
	XCB01N10	XCC01N10	XCD01N10	XCE01N10	XCA01N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Select Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	5.67	7.22	9.41	12.95	13.33
30-34	6.31	8.08	10.47	13.97	14.35
35-39	7.04	9.06	11.72	15.19	15.57
40	7.35	9.46	12.25	15.65	16.02
41	7.55	9.72	12.59	15.95	16.32
42	7.74	10.00	12.94	16.25	16.62
43	7.97	10.28	13.31	16.59	16.95
44	8.20	10.60	13.72	16.98	17.35
45	8.47	10.93	14.17	17.44	17.81
46	8.75	11.30	14.64	17.98	18.37
47	9.04	11.70	15.18	18.59	18.97
48	9.38	12.12	15.72	19.25	19.66
49	9.70	12.54	16.28	19.95	20.37
50	10.04	12.98	16.84	20.69	21.13
51	10.33	13.36	17.36	21.42	21.85
52	10.60	13.73	17.84	22.13	22.58
53	10.89	14.13	18.34	22.92	23.38
54	11.24	14.57	18.94	23.81	24.29
55	11.66	15.15	19.68	24.89	25.38
56	12.21	15.83	20.61	26.14	26.68
57	12.78	16.62	21.63	27.54	28.10
58	13.45	17.46	22.78	29.06	29.67
59	14.15	18.41	24.01	30.74	31.37
60	14.91	19.40	25.33	32.58	33.24
61	15.65	20.38	26.63	34.41	35.10
62	16.35	21.34	27.89	36.25	36.97
63	17.16	22.40	29.30	38.30	39.06
64	18.17	23.74	31.08	40.77	41.58
65	19.49	25.49	33.39	43.89	44.73
66	21.14	27.66	36.22	47.63	48.52
67	23.07	30.17	39.48	51.88	52.84
68	25.23	32.98	43.15	56.62	57.65
69	27.57	36.08	47.24	61.82	62.92
70	30.10	39.44	51.72	67.45	68.61
71	32.70	42.92	56.45	73.32	74.54
72	35.41	46.56	61.42	79.42	80.71
73	37.25	49.33	66.74	86.09	87.46
74	38.67	50.69	68.51	92.45	95.06
75	40.39	52.81	71.00	95.82	103.89
76	43.29	56.68	76.05	102.60	113.93
77	46.24	60.58	81.08	109.40	121.47
78	49.15	64.47	86.12	116.19	129.01
79	52.12	68.50	91.71	123.75	137.40
80	56.03	73.80	99.15	133.69	148.43
81	60.14	79.42	107.15	145.18	161.15
82	64.26	85.05	115.17	156.67	173.88
83	68.38	90.66	123.18	168.15	186.62
84	72.50	96.29	131.19	179.64	199.36
	XCH01N10	XCI01N10	XCJ01N10	XCK01N10	XCG01N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Select Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	5.03	6.43	8.34	11.51	11.87
30-34	5.59	7.17	9.30	12.42	12.77
35-39	6.22	8.01	10.39	13.50	13.82
40	6.50	8.37	10.85	13.90	14.22
41	6.66	8.60	11.14	14.15	14.49
42	6.85	8.83	11.47	14.42	14.74
43	7.03	9.09	11.79	14.71	15.05
44	7.25	9.37	12.15	15.05	15.37
45	7.48	9.66	12.53	15.46	15.78
46	7.71	9.98	12.96	15.93	16.27
47	7.99	10.33	13.43	16.46	16.81
48	8.26	10.70	13.90	17.05	17.42
49	8.55	11.07	14.41	17.67	18.03
50	8.83	11.45	14.90	18.31	18.68
51	9.09	11.79	15.33	18.96	19.33
52	9.34	12.11	15.76	19.59	19.96
53	9.59	12.45	16.20	20.26	20.68
54	9.88	12.84	16.72	21.04	21.48
55	10.25	13.33	17.37	21.98	22.43
56	10.71	13.93	18.16	23.09	23.55
57	11.23	14.60	19.05	24.30	24.79
58	11.80	15.36	20.06	25.63	26.17
59	12.40	16.17	21.13	27.10	27.65
60	13.08	17.05	22.27	28.69	29.27
61	13.69	17.89	23.39	30.28	30.88
62	14.31	18.72	24.49	31.88	32.54
63	15.01	19.64	25.72	33.67	34.34
64	15.88	20.80	27.24	35.81	36.51
65	17.02	22.30	29.23	38.47	39.20
66	18.47	24.19	31.70	41.68	42.46
67	20.13	26.39	34.52	45.33	46.16
68	22.01	28.83	37.69	49.36	50.26
69	24.05	31.49	41.19	53.76	54.71
70	26.21	34.34	45.00	58.48	59.49
71	28.43	37.30	48.96	63.38	64.43
72	30.74	40.38	53.12	68.43	69.54
73	31.29	42.64	57.45	73.93	75.08
74	32.16	43.77	58.91	79.50	81.28
75	33.30	45.26	60.90	82.18	88.41
76	35.51	48.05	64.74	87.35	96.84
77	37.70	50.86	68.59	92.56	102.77
78	39.93	53.67	72.47	97.77	108.55
79	41.85	56.75	76.66	103.42	114.81
80	44.87	60.92	82.53	111.19	123.41
81	47.96	65.26	88.68	119.85	132.99
82	51.07	69.58	94.83	128.52	142.58
83	54.17	73.92	100.98	137.17	152.17
84	57.29	78.25	107.12	145.83	161.76
	XCN01N10	XCO01N10	XCP01N10	XCQ01N10	XCM01N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 VA Series
Preferred Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.20	1.51	2.10	3.14	3.25
30-34	1.44	1.85	2.59	3.93	4.04
35-39	1.74	2.24	3.20	4.92	5.04
40	1.85	2.42	3.47	5.36	5.48
41	1.94	2.52	3.63	5.62	5.73
42	2.02	2.64	3.80	5.89	5.99
43	2.11	2.76	3.99	6.17	6.27
44	2.21	2.90	4.19	6.46	6.58
45	2.30	3.04	4.42	6.80	6.92
46	2.42	3.20	4.65	7.17	7.28
47	2.55	3.38	4.91	7.56	7.69
48	2.67	3.56	5.19	7.97	8.12
49	2.82	3.76	5.50	8.43	8.57
50	2.97	3.97	5.81	8.91	9.06
51	3.12	4.19	6.15	9.40	9.55
52	3.28	4.40	6.47	9.90	10.07
53	3.45	4.64	6.84	10.45	10.62
54	3.64	4.91	7.25	11.06	11.25
55	3.85	5.22	7.72	11.78	12.00
56	4.10	5.58	8.27	12.61	12.84
57	4.38	5.97	8.87	13.52	13.77
58	4.69	6.39	9.52	14.52	14.80
59	5.02	6.86	10.25	15.62	15.91
60	5.38	7.37	11.03	16.82	17.14
61	5.72	7.86	11.79	18.01	18.34
62	6.03	8.31	12.51	19.16	19.54
63	6.40	8.84	13.34	20.48	20.89
64	6.89	9.55	14.44	22.17	22.59
65	7.58	10.51	15.94	24.38	24.85
66	8.48	11.76	17.87	27.10	27.62
67	9.55	13.25	20.12	30.23	30.78
68	10.76	14.92	22.68	33.77	34.37
69	12.08	16.77	25.52	37.76	38.42
70	13.46	18.73	28.60	42.24	42.96
71	14.83	20.71	31.72	44.69	47.76
72	16.20	22.70	34.52	46.58	51.71
73	17.71	24.92	36.16	48.79	54.18
74	19.50	27.56	38.75	52.29	58.05
75	21.71	30.80	42.80	57.75	64.13
76	24.50	34.93	49.76	67.15	74.55
77	27.78	39.81	56.74	76.55	84.98
78	31.31	45.02	63.72	85.96	95.43
79	34.79	50.21	70.79	95.46	105.99
80	37.96	54.96	77.79	105.11	116.69
81	41.22	59.92	85.27	117.51	130.45
82	44.48	64.88	92.74	129.91	144.22
83	47.74	69.85	100.22	142.31	157.96
84	51.00	74.82	107.69	154.71	171.71
	EXB02N10	EXC02N10	EXD02N10	EXE02N10	EXA02N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 VA Series
Preferred Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.13	1.39	1.94	2.91	3.02
30-34	1.34	1.69	2.39	3.63	3.73
35-39	1.59	2.06	2.93	4.53	4.63
40	1.69	2.21	3.17	4.91	5.01
41	1.76	2.30	3.31	5.14	5.26
42	1.84	2.41	3.47	5.38	5.48
43	1.92	2.52	3.64	5.63	5.73
44	2.01	2.65	3.83	5.91	6.01
45	2.11	2.78	4.03	6.21	6.31
46	2.21	2.92	4.25	6.54	6.65
47	2.31	3.08	4.48	6.89	7.00
48	2.44	3.24	4.73	7.27	7.40
49	2.57	3.42	5.00	7.68	7.81
50	2.70	3.61	5.29	8.12	8.25
51	2.84	3.80	5.58	8.56	8.70
52	2.97	4.00	5.89	9.01	9.16
53	3.12	4.21	6.21	9.50	9.67
54	3.29	4.46	6.58	10.05	10.23
55	3.49	4.73	7.01	10.71	10.90
56	3.73	5.06	7.51	11.46	11.66
57	3.97	5.41	8.05	12.28	12.50
58	4.25	5.79	8.64	13.17	13.42
59	4.55	6.21	9.29	14.15	14.43
60	4.86	6.66	9.99	15.24	15.53
61	5.17	7.10	10.67	16.29	16.61
62	5.45	7.51	11.32	17.33	17.67
63	5.78	7.97	12.06	18.51	18.87
64	6.22	8.61	13.05	20.00	20.39
65	6.83	9.48	14.38	21.96	22.37
66	7.64	10.60	16.10	24.38	24.83
67	8.60	11.93	18.13	27.15	27.65
68	9.69	13.44	20.40	30.29	30.83
69	10.86	15.08	22.91	33.72	34.40
70	12.10	16.82	25.63	36.05	38.36
71	13.30	18.56	28.22	38.09	42.29
72	14.51	20.30	29.56	39.86	44.27
73	15.83	22.25	31.10	41.96	46.58
74	17.39	24.53	33.79	45.59	50.60
75	19.30	27.32	37.74	50.92	56.54
76	21.71	30.84	43.59	58.80	65.29
77	24.55	34.99	49.43	66.68	74.03
78	27.59	39.45	55.28	74.56	82.78
79	30.57	43.84	61.24	82.61	91.73
80	33.29	47.84	67.07	90.53	100.52
81	36.04	51.95	73.13	100.45	111.51
82	38.79	56.06	79.19	110.37	122.51
83	41.54	60.16	85.27	120.28	133.52
84	44.29	64.27	91.33	130.20	144.51
	EXH02N10	EXI02N10	EXJ02N10	EXK02N10	EXG02N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 VA Series
Preferred Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.03	1.27	1.75	2.62	2.72
30-34	1.21	1.52	2.12	3.24	3.34
35-39	1.41	1.83	2.59	4.01	4.10
40	1.50	1.94	2.79	4.35	4.44
41	1.57	2.03	2.92	4.55	4.64
42	1.63	2.12	3.06	4.75	4.84
43	1.69	2.22	3.20	4.97	5.07
44	1.77	2.32	3.36	5.20	5.29
45	1.85	2.44	3.53	5.47	5.55
46	1.94	2.57	3.73	5.76	5.85
47	2.04	2.70	3.93	6.06	6.17
48	2.14	2.84	4.15	6.39	6.50
49	2.25	3.00	4.38	6.74	6.86
50	2.37	3.17	4.64	7.12	7.24
51	2.48	3.33	4.88	7.51	7.63
52	2.61	3.50	5.15	7.90	8.03
53	2.74	3.69	5.44	8.32	8.47
54	2.88	3.90	5.74	8.81	8.96
55	3.05	4.13	6.12	9.36	9.54
56	3.25	4.40	6.54	10.02	10.20
57	3.47	4.71	7.01	10.72	10.91
58	3.70	5.04	7.52	11.49	11.71
59	3.95	5.40	8.08	12.34	12.57
60	4.23	5.80	8.69	13.26	13.52
61	4.48	6.17	9.27	14.18	14.44
62	4.73	6.53	9.83	15.06	15.36
63	5.00	6.93	10.47	16.07	16.39
64	5.38	7.47	11.30	17.35	17.68
65	5.91	8.20	12.46	19.02	19.37
66	6.62	9.18	13.93	21.07	21.46
67	7.45	10.34	15.67	23.44	23.85
68	8.40	11.64	17.62	26.09	26.56
69	9.41	13.04	19.76	28.68	29.56
70	10.46	14.52	22.05	30.64	32.85
71	11.48	15.98	23.99	32.36	35.94
72	12.49	17.43	25.10	33.88	37.62
73	13.59	19.04	26.41	35.64	39.56
74	14.88	20.92	28.60	38.59	42.85
75	16.44	23.20	31.80	42.90	47.64
76	18.43	26.07	36.43	49.16	54.58
77	20.75	29.45	41.08	55.41	61.52
78	23.24	33.05	45.72	61.66	68.45
79	25.68	36.59	50.53	68.12	75.64
80	27.88	39.79	55.10	74.27	82.45
81	30.06	43.00	59.73	81.75	90.73
82	32.25	46.22	64.36	89.23	99.02
83	34.43	49.43	68.99	96.70	107.31
84	36.62	52.62	73.62	104.18	115.59
	EXN02N10	EXO02N10	EXP02N10	EXQ02N10	EXM02N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Preferred Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.12	3.83	4.75	6.27	6.49
30-34	3.68	4.55	5.66	7.31	7.52
35-39	4.35	5.39	6.75	8.56	8.77
40	4.63	5.79	7.25	9.06	9.27
41	4.82	6.01	7.55	9.46	9.68
42	5.00	6.26	7.88	9.92	10.14
43	5.20	6.53	8.22	10.42	10.65
44	5.43	6.83	8.60	10.94	11.18
45	5.66	7.13	9.01	11.49	11.73
46	5.92	7.49	9.46	12.04	12.29
47	6.23	7.87	9.95	12.60	12.86
48	6.52	8.25	10.47	13.19	13.47
49	6.84	8.67	11.03	13.85	14.11
50	7.17	9.10	11.57	14.54	14.84
51	7.47	9.51	12.12	15.30	15.59
52	7.78	9.90	12.64	16.07	16.39
53	8.10	10.33	13.20	16.92	17.25
54	8.48	10.83	13.86	17.87	18.22
55	8.92	11.41	14.64	18.94	19.33
56	9.45	12.12	15.56	20.15	20.57
57	10.04	12.89	16.58	21.46	21.90
58	10.70	13.74	17.71	22.90	23.36
59	11.41	14.69	18.95	24.45	24.96
60	12.19	15.70	20.28	26.18	26.71
61	12.92	16.69	21.60	27.88	28.44
62	13.64	17.65	22.87	29.55	30.15
63	14.46	18.75	24.32	31.45	32.08
64	15.50	20.12	26.14	33.80	34.47
65	16.83	21.87	28.47	36.88	37.60
66	18.49	24.04	31.31	40.69	41.46
67	20.39	26.53	34.55	45.07	45.90
68	22.53	29.33	38.21	49.99	50.88
69	24.89	32.44	42.31	55.38	56.36
70	27.43	35.82	46.86	61.24	62.28
71	30.00	39.38	51.67	67.26	68.39
72	31.51	41.86	56.37	73.51	74.71
73	33.18	43.36	58.11	78.44	81.64
74	35.08	45.56	60.80	82.05	89.59
75	37.58	48.76	64.35	86.83	96.42
76	40.81	53.59	70.66	95.36	105.87
77	44.05	58.43	76.98	103.86	115.31
78	47.30	63.27	83.25	112.32	124.69
79	50.54	68.19	90.61	122.24	135.72
80	54.68	73.96	98.66	133.17	147.84
81	59.12	80.24	107.66	146.27	162.36
82	63.57	86.54	116.64	159.36	176.90
83	68.00	92.82	125.64	172.46	191.41
84	72.45	99.11	134.62	185.56	205.92
	XSB02N10	XSC02N10	XSD02N10	XSE02N10	XSA02N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Preferred Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.89	3.50	4.36	5.82	5.99
30-34	3.39	4.17	5.20	6.75	6.94
35-39	3.98	4.97	6.23	7.88	8.07
40	4.23	5.32	6.67	8.34	8.54
41	4.41	5.52	6.94	8.70	8.92
42	4.57	5.76	7.24	9.13	9.32
43	4.76	5.99	7.56	9.59	9.79
44	4.98	6.26	7.90	10.07	10.28
45	5.19	6.55	8.29	10.58	10.78
46	5.43	6.87	8.69	11.06	11.30
47	5.70	7.22	9.14	11.58	11.82
48	5.98	7.57	9.61	12.12	12.38
49	6.26	7.95	10.11	12.72	12.99
50	6.56	8.34	10.62	13.37	13.64
51	6.84	8.70	11.12	14.05	14.34
52	7.11	9.07	11.59	14.75	15.06
53	7.40	9.46	12.10	15.53	15.85
54	7.74	9.90	12.69	16.38	16.72
55	8.15	10.45	13.41	17.38	17.73
56	8.64	11.09	14.25	18.47	18.86
57	9.17	11.79	15.18	19.67	20.07
58	9.77	12.56	16.20	20.97	21.41
59	10.40	13.42	17.33	22.37	22.86
60	11.09	14.33	18.52	23.94	24.44
61	11.77	15.22	19.72	25.49	26.01
62	12.42	16.10	20.89	27.00	27.56
63	13.18	17.08	22.20	28.73	29.30
64	14.10	18.32	23.82	30.84	31.46
65	15.30	19.92	25.93	33.59	34.25
66	16.79	21.87	28.49	36.98	37.68
67	18.52	24.12	31.41	40.89	41.64
68	20.45	26.65	34.69	45.24	46.06
69	22.55	29.42	38.36	50.01	50.90
70	24.80	32.44	42.37	55.13	56.10
71	25.89	34.84	46.62	60.43	61.43
72	26.92	35.84	48.22	65.06	67.00
73	28.04	36.94	49.64	66.99	73.04
74	29.57	38.66	51.94	70.07	77.80
75	31.39	41.19	55.04	74.26	82.44
76	34.27	45.42	60.77	81.99	91.04
77	37.18	49.63	66.34	89.51	99.39
78	40.06	53.85	72.68	98.06	108.87
79	42.97	58.42	79.23	106.88	118.67
80	46.36	63.16	85.97	115.91	128.70
81	49.94	68.23	93.29	126.43	140.35
82	53.53	73.30	100.60	136.94	151.98
83	57.11	78.37	107.94	147.44	163.64
84	60.71	83.44	115.25	157.95	175.29
	XSH02N10	XSI02N10	XSJ02N10	XSK02N10	XSG02N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Preferred Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.58	3.15	3.91	5.18	5.39
30-34	3.02	3.73	4.64	6.01	6.21
35-39	3.53	4.41	5.52	7.00	7.18
40	3.77	4.70	5.91	7.43	7.60
41	3.92	4.91	6.17	7.75	7.93
42	4.07	5.10	6.43	8.12	8.29
43	4.22	5.32	6.71	8.51	8.69
44	4.41	5.54	7.00	8.94	9.13
45	4.60	5.80	7.34	9.38	9.57
46	4.82	6.08	7.70	9.83	10.02
47	5.04	6.37	8.10	10.27	10.49
48	5.28	6.71	8.51	10.75	10.99
49	5.54	7.03	8.96	11.27	11.50
50	5.80	7.37	9.40	11.84	12.09
51	6.04	7.69	9.82	12.45	12.72
52	6.27	8.00	10.24	13.08	13.35
53	6.53	8.35	10.70	13.74	14.04
54	6.81	8.75	11.21	14.52	14.81
55	7.17	9.20	11.84	15.37	15.70
56	7.60	9.76	12.56	16.34	16.67
57	8.06	10.37	13.37	17.38	17.73
58	8.58	11.05	14.27	18.51	18.90
59	9.14	11.78	15.25	19.75	20.16
60	9.74	12.59	16.29	21.10	21.54
61	10.31	13.36	17.33	22.44	22.90
62	10.89	14.14	18.34	23.78	24.26
63	11.53	14.99	19.49	25.27	25.79
64	12.34	16.07	20.91	27.13	27.66
65	13.38	17.42	22.71	29.48	30.05
66	14.68	19.13	24.94	32.38	33.00
67	16.18	21.11	27.47	35.73	36.39
68	17.87	23.28	30.31	39.47	40.19
69	19.69	25.70	33.44	43.51	44.28
70	21.39	28.26	36.86	47.82	48.64
71	22.16	30.05	40.35	52.25	53.11
72	22.82	30.92	41.48	55.98	57.74
73	23.50	31.88	42.74	57.67	62.75
74	24.59	33.34	44.67	60.26	66.91
75	26.02	35.21	47.21	63.68	70.71
76	28.31	38.49	51.70	69.75	77.45
77	30.92	41.67	55.89	75.40	83.72
78	33.49	45.32	60.96	82.22	91.29
79	36.08	49.14	66.23	89.33	99.17
80	38.81	52.93	71.55	96.41	107.02
81	41.63	56.91	77.18	104.36	115.80
82	44.47	60.89	82.82	112.31	124.61
83	47.30	64.86	88.45	120.25	133.43
84	50.14	68.82	94.09	128.21	142.22
	XSN02N10	XSO02N10	XSP02N10	XSQ02N10	XSM02N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Preferred Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	5.57	7.12	9.19	12.64	13.01
30-34	6.20	7.94	10.24	13.64	14.01
35-39	6.93	8.87	11.48	14.86	15.22
40	7.24	9.29	12.01	15.32	15.68
41	7.43	9.54	12.34	15.62	15.97
42	7.63	9.80	12.67	15.91	16.26
43	7.85	10.09	13.04	16.25	16.60
44	8.09	10.40	13.45	16.62	16.98
45	8.33	10.72	13.89	17.08	17.44
46	8.60	11.09	14.36	17.61	17.98
47	8.92	11.50	14.87	18.22	18.59
48	9.23	11.91	15.43	18.87	19.27
49	9.55	12.34	15.98	19.57	19.97
50	9.88	12.75	16.52	20.29	20.70
51	10.18	13.14	17.04	21.01	21.42
52	10.45	13.51	17.51	21.73	22.15
53	10.75	13.89	18.02	22.48	22.93
54	11.09	14.34	18.61	23.37	23.84
55	11.50	14.90	19.35	24.44	24.92
56	12.03	15.59	20.26	25.68	26.20
57	12.63	16.35	21.27	27.05	27.60
58	13.28	17.21	22.40	28.58	29.16
59	13.99	18.15	23.63	30.24	30.86
60	14.74	19.15	24.96	32.07	32.71
61	15.47	20.12	26.24	33.89	34.56
62	16.18	21.05	27.48	35.71	36.42
63	16.97	22.12	28.91	37.75	38.50
64	17.98	23.46	30.67	40.23	41.02
65	19.31	25.21	32.99	43.38	44.22
66	20.95	27.38	35.84	47.18	48.07
67	22.87	29.89	39.09	51.50	52.44
68	25.02	32.70	42.77	56.32	57.33
69	27.40	35.81	46.90	61.64	62.72
70	29.93	39.20	51.46	67.44	68.60
71	32.58	42.75	56.30	73.47	74.71
72	35.33	46.47	61.40	79.73	81.05
73	38.33	50.56	67.03	86.63	88.00
74	41.16	53.70	72.09	94.50	95.98
75	43.55	56.39	74.63	100.72	105.31
76	46.72	60.65	79.55	107.34	116.49
77	49.86	64.94	84.47	113.99	126.57
78	53.04	69.24	88.95	120.03	133.25
79	56.21	73.62	94.87	127.99	142.12
80	60.60	79.57	102.92	138.89	154.20
81	65.28	86.00	111.84	151.88	168.59
82	69.96	92.43	120.76	164.85	182.99
83	74.63	98.87	129.68	177.84	197.38
84	79.32	105.30	138.60	190.84	211.77
	XCB02N10	XCC02N10	XCD02N10	XCE02N10	XCA02N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Preferred Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	5.10	6.50	8.47	11.66	12.00
30-34	5.68	7.27	9.42	12.57	12.92
35-39	6.34	8.15	10.55	13.67	14.01
40	6.62	8.51	11.03	14.09	14.42
41	6.80	8.75	11.33	14.36	14.69
42	6.97	9.00	11.65	14.63	14.96
43	7.17	9.25	11.98	14.93	15.26
44	7.38	9.54	12.35	15.28	15.62
45	7.62	9.84	12.75	15.70	16.03
46	7.88	10.17	13.18	16.18	16.53
47	8.14	10.53	13.66	16.73	17.07
48	8.44	10.91	14.15	17.33	17.69
49	8.73	11.29	14.65	17.96	18.33
50	9.04	11.68	15.16	18.62	19.02
51	9.30	12.02	15.62	19.28	19.67
52	9.54	12.36	16.06	19.92	20.32
53	9.80	12.72	16.51	20.63	21.04
54	10.12	13.11	17.05	21.43	21.86
55	10.49	13.64	17.71	22.40	22.84
56	10.99	14.25	18.55	23.53	24.01
57	11.50	14.96	19.47	24.79	25.29
58	12.11	15.71	20.50	26.15	26.70
59	12.74	16.57	21.61	27.67	28.23
60	13.42	17.46	22.80	29.32	29.92
61	14.09	18.34	23.97	30.97	31.59
62	14.72	19.21	25.10	32.63	33.27
63	15.44	20.16	26.37	34.47	35.15
64	16.35	21.37	27.97	36.69	37.42
65	17.54	22.94	30.05	39.50	40.26
66	19.03	24.89	32.60	42.87	43.67
67	20.76	27.15	35.53	46.69	47.56
68	22.71	29.68	38.84	50.96	51.89
69	24.81	32.47	42.52	55.64	56.63
70	27.09	35.50	46.55	60.71	61.75
71	29.43	38.63	50.81	65.99	67.09
72	31.87	41.90	55.28	71.48	72.64
73	33.53	44.40	60.07	77.48	78.71
74	34.80	45.62	61.66	83.21	85.55
75	36.35	47.53	63.90	86.24	93.50
76	38.96	51.01	68.45	92.34	102.54
77	41.62	54.52	72.97	98.46	109.32
78	44.24	58.02	77.51	104.57	116.11
79	46.91	61.65	82.54	111.38	123.66
80	50.43	66.42	89.24	120.32	133.59
81	54.13	71.48	96.44	130.66	145.04
82	57.83	76.55	103.65	141.00	156.49
83	61.54	81.59	110.86	151.34	167.96
84	65.25	86.66	118.07	161.68	179.42
	XCH02N10	XCI02N10	XCJ02N10	XCK02N10	XCG02N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Preferred Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	4.53	5.79	7.51	10.36	10.68
30-34	5.03	6.45	8.37	11.18	11.49
35-39	5.60	7.21	9.35	12.15	12.44
40	5.85	7.53	9.77	12.51	12.80
41	5.99	7.74	10.03	12.74	13.04
42	6.17	7.95	10.32	12.98	13.27
43	6.33	8.18	10.61	13.24	13.55
44	6.53	8.43	10.94	13.55	13.83
45	6.73	8.69	11.28	13.91	14.20
46	6.94	8.98	11.66	14.34	14.64
47	7.19	9.30	12.09	14.81	15.13
48	7.43	9.63	12.51	15.35	15.68
49	7.70	9.96	12.97	15.90	16.23
50	7.95	10.31	13.41	16.48	16.81
51	8.18	10.61	13.80	17.06	17.40
52	8.41	10.90	14.18	17.63	17.96
53	8.63	11.21	14.58	18.23	18.61
54	8.89	11.56	15.05	18.94	19.33
55	9.23	12.00	15.63	19.78	20.19
56	9.64	12.54	16.34	20.78	21.20
57	10.11	13.14	17.15	21.87	22.31
58	10.62	13.82	18.05	23.07	23.55
59	11.16	14.55	19.02	24.39	24.89
60	11.77	15.35	20.04	25.82	26.34
61	12.32	16.10	21.05	27.25	27.79
62	12.88	16.85	22.04	28.69	29.29
63	13.51	17.68	23.15	30.30	30.91
64	14.29	18.72	24.52	32.23	32.86
65	15.32	20.07	26.31	34.62	35.28
66	16.62	21.77	28.53	37.51	38.21
67	18.12	23.75	31.07	40.80	41.54
68	19.81	25.95	33.92	44.42	45.23
69	21.65	28.34	37.07	48.38	49.24
70	23.59	30.91	40.50	52.63	53.54
71	25.59	33.57	44.06	57.04	57.99
72	27.67	36.34	47.81	61.59	62.59
73	28.16	38.38	51.71	66.54	67.57
74	28.94	39.39	53.02	71.55	73.15
75	29.97	40.73	54.81	73.96	79.57
76	31.96	43.25	58.27	78.62	87.16
77	33.93	45.77	61.73	83.30	92.49
78	35.94	48.30	65.22	87.99	97.70
79	37.67	51.08	68.99	93.08	103.33
80	40.38	54.83	74.28	100.07	111.07
81	43.16	58.73	79.81	107.87	119.69
82	45.96	62.62	85.35	115.67	128.32
83	48.75	66.53	90.88	123.45	136.95
84	51.56	70.43	96.41	131.25	145.58
	XCN02N10	XCO02N10	XCP02N10	XCQ02N10	XCM02N10

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table N10 - Virginia

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VIRGINIA READABILITY COMPLIANCE CERTIFICATION.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Product Checklist
Comments:	Acknowledged
Attachment(s):	Review Requirements Checklist. LTC.pdf
Item Status:	Received & Acknowledged
Status Date:	08/29/2017

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Demonstration of Options.pdf Health Insurance Rate Request Summary.pdf VA 97058 Narrative (Post-Rate Stability).pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Rate Table Comparison
Comments:	
Attachment(s):	Rate Table Comparison - N10 to A01.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Actual and Projected Experience
Comments:	

Attachment(s):	Actual and Projected Nationwide Experience - VA - Post Rate.pdf Actual and Projected Nationwide Experience - VA - Post Rate.xlsx Actual and Projected Experience - VA - Post RAte.pdf Actual and Projected Experience - VA - Post RAte.xlsx
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Actual to Expected Experience
Comments:	
Attachment(s):	Nationwide Actual to Expected VA Post Rate Stability.pdf Actual to Expected VA Post Rate Stability.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Rate Increase Status by State
Comments:	
Attachment(s):	97058 Inforce Rate Increase History.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Distribution of Business
Comments:	
Attachment(s):	VA- Dist of Bus Exhibit.pdf
Item Status:	Received & Acknowledged
Status Date:	08/29/2017

Satisfied - Item:	Policyholder Notification Documentation
Comments:	The Policyholder Notification Letter has been attached to the "Form Schedule "tab.
Attachment(s):	VA Policy Schedule.pdf VA Policy Schedule - After Dropping Rider.pdf Nonforfeiture Letter.pdf Statement of Variability for EXVA Policyholder Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Pre-Filing Questionnaire
Comments:	

Attachment(s):	Actual Distribution of Business - Projected with Original Assumptions.pdf Actual Distribution of Business - Projected with Original Assumptions.xlsx Actual Historical - Original Assumptions Projected.pdf Actual Historical - Original Assumptions Projected.xlsx Actual and Projected Nationwide Experience - Original Assumptions.xlsx Actual and Projected Experience - Original Assumptions.pdf Actual and Projected Experience - Original Assumptions.xlsx Actual and Projected Nationwide Experience - Proposed Rates from Inception.pdf Actual and Projected Nationwide Experience - Proposed Rates from Inception.xlsx LTC questions State Farm - Post-Rate Stability.pdf Actual and Projected Nationwide Experience - Original Assumptions.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Current Rate Table A01
Comments:	
Attachment(s):	Current Rate Table A01.pdf Current Rate Table A01.xlsx
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Proposed Rate Tables
Comments:	
Attachment(s):	Proposed Rate Table N10.xlsx
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Objection Response 8-29-2017
Comments:	
Attachment(s):	Objection Response 8-29-2017 (Post).pdf Actual & Projected - Post-Rate Stability Only.xlsx Expected Loss Ratio Exhibit (Post).xlsx
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Objection Response
Comments:	
Attachment(s):	97058 Inforce Rate Increase History.pdf Objection Response 11-6-2018.pdf
Item Status:	Received & Acknowledged

State: *Virginia* **Filing Company:** *State Farm Mutual Automobile Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2016 VA LTCI 97058 Series (Post-Rate Stability)/*

Status Date:	10/16/2019

Satisfied - Item:	Objection Response 3-14-2019
Comments:	
Attachment(s):	Objection Response 97058 3-14-2019.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	97058 VA Policyholder Letter in John Doe format
Comments:	
Attachment(s):	97058 VA Policyholder Letter in John Doe format - Final.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Objection Response 5-8-2019
Comments:	
Attachment(s):	Objection Response 5-8-2019.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Objection Response 7-26-2019
Comments:	
Attachment(s):	Objection Response 7-26-2019.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Objection Response 8-5-2019
Comments:	
Attachment(s):	Objection Response 8-5-2019.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Attachment Actual and Projected Nationwide Experience - VA - Post Rate.xlsx is not a PDF document and cannot be reproduced here.

Attachment Actual and Projected Experience - VA - Post RAte.xlsx is not a PDF document and cannot be reproduced here.

Attachment Actual Distribution of Business - Projected with Original Assumptions.xlsx is not a PDF document and cannot be reproduced here.

Attachment Actual Historical - Original Assumptions Projected.xlsx is not a PDF document and cannot be reproduced here.

Attachment Actual and Projected Nationwide Experience - Original Assumptions.xlsx is not a PDF document and cannot be reproduced here.

Attachment Actual and Projected Experience - Original Assumptions.xlsx is not a PDF document and cannot be reproduced here.

Attachment Actual and Projected Nationwide Experience - Proposed Rates from Inception.xlsx is not a PDF document and cannot be reproduced here.

Attachment Current Rate Table A01.xlsx is not a PDF document and cannot be reproduced here.

Attachment Proposed Rate Table N10.xlsx is not a PDF document and cannot be reproduced here.

Attachment Actual & Projected - Post-Rate Stability Only.xlsx is not a PDF document and cannot be reproduced here.

Attachment Expected Loss Ratio Exhibit (Post).xlsx is not a PDF document and cannot be reproduced here.

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer: State Farm Mutual Automobile Insurance

Title of Form: Policyholder Notification Letter for Rate Increase

Policy Form Number: EXVA

I hereby certify that the Flesch reading ease score of the above policy form is 44.7. It contains 16 sentences, 1392 words and ----* syllables. The type size of the text of the policy forms is 12 point type, 1 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

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.

Signature of an Officer of the Insurer

David Diffor Name

(Print) Assistant Secretary Title

Jan 29, 2018 Date

*Note: The system we use to calculate readability does not count syllables.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	**For Paper Filings:** Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both.
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	**For Paper Filings:** At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and NAIC number of the company for which the filing is made.
Additional SERFF Filing Requirements	***Administrative Letter 2012-03***	***Additional SERFF filing requirements must be met as specified below for life and health forms and rate filings. Failure to provide the applicable information will result in a "rejected" filing.***
General Information – Filing Description		(i) Description of each form by name, title, edition date, other; and intended use.
		(ii) Identification of changes in benefits and premiums (previously approved or filed forms). [Place changed contract provisions (red-lined or highlighted) in Supporting Documentation].
		(iii) Identification of SERFF or state tracking number for the previously approved or filed form for which the new form revises, replaces, or is intended to be used.
		(iv) A statement as to whether any other regulatory body has withdrawn approval of the form because the form contains one or more provisions that were deemed to be misleading, deceptive or contrary to public policy.
HELP TIP:		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Rate Changes		(i) Specify the number of affected policyholders.
		(ii) Provide the reason(s) for the proposed change(s).
		(iii) Include a statement regarding an increase, decrease, revision of former rates.
		(iv) Specify the percentage amount(s) of the change(s).
Forms		
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any form, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define "Insurance Fraud." Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.
Readability Certification	14 VAC 5-110-60	Readability certification is required as described in the regulation.
Entire Consideration	§ 38.2-3500 A 1	The entire consideration is expressed in the policy.
Effective-Termination Time	§ 38.2-3500 A 2	The time (clock time) the policy becomes effective and terminates is expressed in the policy.
DMAS Payor of Last Resort	§ 38.2-3500 A 7	Every accident and health policy must contain a statement indicating the Department of Medical Assistance Services as the payor of last resort.
Definition of Eligible Family members	§ 38.2-3500 C	The definition establishes that eligible dependent children may not be required to live in the household as the policyowner.
Handicapped Child Coverage	§ 38.2-3409	Upon termination due to age, coverage will be continued for: (1) persons incapable of self-sustaining employment by reason of intellectual disability or physical handicap; and (2) chiefly dependent on the insured for support and maintenance. Additional premium may be charged based upon class of risks.
Renewal Provision	14 VAC 200-70 A & 14 VAC 5-200-60 A	The regulation specifies the content of the renewability provision. The renewal provision must be either guaranteed renewable or noncancellable.
LTC Caution Notice	14 VAC 5-200-80 C 2	Required language **in bold print**.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
30-Day Free Look	§ 38.2-5208 A	
Notice to Buyer	14 VAC 5-200-170 A 3	Required language.
General Provisions		
Contents of Policy	38.2-305 A	Parties to policy named; subject of insurance; risks insured against; time insurance takes effect; statement of the premium.
Entire Contract	§ 38.2-3503 1	The provision defines the contents of the entire contract.
Grace Period	§ 38.2-3503 3	The provision defines the grace period and length of the various acceptable grace periods.
	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Reinstatement	§ 38.2-3503 4	
	14 VAC 5-200-65 B	The regulation provides for an extended reinstatement period in the event of policy lapse due to cognitive impairment.
Notice of Claim	§ 38.2-3503 5	
Claim Forms	§ 38.2-3503 6	
Proof of Loss	§ 38.2-3503 7	
Time Payment of Claims	§ 38.2-3503 8	The provision specifies **when** benefits will be paid.
Payment of Claims	§ 38.2-3503 9	The provision specifies **to whom** benefits will be paid
Physical Examinations and Autopsy	§ 38.2-3503 10	
Legal Actions	§ 38.2-3503 11	
Change of Beneficiary	§ 38.2-3503 12	(For payment to beneficiaries, see Payment of Claims provision-§ 38.2-3503 9.)
Incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.
Age Limit	§ 38.2-3513 A	If the policy establishes an age-limit after which coverage will no longer be effective, and if the date falls within a period for which a premium is accepted by the insurer or the insurer accepts a premium after the date, the coverage provided by the policy will continue in force until the end of the period for which the premium has been accepted.
	§ 38.2-3513 B	If the age of the insured has been misstated and the policy would not have been issued according to the correct age of the insured, the policy would not have become effective or would have ceased prior to the acceptance of the premium, then the liability of the insurer shall be limited to the refund of the premium paid for the period not covered by the policy.
Optional Provisions		
Change of Occupation	§ 38.2-3504 1	
Misstatement of Age	§ 38.2-3504 2	
Other Insurance in this Company	§ 38.2-3504 3	
Insurance with Other Company	§ 38.2-3504 4	
Insurance with Other Company	§ 38.2-3504 5	
Unpaid Premiums	§ 38.2-3504 7	
Conformity with State Statutes	§ 38.2-3504 9	Must use “resides” language

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Illegal Occupation	§ 38.2-3504 10	
Intoxicants and Narcotics	§ 38.2-3504 11	
Prohibited Provisions		
	§ 38.2-5203	Specified provisions prohibited in a long-term care policy.
	§ 38.2-5205 A	Prior institutionalization may not be a requirement to receive benefits.
	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
Subrogation	§ 38.2-3405 A	No policy shall contain a provision regarding subrogation of any person's right to recovery for personal injuries from a third person.
Liability Insurance	§ 38.2-3405 B	Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract.
Workers' Compensation	§ 38.2-3405 D	The statute discusses exceptions to exclusions due to benefits payable under workers' compensation.
Minimum Standards for Home Health Care	14 VAC 5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.
LTC Policy Requirements		
Duration of Benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.
Refund of Premium for Cancellation or Termination of Policy	§ 38.2-5202.1	Provides for the termination of the policy by the **insured** and for cancellation of the policy by the **insurer**, except when coverage is for the duration of life and premium is a single installment payment.
Preexisting Condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included labeled as "Preexisting Condition Limitations."
Limitations or Conditions on Eligibility for Benefits	§ 38.2-5205 B 14 VAC 5-200-187	Permissible benefit triggers and requirements.
Definitions	14 VAC 5-200-50	Certain terms defined.
UCR defined	14 VAC 5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Limitations and Exclusions	14 VAC 5-200-60 B	
	§ 38.2-3504 11	Intoxicants and narcotics
Extension of benefits	14 VAC 5-200-60 C	
Right to Reduce Coverage and Lower Premiums	14 VAC 5-200-183	The policy shall include a provision that allows the policyholder to reduce coverage and lower the premium.
Nonforfeiture Benefit Requirement	14 VAC 5-200-185 B	Offer made to the policyholder. Refer to the regulation for specifics.
Contingent Benefit Upon Lapse	14 VAC 5-200-185 C	If the offer of the nonforfeiture benefit is declined, the contingent benefit upon lapse shall be provided.
Required to Offer Inflation Protection	14 VAC 5-200-100 A	

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Signed Acceptance for Riders and Amendments	14 VAC 5-200-70 B	All riders and/or endorsements that added to a policy after the date of issue that reduces, restricts, or eliminates benefits in the policy will require signed acceptance. Also, where a separate premium is charged for a rider or endorsement, the premium will be set forth in the policy, rider, or endorsement.
LTC Personal Suitability Worksheet	14 VAC 5-200-175-C 2	The LTC personal suitability worksheet must be submitted with the policy.
Disclosures		
	§ 38.2-5207 1; 14 VAC 5-200-200	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.
	§ 38.2-5207 4; 14 VAC 5-200-70 H	A tax-qualified plan must be definitively identified as such.
	14 VAC 5-200-70 I	A non-tax-qualified plan must be identified as such.
	14 VAC 5-200-75 D	Any reference to a premium increase shall disclose that notice of premium increase shall be at least 60 days prior to the increase.
Policies that include issue ages of 65 or higher	14 VAC 5-170-150 E 1	Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate.
Rates		
	§ 38.2-5206	
	14 VAC 5-200-150	The regulation specifies the expected loss ratio.
	14 VAC 5-130-60 A and 130-60 B; 14 VAC 5-200-77	The regulation specifies rate filing and actuarial memorandum requirements.

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 reviews individual long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

I hereby certify that I have reviewed the attached individual long-term care filing and determined that it is in compliance with the individual long-term care checklist.

Signed: Jeff Mueller Digitally signed by Jeff Mueller
DN: cn=Jeff Mueller, o=State Farm Mutual Automobile Insurance Company, ou=Life/Health Actuarial, email=jeff.mueller.rthv@statefarm.com, c=US
Date: 2016.09.22 14:16:28 -05'00'

Name (please print): Jeff Mueller

Company Name: State Farm Mutual Automobile Insurance Company

Date: 9/22/2016 Phone No: ( ) 309-735-2224 FAX No: ( ) 309-766-1827

E-Mail Address: Jeff.mueller.rthv@statefarm.com

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
BLOOMINGTON, ILLINOIS 61710
ACTUARIAL MEMORANDUM – RATE INCREASE

STATE FARM TAX QUALIFIED LONG TERM CARE INSURANCE POLICY FORMS 97058 VA SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORMS 99572 VA COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORMS 99573 NON-FORFEITURE RIDER FORMS 99574

I. PURPOSE

The purpose of this memorandum is to demonstrate that the lifetime loss ratio of this product after the proposed rate increase meets the minimum loss ratio requirements in Virginia. This memorandum is not suitable for other purposes.

II. GENERAL INFORMATION

A. Type of Policy: These are Individual Tax Qualified Long Term Care Insurance Policies.
B. Renewability: Guaranteed Renewable
C. Marketing Method: Sold through a captive agency force but are no longer marketed
D. Issue Ages: ages 18 through 84
E. Average Issue Age of inforce policies: 54

III. APPLICABILITY

This filing is applicable to all post-stabilization in-force policies and associated riders issued in Virginia on the above referenced forms. The 97058 VA form was marketed in Virginia between October 1, 2003 and August 1, 2004. These forms are no longer marketed in any state. As of December 31, 2016, there were 237 post-stabilization policies in Virginia with $327,299 in annualized premium and 21,468 post-stabilization policies nationwide with $39,051,620 in annualized premium.

IV. DESCRIPTION OF POLICY DESIGN AND COVERAGE

A. Forms 97058 VA: This form provides comprehensive Long Term Care Insurance coverage. After meeting an elimination period, benefits are paid on an expenses incurred basis. Covered expenses include: Home and Adult Day Care, Long Term Care Facility, Alternate Care Facility, Caregiver Training, Bed Reservation, Respite Care, and Medical Help System. Benefits may also be payable for other services, devices or types of care if they are part of an alternate plan of care which is agreed to by the insured, the insured's doctor, and State Farm. Premiums are waived while receiving care after the specified waiting period.

B. Optional Simple Automatic Increase Benefit Rider Forms 99572 VA: provides inflation protection by giving a 5% simple automatic benefit increase for each policy year.

C. Optional Compound Automatic Increase Benefit Rider Form 99573: provides compound automatic benefit increases of 5% for each policy year.

D. Optional Shortened Benefit Period Non-forfeiture Rider Form 99574: provides shortened benefit period non-forfeiture benefit if policy lapses after the third policy year.

V. REASON FOR RATE INCREASE

A rate increase is necessary due to significantly higher anticipated and lifetime loss ratios than expected. The higher loss ratios are primarily a result of lower voluntary lapse rates, lower mortality, and higher expected future claims costs.

The table below compares the present value of future incurred losses using original morbidity assumptions and our current assumptions as outlined below in Section VI. Current lapse and mortality assumptions are used in the projections for both original and current morbidity assumptions.

PV Future Incurred Losses Original Claim Costs	PV Future Incurred Losses Current Claim Costs	Ratio of Current to Original
822,498,630	1,149,547,141	1.40

VI. MORBIDITY ASSUMPTIONS

Original Assumptions

Sex distinct claim costs were developed from 1982, 1984, 1989, and 1994 National Term Care surveys and the 1985 National Nursing Home Survey. Adjustments were applied to account for underwriting and State Farm's distribution system.

Current Assumptions

Claim costs were developed using 2011 Milliman Inc. internal claim cost guidelines. These guidelines are a cooperative effort of Milliman Health actuaries and represent a combination of their experience, research, and judgment. These claim costs were developed based on the benefits provided under these forms.

The table below demonstrates our actual to expected loss ratio experience by year based on the actual distribution of business using the 2011 Milliman claim costs as our expected basis. State Farm experience shows an overall actual to expected ratio of 105.4%. 100% of the Milliman claim costs was chosen as the ultimate claim cost level in our projected experience.

The expected basis for the table below is the 2011 Milliman claims costs using actual termination information. This differs from the Virginia and Nationwide Actual to Expected exhibits attached to this filing in that the expected basis is actual sales and original pricing assumptions.

Year	Actual Loss Ratio	Expected Loss Ratio Based on 2011 Milliman Claim Costs	Actual to Expected Ratio
2001	0.0%	3.0%	0.0%
2002	0.7%	3.1%	22.8%
2003	6.9%	3.9%	177.3%
2004	5.8%	5.4%	107.1%
2005	13.5%	7.3%	184.1%
2006	13.5%	9.3%	145.6%
2007	12.7%	11.4%	111.3%
2008	12.4%	13.9%	89.7%
2009	18.8%	16.8%	112.0%
2010	17.9%	20.0%	89.3%
2011	19.6%	23.3%	84.3%
2012	29.8%	26.4%	113.1%
2013	29.7%	30.2%	98.3%
2014	46.2%	35.5%	130.1%
2015	39.7%	41.5%	95.8%
2016	44.0%	48.4%	91.0%
Total	**22.7%**	**21.6%**	**105.4%**

No future morbidity improvement was assumed in these claim costs.

VII. MORTALITY ASSUMPTION

Original Assumptions

The mortality assumption used in initial pricing was the 83GAM table with no selection factors.

Current Assumptions

Sex distinct mortality was assumed to follow the 2012 IAM Static table with 13 year selection factors, grading from 31% to 102% of the table over those 13 years, with the ultimate factor being 106% in years 14 and beyond. The selection factors for the first 18 years are based on actual mortality results on State Farm's long term care block. Actual and expected deaths include data from all policy forms for credibility purposes. The mortality assumption used in initial pricing was the 83GAM table with no selection factors.

Duration	Exposure	Actual Deaths	Expected Deaths Based on 2012IAM	Calculated Mortality Factor - As a % of 2012IAM	Expected Deaths from 83 GAM	Actual to Expected Based on Original Pricing Assumption
1	185,013	248	794	31%	1,082	23%
2	164,807	444	825	54%	1,149	39%
3	152,688	510	851	60%	1,210	42%
4	142,703	539	874	62%	1,268	42%
5	133,410	640	897	71%	1,326	48%
6	125,584	622	922	67%	1,388	45%
7	118,542	739	950	78%	1,456	51%
8	110,348	790	967	82%	1,508	52%
9	102,544	849	981	87%	1,553	55%
10	95,216	916	995	92%	1,599	57%
11	88,097	890	1,001	89%	1,630	55%
12	79,525	904	986	92%	1,623	56%
13	66,115	923	907	102%	1,502	61%
14+	104,842	1,954	1,839	106%	3,037	64%

No future mortality improvement was assumed in the projections.

VIII. VOLUNTARY LAPSE RATE ASSUMPTIONS

Original Assumptions

See the table below for the original pricing assumptions. The ultimate lapse rate assumed in original pricing was 2%.

Current Assumptions

Voluntary lapse rates are based on our nationwide long term care lapse experience. All policy forms except for form 97045 are included for credibility purposes. The following chart shows our actual lapse rate by duration through Dec. 31, 2015. These actual lapse rates by duration are used in the projection. The lapse rate assumed for projections of lifetime loss ratio in policy years 12+ is 0.66%.

Duration	Actual Exposures	Number of Lapses	Actual Lapse Rate	Original Pricing Lapse Rate	Actual to Expected Based on Original Pricing Assumption
1	123,547	13,827	11.19%	5.5%	2.03
2	107,901	5,809	5.38%	4.5%	1.20
3	96,499	3,264	3.38%	4.5%	0.75
4	86,944	2,337	2.69%	4.0%	0.67
5	78,948	1,690	2.14%	3.0%	0.71
6	71,862	1,361	1.89%	2.0%	0.95
7	65,073	1,061	1.63%	2.0%	0.82
8	58,042	733	1.26%	2.0%	0.63
9	51,126	573	1.12%	2.0%	0.56
10	42,208	400	0.95%	2.0%	0.47
11	31,084	316	1.02%	2.0%	0.51
12+	43,787	288	0.66%	2.0%	0.33

IX. SHOCK LAPSE ASSUMPTION

A shock lapse assumption of 2.32% after this proposed rate increase is included in our projections. Assumed lapse rates (see Section VIII) less than 2.32% are increased to 2.32% for the year following each year of this rate increase. This assumption is based on lapse experience after rate increases implemented to date on policy form 97058 series policies. We will continue to closely monitor policyholder behavior after rate increases.

Below is a chart showing the number of policyholders who have received a rate increase and the number who have lapsed after an increase on the 97058 policy series as of December 31, 2016.

Number of Policyholders Receiving Rate Increase	Number of Policyholders Lapsing After Rate Increase	Lapse Rate
67,806	1,574	2.32%

X. HISTORY OF RATE ADJUSTMENTS

There have been no past rate changes on in-force policyholders on these forms.

XI. AVERAGE ANNUAL PREMIUM

The average annual premium for this form and associated riders prior to this proposed rate increase is:

Virginia $1,381
Nationwide $1,612

The average annual premium for this form and associated riders after the rate increase is:

Virginia $1,843
Nationwide $2,188

The nationwide average annual premium figure was calculated assuming that the proposed rate increase in Virginia is implemented nationwide.

XII. MINIMUM LIFETIME LOSS RATIO

Policies issued after October 1, 2003 had no initial minimum loss ratio, but have a minimum loss ratio based on 58% of the original premium and 85% of any rate increase premium.

XIII. PAST, ANTICIPATED AND LIFETIME LOSS RATIO

Past and projected nationwide and Virginia experience are shown in the exhibits entitled Actual & Projected Nationwide Experience Exhibit and Actual & Projected Virginia Experience Exhibit. Projected premiums are shown both with and without the proposed rate increase. Future incurred claims reflect a 10% moderately adverse claim cost margin. See section XVIII and section XIV for further explanation.

Nationwide data is used to justify the proposed rates. The nationwide projection exhibit contains two columns of premiums. The first one titled "Earned Premium Current Rates" applies this state's specific pattern of prior increases to the nationwide original premium. This is done to avoid subsidization amongst states due to the allowance/disallowance of needed rate increases. Since there have been no prior increases in Virginia, these rates are equal to the original rates. The second premium column, "Earned Premium with Proposed Increase", reflects the proposed increase applied nationwide. A summary of the resulting loss ratios is shown below.

The lifetime loss ratio is calculated as the sum of the accumulated value of past incurred claims and the present value of anticipated incurred claims divided by the sum of the accumulated value of past earned premium and the present value of the anticipated earned premium. The present values and accumulated values are calculated at 4.5%.

The following table shows the present and accumulated values of nationwide premiums and claims at the valuation rate of 4.5%.

	Earned Premium Current Rates	Earned Premium with Proposed Increase	Incurred Claims	Loss Ratio Current Rates	Loss Ratio with Proposed Rates
Past	540,505,035	540,505,035	109,815,301	20.3%	20.3%
Anticipated	381,242,556	495,971,790	1,264,501,856	331.7%	255.0%
Lifetime	921,747,591	1,036,476,825	1,374,317,156	149.1%	132.6%

XIV. ORIGINAL PRICING MODERATELY ADVERSE

The following separate occurrences are shown as examples of what was considered to be moderately adverse experience in the original pricing assumptions. Any combination of assumptions that results in a similar decrease in profitability would also be considered moderately adverse.

- 29% drop in mortality rate
- 50% drop in voluntary lapse rate assumptions in every duration
- 10% increase in morbidity (claim costs)
- 100 basis point drop in investment income

Mortality
From Section VII above, actual deaths are approximately 50% less than the originally anticipated deaths. Therefore, mortality experience is outside the originally prescribed moderately adverse definition and a rate increase is justified.

Voluntary Lapse Rate
Although Section VIII shows lapse rates higher than originally projected, lapses have been significantly below expectations in later durations. Although lapse rates are not 50% lower in all

durations, we are currently projecting a 0.66% ultimate lapse rate, which is 67% lower than our originally estimated 2% ultimate lapse rate. The lower voluntary lapse rate has had a significant impact on our future lifetime loss ratios and has contributed to our need for a rate increase.

Morbidity (Claim Costs)
On a lifetime basis, updated claim costs are 40% higher than our original claim costs. Therefore, morbidity is outside the originally prescribed moderately adverse definition and a rate increase is justified.

XV. MAXIMUM ALLOWABLE RATE INCREASE

Methodology 1

14 VAC 5-200-153 B Methodology

Premium rate schedule increases shall be calculated such that the sum of the accumulated value of incurred claims, without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

(a) The accumulated value of the initial earned premium times 58%;

(b) 85% of the accumulated value of prior premium rate schedule increases on an earned basis;

(c) The present value of future projected initial earned premium times 58%

(d) 85% of the present value of future projected premiums not in (c)

1,374,317,156 >= 540,505,035*.58 + 0*.85 + 381,242,556*.58 + 381,242,556*X*0.85

Where X = indicated average rate increase

This methodology results in an indicated average rate increase of 259.1%.

A 10% claim cost margin for adverse experience was included in the calculations for this method.

This increase is based on nationwide data.

Methodology 2

The maximum allowable rate increase was calculated so that the rate increase is less than:

(a) The accumulated value of incurred claims (1,374,317,156) divided by
(b) The lifetime loss ratio consistent with the original filing including margins for moderately adverse experience (77.2%)

which is then divided by

(c) The accumulated value of original premium (921,747,591)

Then subtracting 1 as follows

[{(a) / (b)} / (c)] - 1

Without recouping any past losses, the maximum amount of increase we can propose is 93.1%.

These policies share a same rate table with the pre-rate stability policies that are filed under SERFF STLH-130740330. Since the pre-rate stability policies are more restrictive, we will be using that lower proposed amount of 88.0%.

XVI. CONTINGENT BENEFIT UPON LAPSE

The proposed increase will trigger the contingent non-forfeiture benefit upon lapse for 1 VA policyholder.

XVII. ALLOCATION OF RATE INCREASE

Assumption	Portion of Rate Increase Attribution
Mortality	16.3%
Lapse	21.9%
Morbidity	61.8%

XVIII. SUMMARY OF PROPOSED RATE INCREASE

We are proposing an average rate increase of 35.7% based on the nationwide distribution of business. This results in an average increase of 33.5% in Virginia reflecting differences between the Virginia and nationwide distribution of business.

The requested premium rate schedule increase is not considered sufficient to cover the adverse impact of the changes to the assumptions in this filing. If an average rate schedule increase of 88.0% were requested and implemented and the underlying assumptions with additional margin for moderately adverse conditions are realized no further increases would be anticipated.

The proposed increase will vary by benefit period and inflation protection and will range from 0% to 40%. This proposed increase is reduced in cases where the maximum proposed increase would cause the new rates to be higher than the corresponding rate on our currently marketed long term care insurance product.

Most policyholders will be given the option to reduce coverage in an effort to reduce the rate impact of the proposed increase. Only policyholders who have coverage that is greater than issue requirements will have this option. Options available include:

- Reduce the daily benefit amount
- Decrease the benefit period
- Increase the eliminate period
- Remove an optional rider

A comparison of rates before and after the proposed change is included in the supporting documentation.

In addition, we are proposing a rate decrease on Form 99574 Shortened Benefit Period Non-forfeiture rider from 30% of the premium to 22% of the premium. This decrease will bring the rates on this rider to the same level as the rates on our currently marketed long term care insurance product.

XIX. MODERATELY ADVERSE ASSUMPTIONS

A 10% margin on claim costs is included in this filing to reflect moderately adverse experience.

Moderately adverse experience as used in the Actuarial Certification is defined as experience such that the ratio of the projected lifetime loss ratio using future assumptions that deviate from those in this filing to the projected lifetime loss ratio using the pricing assumptions included in this filing (including the 10% claim cost margin) is 100% or less.

Any combination of changes in morbidity, mortality, and voluntary lapse rates that results in an actual to expected loss ratio of 100% or less is considered moderately adverse.

XX. ACTUARIAL CERTIFICATION

I certify that to the best of my knowledge and judgment this rate filing is in compliance with the applicable laws and rules of this Commonwealth and the premiums are reasonable in relation to the benefits provided. This rate filing complies with all applicable Actuarial Standards of Practice including Actuarial Standard of Practice No. 8, "Regulatory Filings for Health Plan Entities" and Actuarial Standard of Practice No. 18, "Long-Term Care Insurance".

In accordance with 14VAC5-200-153 B 4, I certify that the renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits. I certify that policy design, underwriting, and claims adjucation practices have been taken into consideration.

_____ August 2, 2019

David Diffor, FSA, MAAA Date

Most policyholders will be given the option to reduce coverage in an effort to mitigate the impact of the proposed increase. Only policyholders who have coverage greater than the minimum issue requirements will be able to exercise several options to reduce coverage, which include the following:

- Reducing the daily benefit amount
- Decreasing the benefit period
- Increasing the elimination period
- Removing an optional rider

Below are three examples of how policyholders may remove optional riders, with details on daily benefit level and calculations of future benefit increases:

Example 1 Policyholder Changes Compound Inflation to Simple Inflation

Assume Issue Age 40, 2 year benefit period, 30 day elimination period, standard rates.
Policyholder purchases a $100 daily benefit, 5% compound inflation policy.
10 years later their benefit has increased to $162.89 /day and they decide to change the compound inflation rider to the simple inflation rider.
They get to keep their $162.89/day benefit, which will inflate at the simple rate of 5% of the original premium but the new premium is calculated as if they had purchased a $100 daily benefit with simple inflation.
Under the proposed rate table N10 their new premium would be 100 * 5.14 = $514.

Example 2 Policyholder Drops Compound Inflation

Assume Issue Age 40, 2 year benefit period, 30 day elimination period, standard rates.
Policyholder purchases a $100 daily benefit, 5% compound inflation policy.
10 years later their benefit has increased to $162.89 /day and they decide to drop the inflation rider.
They get to keep their $162.89/day benefit, but the new premium is calculated as if they had purchased a $100 daily benefit with no inflation.
Under the proposed rate table N10 their new premium would be 100 * 2.06 = $206.

Example 3 Policyholder Keeps Compound Inflation and Reduces the Daily Benefit Amount

Assume Issue Age 40, 2 year benefit period, 30 day elimination period, standard rates.
Policyholder purchases a $125 daily benefit, 5% compound inflation policy.
10 years later their benefit has increased to $203.61 /day and they decide to drop their daily benefit amount to $100.
They will drop their daily benefit amount $25 so the new daily benefit amount is $178.61.The daily benefit will compound 5% a year from the new amount. The new premium is calculated as if they had purchased a $100 daily benefit with compound inflation.
Under the proposed rate table N10 their new premium would be 100 * 11.26 = $1126.

Reset Form

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

Company Name and NAIC Number: State Farm Mutual Automobile Insurance Company: 25178-176

SERFF Tracking Number: STLH-130740330

Effective Date: Approximately 135 Days After Approval

(Projected) Number of Insureds Affected: 237

New Rates

Average Annual Premium Per Member: 1,381

Revised Rates

Average Annual Premium Per Member: $1,843

Average Requested Percentage Rate Change Per Member: 33.5%

Minimum Requested Percentage Rate Change Per Member: 0

Maximum Requested Percentage Rate Change Per Member: 40%

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

Form#	"Product Name"(if applicable)
97058 VA	STATE FARM TAX QUALIFIED LONG TERM CARE INSURANCE POLICY FORM
99572 VA	SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM
99573	COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM
99574	SHORTENED BENEFIT PERIOD NON-FORFEITURE RIDER FORM

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

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

State Farm Insurance has filed for an average rate increase of 33.5% with the Virginia Bureau of Insurance. The increase will range from 0 to 40%. The actual increase will vary by issue age, benefit period, elimination period, and inflation option.

The need for this rate increase is being driven by lower lapses and mortality combined with policyholders' total claims being projected to be greater than expected. In other words, more policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. Although this is a testament to the value of this coverage, it also has put unanticipated financial pressure on this block of business leading to the need for a premium rate increase.

Please note that due to the historically low interest rate environment, the company is currently experiencing lower than anticipated investment returns on premiums received. However, these investment losses are not being passed along to the policyholder, but are instead being fully absorbed by State Farm.

Most policyholders will be given the option to reduce coverage in an effort to mitigate the impact of the proposed increase. Only policyholders who have coverage greater than the minimum issue requirements will be able to exercise several options to reduce coverage, which include the following:

- Reducing the daily benefit amount
- Decreasing the benefit period
- Increasing the elimination period
- Removing an optional rider

While the company recognizes that a rate increase is unwelcome, we feel it is necessary in order to fulfill our contractual obligations so that a policyholder's benefits are available when they need them most.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 VA Series
Select Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	5%	20%	40%	40%
30-34	0%	5%	20%	40%	40%
35-39	0%	5%	20%	40%	40%
40	0%	5%	20%	40%	40%
41	0%	5%	20%	40%	40%
42	0%	5%	20%	40%	40%
43	0%	5%	20%	40%	40%
44	0%	5%	20%	40%	40%
45	0%	5%	20%	40%	40%
46	0%	5%	20%	40%	40%
47	0%	5%	20%	40%	40%
48	0%	5%	20%	40%	40%
49	0%	5%	20%	40%	40%
50	0%	5%	20%	40%	40%
51	0%	5%	20%	40%	40%
52	0%	5%	20%	40%	40%
53	0%	5%	20%	40%	40%
54	0%	5%	20%	40%	40%
55	0%	5%	20%	40%	40%
56	0%	5%	20%	40%	40%
57	0%	5%	20%	40%	40%
58	0%	5%	20%	40%	40%
59	0%	5%	20%	40%	40%
60	0%	5%	20%	40%	40%
61	0%	5%	20%	40%	40%
62	0%	5%	20%	40%	40%
63	0%	5%	20%	40%	40%
64	0%	5%	20%	40%	40%
65	0%	5%	20%	40%	40%
66	0%	5%	20%	40%	40%
67	0%	5%	20%	40%	40%
68	0%	5%	20%	40%	40%
69	0%	5%	20%	40%	40%
70	0%	5%	20%	40%	40%
71	0%	5%	20%	33%	40%
72	0%	5%	19%	26%	37%
73	0%	5%	13%	19%	30%
74	0%	5%	9%	14%	25%
75	0%	5%	7%	13%	23%
76	0%	5%	9%	16%	27%
77	0%	5%	9%	18%	29%
78	0%	5%	7%	18%	28%
79	0%	5%	6%	17%	28%
80	0%	5%	6%	17%	28%
81	0%	5%	6%	17%	28%
82	0%	5%	6%	17%	28%
83	0%	5%	6%	17%	28%
84	0%	5%	6%	17%	28%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 VA Series
Select Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	5%	20%	40%	40%
30-34	0%	5%	20%	40%	40%
35-39	0%	5%	20%	40%	40%
40	0%	5%	20%	40%	40%
41	0%	5%	20%	40%	40%
42	0%	5%	20%	40%	40%
43	0%	5%	20%	40%	40%
44	0%	5%	20%	40%	40%
45	0%	5%	20%	40%	40%
46	0%	5%	20%	40%	40%
47	0%	5%	20%	40%	40%
48	0%	5%	20%	40%	40%
49	0%	5%	20%	40%	40%
50	0%	5%	20%	40%	40%
51	0%	5%	20%	40%	40%
52	0%	5%	20%	40%	40%
53	0%	5%	20%	40%	40%
54	0%	5%	20%	40%	40%
55	0%	5%	20%	40%	40%
56	0%	5%	20%	40%	40%
57	0%	5%	20%	40%	40%
58	0%	5%	20%	40%	40%
59	0%	5%	20%	40%	40%
60	0%	5%	20%	40%	40%
61	0%	5%	20%	40%	40%
62	0%	5%	20%	40%	40%
63	0%	5%	20%	40%	40%
64	0%	5%	20%	40%	40%
65	0%	5%	20%	40%	40%
66	0%	5%	20%	40%	40%
67	0%	5%	20%	40%	40%
68	0%	5%	20%	40%	40%
69	0%	5%	20%	40%	40%
70	0%	5%	20%	34%	40%
71	0%	5%	19%	27%	39%
72	0%	5%	14%	21%	32%
73	0%	5%	9%	15%	26%
74	0%	5%	7%	13%	23%
75	0%	5%	7%	13%	24%
76	0%	5%	9%	16%	27%
77	0%	5%	8%	18%	29%
78	0%	5%	7%	18%	29%
79	0%	5%	6%	18%	29%
80	0%	5%	6%	18%	29%
81	0%	5%	6%	18%	29%
82	0%	5%	6%	18%	29%
83	0%	5%	6%	18%	29%
84	0%	5%	6%	18%	29%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 VA Series
Select Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	5%	20%	40%	40%
30-34	0%	5%	20%	40%	40%
35-39	0%	5%	20%	40%	40%
40	0%	5%	20%	40%	40%
41	0%	5%	20%	40%	40%
42	0%	5%	20%	40%	40%
43	0%	5%	20%	40%	40%
44	0%	5%	20%	40%	40%
45	0%	5%	20%	40%	40%
46	0%	5%	20%	40%	40%
47	0%	5%	20%	40%	40%
48	0%	5%	20%	40%	40%
49	0%	5%	20%	40%	40%
50	0%	5%	20%	40%	40%
51	0%	5%	20%	40%	40%
52	0%	5%	20%	40%	40%
53	0%	5%	20%	40%	40%
54	0%	5%	20%	40%	40%
55	0%	5%	20%	40%	40%
56	0%	5%	20%	40%	40%
57	0%	5%	20%	40%	40%
58	0%	5%	20%	40%	40%
59	0%	5%	20%	40%	40%
60	0%	5%	20%	40%	40%
61	0%	5%	20%	40%	40%
62	0%	5%	20%	40%	40%
63	0%	5%	20%	40%	40%
64	0%	5%	20%	40%	40%
65	0%	5%	20%	40%	40%
66	0%	5%	20%	40%	40%
67	0%	5%	20%	40%	40%
68	0%	5%	20%	40%	40%
69	0%	5%	20%	38%	40%
70	0%	5%	20%	33%	40%
71	0%	5%	18%	27%	39%
72	0%	5%	13%	21%	32%
73	0%	5%	9%	15%	26%
74	0%	5%	7%	13%	24%
75	0%	5%	6%	13%	24%
76	0%	5%	8%	16%	27%
77	0%	5%	7%	18%	29%
78	0%	5%	6%	18%	29%
79	0%	5%	6%	18%	29%
80	0%	5%	6%	18%	29%
81	0%	5%	6%	18%	29%
82	0%	5%	6%	18%	29%
83	0%	5%	6%	18%	29%
84	0%	5%	6%	18%	29%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Select Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	40%	40%	40%	40%	40%
30-34	40%	40%	40%	40%	40%
35-39	40%	40%	40%	40%	40%
40	40%	40%	40%	40%	40%
41	40%	40%	40%	40%	40%
42	40%	40%	40%	40%	40%
43	40%	40%	40%	40%	40%
44	40%	40%	40%	40%	40%
45	40%	40%	40%	40%	40%
46	40%	40%	40%	40%	40%
47	40%	40%	40%	40%	40%
48	40%	40%	40%	40%	40%
49	40%	40%	40%	40%	40%
50	40%	40%	40%	40%	40%
51	40%	40%	40%	40%	40%
52	40%	40%	40%	40%	40%
53	40%	40%	40%	40%	40%
54	40%	40%	40%	40%	40%
55	40%	40%	40%	40%	40%
56	40%	40%	40%	40%	40%
57	40%	40%	40%	40%	40%
58	40%	40%	40%	40%	40%
59	40%	40%	40%	40%	40%
60	40%	40%	40%	40%	40%
61	40%	40%	40%	40%	40%
62	40%	40%	40%	40%	40%
63	40%	40%	40%	40%	40%
64	40%	40%	40%	40%	40%
65	40%	40%	40%	40%	40%
66	40%	40%	40%	40%	40%
67	40%	40%	40%	40%	40%
68	40%	40%	40%	40%	40%
69	40%	40%	40%	40%	40%
70	40%	40%	40%	40%	40%
71	40%	40%	40%	40%	40%
72	34%	36%	39%	40%	40%
73	30%	29%	30%	37%	40%
74	25%	23%	24%	30%	40%
75	22%	19%	18%	25%	36%
76	19%	18%	16%	23%	35%
77	16%	15%	12%	20%	31%
78	12%	12%	9%	17%	28%
79	9%	10%	7%	15%	26%
80	9%	10%	7%	15%	26%
81	9%	10%	7%	15%	26%
82	9%	10%	7%	15%	26%
83	9%	10%	7%	15%	26%
84	9%	10%	7%	15%	26%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Select Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	40%	40%	40%	40%	40%
30-34	40%	40%	40%	40%	40%
35-39	40%	40%	40%	40%	40%
40	40%	40%	40%	40%	40%
41	40%	40%	40%	40%	40%
42	40%	40%	40%	40%	40%
43	40%	40%	40%	40%	40%
44	40%	40%	40%	40%	40%
45	40%	40%	40%	40%	40%
46	40%	40%	40%	40%	40%
47	40%	40%	40%	40%	40%
48	40%	40%	40%	40%	40%
49	40%	40%	40%	40%	40%
50	40%	40%	40%	40%	40%
51	40%	40%	40%	40%	40%
52	40%	40%	40%	40%	40%
53	40%	40%	40%	40%	40%
54	40%	40%	40%	40%	40%
55	40%	40%	40%	40%	40%
56	40%	40%	40%	40%	40%
57	40%	40%	40%	40%	40%
58	40%	40%	40%	40%	40%
59	40%	40%	40%	40%	40%
60	40%	40%	40%	40%	40%
61	40%	40%	40%	40%	40%
62	40%	40%	40%	40%	40%
63	40%	40%	40%	40%	40%
64	40%	40%	40%	40%	40%
65	40%	40%	40%	40%	40%
66	40%	40%	40%	40%	40%
67	40%	40%	40%	40%	40%
68	40%	40%	40%	40%	40%
69	40%	40%	40%	40%	40%
70	40%	40%	40%	40%	40%
71	33%	37%	40%	40%	40%
72	27%	29%	32%	38%	40%
73	22%	22%	24%	30%	40%
74	17%	16%	18%	25%	36%
75	14%	13%	13%	20%	31%
76	12%	12%	12%	20%	31%
77	10%	10%	10%	17%	29%
78	7%	8%	8%	16%	27%
79	5%	7%	7%	16%	26%
80	5%	7%	7%	16%	26%
81	5%	7%	7%	16%	26%
82	5%	7%	7%	16%	26%
83	5%	7%	7%	16%	26%
84	5%	7%	7%	16%	26%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Select Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	40%	40%	40%	40%	40%
30-34	40%	40%	40%	40%	40%
35-39	40%	40%	40%	40%	40%
40	40%	40%	40%	40%	40%
41	40%	40%	40%	40%	40%
42	40%	40%	40%	40%	40%
43	40%	40%	40%	40%	40%
44	40%	40%	40%	40%	40%
45	40%	40%	40%	40%	40%
46	40%	40%	40%	40%	40%
47	40%	40%	40%	40%	40%
48	40%	40%	40%	40%	40%
49	40%	40%	40%	40%	40%
50	40%	40%	40%	40%	40%
51	40%	40%	40%	40%	40%
52	40%	40%	40%	40%	40%
53	40%	40%	40%	40%	40%
54	40%	40%	40%	40%	40%
55	40%	40%	40%	40%	40%
56	40%	40%	40%	40%	40%
57	40%	40%	40%	40%	40%
58	40%	40%	40%	40%	40%
59	40%	40%	40%	40%	40%
60	40%	40%	40%	40%	40%
61	40%	40%	40%	40%	40%
62	40%	40%	40%	40%	40%
63	40%	40%	40%	40%	40%
64	40%	40%	40%	40%	40%
65	40%	40%	40%	40%	40%
66	40%	40%	40%	40%	40%
67	40%	40%	40%	40%	40%
68	40%	40%	40%	40%	40%
69	40%	40%	40%	40%	40%
70	38%	40%	40%	40%	40%
71	31%	36%	40%	40%	40%
72	24%	28%	31%	38%	40%
73	18%	22%	24%	31%	40%
74	13%	16%	18%	25%	37%
75	9%	12%	14%	21%	32%
76	8%	11%	12%	20%	31%
77	7%	8%	9%	17%	29%
78	5%	7%	7%	16%	27%
79	4%	6%	7%	16%	27%
80	4%	6%	7%	16%	27%
81	4%	6%	7%	16%	27%
82	4%	6%	7%	16%	27%
83	4%	6%	7%	16%	27%
84	4%	6%	7%	16%	27%

Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Select Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	40%	40%	40%	40%	40%
30-34	40%	40%	40%	40%	40%
35-39	40%	40%	40%	40%	40%
40	40%	40%	40%	40%	40%
41	40%	40%	40%	40%	40%
42	40%	40%	40%	40%	40%
43	40%	40%	40%	40%	40%
44	40%	40%	40%	40%	40%
45	40%	40%	40%	40%	40%
46	40%	40%	40%	40%	40%
47	40%	40%	40%	40%	40%
48	40%	40%	40%	40%	40%
49	40%	40%	40%	40%	40%
50	40%	40%	40%	40%	40%
51	40%	40%	40%	40%	40%
52	40%	40%	40%	40%	40%
53	40%	40%	40%	40%	40%
54	40%	40%	40%	40%	40%
55	40%	40%	40%	40%	40%
56	40%	40%	40%	40%	40%
57	40%	40%	40%	40%	40%
58	40%	40%	40%	40%	40%
59	40%	40%	40%	40%	40%
60	40%	40%	40%	40%	40%
61	40%	40%	40%	40%	40%
62	40%	40%	40%	40%	40%
63	40%	40%	40%	40%	40%
64	40%	40%	40%	40%	40%
65	40%	40%	40%	40%	40%
66	40%	40%	40%	40%	40%
67	40%	40%	40%	40%	40%
68	40%	40%	40%	40%	40%
69	40%	40%	40%	40%	40%
70	40%	40%	40%	40%	40%
71	40%	40%	40%	40%	40%
72	40%	40%	40%	40%	40%
73	40%	40%	40%	40%	40%
74	38%	36%	37%	40%	40%
75	34%	30%	29%	36%	40%
76	30%	27%	24%	31%	40%
77	25%	22%	18%	25%	37%
78	21%	18%	11%	19%	31%
79	17%	14%	8%	16%	27%
80	17%	14%	8%	16%	27%
81	17%	14%	8%	16%	27%
82	17%	14%	8%	16%	27%
83	17%	14%	8%	16%	27%
84	17%	14%	8%	16%	27%

Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Select Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	40%	40%	40%	40%	40%
30-34	40%	40%	40%	40%	40%
35-39	40%	40%	40%	40%	40%
40	40%	40%	40%	40%	40%
41	40%	40%	40%	40%	40%
42	40%	40%	40%	40%	40%
43	40%	40%	40%	40%	40%
44	40%	40%	40%	40%	40%
45	40%	40%	40%	40%	40%
46	40%	40%	40%	40%	40%
47	40%	40%	40%	40%	40%
48	40%	40%	40%	40%	40%
49	40%	40%	40%	40%	40%
50	40%	40%	40%	40%	40%
51	40%	40%	40%	40%	40%
52	40%	40%	40%	40%	40%
53	40%	40%	40%	40%	40%
54	40%	40%	40%	40%	40%
55	40%	40%	40%	40%	40%
56	40%	40%	40%	40%	40%
57	40%	40%	40%	40%	40%
58	40%	40%	40%	40%	40%
59	40%	40%	40%	40%	40%
60	40%	40%	40%	40%	40%
61	40%	40%	40%	40%	40%
62	40%	40%	40%	40%	40%
63	40%	40%	40%	40%	40%
64	40%	40%	40%	40%	40%
65	40%	40%	40%	40%	40%
66	40%	40%	40%	40%	40%
67	40%	40%	40%	40%	40%
68	40%	40%	40%	40%	40%
69	40%	40%	40%	40%	40%
70	40%	40%	40%	40%	40%
71	40%	40%	40%	40%	40%
72	40%	40%	40%	40%	40%
73	36%	37%	40%	40%	40%
74	30%	29%	31%	38%	40%
75	24%	23%	24%	31%	40%
76	21%	20%	20%	27%	39%
77	17%	16%	15%	23%	35%
78	14%	12%	10%	19%	30%
79	11%	9%	7%	16%	27%
80	11%	9%	7%	16%	27%
81	11%	9%	7%	16%	27%
82	11%	9%	7%	16%	27%
83	11%	9%	7%	16%	27%
84	11%	9%	7%	16%	27%

Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Select Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	40%	40%	40%	40%	40%
30-34	40%	40%	40%	40%	40%
35-39	40%	40%	40%	40%	40%
40	40%	40%	40%	40%	40%
41	40%	40%	40%	40%	40%
42	40%	40%	40%	40%	40%
43	40%	40%	40%	40%	40%
44	40%	40%	40%	40%	40%
45	40%	40%	40%	40%	40%
46	40%	40%	40%	40%	40%
47	40%	40%	40%	40%	40%
48	40%	40%	40%	40%	40%
49	40%	40%	40%	40%	40%
50	40%	40%	40%	40%	40%
51	40%	40%	40%	40%	40%
52	40%	40%	40%	40%	40%
53	40%	40%	40%	40%	40%
54	40%	40%	40%	40%	40%
55	40%	40%	40%	40%	40%
56	40%	40%	40%	40%	40%
57	40%	40%	40%	40%	40%
58	40%	40%	40%	40%	40%
59	40%	40%	40%	40%	40%
60	40%	40%	40%	40%	40%
61	40%	40%	40%	40%	40%
62	40%	40%	40%	40%	40%
63	40%	40%	40%	40%	40%
64	40%	40%	40%	40%	40%
65	40%	40%	40%	40%	40%
66	40%	40%	40%	40%	40%
67	40%	40%	40%	40%	40%
68	40%	40%	40%	40%	40%
69	40%	40%	40%	40%	40%
70	40%	40%	40%	40%	40%
71	40%	40%	40%	40%	40%
72	40%	40%	40%	40%	40%
73	32%	37%	40%	40%	40%
74	25%	29%	31%	39%	40%
75	19%	23%	24%	32%	40%
76	16%	18%	20%	28%	40%
77	12%	14%	15%	24%	35%
78	8%	10%	10%	19%	30%
79	5%	7%	7%	16%	27%
80	5%	7%	7%	16%	27%
81	5%	7%	7%	16%	27%
82	5%	7%	7%	16%	27%
83	5%	7%	7%	16%	27%
84	5%	7%	7%	16%	27%

Long Term Care Insurance Policy Form 97058 VA Series
Preferred Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	5%	20%	40%	40%
30-34	0%	5%	20%	40%	40%
35-39	0%	5%	20%	40%	40%
40	0%	5%	20%	40%	40%
41	0%	5%	20%	40%	40%
42	0%	5%	20%	40%	40%
43	0%	5%	20%	40%	40%
44	0%	5%	20%	40%	40%
45	0%	5%	20%	40%	40%
46	0%	5%	20%	40%	40%
47	0%	5%	20%	40%	40%
48	0%	5%	20%	40%	40%
49	0%	5%	20%	40%	40%
50	0%	5%	20%	40%	40%
51	0%	5%	20%	40%	40%
52	0%	5%	20%	40%	40%
53	0%	5%	20%	40%	40%
54	0%	5%	20%	40%	40%
55	0%	5%	20%	40%	40%
56	0%	5%	20%	40%	40%
57	0%	5%	20%	40%	40%
58	0%	5%	20%	40%	40%
59	0%	5%	20%	40%	40%
60	0%	5%	20%	40%	40%
61	0%	5%	20%	40%	40%
62	0%	5%	20%	40%	40%
63	0%	5%	20%	40%	40%
64	0%	5%	20%	40%	40%
65	0%	5%	20%	40%	40%
66	0%	5%	20%	40%	40%
67	0%	5%	20%	40%	40%
68	0%	5%	20%	40%	40%
69	0%	5%	20%	40%	40%
70	0%	5%	20%	40%	40%
71	0%	5%	20%	33%	40%
72	0%	5%	19%	25%	37%
73	0%	5%	13%	19%	30%
74	0%	5%	9%	14%	25%
75	0%	5%	7%	13%	23%
76	0%	5%	9%	16%	27%
77	0%	5%	9%	18%	29%
78	0%	5%	7%	18%	28%
79	0%	5%	6%	17%	28%
80	0%	5%	6%	17%	28%
81	0%	5%	6%	17%	28%
82	0%	5%	6%	17%	28%
83	0%	5%	6%	17%	28%
84	0%	5%	6%	17%	28%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 VA Series
Preferred Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	5%	20%	40%	40%
30-34	0%	5%	20%	40%	40%
35-39	0%	5%	20%	40%	40%
40	0%	5%	20%	40%	40%
41	0%	5%	20%	40%	40%
42	0%	5%	20%	40%	40%
43	0%	5%	20%	40%	40%
44	0%	5%	20%	40%	40%
45	0%	5%	20%	40%	40%
46	0%	5%	20%	40%	40%
47	0%	5%	20%	40%	40%
48	0%	5%	20%	40%	40%
49	0%	5%	20%	40%	40%
50	0%	5%	20%	40%	40%
51	0%	5%	20%	40%	40%
52	0%	5%	20%	40%	40%
53	0%	5%	20%	40%	40%
54	0%	5%	20%	40%	40%
55	0%	5%	20%	40%	40%
56	0%	5%	20%	40%	40%
57	0%	5%	20%	40%	40%
58	0%	5%	20%	40%	40%
59	0%	5%	20%	40%	40%
60	0%	5%	20%	40%	40%
61	0%	5%	20%	40%	40%
62	0%	5%	20%	40%	40%
63	0%	5%	20%	40%	40%
64	0%	5%	20%	40%	40%
65	0%	5%	20%	40%	40%
66	0%	5%	20%	40%	40%
67	0%	5%	20%	40%	40%
68	0%	5%	20%	40%	40%
69	0%	5%	20%	40%	40%
70	0%	5%	20%	34%	40%
71	0%	5%	19%	27%	39%
72	0%	5%	14%	21%	32%
73	0%	5%	9%	15%	26%
74	0%	5%	7%	13%	23%
75	0%	5%	7%	13%	24%
76	0%	5%	9%	16%	27%
77	0%	5%	8%	18%	29%
78	0%	5%	7%	18%	29%
79	0%	5%	6%	18%	29%
80	0%	5%	6%	18%	29%
81	0%	5%	6%	18%	29%
82	0%	5%	6%	18%	29%
83	0%	5%	6%	18%	29%
84	0%	5%	6%	18%	29%

Long Term Care Insurance Policy Form 97058 VA Series
Preferred Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	5%	20%	40%	40%
30-34	0%	5%	20%	40%	40%
35-39	0%	5%	20%	40%	40%
40	0%	5%	20%	40%	40%
41	0%	5%	20%	40%	40%
42	0%	4%	20%	40%	40%
43	0%	5%	20%	40%	40%
44	0%	5%	20%	40%	40%
45	0%	5%	20%	40%	40%
46	0%	5%	20%	40%	40%
47	0%	5%	20%	40%	40%
48	0%	5%	20%	40%	40%
49	0%	5%	20%	40%	40%
50	0%	5%	20%	40%	40%
51	0%	5%	20%	40%	40%
52	0%	5%	20%	40%	40%
53	0%	5%	20%	40%	40%
54	0%	5%	20%	40%	40%
55	0%	5%	20%	40%	40%
56	0%	5%	20%	40%	40%
57	0%	5%	20%	40%	40%
58	0%	5%	20%	40%	40%
59	0%	5%	20%	40%	40%
60	0%	5%	20%	40%	40%
61	0%	5%	20%	40%	40%
62	0%	5%	20%	40%	40%
63	0%	5%	20%	40%	40%
64	0%	5%	20%	40%	40%
65	0%	5%	20%	40%	40%
66	0%	5%	20%	40%	40%
67	0%	5%	20%	40%	40%
68	0%	5%	20%	40%	40%
69	0%	5%	20%	38%	40%
70	0%	5%	20%	33%	40%
71	0%	5%	18%	27%	38%
72	0%	5%	13%	21%	32%
73	0%	5%	9%	15%	26%
74	0%	5%	7%	13%	24%
75	0%	5%	6%	13%	24%
76	0%	5%	8%	16%	27%
77	0%	5%	7%	18%	29%
78	0%	5%	6%	18%	29%
79	0%	5%	6%	18%	29%
80	0%	5%	6%	18%	29%
81	0%	5%	6%	18%	29%
82	0%	5%	6%	18%	29%
83	0%	5%	6%	18%	29%
84	0%	5%	6%	18%	29%

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Preferred Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	39%	40%	40%	40%	40%
30-34	40%	40%	40%	40%	40%
35-39	40%	40%	40%	40%	40%
40	40%	40%	40%	40%	40%
41	40%	40%	40%	40%	40%
42	40%	40%	40%	40%	40%
43	40%	40%	40%	40%	40%
44	40%	40%	40%	40%	40%
45	40%	40%	40%	40%	40%
46	40%	40%	40%	40%	40%
47	40%	40%	40%	40%	40%
48	40%	40%	40%	40%	40%
49	40%	40%	40%	40%	40%
50	40%	40%	40%	40%	40%
51	40%	40%	40%	40%	40%
52	40%	40%	40%	40%	40%
53	40%	40%	40%	40%	40%
54	40%	40%	40%	40%	40%
55	40%	40%	40%	40%	40%
56	40%	40%	40%	40%	40%
57	40%	40%	40%	40%	40%
58	40%	40%	40%	40%	40%
59	40%	40%	40%	40%	40%
60	40%	40%	40%	40%	40%
61	40%	40%	40%	40%	40%
62	40%	40%	40%	40%	40%
63	40%	40%	40%	40%	40%
64	40%	40%	40%	40%	40%
65	40%	40%	40%	40%	40%
66	40%	40%	40%	40%	40%
67	40%	40%	40%	40%	40%
68	40%	40%	40%	40%	40%
69	40%	40%	40%	40%	40%
70	40%	40%	40%	40%	40%
71	40%	40%	40%	40%	40%
72	34%	36%	39%	40%	40%
73	30%	29%	30%	37%	40%
74	25%	23%	24%	30%	40%
75	22%	19%	18%	25%	36%
76	19%	18%	16%	23%	35%
77	16%	15%	12%	20%	31%
78	12%	12%	9%	17%	28%
79	9%	10%	7%	15%	26%
80	9%	10%	7%	15%	26%
81	9%	10%	7%	15%	26%
82	9%	10%	7%	15%	26%
83	9%	10%	7%	15%	26%
84	9%	10%	7%	15%	26%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Preferred Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	40%	40%	40%	40%	40%
30-34	40%	40%	40%	40%	40%
35-39	40%	40%	40%	40%	40%
40	40%	40%	40%	40%	40%
41	40%	40%	40%	40%	40%
42	40%	40%	40%	40%	40%
43	40%	40%	40%	40%	40%
44	40%	40%	40%	40%	40%
45	40%	40%	40%	40%	40%
46	40%	40%	40%	40%	40%
47	40%	40%	40%	40%	40%
48	40%	40%	40%	40%	40%
49	40%	40%	40%	40%	40%
50	40%	40%	40%	40%	40%
51	40%	40%	40%	40%	40%
52	40%	40%	40%	40%	40%
53	40%	40%	40%	40%	40%
54	40%	40%	40%	40%	40%
55	40%	40%	40%	40%	40%
56	40%	40%	40%	40%	40%
57	40%	40%	40%	40%	40%
58	40%	40%	40%	40%	40%
59	40%	40%	40%	40%	40%
60	40%	40%	40%	40%	40%
61	40%	40%	40%	40%	40%
62	40%	40%	40%	40%	40%
63	40%	40%	40%	40%	40%
64	40%	40%	40%	40%	40%
65	40%	40%	40%	40%	40%
66	40%	40%	40%	40%	40%
67	40%	40%	40%	40%	40%
68	40%	40%	40%	40%	40%
69	40%	40%	40%	40%	40%
70	40%	40%	40%	40%	40%
71	33%	37%	40%	40%	40%
72	27%	29%	32%	38%	40%
73	22%	22%	24%	30%	40%
74	17%	16%	18%	25%	36%
75	14%	13%	13%	20%	31%
76	12%	12%	12%	20%	31%
77	10%	10%	10%	17%	29%
78	7%	8%	8%	16%	27%
79	5%	7%	7%	16%	26%
80	5%	7%	7%	16%	26%
81	5%	7%	7%	16%	26%
82	5%	7%	7%	16%	26%
83	5%	7%	7%	16%	26%
84	5%	7%	7%	16%	26%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Preferred Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	39%	40%	40%	40%	40%
30-34	40%	40%	40%	40%	40%
35-39	40%	40%	40%	40%	40%
40	40%	40%	40%	40%	40%
41	40%	40%	40%	40%	40%
42	40%	40%	40%	40%	40%
43	40%	40%	40%	40%	40%
44	40%	40%	40%	40%	40%
45	40%	40%	40%	40%	40%
46	41%	40%	40%	40%	40%
47	40%	40%	40%	40%	40%
48	40%	40%	40%	40%	40%
49	40%	40%	40%	40%	40%
50	40%	40%	40%	40%	40%
51	40%	40%	40%	40%	40%
52	40%	40%	40%	40%	40%
53	40%	40%	40%	40%	40%
54	40%	40%	40%	40%	40%
55	40%	40%	40%	40%	40%
56	40%	40%	40%	40%	40%
57	40%	40%	40%	40%	40%
58	40%	40%	40%	40%	40%
59	40%	40%	40%	40%	40%
60	40%	40%	40%	40%	40%
61	40%	40%	40%	40%	40%
62	40%	40%	40%	40%	40%
63	40%	40%	40%	40%	40%
64	40%	40%	40%	40%	40%
65	40%	40%	40%	40%	40%
66	40%	40%	40%	40%	40%
67	40%	40%	40%	40%	40%
68	40%	40%	40%	40%	40%
69	40%	40%	40%	40%	40%
70	38%	40%	40%	40%	40%
71	31%	36%	40%	40%	40%
72	24%	28%	31%	38%	40%
73	18%	21%	24%	31%	40%
74	13%	16%	18%	25%	37%
75	9%	12%	14%	21%	32%
76	8%	11%	12%	20%	31%
77	7%	8%	9%	17%	29%
78	5%	7%	7%	16%	27%
79	4%	6%	7%	16%	27%
80	4%	6%	7%	16%	27%
81	4%	6%	7%	16%	27%
82	4%	6%	7%	16%	27%
83	4%	6%	7%	16%	27%
84	4%	6%	7%	16%	27%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series

Preferred Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	40%	40%	40%	40%	40%
30-34	40%	40%	40%	40%	40%
35-39	40%	40%	40%	40%	40%
40	40%	40%	40%	40%	40%
41	40%	40%	40%	40%	40%
42	40%	40%	40%	40%	40%
43	40%	40%	40%	40%	40%
44	40%	40%	40%	40%	40%
45	40%	40%	40%	40%	40%
46	40%	40%	40%	40%	40%
47	40%	40%	40%	40%	40%
48	40%	40%	40%	40%	40%
49	40%	40%	40%	40%	40%
50	40%	40%	40%	40%	40%
51	40%	40%	40%	40%	40%
52	40%	40%	40%	40%	40%
53	40%	40%	40%	40%	40%
54	40%	40%	40%	40%	40%
55	40%	40%	40%	40%	40%
56	40%	40%	40%	40%	40%
57	40%	40%	40%	40%	40%
58	40%	40%	40%	40%	40%
59	40%	40%	40%	40%	40%
60	40%	40%	40%	40%	40%
61	40%	40%	40%	40%	40%
62	40%	40%	40%	40%	40%
63	40%	40%	40%	40%	40%
64	40%	40%	40%	40%	40%
65	40%	40%	40%	40%	40%
66	40%	40%	40%	40%	40%
67	40%	40%	40%	40%	40%
68	40%	40%	40%	40%	40%
69	40%	40%	40%	40%	40%
70	40%	40%	40%	40%	40%
71	40%	40%	40%	40%	40%
72	40%	40%	40%	40%	40%
73	40%	40%	40%	40%	40%
74	38%	36%	37%	40%	40%
75	34%	30%	29%	36%	40%
76	30%	27%	24%	31%	40%
77	25%	22%	18%	25%	37%
78	21%	18%	11%	19%	31%
79	17%	14%	8%	16%	27%
80	17%	14%	8%	16%	27%
81	17%	14%	8%	16%	27%
82	17%	14%	8%	16%	27%
83	17%	14%	8%	16%	27%
84	17%	14%	8%	16%	27%

Preferred Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	40%	40%	40%	40%	40%
30-34	40%	40%	40%	40%	40%
35-39	40%	40%	40%	40%	40%
40	40%	40%	40%	40%	40%
41	40%	40%	40%	40%	40%
42	40%	40%	40%	40%	40%
43	40%	40%	40%	40%	40%
44	40%	40%	40%	40%	40%
45	40%	40%	40%	40%	40%
46	40%	40%	40%	40%	40%
47	40%	40%	40%	40%	40%
48	40%	40%	40%	40%	40%
49	40%	40%	40%	40%	40%
50	40%	40%	40%	40%	40%
51	40%	40%	40%	40%	40%
52	40%	40%	40%	40%	40%
53	40%	40%	40%	40%	40%
54	40%	40%	40%	40%	40%
55	40%	40%	40%	40%	40%
56	40%	40%	40%	40%	40%
57	40%	40%	40%	40%	40%
58	40%	40%	40%	40%	40%
59	40%	40%	40%	40%	40%
60	40%	40%	40%	40%	40%
61	40%	40%	40%	40%	40%
62	40%	40%	40%	40%	40%
63	40%	40%	40%	40%	40%
64	40%	40%	40%	40%	40%
65	40%	40%	40%	40%	40%
66	40%	40%	40%	40%	40%
67	40%	40%	40%	40%	40%
68	40%	40%	40%	40%	40%
69	40%	40%	40%	40%	40%
70	40%	40%	40%	40%	40%
71	40%	40%	40%	40%	40%
72	40%	40%	40%	40%	40%
73	36%	37%	40%	40%	40%
74	30%	29%	31%	38%	40%
75	24%	23%	24%	31%	40%
76	21%	20%	20%	27%	39%
77	18%	15%	15%	23%	35%
78	14%	12%	10%	19%	30%
79	11%	9%	7%	16%	27%
80	11%	9%	7%	16%	27%
81	11%	9%	7%	16%	27%
82	11%	9%	7%	16%	27%
83	11%	9%	7%	16%	27%
84	11%	9%	7%	16%	27%

Preferred Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	40%	40%	40%	40%	40%
30-34	40%	40%	40%	40%	40%
35-39	40%	40%	40%	40%	40%
40	40%	40%	40%	40%	40%
41	40%	40%	40%	40%	40%
42	40%	40%	40%	40%	40%
43	40%	40%	40%	40%	40%
44	40%	40%	40%	40%	40%
45	40%	40%	40%	40%	40%
46	40%	40%	40%	40%	40%
47	40%	40%	40%	40%	40%
48	40%	40%	40%	40%	40%
49	40%	40%	40%	40%	40%
50	40%	40%	40%	40%	40%
51	40%	40%	40%	40%	40%
52	40%	40%	40%	40%	40%
53	40%	40%	40%	40%	40%
54	40%	40%	40%	40%	40%
55	40%	40%	40%	40%	40%
56	40%	40%	40%	40%	40%
57	40%	40%	40%	40%	40%
58	40%	40%	40%	40%	40%
59	40%	40%	40%	40%	40%
60	40%	40%	40%	40%	40%
61	40%	40%	40%	40%	40%
62	40%	40%	40%	40%	40%
63	40%	40%	40%	40%	40%
64	40%	40%	40%	40%	40%
65	40%	40%	40%	40%	40%
66	40%	40%	40%	40%	40%
67	40%	40%	40%	40%	40%
68	40%	40%	40%	40%	40%
69	40%	40%	40%	40%	40%
70	40%	40%	40%	40%	40%
71	40%	40%	40%	40%	40%
72	40%	40%	40%	40%	40%
73	32%	37%	40%	40%	40%
74	25%	29%	31%	39%	40%
75	19%	22%	24%	32%	40%
76	16%	19%	20%	28%	40%
77	12%	14%	15%	24%	35%
78	8%	10%	10%	19%	30%
79	5%	7%	7%	16%	27%
80	5%	7%	7%	16%	27%
81	5%	7%	7%	16%	27%
82	5%	7%	7%	16%	27%
83	5%	7%	7%	16%	27%
84	5%	7%	7%	16%	27%

Actual and Projected Nationwide Experience - Based on Earned Rate Increases in Virginia - Post-Rate Stability Only

Actual

Year	Earned Premium Original Rates	Earned Premium Current Rates	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates
2001	3,396	3,396	0	0.0%	0.0%
2002	1,280,796	1,280,796	0	0.0%	0.0%
2003	10,734,148	10,734,148	1,438,520	13.4%	13.4%
2004	19,444,872	19,444,872	1,175,501	6.0%	6.0%
2005	22,859,831	22,859,831	1,916,283	8.4%	8.4%
2006	24,829,066	24,829,066	2,770,597	11.2%	11.2%
2007	26,250,532	26,250,532	3,603,537	13.7%	13.7%
2008	27,816,422	27,816,422	4,029,349	14.5%	14.5%
2009	28,975,008	28,975,008	6,131,837	21.2%	21.2%
2010	29,951,854	29,951,854	4,357,576	14.5%	14.5%
2011	31,712,255	31,712,255	4,665,496	14.7%	14.7%
2012	34,767,852	34,767,852	9,831,095	28.3%	28.3%
2013	36,274,008	36,274,008	9,926,379	27.4%	27.4%
2014	35,288,514	35,288,514	13,337,723	37.8%	37.8%
2015	34,347,470	34,347,470	11,265,131	32.8%	32.8%
2016	33,386,133	33,386,133	12,823,786	38.4%	38.4%
Total	397,922,157	397,922,157	87,272,812	21.9%	21.9%

Projection

Projection Year	Earned Premium Original Rates	Earned Premium Current Rates	Earned Premium With Proposed Increase	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates	Loss Ratio With Proposed Increase
2017	32,372,020	32,372,020	32,372,020	15,437,507	47.7%	47.7%	47.7%
2018	31,549,317	31,549,317	34,465,389	17,602,155	55.8%	55.8%	51.1%
2019	30,727,616	30,727,616	41,087,119	19,870,445	64.7%	64.7%	48.4%
2020	29,901,545	29,901,545	40,186,658	22,573,714	75.5%	75.5%	56.2%
2021	29,062,078	29,062,078	39,092,171	25,625,604	88.2%	88.2%	65.6%
2022	28,203,666	28,203,666	37,970,861	28,982,053	102.8%	102.8%	76.3%
2023	27,323,111	27,323,111	36,818,021	32,664,665	119.5%	119.5%	88.7%
2024	26,419,630	26,419,630	35,632,398	36,734,414	139.0%	139.0%	103.1%
2025	25,489,950	25,489,950	34,409,126	41,192,855	161.6%	161.6%	119.7%
2026	24,533,799	24,533,799	33,147,606	45,997,927	187.5%	187.5%	138.8%
2027	23,553,890	23,553,890	31,851,164	51,131,166	217.1%	217.1%	160.5%
2028	22,552,383	22,552,383	30,522,528	56,555,879	250.8%	250.8%	185.3%
2029	21,532,000	21,532,000	29,165,265	62,270,267	289.2%	289.2%	213.5%
2030	20,495,827	20,495,827	27,783,515	68,232,606	332.9%	332.9%	245.6%
2031	19,447,600	19,447,600	26,382,331	74,338,569	382.3%	382.3%	281.8%
2032	18,391,477	18,391,477	24,967,388	80,477,246	437.6%	437.6%	322.3%
2033	17,331,728	17,331,728	23,544,575	86,551,530	499.4%	499.4%	367.6%
2034	16,273,047	16,273,047	22,120,408	92,498,075	568.4%	568.4%	418.2%
2035	15,220,783	15,220,783	20,702,316	98,197,250	645.2%	645.2%	474.3%
2036	14,180,532	14,180,532	19,298,114	103,418,980	729.3%	729.3%	535.9%
2037	13,157,865	13,157,865	17,915,564	108,050,916	821.2%	821.2%	603.1%
2038	12,158,041	12,158,041	16,562,054	111,957,342	920.9%	920.9%	676.0%
2039	11,186,376	11,186,376	15,245,056	115,082,684	1028.8%	1028.8%	754.9%
2040	10,247,913	10,247,913	13,971,656	117,332,874	1144.9%	1144.9%	839.8%
2041	9,347,349	9,347,349	12,748,477	118,619,775	1269.0%	1269.0%	930.5%
2042	8,488,427	8,488,427	11,580,829	118,991,547	1401.8%	1401.8%	1027.5%
2043	7,674,347	7,674,347	10,473,278	118,443,788	1543.4%	1543.4%	1130.9%
2044	6,907,670	6,907,670	9,429,504	116,928,343	1692.7%	1692.7%	1240.0%
2045	6,190,339	6,190,339	8,452,326	114,574,398	1850.9%	1850.9%	1355.5%
2046	5,523,430	5,523,430	7,543,357	111,465,273	2018.0%	2018.0%	1477.7%
2047	4,907,133	4,907,133	6,702,978	107,710,055	2195.0%	2195.0%	1606.9%
2048	4,340,848	4,340,848	5,930,479	103,431,364	2382.7%	2382.7%	1744.1%
2049	3,823,547	3,823,547	5,224,542	98,627,473	2579.5%	2579.5%	1887.8%
2050	3,353,821	3,353,821	4,583,325	93,493,906	2787.7%	2787.7%	2039.9%
2051	2,929,646	2,929,646	4,004,123	88,173,855	3009.7%	3009.7%	2202.1%
2052	2,548,539	2,548,539	3,483,592	82,757,291	3247.2%	3247.2%	2375.6%
2053	2,207,831	2,207,831	3,018,130	77,283,838	3500.4%	3500.4%	2560.7%
2054	1,904,754	1,904,754	2,603,987	71,662,001	3762.3%	3762.3%	2752.0%
2055	1,636,499	1,636,499	2,237,362	66,019,674	4034.2%	4034.2%	2950.8%
2056	1,400,143	1,400,143	1,914,283	60,492,656	4320.5%	4320.5%	3160.1%
2057	1,192,709	1,192,709	1,630,696	55,117,179	4621.2%	4621.2%	3380.0%
2058	1,011,390	1,011,390	1,382,784	49,878,611	4931.7%	4931.7%	3607.1%
2059	853,682	853,682	1,167,132	44,810,112	5249.0%	5249.0%	3839.3%
2060	717,174	717,174	980,454	40,027,950	5581.3%	5581.3%	4082.6%
2061	599,554	599,554	819,596	35,489,790	5919.4%	5919.4%	4330.2%
2062	498,624	498,624	681,559	31,138,493	6244.9%	6244.9%	4568.7%
2063	412,448	412,448	563,695	26,933,509	6530.2%	6530.2%	4778.0%
2064	339,232	339,232	463,553	22,999,557	6779.9%	6779.9%	4961.6%
2065	277,353	277,353	378,916	19,470,839	7020.2%	7020.2%	5138.6%
2066	225,264	225,264	307,676	16,339,121	7253.3%	7253.3%	5310.5%
Total	600,623,946	600,623,946	793,519,941	3,403,657,119	566.7%	566.7%	428.9%

	Earned Premium Original Rates	Earned Premium Current Rates	Earned Premium With Proposed Increase	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates	Loss Ratio With Proposed Increase
Past Experience	397,922,157	397,922,157	397,922,157	87,272,812	21.9%	21.9%	21.9%
Anticipated Experience	600,623,946	600,623,946	793,519,941	3,403,657,119	566.7%	566.7%	428.9%
Lifetime Experience	998,546,103	998,546,103	1,191,442,099	3,490,929,930	349.6%	349.6%	293.0%
Past Experience @4.5%	540,505,035	540,505,035	540,505,035	109,815,301	20.3%	20.3%	20.3%
Anticipated Experience @4.5%	381,242,556	381,242,556	495,971,790	1,264,501,856	331.7%	331.7%	255.0%
Lifetime Experience@4.5%	921,747,591	921,747,591	1,036,476,825	1,374,317,156	149.1%	149.1%	132.6%

Actual and Projected Virginia Experience - Post-Rate Stability Only

Actual

Year	Earned Premium Original Rates	Earned Premium Current Rates	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates
2001	0	0	0	0.0%	0.0%
2002	0	0	0	0.0%	0.0%
2003	16,871	16,871	0	0.0%	0.0%
2004	346,528	346,528	0	0.0%	0.0%
2005	412,275	412,275	0	0.0%	0.0%
2006	388,471	388,471	0	0.0%	0.0%
2007	382,190	382,190	0	0.0%	0.0%
2008	373,508	373,508	0	0.0%	0.0%
2009	369,554	369,554	0	0.0%	0.0%
2010	363,274	363,274	0	0.0%	0.0%
2011	359,452	359,452	0	0.0%	0.0%
2012	354,617	354,617	0	0.0%	0.0%
2013	347,912	347,912	328,107	94.3%	94.3%
2014	341,596	341,596	342,039	100.1%	100.1%
2015	339,207	339,207	135,650	40.0%	40.0%
2016	331,221	331,221	24,549	7.4%	7.4%
Total	4,726,675	4,726,675	830,345	17.6%	17.6%

Projection

Projection Year	Earned Premium Original Rates	Earned Premium Current Rates	Earned Premium With Proposed Increase	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates	Loss Ratio With Proposed Increase
2017	320,157	320,157	320,157	205,659	64.2%	64.2%	64.2%
2018	311,703	311,703	339,226	234,139	75.1%	75.1%	69.0%
2019	302,912	302,912	398,120	264,681	87.4%	87.4%	66.5%
2020	293,809	293,809	388,485	299,821	102.0%	102.0%	77.2%
2021	284,401	284,401	376,547	339,634	119.4%	119.4%	90.2%
2022	274,700	274,700	364,208	384,095	139.8%	139.8%	105.5%
2023	264,706	264,706	351,462	432,215	163.3%	163.3%	123.0%
2024	254,444	254,444	338,331	485,064	190.6%	190.6%	143.4%
2025	243,949	243,949	324,853	544,757	223.3%	223.3%	167.7%
2026	233,221	233,221	311,022	609,613	261.4%	261.4%	196.0%
2027	222,278	222,278	296,857	678,035	305.0%	305.0%	228.4%
2028	211,140	211,140	282,381	749,496	355.0%	355.0%	265.4%
2029	199,853	199,853	267,651	823,805	412.2%	412.2%	307.8%
2030	188,465	188,465	252,730	899,423	477.2%	477.2%	355.9%
2031	177,011	177,011	237,665	972,682	549.5%	549.5%	409.3%
2032	165,548	165,548	222,533	1,044,315	630.8%	630.8%	469.3%
2033	154,146	154,146	207,429	1,110,988	720.7%	720.7%	535.6%
2034	142,859	142,859	192,431	1,174,467	822.1%	822.1%	610.3%
2035	131,764	131,764	177,647	1,232,000	935.0%	935.0%	693.5%
2036	120,922	120,922	163,163	1,277,833	1056.7%	1056.7%	783.2%
2037	110,410	110,410	149,090	1,314,020	1190.1%	1190.1%	881.4%
2038	100,287	100,287	135,512	1,340,068	1336.2%	1336.2%	988.9%
2039	90,596	90,596	122,491	1,356,075	1496.8%	1496.8%	1107.1%
2040	81,391	81,391	110,104	1,357,652	1668.1%	1668.1%	1233.1%
2041	72,709	72,709	98,407	1,345,348	1850.3%	1850.3%	1367.1%
2042	64,589	64,589	87,455	1,314,474	2035.2%	2035.2%	1503.0%
2043	57,037	57,037	77,259	1,274,637	2234.7%	2234.7%	1649.8%
2044	50,064	50,064	67,837	1,224,323	2445.5%	2445.5%	1804.8%
2045	43,696	43,696	59,226	1,163,781	2663.4%	2663.4%	1965.0%
2046	37,921	37,921	51,413	1,093,934	2884.8%	2884.8%	2127.7%
2047	32,738	32,738	44,399	1,014,303	3098.2%	3098.2%	2284.5%
2048	28,113	28,113	38,137	935,244	3326.7%	3326.7%	2452.3%
2049	24,021	24,021	32,596	858,849	3575.5%	3575.5%	2634.8%
2050	20,436	20,436	27,741	785,087	3841.7%	3841.7%	2830.1%
2051	17,326	17,326	23,529	713,411	4117.6%	4117.6%	3032.1%
2052	14,644	14,644	19,895	647,942	4424.7%	4424.7%	3256.9%
2053	12,339	12,339	16,771	591,725	4795.5%	4795.5%	3528.3%
2054	10,368	10,368	14,099	544,119	5247.8%	5247.8%	3859.4%
2055	8,688	8,688	11,818	497,480	5726.2%	5726.2%	4209.4%
2056	7,260	7,260	9,880	454,776	6263.8%	6263.8%	4602.8%
2057	6,049	6,049	8,235	415,090	6862.3%	6862.3%	5040.8%
2058	5,020	5,020	6,836	377,003	7509.9%	7509.9%	5514.9%
2059	4,145	4,145	5,645	341,668	8243.5%	8243.5%	6052.2%
2060	3,406	3,406	4,640	306,750	9006.9%	9006.9%	6611.5%
2061	2,782	2,782	3,791	275,104	9888.5%	9888.5%	7257.6%
2062	2,255	2,255	3,072	240,915	10684.8%	10684.8%	7841.1%
2063	1,812	1,812	2,469	204,731	11298.9%	11298.9%	8290.6%
2064	1,440	1,440	1,963	168,209	11680.9%	11680.9%	8569.8%
2065	1,134	1,134	1,545	134,433	11859.5%	11859.5%	8699.8%
2066	882	882	1,202	105,942	12015.1%	12015.1%	8812.9%
Total	5,411,542	5,411,542	7,049,956	36,159,812	668.2%	668.2%	512.9%

	Earned Premium Original Rates	Earned Premium Current Rates	Earned Premium With Proposed Increase	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates	Loss Ratio With Proposed Increase
Past Experience	4,726,675	4,726,675	4,726,675	830,345	17.6%	17.6%	17.6%
Anticipated Experience	5,411,542	5,411,542	7,049,956	36,159,812	668.2%	668.2%	512.9%
Lifetime Experience	10,138,217	10,138,217	11,776,631	36,990,157	364.9%	364.9%	314.1%
Past Experience@4.5%	6,574,741	6,574,741	6,574,741	955,384	14.5%	14.5%	14.5%
Anticipated Experience@4.5%	3,563,901	3,563,901	4,571,770	14,584,287	409.2%	409.2%	319.0%
Lifetime Experience@4.5%	10,138,641	10,138,641	11,146,511	15,539,671	153.3%	153.3%	139.4%

Nationwide A to E Experience - Based on Earned Rate Increases in Virginia

(Post-Rate Stability)

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2001	2001	3,396	0	0.0%	3.6%	0.0%
	Total	3,396	0	0.0%	278.8%	0.0%
2002	2001	41,794	0	0.0%	4.0%	0.0%
	2002	1,239,003	0	0.0%	3.6%	0.0%
	Total	1,280,796	0	0.0%	32.6%	0.0%
2003	2001	39,024	0	0.0%	6.3%	0.0%
	2002	4,329,506	1,415,130	32.7%	4.4%	739.7%
	2003	6,365,617	23,390	0.4%	3.2%	11.3%
	Total	10,734,148	1,438,520	13.4%	15.5%	86.3%
2004	2001	36,178	0	0.0%	7.9%	0.0%
	2002	4,019,089	170,243	4.2%	7.2%	59.2%
	2003	11,733,758	815,240	6.9%	4.8%	145.8%
	2004	3,655,848	190,018	5.2%	3.0%	175.1%
	Total	19,444,872	1,175,501	6.0%	15.8%	38.3%
2005	2001	35,833	0	0.0%	9.9%	0.0%
	2002	3,848,440	88,427	2.3%	9.2%	25.0%
	2003	11,115,705	1,109,623	10.0%	7.1%	141.4%
	2004	5,986,389	718,234	12.0%	4.4%	270.6%
	2005	1,873,464	0	0.0%	2.7%	0.0%
	Total	22,859,831	1,916,283	8.4%	18.3%	45.9%
2006	2001	33,817	0	0.0%	12.2%	0.0%
	2002	3,710,064	450,408	12.1%	11.4%	106.6%
	2003	10,754,651	1,487,274	13.8%	9.0%	152.9%
	2004	5,691,832	759,405	13.3%	6.3%	211.0%
	2005	3,400,864	73,509	2.2%	4.0%	54.7%
	2006	1,237,838	0	0.0%	2.3%	0.0%
	Total	24,829,066	2,770,597	11.2%	21.0%	53.2%
2007	2001	33,924	0	0.0%	15.2%	0.0%
	2002	3,597,692	335,824	9.3%	13.9%	67.1%
	2003	10,484,532	2,140,919	20.4%	11.3%	181.2%
	2004	5,498,278	593,225	10.8%	8.0%	134.5%
	2005	3,212,844	533,568	16.6%	5.7%	289.4%
	2006	2,352,450	0	0.0%	3.1%	0.0%
	2007	1,070,814	0	0.0%	2.4%	0.0%
	Total	26,250,532	3,603,537	13.7%	24.1%	56.9%

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2008	2001	33,267	0	0.0%	18.8%	0.0%
	2002	3,515,374	199,038	5.7%	17.0%	33.4%
	2003	10,260,184	1,902,814	18.5%	13.8%	134.0%
	2004	5,351,805	287,506	5.4%	10.0%	53.9%
	2005	3,098,307	1,526,944	49.3%	7.3%	678.3%
	2006	2,117,892	113,048	5.3%	4.5%	119.3%
	2007	2,169,163	0	0.0%	3.3%	0.0%
	2008	1,270,430	0	0.0%	2.7%	0.0%
	Total	27,816,422	4,029,349	14.5%	27.4%	53.0%
2009	2001	32,889	0	0.0%	23.0%	0.0%
	2002	3,406,087	461,957	13.6%	20.7%	65.4%
	2003	10,003,840	3,291,023	32.9%	17.0%	193.8%
	2004	5,189,894	1,542,004	29.7%	12.3%	241.9%
	2005	2,993,026	787,025	26.3%	9.0%	291.9%
	2006	1,975,659	30,519	1.5%	5.7%	27.2%
	2007	2,025,319	0	0.0%	4.8%	0.0%
	2008	2,383,588	4,844	0.2%	3.7%	5.4%
	2009	964,706	14,464	1.5%	2.6%	56.8%
	Total	28,975,008	6,131,837	21.2%	31.4%	67.4%
2010	2001	32,729	0	0.0%	26.7%	0.0%
	2002	3,351,596	1,674,668	50.0%	24.9%	200.3%
	2003	9,721,705	1,734,221	17.8%	20.8%	85.6%
	2004	5,052,669	581,412	11.5%	15.2%	75.8%
	2005	2,914,153	35,359	1.2%	11.1%	10.9%
	2006	1,890,434	1,020	0.1%	7.1%	0.8%
	2007	1,954,532	326,295	16.7%	6.2%	271.4%
	2008	2,136,898	0	0.0%	5.4%	0.0%
	2009	1,911,918	341	0.0%	3.6%	0.5%
	2010	985,219	4,260	0.4%	2.7%	15.9%
	Total	29,951,854	4,357,576	14.5%	35.9%	40.6%
2011	2001	32,342	0	0.0%	30.8%	0.0%
	2002	3,287,957	811,686	24.7%	29.3%	84.3%
	2003	9,486,495	1,716,235	18.1%	25.0%	72.4%
	2004	4,928,323	692,586	14.1%	18.8%	74.9%
	2005	2,850,711	368,321	12.9%	13.8%	93.4%
	2006	1,826,638	0	0.0%	8.9%	0.0%
	2007	1,880,210	30,718	1.6%	7.8%	21.0%
	2008	2,058,157	978,858	47.6%	7.0%	679.7%
	2009	1,749,965	67,092	3.8%	5.2%	74.2%
	2010	2,149,697	0	0.0%	3.6%	0.0%
	2011	1,461,761	0	0.0%	2.3%	0.0%
	Total	31,712,255	4,665,496	14.7%	39.5%	37.2%

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2012	2001	31,136	0	0.0%	34.6%	0.0%
	2002	3,222,015	2,761,924	85.7%	34.1%	251.7%
	2003	9,324,264	2,233,911	24.0%	29.6%	81.0%
	2004	4,835,395	1,783,051	36.9%	22.7%	162.8%
	2005	2,798,256	541,224	19.3%	17.2%	112.6%
	2006	1,781,692	1,452,885	81.5%	11.3%	721.7%
	2007	1,834,668	161,998	8.8%	9.8%	90.3%
	2008	2,006,072	450,228	22.4%	8.8%	254.1%
	2009	1,697,039	0	0.0%	6.7%	0.0%
	2010	1,927,212	12,721	0.7%	5.4%	12.3%
	2011	2,750,729	433,153	15.7%	3.2%	489.6%
	2012	2,559,375	0	0.0%	2.3%	0.0%
	Total	34,767,852	9,831,095	28.3%	41.5%	68.1%
2013	2001	28,905	0	0.0%	39.0%	0.0%
	2002	3,143,626	1,255,510	39.9%	38.9%	102.8%
	2003	9,142,249	4,516,122	49.4%	34.4%	143.8%
	2004	4,754,983	2,357,397	49.6%	27.1%	183.0%
	2005	2,733,510	1,005,534	36.8%	20.9%	175.9%
	2006	1,741,374	3,074	0.2%	14.3%	1.2%
	2007	1,806,541	0	0.0%	12.3%	0.0%
	2008	1,967,536	451,501	22.9%	11.0%	208.8%
	2009	1,663,432	298,717	18.0%	8.5%	211.0%
	2010	1,897,739	0	0.0%	7.0%	0.0%
	2011	2,459,790	0	0.0%	4.7%	0.0%
	2012	3,687,541	38,525	1.0%	3.4%	31.1%
	2013	1,246,781	0	0.0%	2.3%	0.0%
	Total	36,274,008	9,926,379	27.4%	45.3%	60.5%
2014	2001	25,892	0	0.0%	43.8%	0.0%
	2002	3,043,783	2,948,332	96.9%	44.3%	218.6%
	2003	8,889,136	5,000,028	56.2%	39.4%	142.7%
	2004	4,645,011	2,893,430	62.3%	31.7%	196.5%
	2005	2,689,749	1,014,648	37.7%	25.2%	149.5%
	2006	1,714,243	259,386	15.1%	17.6%	85.9%
	2007	1,783,498	0	0.0%	15.4%	0.0%
	2008	1,930,359	24,464	1.3%	13.7%	9.2%
	2009	1,639,091	457,295	27.9%	10.8%	257.7%
	2010	1,868,381	21,418	1.1%	8.9%	12.9%
	2011	2,419,465	315,324	13.0%	6.0%	217.1%
	2012	3,234,546	0	0.0%	4.6%	0.0%
	2013	1,405,362	403,397	28.7%	3.6%	802.1%
	Total	35,288,514	13,337,723	37.8%	52.2%	72.4%

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2015	2001	24,351	185,247	760.7%	49.1%	1549.1%
	2002	2,934,034	2,232,044	76.1%	50.5%	150.7%
	2003	8,584,095	5,439,218	63.4%	45.2%	140.1%
	2004	4,514,573	1,752,378	38.8%	36.6%	105.9%
	2005	2,649,643	722,370	27.3%	29.8%	91.5%
	2006	1,712,815	133,126	7.8%	21.5%	36.2%
	2007	1,763,969	352,829	20.0%	18.9%	105.9%
	2008	1,890,093	21,080	1.1%	17.1%	6.5%
	2009	1,610,161	0	0.0%	13.8%	0.0%
	2010	1,827,704	115,922	6.3%	11.1%	56.9%
	2011	2,363,551	292,486	12.4%	7.6%	162.3%
	2012	3,167,738	0	0.0%	6.0%	0.0%
	2013	1,304,745	18,431	1.4%	4.8%	29.7%
	Total	34,347,470	11,265,131	32.8%	60.3%	54.3%
2016	2001	24,117	3,020	12.5%	54.8%	22.9%
	2002	2,841,787	2,347,297	82.6%	57.5%	143.8%
	2003	8,288,004	4,801,128	57.9%	51.8%	111.7%
	2004	4,371,757	1,610,199	36.8%	42.3%	87.0%
	2005	2,591,962	731,140	28.2%	34.6%	81.4%
	2006	1,654,845	428,630	25.9%	25.5%	101.5%
	2007	1,724,474	455,107	26.4%	22.9%	115.3%
	2008	1,855,108	508,805	27.4%	20.9%	131.2%
	2009	1,586,694	432,790	27.3%	17.5%	155.5%
	2010	1,777,543	497,511	28.0%	14.0%	200.3%
	2011	2,300,974	809,519	35.2%	9.6%	366.0%
	2012	3,108,673	135,211	4.3%	7.6%	57.5%
	2013	1,260,195	63,432	5.0%	6.0%	83.7%
	Total	33,386,133	12,823,786	38.4%	69.5%	55.3%
All Calendar Years	2001	489,593	188,266	38.5%	22.2%	172.9%
	2002	49,490,052	17,152,488	34.7%	22.5%	153.9%
	2003	134,154,234	36,211,147	27.0%	20.5%	131.8%
	2004	64,476,756	15,760,846	24.4%	17.0%	143.8%
	2005	33,806,488	7,339,642	21.7%	14.3%	152.1%
	2006	20,005,881	2,421,688	12.1%	10.6%	114.2%
	2007	18,013,189	1,326,946	7.4%	10.1%	73.2%
	2008	17,498,240	2,439,780	13.9%	9.8%	141.9%
	2009	12,823,006	1,270,699	9.9%	8.5%	116.3%
	2010	12,433,493	651,831	5.2%	7.6%	69.1%
	2011	13,756,270	1,850,482	13.5%	5.7%	237.9%
	2012	15,757,872	173,735	1.1%	4.8%	23.0%
	2013	5,217,082	485,260	9.3%	4.2%	223.9%
	Total	397,922,157	87,272,812	21.9%	15.8%	138.9%

*This policy series was sold until 2004 in most states. Exceptions include the following:
TX (2005), VT (2005), NY (2006), CA (2012), IN(2012), CT (2013)

Virginia A to E Experience

(Post-Rate Stability)

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2001	2001	0	0	0.0%	0.0%	0.0%
	Total	0	0	0.0%	0.0%	0.0%
2002	2001	0	0	0.0%	0.0%	0.0%
	2002	0	0	0.0%	0.0%	0.0%
	Total	0	0	0.0%	0.0%	0.0%
2003	2001	0	0	0.0%	0.0%	0.0%
	2002	0	0	0.0%	0.0%	0.0%
	2003	16,871	0	0.0%	3.6%	0.0%
	Total	16,871	0	0.0%	3.6%	0.0%
2004	2001	0	0	0.0%	0.0%	0.0%
	2002	0	0	0.0%	0.0%	0.0%
	2003	138,203	0	0.0%	4.2%	0.0%
	2004	208,325	0	0.0%	3.0%	0.0%
	Total	346,528	0	0.0%	3.4%	0.0%
2005	2001	0	0	0.0%	0.0%	0.0%
	2002	0	0	0.0%	0.0%	0.0%
	2003	126,742	0	0.0%	7.2%	0.0%
	2004	285,533	0	0.0%	4.7%	0.0%
	Total	412,275	0	0.0%	5.5%	0.0%
2006	2001	0	0	0.0%	0.0%	0.0%
	2002	0	0	0.0%	0.0%	0.0%
	2003	107,109	0	0.0%	9.5%	0.0%
	2004	281,362	0	0.0%	6.4%	0.0%
	Total	388,471	0	0.0%	7.4%	0.0%
2007	2001	0	0	0.0%	0.0%	0.0%
	2002	0	0	0.0%	0.0%	0.0%
	2003	111,088	0	0.0%	12.2%	0.0%
	2004	271,102	0	0.0%	8.2%	0.0%
	Total	382,190	0	0.0%	9.5%	0.0%
2008	2001	0	0	0.0%	0.0%	0.0%
	2002	0	0	0.0%	0.0%	0.0%
	2003	109,327	0	0.0%	15.1%	0.0%
	2004	264,181	0	0.0%	10.4%	0.0%
	Total	373,508	0	0.0%	11.8%	0.0%
2009	2001	0	0	0.0%	0.0%	0.0%
	2002	0	0	0.0%	0.0%	0.0%
	2003	107,842	0	0.0%	18.4%	0.0%
	2004	261,712	0	0.0%	12.9%	0.0%
	Total	369,554	0	0.0%	14.6%	0.0%

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2010	2001	0	0	0.0%	0.0%	0.0%
	2002	0	0	0.0%	0.0%	0.0%
	2003	107,132	0	0.0%	22.5%	0.0%
	2004	256,142	0	0.0%	16.0%	0.0%
	Total	363,274	0	0.0%	18.0%	0.0%
2011	2001	0	0	0.0%	0.0%	0.0%
	2002	0	0	0.0%	0.0%	0.0%
	2003	106,751	0	0.0%	27.2%	0.0%
	2004	252,701	0	0.0%	19.9%	0.0%
	Total	359,452	0	0.0%	22.2%	0.0%
2012	2001	0	0	0.0%	0.0%	0.0%
	2002	0	0	0.0%	0.0%	0.0%
	2003	106,155	0	0.0%	32.0%	0.0%
	2004	248,462	0	0.0%	24.1%	0.0%
	Total	354,617	0	0.0%	26.5%	0.0%
2013	2001	0	0	0.0%	0.0%	0.0%
	2002	0	0	0.0%	0.0%	0.0%
	2003	105,999	157,384	148.5%	37.4%	397.3%
	2004	241,913	170,723	70.6%	28.8%	245.4%
	Total	347,912	328,107	94.3%	31.4%	300.6%
2014	2001	0	0	0.0%	0.0%	0.0%
	2002	0	0	0.0%	0.0%	0.0%
	2003	105,779	0	0.0%	42.7%	0.0%
	2004	235,816	342,039	145.0%	33.5%	433.1%
	Total	341,596	342,039	100.1%	36.3%	276.0%
2015	2001	0	0	0.0%	0.0%	0.0%
	2002	0	0	0.0%	0.0%	0.0%
	2003	105,779	94,785	89.6%	48.9%	183.1%
	2004	233,427	40,865	17.5%	38.7%	45.3%
	Total	339,207	135,650	40.0%	41.8%	95.7%
2016	2001	0	0	0.0%	0.0%	0.0%
	2002	0	0	0.0%	0.0%	0.0%
	2003	105,649	7,255	6.9%	56.1%	12.3%
	2004	225,572	17,294	7.7%	44.6%	17.2%
	Total	331,221	24,549	7.4%	48.0%	15.4%
All Calendar Years	2001	0	0	0.0%	0.0%	0.0%
	2002	0	0	0.0%	0.0%	0.0%
	2003	1,460,427	259,424	17.8%	20.8%	85.4%
	2004	3,266,248	570,921	17.5%	21.1%	82.7%
	Total	4,726,675	830,345	17.6%	21.0%	83.5%

97058 Series In-Force Rate Increase Filing Status

		First Round					Second Round				
State	Years Sold	Filing Date	Approval Date	Date Implemented	Average % Requested	Average % Approved	Filing Date	Approval Date	Date Implemented	Average % Requested	Average % Approved
Alabama	2001-2004	Dec-12	Mar-13	Aug-13	33.0%	33%*	Jul-15	Oct-15	Jul-16	28.2%	15.7%
Alaska	2001-2004	Dec-12	Dec-12	Jul-13	31.0%	31.0%	Apr-14	Apr-14	Sep-14	36.5%	36.5%
Arizona	2002-2004	Mar-13	May-13	Oct-13	33.0%	33.0%	May-14	Jul-14	Dec-14	36.5%	36.5%
Arkansas	2002-2004	Feb-13	Apr-13	Sep-13	31.0%	5.0%	May-15	Jul-15	Dec-15	30.4%	6.1%
California	2002-2012	May-13	Dec-15	May-16	30.0%	16.1%	N/A				
Colorado	2001-2004	Apr-13	Apr-13	Sep-13	33.0%	33.0%	Jul-15	Sep-15	Feb-16	31.7%	20.7%
Connecticut	2003-2013						N/A				
Delaware	2002-2004	Jan-13	Mar-13	Jul-13	21.0%	21.0%	Apr-14	Apr-14	Sep-14	23.5%	23.5%
District of Columbia	2001-2004	Mar-13	May-13	Oct-13	9.0%	9.0%	May-14	Jul-14	Dec-14	10.0%	10.0%
Florida	2001-2004	Feb-13	Mar-14	Aug-14	30.0%	18.1%	Apr-15	Jul-15	Mar-16	33.0%	15.5%
Georgia	2002-2004	Jan-13	Mar-13	Aug-13	33.0%	14.0%	Apr-14	Jul-14	Dec-14	37.4%	14.6%
Hawaii	2001-2004	Mar-13	Sep-14	Mar-15	31.0%	31.0%	Jul-15	Pending		30.1%	
Idaho	2002-2004	Feb-13	Sep-13	Apr-14	27.0%	21.0%	May-14	Sep-14	Apr-15	34.9%	18.7%
Illinois	2001-2004	Nov-12	Withdrawn		32.0%		Jun-17	Oct-17	Apr-18	138.6%	138.6%**
Indiana	2002-2012	Jul-13	Disapproved	N/A	33.0%		Mar-16	Disapproved	N/A	37.6%	
Iowa	2001-2004	Feb-13	Jul-13	Jan-14	31.0%	31%*	Aug-15	Nov-15	Apr-16	28.3%	22.1%*
Kansas	2001-2004	Feb-13	Disapproved	N/A	32.0%		Feb-16	Jul-16	Dec-16	66.9%	66.9%
Kentucky	2001-2004	Feb-13	May-13	Oct-13	31.0%	31.0%	Jul-15	Sep-15	Feb-16	28.6%	14.3%
Louisiana	2002-2004	Mar-13	Aug-13	Jan-14	23.0%	23.0%	Apr-14	Disapproved		24.2%	
Maine	2001-2004	Apr-13	Jun-13	Jan-14	33.0%	28%*	Oct-15	1/6/16	Jun-16	32.6%	27.3%*
Maryland	2001-2004	Jan-13	Apr-13	Sep-13	14.0%	14.0%	May-14	Aug-14	Jan-15	14.9%	14.9%
Michigan	2001-2004	Dec-12	Dec-12	Jul-13	31.0%	31.0%	Apr-14	Apr-14	Sep-14	35.4%	35.4%
Minnesota	2001-2004	May-16	Aug-16	Jan-17	36.2%	36.2%**					
Mississippi	2001-2004	Feb-13	Apr-13	Sep-13	21.0%	21.0%	Apr-14	Apr-14	Sep-14	23.8%	23.8%
Missouri	2001-2004	Feb-13	Jul-13	Jan-14	33.0%	33%*	Aug-15	Aug-15	Jan-16	31.1%	31.1%
Montana	2001-2004	Jan-13	Mar-13	Aug-13	32.0%	18.0%	Apr-14	Jul-14	Dec-14	36.3%	12.4%
Nebraska	2001-2004	Dec-12	Apr-13	Sep-13	34.0%	34.0%	May-14	Jan-15	Jun-15	36.7%	36.7%
Nevada	2001-2004	Dec-12	May-13	Oct-13	32.0%	10.0%	May-14	Feb-15	Jul-15	37.8%	37.8%*
New Hampshire	2001-2004	Feb-13	Mar-13	Jul-13	37.0%	37.0%	May-14	Withdrawn		37.9%	
New Mexico	2002-2004	Jan-14	May-14	Sep-14	14.0%	14.0%	May-17	Jul-17	Dec-17	7.7%	7.7%
New York	2002-2006	Apr-13	Oct-13	Jun-14	33.0%	5.0%	Oct-14	Disapproved		57.1%	
North Carolina	2002-2004	Mar-13	Jul-13	Nov-13	31.0%	31.0%	Jun-14	Aug-14	Jun-15	35.6%	19.2%
North Dakota	2001-2004	Dec-12	Jan-13	Jul-13	34.0%	14.0%	Apr-14	May-14	Oct-14	37.3%	14.4%
Ohio	2002-2004	Feb-13	Sep-13	Feb-14	32.0%	26.0%	Jul-15	Feb-16	Jul-16	29.6%	11.2%
Oklahoma	2001-2004	Feb-13	Apr-13	Sep-13	31.0%	21.0%	May-14	Jul-14	Dec-14	24.0%	24.0%
Oregon	2001-2004	Mar-13	Oct-13	Apr-14	33.0%	33.0%	Jun-14	Mar-15	Aug-15	33.5%	26.1%
Pennsylvania	2001-2004	Mar-13	Sep-13	Feb-14	32.0%	14.0%	Jun-14	Oct-14	Mar-15	36.7%	14.4%
South Carolina	2001-2004	Feb-13	May-13	Oct-13	32.0%	19.0%	Apr-14	Aug-14	Jan-15	19.3%	19.3%
South Dakota	2002-2004	Feb-13	Mar-13	Jul-13	32.0%	32.0%	May-14	May-14	Oct-14	37.1%	37.1%
Tennessee	2001-2004	Dec-12	Jul-13	Jan-14	33.0%	33%*	Aug-15	Nov-15	Sep-16	28.4%	28.4%
Texas	2002-2005	Apr-13	Disapproved	N/A	30.0%		Jun-17	Pending		134.1%	
Utah	2001-2004	Feb-13	Jun-13	Nov-13	31.0%	31.0%	Jun-14	Sep-14	Mar-15	36.1%	14.5%
Vermont	2002-2004	Apr-13	Disapproved	N/A	36.0%		N/A				
Virginia	2002-2004	Nov-13	Disapproved		34.0%		Jun-17	Pending		34.8%	
Washington	2002-2004	Mar-13	Apr-13	Sep-13	34.0%	34.0%	May-14	Jul-14	Dec-14	36.4%	36.4%
West Virginia	2001-2004	Jan-13	Jun-13	Jan-14	31.0%	31%*	Nov-15	Jan-16	Jun-16	25.2%	25.2%
Wisconsin	2001-2004	Feb-13	Mar-13	Aug-13	25.0%	25.0%	Feb-16	Aug-16	Dec-16	21.8%	21.8%
Wyoming	2001-2004	Dec-12	Mar-13	Jul-13	31.0%	31.0%	May-14	May-14	Oct-14	36.2%	36.2%

***Rate increase phased-in over two years**
****Rate increase phased-in over three or more years**

1/16/2018

97058 Series In-Force Rate Increase Filing Status

		Third Round							Fourth Round				
State	Years Sold	Filing Date	Approval Date	Date Implemented	Average % Requested	Average % Approved	Policies in Force (as of year-end 2016)	Annualized Premiums (as of year-end 2016)	Filing Date	Approval Date	Date Implemented	Average % Requested	Average % Approved
Alabama	2001-2004	Feb-17	Apr-17	Jul-18	20.6%	20.6%	766	1,161,818					
Alaska	2001-2004	Feb-16	Feb-16	Jul-16	17.2%	17.2%	146	368,922	Oct-17	Nov-17	May-18	8.5%	8.5%
Arizona	2002-2004	Feb-16	Disapproved	N/A	21.2%		544	1,104,347					
Arkansas	2002-2004	May-16	Jun-16	Dec-16	29.4%	11.9%	297	315,730	Apr-17	May-17	Dec-17	27.2%	11.7%
California	2002-2012						11,330	23,533,275					
Colorado	2001-2004	Jun-17	Disapproved		24.7%		948	1,871,848					
Connecticut	2003-2013						84	187,146					
Delaware	2002-2004	Nov-15	Dec-15	May-16	18.5%	11.4%	70	138,461	Oct-16	Dec-16	Sep-17	10.9%	10.9%
District of Columbia	2001-2004	Aug-15	Sep-15	Feb-16	9.1%	9.1%	9	23,907	Oct-16	Oct-16	Mar-17	9.2%	9.2%
Florida	2001-2004	May-16	Oct-16	Mar-17	32.4%	12.9%	2,391	4,093,594					
Georgia	2002-2004	Jul-15	Oct-15	Mar-16	29.8%	8.0%	1,305	2,101,999	Oct-16	Dec-16	Sep-17	27.2%	9.5%
Hawaii	2001-2004						394	730,450					
Idaho	2002-2004	Aug-15	Jan-16	Jun-16	22.7%	9.2%	261	488,800					
Illinois	2001-2004						1,980	2,321,656					
Indiana	2002-2012	Feb-17	Disapproved	N/A	37.6%		1,462	2,819,782					
Iowa	2001-2004	Oct-17	Dec-17	May-18	24.1%	11.3%	688	1,118,231					
Kansas	2001-2004						785	1,023,839					
Kentucky	2001-2004	Oct-16	Dec-16	Sep-17	24.5%	10.7%	418	720,042					
Louisiana	2002-2004	Jul-15	Nov-15	Apr-16	18.4%	7.4%	1,240	1,563,089	Oct-16	Jun-17	Nov-17	18.5%	10.4%
Maine	2001-2004	Dec-17	Dec-17	Jul-18	9.0%	9.0%	87	154,387					
Maryland	2001-2004	Sep-15	Nov-15	Apr-16	13.4%	13.4%	365	845,373					
Michigan	2001-2004	Feb-16	Feb-16	Jul-16	14.6%	14.6%	687	1,388,788	Oct-17	Nov-17	Jun-18	5.0%	5.0%
Minnesota	2001-2004						961	1,278,347					
Mississippi	2001-2004	Aug-15	Sep-15	Feb-16	13.1%	13.1%	687	932,830	Oct-16	Oct-16	Mar-17	7.6%	7.6%
Missouri	2001-2004	Aug-16	Aug-16	Jan-17	20.8%	20.8%*	1,285	2,639,966					
Montana	2001-2004	Jul-15	Disapproved		27.7%		193	307,468	Feb-17	Aug-17	Jan-18	28.2%	28.2%
Nebraska	2001-2004	Dec-15	Mar-16	Aug-16	20.5%	20.5%	539	1,155,416	Nov-17	Pending		10.0%	
Nevada	2001-2004	Feb-17	May-17	Dec-17	24.4%	24.4%*	355	581,589					
New Hampshire	2001-2004						69	112,884					
New Mexico	2002-2004						348	526,974					
New York	2002-2006	Nov-16	Apr-17	Sep-17	5.0%	5.0%	465	904,076					
North Carolina	2002-2004	Feb-17	Jun-17	Dec-17	20.9%	20.9%*	749	1,427,644					
North Dakota	2001-2004	Jul-15	Aug-15	Jan-16	33.0%	12.6%	147	268,293	Oct-16	Oct-16	Mar-17	31.9%	13.0%
Ohio	2002-2004	Jan-17	Feb-17	Jul-17	11.4%	11.4%	926	1,517,808	Nov-17	Nov-17	Jul-18	10.6%	10.6%
Oklahoma	2001-2004	Jul-15	Jan-16	Jun-16	14.8%	6.9%	828	1,356,711	Oct-16	Nov-16	Jun-17	5.7%	5.7%
Oregon	2001-2004	Feb-16	Apr-16	Sep-16	24.1%	24.1%	1,426	2,995,991					
Pennsylvania	2001-2004	Aug-15	Nov-15	Apr-16	27.4%	14.7%	1,011	1,669,557	Jan-17	May-17	Oct-17	21.8%	12.7%
South Carolina	2001-2004	Aug-15	Dec-15	Jul-16	22.4%	13.2%	716	972,482	Feb-17	Mar-17	Dec-17	16.3%	9.3%
South Dakota	2002-2004	Mar-16	Mar-16	Aug-16	20.8%	20.8%	259	632,272	Oct-17	Nov-17	Jun-18	11.0%	11.0%
Tennessee	2001-2004	Apr-17	May-17	Oct-17	17.2%	2.8%	958	1,607,824					
Texas	2002-2005						4,057	5,292,694					
Utah	2001-2004						164	256,753					
Vermont	2002-2004						48	75,870					
Virginia	2002-2004						1,183	1,540,641					
Washington	2002-2004	Feb-16	Sep-16	Feb-17	19.9%	19.9%	1,004	2,313,639					
West Virginia	2001-2004						189	357,536					
Wisconsin	2001-2004						368	651,407					
Wyoming	2001-2004	Mar-16	Apr-16	Sep-16	14.8%	14.8%	109	268,833	Oct-17	Dec-17		7.2%	7.2%

***Rate increase phased-in over two years**
****Rate increase phased-in over three or more**

1/16/2018

		Fifth Round					
State	Years Sold	Filing Date	Approval Date	Date Implemented	Average % Requested	Average % Approved	Cumulative Increase
Alabama	2001-2004						85.6%
Alaska	2001-2004						127.4%
Arizona	2002-2004						81.5%
Arkansas	2002-2004						39.2%
California	2002-2012						16.1%
Colorado	2001-2004						60.5%
Connecticut	2003-2013						0.0%
Delaware	2002-2004	Dec-17	Pending		10.6%		84.6%
District of Columbia	2001-2004	Oct-17	Oct-17	Mar-18	9.2%	9.2%	56.0%
Florida	2001-2004						54.0%
Georgia	2002-2004	Dec-17	Pending		23.5%		54.5%
Hawaii	2001-2004						31.0%
Idaho	2002-2004						56.8%
Illinois	2001-2004						138.6%
Indiana	2002-2012						0.0%
Iowa	2001-2004						78.0%
Kansas	2001-2004						66.9%
Kentucky	2001-2004						65.8%
Louisiana	2002-2004						45.8%
Maine	2001-2004						77.6%
Maryland	2001-2004						48.5%
Michigan	2001-2004						113.4%
Minnesota	2001-2004						36.2%
Mississippi	2001-2004	Sep-17	Pending		5.6%		82.3%
Missouri	2001-2004						110.7%
Montana	2001-2004						70.0%
Nebraska	2001-2004						120.7%
Nevada	2001-2004						88.6%
New Hampshire	2001-2004						37.0%
New Mexico	2002-2004						22.8%
New York	2002-2006						10.3%
North Carolina	2002-2004						88.8%
North Dakota	2001-2004	Oct-17	Nov-17	Apr-18	12.1%	12.1%	86.0%
Ohio	2002-2004						72.6%
Oklahoma	2001-2004	Oct-17	Jan-18	Jun-18	4.7%	4.7%	77.5%
Oregon	2001-2004						108.1%
Pennsylvania	2001-2004						68.6%
South Carolina	2001-2004						75.7%
South Dakota	2002-2004						142.7%
Tennessee	2001-2004						75.6%
Texas	2002-2005						0.0%
Utah	2001-2004						50.0%
Vermont	2002-2004						0.0%
Virginia	2002-2004						0.0%
Washington	2002-2004						119.1%
West Virginia	2001-2004						64.0%
Wisconsin	2001-2004						52.3%
Wyoming	2001-2004						119.6%

***Rate increase phased-in over two years**
****Rate increase phased-in over three or more**

1/16/2018

Distribution of Business as of 12/31/2016 - Form 97058 Series

Countrywide

Benefit Period	% of PIF
2 Year	10%
3 Year	20%
5 Year	30%
10 Year	4%
Lifetime	36%

Elimination Period	% of PIF
30 Day	38%
90 Day	49%
180 Day	12%

Inflation Protection	% of PIF
None	35%
Simple	31%
Compound	34%

Gender	% of PIF
Male	43%
Female	57%

Issue Age	% of PIF
<30	1%
30-34	4%
35-39	5%
40-44	8%
45-49	13%
50-54	20%
55-59	22%
60-64	17%
65-69	8%
70-75	3%
>75	0%

Benefit Amount	% of PIF
<100	12%
100-149	49%
150-199	25%
200-250	12%
>250	2%

Virginia

Benefit Period	% of PIF
2 Year	9%
3 Year	21%
5 Year	32%
10 Year	1%
Lifetime	36%

Elimination Period	% of PIF
30 Day	46%
90 Day	45%
180 Day	9%

Inflation Protection	% of PIF
None	32%
Simple	35%
Compound	33%

Gender	% of PIF
Male	42%
Female	58%

Issue Age	% of PIF
<30	0%
30-34	3%
35-39	5%
40-44	8%
45-49	14%
50-54	22%
55-59	23%
60-64	16%
65-69	7%
70-75	2%
>75	0%

Benefit Amount	% of PIF
<100	9%
100-149	48%
150-199	33%
200-250	8%
>250	2%

Distribution of Business as of 12/31/2016 - Form 97058 Series

Countrywide

Underwriting Class	% of PIF
Preferred	56%
Standard	44%

Spousal Discount	% of PIF
Yes	72%
No	28%

Non-Forfeiture Rider	% of PIF
Yes	2%
No	98%

Virginia

Underwriting Class	% of PIF
Preferred	52%
Standard	48%

Spousal Discount	% of PIF
Yes	75%
No	25%

Non-Forfeiture Rider	% of PIF
Yes	1%
No	99%

POLICY SCHEDULE

INSURED	[DOE, JOHN]	[$1,756.00]	INITIAL PREMIUM
POLICY NUMBER	[H000000 0000]		
POLICY DATE	[JUNE 1, 2003]	[ANNUAL]	PREMIUM MODE

FIRST RENEWAL DATE: [JUNE 1, 2004]

THE BENEFITS AND PREMIUMS SHOWN ON THIS SCHEDULE ARE EFFECTIVE [JUNE 1, 2003]
THIS SCHEDULE REPLACES ANY PRIOR SCHEDULE AS OF [JUNE 1, 2003]

COVERAGE SUMMARY

FORM	COVERAGE INFORMATION		ANNUAL PREMIUM
[97058 VA]	BASIC POLICY – LONG-TERM CARE		[$986.00]
	MAXIMUM DAILY HOME AND ADULT DAY CARE BENEFIT	[$100]	
	MAXIMUM DAILY FACILITY BENEFIT	[$100]	
	ELIMINATION PERIOD	[30 DAYS]	
	ORIGINAL MAXIMUM LIFETIME BENEFIT		[$182,500]
[99573	COMPOUND AUTOMATIC INCREASE BENEFIT RIDER]		[$770.00]
	BENEFIT ADJUSTMENTS AS OF [JUNE 1, 2016]	[$188.56]	
	MAXIMUM DAILY BENEFIT	[$344,122.00]	

ANNUAL RENEWAL PREMIUMS SUBJECT TO RENEWABILITY PROVISION ON PAGE 1.

POLICY SCHEDULE

INSURED	[DOE, JOHN]	[$1,756.00]	INITIAL PREMIUM
POLICY NUMBER	[H000000 0000]		
POLICY DATE	[JUNE 1, 2003]	[ANNUAL]	PREMIUM MODE

FIRST RENEWAL DATE: [JUNE 1, 2004]

THE BENEFITS AND PREMIUMS SHOWN ON THIS SCHEDULE ARE EFFECTIVE [JUNE 1, 2003]
THIS SCHEDULE REPLACES ANY PRIOR SCHEDULE AS OF [JUNE 1, 2003]

COVERAGE SUMMARY

FORM	COVERAGE INFORMATION		ANNUAL PREMIUM
[97058 VA]	BASIC POLICY – LONG-TERM CARE		[$986.00]
	MAXIMUM DAILY HOME AND ADULT DAY CARE BENEFIT	[$100]	
	MAXIMUM DAILY FACILITY BENEFIT	[$100]	
	ELIMINATION PERIOD	[30 DAYS]	
	ORIGINAL MAXIMUM LIFETIME BENEFIT		[$182,500]
	BENEFIT ADJUSTMENTS AS OF [JUNE 1, 2016]	[$188.56]	
	MAXIMUM DAILY BENEFIT	[$344,122.00]	

ANNUAL RENEWAL PREMIUMS SUBJECT TO RENEWABILITY PROVISION ON PAGE 1.

A-BATCHZ02 COUNTRYWIDE CANCELED NONFORFEITURE
<CURRENT DATE>

<INSURED NAME & ADDRESS>
<INSURED NAME & ADDRESS>
<INSURED NAME & ADDRESS>
<INSURED NAME & ADDRESS>
<INSURED NAME & ADDRESS>
<INSURED NAME & ADDRESS>

Dear <INSURED LAST NAME>: Re: H<POLICY NUMBER> <PST>

As requested, we have canceled your Long Term Care Insurance policy and policy and processed the paid up option.

The paid up option provides you with continuation of coverage benefits. The maximum benefit payable for all covered care or services is $<PREM PD OR ADJ DAILY BEN X 30>, subject to a daily maximum of $ <ADJ DAILY BEN>.

Should you have need for Long Term Care Insurance services in the future, please contact your State Farm agent.

Sincerely,

Policyholder Service
Health Insurance Division

cc: <EM AGT NAME>, <PST>-<EM AGT CODE>

STATEMENT OF VARIABILITY

Long Term Care Insurance Policy
Form EXVA
Policyholder Notification Letter

The following bracketed items are considered variable.

[DATE] The date will change with each letter.

[INSURED NAME & ADDRESS]: This will be the address of the person applying for insurance.

[POLICY NUMBER]: This is a unique number assigned to the policyholder.

[FORM NUM]: This is a unique number assigned to a form.

[INSURED NAME]: This will be the name of the person who applied for and was issued a policy.

[ANNIVERSARY OR RENEWAL]: Date when the policy will renew.

[PREMIUM MODE]: This will be either Quarterly, Semi-Annual, or Annual depending on mode selected.

[MODAL PREMIUM]: The total premium for all persons covered based on the mode chosen.

[DATE OF RATE INCREASE]: Date the rate increased.

[POLICYHOLDER NAME]: Name of Policyholder.

[DAILY BENEFIT AMOUNT]: The selected maximum daily benefit amount, ranging from $75 to a maximum of $400.

[BENEFIT FACTOR AMOUNT]: Benefit period of policy. This will be either 2 years, 5 years, 10 years, or lifetime.

[ELIMINATION PERIOD AMOUNT]:The elimination period is the number of days for which the company will not pay benefits, that eligible, covered, qualified long-term care services are provided and charged for before benefits can be paid. This will be 30 days, 90 days or 180 days.

[INFLATION PROTECTION]: Annually increases the Maximum Daily Benefit (MDB) and Maximum Lifetime Benefit (MLB) on the policy renewal date. Inflation protection level is 5%. If no inflation on policy, this line will not display.

[NON-FORFEITURE RIDER]: Provides for a continuation of coverage during the insured's lifetime if the insured stops paying premiums after the policy has been force for a specified time period.

[CONTINGENT BENEFIT UPON LAPSE]: This paragraph will be included depending on the policyholders rate increase. The contingent benefit upon lapse paragraph will display based on the requirements laid out in 14 VAC 5-200-185 and 14 VAC 5-200-150 (D). If a policyholder's increase exceeds the trigger percentages at any point in a series of increases, this paragraph will display at the time of each scheduled increase. If the policy was issued at least 20 years prior to the effective date of the premium rate increase, this paragraph will display regardless of the amount of the increase.

[AGENT NAME]: The Agent's name.
[PROCESSING STATECODE]: Code of the state where the insured resides.
[AGENT CODE]: The Agent's Code.
[AGENT PHONE NUMBER]: The Agent's phone number.

Projected Experience - Actual Distribution of Business - Original Assumptions

Year	Earned Premium	Incurred Claims	Loss Ratio
2001	5,475	197	3.6%
2002	1,498,668	53,459	3.6%
2003	11,442,082	423,918	3.7%
2004	20,134,587	988,731	4.9%
2005	23,399,040	1,486,818	6.4%
2006	25,034,692	1,924,649	7.7%
2007	26,053,069	2,367,006	9.1%
2008	27,353,524	2,873,982	10.5%
2009	28,449,559	3,485,935	12.3%
2010	29,400,173	4,204,952	14.3%
2011	31,007,393	5,000,804	16.1%
2012	33,842,669	5,893,480	17.4%
2013	35,019,312	6,807,390	19.4%
2014	33,806,632	7,712,153	22.8%
2015	32,379,386	8,663,160	26.8%
2016	31,026,371	9,681,774	31.2%
2017	29,748,432	10,773,584	36.2%
2018	28,527,508	11,940,399	41.9%
2019	27,330,386	13,211,454	48.3%
2020	26,140,056	14,573,059	55.7%
2021	24,956,601	16,003,430	64.1%
2022	23,781,625	17,486,227	73.5%
2023	22,616,906	19,019,800	84.1%
2024	21,464,387	20,607,167	96.0%
2025	20,326,190	22,233,625	109.4%
2026	19,204,581	23,878,865	124.3%
2027	18,101,913	25,527,127	141.0%
2028	17,020,616	27,164,479	159.6%
2029	15,963,188	28,764,365	180.2%
2030	14,932,121	30,298,538	202.9%
2031	13,929,858	31,740,414	227.9%
2032	12,958,752	33,067,162	255.2%
2033	12,021,003	34,253,496	284.9%
2034	11,118,624	35,270,752	317.2%
2035	10,253,434	36,098,729	352.1%
2036	9,426,970	36,721,853	389.5%
2037	8,640,482	37,132,898	429.8%
2038	7,894,958	37,327,576	472.8%
2039	7,191,073	37,302,602	518.7%
2040	6,529,185	37,060,134	567.6%
2041	5,909,317	36,609,331	619.5%
2042	5,331,165	35,959,084	674.5%
2043	4,794,149	35,123,902	732.6%
2044	4,297,428	34,123,527	794.0%
2045	3,839,882	32,978,328	858.8%
2046	3,420,151	31,712,942	927.2%
2047	3,036,665	30,351,709	999.5%
2048	2,687,688	28,917,340	1075.9%
2049	2,371,359	27,430,460	1156.7%
2050	2,085,719	25,911,765	1242.3%
2051	1,828,743	24,377,421	1333.0%
2052	1,598,383	22,843,684	1429.2%
2053	1,392,610	21,322,926	1531.1%
2054	1,209,425	19,828,038	1639.5%
2055	1,046,886	18,370,005	1754.7%
2056	903,135	16,955,911	1877.5%
2057	776,404	15,589,021	2007.8%
2058	665,037	14,273,558	2146.3%
2059	567,486	13,011,279	2292.8%
2060	482,313	11,801,372	2446.8%
2061	408,191	10,645,365	2607.9%
2062	343,908	9,531,475	2771.5%
2063	288,358	8,432,121	2924.2%
2064	240,535	7,384,336	3070.0%
2065	199,527	6,417,717	3216.5%
Total	490,829,685	1,238,928,758	252.4%

	Earned Premium	Incurred Claims	Loss Ratio
Lifetime Experience	490,829,685	1,238,928,758	252.4%
Lifetime Experience@4.5%	805,014,813	509,485,796	63.3%

Actual and Projected Nationwide Experience - Based on Earned Rate Increases in Virginia

Actual (Post-Rate Stability)

Year	Earned Premium	Incurred Claims	Loss Ratio
2001	3,396	0	0.0%
2002	1,280,796	0	0.0%
2003	10,734,148	1,444,842	13.5%
2004	19,444,872	1,172,047	6.0%
2005	22,859,831	1,912,653	8.4%
2006	24,829,066	2,781,823	11.2%
2007	26,250,532	3,527,146	13.4%
2008	27,816,422	3,963,156	14.2%
2009	28,975,008	6,132,772	21.2%
2010	29,951,854	4,336,146	14.5%
2011	31,712,255	4,705,728	14.8%
2012	34,767,852	9,624,787	27.7%
2013	36,274,008	10,040,629	27.7%
2014	35,288,514	13,088,340	37.1%
2015	34,347,470	11,712,524	34.1%
2016	33,386,133	14,196,470	42.5%
Total	397,922,157	88,639,064	22.3%

Projection (Post-Rate Stability) - Original Assumptions

Projection Year	Earned Premium	Incurred Claims	Loss Ratio
2017	32,014,070	13,269,090	41.4%
2018	30,576,754	14,590,681	47.7%
2019	29,164,218	16,019,224	54.9%
2020	27,764,077	17,535,583	63.2%
2021	26,377,303	19,111,444	72.5%
2022	25,006,200	20,725,249	82.9%
2023	23,653,186	22,372,329	94.6%
2024	22,320,816	24,053,974	107.8%
2025	21,011,795	25,752,851	122.6%
2026	19,728,919	27,444,884	139.1%
2027	18,475,000	29,110,439	157.6%
2028	17,252,837	30,734,370	178.1%
2029	16,065,224	32,286,501	201.0%
2030	14,914,871	33,736,428	226.2%
2031	13,804,339	35,056,409	254.0%
2032	12,736,023	36,224,722	284.4%
2033	11,712,066	37,215,726	317.8%
2034	10,734,328	38,000,177	354.0%
2035	9,804,376	38,559,134	393.3%
2036	8,923,405	38,877,606	435.7%
2037	8,092,244	38,950,025	481.3%
2038	7,311,407	38,775,174	530.3%
2039	6,581,031	38,353,643	582.8%
2040	5,900,895	37,692,587	638.8%
2041	5,270,402	36,809,603	698.4%
2042	4,688,603	35,720,552	761.9%
2043	4,154,268	34,446,804	829.2%
2044	3,665,897	33,012,489	900.5%
2045	3,221,715	31,444,201	976.0%
2046	2,819,712	29,773,464	1055.9%
2047	2,457,678	28,029,548	1140.5%
2048	2,133,260	26,239,609	1230.0%
2049	1,844,002	24,429,419	1324.8%
2050	1,587,375	22,622,476	1425.2%
2051	1,360,814	20,836,822	1531.2%
2052	1,161,761	19,090,464	1643.2%
2053	987,715	17,399,434	1761.6%
2054	836,247	15,777,359	1886.7%
2055	705,036	14,234,691	2019.0%
2056	591,889	12,777,976	2158.8%
2057	494,754	11,410,098	2306.2%
2058	411,739	10,133,677	2461.2%
2059	341,107	8,949,788	2623.7%
2060	281,279	7,857,908	2793.6%
2061	230,829	6,857,031	2970.6%
2062	188,486	5,932,667	3147.5%
2063	153,114	5,060,751	3305.2%
2064	123,706	4,265,783	3448.3%
2065	99,376	3,565,307	3587.7%
2066	79,348	2,953,117	3721.7%
Total	459,815,496	1,174,079,283	255.3%

	Earned Premium Original Rates	Incurred Claims	Loss Ratio Original Rates
Past Experience	397,922,157	88,639,064	22.3%
Anticipated Experience	459,815,496	1,174,079,283	255.3%
Lifetime Experience	857,737,653	1,262,718,347	147.2%
Past Experience @5.0%	559,711,280	114,084,518	20.4%
Anticipated Experience @5.0%	301,892,863	486,547,355	161.2%
Lifetime Experience @5.0%	861,604,143	600,631,873	69.7%

Actual and Projected Virginia Experience - Pre-Rate Stability Only - Original Assumptions

Actual

Year	Earned Premium Original Rates	Earned Premium Current Rates	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates
2001	0	0	0	0.0%	0.0%
2002	273,985	273,985	0	0.0%	0.0%
2003	1,198,339	1,198,339	0	0.0%	0.0%
2004	1,333,981	1,333,981	4,846	0.4%	0.4%
2005	1,284,928	1,284,928	0	0.0%	0.0%
2006	1,254,575	1,254,575	332,662	26.5%	26.5%
2007	1,227,401	1,227,401	0	0.0%	0.0%
2008	1,202,545	1,202,545	0	0.0%	0.0%
2009	1,166,331	1,166,331	61,020	5.2%	5.2%
2010	1,153,783	1,153,783	44,331	3.8%	3.8%
2011	1,134,407	1,134,407	55,384	4.9%	4.9%
2012	1,113,261	1,113,261	785,909	70.6%	70.6%
2013	1,088,856	1,088,856	87,461	8.0%	8.0%
2014	1,070,408	1,070,408	789,451	73.8%	73.8%
2015	1,055,085	1,055,085	234,526	22.2%	22.2%
2016	1,037,608	1,037,608	568,147	54.8%	54.8%
Total	16,595,494	16,595,494	2,963,737	17.9%	17.9%

Projection

Projection Year	Earned Premium Original Rates	Earned Premium Current Rates	Earned Premium With Proposed Increase	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates	Loss Ratio With Proposed Increase
2017	1,004,385	1,004,385	1,004,385	673,234	67.0%	67.0%	67.0%
2018	952,915	952,915	1,042,900	733,657	77.0%	77.0%	70.3%
2019	901,938	901,938	1,211,989	800,889	88.8%	88.8%	66.1%
2020	851,564	851,564	1,151,967	871,071	102.3%	102.3%	75.6%
2021	801,906	801,906	1,085,873	942,772	117.6%	117.6%	86.8%
2022	753,080	753,080	1,020,752	1,015,425	134.8%	134.8%	99.5%
2023	705,205	705,205	956,769	1,088,099	154.3%	154.3%	113.7%
2024	658,401	658,401	894,089	1,159,891	176.2%	176.2%	129.7%
2025	612,784	612,784	832,879	1,229,455	200.6%	200.6%	147.6%
2026	568,467	568,467	773,301	1,296,166	228.0%	228.0%	167.6%
2027	525,560	525,560	715,514	1,358,897	258.6%	258.6%	189.9%
2028	484,169	484,169	659,676	1,415,937	292.4%	292.4%	214.6%
2029	444,399	444,399	605,940	1,466,317	330.0%	330.0%	242.0%
2030	406,345	406,345	554,448	1,508,977	371.4%	371.4%	272.2%
2031	370,094	370,094	505,327	1,543,239	417.0%	417.0%	305.4%
2032	335,714	335,714	458,682	1,568,180	467.1%	467.1%	341.9%
2033	303,260	303,260	414,599	1,582,886	522.0%	522.0%	381.8%
2034	272,777	272,777	373,146	1,586,829	581.7%	581.7%	425.3%
2035	244,287	244,287	334,363	1,579,371	646.5%	646.5%	472.4%
2036	217,798	217,798	298,267	1,560,125	716.3%	716.3%	523.1%
2037	193,297	193,297	264,847	1,530,091	791.6%	791.6%	577.7%
2038	170,749	170,749	234,065	1,490,051	872.7%	872.7%	636.6%
2039	150,109	150,109	205,860	1,441,111	960.0%	960.0%	700.0%
2040	131,319	131,319	180,162	1,384,179	1054.1%	1054.1%	768.3%
2041	114,309	114,309	156,879	1,320,158	1154.9%	1154.9%	841.5%
2042	98,995	98,995	135,901	1,249,934	1262.6%	1262.6%	919.7%
2043	85,288	85,288	117,109	1,175,033	1377.7%	1377.7%	1003.4%
2044	73,089	73,089	100,376	1,097,005	1500.9%	1500.9%	1092.9%
2045	62,299	62,299	85,564	1,017,221	1632.8%	1632.8%	1188.8%
2046	52,815	52,815	72,537	936,747	1773.6%	1773.6%	1291.4%
2047	44,531	44,531	61,154	856,447	1923.3%	1923.3%	1400.5%
2048	37,342	37,342	51,272	777,510	2082.1%	2082.1%	1516.4%
2049	31,142	31,142	42,749	700,853	2250.5%	2250.5%	1639.5%
2050	25,830	25,830	35,444	627,268	2428.5%	2428.5%	1769.8%
2051	21,306	21,306	29,223	557,367	2616.0%	2616.0%	1907.3%
2052	17,481	17,481	23,963	491,868	2813.8%	2813.8%	2052.6%
2053	14,266	14,266	19,544	431,051	3021.6%	3021.6%	2205.6%
2054	11,579	11,579	15,853	374,950	3238.1%	3238.1%	2365.2%
2055	9,348	9,348	12,789	323,713	3462.8%	3462.8%	2531.3%
2056	7,506	7,506	10,260	277,416	3695.9%	3695.9%	2704.0%
2057	5,993	5,993	8,184	235,941	3937.2%	3937.2%	2883.1%
2058	4,757	4,757	6,489	199,113	4186.1%	4186.1%	3068.4%
2059	3,752	3,752	5,114	166,623	4440.6%	4440.6%	3258.4%
2060	2,941	2,941	4,004	138,225	4699.8%	4699.8%	3452.5%
2061	2,289	2,289	3,113	113,626	4963.2%	4963.2%	3650.5%
2062	1,769	1,769	2,401	91,197	5156.6%	5156.6%	3797.7%
2063	1,355	1,355	1,837	70,216	5182.8%	5182.8%	3822.2%
2064	1,028	1,028	1,392	53,180	5171.9%	5171.9%	3819.7%
2065	772	772	1,044	39,850	5160.0%	5160.0%	3816.5%
2066	573	573	774	29,513	5148.5%	5148.5%	3813.6%
Total	12,792,877	12,792,877	16,784,769	44,178,870	345.3%	345.3%	263.2%

	Earned Premium Original Rates	Earned Premium Current Rates	Earned Premium With Proposed Increase	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates	Loss Ratio With Proposed Increase
Past Experience	16,595,494	16,595,494	16,595,494	2,963,737	17.9%	17.9%	17.9%
Anticipated Experience	12,792,877	12,792,877	16,784,769	44,178,870	345.3%	345.3%	263.2%
Lifetime Experience	29,388,371	29,388,371	33,380,262	47,142,606	160.4%	160.4%	141.2%
Past Experience@4.5%	23,871,734	23,871,734	23,871,734	3,602,079	15.1%	15.1%	15.1%
Anticipated Experience@4.5%	9,052,776	9,052,776	11,694,222	21,772,764	240.5%	240.5%	186.2%
Lifetime Experience@4.5%	32,924,510	32,924,510	35,565,956	25,374,843	77.1%	77.1%	71.3%

Actual and Projected Nationwide Experience - Based on Earned Rate Increases in Virginia - Pre-Rate Stability Only - Proposed Rates from Inception

Actual

Year	Earned Premium	Incurred Claims	Loss Ratio
2001	394,653	0	0.0%
2002	14,383,512	84,807	0.6%
2003	36,975,071	1,179,840	3.2%
2004	43,708,870	1,853,913	4.2%
2005	43,215,112	5,335,566	12.3%
2006	42,606,378	4,842,546	11.4%
2007	41,741,591	3,747,839	9.0%
2008	41,263,294	3,316,021	8.0%
2009	40,498,129	4,999,722	12.3%
2010	40,106,459	6,384,133	15.9%
2011	39,801,765	7,163,982	18.0%
2012	39,471,829	10,047,068	25.5%
2013	38,756,775	8,907,497	23.0%
2014	37,317,196	16,338,844	43.8%
2015	35,510,813	13,328,406	37.5%
2016	33,969,985	15,129,101	44.5%
Total	569,721,432	102,659,285	18.0%

Projection

Projection Year	Earned Premium Original Rates	Incurred Claims	Loss Ratio Current Rates
2017	32,670,625	19,290,786	79.8%
2018	31,684,866	21,678,557	92.5%
2019	29,984,672	24,117,715	106.3%
2020	29,091,360	27,029,890	123.3%
2021	28,077,141	30,229,751	143.1%
2022	27,034,454	33,641,593	165.6%
2023	25,964,543	37,345,215	191.6%
2024	24,869,450	41,359,904	221.8%
2025	23,751,180	45,616,836	256.4%
2026	22,613,268	50,023,909	295.7%
2027	21,459,804	54,523,058	340.0%
2028	20,295,252	59,102,877	390.1%
2029	19,125,020	63,735,238	446.9%
2030	17,954,701	68,329,701	510.8%
2031	16,790,395	72,739,795	582.0%
2032	15,637,782	76,802,649	660.4%
2033	14,502,672	80,510,660	747.1%
2034	13,391,891	83,871,155	843.4%
2035	12,311,493	86,781,725	950.0%
2036	11,267,905	89,025,910	1065.5%
2037	10,266,020	90,426,484	1188.6%
2038	9,310,280	91,056,896	1320.4%
2039	8,405,300	91,020,662	1462.7%
2040	7,554,616	90,341,779	1616.0%
2041	6,760,893	89,028,084	1780.1%
2042	6,024,998	87,035,419	1953.4%
2043	5,347,077	84,405,240	2135.1%
2044	4,726,932	81,345,072	2328.0%
2045	4,163,406	78,016,599	2535.3%
2046	3,654,787	74,522,974	2759.0%
2047	3,198,056	70,812,094	2996.1%
2048	2,789,794	66,926,858	3246.0%
2049	2,426,636	63,036,962	3514.6%
2050	2,105,058	59,282,851	3809.8%
2051	1,821,474	55,698,199	4136.2%
2052	1,572,053	52,204,077	4491.0%
2053	1,353,087	48,669,941	4863.7%
2054	1,161,202	45,014,811	5240.9%
2055	993,315	41,395,806	5633.3%
2056	846,617	37,904,292	6051.1%
2057	718,559	34,483,600	6485.6%
2058	606,955	31,149,175	6935.5%
2059	509,991	27,985,126	7415.9%
2060	426,040	24,890,969	7896.5%
2061	353,614	21,817,791	8340.6%
2062	291,496	18,576,012	8616.6%
2063	238,661	15,403,394	8729.2%
2064	194,026	12,571,419	8765.9%
2065	156,558	10,154,200	8777.9%
2066	125,320	8,104,405	8755.6%
Total	526,581,295	2,669,038,116	506.9%

	Earned Premium Original Rates	Incurred Claims	Loss Ratio Current Rates
Past Experience	569,721,432	102,659,285	18.0%
Anticipated Experience	526,581,295	2,669,038,116	506.9%
Lifetime Experience	1,096,302,727	2,771,697,402	252.8%
Past Experience @4.5%	819,420,687	130,570,479	15.9%
Anticipated Experience @4.5%	348,564,336	1,096,125,838	314.5%
Lifetime Experience@4.5%	1,167,985,023	1,226,696,317	105.0%

LTC Rate Preliminary Review

- Are policies currently being issued (open block) or is this a closed block. If closed, please provide date range of when policies were issued. Please advise how many policies are pre-stability and how many are post stability policies.

  This is a closed block that was issued between October 1, 2003 and August 1, 2004. All of the policies included in this filing are post-rate stability policies. There are 241 post-rate stability policies included in this filing. We filed for a rate increase on this block in 2013 under SERFF filing number STLH-129232272 that was disapproved. Based on the feedback from that filing, we have split this block into two filings, one for pre-rate stability and one for post-rate stability.

- Affected form numbers in SERFF must match exactly as approved and must include all riders affected by the rate increase. The Actuarial Memorandum must reference the same form numbers.

  We have double checked and have made sure that all form numbers in the filing and in the memorandum match exactly as approved.

- Please ensure all data on the Rate/Rule Schedule is accurate and complete.

  We have double checked and can confirm that the numbers provided match those outlined in the memorandum.

- If rates are implemented as a series of increases, provide a rate schedule for each period (This is not needed until closer to approving the filing).

  We are only filing for one rate increase at this time.

- The actuarial certification language must be in compliance with the regulations: pre stability is based on VAC5- 130-60 & 70; post stability is based on VAC5- 200-153 B 2 & 200-154 B 2, if applicable, depending on policy issue date.

  We have reviewed and included the necessary certification language for the post-rate stability policies.

- Please verify the LTC Rate Request Summary includes the required narrative explaining the reason for the rate increase.

  A rate increase narrative has been included in the filing under the supporting documentation tab.

- Please provide the number of policies issued prior to October 1, 2003 and the number of policies issued on or after October 1, 2003. Long term care policies issued on or after October 1, 2003 are subject to the rate stabilization standards set forth in 14VAC5-200-

153. Issue dates prior to that date are subject to the loss ratio standards set forth in 14VAC5-200-150. Since forms were issued prior and subsequent to that date, the company will need to demonstrate compliance with both 14VAC5-200-150 and 14VAC5-200-153 for each block separately. Please provide separate exhibits for each block illustrating experience and projections as required.

This filing is for the post-rate stability portion of this block only, so all 241 policyholders were issued on or after October 1, 2003. The indicated rate increase was calculated in compliance with 14VAC-200-153 in Section XIII of the Actuarial Memorandum.

- For **pre-stability** policies, as set forth in 14VAC5-200-150 B, notwithstanding the provision of 14VAC5-130-50 with regard to interest, demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for all Individual and Certain Group Accident and Sickness Insurance Policy Forms (14VAC5-130). All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum **interest rate** for contract reserves as specified in Section 38.2-1371 of the Code of Virginia.

  All policies included in this filing are post-rate stability policies.

- For **post-stability** policies, all present and accumulated values should be used to determine rate increases shall use the maximum valuation **interest rate** for contract reserves as specified in Section 38.2-1371 of the Code of Virginia as set forth in 14VAC5-200-153-C 4.

  All present and accumulated values used the rates described above, which is 4.5% for these policies.

- Based on the revised 14VAC5-200-150 B, benefits will be deemed reasonable for **pre-stability** policies only provided the expected loss ratio is greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate Schedule Plus 80% applied to any premium rate increase for individual policy forms.

  All policies included in this filing are post-rate stability policies.

- For **post stability** policies, pursuant to 14VAC5-200-153 C 2, premium rate increases will be determined based on the sum of the accumulated value of incurred claims and present value of future projected incurred claims (without inclusion of active life reserves) will not be less than the sum of the following:

  a. the accumulated value of the initial earned premium times 58%; b) 85% of the accumulated value of prior premium rate schedule increases on an earned basis; c) present value of future projected initial earned premium times 58%; and d) 85% of the present value of future projected premiums not included in subsection c of this subsection on an earned basis.

  Pursuant to 14 VAC 5-200-153 B., we are allowed to implement future increases without recouping any past losses. Section XV of the Actuarial Memorandum gives more

explanation of this methodology. The maximum amount of indicated rate increase is 49.9%

Please provide the following for each block:

- An exhibit illustrating an actual to expected analysis based on the original assumptions.

On the supporting documentation tab under "Actual to Expected Experience" are two exhibits that provide actual to expected experience based on original assumptions. Exhibits are provided for both nationwide data and Virginia data.

- Re-state the nationwide experience using Virginia approved rates.

On the supporting documentation tab, the "Actual and Projected" exhibits are provided for both nationwide and Virginia. There are 3 columns of premiums for each, original premiums, current premiums, and proposed premiums. The nationwide data is adjusted to reflect state specific increases. Since no rate increases have been granted on this block thus far in Virginia, the original and current premiums in the nationwide projection are the same.

- 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.

Please see the document titled "Actual and Projected Experience – Proposed Rates form Inception". If these proposed rates would have been implemented at inception the lifetime loss ratio would have been 111.2%.

- Please provide sufficient detail or documentation provided so that any projections can be recreated. Please provide excel spreadsheets, if possible.

Our projection model is a complex Prophet model that projects on a seriatim basis using the decrements of mortality, lapse, benefit exhaustion, and shock lapse. Its difficult to recreate in excel, but we have provided the results of the projection in excel format.

-Advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.

Attached in the supporting documentation tab is the Rate Increase History by State. It's our intention to bring all states to the rate levels proposed in this filing. However, in other states we have chosen to file for 40% increases annually. As you can see there is a wide disparity in the rate increases approved in other states. In some states we have received approvals for three round of 40% increases each resulting in a maximum increase of 174%.

-Please provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims using the original

pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.

In the supporting documentation, please see the attached exhibit called "Actual Historical – Original Assumptions Projected". Original discounting was done at 5.0%.

-Please provide a loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.

On the supporting documentation tab, please see the projection titled "Actual Distribution of Business - Projected with Original Assumptions". Original discounting was done at 5.0%.

-Please provide the original targeted pricing loss ratio when the policy (ies) was originally approved; and if applicable, when the current projected loss ratio is less than originally anticipated.

The original loss ratio assumed at the time of pricing based on an assumed distribution of business was 77.2%.

-Please provide actual-to-expected analysis for each of the current assumptions (morbidity, mortality, and lapse).

The actual to expected analysis for morbidity is provided in Section VI of the memorandum. The actual to expected analysis for mortality is provided in Section VII of the memorandum. The actual to expected analysis for lapse rate assumptions is provided in Section VIII of the memorandum.

-Please provide justification for assumptions used in the projections.

The mortality assumption is based on State Farm's entire block of long term care business issued from 1997 to present.

Lapse rates are based on State Farm's entire block of long term care business, excluding form 97045 that was issued between 1997-2001. That block of business is exhibiting an ultimate lapse rate of less than 0.5%, whereas policies issued after 2001 are exhibiting a higher ultimate lapse rate of 0.66%.

The 2011 Milliman claim costs, adjusted for our underwriting and actual experience thus far, are used as our morbidity assumption. Our claims experience is not credible and that is why the 2011 Milliman claim costs were chosen.

-Please provide the reserve basis and justification for the reserve levels provided.

Reserves on this block of business include active life reserves, disable life reserves, IBNR reserves, and a premium deficiency reserve. The reserve numbers reported below are for the entire 97058 block of business, as it is difficult to separate the reserves based on pre and post-rate stability.

Disable Life Reserves

The disabled life reserve is a seriatim calculation based on continuance tables provided by Milliman Inc. and modified to reflect our own experience.
The claim continuance tables used in the development of the claim reserves are based on the aggregate continuance tables used in the development of the morbidity assumptions. The continuance tables used in the development of the morbidity assumptions are based on the care settings and transfer rates between settings. We use an aggregate table based on those care settings and transfer rates.

IBNR Reserves

The incurred but not reported (IBNR) reserve is based on an aggregate look at historical claim patterns. Historical data is analyzed and the IBNR claim amount is calculated for each month by comparing claim incurral dates with dates of first notification to the company. Monthly IBNR reserve factors are calculated as the ratio of IBNR claim amount to claim exposure for the same month. These factors are trended forward and then applied to the current claim exposure to calculate the IBNR reserve.

Active Life Reserves and Premium Deficiency Reserves

Active life reserves are held based on the original assumptions used in the original filings of these policies. Based on the assumption changes noted in this filing, these reserves are not sufficient and a premium deficiency reserve has been established on this block of business that as of year-end 2016 was $1.039 billion.

Calendar Year	Active Life Reserve	Disabled Life Reserve
2001	0	500,000
2002	2,033,777	5,234,964
2003	19,194,693	8,437,153
2004	58,674,026	13,106,829
2005	111,971,419	19,864,142
2006	171,195,695	24,672,524
2007	233,356,530	25,090,714
2008	297,118,920	24,911,592
2009	362,164,625	28,728,707
2010	429,783,006	30,230,808
2011	500,181,912	43,627,329
2012	573,668,743	55,437,474
2013	649,027,635	64,540,262
2014	719,592,599	75,706,293
2015	792,089,036	98,287,094
2016	857,380,205	118,046,469
Total	5,777,432,820	636,422,354

Post stability only questions:

- For the **post stability** block only, please explain what, if any, margins are included in the proposed rates to ensure that future rate increases will not be needed presuming the experience develops as projected including a demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted.

Claim costs used to calculate the indicated rate increase include a 10% margin for moderately adverse experience. Section XIII of the memorandum details the initial pricing moderately adverse assumptions and how they have been exhausted.

How does the company plan to comply with 14VAC5-200-153.G.1?

State Farm has developed and has in effect Claims handling and administration procedures that are designed to help ensure that claimants objectively meet the policy definition of "chronically ill", and therefore are eligible for benefits once their elimination period has been satisfied. In addition, those procedures require that claimed care-related expenses are reasonable and are eligible for payment. Furthermore, procedures are in place to monitor LTC claimants so that claim payments cease if they exhaust their maximum policy benefits, or recover to the extent that they are no longer eligible for benefits. State Farm Claims procedures are intended to ensure that the Company pays only what is owed, no more and no less, per the terms of the Insured's contract.

Finally, State Farm has established a Special Claim Services Team (SCS) to prevent, detect, and deter potential fraud and therefore prevent payment of non-meritorious claims. The Special Claim Services team (SCS) responsibilities include the identification, investigation, and resolution of fraudulent claims, training of Health personnel, and acting as a liaison with the National Health Care Anti-Fraud Association and law enforcement agencies.

Please amend the Actuarial Memorandum to include a statement consistent with 14VAC5-200-153 B 4.

This statement has been included in section XVIII of the memorandum.

Please amend the Actuarial Memorandum to include a statement consistent with 14VAC5-200-153 B 3 d.

This statement has been included in section XVIII of the memorandum.

The company has stated that it is requesting a lower rate increase than required by 14VAC5-200-153 B 2. a. Given this fact, is it the company's intention that if the experience develops as

projected that no further rate increases will be requested? If not, what loss ratio does the company intend to target for these forms?

We do anticipate seeking further rate increases as experience continues to develop.

Pre stability only questions:

Please identify the amount of Active Life reserves related to these policies and include the Active Life reserves in the determination of the Future Loss ratio.

Please provide the anticipated loss ratio where the numerator is equal to the anticipated incurred claims less policy reserves, and the denominator is equal to the anticipated earned premium.

Post-rate stability filing only.

Policyholder Letter

A policyholder letter was filed under SERFF filing STLH-129237070. There appears to be sufficient variability in this letter so that if could be used for this filing as well. If the Company wishes to use this letter to satisfy 14VAC5-200-75 D, please attach a copy to Supporting Documentation indicating such. If the Company wishes to make any changes to the letter, please attach the letter with a new policy form number to the Form Schedule in SERFF for further review.

We have attached a new policyholder letter in the Form Schedule. It is the exact same letter as approved in SERFF filing STLH-129237070.

If a new letter will be "filed", please include a Certification of Compliance pursuant to 14VAC5-100-40 3. Please ensure the full and proper corporate name of the insurer prominently appears in the letter. Please include a Statement of Variability, if applicable.

The full and proper corporate name is displayed prominently and we have included a statement of variability.

Please confirm that if an increase is implemented in a series, a policyholder letter will be sent at least 75 days prior to the effective date of each implementation.

Policyholder letters will be sent between 90 and 95 days in advance of the effective date of each implementation.

Contingent Benefit Upon Lapse:

Please advise if the Contingent Benefit Upon Lapse will be offered to all policyholders regardless if the trigger requirements or met or not.

We were planning on offering the contingent benefit upon lapse based on 14VAC5-200-185 D but would be willing to offer it to everyone if the department would desire us to.

Please confirm the Contingent Benefit upon Lapse option will be administered according to 14VAC5-200-185 D as revised effective September 1, 2015.

We have updated our systems to ensure compliance with 14VAC5-200-185 D as revised effective September 1, 2015.

How Policy is updated:

Based on the prior filing STLH-129237070, the Policy Schedule is updated to reflect any requested change in the benefits. Please provide a copy of the original Policy Schedule that was approved for these policy forms and a copy of the corresponding Statement of Variability. Please provide a few John Doe versions of revised Policy Schedules if an inflation rider is changed or the policy becomes paid up due to a nonforfeiture option or contingent benefit upon lapse option being exercised.

Provided in the Supporting Documentation section, there is the following – a copy of the original Policy Schedule, sample of Policy Schedule upon dropping inflation protection, and nonforfeiture letter received by the policyholder.

Actual and Projected Nationwide Experience - Based on Earned Rate Increases in Virginia - Pre-Rate Stability Only - Original Assumptions

Actual

Year	Earned Premium Original Rates	Earned Premium Current Rates	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates
2001	291,903	291,903	0	0.0%	0.0%
2002	10,638,692	10,638,692	84,807	0.8%	0.8%
2003	27,348,425	27,348,425	1,179,840	4.3%	4.3%
2004	32,329,046	32,329,046	1,853,913	5.7%	5.7%
2005	31,963,841	31,963,841	5,335,566	16.7%	16.7%
2006	31,513,593	31,513,593	4,842,546	15.4%	15.4%
2007	30,873,958	30,873,958	3,747,839	12.1%	12.1%
2008	30,520,188	30,520,188	3,316,021	10.9%	10.9%
2009	29,954,238	29,954,238	4,999,722	16.7%	16.7%
2010	29,664,541	29,664,541	6,384,133	21.5%	21.5%
2011	29,439,175	29,439,175	7,163,982	24.3%	24.3%
2012	29,195,140	29,195,140	10,047,068	34.4%	34.4%
2013	28,666,253	28,666,253	8,907,497	31.1%	31.1%
2014	27,601,477	27,601,477	16,338,844	59.2%	59.2%
2015	26,265,394	26,265,394	13,328,406	50.7%	50.7%
2016	25,125,729	25,125,729	15,129,101	60.2%	60.2%
Total	421,391,591	421,391,591	102,659,285	24.4%	24.4%

Projection

Projection Year	Earned Premium Original Rates	Earned Premium Current Rates	Earned Premium With Proposed Increase	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates	Loss Ratio With Proposed Increase
2017	23,851,656	23,851,656	23,851,656	16,268,296	68.2%	68.2%	68.2%
2018	22,566,491	22,566,491	24,611,457	17,545,843	77.8%	77.8%	71.3%
2019	21,301,260	21,301,260	28,484,916	18,922,401	88.8%	88.8%	66.4%
2020	20,057,448	20,057,448	26,972,156	20,344,009	101.4%	101.4%	75.4%
2021	18,837,898	18,837,898	25,361,929	21,769,331	115.6%	115.6%	85.8%
2022	17,645,488	17,645,488	23,784,047	23,180,759	131.4%	131.4%	97.5%
2023	16,483,085	16,483,085	22,242,463	24,563,147	149.0%	149.0%	110.4%
2024	15,353,520	15,353,520	20,741,124	25,903,592	168.7%	168.7%	124.9%
2025	14,259,479	14,259,479	19,283,829	27,182,269	190.6%	190.6%	141.0%
2026	13,203,462	13,203,462	17,874,173	28,375,371	214.9%	214.9%	158.8%
2027	12,187,749	12,187,749	16,515,490	29,460,851	241.7%	241.7%	178.4%
2028	11,214,347	11,214,347	15,210,778	30,419,824	271.3%	271.3%	200.0%
2029	10,285,006	10,285,006	13,962,714	31,235,389	303.7%	303.7%	223.7%
2030	9,401,188	9,401,188	12,773,599	31,891,833	339.2%	339.2%	249.7%
2031	8,563,993	8,563,993	11,645,251	32,377,131	378.1%	378.1%	278.0%
2032	7,774,148	7,774,148	10,578,977	32,679,726	420.4%	420.4%	308.9%
2033	7,032,058	7,032,058	9,575,644	32,788,574	466.3%	466.3%	342.4%
2034	6,337,820	6,337,820	8,635,680	32,693,802	515.9%	515.9%	378.6%
2035	5,691,186	5,691,186	7,759,025	32,393,473	569.2%	569.2%	417.5%
2036	5,091,575	5,091,575	6,945,142	31,894,371	626.4%	626.4%	459.2%
2037	4,538,071	4,538,071	6,193,008	31,210,981	687.8%	687.8%	504.0%
2038	4,029,471	4,029,471	5,501,190	30,359,309	753.4%	753.4%	551.9%
2039	3,564,352	3,564,352	4,867,928	29,358,572	823.7%	823.7%	603.1%
2040	3,141,053	3,141,053	4,291,115	28,230,488	898.8%	898.8%	657.9%
2041	2,757,665	2,757,665	3,768,288	26,996,664	979.0%	979.0%	716.4%
2042	2,412,091	2,412,091	3,296,702	25,680,556	1064.7%	1064.7%	779.0%
2043	2,102,106	2,102,106	2,873,422	24,307,291	1156.3%	1156.3%	845.9%
2044	1,825,401	1,825,401	2,495,384	22,900,743	1254.6%	1254.6%	917.7%
2045	1,579,609	1,579,609	2,159,427	21,481,381	1359.9%	1359.9%	994.8%
2046	1,362,307	1,362,307	1,862,302	20,068,093	1473.1%	1473.1%	1077.6%
2047	1,171,069	1,171,069	1,600,741	18,678,101	1595.0%	1595.0%	1166.8%
2048	1,003,511	1,003,511	1,371,520	17,325,751	1726.5%	1726.5%	1263.3%
2049	857,316	857,316	1,171,498	16,022,708	1868.9%	1868.9%	1367.7%
2050	730,271	730,271	997,670	14,771,879	2022.8%	2022.8%	1480.6%
2051	620,281	620,281	847,181	13,576,079	2188.7%	2188.7%	1602.5%
2052	525,377	525,377	717,349	12,438,144	2367.5%	2367.5%	1733.9%
2053	443,733	443,733	605,674	11,357,934	2559.6%	2559.6%	1875.3%
2054	373,683	373,683	509,883	10,334,253	2765.5%	2765.5%	2026.8%
2055	313,729	313,729	427,920	9,366,515	2985.5%	2985.5%	2188.8%
2056	262,530	262,530	357,951	8,453,879	3220.2%	3220.2%	2361.7%
2057	218,899	218,899	298,346	7,593,993	3469.2%	3469.2%	2545.4%
2058	181,799	181,799	247,685	6,784,873	3732.1%	3732.1%	2739.3%
2059	150,329	150,329	204,731	6,024,805	4007.7%	4007.7%	2942.8%
2060	123,709	123,709	168,413	5,314,297	4295.8%	4295.8%	3155.5%
2061	101,263	101,263	137,804	4,649,422	4591.4%	4591.4%	3373.9%
2062	82,408	82,408	112,105	3,937,205	4777.7%	4777.7%	3512.1%
2063	66,641	66,641	90,623	3,241,280	4863.8%	4863.8%	3576.7%
2064	53,523	53,523	72,760	2,628,824	4911.6%	4911.6%	3613.0%
2065	42,672	42,672	57,992	2,111,677	4948.6%	4948.6%	3641.4%
2066	33,756	33,756	45,862	1,678,473	4972.3%	4972.3%	3659.9%
Total	301,807,479	301,807,479	394,162,523	978,774,163	324.3%	324.3%	248.3%

	Earned Premium Original Rates	Earned Premium Current Rates	Earned Premium With Proposed Increase	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates	Loss Ratio With Proposed Increase
Past Experience	421,391,591	421,391,591	421,391,591	102,659,285	24.4%	24.4%	24.4%
Anticipated Experience	301,807,479	301,807,479	394,162,523	978,774,163	324.3%	324.3%	248.3%
Lifetime Experience	723,199,071	723,199,071	815,554,114	1,081,433,448	149.5%	149.5%	132.6%
Past Experience @4.5%	606,080,390	606,080,390	606,080,390	130,570,479	21.5%	21.5%	21.5%
Anticipated Experience @4.5%	212,799,464	212,799,464	273,550,381	477,467,731	224.4%	224.4%	174.5%
Lifetime Experience@4.5%	818,879,854	818,879,854	879,630,771	608,038,210	74.3%	74.3%	69.1%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 VA Series
Standard Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.33	1.60	1.94	2.49	2.58
30-34	1.60	1.95	2.40	3.12	3.21
35-39	1.93	2.37	2.97	3.91	4.00
40	2.06	2.56	3.21	4.26	4.35
41	2.15	2.67	3.36	4.46	4.55
42	2.24	2.79	3.52	4.67	4.76
43	2.34	2.92	3.69	4.89	4.98
44	2.45	3.07	3.88	5.13	5.22
45	2.56	3.22	4.09	5.40	5.49
46	2.69	3.39	4.31	5.69	5.78
47	2.83	3.58	4.55	6.00	6.10
48	2.97	3.77	4.81	6.33	6.44
49	3.13	3.98	5.09	6.69	6.80
50	3.30	4.20	5.38	7.07	7.19
51	3.47	4.43	5.69	7.46	7.58
52	3.64	4.66	5.99	7.86	7.99
53	3.83	4.91	6.33	8.29	8.43
54	4.04	5.19	6.71	8.78	8.93
55	4.28	5.52	7.15	9.35	9.52
56	4.56	5.90	7.66	10.01	10.19
57	4.87	6.31	8.21	10.73	10.93
58	5.21	6.76	8.82	11.52	11.74
59	5.58	7.26	9.49	12.39	12.63
60	5.98	7.80	10.22	13.35	13.60
61	6.35	8.31	10.92	14.29	14.56
62	6.70	8.79	11.58	15.21	15.51
63	7.11	9.35	12.35	16.26	16.58
64	7.66	10.10	13.37	17.59	17.93
65	8.42	11.12	14.76	19.35	19.72
66	9.42	12.45	16.55	21.51	21.92
67	10.61	14.02	18.63	23.99	24.43
68	11.96	15.79	21.00	26.80	27.28
69	13.42	17.74	23.63	29.97	30.49
70	14.96	19.82	26.48	33.52	34.09
71	16.48	21.91	29.37	37.28	37.91
72	18.00	24.02	32.30	41.24	41.92
73	19.68	26.37	35.58	45.65	46.39
74	21.67	29.16	39.52	50.76	51.57
75	24.12	32.59	44.41	56.81	57.71
76	27.22	36.96	50.67	64.05	65.06
77	30.87	42.12	58.07	72.31	73.46
78	34.79	47.64	66.04	81.23	82.52
79	38.65	53.13	73.98	90.44	91.88
80	42.18	58.16	81.30	99.58	101.16
81	45.80	63.41	89.12	111.33	113.08
82	49.42	68.66	96.93	123.07	125.01
83	53.04	73.91	104.75	134.82	136.93
84	56.67	79.17	112.56	146.57	148.85

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 VA Series
Standard Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.25	1.47	1.80	2.31	2.39
30-34	1.49	1.79	2.21	2.88	2.96
35-39	1.77	2.18	2.72	3.59	3.67
40	1.88	2.34	2.93	3.90	3.98
41	1.96	2.44	3.07	4.08	4.17
42	2.04	2.55	3.21	4.27	4.35
43	2.13	2.67	3.37	4.47	4.55
44	2.23	2.80	3.54	4.69	4.77
45	2.34	2.94	3.73	4.93	5.01
46	2.45	3.09	3.93	5.19	5.28
47	2.57	3.26	4.15	5.47	5.56
48	2.71	3.43	4.38	5.77	5.87
49	2.85	3.62	4.63	6.09	6.20
50	3.00	3.82	4.90	6.44	6.55
51	3.15	4.02	5.17	6.79	6.91
52	3.30	4.23	5.45	7.15	7.27
53	3.47	4.46	5.75	7.54	7.67
54	3.66	4.71	6.09	7.98	8.12
55	3.88	5.01	6.49	8.50	8.65
56	4.14	5.35	6.95	9.09	9.26
57	4.41	5.72	7.45	9.74	9.92
58	4.72	6.12	8.00	10.45	10.65
59	5.05	6.57	8.60	11.23	11.45
60	5.40	7.05	9.25	12.09	12.32
61	5.74	7.51	9.88	12.93	13.18
62	6.05	7.94	10.48	13.75	14.02
63	6.42	8.44	11.17	14.69	14.98
64	6.91	9.11	12.08	15.87	16.18
65	7.59	10.03	13.32	17.43	17.76
66	8.49	11.22	14.91	19.35	19.71
67	9.56	12.63	16.78	21.55	21.94
68	10.77	14.22	18.89	24.04	24.47
69	12.07	15.95	21.22	26.83	27.30
70	13.44	17.80	23.73	29.93	30.44
71	14.78	19.64	26.26	33.21	33.76
72	16.12	21.49	28.83	36.67	37.26
73	17.59	23.54	31.69	40.49	41.14
74	19.32	25.95	35.09	44.87	45.57
75	21.44	28.90	39.27	50.00	50.77
76	24.12	32.64	44.58	56.09	56.95
77	27.28	37.03	50.84	63.01	63.99
78	30.65	41.74	57.56	70.45	71.54
79	33.97	46.39	64.22	78.08	79.28
80	36.99	50.62	70.33	85.56	86.88
81	40.04	54.97	76.69	94.94	96.38
82	43.10	59.32	83.05	104.31	105.89
83	46.15	63.66	89.42	113.68	115.40
84	49.21	68.01	95.78	123.06	124.91

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 VA Series
Standard Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.14	1.34	1.62	2.08	2.16
30-34	1.34	1.61	1.97	2.57	2.65
35-39	1.57	1.93	2.40	3.18	3.25
40	1.67	2.06	2.58	3.45	3.52
41	1.74	2.15	2.70	3.61	3.68
42	1.81	2.25	2.83	3.77	3.84
43	1.88	2.35	2.96	3.94	4.02
44	1.97	2.46	3.11	4.13	4.20
45	2.06	2.58	3.27	4.34	4.41
46	2.16	2.72	3.45	4.57	4.64
47	2.27	2.86	3.64	4.81	4.89
48	2.38	3.01	3.84	5.07	5.16
49	2.50	3.17	4.06	5.35	5.44
50	2.63	3.35	4.29	5.65	5.74
51	2.76	3.52	4.52	5.96	6.06
52	2.90	3.70	4.77	6.27	6.37
53	3.04	3.90	5.03	6.60	6.72
54	3.20	4.12	5.32	6.99	7.11
55	3.39	4.37	5.67	7.43	7.57
56	3.61	4.66	6.06	7.95	8.09
57	3.85	4.98	6.49	8.51	8.66
58	4.11	5.33	6.97	9.12	9.29
59	4.39	5.71	7.48	9.79	9.98
60	4.70	6.13	8.04	10.52	10.73
61	4.98	6.52	8.58	11.25	11.46
62	5.25	6.90	9.10	11.95	12.19
63	5.56	7.33	9.69	12.76	13.01
64	5.98	7.90	10.47	13.77	14.03
65	6.57	8.68	11.53	15.09	15.37
66	7.35	9.71	12.90	16.72	17.03
67	8.28	10.94	14.51	18.60	18.93
68	9.33	12.31	16.32	20.71	21.08
69	10.46	13.80	18.30	23.06	23.46
70	11.62	15.36	20.42	25.64	26.07
71	12.75	16.90	22.53	28.37	28.83
72	13.88	18.45	24.67	31.23	31.73
73	15.10	20.15	27.03	34.38	34.91
74	16.53	22.13	29.81	37.94	38.51
75	18.27	24.55	33.20	42.05	42.68
76	20.48	27.59	37.47	46.90	47.60
77	23.06	31.16	42.51	52.39	53.16
78	25.82	34.97	47.88	58.25	59.11
79	28.53	38.71	53.18	64.21	65.16
80	30.98	42.10	57.99	70.00	71.03
81	33.40	45.50	62.87	77.05	78.16
82	35.83	48.90	67.74	84.10	85.30
83	38.26	52.30	72.62	91.14	92.44
84	40.69	55.69	77.49	98.19	99.57

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Standard Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.48	3.04	3.77	4.98	5.15
30-34	2.92	3.61	4.49	5.80	5.97
35-39	3.45	4.28	5.36	6.79	6.96
40	3.67	4.59	5.75	7.19	7.36
41	3.82	4.77	5.99	7.51	7.68
42	3.97	4.97	6.25	7.87	8.05
43	4.13	5.18	6.52	8.27	8.45
44	4.31	5.42	6.82	8.68	8.87
45	4.49	5.66	7.15	9.12	9.31
46	4.70	5.94	7.51	9.56	9.75
47	4.94	6.24	7.90	10.00	10.21
48	5.17	6.55	8.31	10.47	10.69
49	5.43	6.88	8.75	10.99	11.20
50	5.69	7.22	9.18	11.54	11.78
51	5.93	7.55	9.62	12.14	12.37
52	6.17	7.86	10.03	12.76	13.01
53	6.43	8.20	10.48	13.43	13.69
54	6.73	8.59	11.00	14.18	14.46
55	7.08	9.06	11.62	15.03	15.34
56	7.50	9.62	12.35	15.99	16.32
57	7.97	10.23	13.16	17.03	17.38
58	8.49	10.91	14.06	18.17	18.54
59	9.06	11.66	15.04	19.41	19.81
60	9.67	12.46	16.09	20.78	21.20
61	10.25	13.24	17.14	22.13	22.57
62	10.83	14.01	18.15	23.45	23.93
63	11.48	14.88	19.30	24.96	25.46
64	12.30	15.97	20.74	26.83	27.36
65	13.36	17.36	22.59	29.27	29.84
66	14.67	19.08	24.85	32.29	32.91
67	16.18	21.06	27.42	35.77	36.43
68	17.88	23.28	30.33	39.67	40.38
69	19.75	25.74	33.58	43.95	44.73
70	21.77	28.43	37.19	48.60	49.43
71	23.87	31.25	41.01	53.38	54.28
72	26.05	34.19	45.03	58.34	59.29
73	28.44	37.44	49.48	63.78	64.79
74	31.14	41.13	54.58	70.01	71.10
75	34.28	45.41	60.56	77.34	78.52
76	38.04	50.57	67.79	86.13	87.42
77	42.33	56.50	76.11	96.18	97.62
78	46.90	62.78	84.99	106.93	108.52
79	51.41	69.05	93.87	117.85	119.59
80	55.62	74.89	102.21	128.39	130.27
81	60.13	81.25	111.53	141.02	143.06
82	64.65	87.62	120.84	153.64	155.87
83	69.16	93.98	130.16	166.27	168.66
84	73.69	100.35	139.47	178.90	181.45

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Standard Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.29	2.78	3.46	4.62	4.76
30-34	2.69	3.31	4.13	5.36	5.51
35-39	3.16	3.94	4.94	6.25	6.41
40	3.36	4.22	5.29	6.62	6.78
41	3.50	4.38	5.51	6.91	7.08
42	3.63	4.57	5.74	7.24	7.40
43	3.78	4.76	6.00	7.61	7.77
44	3.95	4.97	6.27	7.99	8.16
45	4.12	5.20	6.58	8.39	8.56
46	4.31	5.45	6.90	8.78	8.97
47	4.52	5.73	7.26	9.19	9.38
48	4.74	6.01	7.63	9.62	9.83
49	4.97	6.31	8.02	10.09	10.31
50	5.21	6.62	8.43	10.61	10.83
51	5.43	6.91	8.82	11.15	11.38
52	5.64	7.20	9.20	11.71	11.95
53	5.87	7.51	9.60	12.32	12.58
54	6.14	7.86	10.07	13.00	13.27
55	6.47	8.29	10.64	13.79	14.07
56	6.86	8.80	11.31	14.66	14.97
57	7.28	9.36	12.05	15.61	15.93
58	7.75	9.97	12.86	16.64	16.99
59	8.26	10.65	13.75	17.76	18.14
60	8.80	11.37	14.70	19.00	19.39
61	9.34	12.08	15.65	20.23	20.64
62	9.86	12.78	16.58	21.43	21.87
63	10.46	13.56	17.62	22.80	23.26
64	11.19	14.54	18.91	24.48	24.97
65	12.14	15.81	20.58	26.66	27.18
66	13.33	17.36	22.61	29.35	29.91
67	14.70	19.14	24.93	32.45	33.05
68	16.23	21.15	27.53	35.91	36.56
69	17.90	23.35	30.44	39.69	40.39
70	19.71	25.74	33.63	43.76	44.52
71	21.57	28.24	37.00	47.96	48.76
72	23.51	30.84	40.54	52.32	53.17
73	25.61	33.70	44.44	57.07	57.97
74	27.98	36.91	48.87	62.45	63.41
75	30.71	40.62	54.02	68.71	69.74
76	33.96	45.07	60.21	76.16	77.29
77	37.68	50.14	67.30	84.64	85.90
78	41.60	55.52	74.83	93.69	95.06
79	45.48	60.85	82.33	102.80	104.29
80	49.07	65.79	89.33	111.48	113.10
81	52.86	71.07	96.93	121.60	123.33
82	56.66	76.35	104.54	131.70	133.56
83	60.45	81.63	112.16	141.80	143.80
84	64.25	86.91	119.76	151.91	154.04

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Standard Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.05	2.50	3.10	4.11	4.28
30-34	2.40	2.96	3.68	4.77	4.93
35-39	2.80	3.50	4.38	5.56	5.70
40	2.99	3.73	4.69	5.89	6.03
41	3.11	3.89	4.89	6.15	6.29
42	3.23	4.05	5.10	6.44	6.58
43	3.35	4.22	5.32	6.75	6.90
44	3.50	4.40	5.56	7.09	7.24
45	3.65	4.60	5.82	7.44	7.59
46	3.82	4.83	6.11	7.80	7.95
47	4.00	5.06	6.43	8.15	8.32
48	4.19	5.32	6.76	8.53	8.72
49	4.39	5.58	7.11	8.94	9.13
50	4.60	5.85	7.46	9.40	9.59
51	4.79	6.10	7.79	9.88	10.09
52	4.98	6.35	8.13	10.38	10.59
53	5.18	6.63	8.49	10.91	11.14
54	5.41	6.94	8.89	11.52	11.76
55	5.69	7.30	9.39	12.20	12.46
56	6.03	7.74	9.97	12.97	13.23
57	6.40	8.23	10.61	13.79	14.07
58	6.81	8.77	11.33	14.69	15.00
59	7.25	9.35	12.10	15.67	16.00
60	7.73	9.99	12.93	16.74	17.09
61	8.18	10.60	13.75	17.81	18.17
62	8.64	11.22	14.56	18.87	19.26
63	9.15	11.90	15.47	20.06	20.47
64	9.79	12.75	16.59	21.53	21.95
65	10.62	13.83	18.02	23.40	23.85
66	11.65	15.18	19.79	25.70	26.19
67	12.84	16.75	21.80	28.36	28.88
68	14.18	18.48	24.06	31.32	31.89
69	15.63	20.39	26.54	34.53	35.14
70	17.18	22.43	29.26	37.95	38.60
71	18.76	24.54	32.10	41.47	42.15
72	20.42	26.75	35.07	45.10	45.83
73	22.20	29.15	38.32	49.04	49.80
74	24.19	31.83	41.99	53.45	54.26
75	26.46	34.91	46.20	58.52	59.39
76	29.15	38.55	51.23	64.52	65.46
77	32.20	42.70	56.99	71.32	72.34
78	35.42	47.08	63.06	78.52	79.64
79	38.59	51.39	69.07	85.72	86.93
80	41.51	55.36	74.62	92.51	93.81
81	44.53	59.52	80.50	100.14	101.51
82	47.56	63.68	86.37	107.77	109.23
83	50.60	67.84	92.25	115.39	116.95
84	53.63	71.98	98.12	123.02	124.66

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Standard Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	4.42	5.65	7.29	10.03	10.32
30-34	4.92	6.30	8.13	10.83	11.12
35-39	5.50	7.04	9.11	11.79	12.08
40	5.74	7.37	9.53	12.16	12.44
41	5.90	7.57	9.79	12.39	12.67
42	6.06	7.78	10.06	12.63	12.91
43	6.23	8.01	10.35	12.89	13.17
44	6.42	8.26	10.67	13.19	13.48
45	6.61	8.51	11.02	13.56	13.84
46	6.83	8.80	11.39	13.98	14.27
47	7.08	9.13	11.80	14.46	14.76
48	7.32	9.45	12.24	14.98	15.29
49	7.58	9.79	12.68	15.53	15.85
50	7.84	10.12	13.11	16.10	16.43
51	8.08	10.43	13.52	16.67	17.00
52	8.29	10.72	13.89	17.24	17.58
53	8.53	11.02	14.30	17.84	18.20
54	8.80	11.38	14.77	18.55	18.92
55	9.13	11.83	15.36	19.39	19.78
56	9.55	12.37	16.08	20.38	20.79
57	10.02	12.98	16.88	21.47	21.91
58	10.54	13.66	17.78	22.68	23.14
59	11.10	14.41	18.76	24.00	24.49
60	11.70	15.20	19.81	25.45	25.96
61	12.28	15.97	20.83	26.90	27.43
62	12.84	16.71	21.81	28.34	28.91
63	13.47	17.56	22.94	29.96	30.56
64	14.27	18.62	24.34	31.93	32.56
65	15.32	20.01	26.18	34.43	35.09
66	16.63	21.73	28.44	37.44	38.15
67	18.15	23.72	31.02	40.87	41.62
68	19.86	25.95	33.94	44.70	45.50
69	21.74	28.42	37.22	48.92	49.78
70	23.76	31.11	40.84	53.52	54.44
71	25.86	33.93	44.68	58.31	59.29
72	28.04	36.88	48.73	63.28	64.32
73	30.42	40.13	53.20	68.75	69.84
74	33.11	43.81	58.32	75.00	76.17
75	36.24	48.07	64.30	82.31	83.58
76	39.97	53.21	71.52	91.07	92.45
77	44.23	59.11	79.81	101.07	102.59
78	48.76	65.36	88.65	111.77	113.43
79	53.23	71.58	97.48	122.61	124.43
80	57.39	77.36	105.75	133.05	135.01
81	61.82	83.61	114.92	145.49	147.61
82	66.25	89.87	124.08	157.92	160.22
83	70.68	96.12	133.25	170.36	172.82
84	75.12	102.38	142.41	182.81	185.42

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Standard Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	4.05	5.16	6.72	9.25	9.52
30-34	4.51	5.77	7.48	9.98	10.25
35-39	5.03	6.47	8.37	10.85	11.12
40	5.25	6.76	8.75	11.18	11.44
41	5.39	6.94	8.99	11.39	11.66
42	5.53	7.14	9.24	11.61	11.87
43	5.69	7.34	9.51	11.85	12.11
44	5.86	7.57	9.80	12.13	12.39
45	6.05	7.81	10.12	12.46	12.72
46	6.25	8.07	10.46	12.84	13.12
47	6.46	8.36	10.84	13.28	13.55
48	6.70	8.66	11.23	13.75	14.04
49	6.93	8.96	11.63	14.25	14.55
50	7.17	9.27	12.03	14.78	15.09
51	7.38	9.54	12.40	15.30	15.61
52	7.57	9.81	12.74	15.81	16.13
53	7.78	10.09	13.10	16.37	16.70
54	8.03	10.41	13.53	17.01	17.35
55	8.33	10.82	14.06	17.78	18.13
56	8.72	11.31	14.72	18.67	19.06
57	9.13	11.87	15.45	19.67	20.07
58	9.61	12.47	16.27	20.76	21.19
59	10.11	13.15	17.15	21.96	22.41
60	10.65	13.86	18.09	23.27	23.74
61	11.18	14.56	19.02	24.58	25.07
62	11.68	15.24	19.92	25.89	26.41
63	12.26	16.00	20.93	27.36	27.90
64	12.98	16.96	22.20	29.12	29.70
65	13.92	18.21	23.85	31.35	31.95
66	15.10	19.76	25.87	34.02	34.66
67	16.48	21.55	28.20	37.06	37.74
68	18.02	23.56	30.82	40.44	41.18
69	19.69	25.77	33.74	44.16	44.94
70	21.50	28.17	36.94	48.18	49.01
71	23.36	30.66	40.32	52.37	53.24
72	25.29	33.26	43.87	56.73	57.65
73	27.39	36.11	47.77	61.49	62.47
74	29.75	39.31	52.20	66.87	67.90
75	32.46	43.00	57.33	73.11	74.21
76	35.68	47.41	63.50	80.51	81.72
77	39.36	52.45	70.55	88.94	90.27
78	43.25	57.79	78.05	97.91	99.36
79	47.08	63.07	85.49	106.94	108.50
80	50.62	67.95	92.42	115.53	117.21
81	54.33	73.12	99.88	125.46	127.26
82	58.05	78.30	107.35	135.39	137.31
83	61.77	83.47	114.82	145.31	147.37
84	65.49	88.65	122.29	155.24	157.43

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Standard Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.59	4.59	5.96	8.22	8.48
30-34	3.99	5.12	6.64	8.87	9.12
35-39	4.44	5.72	7.42	9.64	9.87
40	4.64	5.98	7.75	9.93	10.16
41	4.76	6.14	7.96	10.11	10.35
42	4.89	6.31	8.19	10.30	10.53
43	5.02	6.49	8.42	10.51	10.75
44	5.18	6.69	8.68	10.75	10.98
45	5.34	6.90	8.95	11.04	11.27
46	5.51	7.13	9.26	11.38	11.62
47	5.71	7.38	9.59	11.76	12.01
48	5.90	7.64	9.93	12.18	12.44
49	6.11	7.91	10.29	12.62	12.88
50	6.31	8.18	10.64	13.08	13.34
51	6.49	8.42	10.95	13.54	13.81
52	6.67	8.65	11.26	13.99	14.26
53	6.85	8.89	11.57	14.47	14.77
54	7.06	9.17	11.94	15.03	15.34
55	7.32	9.52	12.41	15.70	16.02
56	7.65	9.95	12.97	16.49	16.82
57	8.02	10.43	13.61	17.36	17.71
58	8.43	10.97	14.33	18.31	18.69
59	8.86	11.55	15.09	19.36	19.75
60	9.34	12.18	15.91	20.49	20.91
61	9.78	12.78	16.71	21.63	22.06
62	10.22	13.37	17.49	22.77	23.24
63	10.72	14.03	18.37	24.05	24.53
64	11.34	14.86	19.46	25.58	26.08
65	12.16	15.93	20.88	27.48	28.00
66	13.19	17.28	22.64	29.77	30.33
67	14.38	18.85	24.66	32.38	32.97
68	15.72	20.59	26.92	35.26	35.90
69	17.18	22.49	29.42	38.40	39.08
70	18.72	24.53	32.14	41.77	42.49
71	20.31	26.64	34.97	45.27	46.02
72	21.96	28.84	37.94	48.88	49.67
73	23.73	31.23	41.17	52.81	53.63
74	25.71	33.89	44.82	57.20	58.06
75	27.95	36.94	49.02	62.23	63.15
76	30.62	40.55	54.01	68.17	69.17
77	33.63	44.66	59.73	74.91	75.99
78	36.81	48.99	65.75	82.04	83.22
79	39.93	53.25	71.70	89.16	90.43
80	42.81	57.16	77.19	95.86	97.21
81	45.76	61.23	82.94	103.33	104.75
82	48.73	65.29	88.69	110.80	112.31
83	51.69	69.36	94.44	118.26	119.86
84	54.66	73.42	100.19	125.73	127.41

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 VA Series
Preferred Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.20	1.44	1.75	2.24	2.32
30-34	1.44	1.76	2.16	2.81	2.89
35-39	1.74	2.13	2.67	3.52	3.60
40	1.85	2.30	2.89	3.83	3.92
41	1.94	2.40	3.02	4.01	4.10
42	2.02	2.51	3.17	4.20	4.28
43	2.11	2.63	3.32	4.40	4.48
44	2.21	2.76	3.49	4.62	4.70
45	2.30	2.90	3.68	4.86	4.94
46	2.42	3.05	3.88	5.12	5.20
47	2.55	3.22	4.10	5.40	5.49
48	2.67	3.39	4.33	5.70	5.80
49	2.82	3.58	4.58	6.02	6.12
50	2.97	3.78	4.84	6.36	6.47
51	3.12	3.99	5.12	6.71	6.82
52	3.28	4.19	5.39	7.07	7.19
53	3.45	4.42	5.70	7.46	7.59
54	3.64	4.67	6.04	7.90	8.04
55	3.85	4.97	6.44	8.42	8.57
56	4.10	5.31	6.89	9.01	9.17
57	4.38	5.68	7.39	9.66	9.84
58	4.69	6.08	7.94	10.37	10.57
59	5.02	6.53	8.54	11.15	11.37
60	5.38	7.02	9.20	12.02	12.24
61	5.72	7.48	9.83	12.86	13.10
62	6.03	7.91	10.42	13.69	13.96
63	6.40	8.42	11.12	14.63	14.92
64	6.89	9.09	12.03	15.83	16.14
65	7.58	10.01	13.28	17.42	17.75
66	8.48	11.21	14.90	19.36	19.73
67	9.55	12.62	16.77	21.59	21.99
68	10.76	14.21	18.90	24.12	24.55
69	12.08	15.97	21.27	26.97	27.44
70	13.46	17.84	23.83	30.17	30.68
71	14.83	19.72	26.43	33.55	34.12
72	16.20	21.62	29.07	37.12	37.73
73	17.71	23.73	32.02	41.09	41.75
74	19.50	26.24	35.57	45.68	46.41
75	21.71	29.33	39.97	51.13	51.94
76	24.50	33.26	45.60	57.65	58.55
77	27.78	37.91	52.26	65.08	66.11
78	31.31	42.88	59.44	73.11	74.27
79	34.79	47.82	66.58	81.40	82.69
80	37.96	52.34	73.17	89.62	91.04
81	41.22	57.07	80.21	100.20	101.77
82	44.48	61.79	87.24	110.76	112.51
83	47.74	66.52	94.28	121.34	123.24
84	51.00	71.25	101.30	131.91	133.97

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 VA Series
Preferred Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.13	1.32	1.62	2.08	2.15
30-34	1.34	1.61	1.99	2.59	2.66
35-39	1.59	1.96	2.45	3.23	3.30
40	1.69	2.11	2.64	3.51	3.58
41	1.76	2.20	2.76	3.67	3.75
42	1.84	2.30	2.89	3.84	3.92
43	1.92	2.40	3.03	4.02	4.10
44	2.01	2.52	3.19	4.22	4.29
45	2.11	2.65	3.36	4.44	4.51
46	2.21	2.78	3.54	4.67	4.75
47	2.31	2.93	3.74	4.92	5.00
48	2.44	3.09	3.94	5.19	5.28
49	2.57	3.26	4.17	5.48	5.58
50	2.70	3.44	4.41	5.80	5.90
51	2.84	3.62	4.65	6.11	6.22
52	2.97	3.81	4.91	6.44	6.54
53	3.12	4.01	5.18	6.79	6.90
54	3.29	4.24	5.48	7.18	7.31
55	3.49	4.51	5.84	7.65	7.79
56	3.73	4.82	6.26	8.18	8.33
57	3.97	5.15	6.71	8.77	8.93
58	4.25	5.51	7.20	9.41	9.59
59	4.55	5.91	7.74	10.11	10.31
60	4.86	6.35	8.33	10.88	11.09
61	5.17	6.76	8.89	11.64	11.86
62	5.45	7.15	9.43	12.38	12.62
63	5.78	7.60	10.05	13.22	13.48
64	6.22	8.20	10.87	14.28	14.56
65	6.83	9.03	11.99	15.69	15.98
66	7.64	10.10	13.42	17.42	17.74
67	8.60	11.37	15.10	19.40	19.75
68	9.69	12.80	17.00	21.64	22.02
69	10.86	14.36	19.10	24.15	24.57
70	12.10	16.02	21.36	26.94	27.40
71	13.30	17.68	23.63	29.89	30.38
72	14.51	19.34	25.95	33.00	33.53
73	15.83	21.19	28.52	36.44	37.03
74	17.39	23.36	31.58	40.38	41.01
75	19.30	26.01	35.34	45.00	45.69
76	21.71	29.38	40.12	50.48	51.26
77	24.55	33.33	45.76	56.71	57.59
78	27.59	37.57	51.80	63.41	64.39
79	30.57	41.75	57.80	70.27	71.35
80	33.29	45.56	63.30	77.00	78.19
81	36.04	49.47	69.02	85.45	86.74
82	38.79	53.39	74.75	93.88	95.30
83	41.54	57.29	80.48	102.31	103.86
84	44.29	61.21	86.20	110.75	112.42

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 VA Series
Preferred Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.03	1.21	1.46	1.87	1.94
30-34	1.21	1.45	1.77	2.31	2.39
35-39	1.41	1.74	2.16	2.86	2.93
40	1.50	1.85	2.32	3.11	3.17
41	1.57	1.94	2.43	3.25	3.31
42	1.63	2.03	2.55	3.39	3.46
43	1.69	2.12	2.66	3.55	3.62
44	1.77	2.21	2.80	3.72	3.78
45	1.85	2.32	2.94	3.91	3.97
46	1.94	2.45	3.11	4.11	4.18
47	2.04	2.57	3.28	4.33	4.40
48	2.14	2.71	3.46	4.56	4.64
49	2.25	2.85	3.65	4.82	4.90
50	2.37	3.02	3.86	5.09	5.17
51	2.48	3.17	4.07	5.36	5.45
52	2.61	3.33	4.29	5.64	5.73
53	2.74	3.51	4.53	5.94	6.05
54	2.88	3.71	4.79	6.29	6.40
55	3.05	3.93	5.10	6.69	6.81
56	3.25	4.19	5.45	7.16	7.28
57	3.47	4.48	5.84	7.66	7.79
58	3.70	4.80	6.27	8.21	8.36
59	3.95	5.14	6.73	8.81	8.98
60	4.23	5.52	7.24	9.47	9.66
61	4.48	5.87	7.72	10.13	10.31
62	4.73	6.21	8.19	10.76	10.97
63	5.00	6.60	8.72	11.48	11.71
64	5.38	7.11	9.42	12.39	12.63
65	5.91	7.81	10.38	13.58	13.83
66	6.62	8.74	11.61	15.05	15.33
67	7.45	9.85	13.06	16.74	17.04
68	8.40	11.08	14.69	18.64	18.97
69	9.41	12.42	16.47	20.75	21.11
70	10.46	13.82	18.38	23.08	23.46
71	11.48	15.21	20.28	25.53	25.95
72	12.49	16.61	22.20	28.11	28.56
73	13.59	18.14	24.33	30.94	31.42
74	14.88	19.92	26.83	34.15	34.66
75	16.44	22.10	29.88	37.85	38.41
76	18.43	24.83	33.72	42.21	42.84
77	20.75	28.04	38.26	47.15	47.84
78	23.24	31.47	43.09	52.43	53.20
79	25.68	34.84	47.86	57.79	58.64
80	27.88	37.89	52.19	63.00	63.93
81	30.06	40.95	56.58	69.35	70.34
82	32.25	44.01	60.97	75.69	76.77
83	34.43	47.07	65.36	82.03	83.20
84	36.62	50.12	69.74	88.37	89.61

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Preferred Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.24	2.74	3.40	4.48	4.63
30-34	2.63	3.25	4.04	5.22	5.37
35-39	3.11	3.85	4.82	6.11	6.26
40	3.30	4.13	5.18	6.47	6.63
41	3.44	4.29	5.39	6.76	6.92
42	3.58	4.47	5.63	7.08	7.24
43	3.72	4.66	5.87	7.44	7.60
44	3.88	4.88	6.14	7.82	7.99
45	4.04	5.10	6.43	8.21	8.38
46	4.23	5.35	6.76	8.60	8.77
47	4.45	5.61	7.12	9.00	9.19
48	4.65	5.89	7.48	9.43	9.63
49	4.89	6.19	7.87	9.89	10.08
50	5.12	6.50	8.26	10.38	10.60
51	5.33	6.80	8.66	10.92	11.13
52	5.56	7.07	9.03	11.48	11.71
53	5.79	7.38	9.44	12.09	12.32
54	6.06	7.73	9.90	12.76	13.02
55	6.37	8.16	10.46	13.53	13.81
56	6.75	8.66	11.11	14.39	14.69
57	7.17	9.21	11.85	15.33	15.65
58	7.64	9.82	12.66	16.36	16.69
59	8.15	10.49	13.54	17.47	17.83
60	8.70	11.21	14.48	18.71	19.08
61	9.23	11.92	15.43	19.92	20.31
62	9.75	12.61	16.33	21.11	21.54
63	10.33	13.40	17.38	22.46	22.91
64	11.07	14.37	18.66	24.15	24.63
65	12.03	15.63	20.33	26.35	26.86
66	13.21	17.18	22.37	29.06	29.62
67	14.56	18.96	24.68	32.19	32.79
68	16.09	20.95	27.30	35.70	36.34
69	17.78	23.17	30.23	39.55	40.26
70	19.59	25.59	33.47	43.74	44.49
71	21.48	28.13	36.91	48.04	48.85
72	23.45	30.77	40.53	52.51	53.36
73	25.59	33.69	44.53	57.41	58.31
74	28.02	37.01	49.12	63.01	63.99
75	30.85	40.87	54.51	69.61	70.67
76	34.24	45.51	61.01	77.52	78.67
77	38.09	50.85	68.50	86.56	87.85
78	42.21	56.51	76.50	96.24	97.67
79	46.27	62.15	84.48	106.07	107.63
80	50.06	67.40	91.99	115.55	117.24
81	54.12	73.13	100.38	126.92	128.75
82	58.19	78.85	108.76	138.27	140.28
83	62.25	84.58	117.15	149.65	151.80
84	66.32	90.31	125.52	161.01	163.31

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Preferred Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.07	2.50	3.11	4.16	4.28
30-34	2.42	2.98	3.72	4.82	4.96
35-39	2.84	3.54	4.45	5.62	5.77
40	3.02	3.80	4.76	5.96	6.10
41	3.15	3.95	4.96	6.22	6.37
42	3.27	4.12	5.17	6.51	6.67
43	3.41	4.28	5.40	6.85	7.00
44	3.56	4.47	5.65	7.19	7.34
45	3.71	4.68	5.93	7.55	7.71
46	3.88	4.90	6.21	7.90	8.07
47	4.07	5.15	6.54	8.27	8.44
48	4.27	5.41	6.87	8.66	8.84
49	4.48	5.68	7.22	9.08	9.28
50	4.69	5.96	7.59	9.55	9.75
51	4.89	6.22	7.94	10.03	10.24
52	5.08	6.48	8.29	10.54	10.75
53	5.28	6.76	8.65	11.09	11.32
54	5.52	7.08	9.06	11.70	11.95
55	5.82	7.46	9.58	12.41	12.67
56	6.18	7.93	10.18	13.19	13.47
57	6.55	8.43	10.85	14.05	14.34
58	6.98	8.98	11.57	14.98	15.30
59	7.44	9.58	12.38	15.99	16.33
60	7.92	10.24	13.24	17.10	17.45
61	8.41	10.87	14.08	18.21	18.57
62	8.88	11.51	14.92	19.29	19.69
63	9.42	12.21	15.86	20.52	20.93
64	10.07	13.09	17.02	22.03	22.47
65	10.93	14.23	18.52	24.00	24.46
66	12.00	15.63	20.35	26.42	26.92
67	13.23	17.23	22.44	29.21	29.75
68	14.60	19.04	24.78	32.32	32.90
69	16.11	21.02	27.40	35.72	36.35
70	17.74	23.17	30.27	39.39	40.07
71	19.41	25.42	33.30	43.17	43.88
72	21.16	27.76	36.49	47.09	47.85
73	23.05	30.33	40.00	51.36	52.18
74	25.18	33.22	43.98	56.20	57.07
75	27.64	36.56	48.62	61.84	62.76
76	30.57	40.57	54.19	68.54	69.57
77	33.91	45.13	60.57	76.18	77.31
78	37.45	49.97	67.34	84.33	85.56
79	40.93	54.76	74.10	92.52	93.86
80	44.16	59.21	80.40	100.33	101.79
81	47.58	63.96	87.24	109.44	111.00
82	50.99	68.72	94.09	118.53	120.20
83	54.41	73.46	100.95	127.62	129.42
84	57.83	78.22	107.78	136.72	138.64

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 VA Series
Preferred Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.85	2.25	2.79	3.70	3.85
30-34	2.16	2.67	3.31	4.29	4.44
35-39	2.52	3.15	3.94	5.00	5.14
40	2.69	3.35	4.22	5.31	5.43
41	2.80	3.51	4.40	5.54	5.66
42	2.91	3.65	4.59	5.79	5.93
43	3.01	3.80	4.78	6.08	6.21
44	3.15	3.96	5.01	6.38	6.52
45	3.28	4.14	5.24	6.70	6.83
46	3.43	4.35	5.50	7.02	7.16
47	3.60	4.55	5.79	7.34	7.49
48	3.77	4.79	6.09	7.67	7.84
49	3.95	5.02	6.40	8.05	8.22
50	4.14	5.27	6.71	8.47	8.64
51	4.31	5.49	7.01	8.89	9.08
52	4.48	5.72	7.31	9.34	9.53
53	4.67	5.97	7.64	9.82	10.03
54	4.87	6.25	8.00	10.37	10.59
55	5.12	6.57	8.45	10.98	11.21
56	5.43	6.96	8.97	11.68	11.91
57	5.77	7.41	9.55	12.41	12.66
58	6.13	7.90	10.19	13.22	13.50
59	6.52	8.42	10.89	14.10	14.40
60	6.96	8.99	11.64	15.07	15.38
61	7.36	9.54	12.37	16.03	16.35
62	7.78	10.10	13.10	16.99	17.33
63	8.23	10.71	13.92	18.05	18.42
64	8.81	11.48	14.93	19.37	19.76
65	9.56	12.45	16.22	21.06	21.46
66	10.49	13.66	17.81	23.13	23.57
67	11.55	15.08	19.62	25.52	26.00
68	12.77	16.63	21.66	28.19	28.70
69	14.06	18.35	23.89	31.07	31.62
70	15.46	20.18	26.34	34.16	34.74
71	16.89	22.09	28.89	37.32	37.94
72	18.38	24.08	31.56	40.59	41.25
73	19.98	26.24	34.49	44.13	44.82
74	21.77	28.65	37.79	48.11	48.84
75	23.81	31.42	41.58	52.67	53.45
76	26.23	34.69	46.10	58.07	58.91
77	28.98	38.43	51.29	64.19	65.10
78	31.88	42.37	56.75	70.67	71.68
79	34.73	46.25	62.16	77.15	78.23
80	37.36	49.82	67.16	83.26	84.43
81	40.08	53.57	72.45	90.13	91.36
82	42.81	57.31	77.74	96.99	98.31
83	45.54	61.06	83.03	103.86	105.26
84	48.27	64.78	88.31	110.72	112.19

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Preferred Rate Per $1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.98	5.09	6.57	9.03	9.29
30-34	4.43	5.68	7.32	9.75	10.01
35-39	4.95	6.33	8.20	10.61	10.87
40	5.16	6.63	8.58	10.94	11.20
41	5.32	6.81	8.81	11.15	11.41
42	5.46	7.00	9.06	11.36	11.62
43	5.61	7.21	9.31	11.60	11.85
44	5.78	7.43	9.60	11.87	12.13
45	5.95	7.66	9.92	12.20	12.46
46	6.15	7.92	10.25	12.58	12.84
47	6.38	8.22	10.63	13.01	13.28
48	6.59	8.50	11.02	13.49	13.77
49	6.83	8.81	11.41	13.98	14.27
50	7.06	9.11	11.80	14.49	14.79
51	7.27	9.39	12.17	15.00	15.30
52	7.47	9.64	12.50	15.51	15.82
53	7.68	9.92	12.87	16.06	16.38
54	7.92	10.24	13.29	16.69	17.03
55	8.22	10.65	13.83	17.46	17.80
56	8.59	11.13	14.47	18.34	18.71
57	9.02	11.68	15.19	19.33	19.72
58	9.49	12.29	16.00	20.41	20.83
59	9.99	12.97	16.88	21.60	22.04
60	10.53	13.68	17.83	22.91	23.36
61	11.06	14.37	18.75	24.21	24.68
62	11.56	15.04	19.63	25.51	26.02
63	12.12	15.81	20.65	26.96	27.50
64	12.84	16.76	21.90	28.74	29.31
65	13.79	18.01	23.56	30.99	31.58
66	14.97	19.56	25.60	33.70	34.34
67	16.34	21.35	27.92	36.78	37.46
68	17.87	23.35	30.55	40.23	40.95
69	19.57	25.58	33.50	44.03	44.80
70	21.38	28.00	36.75	48.17	49.00
71	23.27	30.54	40.21	52.48	53.36
72	25.24	33.19	43.86	56.96	57.89
73	27.38	36.11	47.88	61.88	62.86
74	29.80	39.43	52.49	67.50	68.55
75	32.62	43.26	57.87	74.08	75.22
76	35.98	47.89	64.37	81.97	83.20
77	39.80	53.20	71.83	90.96	92.33
78	43.88	58.83	79.79	100.60	102.09
79	47.91	64.43	87.73	110.35	111.99
80	51.65	69.62	95.18	119.74	121.51
81	55.64	75.25	103.43	130.94	132.85
82	59.63	80.88	111.68	142.13	144.20
83	63.62	86.51	119.93	153.33	155.54
84	67.61	92.14	128.17	164.53	166.88

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Preferred Rate Per $1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.65	4.64	6.05	8.33	8.57
30-34	4.06	5.19	6.73	8.98	9.22
35-39	4.52	5.82	7.54	9.76	10.01
40	4.72	6.09	7.88	10.06	10.29
41	4.85	6.25	8.09	10.25	10.49
42	4.98	6.43	8.32	10.45	10.69
43	5.12	6.60	8.56	10.66	10.90
44	5.28	6.81	8.82	10.92	11.15
45	5.45	7.03	9.11	11.22	11.45
46	5.63	7.26	9.42	11.56	11.81
47	5.81	7.52	9.76	11.95	12.19
48	6.03	7.80	10.11	12.37	12.63
49	6.24	8.07	10.47	12.82	13.10
50	6.45	8.35	10.83	13.31	13.59
51	6.65	8.59	11.16	13.77	14.05
52	6.81	8.83	11.47	14.23	14.51
53	7.00	9.08	11.80	14.74	15.03
54	7.22	9.37	12.18	15.31	15.62
55	7.50	9.74	12.65	16.00	16.32
56	7.85	10.18	13.25	16.80	17.15
57	8.22	10.69	13.91	17.71	18.07
58	8.65	11.23	14.64	18.69	19.08
59	9.10	11.83	15.44	19.77	20.17
60	9.59	12.48	16.29	20.94	21.37
61	10.07	13.11	17.12	22.13	22.56
62	10.52	13.72	17.93	23.31	23.77
63	11.04	14.40	18.83	24.62	25.11
64	11.68	15.27	19.98	26.21	26.73
65	12.53	16.39	21.47	28.22	28.75
66	13.59	17.79	23.28	30.62	31.20
67	14.83	19.40	25.38	33.36	33.97
68	16.22	21.21	27.74	36.40	37.06
69	17.72	23.20	30.37	39.75	40.45
70	19.35	25.35	33.25	43.37	44.11
71	21.02	27.60	36.28	47.13	47.91
72	22.76	29.93	39.49	51.05	51.88
73	24.65	32.50	42.99	55.34	56.23
74	26.78	35.38	46.98	60.18	61.11
75	29.22	38.70	51.59	65.80	66.79
76	32.11	42.67	57.15	72.46	73.55
77	35.42	47.21	63.50	80.05	81.24
78	38.93	52.02	70.24	88.12	89.43
79	42.37	56.76	76.94	96.24	97.65
80	45.56	61.16	83.18	103.97	105.49
81	48.90	65.81	89.89	112.92	114.53
82	52.25	70.47	96.62	121.85	123.58
83	55.60	75.12	103.34	130.78	132.63
84	58.94	79.79	110.06	139.71	141.69

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Preferred Rate Per $1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.24	4.14	5.37	7.40	7.63
30-34	3.60	4.61	5.97	7.98	8.21
35-39	3.99	5.15	6.68	8.67	8.89
40	4.17	5.38	6.97	8.94	9.15
41	4.29	5.53	7.16	9.10	9.31
42	4.40	5.68	7.37	9.27	9.48
43	4.52	5.85	7.57	9.46	9.68
44	4.66	6.02	7.81	9.68	9.88
45	4.80	6.21	8.05	9.94	10.14
46	4.96	6.42	8.34	10.24	10.46
47	5.14	6.64	8.64	10.59	10.81
48	5.31	6.88	8.94	10.96	11.19
49	5.50	7.12	9.26	11.36	11.60
50	5.68	7.37	9.58	11.78	12.01
51	5.84	7.58	9.86	12.18	12.43
52	6.00	7.79	10.13	12.59	12.83
53	6.17	8.00	10.42	13.02	13.30
54	6.35	8.26	10.75	13.53	13.81
55	6.59	8.57	11.17	14.13	14.42
56	6.89	8.95	11.67	14.85	15.14
57	7.22	9.39	12.25	15.63	15.94
58	7.59	9.88	12.89	16.48	16.82
59	7.97	10.40	13.58	17.42	17.77
60	8.41	10.97	14.32	18.44	18.82
61	8.80	11.50	15.04	19.47	19.85
62	9.20	12.03	15.74	20.50	20.92
63	9.64	12.63	16.53	21.64	22.08
64	10.20	13.37	17.51	23.02	23.48
65	10.94	14.34	18.80	24.73	25.20
66	11.88	15.55	20.38	26.80	27.30
67	12.94	16.97	22.20	29.14	29.68
68	14.15	18.53	24.23	31.74	32.31
69	15.46	20.24	26.48	34.56	35.17
70	16.85	22.07	28.93	37.60	38.24
71	18.28	23.98	31.48	40.74	41.42
72	19.76	25.96	34.14	44.00	44.71
73	21.36	28.11	37.06	47.53	48.27
74	23.14	30.50	40.34	51.48	52.26
75	25.15	33.25	44.12	56.01	56.83
76	27.56	36.49	48.61	61.35	62.25
77	30.26	40.19	53.76	67.42	68.39
78	33.13	44.09	59.17	73.84	74.90
79	35.94	47.93	64.53	80.25	81.38
80	38.53	51.44	69.47	86.27	87.49
81	41.18	55.11	74.64	93.00	94.27
82	43.86	58.76	79.83	99.72	101.08
83	46.52	62.42	85.00	106.44	107.88
84	49.19	66.08	90.17	113.16	114.67

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm
Corporate Headquarters
1 State Farm Plaza
Bloomington, IL 61710-0001

October 10, 2017

Dear Ms. Houser,

This letter is in response to your objection dated August 29, 2017.

1. The Affected Forms numbers should appear exactly as approved. According to our records, the following form number was approved with a space between the number and VA:
99572 VA and 97058 VA. Please correct.

The correct form numbers 99572 VA and 97058 VA have been listed under Affected Forms on the Rate/Rule Schedule and Actuarial Memorandum.

2. Because the form numbers on the Rate Request Summary should reflect the form numbers exactly as approved as noted in objection one, please update the attached form which is used specifically for Long Term Care policies.

The rate request summary has been revised to reflect the form numbers exactly as approved.

3. The Form Schedule indicates the form number for the letter is 97058 VA which is actually the form number of the LTC policy to which this letter applies. Since the letter is considered a form, please add a form number to the bottom left hand corner of the letter for compliance with 14VAC5-100-50-1. Please update the Form Number column in the Form Schedule accordingly. Pursuant to 14VAC5-200-75 D 2 c, in the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections. Please confirm there are no partnership policies.

The form number for the notification letter has been changed to EXVA and added to the bottom left-hand corner of the letter. No policies in this filing have partnership status.

4. The following regards the document, "Demonstration of Options.pdf":
A) For Example 1, is the 5.14 factor based on the insured's attained age or insured's original issue age?
B) For Example 1, is the 2.06 factor based on the insured's attained age or insured's original issue age?
C) For Example 1, is the 11.26 factor based on the insured's attained age or insured's original issue age?

A) In example 1, the 5.14 factor is based on the insured's original issue age.
B) In example 2, the 2.06 factor is based on the insured's original issue age.
C) In example 3, the 11.26 factor is based on the insured's original issue age.

5. The following regards the Proposed Rate Table files:
Please provide all rates in an Excel file with working formulas in Supporting Documentation. Please illustrate that the increased premium is increased by the stated amount.

Please see the revised rate tables in Excel Format. Due to a rounding error in our spreadsheets, when some cells approached the new business cap they continued to receive slight increases (less than 1%) in later rounds when they should not have. This has been rectified in the revised tables. We have attached these new tables in the Rate/Rule tab in SERFF. Revised Rate Table Comparisons have also been attached to the Supporting Documentation tab.

<u>Issue age 50, compound rider, 90 EP, 5 year BP</u>
Current rate is $12.03. Management has a policy that we will not raise rates for than 40% in one year. If we apply the rate increase methodology of section XVI to the 5 year benefit period compound inflation business only, rates should only be raised 185%.

Year 1 proposed increase. $12.03*1.40 = $16.84. We compare this to the 185% cap as well as the unisex new business rate adjusted for the difference in the spousal discount. The spousal discount for the 97058 policy form is 20% while for the currently marketed 97063 form it is 30%. The new business rate for this example is $63.63 without a spousal discount. Comparing the proposed rate with the spousal discount ($16.84*0.8 = $13.47) to the new business rate with the spousal discount ($63.63*0.7 = $44.54), the proposed rate is still less than the new business rate. We are still below the 185% cap and the adjusted new business rate, so the proposed rate for year 1 is $16.84.

Year 2 proposed increase. $16.84*1.40 = $23.58. We compare this the 185% cap as well as the unisex new business rate adjusted for the difference in spousal discount. We are still below the 185% cap and the adjusted new business rate with spousal discount of $44.54, so the proposed rate for year 2 is $23.58.

Year 3 proposed increase. $23.58*1.40 = $33.01. We compare this the 185% cap as well as the unisex new business rate adjusted for the difference in spousal discount. We are still below the 185% cap and the adjusted new business rate with spousal discount of $44.54, so the proposed rate for year 3 is $33.01.

Year 4 proposed increase. A 40% increase here would cause us to exceed our internal cap of 185%. So, for year 4 the proposed increase is limited to 3.87%, which brings us to the cap of 185%. $33.01*1.0387 = $34.29. This is lower than the adjusted new business rate with spousal discount of $44.54, so the proposed rate for year 4 is $34.29.

Year 5 proposed increase. There is no increase for year 5 since we reached our internal cap of 185% in year 4.

6. The following regards the file: Virginia – Actuarial Memorandum and Certification (Pre-Rate Stability).pdf:
1) An important criteria for modeling the long-term care business is the marital status. Please explain why the Actuarial Memorandum does not mention the use of marital status for the calculation of mortality, lapse and morbidity.

Our morbidity assumption takes into account marital status. Different claim costs are applied in our projection based on marital status. Our lapse and mortality calculations are an aggregate assumption that we do not split by marital status. We combine all our LTC forms for our lapse and mortality study for

credibility purposes and we don't believe we would have credible data if we were to split those assumptions by marital status.

2) Section III: This item includes the number of in-force policies. Please include the Annualized Premium, in-force on the valuation date, for Virginia and Nationwide.

As of December 31, 2016 there were 237 policies in-force in Virginia with $327,299 in annualized premium and 21,468 policies in-force nationwide with $39,051,620 in annualized premium.

3) Section IV
A) This section does not mention a survivorship benefit (where the policy of the surviving spouse becomes paid-up after the first death of a spouse). Please confirm that no policies in this filing have a survivorship benefit.
B) Form the rate sheets, it appears that all policies in this filing have a lifetime premium-paying-period. Please confirm.
C) If there are in-force policies that are paid-up, please do not include them in the LOSS RATIO calculations.

A) We confirm that there are no policies in this filing that have a survivorship benefit.
B) We confirm that all policies in this filing have a lifetime premium-paying period.
C) We do not include paid-up policies in our L/R calculations.

4) Section XV
A) It appears that rate increases vary by a number of parameters: inflation protection option, benefit period, elimination period and issue age. Rather than making a broad statement that the rate increase varies form 0 – 300%, please summarize the rate increase by benefit option (maximum daily benefit, elimination period, underwriting classification, inflation protection option and issue age). Please be clear regarding which insureds will receive a rate increase and which insureds will not receive a rate increase.
B) For the purpose of this rate increase, does State Farm plan to offer a "Landing Spot" for insureds who coverage includes inflation protection?

A) The biggest driver of the increase is benefit period and inflation rider protections. Below is a table of average increases by benefit period and inflation rider protection as well as a table that provides the number of policyholders in each cell.

Average Increase

	Inflation Protection		
Benefit Period	**No Inflation**	**Simple**	**Compound**
2	0%	40%	125%
3	5%	70%	144%
5	20%	95%	184%
10	79%	-	185%
Lifetime	80%	178%	286%
Total	18%	117%	213%

Number of Policyholders

	Inflation Protection		
Benefit Period	**No Inflation**	**Simple**	**Compound**
2	16	13	5
3	22	19	17
5	25	18	22
10	1	0	3
Lifetime	7	37	32

Issue Age

In general, policyholders under the age of 60 (169 policyholders) will receive a 139% average increase. Policyholders 60 and over (68 policyholders) will receive a 70% average increase. Below are tables that provide more detail.

Issue Age	Number of Policyholders	Average Increase
18-39	19	111%
40-49	48	144%
50-59	102	142%
60-69	60	78%
70-79	8	13%

	No Increase	1 Increase	2 Increases	3 Increases	4 Increases	5 Increases
Issue Age	**0%**	**Less than 40%**	**>=40%, < 96%**	**>=96%, <174%**	**>=174%, <284%**	**>=284%, <300%**
18-39	2	5	2	2	7	1
40-49	5	5	4	14	11	9
50-59	1	23	12	20	30	16
60-69	5	24	9	16	6	-
70-79	3	4	1	0	0	0
Total	16	61	28	52	54	26

Benefit Period

The table below provides the average increase by benefit period. The 157 policyholders that have a benefit period of 5 years or less will receive a 72% average increase. The 80 policyholders with a 10 year or lifetime benefit period will receive a 212% average increase.

Benefit Period	Number of Policyholders	Average Increase
2	34	34%
3	58	67%
5	65	96%
10	4	159%
Lifetime	76	215%

Inflation options
See the table below for the average increase by inflation protection.

Inflation Rider	Number of Policyholders	Average Increase
None	71	18%
Simple	87	117%
Compound	79	213%

Elimination Period
See the table below for the average increase by elimination period.

Elimination Period	Number of Policyholders	Average Increase
30	101	129%
90	118	106%
180	18	151%

Out of the 237 post-rate stability policies in Virginia, 16 will not be receiving a rate increase.

B) State Farm has chosen not to offer a landing spot approach because of the administrative complexity. We provide several options for policyholders to reduce their benefits including reducing the daily benefit, reducing the benefit period, increasing the elimination period, and removing an optional rider.

5) Please add a section that presents the amount of the rate increase that is attributable to: mortality, lapse and morbidity. These three percentages should add to 100%.

Assumption	Portion of Rate Increase Attribution
Mortality	16.3%
Lapse	21.9%
Morbidity	61.8%

7. To calculate the rate increase, please present three LOSS RATIO exhibits in an Excel file:
Expected LOSS RATIO:
a) Initial rate-filing assumptions and the expected sales distribution. Please include the Margin for Adverse Experience ("MAE") related to morbidity
The LOSS RATIO in b) and c) will use historical values on the valuation date and prior:
b) Please use historical values on and prior to the valuation date. Please use assumptions from the Expected LOSS RATIO for the projection. Please include the MAE
c) Please use historical values on and prior to the valuation date. Please use new assumptions for the projection. Please include a column for the ALR. Please include the MAE.

To test the rate increase, please use the 58%/85% LOSS RATIO Test. For the 58% in this test, please use the greater of the Expected LOSS RATIO and 58%. For the 85% in this test, please use the greater of the Expected LOSS RATIO and 85%. Using the 58% or the 85% in the LOSS RATIO test when the Expected

LOSS RATIO is higher implies that State Farm intends to lower the Loss Ratio for all past and future initial premiums.

For the loss ratio exhibits, please see "Actual and Projected – Post-Rate Stability Only" and "Expected Loss Ratio Exhibit (Post)."

For the 58/85 loss ratio test, we are using the expected loss ratio of 68.3% in replacement of the 58%.

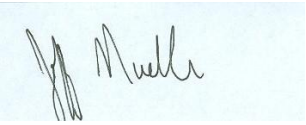
Present value of initial earned premium = $921,703,049
Present value of proposed premium rate increase schedule = $463,353,415 (1,385,056,464 – 921,703,049)
Present value of incurred claims (without 10% margin) = $1,211,862,721
Present value of incurred claims (with 10% margin) = $1,321,933,184

"58"/85 test without 10% margin:
0.683*921,703,049 + 0.85*463,353,415 = $1,023,373,585, which is < $1,211,862,721

"58"/85 test with 10% margin:
0.683*921,703,049 + 0.85*463,353,415 = $1,023,373,585, which is < $1,321,933,184

Please let us know if there is any additional information that we can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,



Jeff Mueller
Associate Actuary
State Farm Life/Health Actuarial
309-735-2224

97058 Series In-Force Rate Increase Filing Status

		First Round					Second Round					Third Round				
State	Years Sold	Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented	Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented	Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented
Alabama	2001-2004	Dec-12	Mar-13	Aug-13	33.0%	33%*	Jul-15	Oct-15	Jul-16	28.2%	15.7%	Feb-17	Apr-17	Nov-18	20.6%	20.6%
Alaska	2001-2004	Dec-12	Dec-12	Jul-13	31.0%	31.0%	Apr-14	Apr-14	Sep-14	36.5%	36.5%	Feb-16	Feb-16	Jul-16	17.2%	17.2%
Arizona	2002-2004	Mar-13	May-13	Oct-13	33.0%	33.0%	May-14	Jul-14	Dec-14	36.5%	36.5%	Feb-16	Disapproved	N/A	21.2%	
Arkansas	2002-2004	Feb-13	Apr-13	Sep-13	31.0%	5.0%	May-15	Jul-15	Dec-15	30.4%	6.1%	May-16	Jun-16	Dec-16	29.4%	11.9%
California	2002-2012	May-13	Dec-15	May-16	30.0%	16.1%	N/A									
Colorado	2001-2004	Apr-13	Apr-13	Sep-13	33.0%	33.0%	Jul-15	Sep-15	Feb-16	31.7%	20.7%	Jun-17	Disapproved		24.7%	
Connecticut	2003-2013						N/A									
Delaware	2002-2004	Jan-13	Mar-13	Jul-13	21.0%	21.0%	Apr-14	Apr-14	Sep-14	23.5%	23.5%	Nov-15	Dec-15	May-16	18.5%	11.4%
District of Columbia	2001-2004	Mar-13	May-13	Oct-13	9.0%	9.0%	May-14	Jul-14	Dec-14	10.0%	10.0%	Aug-15	Sep-15	Feb-16	9.1%	9.1%
Florida	2001-2004	Feb-13	Mar-14	Aug-14	30.0%	18.1%	Apr-15	Jul-15	Mar-16	33.0%	15.5%	May-16	Oct-16	Mar-17	32.4%	12.9%
Georgia	2002-2004	Jan-13	Mar-13	Aug-13	33.0%	14.0%	Apr-14	Jul-14	Dec-14	37.4%	14.6%	Jul-15	Oct-15	Mar-16	29.8%	8.0%
Hawaii	2001-2004	Mar-13	Sep-14	Mar-15	31.0%	31.0%	Jul-15	Feb-18	Aug-18	30.1%	30.1%**					
Idaho	2002-2004	Feb-13	Sep-13	Apr-14	27.0%	21.0%	May-14	Sep-14	Apr-15	34.9%	18.7%	Aug-15	Jan-16	Jun-16	22.7%	9.2%
Illinois	2001-2004	Nov-12	Withdrawn		32.0%		Jun-17	Oct-17	Apr-18	138.6%	138.6%**					
Indiana	2002-2012	Jul-13	Disapproved	N/A	33.0%		Mar-16	Disapproved	N/A	37.6%		Feb-17	Disapproved	N/A	37.6%	
Iowa	2001-2004	Feb-13	Jul-13	Jan-14	31.0%	31%*	Aug-15	Nov-15	Apr-16	28.3%	22.1%*	Oct-17	Dec-17	May-18	24.1%	11.3%
Kansas	2001-2004	Feb-13	Disapproved	N/A	32.0%		Feb-16	Jul-16	Dec-16	66.9%	66.9%					
Kentucky	2001-2004	Feb-13	May-13	Oct-13	31.0%	31.0%	Jul-15	Sep-15	Feb-16	28.6%	14.3%	Oct-16	Dec-16	Sep-17	24.5%	10.7%
Louisiana	2002-2004	Mar-13	Aug-13	Jan-14	23.0%	23.0%	Apr-14	Disapproved		24.2%		Jul-15	Nov-15	Apr-16	18.4%	7.4%
Maine	2001-2004	Apr-13	Jun-13	Jan-14	33.0%	28%*	Oct-15	1/6/16	Jun-16	32.6%	27.3%*	Dec-17	Dec-17	Jul-18	9.0%	9.0%
Maryland	2001-2004	Jan-13	Apr-13	Sep-13	14.0%	14.0%	May-14	Aug-14	Jan-15	14.9%	14.9%	Sep-15	Nov-15	Apr-16	13.4%	13.4%
Michigan	2001-2004	Dec-12	Dec-12	Jul-13	31.0%	31.0%	Apr-14	Apr-14	Sep-14	35.4%	35.4%	Feb-16	Feb-16	Jul-16	14.6%	14.6%
Minnesota	2001-2004	May-16	Aug-16	Jan-17	36.2%	36.2%**										
Mississippi	2001-2004	Feb-13	Apr-13	Sep-13	21.0%	21.0%	Apr-14	Apr-14	Sep-14	23.8%	23.8%	Aug-15	Sep-15	Feb-16	13.1%	13.1%
Missouri	2001-2004	Feb-13	Jul-13	Jan-14	33.0%	33%*	Aug-15	Aug-15	Jan-16	31.1%	31.1%	Aug-16	Aug-16	Jan-17	20.8%	20.8%*
Montana	2001-2004	Jan-13	Mar-13	Aug-13	32.0%	18.0%	Apr-14	Jul-14	Dec-14	36.3%	12.4%	Jul-15	Disapproved		27.7%	
Nebraska	2001-2004	Dec-12	Apr-13	Sep-13	34.0%	34.0%	May-14	Jan-15	Jun-15	36.7%	36.7%	Dec-15	Mar-16	Aug-16	20.5%	20.5%
Nevada	2001-2004	Dec-12	May-13	Oct-13	32.0%	10.0%	May-14	Feb-15	Jul-15	37.8%	37.8%*	Feb-17	May-17	Dec-17	24.4%	24.4%*
New Hampshire	2001-2004	Feb-13	Mar-13	Jul-13	37.0%	37.0%	May-14	Withdrawn		37.9%						
New Mexico	2002-2004	Jan-14	May-14	Sep-14	14.0%	14.0%	May-17	Jul-17	Dec-17	7.7%	7.7%	Apr-18	Jun-18	Jan-19	35.2%	7.6%*
New York	2002-2006	Apr-13	Oct-13	Jun-14	33.0%	5.0%	Oct-14	Disapproved		57.1%		Nov-16	Apr-17	Sep-17	5.0%	5.0%
North Carolina	2002-2004	Mar-13	Jul-13	Nov-13	31.0%	31.0%	Jun-14	Aug-14	Jun-15	35.6%	19.2%	Feb-17	Jun-17	Dec-17	20.9%	20.9%*
North Dakota	2001-2004	Dec-12	Jan-13	Jul-13	34.0%	14.0%	Apr-14	May-14	Oct-14	37.3%	14.4%	Jul-15	Aug-15	Jan-16	33.0%	12.6%
Ohio	2002-2004	Feb-13	Sep-13	Feb-14	32.0%	26.0%	Jul-15	Feb-16	Jul-16	29.6%	11.2%	Jan-17	Feb-17	Jul-17	11.4%	11.4%
Oklahoma	2001-2004	Feb-13	Apr-13	Sep-13	31.0%	21.0%	May-14	Jul-14	Dec-14	24.0%	24.0%	Jul-15	Jan-16	Jun-16	14.8%	6.9%
Oregon	2001-2004	Mar-13	Oct-13	Apr-14	33.0%	33.0%	Jun-14	Mar-15	Aug-15	33.5%	26.1%	Feb-16	Apr-16	Sep-16	24.1%	24.1%
Pennsylvania	2001-2004	Mar-13	Sep-13	Feb-14	32.0%	14.0%	Jun-14	Oct-14	Mar-15	36.7%	14.4%	Aug-15	Nov-15	Apr-16	27.4%	14.7%
South Carolina	2001-2004	Feb-13	May-13	Oct-13	32.0%	19.0%	Apr-14	Aug-14	Jan-15	19.3%	19.3%	Aug-15	Dec-15	Jul-16	22.4%	13.2%
South Dakota	2002-2004	Feb-13	Mar-13	Jul-13	32.0%	32.0%	May-14	May-14	Oct-14	37.1%	37.1%	Mar-16	Mar-16	Aug-16	20.8%	20.8%
Tennessee	2001-2004	Dec-12	Jul-13	Jan-14	33.0%	33%*	Aug-15	Nov-15	Sep-16	28.4%	28.4%	Apr-17	May-17	Oct-17	17.2%	2.8%
Texas	2002-2005	Apr-13	Disapproved	N/A	30.0%		Jun-17	Jun-18	Feb-19	134.1%	134.1%**					
Utah	2001-2004	Feb-13	Jun-13	Nov-13	31.0%	31.0%	Jun-14	Sep-14	Mar-15	36.1%	14.5%	Jul-18	Sep-18	Feb-19	11.7%	11.7%
Vermont	2002-2004	Apr-13	Disapproved	N/A	36.0%		N/A									
Virginia	2002-2004	Nov-13	Disapproved		34.0%		Jun-17	Pending		34.8%						
Washington	2002-2004	Mar-13	Apr-13	Sep-13	34.0%	34.0%	May-14	Jul-14	Dec-14	36.4%	36.4%	Feb-16	Sep-16	Feb-17	19.9%	19.9%
West Virginia	2001-2004	Jan-13	Jun-13	Jan-14	31.0%	31%*	Nov-15	Jan-16	Jun-16	25.2%	25.2%	Sep-18	Withdrawn		14.4%	
Wisconsin	2001-2004	Feb-13	Mar-13	Aug-13	25.0%	25.0%	Feb-16	Aug-16	Dec-16	21.8%	21.8%	Nov-18	Pending		19.1%	
Wyoming	2001-2004	Dec-12	Mar-13	Jul-13	31.0%	31.0%	May-14	May-14	Oct-14	36.2%	36.2%	Mar-16	Apr-16	Sep-16	14.8%	14.8%

***Rate increase phased-in over two years**
****Rate increase phased-in over three or more years**

12/5/2018

97058 Series In-Force Rate Increase Filing Status

				Fourth Round					Fifth Round					Sixth Round					
State	Years Sold	Policies in Force (as of year-end 2017)	Annualized Premiums (as of year-end 2017)	Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented	Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented	Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented	Cumulative Increase
Alabama	2001-2004	749	1,138,835																85.6%
Alaska	2001-2004	140	347,941	Oct-17	Nov-17	May-18	8.5%	8.5%											127.4%
Arizona	2002-2004	529	1,057,859																81.5%
Arkansas	2002-2004	287	337,782	Apr-17	May-17	Dec-17	27.2%	11.7%	May-18	Jun-18	Dec-18	23.4%	10.6%						54.0%
California	2002-2012	11,091	24,403,255																16.1%
Colorado	2001-2004	931	1,841,354																60.5%
Connecticut	2003-2013	83	181,362																0.0%
Delaware	2002-2004	70	146,066	Oct-16	Dec-16	Sep-17	10.9%	10.9%	Dec-17	Jan-18	Sep-18	10.6%	10.6%						104.2%
District of Columbia	2001-2004	9	26,110	Oct-16	Oct-16	Mar-17	9.2%	9.2%	Oct-17	Oct-17	Mar-18	9.2%	9.2%	Aug-18	Disapproved		9.3%		56.0%
Florida	2001-2004	2,303	4,382,579	Nov-17	Oct-18	Apr-19	21.1%	21.1%**											86.5%
Georgia	2002-2004	1,277	2,163,173	Oct-16	Dec-16	Sep-17	27.2%	9.5%	Dec-17	Feb-18	Sep-18	23.5%	10.7%						71.0%
Hawaii	2001-2004	385	702,839																70.4%
Idaho	2002-2004	256	473,783	Aug-18	Pending		19.7%												56.8%
Illinois	2001-2004	1,942	2,225,525																138.6%
Indiana	2002-2012	1,450	2,786,994																0.0%
Iowa	2001-2004	677	1,148,758	Aug-18	Nov-18	May-19	20.5%	10.7%											97.1%
Kansas	2001-2004	757	1,400,575																66.9%
Kentucky	2001-2004	409	733,760	Dec-17	Feb-18	Sep-18	19.2%	19.2%											97.6%
Louisiana	2002-2004	1,211	1,554,942	Oct-16	Jun-17	Nov-17	18.5%	10.4%	Mar-18	Disapproved		19.7%							45.8%
Maine	2001-2004	85	172,840																77.6%
Maryland	2001-2004	358	823,170	Jul-18	Dec-18	May-19	12.8%	9.9%											63.2%
Michigan	2001-2004	658	1,291,807	Oct-17	Nov-17	Jun-18	5.0%	5.0%											113.4%
Minnesota	2001-2004	935	1,390,845																36.2%
Mississippi	2001-2004	665	927,795	Oct-16	Oct-16	Mar-17	7.6%	7.6%	Sep-17	Mar-18	Aug-18	5.6%	5.6%						92.5%
Missouri	2001-2004	1,252	2,716,006	May-18	Jun-18	Jan-19	7.6%	4.7%											120.6%
Montana	2001-2004	190	300,576	Feb-17	Aug-17	Jan-18	28.2%	28.2%	Aug-18	Oct-18	Mar-19	23.2%	19.1%						102.5%
Nebraska	2001-2004	528	1,158,733	Nov-17	Feb-18	Aug-18	10.0%	10.0%											142.8%
Nevada	2001-2004	345	577,660																88.6%
New Hampshire	2001-2004	68	111,083																37.0%
New Mexico	2002-2004	341	514,696																32.1%
New York	2002-2006	455	876,794	May-18	Pending		5.0%												10.3%
North Carolina	2002-2004	736	1,395,592																88.8%
North Dakota	2001-2004	143	289,899	Oct-16	Oct-16	Mar-17	31.9%	13.0%	Oct-17	Nov-17	Apr-18	12.1%	12.1%	Aug-18	Sep-18	Apr-19	11.0%	11.0%	106.5%
Ohio	2002-2004	897	1,574,418	Nov-17	Nov-17	Jul-18	10.6%	10.6%											72.6%
Oklahoma	2001-2004	805	1,348,550	Oct-16	Nov-16	Jun-17	5.7%	5.7%	Oct-17	Jan-18	Jun-18	4.7%	4.7%	Nov-18	Pending		4.4%		77.5%
Oregon	2001-2004	1,370	2,966,339																108.1%
Pennsylvania	2001-2004	986	1,703,779	Jan-17	May-17	Oct-17	21.8%	12.7%	Apr-18	Jun-18	Nov-18	16.9%	16.9%						97.1%
South Carolina	2001-2004	700	938,134	Feb-17	Mar-17	Dec-17	16.3%	9.3%	Apr-18	Jun-18	Dec-18	13.6%	7.3%						88.5%
South Dakota	2002-2004	249	608,842	Oct-17	Nov-17	Jun-18	11.0%	11.0%											142.7%
Tennessee	2001-2004	942	1,692,540	Sep-18	Pending		15.5%												75.6%
Texas	2002-2005	3,982	5,177,158																134.1%
Utah	2001-2004	160	249,647																67.5%
Vermont	2002-2004	48	75,870																0.0%
Virginia	2002-2004	1,168	1,511,370																0.0%
Washington	2002-2004	974	2,499,955	Aug-18	Pending		12.0%												119.1%
West Virginia	2001-2004	184	345,156																64.0%
Wisconsin	2001-2004	362	719,976																52.3%
Wyoming	2001-2004	106	268,495	Oct-17	Dec-17	Jun-18	7.2%	7.2%											119.6%

***Rate increase phased-in over two years**
****Rate increase phased-in over three or more**

12/5/2018

State Farm
Corporate Headquarters
1 State Farm Plaza
Bloomington, IL 61710-0001

Dear Mr. Toone,

This letter is in response to your objection dated November 6, 2018.

Objection 1

In the Rate Action Information section of the Rate/Rule Schedule, please provide the previous State Filing Number. If this is the first rate filing since these forms were initially approved, please provide the original SERFF tracking number for these forms.

The previous State Filing number is STLH-129232272.

Objection 2

If this the first rate increase request since these policies were approved, please explain, given the much publicized issues and concerns with the adequacy of long term care rates over the last 10-15 years, why you have not requested a rate increase before now.

State Farm begin taking rate increases in 2012. Management decided to cap increases at 40% each year. We did ask for rate increases on two separate forms in Virginia in 2013. On this form (97058 form), the rate increase filing was disapproved because we were asked to file for our full amount that would allow us to certify that no further rate increases would be necessary.

It took a substantial amount of time to develop our ultimate rate need, taking into account emerging experience. Therefore, we waited a few years to file for the ultimate increase on this form and the 97059 form. We were then asked to no longer file for the ultimate increase, but rather file for a smaller increase and see how experience continues to emerge.

Objection 3

Please provide the percentage of earned premium left to be earned.

The Actual and Projected Nationwide Exhibit shows that the present value of future earned premium (381,242,556) to be earned is 41.4% of the total (921,747,591).

Objection 4

Please show a comparison between the Virginia requested increase and the requested increase in other states, including those that have been approved.

We have attached an updated 97058 In-force Rate Increase History to this objection. The average nationwide increase approved thus far is 61.6%. We are proposing an average 33.5% increase in Virginia.

Objection 5

Please show how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse.

Changes in reserves due to policyholders trigging the contingent benefit upon lapse have not been incorporated into this rate increase. We have taken multiple rounds of increases in various states that have resulted in no policyholders electing to lapse with contingent non-forfeiture benefits. It has no impact on our rate increase request.

In addition, we hold a premium deficiency reserve of $1.5 billion on this form.

Please let us know if there is any additional information that we can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,

Harrison Lin
Actuarial Analyst II
State Farm Life/Health Actuarial
309-735-0507

State Farm
Corporate Headquarters
1 State Farm Plaza
Bloomington, IL 61710-0001

Dear Mr. Toone,

This letter is in response to your objection dated February 28, 2019.

Objection 1

- *EXVA.1, Other, EX VA POLICYHOLDER NOTIFICATION LETTER (Form)*

Comments:
On page 2 of the letter, the paragraph that describes the Contingent Benefit upon Lapse has this statement, "This benefit would provide either a paid up policy based on premiums paid to date or a reduction of your base daily benefit to an amount that would retain your premium level prior to the increase." The Contingent Benefit upon Lapse does not provide for a reduction of benefits to maintain a level premium.

Please revise this statement by removing the section that begins with "...or a reduction of your base daily benefit to an amount ...".

14VAC5-200-185 6a states that if a substantial premium increase is implemented, the insurer should "offer to reduce policy benefits provided by the current coverage consistent with 14VAC5-200-183 so that required premium payments are not increased." The Contingent Benefit upon Lapse does provide for a reduction of benefits to maintain a level premium. Therefore, this option is required by Virginia regulation and should not be removed from the policyholder notification letter.

Objection 2

- *EXVA.1, Other, EX VA POLICYHOLDER NOTIFICATION LETTER (Form)*

Comments:
14VAC5-100-50 3 requires that a "form must be submitted in the final form in which it is to be marketed or issued, sufficiently completed in "John Doe" fashion to indicate how it is intended to be used, if formal approval is sought.

We have attached a revised policyholder notification letter in "John Doe" fashion.

Objection 3

- *EXVA.1, Other, EX VA POLICYHOLDER NOTIFICATION LETTER (Form)*

Comments:
In compliance with 14VAC5-200-75 A 1and 2, please revise the letter to include a statement that the policy may be subject to rate increases in the future, including the policyholder's options in the event of future increases.

We have added a statement to the letter to include a statement that the policy may be subject to rate increases in the future. In addition, we have amended Questions 3 and 8 in the policyholder letter Q&A. In the event of future increases, Question 2 of the policyholder letter lists options the policyholder can take to maintain the affordability of LTCI coverage.

Objection 4

- *EXVA.1, Other, EX VA POLICYHOLDER NOTIFICATION LETTER (Form)*

Comments:
In compliance with 14VAC5-200-75 D 2, please provide a clear explanation of the options available to the policyholder as alternatives to paying the increased premium.

Question 2 of the policyholder letter Q&A lists all options available to the policyholders as alternatives to paying the increased premium.

Please let us know if there is any additional information that we can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,

Harrison Lin
Actuarial Analyst II
State Farm Life/Health Actuarial
309-735-0507

State Farm Mutual Automobile Insurance Company

May 28, 2019

Greeley Health Operations Center
P.O. Box 339404
Greeley, Colorado 80633-9404

John Doe
1234 First Road
Arlington, Virginia 20330

Re: H000273 46
Form Number: 97058 VA

Dear John Doe:

As a valued State Farm Mutual Automobile Insurance Company (State Farm) customer, we are proud to serve your insurance and financial services needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

Lower than expected lapse rates and lower than expected mortality mean that State Farm anticipates paying more claims than originally expected. In addition, higher than expected claim costs means that State Farm expects to pay more on those claims than originally expected. These trends have led to pricing challenges for Long-Term Care insurance providers including State Farm. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims.

Your current Semi-Annual premium is $1,200. Your new Semi-Annual premium will be $1,250, effective on the next renewal date of your policy, June 3, 2019. Your billing notice will reflect the new premium.

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability and how the changes in the policy's current benefits may be used to reduce the rate increase. **Available options may not be of equal value.** These options will be available in the event of a future

increase and changes in the current benefits may be made at any time to reduce the rate increase.

You have the right to a new policy schedule reflecting the new premium rate schedule. Please contact your State Farm agent to obtain a new policy schedule. Please be sure to attach it to your policy.

Your current benefit selections include:

- Base daily benefit: $175
- Benefit factor: Lifetime
- Elimination period: 90 days
- Inflation protection: Compound
- Non-Forfeiture rider: Yes

Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge.

Because of this premium increase, you qualify for a contingent benefit upon lapse. This benefit is based on the age at which you purchased this policy, the percent of premium increases applied to date, and the duration of the policy (i.e. how long you have owned the policy). This benefit would provide a paid up policy based on premiums paid to date. The paid-up benefit will equal 100% of the sum of all premiums paid to date but in no case less than 30 times the daily nursing home benefit at the time of lapse not to exceed the maximum benefits which would be payable if the policy had remained in premium paying status. Your billing notice will provide additional detail as well as the opportunity to exercise this option. The contingent benefit upon lapse is separate from any non-forfeiture benefit that may have been purchased along with this policy.

The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

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

We appreciate your business and value you as a Long-Term Care customer.

Sincerely,

Policyholder Service
Health Insurance Division
State Farm Mutual Automobile Insurance Company

cc: Agent: Jane Doe, 46-1234
(123) 456-7890

Questions and Answers

1. Why does State Farm need to raise premium rates - can you explain further?

Both the cost of Long-Term Care, as well as Long-Term Care claims experience, are trending higher than anticipated. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business and adequately fund anticipated claims.

2. Is there an alternative to paying higher premiums?

Several options may exist to assist with maintaining the affordability of your LTCI coverage including: (1) Reducing the daily benefit. (2) Reducing the benefit factor. (3) Increasing the elimination period. (4) Removing the inflation protection benefit or changing from compound inflation protection to simple inflation protection where available. (5) Removing or exercising the non-forfeiture benefit rider.

These are options that can be considered and should be discussed with your State Farm Agent in order to make the best decision for your individual circumstances.

3. Does my Long-Term Care policy allow State Farm to raise my premiums?

Your Long-Term Care policy states that premiums are subject to change and that while we cannot change your policy benefits without your consent, we may change premium rates provided the rate change is for a defined group of policyholders and not a single individual. Your Long-Term Care Insurance premium rates are guaranteed for a period of 12 months following the effective date of this rate increase. After that, premium rates could be increased again if rates are determined to be inadequate to support future claims obligations (subject to review and approval by the Virginia State Corporation Commission). If a future premium increase is enacted, all current options to maintain the affordability of LTCI coverage as listed in Question 2 will also be available to you.

4. If I no longer live in the state where I purchased my policy, does the increase still apply?

Yes, the rate increase will apply to the state in which the policy was issued.

5. My policy is currently in claim status and I am receiving benefits. Do I have to pay the increased premium?

Premiums will be waived when an insured meets waiver of premium benefit eligibility requirements and is receiving claim benefits. Premiums at the new rate would begin if and when the insured's premium is no longer being waived.

6. What happens if I still cannot afford the premium even after reviewing my options as stated above?

After careful evaluation and discussion with your State Farm Agent, you will need to determine your insurance needs based on your individual circumstances and then make a decision regarding this policy. If premium is not received by the established due date, the policy will lapse for nonpayment of premium, unless you purchased a Nonforfeiture Benefit rider. You may also be eligible for a contingent benefit upon lapse. This option will be triggered if the policy lapses within 120 days of the due date of the new increased premium. If you qualify for contingent benefit upon lapse, you'll be notified on your billing notice and in this policyholder letter.

7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?

If you purchased a Nonforfeiture Benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture Benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums.

8. Will State Farm raise my premium on this policy again in the future?

Long-Term Care Insurance premium rates are not guaranteed. We anticipate seeking further rate increases in the future as experience continues to emerge (subject to review and approval by the Virginia State Corporation Commission). If a future premium increase is enacted, all current options to maintain the affordability of LTCI coverage as listed in Question 2 will also be available to you.

9. When will my premium increase be effective?

The increased premium will be effective on the next renewal date of your policy.

10. A family member and I bought the same policy. Why is the percentage of premium increase on my policy different than theirs?

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.

State Farm

State Farm
Corporate Headquarters
1 State Farm Plaza
Bloomington, IL 61710-0001

Dear Mr. Toone,

This letter is in response to your objection dated May 8, 2019.

Note: All letter changes made below were revised in the "97058 VA Policyholder Letter" and "97058 VA Policyholder Letter in John Doe format". They are also highlighted in yellow.

Objection 1

- *97058 VA, Other, EX VA POLICYHOLDER NOTIFICATION LETTER (Form)*

Comments:
14VAC5-200-185 D 3 requires that a Contingent Benefit upon Lapse will be triggered if the policy lapses within 120 days of the due date of the new increased premium.

Please revise section 6 of the Questions and Answers to include this statement.

A statement has been added to revise section 6 of the Questions and Answers.

Objection 2

- *97058 VA, Other, EX VA POLICYHOLDER NOTIFICATION LETTER (Form)*

Comments:
14VAC5-20-75 D requires that an insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificate holders, if applicable, at least 75 days prior to the implementation of the premium rate schedule increase by the insurer.

Please verify that all policyholders will be given a minimum of 75 days notice of this scheduled premium increase.

We verify that all policyholders will be given a minimum of 75 days notice of this scheduled premium increase.

Objection 3

- *97058 VA, Other, EX VA POLICYHOLDER NOTIFICATION LETTER (Form)*

Comments:

Please revise section 3 and 8 of the Questions and Answers part of the Policyholder Notification Letter by including a statement to the effect that if it is deemed necessary to enact another premium increase in the future, options similar those in this letter will be available then, also.

We have added this statement to both sections 3 and 8 of the Questions and Answers.

Objection 4

- *97058 VA, Other, EX VA POLICYHOLDER NOTIFICATION LETTER (Form)*

Comments:
In compliance with 14VAC5-200-75 A 3, please revise the letter to include the premium rate or rate schedule that will be in effect until the requested rate increase in put into place.

We have added the current premium amount to the letter.

Please let us know if there is any additional information that we can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,

Grant Wahlheim
Associate Actuary
State Farm Life/Health Actuarial
309-763-4861

State Farm
Corporate Headquarters
1 State Farm Plaza
Bloomington, IL 61710-0001

Dear Mr. Toone,

This letter is in response to your objection dated July 26, 2019.

The Virginia – Actuarial Memorandum and Certification (Post Rate Stability) was also revised. The only changes were to section XV. Maximum Allowable Rate Increase, and since the requested rate increase was not changed, no other documents required revisions. Changes to that section included as follows:

- *Revising the wording of Methodology 1 to better tie back to 14 VAC 5-200-153 B*
- *Correction of the indicated % from 107.0% to 259.1% in Methodology 1 to tie back to the formula in the regulation*
- *Adding clear indication in Methodology 2 that 1 needed subtracting from the total to arrive at the maximum average amount of 93.1%*
- *Changing to 88.0% to match the changes made in STLH-130740330.*
- *XVIII. Summary of Proposed Rate Increase also changed to 88.0% to match the other section.*

Objection 1

- Policyholder Notification Documentation (Supporting Document)

Comments:
Under the Date of Rate Increase field, the Statement of Variability lists fields "Mode" and "Policyholder Name". Please identify where these variable fields appear in the form with respect to this section.

Mode has been removed from the SOV, as this field was no longer needed when rate increase is not being taken over multiple years. Overall Rate Increase was also removed from the SOV for the same reason. Description of Premium Mode was also corrected.

Form EXVA has been corrected to add Policyholder Name, which can be found in the corrected header of pages 2 through 6.

Please let us know if there is any additional information that we can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,

Grant Wahlheim
Associate Actuary
State Farm Life/Health Actuarial
309-763-4861

State Farm
Corporate Headquarters
1 State Farm Plaza
Bloomington, IL 61710-0001

Dear Mr. Toone,

This letter is in response to your objection dated August 5, 2019.

The "97058 VA Policyholder Letter in John Doe format" document was also revised to incorporate the corrected header from the July 26, 2019 Objection Response.

Objection 1

- Policyholder Notification Documentation (Supporting Document)

Comments:
Please revise the SOV to show where the Policyholder Name and Policy Number have been added to the header of pages 2 through 6.

Policyholder Name was added to the SOV in the July 26, 2019 Objection Response, after [SECOND YEAR RENEWAL AMOUNT] and before [DAILY BENEFIT AMOUNT] to reflect the order where it first appears in the revised form. The Policy Number field is also used on page 1 and is listed in the SOV where that field first appears. No revisions have been made to the SOV since the current version appears to address these comments.

Please let us know if there is any additional information that we can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,

Grant Wahlheim
Associate Actuary
State Farm Life/Health Actuarial
309-763-4861

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)
08/12/2019	Withdrawn 10/16/2019	Supporting Document	97058 VA Policyholder Letter in John Doe format	10/14/2019	97058 VA Policyholder Letter in John Doe format.pdf (Superceded)
08/02/2019	Withdrawn 10/16/2019	Form	EXVA POLICYHOLDER NOTIFICATION LETTER	10/14/2019	97058 VA Policyholder Letter.pdf (Superceded)
05/28/2019	Withdrawn 10/16/2019	Supporting Document	97058 VA Policyholder Letter in John Doe format	08/12/2019	97058 VA Policyholder Letter in John Doe format.pdf (Superceded)
05/28/2019	Withdrawn 10/16/2019	Form	EXVA POLICYHOLDER NOTIFICATION LETTER	08/02/2019	97058 VA Policyholder Letter.pdf (Superceded)
01/16/2018	Withdrawn 10/16/2019	Supporting Document	Policyholder Notification Documentation	08/02/2019	VA Policy Schedule.pdf VA Policy Schedule - After Dropping Rider.pdf Nonforfeiture Letter.pdf Statement of Variability for EXVA Policyholder Letter.pdf (Superceded)
01/16/2018	Withdrawn 10/16/2019	Supporting Document	L&H Actuarial Memorandum	08/01/2019	Virginia - Actuarial Memorandum and Certification (Post Rate Stability).pdf (Superceded)

State Farm Mutual Automobile Insurance Company

May 28, 2019

Greeley Health Operations Center
P.O. Box 339404
Greeley, Colorado 80633-9404

John Doe
1234 First Road
Arlington, Virginia 20330

Re: H000273 46
Form Number: 97058 VA

Dear John Doe:

As a valued State Farm Mutual Automobile Insurance Company (State Farm) customer, we are proud to serve your insurance and financial services needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

Lower than expected lapse rates and lower than expected mortality mean that State Farm anticipates paying more claims than originally expected. In addition, higher than expected claim costs means that State Farm expects to pay more on those claims than originally anticipated. These trends have led to pricing challenges for Long-Term Care insurance providers including State Farm. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims.

Your current Semi-Annual premium is $1,200. Your new Semi-Annual premium will be $1,250, effective on the next renewal date of your policy, June 3, 2019. Your billing notice will reflect the new premium.

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability and how the changes in the policy's current benefits may be used to reduce the rate increase. **Available options may not be of equal value.** These options will be available in the event of a future

increase and changes in the current benefits may be made at any time to reduce the rate increase.

You have the right to a new policy schedule reflecting the new premium rate schedule. Please contact your State Farm agent to obtain a new policy schedule. Please be sure to attach it to your policy.

Your current benefit selections include:

- Base daily benefit: $175
- Benefit factor: Lifetime
- Elimination period: 90 days
- Inflation protection: Compound
- Non-Forfeiture rider: Yes

Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge.

Because of this premium increase, you qualify for a contingent benefit upon lapse. This benefit is based on the age at which you purchased this policy, the percent of premium increases applied to date, and the duration of the policy (i.e. how long you have owned the policy). This benefit would provide a paid up policy based on premiums paid to date. The paid-up benefit will equal 100% of the sum of all premiums paid to date but in no case less than 30 times the daily nursing home benefit at the time of lapse not to exceed the maximum benefits which would be payable if the policy had remained in premium paying status. Your billing notice will provide additional detail as well as the opportunity to exercise one of these options. The contingent benefit upon lapse is separate from any non-forfeiture benefit that may have been purchased along with this policy.

The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

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

We appreciate your business and value you as a Long-Term Care customer.

Sincerely,

Policyholder Service
Health Insurance Division
State Farm Mutual Automobile Insurance Company

cc: Agent: Jane Doe, 46-1234
(123) 456-7890

Questions and Answers

1. Why does State Farm need to raise premium rates - can you explain further?

Both the cost of Long-Term Care as well as Long-Term Care claims experience are trending higher than anticipated. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business and adequately fund anticipated claims.

2. Is there an alternative to paying higher premiums?

Several options may exist to assist with maintaining the affordability of your LTCI coverage including: (1) Reducing the daily benefit. (2) Reducing the benefit factor. (3) Increasing the elimination period. (4) Removing the inflation protection benefit or changing from compound inflation protection to simple inflation protection where available. (5) Removing or exercising the non-forfeiture benefit rider.

These are options that can be considered and should be discussed with your State Farm Agent in order to make the best decision for your individual circumstances.

3. Does my Long-Term Care policy allow State Farm to raise my premiums?

Your Long-Term Care policy states that premiums are subject to change and that while we cannot change your policy benefits without your consent, we may change premium rates provided the rate change is for a defined group of policyholders and not a single individual. Your Long-Term Care Insurance premium rates are guaranteed for a period of 12 months following the effective date of this rate increase. After that, premium rates could be increased again if rates are determined to be inadequate to support future claims obligations (subject to review and approval by the Virginia State Corporation Commission). If a future premium increase is enacted, all current options to maintain the affordability of LTCI coverage as listed in Question 2 will also be available to you.

4. If I no longer live in the state where I purchased my policy, does the increase still apply?

Yes, the rate increase will apply to the state in which the policy was issued.

5. My policy is currently in claim status and I am receiving benefits. Do I have to pay the increased premium?

Premiums will be waived when an insured meets waiver of premium eligibility requirements and is receiving claim benefits. Premiums at the new rate would begin if and when the insured's premium is no longer being waived.

6. What happens if I still cannot afford the premium even after reviewing my options as stated above?

After careful evaluation and discussion with your State Farm Agent, you will need to determine your insurance needs based on your individual circumstances and then make a decision regarding this policy. If payment is not received by the established due date, the policy will lapse for nonpayment of premium, unless you purchased a Nonforfeiture Benefit rider. You may also be eligible for a contingent benefit upon lapse. This option will be triggered if the policy lapses within 120 days of the due date of the new increased premium. If you qualify for contingent benefit upon lapse, you'll be notified on your billing notice and in this policyholder letter.

7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?

If you purchased a Nonforfeiture Benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture Benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums.

8. Will State Farm raise my premium on this policy again in the future?

Long-Term Care Insurance premium rates are not guaranteed. We anticipate seeking further rate increases in the future as experience continues to emerge (subject to regulatory approval). If a future premium increase is enacted, all current options to maintain the affordability of LTCI coverage as listed in Question 2 will also be available to you.

9. When will my premium increase be effective?

The increased premium will be effective on the next renewal date of your policy.

10. A family member and I bought the same policy. Why is the percentage of premium increase on my policy different than theirs?

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.

State Farm Mutual Automobile Insurance Company

<DATE>

Greeley Health Operations Center
P.O. Box 339404
Greeley, Colorado 80633-9404

<INSURED NAME & ADDRESS>

Re: <POLICY NUMBER>
Form Number: <FORM NUM>

Dear <INSURED NAME>:

As a valued State Farm Mutual Automobile Insurance Company (State Farm) customer, we are proud to serve your insurance and financial services needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

Lower than expected lapse rates and lower than expected mortality mean that State Farm anticipates paying more claims than originally expected. In addition, higher than expected claim costs means that State Farm expects to pay more on those claims than originally anticipated. These trends have led to pricing challenges for Long-Term Care insurance providers including State Farm. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims.

Your current <PREMIUM MODE> is <MODAL PREMIUM>. Your new <PREMIUM MODE> premium will be <MODAL PREMIUM>, effective on the next <ANNIVERSARY OR RENEWAL> date of your policy, <DATE OF RATE INCREASE>. Your billing notice will reflect the new premium.

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability and how the changes in the policy's current benefits may be used to reduce the rate increase. **Available options may not be of equal value.** These options will be available in the event of a future

increase and changes in the current benefits may be made at any time to reduce the rate increase.

You have the right to a new policy schedule reflecting the new premium rate schedule. Please contact your State Farm agent to obtain a new policy schedule. Please be sure to attach it to your policy.

Your current benefit selections include:

- Base daily benefit <DAILY BENEFIT AMOUNT>
- Benefit factor <BENEFIT FACTOR AMOUNT>
- Elimination period <ELIMINATION PERIOD AMOUNT>
- Inflation protection <INFLATION PROTECTION>
- Non-Forfeiture rider – <NON-FORFEITURE RIDER>

Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge.

<Because of this premium increase, you qualify for a contingent benefit upon lapse. This benefit is based on the age at which you purchased this policy, the percent of premium increases applied to date, and the duration of the policy (i.e. how long you have owned the policy). This benefit would provide a paid up policy based on premiums paid to date. The paid-up benefit will equal 100% of the sum of all premiums paid to date but in no case less than 30 times the daily nursing home benefit at the time of lapse not to exceed the maximum benefits which would be payable if the policy had remained in premium paying status. Your billing notice will provide additional detail as well as the opportunity to exercise one of these options. The contingent benefit upon lapse is separate from any non-forfeiture benefit that may have been purchased along with this policy.>

The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

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

We appreciate your business and value you as a Long-Term Care customer.

Sincerely,

Policyholder Service
Health Insurance Division
State Farm Mutual Automobile Insurance Company

cc: <AGENT NAME>, <PROCESSING STATE CODE>-<AGENT CODE>
<AGENT PHONE NUMBER>

Questions and Answers

1. Why does State Farm need to raise premium rates - can you explain further?

Both the cost of Long-Term Care as well as Long-Term Care claims experience are trending higher than anticipated. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business and adequately fund anticipated claims.

2. Is there an alternative to paying higher premiums?

Several options may exist to assist with maintaining the affordability of your LTCI coverage including: (1) Reducing the daily benefit. (2) Reducing the benefit factor. (3) Increasing the elimination period. (4) Removing the inflation protection benefit or changing from compound inflation protection to simple inflation protection where available. (5) Removing or exercising the non-forfeiture benefit rider.

These are options that can be considered and should be discussed with your State Farm Agent in order to make the best decision for your individual circumstances.

3. Does my Long-Term Care policy allow State Farm to raise my premiums?

Your Long-Term Care policy states that premiums are subject to change and that while we cannot change your policy benefits without your consent, we may change premium rates provided the rate change is for a defined group of policyholders and not a single individual. Your Long-Term Care Insurance premium rates are guaranteed for a period of 12 months following the effective date of this rate increase. After that, premium rates could be increased again if rates are determined to be inadequate to support future claims obligations (subject to review and approval by the Virginia State Corporation Commission). If a future premium increase is enacted, all current options to maintain the affordability of LTCI coverage as listed in Question 2 will also be available to you.

4. If I no longer live in the state where I purchased my policy, does the increase still apply?

Yes, the rate increase will apply to the state in which the policy was issued.

5. My policy is currently in claim status and I am receiving benefits. Do I have to pay the increased premium?

Premiums will be waived when an insured meets waiver of premium eligibility requirements and is receiving claim benefits. Premiums at the new rate would begin if and when the insured's premium is no longer being waived.

6. What happens if I still cannot afford the premium even after reviewing my options as stated above?

After careful evaluation and discussion with your State Farm Agent, you will need to determine your insurance needs based on your individual circumstances and then make a decision regarding this policy. If payment is not received by the established due date, the policy will lapse for nonpayment of premium, unless you purchased a Nonforfeiture Benefit rider. You may also be eligible for a contingent benefit upon lapse. This option will be triggered if the policy lapses within 120 days of the due date of the new increased premium. If you qualify for contingent benefit upon lapse, you'll be notified on your billing notice and in this policyholder letter.

7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?

If you purchased a Nonforfeiture Benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture Benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums.

8. Will State Farm raise my premium on this policy again in the future?

Long-Term Care Insurance premium rates are not guaranteed. We anticipate seeking further rate increases in the future as experience continues to emerge (subject to regulatory approval). If a future premium increase is enacted, all current options to maintain the affordability of LTCI coverage as listed in Question 2 will also be available to you.

9. When will my premium increase be effective?

The increased premium will be effective on the next renewal date of your policy.

10. A family member and I bought the same policy. Why is the percentage of premium increase on my policy different than theirs?

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.

State Farm

State Farm Mutual Automobile Insurance Company

May 28, 2019

Greeley Health Operations Center
P.O. Box 339404
Greeley, Colorado 80633-9404

John Doe
1234 First Road
Arlington, Virginia 20330

Re: H000273 46
Form Number: 97058 VA

Dear John Doe:

As a valued State Farm Mutual Automobile Insurance Company (State Farm) customer, we are proud to serve your insurance and financial services needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

Lower than expected lapse rates and lower than expected mortality mean that State Farm anticipates paying more claims than originally expected. In addition, higher than expected claim costs means that State Farm expects to pay more on those claims than originally anticipated. These trends have led to pricing challenges for Long-Term Care insurance providers including State Farm. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims.

Your current Semi-Annual premium is $1,200. Your new Semi-Annual premium will be $1,250, effective on the next renewal date of your policy, June 3, 2019. Your billing notice will reflect the new premium.

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability and how the changes in the policy's current benefits may be used to reduce the rate increase. **Available options may not be of equal value.** These options will be available in the event of a future

increase and changes in the current benefits may be made at any time to reduce the rate increase.

You have the right to a new policy schedule reflecting the new premium rate schedule. Please contact your State Farm agent to obtain a new policy schedule. Please be sure to attach it to your policy.

Your current benefit selections include:

- Base daily benefit: $175
- Benefit factor: Lifetime
- Elimination period: 90 days
- Inflation protection: Compound
- Non-Forfeiture rider: Yes

Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge.

Because of this premium increase, you qualify for a contingent benefit upon lapse. This benefit is based on the age at which you purchased this policy, the percent of premium increases applied to date, and the duration of the policy (i.e. how long you have owned the policy). This benefit would provide a paid up policy based on premiums paid to date. The paid-up benefit will equal 100% of the sum of all premiums paid to date but in no case less than 30 times the daily nursing home benefit at the time of lapse not to exceed the maximum benefits which would be payable if the policy had remained in premium paying status. Your billing notice will provide additional detail as well as the opportunity to exercise one of these options. The contingent benefit upon lapse is separate from any non-forfeiture benefit that may have been purchased along with this policy.

The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

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

State Farm Mutual Automobile Insurance Company

We appreciate your business and value you as a Long-Term Care customer.

Sincerely,

Policyholder Service
Health Insurance Division
State Farm Mutual Automobile Insurance Company

cc: Agent: Jane Doe, 46-1234
(123) 456-7890

State Farm

State Farm Mutual Automobile Insurance Company

Questions and Answers

1. Why does State Farm need to raise premium rates - can you explain further?

Both the cost of Long-Term Care as well as Long-Term Care claims experience are trending higher than anticipated. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business and adequately fund anticipated claims.

2. Is there an alternative to paying higher premiums?

Several options may exist to assist with maintaining the affordability of your LTCI coverage including: (1) Reducing the daily benefit. (2) Reducing the benefit factor. (3) Increasing the elimination period. (4) Removing the inflation protection benefit or changing from compound inflation protection to simple inflation protection where available. (5) Removing or exercising the non-forfeiture benefit rider.

These are options that can be considered and should be discussed with your State Farm Agent in order to make the best decision for your individual circumstances.

3. Does my Long-Term Care policy allow State Farm to raise my premiums?

Your Long-Term Care policy states that premiums are subject to change and that while we cannot change your policy benefits without your consent, we may change premium rates provided the rate change is for a defined group of policyholders and not a single individual. Your Long-Term Care Insurance premium rates are guaranteed for a period of 12 months following the effective date of this rate increase. After that, premium rates could be increased again if rates are determined to be inadequate to support future claims obligations (subject to review and approval by the Virginia State Corporation Commission). If a future premium increase is enacted, all current options to maintain the affordability of LTCI coverage as listed in Question 2 will also be available to you.

4. If I no longer live in the state where I purchased my policy, does the increase still apply?

Yes, the rate increase will apply to the state in which the policy was issued.

5. My policy is currently in claim status and I am receiving benefits. Do I have to pay the increased premium?

Premiums will be waived when an insured meets waiver of premium eligibility requirements and is receiving claim benefits. Premiums at the new rate would begin if and when the insured's premium is no longer being waived.

6. What happens if I still cannot afford the premium even after reviewing my options as stated above?

After careful evaluation and discussion with your State Farm Agent, you will need to determine your insurance needs based on your individual circumstances and then make a decision regarding this policy. If payment is not received by the established due date, the policy will lapse for nonpayment of premium, unless you purchased a Nonforfeiture Benefit rider. You may also be eligible for a contingent benefit upon lapse. This option will be triggered if the policy lapses within 120 days of the due date of the new increased premium. If you qualify for contingent benefit upon lapse, you'll be notified on your billing notice and in this policyholder letter.

7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?

If you purchased a Nonforfeiture Benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture Benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums.

8. Will State Farm raise my premium on this policy again in the future?

Long-Term Care Insurance premium rates are not guaranteed. We anticipate seeking further rate increases in the future as experience continues to emerge (subject to regulatory approval). If a future premium increase is enacted, all current options to maintain the affordability of LTCI coverage as listed in Question 2 will also be available to you.

9. When will my premium increase be effective?

The increased premium will be effective on the next renewal date of your policy.

10. A family member and I bought the same policy. Why is the percentage of premium increase on my policy different than theirs?

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.

State Farm Mutual Automobile Insurance Company

<DATE>

Greeley Health Operations Center
P.O. Box 339404
Greeley, Colorado 80633-9404

<INSURED NAME & ADDRESS>

Re: <POLICY NUMBER>
Form Number: <FORM NUM>

Dear <INSURED NAME>:

As a valued State Farm Mutual Automobile Insurance Company (State Farm) customer, we are proud to serve your insurance and financial services needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

Lower than expected lapse rates and lower than expected mortality mean that State Farm anticipates paying more claims than originally expected. In addition, higher than expected claim costs means that State Farm expects to pay more on those claims than originally anticipated. These trends have led to pricing challenges for Long-Term Care insurance providers including State Farm. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims.

Your current <PREMIUM MODE> is <MODAL PREMIUM>. Your new <PREMIUM MODE> premium will be <MODAL PREMIUM>, effective on the next <ANNIVERSARY OR RENEWAL> date of your policy, <DATE OF RATE INCREASE>. Your billing notice will reflect the new premium.

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability and how the changes in the policy's current benefits may be used to reduce the rate increase. **Available options may not be of equal value.** These options will be available in the event of a future

increase and changes in the current benefits may be made at any time to reduce the rate increase.

You have the right to a new policy schedule reflecting the new premium rate schedule. Please contact your State Farm agent to obtain a new policy schedule. Please be sure to attach it to your policy.

Your current benefit selections include:

- Base daily benefit <DAILY BENEFIT AMOUNT>
- Benefit factor <BENEFIT FACTOR AMOUNT>
- Elimination period <ELIMINATION PERIOD AMOUNT>
- Inflation protection <INFLATION PROTECTION>
- Non-Forfeiture rider – <NON-FORFEITURE RIDER>

Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge.

<Because of this premium increase, you qualify for a contingent benefit upon lapse. This benefit is based on the age at which you purchased this policy, the percent of premium increases applied to date, and the duration of the policy (i.e. how long you have owned the policy). This benefit would provide a paid up policy based on premiums paid to date. The paid-up benefit will equal 100% of the sum of all premiums paid to date but in no case less than 30 times the daily nursing home benefit at the time of lapse not to exceed the maximum benefits which would be payable if the policy had remained in premium paying status. Your billing notice will provide additional detail as well as the opportunity to exercise one of these options. The contingent benefit upon lapse is separate from any non-forfeiture benefit that may have been purchased along with this policy.>

The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

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

We appreciate your business and value you as a Long-Term Care customer.

Sincerely,

Policyholder Service
Health Insurance Division
State Farm Mutual Automobile Insurance Company

cc: <AGENT NAME>, <PROCESSING STATE CODE>-<AGENT CODE>
<AGENT PHONE NUMBER>

Questions and Answers

1. Why does State Farm need to raise premium rates - can you explain further?

Both the cost of Long-Term Care as well as Long-Term Care claims experience are trending higher than anticipated. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business and adequately fund anticipated claims.

2. Is there an alternative to paying higher premiums?

Several options may exist to assist with maintaining the affordability of your LTCI coverage including: (1) Reducing the daily benefit. (2) Reducing the benefit factor. (3) Increasing the elimination period. (4) Removing the inflation protection benefit or changing from compound inflation protection to simple inflation protection where available. (5) Removing or exercising the non-forfeiture benefit rider.

These are options that can be considered and should be discussed with your State Farm Agent in order to make the best decision for your individual circumstances.

3. Does my Long-Term Care policy allow State Farm to raise my premiums?

Your Long-Term Care policy states that premiums are subject to change and that while we cannot change your policy benefits without your consent, we may change premium rates provided the rate change is for a defined group of policyholders and not a single individual. Your Long-Term Care Insurance premium rates are guaranteed for a period of 12 months following the effective date of this rate increase. After that, premium rates could be increased again if rates are determined to be inadequate to support future claims obligations (subject to review and approval by the Virginia State Corporation Commission). If a future premium increase is enacted, all current options to maintain the affordability of LTCI coverage as listed in Question 2 will also be available to you.

4. If I no longer live in the state where I purchased my policy, does the increase still apply?

Yes, the rate increase will apply to the state in which the policy was issued.

5. My policy is currently in claim status and I am receiving benefits. Do I have to pay the increased premium?

Premiums will be waived when an insured meets waiver of premium eligibility requirements and is receiving claim benefits. Premiums at the new rate would begin if and when the insured's premium is no longer being waived.

6. What happens if I still cannot afford the premium even after reviewing my options as stated above?

After careful evaluation and discussion with your State Farm Agent, you will need to determine your insurance needs based on your individual circumstances and then make a decision regarding this policy. If payment is not received by the established due date, the policy will lapse for nonpayment of premium, unless you purchased a Nonforfeiture Benefit rider. You may also be eligible for a contingent benefit upon lapse. This option will be triggered if the policy lapses within 120 days of the due date of the new increased premium. If you qualify for contingent benefit upon lapse, you'll be notified on your billing notice and in this policyholder letter.

7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?

If you purchased a Nonforfeiture Benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture Benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums.

8. Will State Farm raise my premium on this policy again in the future?

Long-Term Care Insurance premium rates are not guaranteed. We anticipate seeking further rate increases in the future as experience continues to emerge (subject to regulatory approval). If a future premium increase is enacted, all current options to maintain the affordability of LTCI coverage as listed in Question 2 will also be available to you.

9. When will my premium increase be effective?

The increased premium will be effective on the next renewal date of your policy.

10. A family member and I bought the same policy. Why is the percentage of premium increase on my policy different than theirs?

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.

STATEMENT OF VARIABILITY

Long Term Care Insurance Policy
Form EXVA
Policyholder Notification Letter

The following bracketed items are considered variable.

[DATE] The date will change with each letter.

[INSURED NAME & ADDRESS]: This will be the address of the person applying for insurance.

[POLICY NUMBER]: This is a unique number assigned to the policyholder.

[FORM NUMBER]: This is a unique number assigned to a form.

[INSURED NAME]: This will be the name of the person who applied for and was issued a policy.

[OVERALL RATE INCREASE]: Combination of changes that result in a rate increase.

[ANNIVERSARY OR RENEWAL]: Date when the policy will renew.

[PREMIUM MODE]: Amount of premium based on selections made for coverage.

[MODAL PREMIUM]: The total premium for all persons covered based on the mode chosen.

[DATE OF RATE INCREASE]: Date the rate increased.

[MODE]: This will be either Quarterly, Semi-Annual, or Annual depending on mode selected.

[POLICYHOLDER NAME]: Name of Policyholder.

[DAILY BENEFIT AMOUNT]: The selected maximum daily benefit amount, ranging from $75 to a maximum of $400.

[BENEFIT FACTOR AMOUNT]: Benefit period of policy. This will be either 2 years, 5 years, 10 years, or lifetime.

[ELIMINATION PERIOD AMOUNT]:The elimination period is the number of days for which the company will not pay benefits, that eligible, covered, qualified long-term care services are provided and charged for before benefits can be paid. This will be 30 days, 90 days or 180 days.

[INFLATION PROTECTION]: Annually increases the Maximum Daily Benefit (MDB) and Maximum Lifetime Benefit (MLB) on the policy renewal date. Inflation protection level is 5%. If no inflation on policy, this line will not display.

[NON-FORFEITURE RIDER]: Provides for a continuation of coverage during the insured's lifetime if the insured stops paying premiums after the policy has been force for a specified time period.

[CONTINGENT BENEFIT UPON LAPSE]: This paragraph will be included depending on the policyholders rate increase. The contingent benefit upon lapse paragraph will display based on the requirements laid out in 14 VAC 5-200-185 and 14 VAC 5-200-150 (D). If a policyholder's increase exceeds the trigger percentages at any point in a series of increases, this paragraph will display at the time of each scheduled increase. If the policy was issued at least 20 years

prior to the effective date of the premium rate increase, this paragraph will display regardless of the amount of the increase.

[AGENT NAME]: The Agent's name.

[PROCESSING STATECODE]: Code of the state where the insured resides.

[AGENT CODE]: The Agent's Code.

[AGENT PHONE NUMBER]: The Agent's phone number.

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
BLOOMINGTON, ILLINOIS 61710
ACTUARIAL MEMORANDUM – RATE INCREASE

STATE FARM TAX QUALIFIED LONG TERM CARE INSURANCE POLICY FORMS 97058 VA
SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORMS 99572 VA
COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORMS 99573
NON-FORFEITURE RIDER FORMS 99574

I. PURPOSE

The purpose of this memorandum is to demonstrate that the lifetime loss ratio of this product after the proposed rate increase meets the minimum loss ratio requirements in Virginia. This memorandum is not suitable for other purposes.

II. GENERAL INFORMATION

A. Type of Policy: These are Individual Tax Qualified Long Term Care Insurance Policies.
B. Renewability: Guaranteed Renewable
C. Marketing Method: Sold through a captive agency force but are no longer marketed
D. Issue Ages: ages 18 through 84
E. Average Issue Age of inforce policies: 54

III. APPLICABILITY

This filing is applicable to all post-stabilization in-force policies and associated riders issued in Virginia on the above referenced forms. The 97058 VA form was marketed in Virginia between October 1, 2003 and August 1, 2004. These forms are no longer marketed in any state. As of December 31, 2016, there were 237 post-stabilization policies in Virginia with $327,299 in annualized premium and 21,468 post-stabilization policies nationwide with $39,051,620 in annualized premium.

IV. DESCRIPTION OF POLICY DESIGN AND COVERAGE

A. Forms 97058 VA: This form provides comprehensive Long Term Care Insurance coverage. After meeting an elimination period, benefits are paid on an expenses incurred basis. Covered expenses include: Home and Adult Day Care, Long Term Care Facility, Alternate Care Facility, Caregiver Training, Bed Reservation, Respite Care, and Medical Help System. Benefits may also be payable for other services, devices or types of care if they are part of an alternate plan of care which is agreed to by the insured, the insured's doctor, and State Farm. Premiums are waived while receiving care after the specified waiting period.

B. Optional Simple Automatic Increase Benefit Rider Forms 99572 VA: provides inflation protection by giving a 5% simple automatic benefit increase for each policy year.

C. Optional Compound Automatic Increase Benefit Rider Form 99573: provides compound automatic benefit increases of 5% for each policy year.

D. Optional Shortened Benefit Period Non-forfeiture Rider Form 99574: provides shortened benefit period non-forfeiture benefit if policy lapses after the third policy year.

V. REASON FOR RATE INCREASE

A rate increase is necessary due to significantly higher anticipated and lifetime loss ratios than expected. The higher loss ratios are primarily a result of lower voluntary lapse rates, lower mortality, and higher expected future claims costs.

The table below compares the present value of future incurred losses using original morbidity assumptions and our current assumptions as outlined below in Section VI. Current lapse and mortality assumptions are used in the projections for both original and current morbidity assumptions.

PV Future Incurred Losses Original Claim Costs	PV Future Incurred Losses Current Claim Costs	Ratio of Current to Original
822,498,630	1,149,547,141	1.40

VI. MORBIDITY ASSUMPTIONS

Original Assumptions

Sex distinct claim costs were developed from 1982, 1984, 1989, and 1994 National Term Care surveys and the 1985 National Nursing Home Survey. Adjustments were applied to account for underwriting and State Farm's distribution system.

Current Assumptions

Claim costs were developed using 2011 Milliman Inc. internal claim cost guidelines. These guidelines are a cooperative effort of Milliman Health actuaries and represent a combination of their experience, research, and judgment. These claim costs were developed based on the benefits provided under these forms.

The table below demonstrates our actual to expected loss ratio experience by year based on the actual distribution of business using the 2011 Milliman claim costs as our expected basis. State Farm experience shows an overall actual to expected ratio of 105.4%. 100% of the Milliman claim costs was chosen as the ultimate claim cost level in our projected experience.

The expected basis for the table below is the 2011 Milliman claims costs using actual termination information. This differs from the Virginia and Nationwide Actual to Expected exhibits attached to this filing in that the expected basis is actual sales and original pricing assumptions.

Year	Actual Loss Ratio	Expected Loss Ratio Based on 2011 Milliman Claim Costs	Actual to Expected Ratio
2001	0.0%	3.0%	0.0%
2002	0.7%	3.1%	22.8%
2003	6.9%	3.9%	177.3%
2004	5.8%	5.4%	107.1%
2005	13.5%	7.3%	184.1%
2006	13.5%	9.3%	145.6%
2007	12.7%	11.4%	111.3%
2008	12.4%	13.9%	89.7%
2009	18.8%	16.8%	112.0%
2010	17.9%	20.0%	89.3%
2011	19.6%	23.3%	84.3%
2012	29.8%	26.4%	113.1%
2013	29.7%	30.2%	98.3%
2014	46.2%	35.5%	130.1%
2015	39.7%	41.5%	95.8%
2016	44.0%	48.4%	91.0%
Total	**22.7%**	**21.6%**	**105.4%**

No future morbidity improvement was assumed in these claim costs.

VII. MORTALITY ASSUMPTION

Original Assumptions

The mortality assumption used in initial pricing was the 83GAM table with no selection factors.

Current Assumptions

Sex distinct mortality was assumed to follow the 2012 IAM Static table with 13 year selection factors, grading from 31% to 102% of the table over those 13 years, with the ultimate factor being 106% in years 14 and beyond. The selection factors for the first 18 years are based on actual mortality results on State Farm's long term care block. Actual and expected deaths include data from all policy forms for credibility purposes. The mortality assumption used in initial pricing was the 83GAM table with no selection factors.

Duration	Exposure	Actual Deaths	Expected Deaths Based on 2012IAM	Calculated Mortality Factor - As a % of 2012IAM	Expected Deaths from 83 GAM	Actual to Expected Based on Original Pricing Assumption
1	185,013	248	794	31%	1,082	23%
2	164,807	444	825	54%	1,149	39%
3	152,688	510	851	60%	1,210	42%
4	142,703	539	874	62%	1,268	42%
5	133,410	640	897	71%	1,326	48%
6	125,584	622	922	67%	1,388	45%
7	118,542	739	950	78%	1,456	51%
8	110,348	790	967	82%	1,508	52%
9	102,544	849	981	87%	1,553	55%
10	95,216	916	995	92%	1,599	57%
11	88,097	890	1,001	89%	1,630	55%
12	79,525	904	986	92%	1,623	56%
13	66,115	923	907	102%	1,502	61%
14+	104,842	1,954	1,839	106%	3,037	64%

No future mortality improvement was assumed in the projections.

VIII. VOLUNTARY LAPSE RATE ASSUMPTIONS

Original Assumptions

See the table below for the original pricing assumptions. The ultimate lapse rate assumed in original pricing was 2%.

Current Assumptions

Voluntary lapse rates are based on our nationwide long term care lapse experience. All policy forms except for form 97045 are included for credibility purposes. The following chart shows our actual lapse rate by duration through Dec. 31, 2015. These actual lapse rates by duration are used in the projection. The lapse rate assumed for projections of lifetime loss ratio in policy years 12+ is 0.66%.

Duration	Actual Exposures	Number of Lapses	Actual Lapse Rate	Original Pricing Lapse Rate	Actual to Expected Based on Original Pricing Assumption
1	123,547	13,827	11.19%	5.5%	2.03
2	107,901	5,809	5.38%	4.5%	1.20
3	96,499	3,264	3.38%	4.5%	0.75
4	86,944	2,337	2.69%	4.0%	0.67
5	78,948	1,690	2.14%	3.0%	0.71
6	71,862	1,361	1.89%	2.0%	0.95
7	65,073	1,061	1.63%	2.0%	0.82
8	58,042	733	1.26%	2.0%	0.63
9	51,126	573	1.12%	2.0%	0.56
10	42,208	400	0.95%	2.0%	0.47
11	31,084	316	1.02%	2.0%	0.51
12+	43,787	288	0.66%	2.0%	0.33

IX. SHOCK LAPSE ASSUMPTION

A shock lapse assumption of 2.32% after this proposed rate increase is included in our projections. Assumed lapse rates (see Section VIII) less than 2.32% are increased to 2.32% for the year following each year of this rate increase. This assumption is based on lapse experience after rate increases implemented to date on policy form 97058 series policies. We will continue to closely monitor policyholder behavior after rate increases.

Below is a chart showing the number of policyholders who have received a rate increase and the number who have lapsed after an increase on the 97058 policy series as of December 31, 2016.

Number of Policyholders Receiving Rate Increase	Number of Policyholders Lapsing After Rate Increase	Lapse Rate
67,806	1,574	2.32%

X. HISTORY OF RATE ADJUSTMENTS

There have been no past rate changes on in-force policyholders on these forms.

XI. AVERAGE ANNUAL PREMIUM

The average annual premium for this form and associated riders prior to this proposed rate increase is:

Virginia $1,381
Nationwide $1,612

The average annual premium for this form and associated riders after the rate increase is:

Virginia $1,843
Nationwide $2,188

The nationwide average annual premium figure was calculated assuming that the proposed rate increase in Virginia is implemented nationwide.

XII. MINIMUM LIFETIME LOSS RATIO

Policies issued after October 1, 2003 had no initial minimum loss ratio, but have a minimum loss ratio based on 58% of the original premium and 85% of any rate increase premium.

XIII. PAST, ANTICIPATED AND LIFETIME LOSS RATIO

Past and projected nationwide and Virginia experience are shown in the exhibits entitled Actual & Projected Nationwide Experience Exhibit and Actual & Projected Virginia Experience Exhibit. Projected premiums are shown both with and without the proposed rate increase. Future incurred claims reflect a 10% moderately adverse claim cost margin. See section XVIII and section XIV for further explanation.

Nationwide data is used to justify the proposed rates. The nationwide projection exhibit contains two columns of premiums. The first one titled "Earned Premium Current Rates" applies this state's specific pattern of prior increases to the nationwide original premium. This is done to avoid subsidization amongst states due to the allowance/disallowance of needed rate increases. Since there have been no prior increases in Virginia, these rates are equal to the original rates. The second premium column, "Earned Premium with Proposed Increase", reflects the proposed increase applied nationwide. A summary of the resulting loss ratios is shown below.

The lifetime loss ratio is calculated as the sum of the accumulated value of past incurred claims and the present value of anticipated incurred claims divided by the sum of the accumulated value of past earned premium and the present value of the anticipated earned premium. The present values and accumulated values are calculated at 4.5%.

The following table shows the present and accumulated values of nationwide premiums and claims at the valuation rate of 4.5%.

	Earned Premium Current Rates	Earned Premium with Proposed Increase	Incurred Claims	Loss Ratio Current Rates	Loss Ratio with Proposed Rates
Past	540,505,035	540,505,035	109,815,301	20.3%	20.3%
Anticipated	381,242,556	495,971,790	1,264,501,856	331.7%	255.0%
Lifetime	921,747,591	1,036,476,825	1,374,317,156	149.1%	132.6%

XIV. ORIGINAL PRICING MODERATELY ADVERSE

The following separate occurrences are shown as examples of what was considered to be moderately adverse experience in the original pricing assumptions. Any combination of assumptions that results in a similar decrease in profitability would also be considered moderately adverse.

- 29% drop in mortality rate
- 50% drop in voluntary lapse rate assumptions in every duration
- 10% increase in morbidity (claim costs)
- 100 basis point drop in investment income

Mortality
From Section VII above, actual deaths are approximately 50% less than the originally anticipated deaths. Therefore, mortality experience is outside the originally prescribed moderately adverse definition and a rate increase is justified.

Voluntary Lapse Rate
Although Section VIII shows lapse rates higher than originally projected, lapses have been significantly below expectations in later durations. Although lapse rates are not 50% lower in all

durations, we are currently projecting a 0.66% ultimate lapse rate, which is 67% lower than our originally estimated 2% ultimate lapse rate. The lower voluntary lapse rate has had a significant impact on our future lifetime loss ratios and has contributed to our need for a rate increase.

Morbidity (Claim Costs)
On a lifetime basis, updated claim costs are 40% higher than our original claim costs. Therefore, morbidity is outside the originally prescribed moderately adverse definition and a rate increase is justified.

XV. MAXIMUM ALLOWABLE RATE INCREASE

Methodology 1

14 VAC 5-200-153 B Methodology

Premium rate schedule increases shall be calculated such that the sum of the accumulated value of incurred claims, without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

(a) The accumulated value of the initial earned premium times 58%;

(b) 85% of the accumulated value of prior premium rate schedule increases on an earned basis;

(c) The value of incurred claims

(a) X 58% + (b) X 85% = C

921,747,591*.58 + 0*.85 = 1,374,317,156

This methodology results in an indicated average rate increase of 107.0%.

This increase is based on nationwide data.

Methodology 2

The maximum allowable rate increase was calculated so that the rate increase is less than:

(a) The accumulated value of incurred claims (1,374,317,156) divided by
(b) The lifetime loss ratio consistent with the original filing including margins for moderately adverse experience (77.2%)

which is then divided by

(c) The accumulated value of original premium (921,747,591)

Without recouping any past losses, the maximum amount of increase we can propose is 93.1%.

These policies share a same rate table with the pre-rate stability policies that are filed under SERFF STLH-130740330. Since the pre-rate stability policies are more restrictive, we will be using that lower proposed amount of 75.8%.

XVI. CONTINGENT BENEFIT UPON LAPSE

The proposed increase will trigger the contingent non-forfeiture benefit upon lapse for 1 VA policyholder.

XVII. ALLOCATION OF RATE INCREASE

Assumption	Portion of Rate Increase Attribution
Mortality	16.3%
Lapse	21.9%
Morbidity	61.8%

XVIII. SUMMARY OF PROPOSED RATE INCREASE

We are proposing an average rate increase of 35.7% based on the nationwide distribution of business. This results in an average increase of 33.5% in Virginia reflecting differences between the Virginia and nationwide distribution of business.

The requested premium rate schedule increase is not considered sufficient to cover the adverse impact of the changes to the assumptions in this filing. If an average rate schedule increase of 75.8% were requested and implemented and the underlying assumptions with additional margin for moderately adverse conditions are realized no further increases would be anticipated.

The proposed increase will vary by benefit period and inflation protection and will range from 0% to 40%. This proposed increase is reduced in cases where the maximum proposed increase would cause the new rates to be higher than the corresponding rate on our currently marketed long term care insurance product.

Most policyholders will be given the option to reduce coverage in an effort to reduce the rate impact of the proposed increase. Only policyholders who have coverage that is greater than issue requirements will have this option. Options available include:

- Reduce the daily benefit amount
- Decrease the benefit period
- Increase the eliminate period
- Remove an optional rider

A comparison of rates before and after the proposed change is included in the supporting documentation.

In addition, we are proposing a rate decrease on Form 99574 Shortened Benefit Period Non-forfeiture rider from 30% of the premium to 22% of the premium. This decrease will bring the rates on this rider to the same level as the rates on our currently marketed long term care insurance product.

XIX. MODERATELY ADVERSE ASSUMPTIONS

A 10% margin on claim costs is included in this filing to reflect moderately adverse experience.

Moderately adverse experience as used in the Actuarial Certification is defined as experience such that the ratio of the projected lifetime loss ratio using future assumptions that deviate from those in this filing to the projected lifetime loss ratio using the pricing assumptions included in this filing (including the 10% claim cost margin) is 100% or less.

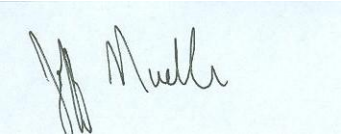
Any combination of changes in morbidity, mortality, and voluntary lapse rates that results in an actual to expected loss ratio of 100% or less is considered moderately adverse.

XX. ACTUARIAL CERTIFICATION

I certify that to the best of my knowledge and judgment this rate filing is in compliance with the applicable laws and rules of this Commonwealth and the premiums are reasonable in relation to

the benefits provided. This rate filing complies with all applicable Actuarial Standards of Practice including Actuarial Standard of Practice No. 8, “Regulatory Filings for Health Plan Entities” and Actuarial Standard of Practice No. 18, “Long-Term Care Insurance”.

In accordance with 14VAC5-200-153 B 4, I certify that the renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits. I certify that policy design, underwriting, and claims adjucation practices have been taken into consideration.



Jeff Mueller, FSA, MAAA

January 30, 2018
Date