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-130748934
SERFF Status:	Closed-Approved and Filed
State Tr Num:	STLH-130748934
State Status:	Approved & Filed
Co Tr Num:	2017 VA LTCI 97059 SERIES
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:	

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: *2017 VA LTCI 97059 SERIES/*

General Information

Project Name: 2017 VA LTCI 97059 SERIES
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 89.4%

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: Max Adler
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:
June 15, 2017

Subject: State Farm Mutual Automobile Insurance Company, NAIC # 176-25178
FEIN#: 37-0533100
Long Term Care Rate Revision
Policy Form 97059 and associated riders

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 97059VA and Rider Forms 99589VA, 99590, and 99591VA. The 97059VA was marketed in Illinois from August 2004 thru November 2008. The 97059 policy form is no longer marketed in any state. This filing represents an average increase of 89.4% based on Virginia distribution, to be implemented over a 3 year period. Rate increases will range from 0% to 40% each of the three years. There will be a rate decrease on the non-forfeiture rider form 99591VA. The rate for form 99591VA 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

The following are included with this filing:
- An actuarial memorandum including an actuarial certification
- Revised rate tables
- Comparison of Proposed Rates to Current Rates
- Actual and Projected Nationwide Experience
- Actual and Projected Illinois Experience

- Distribution of Business - Nationwide and Illinois
- Policyholder Notification and Q&A Letters

Sincerely,
Janel Allison
Actuarial Analyst I
State Farm Mutual Automobile Ins. Co.
(309) 763-7113

Company and Contact

Filing Contact Information

Jeff Mueller, Actuarial Analyst II
One State Farm Plaza
Bloomington, IL 61710

Jeff.Mueller.rthv@statefarm.com
309-735-2224 [Phone]
309-766-1827 [FAX]

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: *2017 VA LTCI 97059 SERIES/*

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
Info has been requested from company	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	12/05/2018	12/05/2018
Harrison Lin	01/31/2018	02/05/2018
Harrison Lin	10/16/2017	10/16/2017

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	EX VA POLICYHOLDER NOTIFICATION LETTER	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: *2017 VA LTCI 97059 SERIES/*

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	97059 VA Policyholder Letter in John Doe Format	Grant Wahlheim	10/14/2019	10/14/2019
Rate	Long Term Care Rate Tables	Harrison Lin	01/10/2018	02/05/2018
Supporting Document	L&H Actuarial Memorandum	Harrison Lin	01/15/2018	02/05/2018
Supporting Document	Long Term Care Insurance Rate Request Summary	Harrison Lin	01/15/2018	02/05/2018
Supporting Document	Actual And Projected Experience	Harrison Lin	01/15/2018	02/05/2018
Supporting Document	Rate Table Comparison	Harrison Lin	01/15/2018	02/05/2018
Supporting Document	Actual to Expected Exhibit	Harrison Lin	01/15/2018	02/05/2018
Supporting Document	Rate Increase Status by State	Harrison Lin	01/15/2018	02/05/2018
Supporting Document	VA Questionnaire	Harrison Lin	01/15/2018	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

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: *2017 VA LTCI 97059 SERIES/*

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	49.900%	49.600%	$653,111	753	$1,316,756	63.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document (revised)	Product Checklist	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Withdrawn	No
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document (revised)	Actual And Projected Experience	Received & Acknowledged	Yes
Supporting Document	Actual And Projected Experience	Withdrawn	No
Supporting Document (revised)	Rate Table Comparison	Received & Acknowledged	Yes
Supporting Document	Rate Table Comparison	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: 2017 VA LTCI 97059 SERIES/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Rate Table Comparison	Withdrawn	No
Supporting Document (revised)	Actual to Expected Exhibit	Received & Acknowledged	Yes
Supporting Document	Actual to Expected Exhibit	Withdrawn	No
Supporting Document	Distribution of Business	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Letter	Received & Acknowledged	Yes
Supporting Document	Policyholder Letter	Withdrawn	Yes
Supporting Document	Policyholder Letter	Withdrawn	No
Supporting Document	Policyholder Letter	Withdrawn	No
Supporting Document (revised)	Rate Increase Status by State	Received & Acknowledged	Yes
Supporting Document	Rate Increase Status by State	Withdrawn	No
Supporting Document (revised)	VA Questionnaire	Received & Acknowledged	Yes
Supporting Document	VA Questionnaire	Withdrawn	No
Supporting Document	Objection Response 8-31-2017	Received & Acknowledged	Yes
Supporting Document	Objection Response 11-6-2018	Received & Acknowledged	Yes
Supporting Document	Objection Response 3-14-2019	Received & Acknowledged	Yes
Supporting Document (revised)	97059 VA Policyholder Letter in John Doe Format	Received & Acknowledged	Yes
Supporting Document	97059 VA Policyholder Letter in John Doe Format	Withdrawn	Yes
Supporting Document	97059 VA Policyholder Letter in John Doe Format	Withdrawn	Yes
Supporting Document	97059 VA Policyholder Letter in John Doe Format	Withdrawn	No
Supporting Document	97059 VA Policyholder Letter in John Doe Format	Withdrawn	No
Supporting Document	Objection Response 5-8-2019	Received & Acknowledged	Yes
Supporting Document	Objection Response 7-26-2019	Received & Acknowledged	Yes
Supporting Document	Objection Response 8-5-2019	Received & Acknowledged	Yes
Form (revised)	EX VA POLICYHOLDER NOTIFICATION LETTER	Filed	Yes
Form	EX VA POLICYHOLDER NOTIFICATION LETTER	Withdrawn	Yes
Form	EX VA POLICYHOLDER NOTIFICATION LETTER	Withdrawn	Yes
Form	EX VA POLICYHOLDER NOTIFICATION LETTER	Withdrawn	No
Form	EX VA POLICYHOLDER NOTIFICATION LETTER	Withdrawn	No
Form	EX VA POLICYHOLDER NOTIFICATION LETTER	Withdrawn	No
Form	EX VA POLICYHOLDER NOTIFICATION LETTER	Withdrawn	No
Rate (revised)	Long Term Care Rate Tables	Approved	Yes

State: *Virginia*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2017 VA LTCI 97059 SERIES/*
Filing Company: *State Farm Mutual Automobile Insurance Company*

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Long Term Care Rate Tables	Withdrawn	No
Rate	Long Term Care 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:	*2017 VA LTCI 97059 SERIES/*		

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 Jeff Mueller,

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 Letter (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:	*2017 VA LTCI 97059 SERIES/*		

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 Jeff Mueller,

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 Letter (Supporting Document)

Comments: Under the Third Year Renewal Amount the Statement of Variability lists field Policyholder Name. Please identify where this variable field appears 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:	2017 VA LTCI 97059 SERIES/		

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 Jeff Mueller,

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

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA.1 (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

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA.1 (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

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA.1 (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

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA.1 (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.

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:	2017 VA LTCI 97059 SERIES/		

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:	2017 VA LTCI 97059 SERIES/		

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 Jeff Mueller,

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:	2017 VA LTCI 97059 SERIES/		

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 Jeff Mueller,

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

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA.1 (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

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA.1 (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

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA.1 (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

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA.1 (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.

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:	2017 VA LTCI 97059 SERIES/		

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:	2017 VA LTCI 97059 SERIES/		

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 Jeff Mueller,

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

- Long Term Care Rate Tables, [97059 VA, 99589 VA, 99590, 99591 VA] (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:	*2017 VA LTCI 97059 SERIES/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/29/2018
Submitted Date	01/29/2018
Respond By Date	02/12/2018

Dear Jeff Mueller,

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

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: According to your response, the form number 97059 VA was added to the lower left hand corner of the letter. That does not appear to be the case. The Form Schedule indicates the Form Number is EXVA which corresponds with the form number attached to STLH-130740474.

If the Company wishes to use EXVA for this filing, please move the letter in the Form Schedule to Supporting Documentation since the letter is already on file and may not be filed again.

Objection 2

- 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 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:	2017 VA LTCI 97059 SERIES/		

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 Jeff Mueller,

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

- Long Term Care Rate Tables, [97059VA, 99589VA, 99590, 99591VA] (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:

99589 VA, 97059 VA and 99591 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, 97059 VA (Form)

Comments: The Form Schedule indicates the form number for the letter is 97059 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 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 from 0 174%, 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 LOSS RATIO calculations in this filing.

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

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:	2017 VA LTCI 97059 SERIES/		

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 four 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

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: 2017 VA LTCI 97059 SERIES/

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 the Objection Response 8-5-2019 document below.

Related Objection 1

Applies To:

- Policyholder Letter (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: *2017 VA LTCI 97059 SERIES/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	97059 VA Policyholder Letter in John Doe Format
Comments:	
Attachment(s):	97059 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 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: *2017 VA LTCI 97059 SERIES/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	97059 VA Policyholder Letter in John Doe Format
Comments:	
Attachment(s):	97059 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 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: 2017 VA LTCI 97059 SERIES/

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 Letter (Supporting Document)

Comments: Under the Third Year Renewal Amount the Statement of Variability lists field Policyholder Name. Please identify where this variable field appears in the form with respect to this section.

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: *2017 VA LTCI 97059 SERIES/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification.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: 2017 VA LTCI 97059 SERIES/

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

Satisfied - Item:	Policyholder Letter
Comments:	
Attachment(s):	Nonforfeiture Letter.pdf VA Policy Schedule - After Dropping Rider.pdf VA Policy Schedule.pdf Statement of Variability for EXVA.1 Policyholder Letter.pdf
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Nonforfeiture Letter.pdf* *VA Policy Schedule - After Dropping Rider.pdf* *VA Policy Schedule.pdf* *Statement of Variability for EXVA.1 Policyholder Letter.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	*The Policyholder Notification Letter has been attached to the "Form Schedule" tab.*
Attachment(s):	*Nonforfeiture Letter.pdf* *VA Policy Schedule - After Dropping Rider.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: 2017 VA LTCI 97059 SERIES/

	VA Policy Schedule.pdf Statement of Variability for 97059 VA Policyholder Letter.pdf
Previous Version	
Satisfied - Item:	Policyholder Letter
Comments:	The Policyholder Notification Letter has been attached to the "Form Schedule" tab.
Attachment(s):	Statement of Variability for 97059VA Policyholder Letter.pdf VA Policy Schedule.pdf VA Policy Schedule - After Dropping Rider.pdf Nonforfeiture Letter.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: 2017 VA LTCI 97059 SERIES/

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

Satisfied - Item:	Policyholder Letter
Comments:	
Attachment(s):	Nonforfeiture Letter.pdf VA Policy Schedule - After Dropping Rider.pdf VA Policy Schedule.pdf Statement of Variability for EXVA.1 Policyholder Letter.pdf
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	
Attachment(s):	*Nonforfeiture Letter.pdf* *VA Policy Schedule - After Dropping Rider.pdf* *VA Policy Schedule.pdf* *Statement of Variability for EXVA.1 Policyholder Letter.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	*The Policyholder Notification Letter has been attached to the "Form Schedule" tab.*
Attachment(s):	*Nonforfeiture Letter.pdf* *VA Policy Schedule - After Dropping Rider.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: 2017 VA LTCI 97059 SERIES/

	VA Policy Schedule.pdf *Statement of Variability for 97059 VA Policyholder Letter.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	*The Policyholder Notification Letter has been attached to the "Form Schedule" tab.*
Attachment(s):	*Statement of Variability for 97059VA 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: 2017 VA LTCI 97059 SERIES/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EX VA POLICYHOLDER NOTIFICATION LETTER	EXVA.1	OTH	Other		44.500	97059 VA Policyholder Letter.pdf	Date Submitted: 08/02/2019 By: Grant Wahlheim
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA.1*	*OTH*	*Other*		*44.500*	*97059 VA Policyholder Letter.pdf*	*Date Submitted: 07/07/2019 By: Grant Wahlheim*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA.1*	*OTH*	*Other*		*44.500*	*97059 VA Policyholder Letter.pdf*	*Date Submitted: 05/01/2019 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA.1*	*OTH*	*Other*		*45.300*	*97059 VA Policyholder Letter.pdf*	*Date Submitted: 02/05/2018 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97059 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97059 VA*	*OTH*	*Other*		*42.400*	*97059 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
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2017 VA LTCI 97059 SERIES/
Filing Company: State Farm Mutual Automobile Insurance Company

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:

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA.1 (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:

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: *2017 VA LTCI 97059 SERIES/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	97059 VA Policyholder Letter in John Doe Format
Comments:	
Attachment(s):	97059 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	97059 VA Policyholder Letter in John Doe Format
Comments:	
Attachment(s):	97059 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 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: 2017 VA LTCI 97059 SERIES/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EX VA POLICYHOLDER NOTIFICATION LETTER	EXVA.1	OTH	Other		44.500	97059 VA Policyholder Letter.pdf	Date Submitted: 07/07/2019 By: Grant Wahlheim
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA.1*	*OTH*	*Other*		*44.500*	*97059 VA Policyholder Letter.pdf*	*Date Submitted: 05/01/2019 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA.1*	*OTH*	*Other*		*45.300*	*97059 VA Policyholder Letter.pdf*	*Date Submitted: 02/05/2018 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97059 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97059 VA*	*OTH*	*Other*		*42.400*	*97059 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:

- *EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA.1 (Form)*

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: 2017 VA LTCI 97059 SERIES/

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:	97059 VA Policyholder Letter in John Doe Format
Comments:	
Attachment(s):	97059 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 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: *2017 VA LTCI 97059 SERIES/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	97059 VA Policyholder Letter in John Doe Format
Comments:	
Attachment(s):	97059 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 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: 2017 VA LTCI 97059 SERIES/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EX VA POLICYHOLDER NOTIFICATION LETTER	EXVA.1	OTH	Other		44.500	97059 VA Policyholder Letter.pdf	Date Submitted: 07/07/2019 By: Grant Wahlheim
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA.1*	*OTH*	*Other*		*44.500*	*97059 VA Policyholder Letter.pdf*	*Date Submitted: 05/01/2019 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA.1*	*OTH*	*Other*		*45.300*	*97059 VA Policyholder Letter.pdf*	*Date Submitted: 02/05/2018 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97059 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97059 VA*	*OTH*	*Other*		*42.400*	*97059 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:

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA.1 (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.

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: *2017 VA LTCI 97059 SERIES/*

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	97059 VA Policyholder Letter in John Doe Format
Comments:	
Attachment(s):	97059 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*

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Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 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: 2017 VA LTCI 97059 SERIES/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EX VA POLICYHOLDER NOTIFICATION LETTER	EXVA.1	OTH	Other		44.500	97059 VA Policyholder Letter.pdf	Date Submitted: 07/07/2019 By: Grant Wahlheim
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA.1*	*OTH*	*Other*		*44.500*	*97059 VA Policyholder Letter.pdf*	*Date Submitted: 05/01/2019 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA.1*	*OTH*	*Other*		*45.300*	*97059 VA Policyholder Letter.pdf*	*Date Submitted: 02/05/2018 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97059 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97059 VA*	*OTH*	*Other*		*42.400*	*97059 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:

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA.1 (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.

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: *2017 VA LTCI 97059 SERIES/*

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	97059 VA Policyholder Letter in John Doe Format
Comments:	
Attachment(s):	97059 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	97059 VA Policyholder Letter in John Doe Format
Comments:	
Attachment(s):	97059 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 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: 2017 VA LTCI 97059 SERIES/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EX VA POLICYHOLDER NOTIFICATION LETTER	EXVA.1	OTH	Other		44.500	97059 VA Policyholder Letter.pdf	Date Submitted: 07/07/2019 By: Grant Wahlheim
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA.1*	*OTH*	*Other*		*44.500*	*97059 VA Policyholder Letter.pdf*	*Date Submitted: 05/01/2019 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA.1*	*OTH*	*Other*		*45.300*	*97059 VA Policyholder Letter.pdf*	*Date Submitted: 02/05/2018 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97059 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97059 VA*	*OTH*	*Other*		*42.400*	*97059 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: 2017 VA LTCI 97059 SERIES/

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:	97059 VA Policyholder Letter in John Doe Format
Comments:	
Attachment(s):	97059 VA Policyholder Letter in John Doe format.pdf
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 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: 2017 VA LTCI 97059 SERIES/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EX VA POLICYHOLDER NOTIFICATION LETTER	EXVA.1	OTH	Other		44.500	97059 VA Policyholder Letter.pdf	Date Submitted: 05/01/2019 By: Harrison Lin
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA.1*	*OTH*	*Other*		*45.300*	*97059 VA Policyholder Letter.pdf*	*Date Submitted: 02/05/2018 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97059 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97059 VA*	*OTH*	*Other*		*42.400*	*97059 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 06/15/2017 By: Janel Allison*

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: 2017 VA LTCI 97059 SERIES/

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:

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA.1 (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 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:

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA.1 (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 3-14-2019.pdf

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

Satisfied - Item:	97059 VA Policyholder Letter in John Doe Format
Comments:	
Attachment(s):	97059 VA Policyholder Letter in John Doe format.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:

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA.1 (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.

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: 2017 VA LTCI 97059 SERIES/

Changed Items:

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

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA.1 (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 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: 2017 VA LTCI 97059 SERIES/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/05/2018
Submitted Date	12/05/2018

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see Objection Response below.

Related Objection 1

Applies To:

- Long Term Care Rate Tables, [97059 VA, 99589 VA, 99590, 99591 VA] (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 11-6-2018
Comments:	
Attachment(s):	Objection Response 11-6-2018.pdf 97059 Inforce Rate Increase History.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see Objection Response.

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 11-6-2018
Comments:	
Attachment(s):	Objection Response 11-6-2018.pdf 97059 Inforce Rate Increase History.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see Objection Response.

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 11-6-2018
Comments:	
Attachment(s):	Objection Response 11-6-2018.pdf 97059 Inforce Rate Increase History.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see Objection Response.

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 11-6-2018
Comments:	
Attachment(s):	Objection Response 11-6-2018.pdf 97059 Inforce Rate Increase History.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see Objection Response.

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: 2017 VA LTCI 97059 SERIES/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 11-6-2018
Comments:	
Attachment(s):	Objection Response 11-6-2018.pdf 97059 Inforce Rate Increase History.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: 2017 VA LTCI 97059 SERIES/

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 are leaving this letter on the form tab because we are proposing a slightly different letter for the 97058 and 97059 forms. This is because we are asking for an ultimate increase for the 97059 block of business. We have left the letter on the Forms tab and changed the Form Number to EXVA.1 and edited that in the letter and supporting documentation.

Related Objection 1

Applies To:

- EX VA POLICYHOLDER NOTIFICATION LETTER, EXVA (Form)

Comments: According to your response, the form number 97059 VA was added to the lower left hand corner of the letter. That does not appear to be the case. The Form Schedule indicates the Form Number is EXVA which corresponds with the form number attached to STLH-130740474.

If the Company wishes to use EXVA for this filing, please move the letter in the Form Schedule to Supporting Documentation since the letter is already on file and may not be filed again.

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: *2017 VA LTCI 97059 SERIES/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Letter
Comments:	
Attachment(s):	Nonforfeiture Letter.pdf VA Policy Schedule - After Dropping Rider.pdf VA Policy Schedule.pdf Statement of Variability for EXVA.1 Policyholder Letter.pdf
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	*The Policyholder Notification Letter has been attached to the "Form Schedule" tab.*
Attachment(s):	*Nonforfeiture Letter.pdf* *VA Policy Schedule - After Dropping Rider.pdf* *VA Policy Schedule.pdf* *Statement of Variability for 97059 VA Policyholder Letter.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	*The Policyholder Notification Letter has been attached to the "Form Schedule" tab.*
Attachment(s):	*Statement of Variability for 97059VA Policyholder Letter.pdf* *VA Policy Schedule.pdf* *VA Policy Schedule - After Dropping Rider.pdf* *Nonforfeiture Letter.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: 2017 VA LTCI 97059 SERIES/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EX VA POLICYHOLDER NOTIFICATION LETTER	EXVA.1	OTH	Other		45.300	97059 VA Policyholder Letter.pdf	Date Submitted: 02/05/2018 By: Harrison Lin
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97059 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97059 VA*	*OTH*	*Other*		*42.400*	*97059 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 06/15/2017 By: Janel Allison*

No Rate/Rule Schedule items changed.

Response 2

Comments:

We have added this compliance statement to the compliance form with all the needed information.

Related Objection 2

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:

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: *2017 VA LTCI 97059 SERIES/*

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):	

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: 2017 VA LTCI 97059 SERIES/

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 8-25-2017.pdf" and all attached documents below for response.

Related Objection 1

Applies To:

- Long Term Care Rate Tables, [97059VA, 99589VA, 99590, 99591VA] (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:

99589 VA, 97059 VA and 99591 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:	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: *2017 VA LTCI 97059 SERIES/*

Supporting Document Schedule Item Changes	
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:	Product Checklist
Comments:	
Attachment(s):	Review Requirements Checklist. LTC.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	
Attachment(s):	*Review Requirements Checklist. LTC.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: *2017 VA LTCI 97059 SERIES/*

Supporting Document Schedule Item Changes	
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:	Product Checklist
Comments:	
Attachment(s):	Review Requirements Checklist. LTC.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	
Attachment(s):	*Review Requirements Checklist. LTC.pdf*

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification.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: *2017 VA LTCI 97059 SERIES/*

Supporting Document Schedule Item Changes	
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:	Product Checklist
Comments:	
Attachment(s):	Review Requirements Checklist. LTC.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	
Attachment(s):	*Review Requirements Checklist. LTC.pdf*

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

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Demonstration of Options.pdf VA 97059 Narrative.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*

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2017 VA LTCI 97059 SERIES/

Filing Company: State Farm Mutual Automobile Insurance Company

	Demonstration of Options.pdf VA 97059 Narrative.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: *2017 VA LTCI 97059 SERIES/*

Supporting Document Schedule Item Changes	
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:	Product Checklist
Comments:	
Attachment(s):	Review Requirements Checklist. LTC.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	
Attachment(s):	*Review Requirements Checklist. LTC.pdf*

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

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Demonstration of Options.pdf VA 97059 Narrative.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*

	Demonstration of Options.pdf *VA 97059 Narrative.pdf*

Satisfied - Item:	Rate Table Comparison
Comments:	
Attachment(s):	Rate Table Comparison A80 to A78.pdf Rate Table Comparison A78 to A76.pdf Rate Table Comparison A76 to A02.pdf
Previous Version	
Satisfied - Item:	*Rate Table Comparison*
Comments:	
Attachment(s):	*Rate Table Comparison - Year 1 Increase - A76 to A02.pdf* *Rate Table Comparison - Year 2 Increase - A78 to A76.pdf* *Rate Table Comparison - Year 3 Increase - A80 to A78.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: *2017 VA LTCI 97059 SERIES/*

Supporting Document Schedule Item Changes	
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:	Product Checklist
Comments:	
Attachment(s):	Review Requirements Checklist. LTC.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	
Attachment(s):	*Review Requirements Checklist. LTC.pdf*

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

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Demonstration of Options.pdf VA 97059 Narrative.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*

	Demonstration of Options.pdf *VA 97059 Narrative.pdf*

Satisfied - Item:	Rate Table Comparison
Comments:	
Attachment(s):	Rate Table Comparison A80 to A78.pdf Rate Table Comparison A78 to A76.pdf Rate Table Comparison A76 to A02.pdf
Previous Version	
Satisfied - Item:	*Rate Table Comparison*
Comments:	
Attachment(s):	*Rate Table Comparison - Year 1 Increase - A76 to A02.pdf* *Rate Table Comparison - Year 2 Increase - A78 to A76.pdf* *Rate Table Comparison - Year 3 Increase - A80 to A78.pdf*

Satisfied - Item:	Policyholder Letter
Comments:	The Policyholder Notification Letter has been attached to the "Form Schedule" tab.
Attachment(s):	Nonforfeiture Letter.pdf VA Policy Schedule - After Dropping Rider.pdf VA Policy Schedule.pdf Statement of Variability for 97059 VA Policyholder Letter.pdf
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	*The Policyholder Notification Letter has been attached to the "Form Schedule" tab.*
Attachment(s):	*Statement of Variability for 97059VA Policyholder Letter.pdf* *VA Policy Schedule.pdf* *VA Policy Schedule - After Dropping Rider.pdf* *Nonforfeiture Letter.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: *2017 VA LTCI 97059 SERIES/*

Supporting Document Schedule Item Changes	
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:	Product Checklist
Comments:	
Attachment(s):	Review Requirements Checklist. LTC.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	
Attachment(s):	*Review Requirements Checklist. LTC.pdf*

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

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Demonstration of Options.pdf VA 97059 Narrative.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*

	Demonstration of Options.pdf *VA 97059 Narrative.pdf*

Satisfied - Item:	Rate Table Comparison
Comments:	
Attachment(s):	Rate Table Comparison A80 to A78.pdf Rate Table Comparison A78 to A76.pdf Rate Table Comparison A76 to A02.pdf
Previous Version	
Satisfied - Item:	*Rate Table Comparison*
Comments:	
Attachment(s):	*Rate Table Comparison - Year 1 Increase - A76 to A02.pdf* *Rate Table Comparison - Year 2 Increase - A78 to A76.pdf* *Rate Table Comparison - Year 3 Increase - A80 to A78.pdf*

Satisfied - Item:	Policyholder Letter
Comments:	The Policyholder Notification Letter has been attached to the "Form Schedule" tab.
Attachment(s):	Nonforfeiture Letter.pdf VA Policy Schedule - After Dropping Rider.pdf VA Policy Schedule.pdf Statement of Variability for 97059 VA Policyholder Letter.pdf
Previous Version	
Satisfied - Item:	*Policyholder Letter*
Comments:	*The Policyholder Notification Letter has been attached to the "Form Schedule" tab.*
Attachment(s):	*Statement of Variability for 97059VA Policyholder Letter.pdf* *VA Policy Schedule.pdf* *VA Policy Schedule - After Dropping Rider.pdf* *Nonforfeiture Letter.pdf*

Satisfied - Item:	Objection Response 8-31-2017
Comments:	
Attachment(s):	Actual & Projected Nationwide - VA.xlsx Actual and Nationwide Experience with Weighted Val Rate.pdf Current Rate Table A02.pdf Objection Response 8-31-2017.pdf Loss Ratio Exhibits Comparison.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: *2017 VA LTCI 97059 SERIES/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EX VA POLICYHOLDER NOTIFICATION LETTER	EXVA	OTH	Other		42.400	97059 VA Policyholder Letter - Ultimate.pdf	Date Submitted: 10/16/2017 By: Harrison Lin
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97059 VA*	*OTH*	*Other*		*42.400*	*97059 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 06/15/2017 By: Janel Allison*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Long Term Care Rate Tables	97059 VA, 99589 VA, 99590, 99591 VA	Revised	Previous State Filing Number: Percent Rate Change Request: 89.4	Rate Table A76 1st Year Increase.pdf, Rate Table A78 2nd Year Increase.pdf, Rate Table A80 3rd Year Increase.pdf,	10/16/2017 By: Harrison Lin
Previous Version						
1	*Long Term Care Rate Tables*	*97059VA, 99589VA, 99590, 99591VA*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request: 89.4*	*Current Rate Table A02.pdf, Year 1 Increase - Rate Table A76.pdf, Year 2 Increase - Rate Table A78.pdf, Year 3 Increase - Rate Table A80.pdf,*	*06/15/2017 By: Janel Allison*

Response 2

Comments:

Please see "Objection Response 8-25-2017.pdf" and all attached documents below for response.

Related Objection 2

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: 2017 VA LTCI 97059 SERIES/

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:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Demonstration of Options.pdf VA 97059 Narrative.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* *Demonstration of Options.pdf* *VA 97059 Narrative.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see "Objection Response 8-25-2017.pdf" and all attached documents below for response.

Related Objection 3

Applies To:

- EX VA POLICYHOLDER NOTIFICATION LETTER, 97059 VA (Form)

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: 2017 VA LTCI 97059 SERIES/

Comments: The Form Schedule indicates the form number for the letter is 97059 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:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EX VA POLICYHOLDER NOTIFICATION LETTER	EXVA	OTH	Other		42.400	97059 VA Policyholder Letter - Ultimate.pdf	Date Submitted: 10/16/2017 By: Harrison Lin
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97059 VA*	*OTH*	*Other*		*42.400*	*97059 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 8-25-2017.pdf" and all attached documents below for response.

Related Objection 4

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: 2017 VA LTCI 97059 SERIES/

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

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see "Objection Response 8-25-2017.pdf" and all attached documents below for response.

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:

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: 2017 VA LTCI 97059 SERIES/

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

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please see "Objection Response 8-25-2017.pdf" and all attached documents below for response.

Related Objection 6

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: 2017 VA LTCI 97059 SERIES/

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 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 from 0 174%, 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:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please see "Objection Response 8-25-2017.pdf" and all attached documents below for response.

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: 2017 VA LTCI 97059 SERIES/

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 LOSS RATIO calculations 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 four 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:

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: 2017 VA LTCI 97059 SERIES/

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Virginia - Actuarial Memorandum and Certification.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: *2017 VA LTCI 97059 SERIES/*

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.1 the 97059 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 the 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: 2017 VA LTCI 97059 SERIES/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	EX VA POLICYHOLDER NOTIFICATION LETTER	EXVA.1	OTH	Other		44.500	97059 VA Policyholder Letter - Final.pdf	Date Submitted: 10/14/2019 By:
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA.1*	*OTH*	*Other*		*44.500*	*97059 VA Policyholder Letter.pdf*	*Date Submitted: 08/02/2019 By: Grant Wahlheim*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA.1*	*OTH*	*Other*		*44.500*	*97059 VA Policyholder Letter.pdf*	*Date Submitted: 07/07/2019 By: Grant Wahlheim*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA.1*	*OTH*	*Other*		*44.500*	*97059 VA Policyholder Letter.pdf*	*Date Submitted: 05/01/2019 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA.1*	*OTH*	*Other*		*45.300*	*97059 VA Policyholder Letter.pdf*	*Date Submitted: 02/05/2018 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*EXVA*	*OTH*	*Other*		*42.400*	*97059 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 10/16/2017 By: Harrison Lin*
Previous Version								
1	*EX VA POLICYHOLDER NOTIFICATION LETTER*	*97059 VA*	*OTH*	*Other*		*42.400*	*97059 VA Policyholder Letter - Ultimate.pdf*	*Date Submitted: 06/15/2017 By: Janel Allison*

No Rate 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: *2017 VA LTCI 97059 SERIES/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	97059 VA Policyholder Letter in John Doe Format
Comments:	
Attachment(s):	97059 VA Policyholder Letter in John Doe format - Final.pdf
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 VA Policyholder Letter in John Doe format.pdf*
Previous Version	
Satisfied - Item:	*97059 VA Policyholder Letter in John Doe Format*
Comments:	
Attachment(s):	*97059 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: *2017 VA LTCI 97059 SERIES/*

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 49.6% average increase to be taken over two years. There are no further increases planned of this block of business if the 49.6% is approved. 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 49.6%.

Changed Items:

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: *2017 VA LTCI 97059 SERIES/*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Long Term Care Rate Tables	97059 VA, 99589 VA, 99590, 99591 VA	Revised	Previous State Filing Number: Percent Rate Change Request: 49.6	Current Rate Table A02.pdf, Proposed Rate Table A76 (Year 1).pdf, Proposed Rate Table B91 (Year 2).pdf,	02/05/2018 By:
Previous Version						
1	*Long Term Care Rate Tables*	*97059 VA, 99589 VA, 99590, 99591 VA*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request:* *89.4*	*Rate Table A76 1st Year Increase.pdf, Rate Table A78 2nd Year Increase.pdf, Rate Table A80 3rd Year Increase.pdf,*	*10/16/2017* *By: Harrison Lin*
Previous Version						
1	*Long Term Care Rate Tables*	*97059VA, 99589VA, 99590, 99591VA*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request:* *89.4*	*Current Rate Table A02.pdf, Year 1 Increase - Rate Table A76.pdf, Year 2 Increase - Rate Table A78.pdf, Year 3 Increase - Rate Table A80.pdf,*	*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: 2017 VA LTCI 97059 SERIES/

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

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Demonstration of Options.pdf Health Insurance Rate Request Summary.pdf VA 97059 Narrative.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*Demonstration of Options.pdf* *VA 97059 Narrative.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* *Demonstration of Options.pdf* *VA 97059 Narrative.pdf*

Satisfied - Item:	Actual And Projected Experience
Comments:	
Attachment(s):	Actual and Projected Nationwide Experience VA.pdf Actual and Projected Nationwide Experience VA.xlsx

	Actual and Projected Experience VA.pdf Actual and Projected Experience VA.xlsx
Previous Version	
Satisfied - Item:	*Actual And Projected Experience*
Comments:	
Attachment(s):	*Actual & Projected Nationwide - VA.pdf* *Actual & Projected Nationwide - VA.xlsx* *Actual & Projected State Exhibit - VA.pdf* *Actual & Projected State Exhibit - VA.xlsx*

Satisfied - Item:	Rate Table Comparison
Comments:	
Attachment(s):	Rate Table Comparison A76 to A02 (Year 1).pdf Rate Table Comparison B91 to A76 (Year 2).pdf
Previous Version	
Satisfied - Item:	*Rate Table Comparison*
Comments:	
Attachment(s):	*Rate Table Comparison A80 to A78.pdf* *Rate Table Comparison A78 to A76.pdf* *Rate Table Comparison A76 to A02.pdf*
Previous Version	
Satisfied - Item:	*Rate Table Comparison*
Comments:	
Attachment(s):	*Rate Table Comparison - Year 1 Increase - A76 to A02.pdf* *Rate Table Comparison - Year 2 Increase - A78 to A76.pdf* *Rate Table Comparison - Year 3 Increase - A80 to A78.pdf*

Satisfied - Item:	Actual to Expected Exhibit
Comments:	
Attachment(s):	Actual to Expected - VA.pdf Nationwide Actual to Expected - VA.pdf
Previous Version	
Satisfied - Item:	*Actual to Expected Exhibit*
Comments:	
Attachment(s):	*Nationwide Actual to Expected - VA.pdf* *Actual to Expected - VA.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: *2017 VA LTCI 97059 SERIES/*

Satisfied - Item:	Rate Increase Status by State
Comments:	
Attachment(s):	97059 Inforce Rate Increase History.pdf
Previous Version	
Satisfied - Item:	*Rate Increase Status by State*
Comments:	
Attachment(s):	*97059 Series Inforce Rate Increase History.pdf*

Satisfied - Item:	VA Questionnaire
Comments:	
Attachment(s):	Actual Distribution of Business - Projected with Original Assumptions.pdf Actual Distribution of Business - Projected with Original Assumptions.xlsx Actual and Projected Nationwide Experience VA - Proposed Rates from Inception.xlsx VA Questionnaire.pdf Actual and Projected Experience VA - Original Assumptions.pdf Actual and Projected Experience VA - Original Assumptions.xlsx Actual and Projected Nationwide Experience - Original Assumptions.pdf Actual and Projected Nationwide Experience - Original Assumptions.xlsx Actual and Projected Nationwide Experience VA - Proposed Rates from Inception.pdf
Previous Version	
Satisfied - Item:	*VA Questionnaire*
Comments:	
Attachment(s):	*Actual Distribution of Business - Projected with Original Assumptions.pdf* *Actual Distribution of Business - Projected with Original Assumptions.xlsx* *Actual & Projected Nationwide - VA - Proposed Rates from Inception.pdf* *Actual & Projected Nationwide - VA - Proposed Rates from Inception.xlsx* *Actual & Projected Nationwide - VA - Original Assumptions.pdf* *Actual & Projected Nationwide - VA - Original Assumptions.xlsx* *Actual & Projected State Exhibit - VA - Original Assumptions.pdf* *Actual & Projected State Exhibit - VA - Original Assumptions.xlsx* *VA Questionnaire.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:	*2017 VA LTCI 97059 SERIES/*		

Note To Reviewer

Created By:

Grant Wahlheim on 10/11/2019 08:12 AM

Last Edited By:

Grant Wahlheim

Submitted On:

10/11/2019 08:13 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

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:	*2017 VA LTCI 97059 SERIES/*		

Note To Filer

Created By:

Bobby Toone on 06/07/2019 10:36 AM

Last Edited By:

Bobby Toone

Submitted On:

06/07/2019 10:38 AM

Subject:

Extension Request

Comments:

An extension has been granted to 07/07/2019

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: *2017 VA LTCI 97059 SERIES/*

Note To Reviewer

Created By:

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

Last Edited By:

Bobby Toone

Submitted On:

06/07/2019 10:38 AM

Subject:

Request for Extension

Comments:

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

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: *2017 VA LTCI 97059 SERIES/*

Post Submission Update Request Processed On 11/01/2018

Status:	Allowed
Created By:	Harrison Lin
Processed By:	Greg Smith
Comments:	

Company Rate Information:

Company Name:State Farm Mutual Automobile Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	49.900%	91.800%
Overall % Rate Impact	49.600%	89.400%
Written Premium Change for this Program	$653111	$1008635
Maximum %Change (where required)	63.000%	174.000%

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: *2017 VA LTCI 97059 SERIES/*

Form Schedule

Lead Form Number: 97059VA

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed 10/16/2019	EX VA POLICYHOLDER NOTIFICATION LETTER	EXVA.1	OTH	Other		44.500	97059 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.

This increase will be taken over <TOTAL YEARS> years. This letter is for the <YEAR> year of the increase. Your policy will receive <NUMBER OF INCREASES> premium increases for an overall rate increase of <OVERALL RATE INCREASE>%. Therefore, a premium increase will be applied and effective at your next policy <ANNIVERSARY OR RENEWAL>.

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.

<for YEAR TWO>
Your <MODE> premium for <RENEWAL DATE PLUS 12 MONTHS> will be $<SECOND YEAR RENEWAL AMOUNT>.

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. If future experience emerges as expected, we do not anticipate seeking further rate increases from that which is specified in this rate increase notification letter.

<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. If future experience emerges as expected, we do not anticipate seeking further rate increases from that which is specified in this rate increase notification letter.

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. If future experience emerges as expected, we do not anticipate seeking further rate increases from that which is specified in this rate increase notification letter. 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: *2017 VA LTCI 97059 SERIES/*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing: N/A
SERFF Tracking Number of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
State Farm Mutual Automobile Insurance Company	49.900%	49.600%	$653,111	753	$1,316,756	63.000%	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: *2017 VA LTCI 97059 SERIES/*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Long Term Care Rate Tables	97059 VA, 99589 VA, 99590, 99591 VA	Revised	Previous State Filing Number: Percent Rate Change Request: 49.6	Current Rate Table A02.pdf, Proposed Rate Table A76 (Year 1).pdf, Proposed Rate Table B91 (Year 2).pdf,

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059 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	2.93	3.74	4.79	6.31	6.41
30-34	2.93	3.74	4.79	6.31	6.41
35-39	3.19	4.08	5.23	6.88	6.99
40	3.30	4.22	5.41	7.11	7.23
41	3.39	4.33	5.56	7.30	7.43
42	3.50	4.46	5.73	7.53	7.66
43	3.61	4.61	5.91	7.77	7.90
44	3.71	4.74	6.08	7.99	8.13
45	3.79	4.84	6.21	8.16	8.30
46	3.83	4.86	6.26	8.24	8.38
47	3.84	4.87	6.27	8.25	8.39
48	3.85	4.88	6.28	8.27	8.40
49	3.86	4.91	6.30	8.29	8.43
50	3.95	5.04	6.46	8.50	8.64
51	4.10	5.24	6.74	8.86	9.01
52	4.30	5.51	7.10	9.32	9.48
53	4.54	5.83	7.53	9.88	10.05
54	4.82	6.20	8.03	10.51	10.70
55	5.12	6.61	8.58	11.23	11.43
56	5.46	7.06	9.18	12.01	12.23
57	5.82	7.55	9.84	12.87	13.11
58	6.22	8.09	10.57	13.82	14.08
59	6.66	8.67	11.36	14.85	15.14
60	7.13	9.31	12.23	15.98	16.29
61	7.58	9.92	13.06	17.10	17.43
62	7.99	10.49	13.85	18.19	18.55
63	8.48	11.16	14.77	19.43	19.81
64	9.12	12.04	15.97	21.00	21.41
65	10.02	13.25	17.62	23.06	23.50
66	11.21	14.83	19.72	25.60	26.07
67	12.62	16.69	22.18	28.48	29.00
68	14.22	18.78	24.96	31.77	32.33
69	15.94	21.08	28.05	35.48	36.09
70	17.75	23.53	31.41	39.65	40.33
71	19.53	25.98	34.79	44.09	44.82
72	21.29	28.43	38.22	48.76	49.56
73	23.24	31.16	42.06	53.98	54.85
74	25.55	34.41	46.69	60.03	61.00
75	28.43	38.46	52.49	67.24	68.31
76	32.09	43.64	59.95	75.89	77.09
77	36.43	49.76	68.76	85.75	87.12
78	41.06	56.33	78.26	96.43	97.97
79	45.64	62.84	87.73	107.46	109.18
80	49.82	68.83	96.48	118.42	120.31
81	54.13	75.10	105.86	132.59	134.71
82	58.43	81.37	115.24	146.76	149.10
83	62.73	87.64	124.62	160.93	163.49
84	67.03	93.91	134.00	175.10	177.88

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

Spousal Discount is 30% 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 99591 VA 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 97059 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	2.61	3.33	4.27	5.61	5.71
30-34	2.61	3.33	4.27	5.61	5.71
35-39	2.84	3.63	4.65	6.12	6.22
40	2.94	3.75	4.81	6.33	6.44
41	3.02	3.85	4.94	6.50	6.61
42	3.11	3.97	5.10	6.71	6.82
43	3.21	4.10	5.26	6.92	7.03
44	3.30	4.21	5.41	7.11	7.23
45	3.37	4.30	5.52	7.26	7.39
46	3.40	4.34	5.55	7.33	7.45
47	3.41	4.35	5.57	7.34	7.47
48	3.42	4.36	5.59	7.36	7.49
49	3.43	4.37	5.61	7.38	7.50
50	3.51	4.48	5.75	7.57	7.70
51	3.66	4.67	6.01	7.90	8.03
52	3.84	4.92	6.33	8.31	8.46
53	4.04	5.20	6.71	8.80	8.97
54	4.29	5.52	7.14	9.37	9.53
55	4.56	5.89	7.63	10.00	10.18
56	4.86	6.29	8.18	10.70	10.89
57	5.18	6.72	8.76	11.46	11.67
58	5.55	7.20	9.41	12.30	12.53
59	5.93	7.72	10.12	13.22	13.48
60	6.35	8.29	10.89	14.23	14.51
61	6.74	8.83	11.63	15.22	15.51
62	7.11	9.34	12.33	16.20	16.51
63	7.54	9.93	13.15	17.30	17.63
64	8.12	10.72	14.22	18.70	19.06
65	8.93	11.80	15.68	20.53	20.92
66	9.98	13.20	17.56	22.79	23.23
67	11.24	14.86	19.76	25.39	25.86
68	12.66	16.73	22.24	28.33	28.84
69	14.20	18.77	25.00	31.63	32.18
70	15.80	20.95	27.96	35.29	35.89
71	17.38	23.11	30.95	39.18	39.84
72	18.96	25.30	34.00	43.27	43.97
73	20.70	27.73	37.37	47.80	48.56
74	22.74	30.58	41.40	53.00	53.83
75	25.25	34.07	46.36	59.09	60.01
76	28.41	38.49	52.66	66.34	67.38
77	32.14	43.71	60.10	74.60	75.75
78	36.13	49.27	68.08	83.46	84.76
79	40.05	54.78	76.01	92.55	94.00
80	43.63	59.81	83.27	101.50	103.08
81	47.25	64.98	90.89	112.74	114.48
82	50.87	70.14	98.48	123.98	125.88
83	54.49	75.31	106.08	135.23	137.29
84	58.11	80.48	113.68	146.46	148.69

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

Spousal Discount is 30% 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 99591 VA 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 97059 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	2.29	2.91	3.73	4.92	5.00
30-34	2.29	2.91	3.73	4.92	5.00
35-39	2.49	3.18	4.07	5.37	5.46
40	2.58	3.29	4.21	5.55	5.65
41	2.65	3.37	4.33	5.70	5.80
42	2.73	3.48	4.46	5.88	5.98
43	2.82	3.59	4.60	6.07	6.17
44	2.90	3.69	4.73	6.24	6.34
45	2.96	3.77	4.83	6.37	6.48
46	2.98	3.80	4.85	6.39	6.49
47	2.99	3.81	4.86	6.41	6.51
48	3.00	3.82	4.87	6.42	6.53
49	3.01	3.83	4.91	6.47	6.58
50	3.08	3.92	5.03	6.63	6.74
51	3.21	4.09	5.26	6.93	7.04
52	3.37	4.30	5.55	7.28	7.40
53	3.54	4.54	5.87	7.71	7.84
54	3.75	4.83	6.24	8.20	8.33
55	3.98	5.13	6.67	8.74	8.89
56	4.24	5.48	7.12	9.34	9.51
57	4.52	5.86	7.63	10.00	10.19
58	4.83	6.26	8.19	10.72	10.93
59	5.16	6.71	8.79	11.51	11.74
60	5.52	7.20	9.46	12.38	12.62
61	5.86	7.67	10.09	13.23	13.49
62	6.18	8.10	10.70	14.07	14.34
63	6.54	8.62	11.40	15.01	15.30
64	7.03	9.29	12.32	16.20	16.52
65	7.72	10.21	13.57	17.76	18.09
66	8.63	11.42	15.18	19.68	20.05
67	9.73	12.86	17.08	21.90	22.29
68	10.96	14.47	19.20	24.40	24.81
69	12.29	16.22	21.54	27.16	27.63
70	13.65	18.07	24.03	30.20	30.71
71	14.98	19.88	26.53	33.42	33.97
72	16.31	21.71	29.06	36.81	37.40
73	17.75	23.71	31.84	40.53	41.16
74	19.44	26.07	35.14	44.74	45.43
75	21.50	28.90	39.14	49.63	50.37
76	24.09	32.49	44.20	55.38	56.20
77	27.14	36.71	50.15	61.89	62.81
78	30.39	41.21	56.52	68.85	69.87
79	33.58	45.63	62.81	75.93	77.06
80	36.48	49.64	68.51	82.81	84.03
81	39.34	53.67	74.30	91.21	92.54
82	42.20	57.69	80.09	99.61	101.05
83	45.07	61.72	85.89	108.01	109.57
84	47.93	65.74	91.68	116.41	118.07

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99589 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	2.32	2.94	3.72	4.41	4.52
30-34	2.32	2.94	3.72	4.41	4.52
35-39	2.53	3.21	4.05	4.81	4.93
40	2.62	3.32	4.19	4.97	5.10
41	2.69	3.41	4.31	5.11	5.24
42	2.77	3.52	4.44	5.27	5.41
43	2.86	3.63	4.58	5.43	5.58
44	2.94	3.73	4.71	5.59	5.73
45	3.00	3.81	4.81	5.71	5.86
46	3.04	3.85	4.87	5.76	5.92
47	3.05	3.87	4.89	5.77	5.92
48	3.06	3.88	4.90	5.77	5.92
49	3.08	3.91	4.93	5.81	5.97
50	3.13	3.97	5.01	5.94	6.10
51	3.20	4.06	5.13	6.16	6.32
52	3.29	4.17	5.27	6.45	6.62
53	3.40	4.31	5.45	6.79	6.96
54	3.53	4.48	5.66	7.16	7.34
55	3.68	4.68	5.92	7.55	7.74
56	3.87	4.92	6.22	7.96	8.16
57	4.09	5.20	6.58	8.41	8.61
58	4.33	5.51	6.97	8.88	9.09
59	4.59	5.83	7.38	9.38	9.60
60	4.86	6.17	7.80	9.91	10.14
61	5.12	6.50	8.22	10.42	10.65
62	5.38	6.84	8.64	10.90	11.14
63	5.67	7.20	9.09	11.44	11.68
64	5.99	7.60	9.58	12.10	12.35
65	6.35	8.07	10.16	12.94	13.20
66	6.76	8.59	10.79	14.03	14.30
67	7.19	9.14	11.46	15.31	15.60
68	7.67	9.75	12.21	16.71	17.02
69	8.21	10.43	13.05	18.13	18.46
70	8.83	11.22	14.02	19.50	19.85
71	9.59	12.16	15.20	20.80	21.15
72	10.47	13.25	16.58	22.08	22.43
73	11.39	14.40	18.02	23.37	23.72
74	12.28	15.50	19.40	24.70	25.06
75	13.07	16.46	20.61	26.12	26.48
76	13.70	17.23	21.56	27.71	28.07
77	14.24	17.86	22.32	29.44	29.79
78	14.75	18.44	23.03	31.18	31.54
79	15.29	19.08	23.81	32.81	33.17
80	15.94	19.86	24.81	34.22	34.57
81	17.01	21.21	26.63	35.30	35.63
82	18.08	22.55	28.44	36.38	36.70
83	19.16	23.89	30.27	37.45	37.78
84	20.23	25.23	32.07	38.53	38.83

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99589 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	2.07	2.62	3.31	3.92	4.03
30-34	2.07	2.62	3.31	3.92	4.03
35-39	2.25	2.86	3.61	4.28	4.39
40	2.33	2.96	3.73	4.43	4.54
41	2.39	3.04	3.83	4.54	4.67
42	2.47	3.13	3.95	4.69	4.81
43	2.55	3.23	4.08	4.84	4.96
44	2.62	3.32	4.19	4.97	5.10
45	2.67	3.39	4.28	5.08	5.21
46	2.71	3.43	4.33	5.13	5.26
47	2.72	3.45	4.35	5.13	5.27
48	2.72	3.45	4.36	5.14	5.27
49	2.74	3.48	4.39	5.17	5.31
50	2.78	3.53	4.46	5.29	5.43
51	2.85	3.61	4.56	5.48	5.63
52	2.93	3.71	4.69	5.74	5.89
53	3.02	3.84	4.85	6.04	6.19
54	3.14	3.98	5.04	6.37	6.53
55	3.28	4.16	5.26	6.72	6.88
56	3.45	4.38	5.54	7.09	7.26
57	3.64	4.63	5.85	7.48	7.66
58	3.86	4.90	6.20	7.90	8.09
59	4.09	5.19	6.57	8.35	8.55
60	4.32	5.49	6.95	8.82	9.02
61	4.56	5.79	7.32	9.27	9.48
62	4.79	6.09	7.69	9.70	9.92
63	5.04	6.41	8.09	10.18	10.40
64	5.33	6.77	8.53	10.77	10.99
65	5.65	7.18	9.04	11.52	11.75
66	6.01	7.64	9.60	12.48	12.72
67	6.40	8.13	10.19	13.60	13.86
68	6.82	8.66	10.84	14.83	15.11
69	7.30	9.28	11.59	16.11	16.40
70	7.86	9.98	12.48	17.36	17.66
71	8.54	10.85	13.59	18.59	18.91
72	9.33	11.85	14.89	19.84	20.16
73	10.16	12.90	16.26	21.12	21.44
74	10.96	13.92	17.57	22.42	22.75
75	11.68	14.81	18.71	23.74	24.07
76	12.26	15.53	19.59	25.15	25.49
77	12.77	16.13	20.30	26.66	27.00
78	13.25	16.69	20.95	28.15	28.50
79	13.74	17.28	21.65	29.54	29.89
80	14.31	17.98	22.51	30.73	31.08
81	15.19	19.10	24.01	31.62	31.96
82	16.07	20.21	25.51	32.51	32.84
83	16.97	21.34	27.00	33.40	33.72
84	17.84	22.44	28.50	34.28	34.60

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99589 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	1.84	2.34	2.96	3.52	3.62
30-34	1.84	2.34	2.96	3.52	3.62
35-39	2.01	2.55	3.23	3.84	3.95
40	2.08	2.64	3.34	3.98	4.09
41	2.13	2.71	3.43	4.08	4.20
42	2.20	2.80	3.54	4.21	4.33
43	2.27	2.89	3.65	4.34	4.46
44	2.33	2.97	3.76	4.47	4.59
45	2.38	3.03	3.84	4.56	4.69
46	2.41	3.07	3.88	4.61	4.73
47	2.42	3.08	3.90	4.61	4.74
48	2.43	3.09	3.91	4.61	4.74
49	2.44	3.11	3.93	4.65	4.78
50	2.48	3.15	4.00	4.75	4.88
51	2.54	3.23	4.09	4.93	5.06
52	2.61	3.32	4.21	5.16	5.30
53	2.69	3.43	4.35	5.43	5.58
54	2.79	3.56	4.51	5.73	5.88
55	2.92	3.72	4.72	6.05	6.20
56	3.07	3.91	4.96	6.38	6.53
57	3.24	4.13	5.24	6.73	6.89
58	3.43	4.37	5.55	7.10	7.27
59	3.63	4.63	5.88	7.50	7.68
60	3.84	4.90	6.22	7.92	8.10
61	4.05	5.16	6.55	8.33	8.52
62	4.26	5.43	6.88	8.72	8.92
63	4.48	5.72	7.23	9.16	9.36
64	4.73	6.03	7.62	9.68	9.89
65	5.02	6.40	8.08	10.35	10.56
66	5.34	6.80	8.57	11.18	11.41
67	5.68	7.24	9.10	12.16	12.40
68	6.05	7.71	9.68	13.23	13.48
69	6.47	8.25	10.35	14.33	14.60
70	6.96	8.87	11.12	15.41	15.68
71	7.55	9.62	12.07	16.46	16.75
72	8.25	10.49	13.19	17.53	17.82
73	8.97	11.41	14.36	18.61	18.91
74	9.67	12.29	15.48	19.71	20.01
75	10.28	13.05	16.44	20.83	21.13
76	10.78	13.66	17.20	22.01	22.31
77	11.20	14.17	17.81	23.26	23.57
78	11.59	14.64	18.37	24.51	24.82
79	11.99	15.13	18.96	25.65	25.97
80	12.45	15.70	19.68	26.63	26.94
81	13.18	16.61	20.88	27.33	27.64
82	13.89	17.51	22.07	28.03	28.33
83	14.60	18.41	23.27	28.73	29.03
84	15.31	19.30	24.45	29.42	29.72

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99590 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	4.84	6.37	8.41	11.22	11.52
30-34	4.84	6.37	8.41	11.22	11.52
35-39	5.12	6.73	8.86	11.34	11.62
40	5.25	6.89	9.07	11.36	11.64
41	5.35	7.01	9.21	11.38	11.66
42	5.45	7.14	9.37	11.41	11.69
43	5.56	7.28	9.54	11.45	11.72
44	5.67	7.41	9.70	11.49	11.76
45	5.75	7.51	9.83	11.55	11.81
46	5.81	7.59	9.93	11.61	11.88
47	5.85	7.65	10.00	11.67	11.94
48	5.89	7.70	10.07	11.75	12.02
49	5.93	7.75	10.14	11.86	12.14
50	5.99	7.82	10.24	12.02	12.30
51	6.05	7.91	10.34	12.23	12.51
52	6.12	7.99	10.44	12.46	12.74
53	6.20	8.09	10.57	12.74	13.02
54	6.30	8.22	10.73	13.06	13.36
55	6.45	8.40	10.96	13.46	13.76
56	6.64	8.65	11.27	13.94	14.24
57	6.87	8.94	11.65	14.49	14.81
58	7.13	9.27	12.07	15.09	15.42
59	7.40	9.61	12.49	15.72	16.05
60	7.66	9.94	12.91	16.34	16.69
61	7.89	10.23	13.27	16.93	17.29
62	8.10	10.50	13.60	17.50	17.86
63	8.33	10.79	13.94	18.10	18.47
64	8.60	11.12	14.36	18.81	19.18
65	8.94	11.56	14.89	19.68	20.06
66	9.35	12.08	15.53	20.76	21.16
67	9.80	12.66	16.24	22.01	22.42
68	10.31	13.31	17.05	23.36	23.79
69	10.89	14.05	17.96	24.75	25.19
70	11.54	14.87	18.99	26.12	26.58
71	12.32	15.86	20.24	27.49	27.95
72	13.24	17.00	21.71	28.89	29.36
73	14.20	18.20	23.24	30.31	30.78
74	15.10	19.31	24.68	31.72	32.19
75	15.85	20.24	25.86	33.10	33.57
76	16.40	20.89	26.67	34.50	34.97
77	16.80	21.35	27.23	35.94	36.40
78	17.14	21.74	27.69	37.33	37.79
79	17.52	22.17	28.23	38.63	39.08
80	18.03	22.79	29.01	39.74	40.19
81	19.01	24.00	30.66	40.60	41.03
82	19.98	25.21	32.29	41.46	41.87
83	20.95	26.42	33.92	42.31	42.71
84	21.93	27.63	35.56	43.17	43.56

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99590 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	4.31	5.67	7.49	9.99	10.25
30-34	4.31	5.67	7.49	9.99	10.25
35-39	4.56	5.99	7.89	10.09	10.34
40	4.68	6.13	8.07	10.11	10.36
41	4.76	6.24	8.20	10.13	10.38
42	4.85	6.36	8.34	10.16	10.40
43	4.95	6.48	8.49	10.19	10.43
44	5.04	6.59	8.63	10.23	10.46
45	5.12	6.69	8.75	10.28	10.52
46	5.17	6.76	8.84	10.33	10.57
47	5.21	6.81	8.90	10.39	10.63
48	5.24	6.85	8.96	10.46	10.70
49	5.28	6.90	9.03	10.56	10.80
50	5.33	6.96	9.11	10.70	10.95
51	5.39	7.04	9.20	10.88	11.13
52	5.45	7.11	9.29	11.09	11.34
53	5.52	7.20	9.40	11.33	11.59
54	5.61	7.32	9.55	11.63	11.89
55	5.74	7.48	9.75	11.98	12.25
56	5.91	7.70	10.03	12.40	12.68
57	6.12	7.96	10.37	12.89	13.18
58	6.35	8.25	10.74	13.43	13.72
59	6.58	8.55	11.12	13.99	14.29
60	6.81	8.85	11.49	14.55	14.86
61	7.02	9.11	11.81	15.07	15.39
62	7.21	9.35	12.10	15.57	15.89
63	7.41	9.60	12.41	16.11	16.44
64	7.65	9.90	12.78	16.74	17.07
65	7.95	10.29	13.25	17.51	17.86
66	8.32	10.75	13.82	18.47	18.82
67	8.72	11.26	14.44	19.56	19.93
68	9.17	11.84	15.15	20.75	21.14
69	9.69	12.49	15.96	22.00	22.39
70	10.27	13.23	16.90	23.25	23.65
71	10.98	14.13	18.07	24.54	24.95
72	11.80	15.19	19.46	25.89	26.32
73	12.66	16.29	20.92	27.27	27.70
74	13.48	17.32	22.27	28.62	29.06
75	14.16	18.17	23.38	29.90	30.34
76	14.66	18.78	24.13	31.14	31.58
77	15.03	19.22	24.64	32.37	32.80
78	15.35	19.59	25.05	33.54	33.97
79	15.69	19.99	25.51	34.60	35.03
80	16.14	20.53	26.18	35.53	35.96
81	16.93	21.53	27.51	36.20	36.63
82	17.73	22.52	28.84	36.88	37.30
83	18.51	23.52	30.17	37.57	37.96
84	19.30	24.51	31.50	38.24	38.63

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99590 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	3.77	5.00	6.63	8.86	9.10
30-34	3.77	5.00	6.63	8.86	9.10
35-39	4.01	5.29	7.00	8.97	9.20
40	4.12	5.43	7.17	8.99	9.22
41	4.20	5.53	7.28	9.01	9.23
42	4.28	5.63	7.41	9.04	9.26
43	4.37	5.74	7.55	9.07	9.28
44	4.45	5.84	7.67	9.10	9.32
45	4.52	5.93	7.78	9.15	9.36
46	4.57	5.99	7.86	9.20	9.41
47	4.60	6.04	7.92	9.25	9.46
48	4.63	6.07	7.97	9.31	9.53
49	4.66	6.12	8.03	9.40	9.62
50	4.71	6.17	8.10	9.53	9.75
51	4.76	6.24	8.18	9.69	9.91
52	4.81	6.30	8.26	9.87	10.10
53	4.87	6.38	8.36	10.09	10.32
54	4.95	6.49	8.49	10.35	10.59
55	5.07	6.63	8.67	10.67	10.91
56	5.22	6.82	8.92	11.05	11.29
57	5.40	7.06	9.21	11.48	11.74
58	5.60	7.31	9.54	11.96	12.22
59	5.81	7.58	9.88	12.45	12.72
60	6.01	7.84	10.21	12.95	13.23
61	6.20	8.07	10.49	13.42	13.70
62	6.36	8.28	10.75	13.87	14.15
63	6.54	8.51	11.02	14.34	14.64
64	6.75	8.77	11.35	14.90	15.20
65	7.02	9.11	11.76	15.58	15.88
66	7.34	9.51	12.26	16.40	16.72
67	7.69	9.97	12.81	17.35	17.68
68	8.08	10.47	13.44	18.38	18.72
69	8.53	11.04	14.15	19.44	19.79
70	9.04	11.68	14.95	20.50	20.86
71	9.65	12.46	15.95	21.58	21.95
72	10.37	13.37	17.12	22.72	23.09
73	11.13	14.32	18.34	23.86	24.24
74	11.83	15.21	19.48	24.97	25.35
75	12.41	15.93	20.41	26.03	26.41
76	12.82	16.44	21.04	27.04	27.42
77	13.12	16.79	21.46	28.04	28.42
78	13.37	17.08	21.80	28.99	29.37
79	13.63	17.39	22.18	29.85	30.23
80	13.98	17.82	22.71	30.59	30.96
81	14.62	18.61	23.75	31.10	31.47
82	15.27	19.41	24.80	31.61	31.97
83	15.89	20.20	25.84	32.12	32.48
84	16.53	21.00	26.89	32.63	32.98

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

Spousal Discount is 30% 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 99591 VA 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 97059 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	2.64	3.37	4.31	5.68	5.77
30-34	2.64	3.37	4.31	5.68	5.77
35-39	2.87	3.67	4.71	6.19	6.29
40	2.97	3.80	4.87	6.40	6.51
41	3.05	3.90	5.00	6.57	6.69
42	3.15	4.01	5.16	6.78	6.89
43	3.25	4.15	5.32	6.99	7.11
44	3.34	4.27	5.47	7.19	7.32
45	3.41	4.36	5.59	7.34	7.47
46	3.45	4.37	5.63	7.42	7.54
47	3.46	4.38	5.64	7.43	7.55
48	3.47	4.39	5.65	7.44	7.56
49	3.47	4.42	5.67	7.46	7.59
50	3.56	4.54	5.81	7.65	7.78
51	3.69	4.72	6.07	7.97	8.11
52	3.87	4.96	6.39	8.39	8.53
53	4.09	5.25	6.78	8.89	9.05
54	4.34	5.58	7.23	9.46	9.63
55	4.61	5.95	7.72	10.11	10.29
56	4.91	6.35	8.26	10.81	11.01
57	5.24	6.80	8.86	11.58	11.80
58	5.60	7.28	9.51	12.44	12.67
59	5.99	7.80	10.22	13.37	13.63
60	6.42	8.38	11.01	14.38	14.66
61	6.82	8.93	11.75	15.39	15.69
62	7.19	9.44	12.47	16.37	16.70
63	7.63	10.04	13.29	17.49	17.83
64	8.21	10.84	14.37	18.90	19.27
65	9.02	11.93	15.86	20.75	21.15
66	10.09	13.35	17.75	23.04	23.46
67	11.36	15.02	19.96	25.63	26.10
68	12.80	16.90	22.46	28.59	29.10
69	14.35	18.97	25.25	31.93	32.48
70	15.98	21.18	28.27	35.69	36.30
71	17.58	23.38	31.31	39.68	40.34
72	19.16	25.59	34.40	43.88	44.60
73	20.92	28.04	37.85	48.58	49.37
74	23.00	30.97	42.02	54.03	54.90
75	25.59	34.61	47.24	60.52	61.48
76	28.88	39.28	53.96	68.30	69.38
77	32.79	44.78	61.88	77.18	78.41
78	36.95	50.70	70.43	86.79	88.17
79	41.08	56.56	78.96	96.71	98.26
80	44.84	61.95	86.83	106.58	108.28
81	48.72	67.59	95.27	119.33	121.24
82	52.59	73.23	103.72	132.08	134.19
83	56.46	78.88	112.16	144.84	147.14
84	60.33	84.52	120.60	157.59	160.09

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

Spousal Discount is 30% 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 99591 VA 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 97059 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	2.35	3.00	3.84	5.05	5.14
30-34	2.35	3.00	3.84	5.05	5.14
35-39	2.56	3.27	4.19	5.51	5.60
40	2.65	3.38	4.33	5.70	5.80
41	2.72	3.47	4.45	5.85	5.95
42	2.80	3.57	4.59	6.04	6.14
43	2.89	3.69	4.73	6.23	6.33
44	2.97	3.79	4.87	6.40	6.51
45	3.03	3.87	4.97	6.53	6.65
46	3.06	3.91	5.00	6.60	6.71
47	3.07	3.92	5.01	6.61	6.72
48	3.08	3.92	5.03	6.62	6.74
49	3.09	3.93	5.05	6.64	6.75
50	3.16	4.03	5.18	6.81	6.93
51	3.29	4.20	5.41	7.11	7.23
52	3.46	4.43	5.70	7.48	7.61
53	3.64	4.68	6.04	7.92	8.07
54	3.86	4.97	6.43	8.43	8.58
55	4.10	5.30	6.87	9.00	9.16
56	4.37	5.66	7.36	9.63	9.80
57	4.66	6.05	7.88	10.31	10.50
58	5.00	6.48	8.47	11.07	11.28
59	5.34	6.95	9.11	11.90	12.13
60	5.72	7.46	9.80	12.81	13.06
61	6.07	7.95	10.47	13.70	13.96
62	6.40	8.41	11.10	14.58	14.86
63	6.79	8.94	11.84	15.57	15.87
64	7.31	9.65	12.80	16.83	17.15
65	8.04	10.62	14.11	18.48	18.83
66	8.98	11.88	15.80	20.51	20.91
67	10.12	13.37	17.78	22.85	23.27
68	11.39	15.06	20.02	25.50	25.96
69	12.78	16.89	22.50	28.47	28.96
70	14.22	18.86	25.16	31.76	32.30
71	15.64	20.80	27.86	35.26	35.86
72	17.06	22.77	30.60	38.94	39.57
73	18.63	24.96	33.63	43.02	43.70
74	20.47	27.52	37.26	47.70	48.45
75	22.73	30.66	41.72	53.18	54.01
76	25.57	34.64	47.39	59.71	60.64
77	28.93	39.34	54.09	67.14	68.18
78	32.52	44.34	61.27	75.11	76.28
79	36.05	49.30	68.41	83.30	84.60
80	39.27	53.83	74.94	91.35	92.77
81	42.53	58.48	81.80	101.47	103.03
82	45.78	63.13	88.63	111.58	113.29
83	49.04	67.78	95.47	121.71	123.56
84	52.30	72.43	102.31	131.81	133.82

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

Spousal Discount is 30% 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 99591 VA 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 97059 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	2.06	2.62	3.36	4.43	4.50
30-34	2.06	2.62	3.36	4.43	4.50
35-39	2.24	2.86	3.66	4.83	4.91
40	2.32	2.96	3.79	5.00	5.09
41	2.39	3.03	3.90	5.13	5.22
42	2.46	3.13	4.01	5.29	5.38
43	2.54	3.23	4.14	5.46	5.55
44	2.61	3.32	4.26	5.62	5.71
45	2.66	3.39	4.35	5.73	5.83
46	2.68	3.42	4.37	5.75	5.84
47	2.69	3.43	4.37	5.77	5.86
48	2.70	3.44	4.38	5.78	5.88
49	2.71	3.45	4.42	5.82	5.92
50	2.77	3.53	4.53	5.97	6.07
51	2.89	3.68	4.73	6.24	6.34
52	3.03	3.87	5.00	6.55	6.66
53	3.19	4.09	5.28	6.94	7.06
54	3.38	4.35	5.62	7.38	7.50
55	3.58	4.62	6.00	7.87	8.00
56	3.82	4.93	6.41	8.41	8.56
57	4.07	5.27	6.87	9.00	9.17
58	4.35	5.63	7.37	9.65	9.84
59	4.64	6.04	7.91	10.36	10.57
60	4.97	6.48	8.51	11.14	11.36
61	5.27	6.90	9.08	11.91	12.14
62	5.56	7.29	9.63	12.66	12.91
63	5.89	7.76	10.26	13.51	13.77
64	6.33	8.36	11.09	14.58	14.87
65	6.95	9.19	12.21	15.98	16.28
66	7.77	10.28	13.66	17.71	18.05
67	8.76	11.57	15.37	19.71	20.06
68	9.86	13.02	17.28	21.96	22.33
69	11.06	14.60	19.39	24.44	24.87
70	12.29	16.26	21.63	27.18	27.64
71	13.48	17.89	23.88	30.08	30.57
72	14.68	19.54	26.15	33.13	33.66
73	15.98	21.34	28.66	36.48	37.04
74	17.50	23.46	31.63	40.27	40.89
75	19.35	26.01	35.23	44.67	45.33
76	21.68	29.24	39.78	49.84	50.58
77	24.43	33.04	45.14	55.70	56.53
78	27.35	37.09	50.87	61.97	62.88
79	30.22	41.07	56.53	68.34	69.35
80	32.83	44.68	61.66	74.53	75.63
81	35.41	48.30	66.87	82.09	83.29
82	37.98	51.92	72.08	89.65	90.95
83	40.56	55.55	77.30	97.21	98.61
84	43.14	59.17	82.51	104.77	106.26

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99589 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	2.09	2.65	3.35	3.97	4.07
30-34	2.09	2.65	3.35	3.97	4.07
35-39	2.28	2.89	3.65	4.33	4.44
40	2.36	2.99	3.77	4.47	4.59
41	2.42	3.07	3.88	4.60	4.72
42	2.49	3.17	4.00	4.74	4.87
43	2.57	3.27	4.12	4.89	5.02
44	2.65	3.36	4.24	5.03	5.16
45	2.70	3.43	4.33	5.14	5.27
46	2.74	3.47	4.38	5.18	5.33
47	2.75	3.48	4.40	5.19	5.33
48	2.75	3.49	4.41	5.19	5.33
49	2.77	3.52	4.44	5.23	5.37
50	2.82	3.57	4.51	5.35	5.49
51	2.88	3.65	4.62	5.54	5.69
52	2.96	3.75	4.74	5.81	5.96
53	3.06	3.88	4.91	6.11	6.26
54	3.18	4.03	5.09	6.44	6.61
55	3.31	4.21	5.33	6.80	6.97
56	3.48	4.43	5.60	7.16	7.34
57	3.68	4.68	5.92	7.57	7.75
58	3.90	4.96	6.27	7.99	8.18
59	4.13	5.25	6.64	8.44	8.64
60	4.37	5.55	7.02	8.92	9.13
61	4.61	5.85	7.40	9.38	9.59
62	4.84	6.16	7.78	9.81	10.03
63	5.10	6.48	8.18	10.30	10.51
64	5.39	6.84	8.62	10.89	11.12
65	5.72	7.26	9.14	11.65	11.88
66	6.08	7.73	9.71	12.63	12.87
67	6.47	8.23	10.31	13.78	14.04
68	6.90	8.78	10.99	15.04	15.32
69	7.39	9.39	11.75	16.32	16.61
70	7.95	10.10	12.62	17.55	17.87
71	8.63	10.94	13.68	18.72	19.04
72	9.42	11.93	14.92	19.87	20.19
73	10.25	12.96	16.22	21.03	21.35
74	11.05	13.95	17.46	22.23	22.55
75	11.76	14.81	18.55	23.51	23.83
76	12.33	15.51	19.40	24.94	25.26
77	12.82	16.07	20.09	26.50	26.81
78	13.28	16.60	20.73	28.06	28.39
79	13.76	17.17	21.43	29.53	29.85
80	14.35	17.87	22.33	30.80	31.11
81	15.31	19.09	23.97	31.77	32.07
82	16.27	20.30	25.60	32.74	33.03
83	17.24	21.50	27.24	33.71	34.00
84	18.21	22.71	28.86	34.68	34.95

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99589 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	1.86	2.36	2.98	3.53	3.63
30-34	1.86	2.36	2.98	3.53	3.63
35-39	2.03	2.57	3.25	3.85	3.95
40	2.10	2.66	3.36	3.99	4.09
41	2.15	2.74	3.45	4.09	4.20
42	2.22	2.82	3.56	4.22	4.33
43	2.30	2.91	3.67	4.36	4.46
44	2.36	2.99	3.77	4.47	4.59
45	2.40	3.05	3.85	4.57	4.69
46	2.44	3.09	3.90	4.62	4.73
47	2.45	3.11	3.92	4.62	4.74
48	2.45	3.11	3.92	4.63	4.74
49	2.47	3.13	3.95	4.65	4.78
50	2.50	3.18	4.01	4.76	4.89
51	2.57	3.25	4.10	4.93	5.07
52	2.64	3.34	4.22	5.17	5.30
53	2.72	3.46	4.37	5.44	5.57
54	2.83	3.58	4.54	5.73	5.88
55	2.95	3.74	4.73	6.05	6.19
56	3.11	3.94	4.99	6.38	6.53
57	3.28	4.17	5.27	6.73	6.89
58	3.47	4.41	5.58	7.11	7.28
59	3.68	4.67	5.91	7.52	7.70
60	3.89	4.94	6.26	7.94	8.12
61	4.10	5.21	6.59	8.34	8.53
62	4.31	5.48	6.92	8.73	8.93
63	4.54	5.77	7.28	9.16	9.36
64	4.80	6.09	7.68	9.69	9.89
65	5.09	6.46	8.14	10.37	10.58
66	5.41	6.88	8.64	11.23	11.45
67	5.76	7.32	9.17	12.24	12.47
68	6.14	7.79	9.76	13.35	13.60
69	6.57	8.35	10.43	14.50	14.76
70	7.07	8.98	11.23	15.62	15.89
71	7.69	9.77	12.23	16.73	17.02
72	8.40	10.67	13.40	17.86	18.14
73	9.14	11.61	14.63	19.01	19.30
74	9.86	12.53	15.81	20.18	20.48
75	10.51	13.33	16.84	21.37	21.66
76	11.03	13.98	17.63	22.64	22.94
77	11.49	14.52	18.27	23.99	24.30
78	11.93	15.02	18.86	25.34	25.65
79	12.37	15.55	19.49	26.59	26.90
80	12.88	16.18	20.26	27.66	27.97
81	13.67	17.19	21.61	28.46	28.76
82	14.46	18.19	22.96	29.26	29.56
83	15.27	19.21	24.30	30.06	30.35
84	16.06	20.20	25.65	30.85	31.14

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99589 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	1.66	2.11	2.66	3.17	3.26
30-34	1.66	2.11	2.66	3.17	3.26
35-39	1.81	2.30	2.91	3.46	3.56
40	1.87	2.38	3.01	3.58	3.68
41	1.92	2.44	3.09	3.67	3.78
42	1.98	2.52	3.19	3.79	3.90
43	2.04	2.60	3.29	3.91	4.01
44	2.10	2.67	3.38	4.02	4.13
45	2.14	2.73	3.46	4.10	4.22
46	2.17	2.76	3.49	4.15	4.26
47	2.18	2.77	3.51	4.15	4.27
48	2.19	2.78	3.52	4.15	4.27
49	2.20	2.80	3.54	4.19	4.30
50	2.23	2.84	3.60	4.28	4.39
51	2.29	2.91	3.68	4.44	4.55
52	2.35	2.99	3.79	4.64	4.77
53	2.42	3.09	3.92	4.89	5.02
54	2.51	3.20	4.06	5.16	5.29
55	2.63	3.35	4.25	5.45	5.58
56	2.76	3.52	4.46	5.74	5.88
57	2.92	3.72	4.72	6.06	6.20
58	3.09	3.93	5.00	6.39	6.54
59	3.27	4.17	5.29	6.75	6.91
60	3.46	4.41	5.60	7.13	7.29
61	3.65	4.64	5.90	7.50	7.67
62	3.83	4.89	6.19	7.85	8.03
63	4.03	5.15	6.51	8.24	8.42
64	4.26	5.43	6.86	8.71	8.90
65	4.52	5.76	7.27	9.32	9.50
66	4.81	6.12	7.71	10.06	10.27
67	5.11	6.52	8.19	10.94	11.16
68	5.45	6.94	8.71	11.91	12.13
69	5.82	7.43	9.32	12.90	13.14
70	6.26	7.98	10.01	13.87	14.11
71	6.80	8.66	10.86	14.81	15.08
72	7.43	9.44	11.87	15.78	16.04
73	8.07	10.27	12.92	16.75	17.02
74	8.70	11.06	13.93	17.74	18.01
75	9.25	11.75	14.80	18.75	19.02
76	9.70	12.29	15.48	19.81	20.08
77	10.08	12.75	16.03	20.93	21.21
78	10.43	13.18	16.53	22.06	22.34
79	10.79	13.62	17.06	23.09	23.37
80	11.21	14.13	17.71	23.97	24.25
81	11.86	14.95	18.79	24.60	24.88
82	12.50	15.76	19.86	25.23	25.50
83	13.14	16.57	20.94	25.86	26.13
84	13.78	17.37	22.01	26.48	26.75

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

Spousal Discount is 30% 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 99591VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99590 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	4.36	5.73	7.57	10.10	10.37
30-34	4.36	5.73	7.57	10.10	10.37
35-39	4.61	6.06	7.97	10.21	10.46
40	4.73	6.20	8.16	10.22	10.48
41	4.82	6.31	8.29	10.24	10.49
42	4.91	6.43	8.43	10.27	10.52
43	5.00	6.55	8.59	10.31	10.55
44	5.10	6.67	8.73	10.34	10.58
45	5.18	6.76	8.85	10.40	10.63
46	5.23	6.83	8.94	10.45	10.69
47	5.27	6.89	9.00	10.50	10.75
48	5.30	6.93	9.06	10.58	10.82
49	5.34	6.98	9.13	10.67	10.93
50	5.39	7.04	9.22	10.82	11.07
51	5.45	7.12	9.31	11.01	11.26
52	5.51	7.19	9.40	11.21	11.47
53	5.58	7.28	9.51	11.47	11.72
54	5.67	7.40	9.66	11.75	12.02
55	5.81	7.56	9.86	12.11	12.38
56	5.98	7.79	10.14	12.55	12.82
57	6.18	8.05	10.49	13.04	13.33
58	6.42	8.34	10.86	13.58	13.88
59	6.66	8.65	11.24	14.15	14.45
60	6.89	8.95	11.62	14.71	15.02
61	7.10	9.21	11.94	15.24	15.56
62	7.29	9.45	12.24	15.75	16.07
63	7.50	9.71	12.55	16.29	16.62
64	7.74	10.01	12.92	16.93	17.26
65	8.05	10.40	13.40	17.71	18.05
66	8.42	10.87	13.98	18.68	19.04
67	8.82	11.39	14.62	19.81	20.18
68	9.28	11.98	15.35	21.02	21.41
69	9.80	12.65	16.16	22.28	22.67
70	10.39	13.38	17.09	23.51	23.92
71	11.09	14.27	18.22	24.74	25.16
72	11.92	15.30	19.54	26.00	26.42
73	12.78	16.38	20.92	27.28	27.70
74	13.59	17.38	22.21	28.55	28.97
75	14.27	18.22	23.27	29.79	30.21
76	14.76	18.80	24.00	31.05	31.47
77	15.12	19.22	24.51	32.35	32.76
78	15.43	19.57	24.92	33.60	34.01
79	15.77	19.95	25.41	34.77	35.17
80	16.23	20.51	26.11	35.77	36.17
81	17.11	21.60	27.59	36.54	36.93
82	17.98	22.69	29.06	37.31	37.68
83	18.86	23.78	30.53	38.08	38.44
84	19.74	24.87	32.00	38.85	39.20

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99590 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	3.88	5.10	6.74	8.99	9.23
30-34	3.88	5.10	6.74	8.99	9.23
35-39	4.10	5.39	7.10	9.08	9.31
40	4.21	5.52	7.26	9.10	9.32
41	4.28	5.62	7.38	9.12	9.34
42	4.37	5.72	7.51	9.14	9.36
43	4.46	5.83	7.64	9.17	9.39
44	4.54	5.93	7.77	9.21	9.41
45	4.61	6.02	7.88	9.25	9.47
46	4.65	6.08	7.96	9.30	9.51
47	4.69	6.13	8.01	9.35	9.57
48	4.72	6.17	8.06	9.41	9.63
49	4.75	6.21	8.13	9.50	9.72
50	4.80	6.26	8.20	9.63	9.86
51	4.85	6.34	8.28	9.79	10.02
52	4.91	6.40	8.36	9.98	10.21
53	4.97	6.48	8.46	10.20	10.43
54	5.05	6.59	8.60	10.47	10.70
55	5.17	6.73	8.78	10.78	11.03
56	5.32	6.93	9.03	11.16	11.41
57	5.51	7.16	9.33	11.60	11.86
58	5.72	7.43	9.67	12.09	12.35
59	5.92	7.70	10.01	12.59	12.86
60	6.13	7.97	10.34	13.10	13.37
61	6.32	8.20	10.63	13.56	13.85
62	6.49	8.42	10.89	14.01	14.30
63	6.67	8.64	11.17	14.50	14.80
64	6.89	8.91	11.50	15.07	15.36
65	7.16	9.26	11.93	15.76	16.07
66	7.49	9.68	12.44	16.62	16.94
67	7.85	10.13	13.00	17.60	17.94
68	8.25	10.66	13.64	18.68	19.03
69	8.72	11.24	14.36	19.80	20.15
70	9.24	11.91	15.21	20.93	21.29
71	9.88	12.72	16.26	22.09	22.46
72	10.62	13.67	17.51	23.30	23.69
73	11.39	14.66	18.83	24.54	24.93
74	12.13	15.59	20.04	25.76	26.15
75	12.74	16.35	21.04	26.91	27.31
76	13.19	16.90	21.72	28.03	28.42
77	13.53	17.30	22.18	29.13	29.52
78	13.82	17.63	22.55	30.19	30.57
79	14.12	17.99	22.96	31.14	31.53
80	14.53	18.48	23.56	31.98	32.36
81	15.24	19.38	24.76	32.58	32.97
82	15.96	20.27	25.96	33.19	33.57
83	16.66	21.17	27.15	33.81	34.16
84	17.37	22.06	28.35	34.42	34.77

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99590 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	3.39	4.50	5.97	7.97	8.19
30-34	3.39	4.50	5.97	7.97	8.19
35-39	3.61	4.76	6.30	8.07	8.28
40	3.71	4.89	6.45	8.09	8.30
41	3.78	4.98	6.55	8.11	8.31
42	3.85	5.07	6.67	8.14	8.33
43	3.93	5.17	6.80	8.16	8.35
44	4.01	5.26	6.90	8.19	8.39
45	4.07	5.34	7.00	8.24	8.42
46	4.11	5.39	7.07	8.28	8.47
47	4.14	5.44	7.13	8.33	8.51
48	4.17	5.46	7.17	8.38	8.58
49	4.19	5.51	7.23	8.46	8.66
50	4.24	5.55	7.29	8.58	8.78
51	4.28	5.62	7.36	8.72	8.92
52	4.33	5.67	7.43	8.88	9.09
53	4.38	5.74	7.52	9.08	9.29
54	4.46	5.84	7.64	9.32	9.53
55	4.56	5.97	7.80	9.60	9.82
56	4.70	6.14	8.03	9.95	10.16
57	4.86	6.35	8.29	10.33	10.57
58	5.04	6.58	8.59	10.76	11.00
59	5.23	6.82	8.89	11.21	11.45
60	5.41	7.06	9.19	11.66	11.91
61	5.58	7.26	9.44	12.08	12.33
62	5.72	7.45	9.68	12.48	12.74
63	5.89	7.66	9.92	12.91	13.18
64	6.08	7.89	10.22	13.41	13.68
65	6.32	8.20	10.58	14.02	14.29
66	6.61	8.56	11.03	14.76	15.05
67	6.92	8.97	11.53	15.62	15.91
68	7.27	9.42	12.10	16.54	16.85
69	7.68	9.94	12.74	17.50	17.81
70	8.14	10.51	13.46	18.45	18.77
71	8.69	11.21	14.36	19.42	19.76
72	9.33	12.03	15.41	20.45	20.78
73	10.02	12.89	16.51	21.47	21.82
74	10.65	13.69	17.53	22.47	22.82
75	11.17	14.34	18.37	23.43	23.77
76	11.54	14.80	18.94	24.34	24.68
77	11.81	15.11	19.31	25.24	25.58
78	12.03	15.37	19.62	26.09	26.43
79	12.27	15.65	19.96	26.87	27.21
80	12.58	16.04	20.44	27.53	27.86
81	13.16	16.75	21.38	27.99	28.32
82	13.74	17.47	22.32	28.45	28.77
83	14.30	18.18	23.26	28.91	29.23
84	14.88	18.90	24.20	29.37	29.68

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

Spousal Discount is 30% 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 99591 VA 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 97059VA 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	2.93	3.74	5.27	7.28	8.08
30-34	2.93	3.74	5.27	7.28	8.08
35-39	3.19	4.08	5.75	9.63	9.79
40	3.30	4.22	5.95	9.95	10.12
41	3.39	4.33	6.12	10.22	10.40
42	3.50	4.46	6.30	10.54	10.72
43	3.61	4.61	6.50	10.88	11.06
44	3.71	4.74	6.69	11.19	11.38
45	3.79	4.84	6.83	11.42	11.62
46	3.83	4.86	6.89	11.54	11.73
47	3.84	4.87	6.90	11.55	11.75
48	3.85	4.88	6.91	11.58	11.76
49	3.86	4.91	6.93	11.61	11.80
50	3.95	5.04	7.11	11.90	12.10
51	4.10	5.24	7.41	12.40	12.61
52	4.30	5.51	7.81	13.05	13.27
53	4.54	5.83	8.28	13.83	14.07
54	4.82	6.20	8.83	14.71	14.98
55	5.12	6.61	9.44	15.72	16.00
56	5.46	7.06	10.10	16.81	17.12
57	5.82	7.55	10.82	18.02	18.35
58	6.22	8.09	11.63	19.35	19.71
59	6.66	8.67	12.50	20.79	21.20
60	7.13	9.31	13.45	22.37	22.81
61	7.58	9.92	14.37	23.94	24.40
62	7.99	10.49	15.24	25.47	25.97
63	8.48	11.16	16.25	27.20	27.73
64	9.12	12.04	17.57	29.40	29.97
65	10.02	13.25	19.38	32.28	32.90
66	11.21	14.83	21.69	35.84	36.50
67	12.62	16.69	24.40	39.87	40.60
68	14.22	18.78	27.46	44.48	45.26
69	15.94	21.08	30.86	49.67	50.53
70	17.75	23.53	34.55	53.87	56.46
71	19.53	25.98	38.27	56.75	62.75
72	21.29	28.43	42.04	59.16	65.69
73	23.24	31.16	45.93	61.98	68.82
74	25.55	34.41	49.22	66.42	73.74
75	28.43	38.46	54.37	73.37	81.46
76	32.09	43.64	63.21	85.29	94.69
77	36.43	49.76	72.08	97.23	107.95
78	41.06	56.33	80.94	109.18	121.23
79	45.64	62.84	89.91	121.26	134.63
80	49.82	68.83	98.88	133.63	148.36
81	54.13	75.10	108.49	149.62	166.11
82	58.43	81.37	118.10	165.61	183.86
83	62.73	87.64	127.71	181.60	201.60
84	67.03	93.91	137.33	197.59	219.35
	EXB01A76	EXC01A76	EXD01A76	EXE01A76	EXA01A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059VA 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	2.61	3.33	4.65	6.27	6.97
30-34	2.61	3.33	4.65	6.27	6.97
35-39	2.84	3.63	5.12	8.57	8.71
40	2.94	3.75	5.29	8.86	9.02
41	3.02	3.85	5.43	9.10	9.25
42	3.11	3.97	5.61	9.39	9.55
43	3.21	4.10	5.79	9.69	9.84
44	3.30	4.21	5.95	9.95	10.12
45	3.37	4.30	6.07	10.16	10.35
46	3.40	4.34	6.11	10.26	10.43
47	3.41	4.35	6.13	10.28	10.46
48	3.42	4.36	6.15	10.30	10.49
49	3.43	4.37	6.17	10.33	10.50
50	3.51	4.48	6.33	10.60	10.78
51	3.66	4.67	6.61	11.06	11.24
52	3.84	4.92	6.96	11.63	11.84
53	4.04	5.20	7.38	12.32	12.56
54	4.29	5.52	7.85	13.12	13.34
55	4.56	5.89	8.39	14.00	14.25
56	4.86	6.29	9.00	14.98	15.25
57	5.18	6.72	9.64	16.04	16.34
58	5.55	7.20	10.35	17.22	17.54
59	5.93	7.72	11.13	18.51	18.87
60	6.35	8.29	11.98	19.92	20.31
61	6.74	8.83	12.79	21.31	21.71
62	7.11	9.34	13.56	22.68	23.11
63	7.54	9.93	14.47	24.22	24.68
64	8.12	10.72	15.64	26.18	26.68
65	8.93	11.80	17.25	28.74	29.29
66	9.98	13.20	19.32	31.91	32.52
67	11.24	14.86	21.74	35.55	36.20
68	12.66	16.73	24.46	39.66	40.38
69	14.20	18.77	27.50	42.83	45.05
70	15.80	20.95	30.76	45.78	50.25
71	17.38	23.11	34.05	48.38	53.71
72	18.96	25.30	37.40	50.65	56.24
73	20.70	27.73	39.49	53.28	59.16
74	22.74	30.58	42.90	57.90	64.28
75	25.25	34.07	47.94	64.68	71.82
76	28.41	38.49	55.36	74.69	82.92
77	32.14	43.71	62.78	84.70	94.04
78	36.13	49.27	70.22	94.71	105.15
79	40.05	54.78	77.80	104.93	116.50
80	43.63	59.81	85.23	115.07	127.76
81	47.25	64.98	93.03	127.81	141.89
82	50.87	70.14	100.80	140.56	156.01
83	54.49	75.31	108.58	153.31	170.16
84	58.11	80.48	116.36	166.04	184.28
	EXH01A76	EXI01A76	EXJ01A76	EXK01A76	EXG01A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059VA 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	2.29	2.91	3.93	5.31	5.89
30-34	2.29	2.91	3.93	5.31	5.89
35-39	2.49	3.18	4.48	7.35	7.64
40	2.58	3.29	4.63	7.77	7.91
41	2.65	3.37	4.76	7.98	8.12
42	2.73	3.48	4.91	8.23	8.37
43	2.82	3.59	5.06	8.50	8.64
44	2.90	3.69	5.20	8.74	8.88
45	2.96	3.77	5.31	8.92	9.07
46	2.98	3.80	5.34	8.95	9.09
47	2.99	3.81	5.35	8.97	9.11
48	3.00	3.82	5.36	8.99	9.14
49	3.01	3.83	5.40	9.06	9.21
50	3.08	3.92	5.53	9.28	9.44
51	3.21	4.09	5.79	9.70	9.86
52	3.37	4.30	6.11	10.19	10.36
53	3.54	4.54	6.46	10.79	10.98
54	3.75	4.83	6.86	11.48	11.66
55	3.98	5.13	7.34	12.24	12.45
56	4.24	5.48	7.83	13.08	13.31
57	4.52	5.86	8.39	14.00	14.27
58	4.83	6.26	9.01	15.01	15.30
59	5.16	6.71	9.67	16.11	16.44
60	5.52	7.20	10.41	17.33	17.67
61	5.86	7.67	11.10	18.52	18.89
62	6.18	8.10	11.77	19.70	20.08
63	6.54	8.62	12.54	21.01	21.42
64	7.03	9.29	13.55	22.68	23.13
65	7.72	10.21	14.93	24.86	25.33
66	8.63	11.42	16.70	27.55	28.07
67	9.73	12.86	18.79	30.66	31.21
68	10.96	14.47	21.12	34.04	34.73
69	12.29	16.22	23.69	36.44	38.68
70	13.65	18.07	26.43	38.91	42.99
71	14.98	19.88	29.18	41.10	45.63
72	16.31	21.71	31.89	43.03	47.78
73	17.75	23.71	33.54	45.26	50.25
74	19.44	26.07	36.33	49.02	54.42
75	21.50	28.90	40.39	54.49	60.50
76	24.09	32.49	46.28	62.44	69.32
77	27.14	36.71	52.18	70.38	78.15
78	30.39	41.21	58.07	78.32	86.96
79	33.58	45.63	64.17	86.53	96.08
80	36.48	49.64	69.99	94.37	104.77
81	39.34	53.67	75.90	103.95	115.38
82	42.20	57.69	81.82	113.52	125.99
83	45.07	61.72	87.74	123.09	136.61
84	47.93	65.74	93.66	132.67	147.21
	EXN01A76	EXO01A76	EXP01A76	EXQ01A76	EXM01A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589VA 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	6.56	9.35	11.91	15.01	15.30
30-34	6.56	9.35	11.91	15.01	15.30
35-39	7.15	10.21	12.99	16.37	16.69
40	7.40	10.56	13.44	16.91	17.26
41	7.60	10.84	13.82	17.37	17.74
42	7.84	11.17	14.24	17.92	18.30
43	8.09	11.54	14.69	18.48	18.87
44	8.31	11.86	15.11	19.01	19.40
45	8.49	12.11	15.43	19.42	19.82
46	8.59	12.19	15.58	19.60	20.02
47	8.61	12.24	15.62	19.63	20.03
48	8.64	12.26	15.65	19.66	20.05
49	8.68	12.35	15.72	19.74	20.16
50	8.85	12.61	16.06	20.22	20.64
51	9.13	13.02	16.62	21.03	21.46
52	9.49	13.55	17.32	22.08	22.54
53	9.93	14.20	18.17	23.34	23.81
54	10.44	14.95	19.17	24.74	25.26
55	11.00	15.81	20.30	26.29	26.84
56	11.66	16.77	21.56	27.96	28.55
57	12.39	17.85	22.99	29.79	30.41
58	13.19	19.04	24.56	31.78	32.44
59	14.06	20.30	26.24	33.92	34.64
60	14.99	21.67	28.04	36.25	37.00
61	15.88	22.99	29.79	38.53	39.31
62	16.71	24.26	31.49	40.73	41.57
63	17.69	25.70	33.40	43.22	44.09
64	18.89	27.50	35.77	46.34	47.26
65	20.46	29.85	38.89	50.40	51.38
66	22.46	32.79	42.71	55.48	56.52
67	24.76	36.16	47.10	61.31	62.44
68	27.36	39.94	52.04	67.87	69.09
69	30.19	44.11	57.54	75.05	76.37
70	33.23	48.65	63.60	82.81	84.25
71	36.40	51.48	69.57	90.85	92.36
72	39.70	53.20	71.60	96.63	100.79
73	42.15	55.10	73.82	99.63	110.00
74	44.58	57.90	77.25	104.24	115.75
75	47.75	61.96	81.76	110.32	122.49
76	51.86	68.09	89.78	121.13	134.49
77	55.97	74.22	97.79	131.94	146.49
78	60.09	80.37	105.75	142.68	158.40
79	64.21	86.62	115.09	155.28	172.40
80	69.30	93.78	125.15	168.97	187.57
81	74.97	101.84	136.71	185.85	206.29
82	80.62	109.89	148.26	202.74	225.02
83	86.29	117.93	159.83	219.61	243.75
84	91.95	125.98	171.36	236.49	262.45
	XSB01A76	XSC01A76	XSD01A76	XSE01A76	XSA01A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589VA 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	5.85	8.33	10.61	13.34	13.64
30-34	5.85	8.33	10.61	13.34	13.64
35-39	6.36	9.09	11.56	14.56	14.85
40	6.59	9.39	11.96	15.06	15.37
41	6.76	9.65	12.28	15.46	15.79
42	6.98	9.94	12.67	15.96	16.28
43	7.20	10.26	13.08	16.46	16.79
44	7.40	10.54	13.44	16.91	17.26
45	7.55	10.77	13.72	17.28	17.64
46	7.64	10.88	13.83	17.44	17.79
47	7.66	10.92	13.89	17.46	17.84
48	7.68	10.93	13.93	17.50	17.86
49	7.71	10.99	14.00	17.57	17.93
50	7.86	11.21	14.29	18.00	18.38
51	8.14	11.59	14.80	18.73	19.12
52	8.46	12.08	15.43	19.67	20.09
53	8.83	12.66	16.18	20.78	21.22
54	9.29	13.30	17.05	22.04	22.48
55	9.80	14.07	18.05	23.41	23.88
56	10.39	14.94	19.21	24.91	25.41
57	11.03	15.89	20.45	26.52	27.06
58	11.76	16.94	21.85	28.28	28.87
59	12.53	18.07	23.37	30.20	30.84
60	13.34	19.29	24.98	32.27	32.94
61	14.13	20.47	26.53	34.29	34.99
62	14.88	21.60	28.03	36.26	37.00
63	15.73	22.88	29.74	38.47	39.24
64	16.81	24.49	31.85	41.26	42.07
65	18.23	26.57	34.61	44.87	45.74
66	19.99	29.18	38.02	49.38	50.33
67	22.05	32.19	41.93	54.59	55.61
68	24.35	35.55	46.31	60.42	61.53
69	26.88	39.27	51.23	66.84	68.01
70	29.58	42.70	56.62	73.71	74.97
71	32.40	44.25	59.62	80.46	82.25
72	34.20	45.53	61.26	82.66	89.78
73	35.62	46.93	63.05	85.09	94.48
74	37.58	49.10	65.97	89.01	98.84
75	39.89	52.34	69.92	94.34	104.74
76	43.55	57.69	77.19	104.15	115.64
77	47.23	63.04	84.28	113.70	126.24
78	50.87	68.40	92.34	124.57	138.30
79	54.59	74.21	100.65	135.78	150.75
80	58.80	80.11	109.02	147.06	163.25
81	63.37	86.59	118.42	160.55	178.19
82	67.94	93.04	127.79	174.04	193.13
83	72.53	99.53	137.15	187.54	208.08
84	77.08	105.99	146.53	201.01	223.03
	XSH01A76	XSI01A76	XSJ01A76	XSK01A76	XSG01A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589VA 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	5.16	7.35	9.37	11.82	12.07
30-34	5.16	7.35	9.37	11.82	12.07
35-39	5.63	8.02	10.22	12.89	13.17
40	5.83	8.30	10.57	13.34	13.64
41	5.98	8.51	10.86	13.69	14.00
42	6.16	8.79	11.20	14.13	14.43
43	6.36	9.07	11.55	14.57	14.88
44	6.54	9.32	11.89	14.99	15.30
45	6.68	9.52	12.14	15.30	15.64
46	6.74	9.62	12.22	15.40	15.71
47	6.76	9.65	12.26	15.43	15.75
48	6.79	9.67	12.29	15.44	15.78
49	6.81	9.72	12.38	15.57	15.90
50	6.95	9.90	12.64	15.93	16.27
51	7.19	10.25	13.09	16.60	16.94
52	7.48	10.67	13.66	17.42	17.78
53	7.79	11.16	14.31	18.40	18.79
54	8.18	11.75	15.05	19.50	19.89
55	8.63	12.39	15.95	20.71	21.13
56	9.14	13.15	16.91	22.01	22.46
57	9.70	13.99	18.02	23.42	23.91
58	10.33	14.88	19.24	24.95	25.48
59	10.99	15.88	20.54	26.61	27.19
60	11.70	16.94	21.95	28.42	29.01
61	12.39	17.96	23.30	30.18	30.81
62	13.05	18.94	24.61	31.91	32.56
63	13.78	20.08	26.08	33.84	34.52
64	14.70	21.45	27.92	36.23	36.97
65	15.93	23.25	30.31	39.35	40.11
66	17.46	25.51	33.25	43.20	44.04
67	19.26	28.14	36.65	47.68	48.57
68	21.26	31.05	40.43	52.68	53.61
69	23.45	34.26	44.65	58.09	59.12
70	25.76	36.84	49.21	63.85	64.95
71	28.16	38.16	51.26	69.19	71.01
72	28.98	39.29	52.70	71.12	77.31
73	29.86	40.50	54.29	73.26	81.35
74	31.24	42.35	56.74	76.56	85.00
75	33.05	44.73	59.97	80.90	89.82
76	35.98	48.90	65.69	88.62	98.39
77	39.28	52.93	70.99	95.77	106.34
78	42.54	57.58	77.42	104.44	115.96
79	45.83	62.41	84.13	113.48	125.99
80	49.21	67.12	90.73	122.26	135.70
81	52.82	72.19	97.92	132.43	146.96
82	56.41	77.25	105.10	142.59	158.21
83	60.01	82.31	112.31	152.76	169.48
84	63.60	87.35	119.48	162.91	180.72
	XSN01A76	XSO01A76	XSP01A76	XSQ01A76	XSM01A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 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	10.88	14.15	18.48	24.54	25.10
30-34	10.88	14.15	18.48	24.54	25.10
35-39	11.63	15.13	19.73	25.51	26.05
40	11.97	15.55	20.27	25.86	26.42
41	12.24	15.88	20.68	26.15	26.73
42	12.53	16.24	21.14	26.52	27.09
43	12.84	16.65	21.63	26.91	27.47
44	13.13	17.01	22.09	27.27	27.85
45	13.36	17.29	22.46	27.59	28.15
46	13.50	17.43	22.67	27.79	28.36
47	13.57	17.53	22.78	27.89	28.46
48	13.64	17.61	22.89	28.03	28.59
49	13.71	17.72	23.02	28.21	28.80
50	13.92	18.00	23.38	28.73	29.32
51	14.21	18.41	23.91	29.53	30.13
52	14.59	18.90	24.56	30.49	31.11
53	15.04	19.49	25.34	31.67	32.30
54	15.57	20.19	26.26	33.00	33.68
55	16.20	21.01	27.36	34.57	35.27
56	16.94	21.99	28.63	36.33	37.06
57	17.77	23.09	30.09	38.30	39.09
58	18.69	24.30	31.70	40.47	41.30
59	19.68	25.59	33.39	42.80	43.67
60	20.71	26.95	35.20	45.25	46.17
61	21.66	28.21	36.86	47.64	48.61
62	22.53	29.39	38.43	49.97	50.97
63	23.53	30.73	40.19	52.54	53.59
64	24.81	32.42	42.46	55.73	56.83
65	26.54	34.73	45.51	59.84	60.98
66	28.78	37.67	49.35	64.90	66.12
67	31.39	41.09	53.79	70.69	71.99
68	34.34	44.93	58.81	77.18	78.57
69	37.56	49.18	64.41	84.32	85.79
70	41.01	53.76	70.56	92.08	93.67
71	44.59	58.58	77.04	100.21	101.88
72	48.34	63.60	83.90	108.71	110.49
73	50.26	66.07	89.17	118.01	119.88
74	52.30	68.24	91.60	123.61	130.47
75	55.35	71.63	94.82	127.96	142.08
76	59.36	77.05	101.06	136.38	151.42
77	63.36	82.50	107.32	144.81	160.77
78	67.38	87.96	113.00	152.46	169.27
79	71.39	93.52	120.51	162.59	180.51
80	76.69	100.80	130.42	176.03	195.42
81	82.67	109.03	141.88	192.75	213.97
82	88.62	117.25	153.32	209.48	232.52
83	94.58	125.48	164.77	226.20	251.06
84	100.55	133.71	176.22	242.93	269.61
	XCB01A76	XCC01A76	XCD01A76	XCE01A76	XCA01A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 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	9.69	12.60	16.46	21.84	22.34
30-34	9.69	12.60	16.46	21.84	22.34
35-39	10.36	13.47	17.56	22.69	23.18
40	10.67	13.83	18.03	23.02	23.52
41	10.89	14.13	18.40	23.28	23.79
42	11.14	14.46	18.82	23.62	24.11
43	11.42	14.81	19.25	23.95	24.44
44	11.68	15.12	19.66	24.28	24.77
45	11.89	15.39	19.98	24.56	25.07
46	12.00	15.54	20.15	24.72	25.23
47	12.07	15.62	20.26	24.82	25.34
48	12.12	15.69	20.37	24.95	25.47
49	12.19	15.78	20.50	25.12	25.62
50	12.38	16.02	20.80	25.58	26.11
51	12.67	16.39	21.29	26.29	26.82
52	13.01	16.84	21.87	27.16	27.72
53	13.38	17.36	22.55	28.18	28.78
54	13.86	17.98	23.37	29.40	29.99
55	14.42	18.72	24.33	30.77	31.40
56	15.08	19.59	25.49	32.34	33.00
57	15.82	20.55	26.78	34.09	34.79
58	16.66	21.63	28.21	36.02	36.75
59	17.51	22.78	29.74	38.09	38.88
60	18.42	24.00	31.33	40.29	41.12
61	19.26	25.12	32.82	42.41	43.26
62	20.05	26.17	34.20	44.48	45.36
63	20.93	27.34	35.78	46.77	47.70
64	22.08	28.87	37.80	49.62	50.58
65	23.63	30.93	40.50	53.26	54.29
66	25.62	33.53	43.93	57.76	58.87
67	27.94	36.57	47.88	62.93	64.11
68	30.56	40.00	52.35	68.71	69.97
69	33.45	43.76	57.34	75.08	76.40
70	36.50	47.85	62.80	81.96	83.36
71	39.70	52.14	68.63	89.21	90.71
72	41.53	55.61	74.84	96.82	98.41
73	42.59	56.40	76.30	102.97	106.76
74	44.22	57.97	78.34	105.72	116.05
75	46.18	60.39	81.19	109.56	121.65
76	49.51	64.81	86.95	117.32	130.26
77	52.85	69.26	92.70	125.08	138.86
78	56.20	73.71	98.47	132.84	147.49
79	59.59	78.30	104.87	141.48	157.07
80	63.90	84.14	113.06	152.47	169.25
81	68.61	90.60	122.30	165.72	183.94
82	73.34	97.04	131.52	178.98	198.64
83	78.04	103.50	140.74	192.27	213.33
84	82.76	109.95	149.97	205.51	228.02
	XCH01A76	XCI01A76	XCJ01A76	XCK01A76	XCG01A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 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	8.48	11.07	14.50	19.29	19.74
30-34	8.48	11.07	14.50	19.29	19.74
35-39	9.10	11.86	15.50	20.08	20.52
40	9.38	12.21	15.93	20.36	20.82
41	9.59	12.46	16.25	20.59	21.04
42	9.81	12.75	16.62	20.89	21.34
43	10.07	13.06	17.01	21.20	21.63
44	10.29	13.34	17.36	21.48	21.92
45	10.47	13.58	17.65	21.73	22.18
46	10.57	13.71	17.79	21.83	22.26
47	10.63	13.79	17.89	21.92	22.36
48	10.68	13.85	17.98	22.02	22.48
49	10.74	13.93	18.12	22.22	22.68
50	10.91	14.13	18.38	22.62	23.09
51	11.16	14.46	18.82	23.27	23.73
52	11.45	14.84	19.33	24.01	24.50
53	11.77	15.29	19.92	24.92	25.42
54	12.18	15.85	20.62	25.97	26.49
55	12.67	16.46	21.48	27.17	27.72
56	13.24	17.22	22.46	28.55	29.12
57	13.89	18.09	23.58	30.07	30.70
58	14.60	19.00	24.82	31.75	32.41
59	15.36	20.01	26.14	33.54	34.24
60	16.14	21.06	27.54	35.46	36.19
61	16.88	22.04	28.81	37.31	38.07
62	17.56	22.93	30.03	39.12	39.89
63	18.31	23.98	31.39	41.09	41.92
64	19.29	25.28	33.14	43.54	44.41
65	20.64	27.05	35.46	46.68	47.56
66	22.36	29.30	38.42	50.51	51.48
67	24.39	31.96	41.85	54.95	55.96
68	26.66	34.92	45.70	59.89	60.94
69	29.15	38.16	49.97	65.24	66.39
70	31.77	41.65	54.57	70.98	72.20
71	34.48	45.28	59.47	77.00	78.29
72	35.25	48.04	64.65	83.34	84.69
73	35.77	48.74	65.67	88.63	91.56
74	36.75	50.04	67.37	90.91	99.09
75	38.07	51.74	69.64	93.96	104.33
76	40.59	54.94	74.03	99.88	110.90
77	43.11	58.15	78.43	105.82	117.48
78	45.65	61.38	82.85	111.78	124.10
79	47.84	64.88	87.64	118.22	131.26
80	51.14	69.45	94.07	126.74	140.68
81	54.68	74.41	101.11	136.70	151.71
82	58.24	79.38	108.16	146.66	162.74
83	61.78	84.34	115.22	156.62	173.78
84	65.33	89.30	122.27	166.57	184.79
	XCN01A76	XCO01A76	XCP01A76	XCQ01A76	XCM01A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059VA 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	2.64	3.37	4.74	6.55	7.27
30-34	2.64	3.37	4.74	6.55	7.27
35-39	2.87	3.67	5.18	8.67	8.81
40	2.97	3.80	5.36	8.96	9.11
41	3.05	3.90	5.51	9.20	9.36
42	3.15	4.01	5.67	9.49	9.65
43	3.25	4.15	5.85	9.79	9.95
44	3.34	4.27	6.02	10.07	10.24
45	3.41	4.36	6.15	10.28	10.46
46	3.45	4.37	6.20	10.39	10.56
47	3.46	4.38	6.21	10.40	10.58
48	3.47	4.39	6.22	10.42	10.58
49	3.47	4.42	6.24	10.45	10.62
50	3.56	4.54	6.40	10.71	10.89
51	3.69	4.72	6.67	11.16	11.35
52	3.87	4.96	7.03	11.75	11.94
53	4.09	5.25	7.45	12.45	12.66
54	4.34	5.58	7.95	13.24	13.48
55	4.61	5.95	8.50	14.15	14.40
56	4.91	6.35	9.09	15.13	15.41
57	5.24	6.80	9.74	16.22	16.52
58	5.60	7.28	10.47	17.42	17.74
59	5.99	7.80	11.25	18.71	19.08
60	6.42	8.38	12.11	20.13	20.53
61	6.82	8.93	12.93	21.55	21.96
62	7.19	9.44	13.72	22.92	23.37
63	7.63	10.04	14.63	24.48	24.96
64	8.21	10.84	15.81	26.46	26.97
65	9.02	11.93	17.44	29.05	29.61
66	10.09	13.35	19.52	32.26	32.85
67	11.36	15.02	21.96	35.88	36.54
68	12.80	16.90	24.71	40.03	40.73
69	14.35	18.97	27.77	44.70	45.48
70	15.98	21.18	31.10	48.48	50.81
71	17.58	23.38	34.44	51.08	56.48
72	19.16	25.59	37.84	53.24	59.12
73	20.92	28.04	41.34	55.78	61.94
74	23.00	30.97	44.30	59.78	66.37
75	25.59	34.61	48.93	66.03	73.31
76	28.88	39.28	56.89	76.76	85.22
77	32.79	44.78	64.87	87.51	97.16
78	36.95	50.70	72.85	98.26	109.11
79	41.08	56.56	80.92	109.13	121.17
80	44.84	61.95	88.99	120.27	133.52
81	48.72	67.59	97.64	134.66	149.50
82	52.59	73.23	106.29	149.05	165.47
83	56.46	78.88	114.94	163.44	181.44
84	60.33	84.52	123.60	177.83	197.42
	EXB02A76	EXC02A76	EXD02A76	EXE02A76	EXA02A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059VA 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	2.35	3.00	4.19	5.64	6.27
30-34	2.35	3.00	4.19	5.64	6.27
35-39	2.56	3.27	4.61	7.71	7.84
40	2.65	3.38	4.76	7.97	8.12
41	2.72	3.47	4.89	8.19	8.33
42	2.80	3.57	5.05	8.45	8.60
43	2.89	3.69	5.21	8.72	8.86
44	2.97	3.79	5.36	8.96	9.11
45	3.03	3.87	5.46	9.14	9.32
46	3.06	3.91	5.50	9.23	9.39
47	3.07	3.92	5.52	9.25	9.41
48	3.08	3.92	5.54	9.27	9.44
49	3.09	3.93	5.55	9.30	9.45
50	3.16	4.03	5.70	9.54	9.70
51	3.29	4.20	5.95	9.95	10.12
52	3.46	4.43	6.26	10.47	10.66
53	3.64	4.68	6.64	11.09	11.30
54	3.86	4.97	7.07	11.81	12.01
55	4.10	5.30	7.55	12.60	12.83
56	4.37	5.66	8.10	13.48	13.73
57	4.66	6.05	8.68	14.44	14.71
58	5.00	6.48	9.32	15.50	15.79
59	5.34	6.95	10.02	16.66	16.98
60	5.72	7.46	10.78	17.93	18.28
61	6.07	7.95	11.51	19.18	19.54
62	6.40	8.41	12.20	20.41	20.80
63	6.79	8.94	13.02	21.80	22.21
64	7.31	9.65	14.08	23.56	24.01
65	8.04	10.62	15.53	25.87	26.36
66	8.98	11.88	17.39	28.72	29.27
67	10.12	13.37	19.57	32.00	32.58
68	11.39	15.06	22.01	35.69	36.34
69	12.78	16.89	24.75	38.55	40.55
70	14.22	18.86	27.68	41.20	45.23
71	15.64	20.80	30.65	43.54	48.34
72	17.06	22.77	33.66	45.59	50.62
73	18.63	24.96	35.54	47.95	53.24
74	20.47	27.52	38.61	52.11	57.85
75	22.73	30.66	43.15	58.21	64.64
76	25.57	34.64	49.82	67.22	74.63
77	28.93	39.34	56.50	76.23	84.64
78	32.52	44.34	63.20	85.24	94.64
79	36.05	49.30	70.02	94.44	104.85
80	39.27	53.83	76.71	103.56	114.98
81	42.53	58.48	83.73	115.03	127.70
82	45.78	63.13	90.72	126.50	140.41
83	49.04	67.78	97.72	137.98	153.14
84	52.30	72.43	104.72	149.44	165.85
	EXH02A76	EXI02A76	EXJ02A76	EXK02A76	EXG02A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059VA 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	2.06	2.62	3.54	4.78	5.30
30-34	2.06	2.62	3.54	4.78	5.30
35-39	2.24	2.86	4.03	6.62	6.88
40	2.32	2.96	4.17	6.99	7.12
41	2.39	3.03	4.28	7.18	7.31
42	2.46	3.13	4.42	7.41	7.53
43	2.54	3.23	4.55	7.65	7.78
44	2.61	3.32	4.68	7.87	7.99
45	2.66	3.39	4.78	8.03	8.16
46	2.68	3.42	4.81	8.06	8.18
47	2.69	3.43	4.82	8.07	8.20
48	2.70	3.44	4.82	8.09	8.23
49	2.71	3.45	4.86	8.15	8.29
50	2.77	3.53	4.98	8.35	8.50
51	2.89	3.68	5.21	8.73	8.87
52	3.03	3.87	5.50	9.17	9.32
53	3.19	4.09	5.81	9.71	9.88
54	3.38	4.35	6.17	10.33	10.49
55	3.58	4.62	6.61	11.02	11.21
56	3.82	4.93	7.05	11.77	11.98
57	4.07	5.27	7.55	12.60	12.84
58	4.35	5.63	8.11	13.51	13.77
59	4.64	6.04	8.70	14.50	14.80
60	4.97	6.48	9.37	15.60	15.90
61	5.27	6.90	9.99	16.67	17.00
62	5.56	7.29	10.59	17.73	18.07
63	5.89	7.76	11.29	18.91	19.28
64	6.33	8.36	12.20	20.41	20.82
65	6.95	9.19	13.44	22.37	22.80
66	7.77	10.28	15.03	24.80	25.26
67	8.76	11.57	16.91	27.59	28.09
68	9.86	13.02	19.01	30.64	31.26
69	11.06	14.60	21.32	32.80	34.81
70	12.29	16.26	23.79	35.02	38.69
71	13.48	17.89	26.26	36.99	41.07
72	14.68	19.54	28.70	38.73	43.00
73	15.98	21.34	30.19	40.73	45.23
74	17.50	23.46	32.70	44.12	48.98
75	19.35	26.01	36.35	49.04	54.45
76	21.68	29.24	41.65	56.20	62.39
77	24.43	33.04	46.96	63.34	70.34
78	27.35	37.09	52.26	70.49	78.26
79	30.22	41.07	57.75	77.88	86.47
80	32.83	44.68	62.99	84.93	94.29
81	35.41	48.30	68.31	93.56	103.84
82	37.98	51.92	73.64	102.17	113.39
83	40.56	55.55	78.97	110.78	122.95
84	43.14	59.17	84.29	119.40	132.49
	EXN02A76	EXO02A76	EXP02A76	EXQ02A76	EXM02A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589VA 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	5.90	8.42	10.72	13.51	13.77
30-34	5.90	8.42	10.72	13.51	13.77
35-39	6.44	9.19	11.69	14.73	15.02
40	6.66	9.50	12.10	15.22	15.53
41	6.84	9.76	12.44	15.63	15.97
42	7.06	10.05	12.82	16.13	16.47
43	7.28	10.39	13.22	16.63	16.98
44	7.48	10.67	13.60	17.11	17.46
45	7.64	10.90	13.89	17.48	17.84
46	7.73	10.97	14.02	17.64	18.02
47	7.75	11.02	14.06	17.67	18.03
48	7.78	11.03	14.09	17.69	18.05
49	7.81	11.12	14.15	17.77	18.14
50	7.97	11.35	14.45	18.20	18.58
51	8.22	11.72	14.96	18.93	19.31
52	8.54	12.20	15.59	19.87	20.29
53	8.94	12.78	16.35	21.01	21.43
54	9.40	13.46	17.25	22.27	22.73
55	9.90	14.23	18.27	23.66	24.16
56	10.49	15.09	19.40	25.16	25.70
57	11.15	16.07	20.69	26.81	27.37
58	11.87	17.14	22.10	28.60	29.20
59	12.65	18.27	23.62	30.53	31.18
60	13.49	19.50	25.24	32.63	33.30
61	14.29	20.69	26.81	34.68	35.38
62	15.04	21.83	28.34	36.66	37.41
63	15.92	23.13	30.06	38.90	39.68
64	17.00	24.75	32.19	41.71	42.53
65	18.41	26.87	35.00	45.36	46.24
66	20.21	29.51	38.44	49.93	50.87
67	22.28	32.54	42.39	55.18	56.20
68	24.62	35.95	46.84	61.08	62.18
69	27.17	39.70	51.79	67.55	68.73
70	29.91	43.79	57.24	74.53	75.83
71	32.76	46.33	62.61	81.77	83.12
72	35.73	47.88	64.44	86.97	90.71
73	37.94	49.59	66.44	89.67	99.00
74	40.12	52.11	69.53	93.82	104.18
75	42.98	55.76	73.58	99.29	110.24
76	46.67	61.28	80.80	109.02	121.04
77	50.37	66.80	88.01	118.75	131.84
78	54.08	72.33	95.18	128.41	142.56
79	57.79	77.96	103.58	139.75	155.16
80	62.37	84.40	112.64	152.07	168.81
81	67.47	91.66	123.04	167.27	185.66
82	72.56	98.90	133.43	182.47	202.52
83	77.66	106.14	143.85	197.65	219.38
84	82.76	113.38	154.22	212.84	236.21
	XSB02A76	XSC02A76	XSD02A76	XSE02A76	XSA02A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589VA 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	5.27	7.50	9.55	12.01	12.28
30-34	5.27	7.50	9.55	12.01	12.28
35-39	5.72	8.18	10.40	13.10	13.37
40	5.93	8.45	10.76	13.55	13.83
41	6.08	8.69	11.05	13.91	14.21
42	6.28	8.95	11.40	14.36	14.65
43	6.48	9.23	11.77	14.81	15.11
44	6.66	9.49	12.10	15.22	15.53
45	6.80	9.69	12.35	15.55	15.88
46	6.88	9.79	12.45	15.70	16.01
47	6.89	9.83	12.50	15.71	16.06
48	6.91	9.84	12.54	15.75	16.07
49	6.94	9.89	12.60	15.81	16.14
50	7.07	10.09	12.86	16.20	16.54
51	7.33	10.43	13.32	16.86	17.21
52	7.61	10.87	13.89	17.70	18.08
53	7.95	11.39	14.56	18.70	19.10
54	8.36	11.97	15.35	19.84	20.23
55	8.82	12.66	16.25	21.07	21.49
56	9.35	13.45	17.29	22.42	22.87
57	9.93	14.30	18.41	23.87	24.35
58	10.58	15.25	19.67	25.45	25.98
59	11.28	16.26	21.03	27.18	27.76
60	12.01	17.36	22.48	29.04	29.65
61	12.72	18.42	23.88	30.86	31.49
62	13.39	19.44	25.23	32.63	33.30
63	14.16	20.59	26.77	34.62	35.32
64	15.13	22.04	28.67	37.13	37.86
65	16.41	23.91	31.15	40.38	41.17
66	17.99	26.26	34.22	44.44	45.30
67	19.85	28.97	37.74	49.13	50.05
68	21.92	32.00	41.68	54.38	55.38
69	24.19	35.34	46.11	60.16	61.21
70	26.62	38.43	50.96	66.34	67.47
71	29.16	39.83	53.66	72.41	74.03
72	30.78	40.98	55.13	74.39	80.80
73	32.06	42.24	56.75	76.58	85.03
74	33.82	44.19	59.37	80.11	88.96
75	35.90	47.11	62.93	84.91	94.27
76	39.20	51.92	69.47	93.74	104.08
77	42.51	56.74	75.85	102.33	113.62
78	45.78	61.56	83.11	112.11	124.47
79	49.13	66.79	90.59	122.20	135.68
80	52.92	72.10	98.12	132.35	146.93
81	57.03	77.93	106.58	144.50	160.37
82	61.15	83.74	115.01	156.64	173.82
83	65.28	89.58	123.44	168.79	187.27
84	69.37	95.39	131.88	180.91	200.73
	XSH02A76	XSI02A76	XSJ02A76	XSK02A76	XSG02A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589VA 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	4.64	6.62	8.43	10.64	10.86
30-34	4.64	6.62	8.43	10.64	10.86
35-39	5.07	7.22	9.20	11.60	11.85
40	5.25	7.47	9.51	12.01	12.28
41	5.38	7.66	9.77	12.32	12.60
42	5.54	7.91	10.08	12.72	12.99
43	5.72	8.16	10.40	13.11	13.39
44	5.89	8.39	10.70	13.49	13.77
45	6.01	8.57	10.93	13.77	14.08
46	6.07	8.66	11.00	13.86	14.14
47	6.08	8.69	11.03	13.89	14.18
48	6.11	8.70	11.06	13.90	14.20
49	6.13	8.75	11.14	14.01	14.31
50	6.26	8.91	11.38	14.34	14.64
51	6.47	9.23	11.78	14.94	15.25
52	6.73	9.60	12.29	15.68	16.00
53	7.01	10.04	12.88	16.56	16.91
54	7.36	10.58	13.55	17.55	17.90
55	7.77	11.15	14.36	18.64	19.02
56	8.23	11.84	15.22	19.81	20.21
57	8.73	12.59	16.22	21.08	21.52
58	9.30	13.39	17.32	22.46	22.93
59	9.89	14.29	18.49	23.95	24.47
60	10.53	15.25	19.76	25.58	26.11
61	11.15	16.16	20.97	27.16	27.73
62	11.75	17.05	22.15	28.72	29.30
63	12.40	18.07	23.47	30.46	31.07
64	13.23	19.31	25.13	32.61	33.27
65	14.34	20.93	27.28	35.42	36.10
66	15.71	22.96	29.93	38.88	39.64
67	17.33	25.33	32.99	42.91	43.71
68	19.13	27.95	36.39	47.41	48.25
69	21.11	30.83	40.19	52.28	53.21
70	23.18	33.16	44.29	57.47	58.46
71	25.34	34.34	46.13	62.27	63.91
72	26.08	35.36	47.43	64.01	69.58
73	26.87	36.45	48.86	65.93	73.22
74	28.12	38.12	51.07	68.90	76.50
75	29.75	40.26	53.97	72.81	80.84
76	32.38	44.01	59.12	79.76	88.55
77	35.35	47.64	63.89	86.19	95.71
78	38.29	51.82	69.68	94.00	104.36
79	41.25	56.17	75.72	102.13	113.39
80	44.29	60.41	81.66	110.03	122.13
81	47.54	64.97	88.13	119.19	132.26
82	50.77	69.53	94.59	128.33	142.39
83	54.01	74.08	101.08	137.48	152.53
84	57.24	78.62	107.53	146.62	162.65
	XSN02A76	XSO02A76	XSP02A76	XSQ02A76	XSM02A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 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	9.79	12.74	16.63	22.09	22.59
30-34	9.79	12.74	16.63	22.09	22.59
35-39	10.47	13.62	17.76	22.96	23.45
40	10.77	14.00	18.24	23.27	23.78
41	11.02	14.29	18.61	23.54	24.06
42	11.28	14.62	19.03	23.87	24.38
43	11.56	14.99	19.47	24.22	24.72
44	11.82	15.31	19.88	24.54	25.07
45	12.02	15.56	20.21	24.83	25.34
46	12.15	15.69	20.40	25.01	25.52
47	12.21	15.78	20.50	25.10	25.61
48	12.28	15.85	20.60	25.23	25.73
49	12.34	15.95	20.72	25.39	25.92
50	12.53	16.20	21.04	25.86	26.39
51	12.79	16.57	21.52	26.58	27.12
52	13.13	17.01	22.10	27.44	28.00
53	13.54	17.54	22.81	28.50	29.07
54	14.01	18.17	23.63	29.70	30.31
55	14.58	18.91	24.62	31.11	31.74
56	15.25	19.79	25.77	32.70	33.35
57	15.99	20.78	27.08	34.47	35.18
58	16.82	21.87	28.53	36.42	37.17
59	17.71	23.03	30.05	38.52	39.30
60	18.64	24.26	31.68	40.73	41.55
61	19.49	25.39	33.17	42.88	43.75
62	20.28	26.45	34.59	44.97	45.87
63	21.18	27.66	36.17	47.29	48.23
64	22.33	29.18	38.21	50.16	51.15
65	23.89	31.26	40.96	53.86	54.88
66	25.90	33.90	44.42	58.41	59.51
67	28.25	36.98	48.41	63.62	64.79
68	30.91	40.44	52.93	69.46	70.71
69	33.80	44.26	57.97	75.89	77.21
70	36.91	48.38	63.50	82.87	84.30
71	40.13	52.72	69.34	90.19	91.69
72	43.51	57.24	75.51	97.84	99.44
73	45.23	59.46	80.25	106.21	107.89
74	47.07	61.42	82.44	111.25	117.42
75	49.82	64.47	85.34	115.16	127.87
76	53.42	69.35	90.95	122.74	136.28
77	57.02	74.25	96.59	130.33	144.69
78	60.64	79.16	101.70	137.21	152.34
79	64.25	84.17	108.46	146.33	162.46
80	69.02	90.72	117.38	158.43	175.88
81	74.40	98.13	127.69	173.48	192.57
82	79.76	105.53	137.99	188.53	209.27
83	85.12	112.93	148.29	203.58	225.95
84	90.50	120.34	158.60	218.64	242.65
	XCB02A76	XCC02A76	XCD02A76	XCE02A76	XCA02A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 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	8.72	11.34	14.81	19.66	20.11
30-34	8.72	11.34	14.81	19.66	20.11
35-39	9.32	12.12	15.80	20.42	20.86
40	9.60	12.45	16.23	20.72	21.17
41	9.80	12.72	16.56	20.95	21.41
42	10.03	13.01	16.94	21.26	21.70
43	10.28	13.33	17.33	21.56	22.00
44	10.51	13.61	17.69	21.85	22.29
45	10.70	13.85	17.98	22.10	22.56
46	10.80	13.99	18.14	22.25	22.71
47	10.86	14.06	18.23	22.34	22.81
48	10.91	14.12	18.33	22.46	22.92
49	10.97	14.20	18.45	22.61	23.06
50	11.14	14.42	18.72	23.02	23.50
51	11.40	14.75	19.16	23.66	24.14
52	11.71	15.16	19.68	24.44	24.95
53	12.04	15.62	20.30	25.36	25.90
54	12.47	16.18	21.03	26.46	26.99
55	12.98	16.85	21.90	27.69	28.26
56	13.57	17.63	22.94	29.11	29.70
57	14.24	18.50	24.10	30.68	31.31
58	14.99	19.47	25.39	32.42	33.08
59	15.76	20.50	26.77	34.28	34.99
60	16.58	21.60	28.20	36.26	37.01
61	17.33	22.61	29.54	38.17	38.93
62	18.05	23.55	30.78	40.03	40.82
63	18.84	24.61	32.20	42.09	42.93
64	19.87	25.98	34.02	44.66	45.52
65	21.27	27.84	36.45	47.93	48.86
66	23.06	30.18	39.54	51.98	52.98
67	25.15	32.91	43.09	56.64	57.70
68	27.50	36.00	47.12	61.84	62.97
69	30.11	39.38	51.61	67.57	68.76
70	32.85	43.07	56.52	73.76	75.02
71	35.73	46.93	61.77	80.29	81.64
72	37.38	50.05	67.36	87.14	88.57
73	38.33	50.76	68.67	92.67	96.08
74	39.80	52.17	70.51	95.15	104.45
75	41.56	54.35	73.07	98.60	109.49
76	44.56	58.33	78.26	105.59	117.23
77	47.57	62.33	83.43	112.57	124.97
78	50.58	66.34	88.62	119.56	132.74
79	53.63	70.47	94.38	127.33	141.36
80	57.51	75.73	101.75	137.22	152.33
81	61.75	81.54	110.07	149.15	165.55
82	66.01	87.34	118.37	161.08	178.78
83	70.24	93.15	126.67	173.04	192.00
84	74.48	98.96	134.97	184.96	205.22
	XCH02A76	XCI02A76	XCJ02A76	XCK02A76	XCG02A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 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	7.63	9.96	13.05	17.36	17.77
30-34	7.63	9.96	13.05	17.36	17.77
35-39	8.19	10.67	13.95	18.07	18.47
40	8.44	10.99	14.34	18.32	18.74
41	8.63	11.21	14.63	18.53	18.94
42	8.83	11.48	14.96	18.80	19.21
43	9.06	11.75	15.31	19.08	19.47
44	9.26	12.01	15.62	19.33	19.73
45	9.42	12.22	15.89	19.56	19.96
46	9.51	12.34	16.01	19.65	20.03
47	9.57	12.41	16.10	19.73	20.12
48	9.61	12.47	16.18	19.82	20.23
49	9.67	12.54	16.31	20.00	20.41
50	9.82	12.72	16.54	20.36	20.78
51	10.04	13.01	16.94	20.94	21.36
52	10.31	13.36	17.40	21.61	22.05
53	10.59	13.76	17.93	22.43	22.88
54	10.96	14.27	18.56	23.37	23.84
55	11.40	14.81	19.33	24.45	24.95
56	11.92	15.50	20.21	25.70	26.21
57	12.50	16.28	21.22	27.06	27.63
58	13.14	17.10	22.34	28.58	29.17
59	13.82	18.01	23.53	30.19	30.82
60	14.53	18.95	24.79	31.91	32.57
61	15.19	19.84	25.93	33.58	34.26
62	15.80	20.64	27.03	35.21	35.90
63	16.48	21.58	28.25	36.98	37.73
64	17.36	22.75	29.83	39.19	39.97
65	18.58	24.35	31.91	42.01	42.80
66	20.12	26.37	34.58	45.46	46.33
67	21.95	28.76	37.67	49.46	50.36
68	23.99	31.43	41.13	53.90	54.85
69	26.24	34.34	44.97	58.72	59.75
70	28.59	37.49	49.11	63.88	64.98
71	31.03	40.75	53.52	69.30	70.46
72	31.73	43.24	58.19	75.01	76.22
73	32.19	43.87	59.10	79.77	82.40
74	33.08	45.04	60.63	81.82	89.18
75	34.26	46.57	62.68	84.56	93.90
76	36.53	49.45	66.63	89.89	99.81
77	38.80	52.34	70.59	95.24	105.73
78	41.09	55.24	74.57	100.60	111.69
79	43.06	58.39	78.88	106.40	118.13
80	46.03	62.51	84.66	114.07	126.61
81	49.21	66.97	91.00	123.03	136.54
82	52.42	71.44	97.34	131.99	146.47
83	55.60	75.91	103.70	140.96	156.40
84	58.80	80.37	110.04	149.91	166.31
	XCN02A76	XCO02A76	XCP02A76	XCQ02A76	XCM02A76

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table A76 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059 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	2.93	3.74	5.27	7.28	8.08
30-34	2.93	3.74	5.27	7.28	8.08
35-39	3.19	4.08	5.75	9.63	9.79
40	3.30	4.22	5.95	9.95	10.12
41	3.39	4.33	6.12	10.22	10.40
42	3.50	4.46	6.30	10.54	10.72
43	3.61	4.61	6.50	10.88	11.06
44	3.71	4.74	6.69	11.19	11.38
45	3.79	4.84	6.83	11.42	11.62
46	3.83	4.86	6.89	11.54	11.73
47	3.84	4.87	6.90	11.55	11.75
48	3.85	4.88	6.91	11.58	11.76
49	3.86	4.91	6.93	11.61	11.80
50	3.95	5.04	7.11	11.90	12.10
51	4.10	5.24	7.41	12.40	12.61
52	4.30	5.51	7.81	13.05	13.27
53	4.54	5.83	8.28	13.83	14.07
54	4.82	6.20	8.83	14.71	14.98
55	5.12	6.61	9.44	15.72	16.00
56	5.46	7.06	10.10	16.81	17.12
57	5.82	7.55	10.82	18.02	18.35
58	6.22	8.09	11.63	19.35	19.71
59	6.66	8.67	12.50	20.79	21.20
60	7.13	9.31	13.45	22.37	22.81
61	7.58	9.92	14.37	23.94	24.40
62	7.99	10.49	15.24	25.47	25.97
63	8.48	11.16	16.25	27.20	27.73
64	9.12	12.04	17.57	29.40	29.97
65	10.02	13.25	19.38	32.28	32.90
66	11.21	14.83	21.69	35.84	36.50
67	12.62	16.69	24.40	39.87	40.60
68	14.22	18.78	27.46	44.48	45.26
69	15.94	21.08	30.86	49.67	50.53
70	17.75	23.53	34.55	53.87	56.46
71	19.53	25.98	38.27	56.75	62.75
72	21.29	28.43	42.04	59.16	65.69
73	23.24	31.16	45.93	61.98	68.82
74	25.55	34.41	49.22	66.42	73.74
75	28.43	38.46	54.37	73.37	81.46
76	32.09	43.64	63.21	85.29	94.69
77	36.43	49.76	72.08	97.23	107.95
78	41.06	56.33	80.94	109.18	121.23
79	45.64	62.84	89.91	121.26	134.63
80	49.82	68.83	98.88	133.63	148.36
81	54.13	75.10	108.49	149.62	166.11
82	58.43	81.37	118.10	165.61	183.86
83	62.73	87.64	127.71	181.60	201.60
84	67.03	93.91	137.33	197.59	219.35
	EXB01B91	EXC01B91	EXD01B91	EXE01B91	EXA01B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059 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	2.61	3.33	4.65	6.27	6.97
30-34	2.61	3.33	4.65	6.27	6.97
35-39	2.84	3.63	5.12	8.57	8.71
40	2.94	3.75	5.29	8.86	9.02
41	3.02	3.85	5.43	9.10	9.25
42	3.11	3.97	5.61	9.39	9.55
43	3.21	4.10	5.79	9.69	9.84
44	3.30	4.21	5.95	9.95	10.12
45	3.37	4.30	6.07	10.16	10.35
46	3.40	4.34	6.11	10.26	10.43
47	3.41	4.35	6.13	10.28	10.46
48	3.42	4.36	6.15	10.30	10.49
49	3.43	4.37	6.17	10.33	10.50
50	3.51	4.48	6.33	10.60	10.78
51	3.66	4.67	6.61	11.06	11.24
52	3.84	4.92	6.96	11.63	11.84
53	4.04	5.20	7.38	12.32	12.56
54	4.29	5.52	7.85	13.12	13.34
55	4.56	5.89	8.39	14.00	14.25
56	4.86	6.29	9.00	14.98	15.25
57	5.18	6.72	9.64	16.04	16.34
58	5.55	7.20	10.35	17.22	17.54
59	5.93	7.72	11.13	18.51	18.87
60	6.35	8.29	11.98	19.92	20.31
61	6.74	8.83	12.79	21.31	21.71
62	7.11	9.34	13.56	22.68	23.11
63	7.54	9.93	14.47	24.22	24.68
64	8.12	10.72	15.64	26.18	26.68
65	8.93	11.80	17.25	28.74	29.29
66	9.98	13.20	19.32	31.91	32.52
67	11.24	14.86	21.74	35.55	36.20
68	12.66	16.73	24.46	39.66	40.38
69	14.20	18.77	27.50	42.83	45.05
70	15.80	20.95	30.76	45.78	50.25
71	17.38	23.11	34.05	48.38	53.71
72	18.96	25.30	37.40	50.65	56.24
73	20.70	27.73	39.49	53.28	59.16
74	22.74	30.58	42.90	57.90	64.28
75	25.25	34.07	47.94	64.68	71.82
76	28.41	38.49	55.36	74.69	82.92
77	32.14	43.71	62.78	84.70	94.04
78	36.13	49.27	70.22	94.71	105.15
79	40.05	54.78	77.80	104.93	116.50
80	43.63	59.81	85.23	115.07	127.76
81	47.25	64.98	93.03	127.81	141.89
82	50.87	70.14	100.80	140.56	156.01
83	54.49	75.31	108.58	153.31	170.16
84	58.11	80.48	116.36	166.04	184.28
	EXH01B91	EXI01B91	EXJ01B91	EXK01B91	EXG01B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059 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	2.29	2.91	3.93	5.31	5.89
30-34	2.29	2.91	3.93	5.31	5.89
35-39	2.49	3.18	4.48	7.35	7.64
40	2.58	3.29	4.63	7.77	7.91
41	2.65	3.37	4.76	7.98	8.12
42	2.73	3.48	4.91	8.23	8.37
43	2.82	3.59	5.06	8.50	8.64
44	2.90	3.69	5.20	8.74	8.88
45	2.96	3.77	5.31	8.92	9.07
46	2.98	3.80	5.34	8.95	9.09
47	2.99	3.81	5.35	8.97	9.11
48	3.00	3.82	5.36	8.99	9.14
49	3.01	3.83	5.40	9.06	9.21
50	3.08	3.92	5.53	9.28	9.44
51	3.21	4.09	5.79	9.70	9.86
52	3.37	4.30	6.11	10.19	10.36
53	3.54	4.54	6.46	10.79	10.98
54	3.75	4.83	6.86	11.48	11.66
55	3.98	5.13	7.34	12.24	12.45
56	4.24	5.48	7.83	13.08	13.31
57	4.52	5.86	8.39	14.00	14.27
58	4.83	6.26	9.01	15.01	15.30
59	5.16	6.71	9.67	16.11	16.44
60	5.52	7.20	10.41	17.33	17.67
61	5.86	7.67	11.10	18.52	18.89
62	6.18	8.10	11.77	19.70	20.08
63	6.54	8.62	12.54	21.01	21.42
64	7.03	9.29	13.55	22.68	23.13
65	7.72	10.21	14.93	24.86	25.33
66	8.63	11.42	16.70	27.55	28.07
67	9.73	12.86	18.79	30.66	31.21
68	10.96	14.47	21.12	34.04	34.73
69	12.29	16.22	23.69	36.44	38.68
70	13.65	18.07	26.43	38.91	42.99
71	14.98	19.88	29.18	41.10	45.63
72	16.31	21.71	31.89	43.03	47.78
73	17.75	23.71	33.54	45.26	50.25
74	19.44	26.07	36.33	49.02	54.42
75	21.50	28.90	40.39	54.49	60.50
76	24.09	32.49	46.28	62.44	69.32
77	27.14	36.71	52.18	70.38	78.15
78	30.39	41.21	58.07	78.32	86.96
79	33.58	45.63	64.17	86.53	96.08
80	36.48	49.64	69.99	94.37	104.77
81	39.34	53.67	75.90	103.95	115.38
82	42.20	57.69	81.82	113.52	125.99
83	45.07	61.72	87.74	123.09	136.61
84	47.93	65.74	93.66	132.67	147.21
	EXN01B91	EXO01B91	EXP01B91	EXQ01B91	EXM01B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589 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	6.56	9.35	13.87	17.48	17.81
30-34	6.56	9.35	13.87	17.48	17.81
35-39	7.15	10.21	15.12	19.06	19.43
40	7.40	10.56	15.65	19.69	20.10
41	7.60	10.84	16.09	20.22	20.65
42	7.84	11.17	16.58	20.86	21.31
43	8.09	11.54	17.10	21.52	21.97
44	8.31	11.86	17.59	22.13	22.59
45	8.49	12.11	17.96	22.61	23.08
46	8.59	12.19	18.14	22.82	23.31
47	8.61	12.24	18.19	22.85	23.32
48	8.64	12.26	18.22	22.89	23.34
49	8.68	12.35	18.30	22.98	23.47
50	8.85	12.61	18.70	23.54	24.03
51	9.13	13.02	19.35	24.48	24.99
52	9.49	13.55	20.17	25.71	26.24
53	9.93	14.20	21.16	27.17	27.72
54	10.44	14.95	22.32	28.80	29.41
55	11.00	15.81	23.64	30.61	31.25
56	11.66	16.77	25.10	32.55	33.24
57	12.39	17.85	26.77	34.68	35.41
58	13.19	19.04	28.59	37.00	37.77
59	14.06	20.30	30.55	39.49	40.33
60	14.99	21.67	32.65	42.21	43.08
61	15.88	22.99	34.68	44.86	45.77
62	16.71	24.26	36.66	47.42	48.40
63	17.69	25.70	38.89	50.32	51.33
64	18.89	27.50	41.65	53.95	55.02
65	20.46	29.85	45.28	58.68	59.82
66	22.46	32.79	49.73	64.59	65.81
67	24.76	36.16	54.84	71.38	72.70
68	27.36	39.94	60.59	79.02	80.44
69	30.19	44.11	64.31	86.79	88.92
70	33.23	48.65	67.31	90.84	98.09
71	36.40	51.48	69.77	94.16	104.54
72	39.70	53.20	71.77	96.89	107.59
73	42.15	55.10	73.96	99.85	110.93
74	44.58	57.90	77.36	104.44	116.05
75	47.75	61.96	81.85	110.49	122.77
76	51.86	68.09	89.86	121.31	134.79
77	55.97	74.22	97.86	132.11	146.79
78	60.09	80.37	105.80	142.83	158.69
79	64.21	86.62	115.13	155.43	172.70
80	69.30	93.78	125.19	169.13	187.89
81	74.97	101.84	136.76	186.03	206.65
82	80.62	109.89	148.31	202.93	225.41
83	86.29	117.93	159.88	219.82	244.17
84	91.95	125.98	171.42	236.72	262.90
	XSB01B91	XSC01B91	XSD01B91	XSE01B91	XSA01B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589 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	5.85	8.33	12.35	15.53	15.88
30-34	5.85	8.33	12.35	15.53	15.88
35-39	6.36	9.09	13.46	16.95	17.29
40	6.59	9.39	13.92	17.53	17.90
41	6.76	9.65	14.30	18.00	18.38
42	6.98	9.94	14.75	18.58	18.95
43	7.20	10.26	15.23	19.16	19.55
44	7.40	10.54	15.65	19.69	20.10
45	7.55	10.77	15.97	20.12	20.54
46	7.64	10.88	16.10	20.31	20.71
47	7.66	10.92	16.17	20.33	20.77
48	7.68	10.93	16.22	20.38	20.79
49	7.71	10.99	16.30	20.46	20.88
50	7.86	11.21	16.64	20.96	21.40
51	8.14	11.59	17.23	21.81	22.26
52	8.46	12.08	17.96	22.90	23.39
53	8.83	12.66	18.84	24.19	24.71
54	9.29	13.30	19.85	25.66	26.17
55	9.80	14.07	21.02	27.26	27.80
56	10.39	14.94	22.37	29.00	29.58
57	11.03	15.89	23.81	30.88	31.51
58	11.76	16.94	25.44	32.93	33.61
59	12.53	18.07	27.21	35.16	35.91
60	13.34	19.29	29.08	37.57	38.35
61	14.13	20.47	30.89	39.92	40.74
62	14.88	21.60	32.63	42.22	43.08
63	15.73	22.88	34.63	44.79	45.69
64	16.81	24.49	37.08	48.04	48.98
65	18.23	26.57	40.30	52.24	53.25
66	19.99	29.18	44.27	57.49	58.60
67	22.05	32.19	48.82	63.56	64.75
68	24.35	35.55	52.56	70.35	71.64
69	26.88	39.27	55.21	74.51	79.18
70	29.58	42.70	57.75	77.94	86.52
71	32.40	44.25	59.77	80.69	89.59
72	34.20	45.53	61.38	82.86	92.05
73	35.62	46.93	63.15	85.25	94.73
74	37.58	49.10	66.04	89.15	99.06
75	39.89	52.34	69.97	94.46	104.95
76	43.55	57.69	77.24	104.28	115.87
77	47.23	63.04	84.32	113.83	126.48
78	50.87	68.40	92.37	124.70	138.55
79	54.59	74.21	100.68	135.92	151.02
80	58.80	80.11	109.05	147.21	163.54
81	63.37	86.59	118.45	160.71	178.51
82	67.94	93.04	127.83	174.22	193.47
83	72.53	99.53	137.19	187.73	208.45
84	77.08	105.99	146.57	201.22	223.43
	XSH01B91	XSI01B91	XSJ01B91	XSK01B91	XSG01B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589 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	5.16	7.35	10.91	13.76	14.05
30-34	5.16	7.35	10.91	13.76	14.05
35-39	5.63	8.02	11.90	15.01	15.33
40	5.83	8.30	12.31	15.53	15.88
41	5.98	8.51	12.64	15.94	16.30
42	6.16	8.79	13.04	16.45	16.80
43	6.36	9.07	13.45	16.96	17.32
44	6.54	9.32	13.84	17.45	17.81
45	6.68	9.52	14.13	17.81	18.21
46	6.74	9.62	14.23	17.93	18.29
47	6.76	9.65	14.27	17.96	18.34
48	6.79	9.67	14.31	17.98	18.37
49	6.81	9.72	14.41	18.13	18.51
50	6.95	9.90	14.72	18.55	18.94
51	7.19	10.25	15.24	19.33	19.72
52	7.48	10.67	15.90	20.28	20.70
53	7.79	11.16	16.66	21.42	21.88
54	8.18	11.75	17.52	22.70	23.16
55	8.63	12.39	18.57	24.11	24.60
56	9.14	13.15	19.69	25.63	26.15
57	9.70	13.99	20.98	27.27	27.84
58	10.33	14.88	22.40	29.05	29.67
59	10.99	15.88	23.91	30.98	31.66
60	11.70	16.94	25.56	33.09	33.78
61	12.39	17.96	27.13	35.14	35.87
62	13.05	18.94	28.65	37.15	37.91
63	13.78	20.08	30.36	39.40	40.19
64	14.70	21.45	32.51	42.18	43.04
65	15.93	23.25	35.29	45.81	46.70
66	17.46	25.51	38.71	50.30	51.28
67	19.26	28.14	42.67	55.51	56.55
68	21.26	31.05	45.21	61.02	62.42
69	23.45	34.26	47.47	64.07	68.83
70	25.76	36.84	49.65	67.00	74.38
71	28.16	38.16	51.39	69.38	77.03
72	28.98	39.29	52.81	71.29	79.20
73	29.86	40.50	54.37	73.40	81.56
74	31.24	42.35	56.80	76.68	85.20
75	33.05	44.73	60.01	81.01	90.01
76	35.98	48.90	65.73	88.73	98.59
77	39.28	52.93	71.02	95.88	106.54
78	42.54	57.58	77.45	104.55	116.17
79	45.83	62.41	84.15	113.60	126.22
80	49.21	67.12	90.75	122.39	135.95
81	52.82	72.19	97.94	132.57	147.23
82	56.41	77.25	105.12	142.74	158.50
83	60.01	82.31	112.34	152.92	169.79
84	63.60	87.35	119.51	163.08	181.05
	XSN01B91	XSO01B91	XSP01B91	XSQ01B91	XSM01B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 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	12.67	16.47	21.52	28.57	29.22
30-34	12.67	16.47	21.52	28.57	29.22
35-39	13.54	17.62	22.97	29.70	30.33
40	13.94	18.10	23.60	30.11	30.76
41	14.25	18.49	24.08	30.45	31.12
42	14.59	18.91	24.61	30.88	31.54
43	14.95	19.39	25.18	31.33	31.98
44	15.29	19.80	25.72	31.75	32.43
45	15.55	20.13	26.15	32.12	32.77
46	15.72	20.29	26.39	32.36	33.02
47	15.80	20.41	26.52	32.47	33.14
48	15.88	20.50	26.65	32.63	33.29
49	15.96	20.63	26.80	32.84	33.53
50	16.21	20.96	27.22	33.45	34.14
51	16.54	21.43	27.84	34.38	35.08
52	16.99	22.01	28.59	35.50	36.22
53	17.51	22.69	29.50	36.87	37.61
54	18.13	23.51	30.57	38.42	39.21
55	18.86	24.46	31.85	40.25	41.06
56	19.72	25.60	33.33	42.30	43.15
57	20.69	26.88	35.03	44.59	45.51
58	21.76	28.29	36.91	47.12	48.09
59	22.91	29.79	38.88	49.83	50.84
60	24.11	31.38	40.98	52.68	53.76
61	25.22	32.84	42.92	55.47	56.60
62	26.23	34.22	44.74	58.18	59.34
63	27.40	35.78	46.79	61.17	62.39
64	28.89	37.75	49.44	64.89	66.17
65	30.90	40.44	52.99	69.67	71.00
66	33.51	43.86	57.46	75.56	76.98
67	36.55	47.84	62.63	82.30	83.82
68	39.98	52.31	68.47	89.86	91.48
69	43.73	57.26	74.99	98.17	99.88
70	45.47	62.52	82.15	107.21	109.06
71	47.01	63.90	86.94	116.67	118.62
72	48.61	65.01	88.13	118.93	128.64
73	50.39	66.24	89.41	120.67	133.98
74	52.42	68.39	91.80	123.93	137.63
75	55.46	71.76	94.99	128.24	142.49
76	59.47	77.18	101.21	136.64	151.82
77	63.46	82.61	107.43	145.04	161.15
78	67.47	88.06	113.07	152.65	169.61
79	71.47	93.61	120.56	162.76	180.84
80	76.78	100.90	130.47	176.21	195.77
81	82.76	109.13	141.94	192.95	214.36
82	88.72	117.36	153.38	209.70	232.94
83	94.68	125.60	164.84	226.43	251.51
84	100.66	133.84	176.29	243.18	270.10
	XCB01B91	XCC01B91	XCD01B91	XCE01B91	XCA01B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 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	11.28	14.67	19.16	25.43	26.01
30-34	11.28	14.67	19.16	25.43	26.01
35-39	12.06	15.68	20.44	26.42	26.99
40	12.42	16.10	20.99	26.80	27.38
41	12.68	16.45	21.42	27.10	27.70
42	12.97	16.84	21.91	27.50	28.07
43	13.30	17.24	22.41	27.88	28.46
44	13.60	17.60	22.89	28.27	28.84
45	13.84	17.92	23.26	28.59	29.19
46	13.97	18.09	23.46	28.78	29.37
47	14.05	18.19	23.59	28.90	29.50
48	14.11	18.27	23.72	29.05	29.65
49	14.19	18.37	23.87	29.25	29.83
50	14.41	18.65	24.22	29.78	30.40
51	14.75	19.08	24.79	30.61	31.23
52	15.15	19.61	25.46	31.62	32.27
53	15.58	20.21	26.25	32.81	33.51
54	16.14	20.93	27.21	34.23	34.92
55	16.79	21.80	28.33	35.83	36.56
56	17.56	22.81	29.68	37.65	38.42
57	18.42	23.93	31.18	39.69	40.51
58	19.40	25.18	32.84	41.94	42.79
59	20.39	26.52	34.63	44.35	45.27
60	21.45	27.94	36.48	46.91	47.88
61	22.42	29.25	38.21	49.38	50.37
62	23.34	30.47	39.82	51.79	52.81
63	24.37	31.83	41.66	54.45	55.54
64	25.71	33.61	44.01	57.77	58.89
65	27.51	36.01	47.15	62.01	63.21
66	29.83	39.04	51.15	67.25	68.54
67	32.53	42.58	55.75	73.27	74.64
68	35.58	46.57	60.95	80.00	81.47
69	38.51	50.95	66.76	87.41	88.95
70	39.67	54.05	73.12	95.42	97.05
71	40.70	55.06	74.63	100.71	105.61
72	41.64	55.76	75.52	101.92	113.15
73	42.68	56.53	76.48	103.25	114.64
74	44.30	58.07	78.49	105.96	117.72
75	46.25	60.47	81.31	109.77	121.97
76	49.58	64.89	87.05	117.52	130.58
77	52.91	69.32	92.78	125.26	139.17
78	56.25	73.76	98.52	133.00	147.78
79	59.63	78.34	104.90	141.62	157.35
80	63.94	84.18	113.09	152.62	169.55
81	68.66	90.65	122.33	165.88	184.26
82	73.39	97.09	131.56	179.16	198.99
83	78.09	103.55	140.78	192.46	213.71
84	82.81	110.01	150.01	205.71	228.42
	XCH01B91	XCI01B91	XCJ01B91	XCK01B91	XCG01B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 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	9.87	12.89	16.88	22.46	22.98
30-34	9.87	12.89	16.88	22.46	22.98
35-39	10.60	13.81	18.05	23.38	23.89
40	10.92	14.22	18.55	23.70	24.24
41	11.17	14.51	18.92	23.97	24.50
42	11.42	14.84	19.35	24.32	24.85
43	11.72	15.21	19.80	24.68	25.18
44	11.98	15.53	20.21	25.01	25.52
45	12.19	15.81	20.55	25.30	25.82
46	12.31	15.96	20.71	25.42	25.92
47	12.38	16.06	20.83	25.52	26.03
48	12.43	16.13	20.93	25.64	26.17
49	12.50	16.22	21.10	25.87	26.41
50	12.70	16.45	21.40	26.34	26.88
51	12.99	16.84	21.91	27.09	27.63
52	13.33	17.28	22.51	27.95	28.53
53	13.70	17.80	23.19	29.01	29.60
54	14.18	18.45	24.01	30.24	30.84
55	14.75	19.16	25.01	31.63	32.27
56	15.42	20.05	26.15	33.24	33.90
57	16.17	21.06	27.45	35.01	35.74
58	17.00	22.12	28.90	36.97	37.73
59	17.88	23.30	30.43	39.05	39.87
60	18.79	24.52	32.06	41.29	42.14
61	19.65	25.66	33.54	43.44	44.32
62	20.44	26.70	34.96	45.55	46.44
63	21.32	27.92	36.55	47.84	48.81
64	22.46	29.43	38.58	50.69	51.71
65	24.03	31.49	41.29	54.35	55.37
66	26.03	34.11	44.73	58.81	59.94
67	28.40	37.21	48.73	63.98	65.15
68	31.04	40.66	53.21	69.73	70.95
69	33.36	44.43	58.18	75.96	77.30
70	34.23	46.65	63.03	82.64	84.06
71	34.89	47.53	64.17	86.60	91.15
72	35.34	48.17	64.99	87.70	97.36
73	35.84	48.85	65.83	88.87	98.68
74	36.81	50.13	67.50	91.12	101.22
75	38.11	51.81	69.74	94.14	104.61
76	40.63	55.00	74.12	100.06	111.18
77	43.14	58.20	78.50	105.98	117.75
78	45.67	61.41	82.90	111.92	124.35
79	47.85	64.90	87.67	118.35	131.50
80	51.15	69.47	94.10	126.88	140.93
81	54.69	74.43	101.14	136.85	151.98
82	58.25	79.40	108.20	146.82	163.03
83	61.79	84.37	115.26	156.79	174.09
84	65.34	89.33	122.31	166.75	185.12
	XCN01B91	XCO01B91	XCP01B91	XCQ01B91	XCM01B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059 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	2.64	3.37	4.74	6.55	7.27
30-34	2.64	3.37	4.74	6.55	7.27
35-39	2.87	3.67	5.18	8.67	8.81
40	2.97	3.80	5.36	8.96	9.11
41	3.05	3.90	5.51	9.20	9.36
42	3.15	4.01	5.67	9.49	9.65
43	3.25	4.15	5.85	9.79	9.95
44	3.34	4.27	6.02	10.07	10.24
45	3.41	4.36	6.15	10.28	10.46
46	3.45	4.37	6.20	10.39	10.56
47	3.46	4.38	6.21	10.40	10.58
48	3.47	4.39	6.22	10.42	10.58
49	3.47	4.42	6.24	10.45	10.62
50	3.56	4.54	6.40	10.71	10.89
51	3.69	4.72	6.67	11.16	11.35
52	3.87	4.96	7.03	11.75	11.94
53	4.09	5.25	7.45	12.45	12.66
54	4.34	5.58	7.95	13.24	13.48
55	4.61	5.95	8.50	14.15	14.40
56	4.91	6.35	9.09	15.13	15.41
57	5.24	6.80	9.74	16.22	16.52
58	5.60	7.28	10.47	17.42	17.74
59	5.99	7.80	11.25	18.71	19.08
60	6.42	8.38	12.11	20.13	20.53
61	6.82	8.93	12.93	21.55	21.96
62	7.19	9.44	13.72	22.92	23.37
63	7.63	10.04	14.63	24.48	24.96
64	8.21	10.84	15.81	26.46	26.97
65	9.02	11.93	17.44	29.05	29.61
66	10.09	13.35	19.52	32.26	32.85
67	11.36	15.02	21.96	35.88	36.54
68	12.80	16.90	24.71	40.03	40.73
69	14.35	18.97	27.77	44.70	45.48
70	15.98	21.18	31.10	48.48	50.81
71	17.58	23.38	34.44	51.08	56.48
72	19.16	25.59	37.84	53.24	59.12
73	20.92	28.04	41.34	55.78	61.94
74	23.00	30.97	44.30	59.78	66.37
75	25.59	34.61	48.93	66.03	73.31
76	28.88	39.28	56.89	76.76	85.22
77	32.79	44.78	64.87	87.51	97.16
78	36.95	50.70	72.85	98.26	109.11
79	41.08	56.56	80.92	109.13	121.17
80	44.84	61.95	88.99	120.27	133.52
81	48.72	67.59	97.64	134.66	149.50
82	52.59	73.23	106.29	149.05	165.47
83	56.46	78.88	114.94	163.44	181.44
84	60.33	84.52	123.60	177.83	197.42
	EXB02B91	EXC02B91	EXD02B91	EXE02B91	EXA02B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059 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	2.35	3.00	4.19	5.64	6.27
30-34	2.35	3.00	4.19	5.64	6.27
35-39	2.56	3.27	4.61	7.71	7.84
40	2.65	3.38	4.76	7.97	8.12
41	2.72	3.47	4.89	8.19	8.33
42	2.80	3.57	5.05	8.45	8.60
43	2.89	3.69	5.21	8.72	8.86
44	2.97	3.79	5.36	8.96	9.11
45	3.03	3.87	5.46	9.14	9.32
46	3.06	3.91	5.50	9.23	9.39
47	3.07	3.92	5.52	9.25	9.41
48	3.08	3.92	5.54	9.27	9.44
49	3.09	3.93	5.55	9.30	9.45
50	3.16	4.03	5.70	9.54	9.70
51	3.29	4.20	5.95	9.95	10.12
52	3.46	4.43	6.26	10.47	10.66
53	3.64	4.68	6.64	11.09	11.30
54	3.86	4.97	7.07	11.81	12.01
55	4.10	5.30	7.55	12.60	12.83
56	4.37	5.66	8.10	13.48	13.73
57	4.66	6.05	8.68	14.44	14.71
58	5.00	6.48	9.32	15.50	15.79
59	5.34	6.95	10.02	16.66	16.98
60	5.72	7.46	10.78	17.93	18.28
61	6.07	7.95	11.51	19.18	19.54
62	6.40	8.41	12.20	20.41	20.80
63	6.79	8.94	13.02	21.80	22.21
64	7.31	9.65	14.08	23.56	24.01
65	8.04	10.62	15.53	25.87	26.36
66	8.98	11.88	17.39	28.72	29.27
67	10.12	13.37	19.57	32.00	32.58
68	11.39	15.06	22.01	35.69	36.34
69	12.78	16.89	24.75	38.55	40.55
70	14.22	18.86	27.68	41.20	45.23
71	15.64	20.80	30.65	43.54	48.34
72	17.06	22.77	33.66	45.59	50.62
73	18.63	24.96	35.54	47.95	53.24
74	20.47	27.52	38.61	52.11	57.85
75	22.73	30.66	43.15	58.21	64.64
76	25.57	34.64	49.82	67.22	74.63
77	28.93	39.34	56.50	76.23	84.64
78	32.52	44.34	63.20	85.24	94.64
79	36.05	49.30	70.02	94.44	104.85
80	39.27	53.83	76.71	103.56	114.98
81	42.53	58.48	83.73	115.03	127.70
82	45.78	63.13	90.72	126.50	140.41
83	49.04	67.78	97.72	137.98	153.14
84	52.30	72.43	104.72	149.44	165.85
	EXH02B91	EXI02B91	EXJ02B91	EXK02B91	EXG02B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059 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	2.06	2.62	3.54	4.78	5.30
30-34	2.06	2.62	3.54	4.78	5.30
35-39	2.24	2.86	4.03	6.62	6.88
40	2.32	2.96	4.17	6.99	7.12
41	2.39	3.03	4.28	7.18	7.31
42	2.46	3.13	4.42	7.41	7.53
43	2.54	3.23	4.55	7.65	7.78
44	2.61	3.32	4.68	7.87	7.99
45	2.66	3.39	4.78	8.03	8.16
46	2.68	3.42	4.81	8.06	8.18
47	2.69	3.43	4.82	8.07	8.20
48	2.70	3.44	4.82	8.09	8.23
49	2.71	3.45	4.86	8.15	8.29
50	2.77	3.53	4.98	8.35	8.50
51	2.89	3.68	5.21	8.73	8.87
52	3.03	3.87	5.50	9.17	9.32
53	3.19	4.09	5.81	9.71	9.88
54	3.38	4.35	6.17	10.33	10.49
55	3.58	4.62	6.61	11.02	11.21
56	3.82	4.93	7.05	11.77	11.98
57	4.07	5.27	7.55	12.60	12.84
58	4.35	5.63	8.11	13.51	13.77
59	4.64	6.04	8.70	14.50	14.80
60	4.97	6.48	9.37	15.60	15.90
61	5.27	6.90	9.99	16.67	17.00
62	5.56	7.29	10.59	17.73	18.07
63	5.89	7.76	11.29	18.91	19.28
64	6.33	8.36	12.20	20.41	20.82
65	6.95	9.19	13.44	22.37	22.80
66	7.77	10.28	15.03	24.80	25.26
67	8.76	11.57	16.91	27.59	28.09
68	9.86	13.02	19.01	30.64	31.26
69	11.06	14.60	21.32	32.80	34.81
70	12.29	16.26	23.79	35.02	38.69
71	13.48	17.89	26.26	36.99	41.07
72	14.68	19.54	28.70	38.73	43.00
73	15.98	21.34	30.19	40.73	45.23
74	17.50	23.46	32.70	44.12	48.98
75	19.35	26.01	36.35	49.04	54.45
76	21.68	29.24	41.65	56.20	62.39
77	24.43	33.04	46.96	63.34	70.34
78	27.35	37.09	52.26	70.49	78.26
79	30.22	41.07	57.75	77.88	86.47
80	32.83	44.68	62.99	84.93	94.29
81	35.41	48.30	68.31	93.56	103.84
82	37.98	51.92	73.64	102.17	113.39
83	40.56	55.55	78.97	110.78	122.95
84	43.14	59.17	84.29	119.40	132.49
	EXN02B91	EXO02B91	EXP02B91	EXQ02B91	EXM02B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589 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	5.90	8.42	12.48	15.73	16.03
30-34	5.90	8.42	12.48	15.73	16.03
35-39	6.44	9.19	13.61	17.15	17.49
40	6.66	9.50	14.09	17.72	18.09
41	6.84	9.76	14.48	18.20	18.59
42	7.06	10.05	14.92	18.77	19.18
43	7.28	10.39	15.39	19.37	19.77
44	7.48	10.67	15.83	19.92	20.33
45	7.64	10.90	16.16	20.35	20.77
46	7.73	10.97	16.33	20.54	20.98
47	7.75	11.02	16.37	20.57	20.99
48	7.78	11.03	16.40	20.60	21.01
49	7.81	11.12	16.47	20.68	21.12
50	7.97	11.35	16.83	21.19	21.63
51	8.22	11.72	17.42	22.03	22.49
52	8.54	12.20	18.15	23.14	23.62
53	8.94	12.78	19.04	24.45	24.95
54	9.40	13.46	20.09	25.92	26.47
55	9.90	14.23	21.28	27.55	28.13
56	10.49	15.09	22.59	29.30	29.92
57	11.15	16.07	24.09	31.21	31.87
58	11.87	17.14	25.73	33.30	33.99
59	12.65	18.27	27.50	35.54	36.30
60	13.49	19.50	29.39	37.99	38.77
61	14.29	20.69	31.21	40.37	41.19
62	15.04	21.83	32.99	42.68	43.56
63	15.92	23.13	35.00	45.29	46.20
64	17.00	24.75	37.49	48.56	49.52
65	18.41	26.87	40.75	52.81	53.84
66	20.21	29.51	44.76	58.13	59.23
67	22.28	32.54	49.36	64.24	65.43
68	24.62	35.95	54.53	71.12	72.40
69	27.17	39.70	57.88	78.11	80.03
70	29.91	43.79	60.58	81.76	88.28
71	32.76	46.33	62.79	84.74	94.09
72	35.73	47.88	64.59	87.20	96.83
73	37.94	49.59	66.56	89.87	99.84
74	40.12	52.11	69.62	94.00	104.45
75	42.98	55.76	73.67	99.44	110.49
76	46.67	61.28	80.87	109.18	121.31
77	50.37	66.80	88.07	118.90	132.11
78	54.08	72.33	95.22	128.55	142.82
79	57.79	77.96	103.62	139.89	155.43
80	62.37	84.40	112.67	152.22	169.10
81	67.47	91.66	123.08	167.43	185.99
82	72.56	98.90	133.48	182.64	202.87
83	77.66	106.14	143.89	197.84	219.75
84	82.76	113.38	154.28	213.05	236.61
	XSB02B91	XSC02B91	XSD02B91	XSE02B91	XSA02B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589 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	5.27	7.50	11.12	13.98	14.29
30-34	5.27	7.50	11.12	13.98	14.29
35-39	5.72	8.18	12.11	15.26	15.56
40	5.93	8.45	12.53	15.78	16.11
41	6.08	8.69	12.87	16.20	16.54
42	6.28	8.95	13.28	16.72	17.06
43	6.48	9.23	13.71	17.24	17.60
44	6.66	9.49	14.09	17.72	18.09
45	6.80	9.69	14.37	18.11	18.49
46	6.88	9.79	14.49	18.28	18.64
47	6.89	9.83	14.55	18.30	18.69
48	6.91	9.84	14.60	18.34	18.71
49	6.94	9.89	14.67	18.41	18.79
50	7.07	10.09	14.98	18.86	19.26
51	7.33	10.43	15.51	19.63	20.03
52	7.61	10.87	16.16	20.61	21.05
53	7.95	11.39	16.96	21.77	22.24
54	8.36	11.97	17.87	23.09	23.55
55	8.82	12.66	18.92	24.53	25.02
56	9.35	13.45	20.13	26.10	26.62
57	9.93	14.30	21.43	27.79	28.36
58	10.58	15.25	22.90	29.64	30.25
59	11.28	16.26	24.49	31.64	32.32
60	12.01	17.36	26.17	33.81	34.52
61	12.72	18.42	27.80	35.93	36.67
62	13.39	19.44	29.37	38.00	38.77
63	14.16	20.59	31.17	40.31	41.12
64	15.13	22.04	33.37	43.24	44.08
65	16.41	23.91	36.27	47.02	47.93
66	17.99	26.26	39.84	51.74	52.74
67	19.85	28.97	43.94	57.20	58.28
68	21.92	32.00	47.30	63.32	64.48
69	24.19	35.34	49.69	67.06	71.26
70	26.62	38.43	51.98	70.15	77.87
71	29.16	39.83	53.79	72.62	80.63
72	30.78	40.98	55.24	74.57	82.85
73	32.06	42.24	56.84	76.73	85.26
74	33.82	44.19	59.44	80.24	89.15
75	35.90	47.11	62.97	85.01	94.46
76	39.20	51.92	69.52	93.85	104.28
77	42.51	56.74	75.89	102.45	113.83
78	45.78	61.56	83.13	112.23	124.70
79	49.13	66.79	90.61	122.33	135.92
80	52.92	72.10	98.15	132.49	147.19
81	57.03	77.93	106.61	144.64	160.66
82	61.15	83.74	115.05	156.80	174.12
83	65.28	89.58	123.47	168.96	187.61
84	69.37	95.39	131.91	181.10	201.09
	XSH02B91	XSI02B91	XSJ02B91	XSK02B91	XSG02B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589 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	4.64	6.62	9.82	12.38	12.65
30-34	4.64	6.62	9.82	12.38	12.65
35-39	5.07	7.22	10.71	13.51	13.80
40	5.25	7.47	11.08	13.98	14.29
41	5.38	7.66	11.38	14.35	14.67
42	5.54	7.91	11.74	14.81	15.12
43	5.72	8.16	12.11	15.26	15.59
44	5.89	8.39	12.46	15.71	16.03
45	6.01	8.57	12.72	16.03	16.39
46	6.07	8.66	12.81	16.14	16.46
47	6.08	8.69	12.84	16.16	16.51
48	6.11	8.70	12.88	16.18	16.53
49	6.13	8.75	12.97	16.32	16.66
50	6.26	8.91	13.25	16.70	17.05
51	6.47	9.23	13.72	17.40	17.75
52	6.73	9.60	14.31	18.25	18.63
53	7.01	10.04	14.99	19.28	19.69
54	7.36	10.58	15.77	20.43	20.84
55	7.77	11.15	16.71	21.70	22.14
56	8.23	11.84	17.72	23.07	23.54
57	8.73	12.59	18.88	24.54	25.06
58	9.30	13.39	20.16	26.15	26.70
59	9.89	14.29	21.52	27.88	28.49
60	10.53	15.25	23.00	29.78	30.40
61	11.15	16.16	24.42	31.63	32.28
62	11.75	17.05	25.79	33.44	34.12
63	12.40	18.07	27.32	35.46	36.17
64	13.23	19.31	29.26	37.96	38.74
65	14.34	20.93	31.76	41.23	42.03
66	15.71	22.96	34.84	45.27	46.15
67	17.33	25.33	38.40	49.96	50.90
68	19.13	27.95	40.69	54.92	56.18
69	21.11	30.83	42.72	57.66	61.95
70	23.18	33.16	44.69	60.30	66.94
71	25.34	34.34	46.25	62.44	69.33
72	26.08	35.36	47.53	64.16	71.28
73	26.87	36.45	48.93	66.06	73.40
74	28.12	38.12	51.12	69.01	76.68
75	29.75	40.26	54.01	72.91	81.01
76	32.38	44.01	59.16	79.86	88.73
77	35.35	47.64	63.92	86.29	95.89
78	38.29	51.82	69.71	94.10	104.55
79	41.25	56.17	75.74	102.24	113.60
80	44.29	60.41	81.68	110.15	122.36
81	47.54	64.97	88.15	119.31	132.51
82	50.77	69.53	94.61	128.47	142.65
83	54.01	74.08	101.11	137.63	152.81
84	57.24	78.62	107.56	146.77	162.95
	XSN02B91	XSO02B91	XSP02B91	XSQ02B91	XSM02B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 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	11.40	14.82	19.37	25.71	26.30
30-34	11.40	14.82	19.37	25.71	26.30
35-39	12.19	15.86	20.67	26.73	27.30
40	12.55	16.29	21.24	27.10	27.68
41	12.83	16.64	21.67	27.41	28.01
42	13.13	17.02	22.15	27.79	28.39
43	13.46	17.45	22.66	28.20	28.78
44	13.76	17.82	23.15	28.58	29.19
45	14.00	18.12	23.54	28.91	29.49
46	14.15	18.26	23.75	29.12	29.72
47	14.22	18.37	23.87	29.22	29.83
48	14.29	18.45	23.99	29.37	29.96
49	14.36	18.57	24.12	29.56	30.18
50	14.59	18.86	24.50	30.11	30.73
51	14.89	19.29	25.06	30.94	31.57
52	15.29	19.81	25.73	31.95	32.60
53	15.76	20.42	26.55	33.18	33.85
54	16.32	21.16	27.51	34.58	35.29
55	16.97	22.01	28.67	36.23	36.95
56	17.75	23.04	30.00	38.07	38.84
57	18.62	24.19	31.53	40.13	40.96
58	19.58	25.46	33.22	42.41	43.28
59	20.62	26.81	34.99	44.85	45.76
60	21.70	28.24	36.88	47.41	48.38
61	22.70	29.56	38.63	49.92	50.94
62	23.61	30.80	40.27	52.36	53.41
63	24.66	32.20	42.11	55.05	56.15
64	26.00	33.98	44.50	58.40	59.55
65	27.81	36.40	47.69	62.70	63.90
66	30.16	39.47	51.71	68.00	69.28
67	32.90	43.06	56.37	74.07	75.44
68	35.98	47.08	61.62	80.87	82.33
69	39.36	51.53	67.49	88.35	89.89
70	40.92	56.27	73.94	96.49	98.15
71	42.31	57.51	78.25	105.00	106.76
72	43.75	58.51	79.32	107.04	115.78
73	45.35	59.62	80.47	108.60	120.58
74	47.18	61.55	82.62	111.54	123.87
75	49.91	64.58	85.49	115.42	128.24
76	53.52	69.46	91.09	122.98	136.64
77	57.11	74.35	96.69	130.54	145.04
78	60.72	79.25	101.76	137.39	152.65
79	64.32	84.25	108.50	146.48	162.76
80	69.10	90.81	117.42	158.59	176.19
81	74.48	98.22	127.75	173.66	192.92
82	79.85	105.62	138.04	188.73	209.65
83	85.21	113.04	148.36	203.79	226.36
84	90.59	120.46	158.66	218.86	243.09
	XCB02B91	XCC02B91	XCD02B91	XCE02B91	XCA02B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 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	10.15	13.20	17.24	22.89	23.41
30-34	10.15	13.20	17.24	22.89	23.41
35-39	10.85	14.11	18.40	23.78	24.29
40	11.18	14.49	18.89	24.12	24.64
41	11.41	14.81	19.28	24.39	24.93
42	11.67	15.16	19.72	24.75	25.26
43	11.97	15.52	20.17	25.09	25.61
44	12.24	15.84	20.60	25.44	25.96
45	12.46	16.13	20.93	25.73	26.27
46	12.57	16.28	21.11	25.90	26.43
47	12.65	16.37	21.23	26.01	26.55
48	12.70	16.44	21.35	26.15	26.69
49	12.77	16.53	21.48	26.33	26.85
50	12.97	16.79	21.80	26.80	27.36
51	13.28	17.17	22.31	27.55	28.11
52	13.64	17.65	22.91	28.46	29.04
53	14.02	18.19	23.63	29.53	30.16
54	14.53	18.84	24.49	30.81	31.43
55	15.11	19.62	25.50	32.25	32.90
56	15.80	20.53	26.71	33.89	34.58
57	16.58	21.54	28.06	35.72	36.46
58	17.46	22.66	29.56	37.75	38.51
59	18.35	23.87	31.17	39.92	40.74
60	19.31	25.15	32.83	42.22	43.09
61	20.18	26.33	34.39	44.44	45.33
62	21.01	27.42	35.84	46.61	47.53
63	21.93	28.65	37.49	49.01	49.99
64	23.14	30.25	39.61	51.99	53.00
65	24.76	32.41	42.44	55.81	56.89
66	26.85	35.14	46.04	60.53	61.69
67	29.28	38.32	50.18	65.94	67.18
68	32.02	41.91	54.86	72.00	73.32
69	34.66	45.86	60.08	78.67	80.06
70	35.70	48.65	65.81	85.88	87.35
71	36.63	49.55	67.17	90.64	95.05
72	37.48	50.18	67.97	91.73	101.84
73	38.41	50.88	68.83	92.93	103.18
74	39.87	52.26	70.64	95.36	105.95
75	41.63	54.42	73.18	98.79	109.77
76	44.62	58.40	78.35	105.77	117.52
77	47.62	62.39	83.50	112.73	125.25
78	50.63	66.38	88.67	119.70	133.00
79	53.67	70.51	94.41	127.46	141.62
80	57.55	75.76	101.78	137.36	152.60
81	61.79	81.59	110.10	149.29	165.83
82	66.05	87.38	118.40	161.24	179.09
83	70.28	93.20	126.70	173.21	192.34
84	74.53	99.01	135.01	185.14	205.58
	XCH02B91	XCI02B91	XCJ02B91	XCK02B91	XCG02B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 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	8.88	11.60	15.19	20.21	20.68
30-34	8.88	11.60	15.19	20.21	20.68
35-39	9.54	12.43	16.25	21.04	21.50
40	9.83	12.80	16.70	21.33	21.82
41	10.05	13.06	17.03	21.57	22.05
42	10.28	13.36	17.42	21.89	22.37
43	10.55	13.69	17.82	22.21	22.66
44	10.78	13.98	18.19	22.51	22.97
45	10.97	14.23	18.50	22.77	23.24
46	11.08	14.36	18.64	22.88	23.33
47	11.14	14.45	18.75	22.97	23.43
48	11.19	14.52	18.84	23.08	23.55
49	11.25	14.60	18.99	23.28	23.77
50	11.43	14.81	19.26	23.71	24.19
51	11.69	15.16	19.72	24.38	24.87
52	12.00	15.55	20.26	25.16	25.68
53	12.33	16.02	20.87	26.11	26.64
54	12.76	16.61	21.61	27.22	27.76
55	13.28	17.24	22.51	28.47	29.04
56	13.88	18.05	23.54	29.92	30.51
57	14.55	18.95	24.71	31.51	32.17
58	15.30	19.91	26.01	33.27	33.96
59	16.09	20.97	27.39	35.15	35.88
60	16.91	22.07	28.85	37.16	37.93
61	17.69	23.09	30.19	39.10	39.89
62	18.40	24.03	31.46	41.00	41.80
63	19.19	25.13	32.90	43.06	43.93
64	20.21	26.49	34.72	45.62	46.54
65	21.63	28.34	37.16	48.92	49.83
66	23.43	30.70	40.26	52.93	53.95
67	25.56	33.49	43.86	57.58	58.64
68	27.94	36.59	47.89	62.76	63.86
69	30.02	39.99	52.36	68.36	69.57
70	30.81	41.99	56.73	74.38	75.65
71	31.40	42.78	57.75	77.94	82.04
72	31.81	43.35	58.49	78.93	87.62
73	32.26	43.97	59.25	79.98	88.81
74	33.13	45.12	60.75	82.01	91.10
75	34.30	46.63	62.77	84.73	94.15
76	36.57	49.50	66.71	90.05	100.06
77	38.83	52.38	70.65	95.38	105.98
78	41.10	55.27	74.61	100.73	111.92
79	43.07	58.41	78.90	106.52	118.35
80	46.04	62.52	84.69	114.19	126.84
81	49.22	66.99	91.03	123.17	136.78
82	52.43	71.46	97.38	132.14	146.73
83	55.61	75.93	103.73	141.11	156.68
84	58.81	80.40	110.08	150.08	166.61
	XCN02B91	XCO02B91	XCP02B91	XCQ02B91	XCM02B91

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

Spousal Discount is 30% of resulting Select or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99591 VA is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table B91 - Virginia

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: 2017 VA LTCI 97059 SERIES/

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:	
Attachment(s):	Review Requirements Checklist. LTC.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification.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 97059 Narrative.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.pdf Actual and Projected Nationwide Experience VA.xlsx Actual and Projected Experience VA.pdf Actual and Projected Experience VA.xlsx
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Rate Table Comparison

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: 2017 VA LTCI 97059 SERIES/

Comments:	
Attachment(s):	Rate Table Comparison A76 to A02 (Year 1).pdf Rate Table Comparison B91 to A76 (Year 2).pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Actual to Expected Exhibit
Comments:	
Attachment(s):	Actual to Expected - VA.pdf Nationwide Actual to Expected - VA.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 Letter
Comments:	
Attachment(s):	Nonforfeiture Letter.pdf VA Policy Schedule - After Dropping Rider.pdf VA Policy Schedule.pdf Statement of Variability for EXVA.1 Policyholder Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Rate Increase Status by State
Comments:	
Attachment(s):	97059 Inforce Rate Increase History.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	VA Questionnaire
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: 2017 VA LTCI 97059 SERIES/

Attachment(s):	Actual Distribution of Business - Projected with Original Assumptions.pdf Actual Distribution of Business - Projected with Original Assumptions.xlsx Actual and Projected Nationwide Experience VA - Proposed Rates from Inception.xlsx VA Questionnaire.pdf Actual and Projected Experience VA - Original Assumptions.pdf Actual and Projected Experience VA - Original Assumptions.xlsx Actual and Projected Nationwide Experience - Original Assumptions.pdf Actual and Projected Nationwide Experience - Original Assumptions.xlsx Actual and Projected Nationwide Experience VA - Proposed Rates from Inception.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Objection Response 8-31-2017
Comments:	
Attachment(s):	Actual & Projected Nationwide - VA.xlsx Actual and Nationwide Experience with Weighted Val Rate.pdf Current Rate Table A02.pdf Objection Response 8-31-2017.pdf Loss Ratio Exhibits Comparison.xlsx
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

Satisfied - Item:	Objection Response 11-6-2018
Comments:	
Attachment(s):	Objection Response 11-6-2018.pdf 97059 Inforce Rate Increase History.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

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

Satisfied - Item:	97059 VA Policyholder Letter in John Doe Format
Comments:	
Attachment(s):	97059 VA Policyholder Letter in John Doe format - Final.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2019

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: *2017 VA LTCI 97059 SERIES/*

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

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: 2017 VA LTCI 97059 SERIES/

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

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

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

Attachment Loss Ratio Exhibits Comparison.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.1

I hereby certify that the Flesch reading ease score of the above policy form is 45.3. It contains 66 sentences, 1,359 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: 10/6/2017 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 FORM 97059 VA
SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORMS 99589 VA
COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99590
NON-FORFEITURE RIDER FORM 99591 VA

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 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: Policies written prior to November 8, 2008 ages 18 through 84
E. Average Issue Age of inforce policies: 55

III. APPLICABILITY

This filing is applicable to all in-force policies and associated riders issued in Virginia on the above referenced forms. The 97059 VA form was marketed in Virginia between August 1, 2004 and November 8, 2008. This form is no longer marketed in any state. As of the valuation date of December 31, 2016, there were 753 policies in force on this form in Virginia with an annualized premium of $1,316,756. As of the valuation date of December 31, 2016, there were 21,688 policies in force on this form nationwide with an annualized premium of $52,605,953.

IV. DESCRIPTION OF POLICY DESIGN AND COVERAGE

A. Form 97059 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, Home Modification, Durable Medical Equipment, 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. For policies without increase benefit riders, a policyholder is also eligible to purchase additional coverage following specific birthday milestones.

B. Optional Simple Automatic Increase Benefit Rider Form 99589 VA: provides inflation protection by giving a 5% simple automatic benefit increase for each policy year.

C. Optional Compound Automatic Increase Benefit Rider Form 99590: provides compound automatic benefit increases of 5% for each policy year.

D. Optional Shortened Benefit Period Non-forfeiture Rider Form 99591 VA: 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 lifetime loss ratios than expected. The higher loss ratios are primarily a result of lower voluntary lapse rates and lower mortality.

The table below compares the present value of future incurred losses using original morbidity assumptions and our current morbidity assumptions on a nationwide basis as outlined below in Section VI. No claim cost margins are included in the table. 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
763,540,985	865,224,838	1.13

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
Current 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 98.8%. The latest five years of experience show a lower actual to expected ratio than all years combined. As a result, we are proposing using a credibility weighted assumption using the past 5 years of actual experience that results in an ultimate claim cost level of 96.6% used in our projected experience.

Using the formula on page 22 of the American Academy of Actuaries Long-Term Care Credibility Monograph that takes into account claim variability, we calculated that we would need 2,618 number of claims to be fully credible. To date, we have had 344 claims on this block of business. Taking the square root of 344/2,618 results in an assignment of 36.3% credibility to State Farm experience. This is then applied to the past 5 years A to E of 90.6%. We assign the remaining 63.7% credibility to 100% of the 2011 Milliman claim costs. Combining the two results in our assumption of 96.6% of the 2011 Milliman claim costs.

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
2004	0.0%	2.0%	0.0%
2005	2.5%	2.4%	106.8%
2006	0.6%	3.0%	21.4%
2007	4.9%	3.6%	138.0%
2008	6.9%	4.2%	163.9%
2009	4.2%	5.4%	76.7%

2010	8.8%	6.9%	127.3%
2011	12.1%	8.8%	137.8%
2012	9.6%	11.0%	86.7%
2013	10.7%	13.7%	78.2%
2014	16.3%	17.0%	96.0%
2015	18.8%	20.6%	91.4%
2016	23.7%	24.8%	95.7%
Total	11.0%	11.2%	98.8%

No future morbidity improvement was assumed in these claim costs.

VII. MORTALITY ASSUMPTION

Original Assumptions
The mortality assumption used in initial pricing was 90% of the 83GAM table with no selection factors.

Current Assumptions
Sex distinct mortality is now 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.

Duration	Exposure	Actual Deaths	Expected Deaths Based on 2012IAM	Calculated Mortality Factor - As a % of 2012IAM
1	185,013	248	794	31%
2	164,807	444	825	54%
3	152,688	510	851	60%
4	142,703	539	874	62%
5	133,410	640	897	71%
6	125,584	622	922	67%
7	118,542	739	950	78%
8	110,348	790	967	82%
9	102,544	849	981	87%
10	95,216	916	995	92%
11	88,097	890	1,001	89%
12	79,525	904	986	92%
13	66,115	923	907	102%
14+	104,842	1,954	1,840	106%

Duration	Actual Deaths	Expected Deaths 90% of 83GAM	Actual to Expected 90% of 83GAM
1	248	974	25%
2	444	1,034	43%
3	510	1,089	47%
4	539	1,141	47%

5	640	1,194	54%
6	622	1,249	50%
7	739	1,311	56%
8	790	1,357	58%
9	849	1,398	61%
10	916	1,439	64%
11	890	1,466	61%
12	904	1,460	62%
13	923	1,350	68%
14+	1,954	2,701	72%

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 1.5%.

Current Assumptions
Current voluntary lapse rates are based on our nationwide long term care lapse experience. All policy forms are included for credibility purposes except for form 97045. 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	11.2%	9.5%*	1.18
2	107,901	5,809	5.4%	6.0%*	0.90
3	96,499	3,264	3.4%	3.5%*	0.97
4	86,944	2,337	2.7%	2.5%*	1.07
5	78,948	1,690	2.1%	1.5%	1.43
6	71,862	1,361	1.9%	1.5%	1.26
7	65,073	1,061	1.6%	1.5%	1.09
8	58,042	733	1.3%	1.5%	0.84
9	51,126	573	1.1%	1.5%	0.75
10	42,208	400	0.9%	1.5%	0.63
11	31,084	316	1.0%	1.5%	0.68
12+	43,787	288	0.66%	1.5%	0.44

*The original pricing lapse rates for the 97059 VA form vary by issue age for the first four durations.

Duration	Original Pricing Lapse Rate Issue Age <50	Original Pricing Lapse Rate Issue Age 50-59	Original Pricing Lapse Rate Issue Age 60-69	Original Pricing Lapse Rate Issue Age 70-79
1	9.5%	4.6%	4.3%	4.1%
2	6.0%	3.2%	3.2%	3.7%
3	3.5%	2.0%	1.9%	1.9%
4	2.5%	1.5%	1.5%	1.5%
5+	1.5%	1.5%	1.5%	1.5%

IX. SHOCK LAPSE ASSUMPTION

A shock lapse assumption of 3.01% after this proposed rate increase is included in our projections. Assumed lapse rates (see Section VIII) less than 3.01% are increased to 3.01% for the year following this rate increase. This assumption is based on lapse experience after rate increases implemented to date on policy form 97059 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 97059 policy series as of June 30, 2017.

Number of Policyholders Receiving Rate Increase	Number of Policyholders Lapsing After Rate Increase	Lapse Rate
33,385	1,005	3.01%

X. HISTORY OF RATE ADJUSTMENTS

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

XI. MINIMUM LIFETIME LOSS RATIO

Policies written 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.

XII. PAST, ANTICIPATED AND LIFETIME LOSS RATIO

Past and projected nationwide and Virginia experience are shown in the projection exhibits attached to this filing. 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 XV and section XVIII 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	507,352,784	507,352,784	52,608,798	10.4%	10.4%
Anticipated	415,316,094	563,216,973	951,747,322	229.2%	169.0%
Lifetime	922,668,878	1,070,569,757	1,004,356,120	108.9%	93.8%

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.

- 10% increase in claim costs
- 100 basis point drop in investment income
- Non-commission renewal expenses increase by 50%
- 20% drop in mortality rate
- 50% drop in voluntary lapse rate assumption in every duration

Mortality
From Section VII above, actual deaths are approximately 40% 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
We are currently projecting a 0.66% ultimate lapse rate. This is less than 1/2 of the originally priced ultimate lapse rate of 1.5%. 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.

As shown above, the original pricing moderately adverse assumptions have been breached 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 premiums times 58%

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

1,004,356,120 >= 507,352,784*.58 + 0*.85 + 415,316,094*.58 + 415,316,098*X*0.85

Where X = indicated average rate increase.

This methodology results in an indicated average rate increase of 132.9%.

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

Based on the conference call on 12/19/2017, the maximum average allowable rate increase was calculated so that the rate increase is less than:

(a) The accumulated value of incurred claims (1,004,356,120) divided by
(b) The lifetime loss ratio consistent with the original filing including margins for moderately adverse experience (72.6%)

which is then divided by

(c) The accumulated value of original premium (922,668,878)

then subtracting 1 as follows

[{(a) / (b)} / (c)] – 1

will give us the maximum average amount of increase we can ask for without recouping any past losses.

Therefore, the maximum average amount of increase we can propose is 49.9%.

Since Methodology 2 is more restrictive, it will be used to justify the rate increase.

XVI. SUMMARY OF PROPOSED RATE INCREASE

We are proposing an average rate increase of 45.9% based on the nationwide distribution of business. This results in an average increase of 49.6% in Virginia reflecting differences between the Virginia and nationwide distribution of business.

The proposed increase will vary by benefit period and inflation protection and will range from 0% to 40% over the first year and 0 to 16.4% over the second year. 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.

If future experience emerges as expected, there are no further rate increases planned on this block of business.

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 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

The average annual premium for these forms and associated riders before and after the rate increase is shown below:

Average Premium	Current	Increase 1	Increase 2
Virginia	$1,751	$2,345	$2,620
Nationwide	$1,629	$2,157	$2,376

The average and cumulative increase in Virginia is shown below:

	Virginia - Average	Virginia - Cumulative	Range
Increase 1	33.9%	33.9%	0-40%
Increase 2	11.7%	49.6%	0-16.4%

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 99591 VA 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.

XVII. 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.

XVIII. OTHER CONSIDERATIONS

Policy design, underwriting and claims adjudication practices have been taken into consideration.

XIX. CONTINGENT BENEFIT UPON LAPSE

The proposed increase will trigger the contingent non-forfeiture benefit upon lapse for certain policyholders. The number of additional policyholders eligible each round of increases is shown below.

	Number of Newly Eligible Policyholders Each Round
Increase 1	4
Increase 2	28

XX. CERTIFICATION

I certify that to the best of my knowledge this rate filing is in compliance with the applicable laws and rules of your state, and 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, I certify that no premium rate schedule increases are anticipated if the requested premium rate schedule is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.

_____	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, select 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 A76 their new premium would be 100 * 7.40 = $740.

Example 2 Policyholder Drops Compound Inflation

Assume Issue Age 40, 2 year benefit period, 30 day elimination period, select 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 A76 their new premium would be 100 * 3.30 = $330.

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

Assume Issue Age 40, 2 year benefit period, 30 day elimination period, select 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 A76 their new premium would be 100 * 16.76 = $1676.

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-130748934

Effective Date: Approximately 135 Days After Approval

(Projected) Number of Insureds Affected: 753

New Rates

Average Annual Premium Per Member: $1,751

Revised Rates

Average Annual Premium Per Member: $2,345 $2,620

Average Requested Percentage Rate Change Per Member: 33.9% 11.7%

Minimum Requested Percentage Rate Change Per Member: 0%

Maximum Requested Percentage Rate Change Per Member: 40% in 1st year, 16.4% in 2nd year

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

Form#	"Product Name"(if applicable)
97059 VA	STATE FARM TAX QUALIFIED LONG TERM CARE INSURANCE POLICY FORM
99589 VA	SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM
99590	COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM
99591 VA	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 49.6% with the Virginia Bureau of Insurance. The increase will have a range of 0 to 40% in Year 1 and 0 to 16.4% in Year 2. 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. In other words, more policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits 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.

Long-Term Care Insurance premium rates are not guaranteed. If future experience emerges as expected, there are no further increases planned on this block of business.

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

Actual

Year	Earned Premium Original Rates	Earned Premium Current Rates	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates
2004	1,761,177	1,761,177	0	0.0%	0.0%
2005	8,588,131	8,588,131	217,468	2.5%	2.5%
2006	16,485,301	16,485,301	105,402	0.6%	0.6%
2007	25,617,122	25,617,122	1,258,559	4.9%	4.9%
2008	34,487,824	34,487,824	2,371,292	6.9%	6.9%
2009	37,692,286	37,692,286	1,647,789	4.4%	4.4%
2010	38,656,438	38,656,438	3,358,895	8.7%	8.7%
2011	39,336,096	39,336,096	4,783,940	12.2%	12.2%
2012	39,061,984	39,061,984	3,869,359	9.9%	9.9%
2013	38,671,187	38,671,187	4,189,037	10.8%	10.8%
2014	37,410,955	37,410,955	6,134,034	16.4%	16.4%
2015	36,313,419	36,313,419	6,736,872	18.6%	18.6%
2016	35,696,956	35,696,956	8,872,742	24.9%	24.9%
Total	389,778,875	389,778,875	43,545,388	11.2%	11.2%

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	34,943,351	34,943,351	34,943,351	10,784,005	30.9%	30.9%	30.9%
2018	34,174,610	34,174,610	37,002,773	12,414,222	36.3%	36.3%	33.5%
2019	33,398,162	33,398,162	44,276,594	14,041,960	42.0%	42.0%	31.7%
2020	32,602,885	32,602,885	45,945,642	15,933,140	48.9%	48.9%	34.7%
2021	31,776,284	31,776,284	44,862,293	18,197,512	57.3%	57.3%	40.6%
2022	30,914,980	30,914,980	43,697,263	20,771,385	67.2%	67.2%	47.5%
2023	30,018,389	30,018,389	42,482,752	23,657,566	78.8%	78.8%	55.7%
2024	29,083,527	29,083,527	41,213,870	26,881,514	92.4%	92.4%	65.2%
2025	28,110,792	28,110,792	39,890,450	30,444,689	108.3%	108.3%	76.3%
2026	27,100,130	27,100,130	38,511,738	34,341,293	126.7%	126.7%	89.2%
2027	26,052,448	26,052,448	37,078,361	38,581,131	148.1%	148.1%	104.1%
2028	24,969,372	24,969,372	35,591,968	43,138,541	172.8%	172.8%	121.2%
2029	23,853,236	23,853,236	34,055,204	47,962,980	201.1%	201.1%	140.8%
2030	22,707,339	22,707,339	32,472,168	53,005,057	233.4%	233.4%	163.2%
2031	21,535,944	21,535,944	30,848,336	58,185,966	270.2%	270.2%	188.6%
2032	20,344,209	20,344,209	29,190,570	63,412,077	311.7%	311.7%	217.2%
2033	19,138,051	19,138,051	27,506,954	68,623,814	358.6%	358.6%	249.5%
2034	17,924,158	17,924,158	25,806,739	73,723,107	411.3%	411.3%	285.7%
2035	16,709,821	16,709,821	24,100,149	78,483,921	469.7%	469.7%	325.7%
2036	15,502,966	15,502,966	22,398,403	82,730,650	533.6%	533.6%	369.4%
2037	14,311,592	14,311,592	20,712,960	86,393,955	603.7%	603.7%	417.1%
2038	13,144,255	13,144,255	19,056,196	89,415,156	680.3%	680.3%	469.2%
2039	12,009,388	12,009,388	17,440,434	91,744,907	763.9%	763.9%	526.0%
2040	10,914,653	10,914,653	15,877,007	93,180,962	853.7%	853.7%	586.9%
2041	9,866,933	9,866,933	14,376,213	93,631,937	948.9%	948.9%	651.3%
2042	8,871,899	8,871,899	12,946,723	93,130,623	1049.7%	1049.7%	719.3%
2043	7,934,684	7,934,684	11,596,481	91,727,815	1156.0%	1156.0%	791.0%
2044	7,059,303	7,059,303	10,331,870	89,535,444	1268.3%	1268.3%	866.6%
2045	6,248,259	6,248,259	9,157,125	86,612,007	1386.2%	1386.2%	945.8%
2046	5,502,892	5,502,892	8,074,801	83,064,087	1509.5%	1509.5%	1028.7%
2047	4,823,002	4,823,002	7,085,213	79,034,377	1638.7%	1638.7%	1115.5%
2048	4,207,434	4,207,434	6,187,254	74,620,548	1773.5%	1773.5%	1206.0%
2049	3,654,271	3,654,271	5,378,662	69,965,227	1914.6%	1914.6%	1300.8%
2050	3,160,639	3,160,639	4,655,718	65,197,244	2062.8%	2062.8%	1400.4%
2051	2,723,051	2,723,051	4,013,755	60,408,606	2218.4%	2218.4%	1505.0%
2052	2,337,384	2,337,384	3,447,089	55,688,668	2382.5%	2382.5%	1615.5%
2053	1,999,332	1,999,332	2,949,702	51,104,782	2556.1%	2556.1%	1732.5%
2054	1,704,568	1,704,568	2,515,495	46,775,288	2744.1%	2744.1%	1859.5%
2055	1,448,750	1,448,750	2,138,284	42,722,298	2948.9%	2948.9%	1998.0%
2056	1,227,524	1,227,524	1,811,826	38,925,895	3171.1%	3171.1%	2148.4%
2057	1,036,750	1,036,750	1,530,133	35,316,999	3406.5%	3406.5%	2308.1%
2058	872,643	872,643	1,287,714	31,877,163	3652.9%	3652.9%	2475.5%
2059	731,891	731,891	1,079,737	28,621,756	3910.7%	3910.7%	2650.8%
2060	611,454	611,454	901,759	25,560,856	4180.3%	4180.3%	2834.6%
2061	508,598	508,598	749,773	22,717,211	4466.6%	4466.6%	3029.9%
2062	420,933	420,933	620,255	20,052,788	4763.9%	4763.9%	3233.0%
2063	346,403	346,403	510,173	17,559,417	5069.1%	5069.1%	3441.9%
2064	283,242	283,242	416,916	15,194,066	5364.3%	5364.3%	3644.4%
2065	229,927	229,927	338,229	12,989,892	5649.6%	5649.6%	3840.6%
2066	185,148	185,148	272,173	10,904,535	5889.6%	5889.6%	4006.5%
Total	649,237,460	649,237,460	899,335,248	2,518,989,035	388.0%	388.0%	280.1%

	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	389,778,875	389,778,875	389,778,875	43,545,388	11.2%	11.2%	11.2%
Anticipated Experience	649,237,460	649,237,460	899,335,248	2,518,989,035	388.0%	388.0%	280.1%
Lifetime Experience	1,039,016,336	1,039,016,336	1,289,114,123	2,562,534,424	246.6%	246.6%	198.8%
Past Experience @4.5%	507,352,784	507,352,784	507,352,784	52,608,798	10.4%	10.4%	10.4%
Anticipated Experience @4.5%	415,316,094	415,316,094	563,216,973	951,747,322	229.2%	229.2%	169.0%
Lifetime Experience@4.5%	922,668,878	922,668,878	1,070,569,757	1,004,356,120	108.9%	108.9%	93.8%

Actual and Projected Virginia Experience - Old Rates Only

Actual

Year	Earned Premium Original Rates	Earned Premium Current Rates	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates
2004	23,447	23,447	0	0.0%	0.0%
2005	299,292	299,292	0	0.0%	0.0%
2006	641,059	641,059	0	0.0%	0.0%
2007	1,099,009	1,099,009	0	0.0%	0.0%
2008	1,427,765	1,427,765	0	0.0%	0.0%
2009	1,498,618	1,498,618	657,500	43.9%	43.9%
2010	1,439,011	1,439,011	257,620	17.9%	17.9%
2011	1,412,674	1,412,674	704,205	49.8%	49.8%
2012	1,377,342	1,377,342	146,456	10.6%	10.6%
2013	1,365,935	1,365,935	189,199	13.9%	13.9%
2014	1,348,385	1,348,385	0	0.0%	0.0%
2015	1,333,359	1,333,359	188,214	14.1%	14.1%
2016	1,323,478	1,323,478	15,158	1.1%	1.1%
Total	14,589,373	14,589,373	2,158,352	14.8%	14.8%

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	1,303,195	1,303,195	1,303,195	391,439	30.0%	30.0%	30.0%
2018	1,277,084	1,277,084	1,393,809	451,833	35.4%	35.4%	32.4%
2019	1,250,470	1,250,470	1,684,633	513,260	41.0%	41.0%	30.5%
2020	1,222,882	1,222,882	1,762,859	585,657	47.9%	47.9%	33.2%
2021	1,193,913	1,193,913	1,722,930	674,946	56.5%	56.5%	39.2%
2022	1,163,493	1,163,493	1,680,482	778,256	66.9%	66.9%	46.3%
2023	1,131,617	1,131,617	1,635,958	895,510	79.1%	79.1%	54.7%
2024	1,098,267	1,098,267	1,589,308	1,027,966	93.6%	93.6%	64.7%
2025	1,063,434	1,063,434	1,540,499	1,175,085	110.5%	110.5%	76.3%
2026	1,027,099	1,027,099	1,489,487	1,334,405	129.9%	129.9%	89.6%
2027	989,305	989,305	1,436,309	1,510,126	152.6%	152.6%	105.1%
2028	950,085	950,085	1,381,000	1,701,658	179.1%	179.1%	123.2%
2029	909,508	909,508	1,323,636	1,906,046	209.6%	209.6%	144.0%
2030	867,689	867,689	1,264,369	2,122,544	244.6%	244.6%	167.9%
2031	824,769	824,769	1,203,391	2,346,553	284.5%	284.5%	195.0%
2032	780,926	780,926	1,140,941	2,577,615	330.1%	330.1%	225.9%
2033	736,350	736,350	1,077,291	2,814,405	382.2%	382.2%	261.2%
2034	691,291	691,291	1,012,798	3,048,107	440.9%	440.9%	301.0%
2035	646,032	646,032	947,867	3,266,408	505.6%	505.6%	344.6%
2036	600,875	600,875	882,933	3,463,370	576.4%	576.4%	392.3%
2037	556,121	556,121	818,433	3,643,426	655.1%	655.1%	445.2%
2038	512,109	512,109	754,857	3,803,183	742.7%	742.7%	503.8%
2039	469,138	469,138	692,650	3,931,612	838.0%	838.0%	567.6%
2040	427,513	427,513	632,261	4,023,839	941.2%	941.2%	636.4%
2041	387,490	387,490	574,065	4,075,675	1051.8%	1051.8%	710.0%
2042	349,299	349,299	518,401	4,093,434	1171.9%	1171.9%	789.6%
2043	313,161	313,161	465,598	4,079,167	1302.6%	1302.6%	876.1%
2044	279,234	279,234	415,899	4,027,056	1442.2%	1442.2%	968.3%
2045	247,641	247,641	369,496	3,945,889	1593.4%	1593.4%	1067.9%
2046	218,457	218,457	326,514	3,840,460	1758.0%	1758.0%	1176.2%
2047	191,694	191,694	286,994	3,712,889	1936.9%	1936.9%	1293.7%
2048	167,316	167,316	250,899	3,560,494	2128.0%	2128.0%	1419.1%
2049	145,285	145,285	218,193	3,386,018	2330.6%	2330.6%	1551.8%
2050	125,507	125,507	188,756	3,196,756	2547.1%	2547.1%	1693.6%
2051	107,866	107,866	162,436	2,990,862	2772.8%	2772.8%	1841.3%
2052	92,223	92,223	139,044	2,771,195	3004.9%	3004.9%	1993.0%
2053	78,431	78,431	118,373	2,543,888	3243.5%	3243.5%	2149.0%
2054	66,348	66,348	100,228	2,316,282	3491.1%	3491.1%	2311.0%
2055	55,831	55,831	84,408	2,096,801	3755.6%	3755.6%	2484.1%
2056	46,715	46,715	70,675	1,881,568	4027.7%	4027.7%	2662.3%
2057	38,855	38,855	58,820	1,676,484	4314.7%	4314.7%	2850.2%
2058	32,109	32,109	48,636	1,477,451	4601.3%	4601.3%	3037.8%
2059	26,363	26,363	39,953	1,281,605	4861.4%	4861.4%	3207.8%
2060	21,492	21,492	32,590	1,101,306	5124.3%	5124.3%	3379.3%
2061	17,380	17,380	26,372	939,835	5407.5%	5407.5%	3563.8%
2062	13,936	13,936	21,161	799,489	5736.9%	5736.9%	3778.2%
2063	11,072	11,072	16,826	673,164	6079.7%	6079.7%	4000.7%
2064	8,710	8,710	13,249	554,496	6366.1%	6366.1%	4185.2%
2065	6,778	6,778	10,321	448,062	6610.5%	6610.5%	4341.4%
2066	5,209	5,209	7,940	356,452	6843.6%	6843.6%	4489.4%
Total	24,747,570	24,747,570	34,937,741	109,814,027	443.7%	443.7%	314.3%

	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	14,589,373	14,589,373	14,589,373	2,158,352	14.8%	14.8%	14.8%
Anticipated Experience	24,747,570	24,747,570	34,937,741	109,814,027	443.7%	443.7%	314.3%
Lifetime Experience	39,336,944	39,336,944	49,527,114	111,972,379	284.6%	284.6%	226.1%
Past Experience@4.5%	19,070,280	19,070,280	19,070,280	2,832,183	14.9%	14.9%	14.9%
Anticipated Experience@4.5%	15,747,723	15,747,723	21,756,698	40,268,865	255.7%	255.7%	185.1%
Lifetime Experience@4.5%	34,818,003	34,818,003	40,826,978	43,101,048	123.8%	123.8%	105.6%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059 VA Series

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%	0%	10%	15%	26%
30-34	0%	0%	10%	15%	26%
35-39	0%	0%	10%	40%	40%
40	0%	0%	10%	40%	40%
41	0%	0%	10%	40%	40%
42	0%	0%	10%	40%	40%
43	0%	0%	10%	40%	40%
44	0%	0%	10%	40%	40%
45	0%	0%	10%	40%	40%
46	0%	0%	10%	40%	40%
47	0%	0%	10%	40%	40%
48	0%	0%	10%	40%	40%
49	0%	0%	10%	40%	40%
50	0%	0%	10%	40%	40%
51	0%	0%	10%	40%	40%
52	0%	0%	10%	40%	40%
53	0%	0%	10%	40%	40%
54	0%	0%	10%	40%	40%
55	0%	0%	10%	40%	40%
56	0%	0%	10%	40%	40%
57	0%	0%	10%	40%	40%
58	0%	0%	10%	40%	40%
59	0%	0%	10%	40%	40%
60	0%	0%	10%	40%	40%
61	0%	0%	10%	40%	40%
62	0%	0%	10%	40%	40%
63	0%	0%	10%	40%	40%
64	0%	0%	10%	40%	40%
65	0%	0%	10%	40%	40%
66	0%	0%	10%	40%	40%
67	0%	0%	10%	40%	40%
68	0%	0%	10%	40%	40%
69	0%	0%	10%	40%	40%
70	0%	0%	10%	36%	40%
71	0%	0%	10%	29%	40%
72	0%	0%	10%	21%	33%
73	0%	0%	9%	15%	25%
74	0%	0%	5%	11%	21%
75	0%	0%	4%	9%	19%
76	0%	0%	5%	12%	23%
77	0%	0%	5%	13%	24%
78	0%	0%	3%	13%	24%
79	0%	0%	2%	13%	23%
80	0%	0%	2%	13%	23%
81	0%	0%	2%	13%	23%
82	0%	0%	2%	13%	23%
83	0%	0%	2%	13%	23%
84	0%	0%	2%	13%	23%
	EXB01A76	EXC01A76	EXD01A76	EXE01A76	EXA01A76

Rate Table Comparison - A76 to A02

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059 VA Series

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%	0%	9%	12%	22%
30-34	0%	0%	9%	12%	22%
35-39	0%	0%	10%	40%	40%
40	0%	0%	10%	40%	40%
41	0%	0%	10%	40%	40%
42	0%	0%	10%	40%	40%
43	0%	0%	10%	40%	40%
44	0%	0%	10%	40%	40%
45	0%	0%	10%	40%	40%
46	0%	0%	10%	40%	40%
47	0%	0%	10%	40%	40%
48	0%	0%	10%	40%	40%
49	0%	0%	10%	40%	40%
50	0%	0%	10%	40%	40%
51	0%	0%	10%	40%	40%
52	0%	0%	10%	40%	40%
53	0%	0%	10%	40%	40%
54	0%	0%	10%	40%	40%
55	0%	0%	10%	40%	40%
56	0%	0%	10%	40%	40%
57	0%	0%	10%	40%	40%
58	0%	0%	10%	40%	40%
59	0%	0%	10%	40%	40%
60	0%	0%	10%	40%	40%
61	0%	0%	10%	40%	40%
62	0%	0%	10%	40%	40%
63	0%	0%	10%	40%	40%
64	0%	0%	10%	40%	40%
65	0%	0%	10%	40%	40%
66	0%	0%	10%	40%	40%
67	0%	0%	10%	40%	40%
68	0%	0%	10%	40%	40%
69	0%	0%	10%	35%	40%
70	0%	0%	10%	30%	40%
71	0%	0%	10%	23%	35%
72	0%	0%	10%	17%	28%
73	0%	0%	6%	11%	22%
74	0%	0%	4%	9%	19%
75	0%	0%	3%	9%	20%
76	0%	0%	5%	13%	23%
77	0%	0%	4%	14%	24%
78	0%	0%	3%	13%	24%
79	0%	0%	2%	13%	24%
80	0%	0%	2%	13%	24%
81	0%	0%	2%	13%	24%
82	0%	0%	2%	13%	24%
83	0%	0%	2%	13%	24%
84	0%	0%	2%	13%	24%
	EXH01A76	EXI01A76	EXJ01A76	EXK01A76	EXG01A76

Rate Table Comparison - A76 to A02

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059 VA Series

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%	0%	5%	8%	18%
30-34	0%	0%	5%	8%	18%
35-39	0%	0%	10%	37%	40%
40	0%	0%	10%	40%	40%
41	0%	0%	10%	40%	40%
42	0%	0%	10%	40%	40%
43	0%	0%	10%	40%	40%
44	0%	0%	10%	40%	40%
45	0%	0%	10%	40%	40%
46	0%	0%	10%	40%	40%
47	0%	0%	10%	40%	40%
48	0%	0%	10%	40%	40%
49	0%	0%	10%	40%	40%
50	0%	0%	10%	40%	40%
51	0%	0%	10%	40%	40%
52	0%	0%	10%	40%	40%
53	0%	0%	10%	40%	40%
54	0%	0%	10%	40%	40%
55	0%	0%	10%	40%	40%
56	0%	0%	10%	40%	40%
57	0%	0%	10%	40%	40%
58	0%	0%	10%	40%	40%
59	0%	0%	10%	40%	40%
60	0%	0%	10%	40%	40%
61	0%	0%	10%	40%	40%
62	0%	0%	10%	40%	40%
63	0%	0%	10%	40%	40%
64	0%	0%	10%	40%	40%
65	0%	0%	10%	40%	40%
66	0%	0%	10%	40%	40%
67	0%	0%	10%	40%	40%
68	0%	0%	10%	40%	40%
69	0%	0%	10%	34%	40%
70	0%	0%	10%	29%	40%
71	0%	0%	10%	23%	34%
72	0%	0%	10%	17%	28%
73	0%	0%	5%	12%	22%
74	0%	0%	3%	10%	20%
75	0%	0%	3%	10%	20%
76	0%	0%	5%	13%	23%
77	0%	0%	4%	14%	24%
78	0%	0%	3%	14%	24%
79	0%	0%	2%	14%	25%
80	0%	0%	2%	14%	25%
81	0%	0%	2%	14%	25%
82	0%	0%	2%	14%	25%
83	0%	0%	2%	14%	25%
84	0%	0%	2%	14%	25%
	EXN01A76	EXO01A76	EXP01A76	EXQ01A76	EXM01A76

Rate Table Comparison - A76 to A02

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589 VA Series

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	25%	40%	40%	40%	40%
30-34	25%	40%	40%	40%	40%
35-39	25%	40%	40%	40%	40%
40	25%	40%	40%	40%	40%
41	25%	40%	40%	40%	40%
42	25%	40%	40%	40%	40%
43	25%	40%	40%	40%	40%
44	25%	40%	40%	40%	40%
45	25%	40%	40%	40%	40%
46	25%	40%	40%	40%	40%
47	25%	40%	40%	40%	40%
48	25%	40%	40%	40%	40%
49	25%	40%	40%	40%	40%
50	25%	40%	40%	40%	40%
51	25%	40%	40%	40%	40%
52	25%	40%	40%	40%	40%
53	25%	40%	40%	40%	40%
54	25%	40%	40%	40%	40%
55	25%	40%	40%	40%	40%
56	25%	40%	40%	40%	40%
57	25%	40%	40%	40%	40%
58	25%	40%	40%	40%	40%
59	25%	40%	40%	40%	40%
60	25%	40%	40%	40%	40%
61	25%	40%	40%	40%	40%
62	25%	40%	40%	40%	40%
63	25%	40%	40%	40%	40%
64	25%	40%	40%	40%	40%
65	25%	40%	40%	40%	40%
66	25%	40%	40%	40%	40%
67	25%	40%	40%	40%	40%
68	25%	40%	40%	40%	40%
69	25%	40%	40%	40%	40%
70	25%	40%	40%	40%	40%
71	25%	35%	39%	40%	40%
72	25%	28%	31%	36%	40%
73	22%	21%	23%	29%	40%
74	18%	16%	17%	23%	34%
75	15%	13%	12%	18%	29%
76	13%	12%	10%	17%	28%
77	10%	10%	7%	15%	25%
78	8%	7%	4%	12%	22%
79	5%	6%	3%	11%	21%
80	5%	6%	3%	11%	21%
81	5%	6%	3%	11%	21%
82	5%	6%	3%	11%	21%
83	5%	6%	3%	11%	21%
84	5%	6%	3%	11%	21%
	XSB01A76	XSC01A76	XSD01A76	XSE01A76	XSA01A76

Rate Table Comparison - A76 to A02

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589 VA Series

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	25%	40%	40%	40%	40%
30-34	25%	40%	40%	40%	40%
35-39	25%	40%	40%	40%	40%
40	25%	40%	40%	40%	40%
41	25%	40%	40%	40%	40%
42	25%	40%	40%	40%	40%
43	25%	40%	40%	40%	40%
44	25%	40%	40%	40%	40%
45	25%	40%	40%	40%	40%
46	25%	40%	40%	40%	40%
47	25%	40%	40%	40%	40%
48	25%	40%	40%	40%	40%
49	25%	40%	40%	40%	40%
50	25%	40%	40%	40%	40%
51	25%	40%	40%	40%	40%
52	25%	40%	40%	40%	40%
53	25%	40%	40%	40%	40%
54	25%	40%	40%	40%	40%
55	25%	40%	40%	40%	40%
56	25%	40%	40%	40%	40%
57	25%	40%	40%	40%	40%
58	25%	40%	40%	40%	40%
59	25%	40%	40%	40%	40%
60	25%	40%	40%	40%	40%
61	25%	40%	40%	40%	40%
62	25%	40%	40%	40%	40%
63	25%	40%	40%	40%	40%
64	25%	40%	40%	40%	40%
65	25%	40%	40%	40%	40%
66	25%	40%	40%	40%	40%
67	25%	40%	40%	40%	40%
68	25%	40%	40%	40%	40%
69	25%	40%	40%	40%	40%
70	25%	38%	40%	40%	40%
71	25%	30%	34%	39%	40%
72	21%	23%	25%	31%	40%
73	15%	16%	18%	23%	35%
74	12%	10%	12%	18%	29%
75	8%	7%	7%	14%	25%
76	7%	7%	7%	14%	25%
77	5%	5%	5%	12%	23%
78	3%	4%	4%	12%	22%
79	1%	3%	3%	11%	22%
80	1%	3%	3%	11%	22%
81	1%	3%	3%	11%	22%
82	1%	3%	3%	11%	22%
83	1%	3%	3%	11%	22%
84	1%	3%	3%	11%	22%
	XSH01A76	XSI01A76	XSJ01A76	XSK01A76	XSG01A76

Rate Table Comparison - A76 to A02

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589 VA Series

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	25%	40%	40%	40%	40%
30-34	25%	40%	40%	40%	40%
35-39	25%	40%	40%	40%	40%
40	25%	40%	40%	40%	40%
41	25%	40%	40%	40%	40%
42	25%	40%	40%	40%	40%
43	25%	40%	40%	40%	40%
44	25%	40%	40%	40%	40%
45	25%	40%	40%	40%	40%
46	25%	40%	40%	40%	40%
47	25%	40%	40%	40%	40%
48	25%	40%	40%	40%	40%
49	25%	40%	40%	40%	40%
50	25%	40%	40%	40%	40%
51	25%	40%	40%	40%	40%
52	25%	40%	40%	40%	40%
53	25%	40%	40%	40%	40%
54	25%	40%	40%	40%	40%
55	25%	40%	40%	40%	40%
56	25%	40%	40%	40%	40%
57	25%	40%	40%	40%	40%
58	25%	40%	40%	40%	40%
59	25%	40%	40%	40%	40%
60	25%	40%	40%	40%	40%
61	25%	40%	40%	40%	40%
62	25%	40%	40%	40%	40%
63	25%	40%	40%	40%	40%
64	25%	40%	40%	40%	40%
65	25%	40%	40%	40%	40%
66	25%	40%	40%	40%	40%
67	25%	40%	40%	40%	40%
68	25%	40%	40%	40%	40%
69	25%	40%	40%	40%	40%
70	25%	37%	40%	40%	40%
71	25%	29%	33%	39%	40%
72	18%	22%	25%	31%	40%
73	12%	15%	18%	24%	35%
74	7%	10%	12%	19%	30%
75	4%	7%	8%	15%	26%
76	3%	6%	7%	15%	25%
77	2%	4%	4%	12%	23%
78	1%	3%	3%	12%	22%
79	1%	3%	3%	12%	22%
80	1%	3%	3%	12%	22%
81	1%	3%	3%	12%	22%
82	1%	3%	3%	12%	22%
83	1%	3%	3%	12%	22%
84	1%	3%	3%	12%	22%
	XSN01A76	XSO01A76	XSP01A76	XSQ01A76	XSM01A76

Rate Table Comparison - A76 to A02

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 Series

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	34%	34%	37%	40%	40%
74	29%	27%	28%	35%	40%
75	25%	22%	21%	28%	39%
76	22%	19%	17%	24%	35%
77	19%	16%	12%	19%	30%
78	16%	13%	7%	14%	25%
79	13%	10%	4%	11%	22%
80	13%	10%	4%	11%	22%
81	13%	10%	4%	11%	22%
82	13%	10%	4%	11%	22%
83	13%	10%	4%	11%	22%
84	13%	10%	4%	11%	22%
	XCB01A76	XCC01A76	XCD01A76	XCE01A76	XCA01A76

Rate Table Comparison - A76 to A02

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 Series

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	35%	37%	40%	40%	40%
73	28%	28%	31%	37%	40%
74	22%	21%	23%	30%	40%
75	17%	16%	16%	23%	35%
76	15%	13%	13%	20%	32%
77	12%	10%	9%	17%	28%
78	9%	7%	6%	14%	24%
79	7%	5%	3%	11%	22%
80	7%	5%	3%	11%	22%
81	7%	5%	3%	11%	22%
82	7%	5%	3%	11%	22%
83	7%	5%	3%	11%	22%
84	7%	5%	3%	11%	22%
	XCH01A76	XCI01A76	XCJ01A76	XCK01A76	XCG01A76

Rate Table Comparison - A76 to A02

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 Series

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	32%	37%	40%	40%	40%
73	24%	28%	31%	38%	40%
74	18%	21%	23%	30%	40%
75	12%	15%	17%	24%	36%
76	10%	12%	13%	21%	33%
77	7%	9%	10%	18%	29%
78	4%	5%	6%	14%	25%
79	1%	3%	3%	12%	22%
80	1%	3%	3%	12%	22%
81	1%	3%	3%	12%	22%
82	1%	3%	3%	12%	22%
83	1%	3%	3%	12%	22%
84	1%	3%	3%	12%	22%
	XCN01A76	XCO01A76	XCP01A76	XCQ01A76	XCM01A76

Rate Table Comparison - A76 to A02

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059 VA Series

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%	0%	0%	0%	0%
30-34	0%	0%	0%	0%	0%
35-39	0%	0%	0%	0%	0%
40	0%	0%	0%	0%	0%
41	0%	0%	0%	0%	0%
42	0%	0%	0%	0%	0%
43	0%	0%	0%	0%	0%
44	0%	0%	0%	0%	0%
45	0%	0%	0%	0%	0%
46	0%	0%	0%	0%	0%
47	0%	0%	0%	0%	0%
48	0%	0%	0%	0%	0%
49	0%	0%	0%	0%	0%
50	0%	0%	0%	0%	0%
51	0%	0%	0%	0%	0%
52	0%	0%	0%	0%	0%
53	0%	0%	0%	0%	0%
54	0%	0%	0%	0%	0%
55	0%	0%	0%	0%	0%
56	0%	0%	0%	0%	0%
57	0%	0%	0%	0%	0%
58	0%	0%	0%	0%	0%
59	0%	0%	0%	0%	0%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%
	EXB01B91	EXC01B91	EXD01B91	EXE01B91	EXA01B91

Rate Table Comparison - B91 to A76

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589 VA Series

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%	0%	16%	16%	16%
30-34	0%	0%	16%	16%	16%
35-39	0%	0%	16%	16%	16%
40	0%	0%	16%	16%	16%
41	0%	0%	16%	16%	16%
42	0%	0%	16%	16%	16%
43	0%	0%	16%	16%	16%
44	0%	0%	16%	16%	16%
45	0%	0%	16%	16%	16%
46	0%	0%	16%	16%	16%
47	0%	0%	16%	16%	16%
48	0%	0%	16%	16%	16%
49	0%	0%	16%	16%	16%
50	0%	0%	16%	16%	16%
51	0%	0%	16%	16%	16%
52	0%	0%	16%	16%	16%
53	0%	0%	16%	16%	16%
54	0%	0%	16%	16%	16%
55	0%	0%	16%	16%	16%
56	0%	0%	16%	16%	16%
57	0%	0%	16%	16%	16%
58	0%	0%	16%	16%	16%
59	0%	0%	16%	16%	16%
60	0%	0%	16%	16%	16%
61	0%	0%	16%	16%	16%
62	0%	0%	16%	16%	16%
63	0%	0%	16%	16%	16%
64	0%	0%	16%	16%	16%
65	0%	0%	16%	16%	16%
66	0%	0%	16%	16%	16%
67	0%	0%	16%	16%	16%
68	0%	0%	16%	16%	16%
69	0%	0%	12%	16%	16%
70	0%	0%	6%	10%	16%
71	0%	0%	0%	4%	13%
72	0%	0%	0%	0%	7%
73	0%	0%	0%	0%	1%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%
	XSB01B91	XSC01B91	XSD01B91	XSE01B91	XSA01B91

Rate Table Comparison - B91 to A76

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 Series

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	16%	16%	16%	16%	16%
30-34	16%	16%	16%	16%	16%
35-39	16%	16%	16%	16%	16%
40	16%	16%	16%	16%	16%
41	16%	16%	16%	16%	16%
42	16%	16%	16%	16%	16%
43	16%	16%	16%	16%	16%
44	16%	16%	16%	16%	16%
45	16%	16%	16%	16%	16%
46	16%	16%	16%	16%	16%
47	16%	16%	16%	16%	16%
48	16%	16%	16%	16%	16%
49	16%	16%	16%	16%	16%
50	16%	16%	16%	16%	16%
51	16%	16%	16%	16%	16%
52	16%	16%	16%	16%	16%
53	16%	16%	16%	16%	16%
54	16%	16%	16%	16%	16%
55	16%	16%	16%	16%	16%
56	16%	16%	16%	16%	16%
57	16%	16%	16%	16%	16%
58	16%	16%	16%	16%	16%
59	16%	16%	16%	16%	16%
60	16%	16%	16%	16%	16%
61	16%	16%	16%	16%	16%
62	16%	16%	16%	16%	16%
63	16%	16%	16%	16%	16%
64	16%	16%	16%	16%	16%
65	16%	16%	16%	16%	16%
66	16%	16%	16%	16%	16%
67	16%	16%	16%	16%	16%
68	16%	16%	16%	16%	16%
69	16%	16%	16%	16%	16%
70	11%	16%	16%	16%	16%
71	5%	9%	13%	16%	16%
72	1%	2%	5%	9%	16%
73	0%	0%	0%	2%	12%
74	0%	0%	0%	0%	5%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%
	XCB01B91	XCC01B91	XCD01B91	XCE01B91	XCA01B91

Rate Table Comparison - B91 to A76

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059 VA Series

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%	0%	0%	0%	0%
30-34	0%	0%	0%	0%	0%
35-39	0%	0%	0%	0%	0%
40	0%	0%	0%	0%	0%
41	0%	0%	0%	0%	0%
42	0%	0%	0%	0%	0%
43	0%	0%	0%	0%	0%
44	0%	0%	0%	0%	0%
45	0%	0%	0%	0%	0%
46	0%	0%	0%	0%	0%
47	0%	0%	0%	0%	0%
48	0%	0%	0%	0%	0%
49	0%	0%	0%	0%	0%
50	0%	0%	0%	0%	0%
51	0%	0%	0%	0%	0%
52	0%	0%	0%	0%	0%
53	0%	0%	0%	0%	0%
54	0%	0%	0%	0%	0%
55	0%	0%	0%	0%	0%
56	0%	0%	0%	0%	0%
57	0%	0%	0%	0%	0%
58	0%	0%	0%	0%	0%
59	0%	0%	0%	0%	0%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%
	EXH01B91	EXI01B91	EXJ01B91	EXK01B91	EXG01B91

Rate Table Comparison - B91 to A76

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589 VA Series

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%	0%	16%	16%	16%
30-34	0%	0%	16%	16%	16%
35-39	0%	0%	16%	16%	16%
40	0%	0%	16%	16%	16%
41	0%	0%	16%	16%	16%
42	0%	0%	16%	16%	16%
43	0%	0%	16%	16%	16%
44	0%	0%	16%	16%	16%
45	0%	0%	16%	16%	16%
46	0%	0%	16%	16%	16%
47	0%	0%	16%	16%	16%
48	0%	0%	16%	16%	16%
49	0%	0%	16%	16%	16%
50	0%	0%	16%	16%	16%
51	0%	0%	16%	16%	16%
52	0%	0%	16%	16%	16%
53	0%	0%	16%	16%	16%
54	0%	0%	16%	16%	16%
55	0%	0%	16%	16%	16%
56	0%	0%	16%	16%	16%
57	0%	0%	16%	16%	16%
58	0%	0%	16%	16%	16%
59	0%	0%	16%	16%	16%
60	0%	0%	16%	16%	16%
61	0%	0%	16%	16%	16%
62	0%	0%	16%	16%	16%
63	0%	0%	16%	16%	16%
64	0%	0%	16%	16%	16%
65	0%	0%	16%	16%	16%
66	0%	0%	16%	16%	16%
67	0%	0%	16%	16%	16%
68	0%	0%	13%	16%	16%
69	0%	0%	8%	11%	16%
70	0%	0%	2%	6%	15%
71	0%	0%	0%	0%	9%
72	0%	0%	0%	0%	3%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%
	XSH01B91	XSI01B91	XSJ01B91	XSK01B91	XSG01B91

Rate Table Comparison - B91 to A76

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 Series

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	16%	16%	16%	16%	16%
30-34	16%	16%	16%	16%	16%
35-39	16%	16%	16%	16%	16%
40	16%	16%	16%	16%	16%
41	16%	16%	16%	16%	16%
42	16%	16%	16%	16%	16%
43	16%	16%	16%	16%	16%
44	16%	16%	16%	16%	16%
45	16%	16%	16%	16%	16%
46	16%	16%	16%	16%	16%
47	16%	16%	16%	16%	16%
48	16%	16%	16%	16%	16%
49	16%	16%	16%	16%	16%
50	16%	16%	16%	16%	16%
51	16%	16%	16%	16%	16%
52	16%	16%	16%	16%	16%
53	16%	16%	16%	16%	16%
54	16%	16%	16%	16%	16%
55	16%	16%	16%	16%	16%
56	16%	16%	16%	16%	16%
57	16%	16%	16%	16%	16%
58	16%	16%	16%	16%	16%
59	16%	16%	16%	16%	16%
60	16%	16%	16%	16%	16%
61	16%	16%	16%	16%	16%
62	16%	16%	16%	16%	16%
63	16%	16%	16%	16%	16%
64	16%	16%	16%	16%	16%
65	16%	16%	16%	16%	16%
66	16%	16%	16%	16%	16%
67	16%	16%	16%	16%	16%
68	16%	16%	16%	16%	16%
69	15%	16%	16%	16%	16%
70	9%	13%	16%	16%	16%
71	3%	6%	9%	13%	16%
72	0%	0%	1%	5%	15%
73	0%	0%	0%	0%	7%
74	0%	0%	0%	0%	1%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%
	XCH01B91	XCI01B91	XCJ01B91	XCK01B91	XCG01B91

Rate Table Comparison - B91 to A76

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059 VA Series

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%	0%	0%	0%	0%
30-34	0%	0%	0%	0%	0%
35-39	0%	0%	0%	0%	0%
40	0%	0%	0%	0%	0%
41	0%	0%	0%	0%	0%
42	0%	0%	0%	0%	0%
43	0%	0%	0%	0%	0%
44	0%	0%	0%	0%	0%
45	0%	0%	0%	0%	0%
46	0%	0%	0%	0%	0%
47	0%	0%	0%	0%	0%
48	0%	0%	0%	0%	0%
49	0%	0%	0%	0%	0%
50	0%	0%	0%	0%	0%
51	0%	0%	0%	0%	0%
52	0%	0%	0%	0%	0%
53	0%	0%	0%	0%	0%
54	0%	0%	0%	0%	0%
55	0%	0%	0%	0%	0%
56	0%	0%	0%	0%	0%
57	0%	0%	0%	0%	0%
58	0%	0%	0%	0%	0%
59	0%	0%	0%	0%	0%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%
	EXN01B91	EXO01B91	EXP01B91	EXQ01B91	EXM01B91

Rate Table Comparison - B91 to A76

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99589 VA Series

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%	0%	16%	16%	16%
30-34	0%	0%	16%	16%	16%
35-39	0%	0%	16%	16%	16%
40	0%	0%	16%	16%	16%
41	0%	0%	16%	16%	16%
42	0%	0%	16%	16%	16%
43	0%	0%	16%	16%	16%
44	0%	0%	16%	16%	16%
45	0%	0%	16%	16%	16%
46	0%	0%	16%	16%	16%
47	0%	0%	16%	16%	16%
48	0%	0%	16%	16%	16%
49	0%	0%	16%	16%	16%
50	0%	0%	16%	16%	16%
51	0%	0%	16%	16%	16%
52	0%	0%	16%	16%	16%
53	0%	0%	16%	16%	16%
54	0%	0%	16%	16%	16%
55	0%	0%	16%	16%	16%
56	0%	0%	16%	16%	16%
57	0%	0%	16%	16%	16%
58	0%	0%	16%	16%	16%
59	0%	0%	16%	16%	16%
60	0%	0%	16%	16%	16%
61	0%	0%	16%	16%	16%
62	0%	0%	16%	16%	16%
63	0%	0%	16%	16%	16%
64	0%	0%	16%	16%	16%
65	0%	0%	16%	16%	16%
66	0%	0%	16%	16%	16%
67	0%	0%	16%	16%	16%
68	0%	0%	12%	16%	16%
69	0%	0%	6%	10%	16%
70	0%	0%	1%	5%	15%
71	0%	0%	0%	0%	8%
72	0%	0%	0%	0%	2%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%
	XSN01B91	XSO01B91	XSP01B91	XSQ01B91	XSM01B91

Rate Table Comparison - B91 to A76

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99590 Series

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	16%	16%	16%	16%	16%
30-34	16%	16%	16%	16%	16%
35-39	16%	16%	16%	16%	16%
40	16%	16%	16%	16%	16%
41	16%	16%	16%	16%	16%
42	16%	16%	16%	16%	16%
43	16%	16%	16%	16%	16%
44	16%	16%	16%	16%	16%
45	16%	16%	16%	16%	16%
46	16%	16%	16%	16%	16%
47	16%	16%	16%	16%	16%
48	16%	16%	16%	16%	16%
49	16%	16%	16%	16%	16%
50	16%	16%	16%	16%	16%
51	16%	16%	16%	16%	16%
52	16%	16%	16%	16%	16%
53	16%	16%	16%	16%	16%
54	16%	16%	16%	16%	16%
55	16%	16%	16%	16%	16%
56	16%	16%	16%	16%	16%
57	16%	16%	16%	16%	16%
58	16%	16%	16%	16%	16%
59	16%	16%	16%	16%	16%
60	16%	16%	16%	16%	16%
61	16%	16%	16%	16%	16%
62	16%	16%	16%	16%	16%
63	16%	16%	16%	16%	16%
64	16%	16%	16%	16%	16%
65	16%	16%	16%	16%	16%
66	16%	16%	16%	16%	16%
67	16%	16%	16%	16%	16%
68	16%	16%	16%	16%	16%
69	14%	16%	16%	16%	16%
70	8%	12%	16%	16%	16%
71	1%	5%	8%	12%	16%
72	0%	0%	1%	5%	15%
73	0%	0%	0%	0%	8%
74	0%	0%	0%	0%	2%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%
	XCN01B91	XCO01B91	XCP01B91	XCQ01B91	XCM01B91

Rate Table Comparison - B91 to A76

Virginia A to E Experience

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2004	2004	23,447	0	0.0%	2.5%	0.0%
	Total	23,447	0	0.0%	2.5%	0.0%
2005	2004	108,566	0	0.0%	3.1%	0.0%
	2005	190,726	0	0.0%	2.6%	0.0%
	Total	299,292	0	0.0%	2.7%	0.0%
2006	2004	102,034	0	0.0%	4.7%	0.0%
	2005	357,440	0	0.0%	3.3%	0.0%
	2006	181,585	0	0.0%	2.4%	0.0%
	Total	641,059	0	0.0%	3.2%	0.0%
2007	2004	101,358	0	0.0%	6.1%	0.0%
	2005	350,658	0	0.0%	4.5%	0.0%
	2006	399,598	0	0.0%	3.1%	0.0%
	2007	247,395	0	0.0%	2.4%	0.0%
	Total	1,099,009	0	0.0%	3.6%	0.0%
2008	2004	100,248	0	0.0%	7.6%	0.0%
	2005	346,285	0	0.0%	5.7%	0.0%
	2006	380,345	0	0.0%	4.4%	0.0%
	2007	445,298	0	0.0%	3.2%	0.0%
	2008	155,590	0	0.0%	2.2%	0.0%
	Total	1,427,765	0	0.0%	4.3%	0.0%
2009	2004	99,638	0	0.0%	9.5%	0.0%
	2005	340,742	14,207	4.2%	7.2%	57.7%
	2006	370,557	0	0.0%	5.6%	0.0%
	2007	420,564	643,293	153.0%	4.5%	3382.6%
	2008	267,117	0	0.0%	3.0%	0.0%
	2009	0	0	0.0%	0.0%	0.0%
	Total	1,498,618	657,500	43.9%	5.4%	810.9%
2010	2004	98,013	0	0.0%	11.8%	0.0%
	2005	329,047	498	0.2%	9.1%	1.7%
	2006	357,996	257,122	71.8%	7.1%	1009.5%
	2007	400,540	0	0.0%	5.8%	0.0%
	2008	253,415	0	0.0%	4.2%	0.0%
	2009	0	0	0.0%	0.0%	0.0%
	2010	0	0	0.0%	0.0%	0.0%
	Total	1,439,011	257,620	17.9%	7.0%	257.4%
2011	2004	88,232	704,205	798.1%	14.6%	5456.3%
	2005	325,948	0	0.0%	11.5%	0.0%
	2006	351,549	0	0.0%	9.0%	0.0%
	2007	395,796	0	0.0%	7.4%	0.0%
	2008	251,149	0	0.0%	5.5%	0.0%
	2009	0	0	0.0%	0.0%	0.0%
	2010	0	0	0.0%	0.0%	0.0%
	2011	0	0	0.0%	0.0%	0.0%
	Total	1,412,674	704,205	49.8%	8.8%	565.2%

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2012	2004	81,750	75,236	92.0%	18.1%	509.0%
	2005	311,487	0	0.0%	14.4%	0.0%
	2006	348,903	71,220	20.4%	11.5%	178.2%
	2007	387,028	0	0.0%	9.5%	0.0%
	2008	248,173	0	0.0%	7.0%	0.0%
	2009	0	0	0.0%	0.0%	0.0%
	2010	0	0	0.0%	0.0%	0.0%
	2011	0	0	0.0%	0.0%	0.0%
	2012	0	0	0.0%	0.0%	0.0%
	Total	1,377,342	146,456	10.6%	11.2%	95.4%
2013	2004	76,307	0	0.0%	22.1%	0.0%
	2005	313,635	0	0.0%	17.7%	0.0%
	2006	345,734	83,453	24.1%	14.5%	166.5%
	2007	383,185	0	0.0%	12.1%	0.0%
	2008	247,073	105,746	42.8%	8.9%	482.6%
	2009	0	0	0.0%	0.0%	0.0%
	2010	0	0	0.0%	0.0%	0.0%
	2011	0	0	0.0%	0.0%	0.0%
	2012	0	0	0.0%	0.0%	0.0%
	2013	0	0	0.0%	0.0%	0.0%
	Total	1,365,935	189,199	13.9%	14.0%	99.0%
2014	2004	74,516	0	0.0%	26.6%	0.0%
	2005	311,154	0	0.0%	21.7%	0.0%
	2006	343,292	0	0.0%	18.0%	0.0%
	2007	376,668	0	0.0%	15.4%	0.0%
	2008	242,755	0	0.0%	11.3%	0.0%
	2009	0	0	0.0%	0.0%	0.0%
	2010	0	0	0.0%	0.0%	0.0%
	2011	0	0	0.0%	0.0%	0.0%
	2012	0	0	0.0%	0.0%	0.0%
	2013	0	0	0.0%	0.0%	0.0%
	Total	1,348,385	0	0.0%	17.4%	0.0%
2015	2004	73,496	0	0.0%	31.2%	0.0%
	2005	305,898	715	0.2%	26.1%	0.9%
	2006	341,817	0	0.0%	22.0%	0.0%
	2007	375,103	0	0.0%	19.2%	0.0%
	2008	237,045	187,499	79.1%	14.3%	551.9%
	2009	0	0	0.0%	0.0%	0.0%
	2010	0	0	0.0%	0.0%	0.0%
	2011	0	0	0.0%	0.0%	0.0%
	2012	0	0	0.0%	0.0%	0.0%
	2013	0	0	0.0%	0.0%	0.0%
	Total	1,333,359	188,214	14.1%	21.3%	66.3%
2016	2004	71,788	783	1.1%	36.5%	3.0%
	2005	299,336	3,614	1.2%	30.8%	3.9%
	2006	342,000	3,820	1.1%	26.4%	4.2%
	2007	374,261	4,282	1.1%	23.5%	4.9%
	2008	236,093	2,659	1.1%	17.9%	6.3%
	2009	0	0	0.0%	0.0%	0.0%
	2010	0	0	0.0%	0.0%	0.0%
	2011	0	0	0.0%	0.0%	0.0%
	Total	1,323,478	15,158	1.1%	25.6%	4.5%
All Calendar Years	2004	1,099,393	780,223	71.0%	14.8%	480.8%
	2005	3,782,356	19,034	0.5%	12.5%	4.0%
	2006	3,763,376	415,616	11.0%	11.1%	99.3%
	2007	3,805,839	647,575	17.0%	10.2%	167.1%
	2008	2,138,409	295,904	13.8%	8.2%	168.4%

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
	2009	0	0	0.0%	0.0%	0.0%
	2010	0	0	0.0%	0.0%	0.0%
	2011	0	0	0.0%	0.0%	0.0%
	2012	0	0	0.0%	0.0%	0.0%
	2013	0	0	0.0%	0.0%	0.0%
	Total	14,589,373	2,158,352	14.8%	11.1%	133.5%

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

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2004	2004	1,761,177	0	0.0%	3.0%	0.0%
	Total	1,761,177	0	0.0%	3.0%	0.0%
2005	2004	4,815,486	201,407	4.2%	3.8%	108.8%
	2005	3,772,645	16,061	0.4%	2.7%	15.5%
	Total	8,588,131	217,468	2.5%	3.3%	75.7%
2006	2004	4,527,744	0	0.0%	5.8%	0.0%
	2005	7,380,617	105,402	1.4%	3.8%	38.0%
	2006	4,576,941	0	0.0%	2.5%	0.0%
	Total	16,485,301	105,402	0.6%	4.0%	16.2%
2007	2004	4,397,309	657,752	15.0%	7.4%	201.4%
	2005	7,012,803	169,091	2.4%	5.4%	44.8%
	2006	9,073,302	101,194	1.1%	3.4%	33.1%
	2007	5,133,709	330,522	6.4%	2.7%	239.1%
	Total	25,617,122	1,258,559	4.9%	4.4%	110.6%
2008	2004	4,289,556	271,613	6.3%	9.3%	68.2%
	2005	6,785,421	1,196,965	17.6%	6.9%	256.3%
	2006	8,342,856	639,041	7.7%	4.8%	160.6%
	2007	10,170,959	263,673	2.6%	3.6%	73.0%
	2008	4,899,031	0	0.0%	2.6%	0.0%
	Total	34,487,824	2,371,292	6.9%	5.0%	136.6%
2009	2004	4,134,512	216,803	5.2%	11.5%	45.7%
	2005	6,563,410	86,860	1.3%	8.6%	15.3%
	2006	8,034,379	333,166	4.1%	6.1%	67.9%
	2007	9,412,629	751,668	8.0%	5.1%	157.8%
	2008	8,074,723	247,037	3.1%	3.6%	84.7%
	2009	1,472,633	12,255	0.8%	2.7%	31.3%
	Total	37,692,286	1,647,789	4.4%	6.2%	70.8%
2010	2004	4,051,847	1,384,515	34.2%	14.2%	240.5%
	2005	6,375,785	748,306	11.7%	10.8%	108.5%
	2006	7,791,126	790,931	10.2%	7.7%	131.8%
	2007	9,040,750	110,042	1.2%	6.5%	18.7%
	2008	7,505,183	199,031	2.7%	5.1%	52.4%
	2009	2,861,786	126,072	4.4%	3.6%	123.2%
	2010	1,029,960	0	0.0%	2.7%	0.0%
	Total	38,656,438	3,358,895	8.7%	7.6%	113.9%
2011	2004	3,961,932	923,201	23.3%	17.6%	132.5%
	2005	6,259,861	1,232,083	19.7%	13.6%	145.1%
	2006	7,612,596	994,429	13.1%	9.7%	134.6%
	2007	8,792,468	277,389	3.2%	8.3%	38.2%
	2008	7,275,438	1,258,866	17.3%	6.5%	265.9%
	2009	2,502,023	97,973	3.9%	5.1%	76.9%
	2010	1,969,778	0	0.0%	3.6%	0.0%
	2011	962,000	0	0.0%	2.8%	0.0%
	Total	39,336,096	4,783,940	12.2%	9.4%	129.7%
2012	2004	3,872,590	348,194	9.0%	21.4%	41.9%
	2005	6,116,890	228,814	3.7%	17.0%	22.1%
	2006	7,474,975	1,019,265	13.6%	12.3%	111.2%
	2007	8,636,612	1,214,714	14.1%	10.4%	134.9%
	2008	7,093,907	687,194	9.7%	8.2%	118.0%
	2009	2,459,697	370,488	15.1%	6.5%	230.2%
	2010	1,783,967	690	0.0%	5.1%	0.8%
	2011	1,495,417	0	0.0%	4.1%	0.0%
	2012	127,928	0	0.0%	2.7%	0.0%
	Total	39,061,984	3,869,359	9.9%	11.7%	84.8%

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2013	2004	3,801,791	213,195	5.6%	25.7%	21.8%
	2005	6,019,915	416,044	6.9%	20.8%	33.3%
	2006	7,345,499	575,583	7.8%	15.4%	50.8%
	2007	8,485,340	1,136,794	13.4%	13.2%	101.5%
	2008	6,985,682	1,131,886	16.2%	10.3%	156.8%
	2009	2,368,121	24,001	1.0%	8.3%	12.3%
	2010	1,729,997	46,661	2.7%	6.6%	40.9%
	2011	1,404,299	644,873	45.9%	5.7%	802.0%
	2012	314,745	0	0.0%	3.2%	0.0%
	2013	215,799	0	0.0%	2.5%	0.0%
	Total	38,671,187	4,189,037	10.8%	14.4%	75.1%
2014	2004	3,720,315	1,334,085	35.9%	30.4%	118.0%
	2005	5,864,823	2,277,371	38.8%	25.1%	154.9%
	2006	7,127,011	979,799	13.7%	19.1%	72.2%
	2007	8,179,644	803,778	9.8%	16.6%	59.1%
	2008	6,716,840	589,354	8.8%	13.0%	67.3%
	2009	2,300,405	0	0.0%	10.4%	0.0%
	2010	1,695,592	149,647	8.8%	8.3%	105.9%
	2011	1,357,974	0	0.0%	7.4%	0.0%
	2012	218,313	0	0.0%	4.5%	0.0%
	2013	230,037	0	0.0%	3.9%	0.0%
	2014	0	0	0.0%	0.0%	0.0%
	Total	37,410,955	6,134,034	16.4%	17.8%	92.3%
2015	2004	3,653,343	2,183,576	59.8%	35.3%	169.1%
	2005	5,769,893	1,049,202	18.2%	29.7%	61.2%
	2006	6,897,687	1,205,985	17.5%	23.2%	75.4%
	2007	7,947,179	785,467	9.9%	20.5%	48.2%
	2008	6,493,031	896,494	13.8%	16.4%	84.2%
	2009	2,210,834	442,336	20.0%	13.0%	153.9%
	2010	1,635,173	173,813	10.6%	10.6%	100.7%
	2011	1,303,452	0	0.0%	9.3%	0.0%
	2012	197,757	0	0.0%	5.8%	0.0%
	2013	205,070	0	0.0%	5.2%	0.0%
	2014	0	0	0.0%	0.0%	0.0%
	Total	36,313,419	6,736,872	18.6%	21.5%	86.1%
2016	2004	3,585,567	1,092,996	30.5%	41.1%	74.2%
	2005	5,670,961	1,271,450	22.4%	34.7%	64.6%
	2006	6,823,290	815,322	11.9%	27.6%	43.3%
	2007	7,816,848	2,518,136	32.2%	24.9%	129.5%
	2008	6,354,655	1,737,310	27.3%	20.2%	135.5%
	2009	2,177,030	647,135	29.7%	16.3%	182.8%
	2010	1,605,080	774,422	48.2%	13.4%	359.2%
	2011	1,280,212	12,171	1.0%	11.8%	8.0%
	2012	191,349	1,984	1.0%	7.4%	14.1%
	2013	191,965	1,816	0.9%	6.7%	14.1%
	2014	0	0	0.0%	0.0%	0.0%
	Total	35,696,956	8,872,742	24.9%	25.8%	96.4%
All Calendar Years	2004	50,573,167	8,827,336	17.5%	13.5%	129.0%
	2005	73,593,024	8,797,648	12.0%	11.3%	105.5%
	2006	81,099,663	7,454,713	9.2%	9.0%	102.2%
	2007	83,616,138	8,192,182	9.8%	8.3%	117.4%
	2008	61,398,489	6,747,171	11.0%	7.1%	155.0%
	2009	18,352,529	1,720,260	9.4%	6.2%	150.8%
	2010	11,449,547	1,145,233	10.0%	5.4%	184.0%
	2011	7,803,354	657,044	8.4%	5.1%	164.1%
	2012	1,050,093	1,984	0.2%	3.6%	5.2%
	2013	842,871	1,816	0.2%	3.3%	6.6%
	2014	0	0	0.0%	0.0%	0.0%
	Total	389,778,875	43,545,388	11.2%	9.3%	120.0%

Distribution of Business as of 12/31/2016 - Form 97059/60/61 Series

Countrywide

Benefit Period	% of PIF
2 Year	8%
3 Year	25%
5 Year	33%
10 Year	4%
Lifetime	31%

Elimination Period	% of PIF
30 Day	29%
90 Day	57%
180 Day	14%

Inflation Protection	% of PIF
None	42%
Simple	35%
Compound	24%

Gender	% of PIF
Male	43%
Female	57%

Issue Age	% of PIF
<30	0%
30-34	2%
35-39	3%
40-44	5%
45-49	10%
50-54	19%
55-59	25%
60-64	22%
65-69	10%
70-75	3%
>75	0%

Benefit Amount	% of PIF
<100	0%
100-149	45%
150-199	34%
200-250	18%
>250	3%

Virginia

Benefit Period	% of PIF
2 Year	10%
3 Year	29%
5 Year	34%
10 Year	3%
Lifetime	25%

Elimination Period	% of PIF
30 Day	31%
90 Day	56%
180 Day	13%

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

Gender	% of PIF
Male	42%
Female	58%

Issue Age	% of PIF
<30	0%
30-34	1%
35-39	3%
40-44	7%
45-49	11%
50-54	19%
55-59	25%
60-64	19%
65-69	10%
70-75	3%
>75	0%

Benefit Amount	% of PIF
<100	0%
100-149	35%
150-199	37%
200-250	24%
>250	4%

Distribution of Business as of 12/31/2016 - Form 97059/60/61 Series

Countrywide

Underwriting Class	% of PIF
Preferred	43%
Standard	57%

Spousal Discount	% of PIF
Yes	74%
No	26%

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

Virginia

Underwriting Class	% of PIF
Preferred	40%
Standard	60%

Spousal Discount	% of PIF
Yes	70%
No	30%

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

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>

POLICY SCHEDULE

INSURED	[DOE, JOHN]	[$1,756.00]	INITIAL PREMIUM
POLICY NUMBER	[H000000 0000]		
POLICY DATE	[JUNE 1, 2005]	[ANNUAL]	PREMIUM MODE

FIRST RENEWAL DATE: [JUNE 1, 2006]

THE BENEFITS AND PREMIUMS SHOWN ON THIS SCHEDULE ARE EFFECTIVE [JUNE 1, 2005]
THIS SCHEDULE REPLACES ANY PRIOR SCHEDULE AS OF [JUNE 1, 2005]

COVERAGE SUMMARY

FORM	COVERAGE INFORMATION		ANNUAL PREMIUM
[97059VA]	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]	[$171.03]	
	MAXIMUM DAILY BENEFIT	[$312,129.80]	

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, 2005]	[ANNUAL]	PREMIUM MODE

FIRST RENEWAL DATE: [JUNE 1, 2006]

THE BENEFITS AND PREMIUMS SHOWN ON THIS SCHEDULE ARE EFFECTIVE [JUNE 1, 2005]
THIS SCHEDULE REPLACES ANY PRIOR SCHEDULE AS OF [JUNE 1, 2005]

COVERAGE SUMMARY

FORM	COVERAGE INFORMATION		ANNUAL PREMIUM
[97059VA]	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]
[99590	COMPOUND AUTOMATIC INCREASE BENEFIT RIDER]		[$770.00]
	BENEFIT ADJUSTMENTS AS OF [JUNE 1, 2016]	[$171.03]	
	MAXIMUM DAILY BENEFIT	[$312,129.80]	

ANNUAL RENEWAL PREMIUMS SUBJECT TO RENEWABILITY PROVISION ON PAGE 1.

STATEMENT OF VARIABILITY

Long Term Care Insurance Policy
Form EXVA.1
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.

[TOTAL YEARS]: This will be either one year, two years, three years, four years, or five years.

[YEAR]: This will be either first, second, third, fourth, or fifth year of the increase.

[NUMBER OF INCREASES]: This will be either one year, two years, three, four, or five years.

[OVERALL RATE INCREASE]: Combination of changes that result in a rate increase.

[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.

[for YEAR TWO]: Second year of increase.

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

[RENEWAL DATE PLUS 12 MONTHS]: Current year of the increase plus 12 months.

[SECOND YEAR RENEWAL AMOUNT]: Amount of premium based on selections made for coverage.

[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 STATE CODE]: Code of the state where the insured resides.

[AGENT CODE]: The Agent's Code.

[AGENT PHONE NUMBER]: The Agent's phone number.

97059 Series In-Force Rate Increase Filing Status

			First Round					Second Round				
State	Annualized Premium	Number of Policyholders	Filing Date	Approval Date	Date Implemented	Average % Requested	Average % Approved	Filing Date	Approval Date	Date Implemented	Average % Requested	Average % Approved
Alabama	1,281,192	736	Jun-13	Oct-13	Mar-14	28.0%	10.0%	Nov-15	Dec-15	Jul-16	14.6%	14.6%
Alaska	181,768	79	Jun-13	Jul-13	Dec-13	29.2%	29.2%	May-17	Jun-17	Nov-17	25.9%	25.9%
Arizona	1,196,203	684	Jul-13	Withdrawn	Withdrawn							
Arkansas	499,722	327	Feb-13	Apr-13	Nov-13	22.0%	5.0%	May-15	Jul-15	Dec-15	22.4%	3.9%
California	0	0	N/A	N/A	N/A					No Policies In-Force		
Colorado	2,277,523	1,010	Nov-13	Mar-14	Aug-14	28.0%	28.0%					
Connecticut	0	0	N/A	N/A	N/A					No Policies In-Force		
Delaware	103,730	40	Jun-13	Jan-14	Jun-14	25.0%	25.0%	Jul-17	Sep-17	Feb-18	13.5%	13.5%
District of Columbia	46,747	28	N/A	N/A	N/A			Jul-17	Sep-17	Feb-18	10.0%	10.0%
Florida	1,892,526	933	Feb-13	Mar-14	Aug-14	27.0%	6.9%	Apr-15	Jul-15	Mar-16	18.8%	11.0%
Georgia	3,236,156	1,731	Jul-13	Oct-13	Mar-14	28.0%	10.0%	Nov-15	Dec-15	May-16	29.2%	10.0%
Hawaii	787,617	423	Jul-13	Withdrawn	Withdrawn	26.0%						
Idaho	621,397	321	Jul-13	Nov-13	Apr-14	28.0%	19.0%	Jul-17	Pending		25.8%	
Illinois	3,984,788	2,427	Jun-13	Disapproved		28.0%		Jun-17	Sep-17	Apr-18	80.6%	80.6%**
Indiana	0	0	N/A	N/A	N/A					No Policies In-Force		
Iowa	1,991,596	970	Jun-13	Dec-13	May-14	29.2%	15.9%	Dec-15	Jan-16	Jun-16	29.8%	14.0%
Kansas	1,321,276	848	Jul-13	Disapproved	Disapproved	29.0%		Mar-17	May-17	Oct-17	46.4%	46.4%
Kentucky	1,042,051	534	Jun-13	Sep-13	Feb-14	28.0%	28.0%	Jul-17	Oct-17	Mar-18	23.7%	23.7%
Louisiana	1,920,096	1,133	Jul-13	Aug-13	Jan-14	26.3%	24.0%	Nov-15	May-16	Oct-16	12.8%	12.8%
Maine	106,715	55	Jul-13	Aug-13	Jan-14	30.1%	14.1%	Dec-15	Sep-16	Feb-17	24.4%	24.4%**
Maryland	1,468,253	618	Jun-13	Sep-13	Feb-14	15.0%	15.0%	Dec-15	Mar-16	Aug-16	12.8%	12.8%
Michigan	1,248,300	682	Jun-13	Jul-13	Nov-13	28.0%	28.0%	Jul-17	Aug-17	Jan-18	17.0%	17.0%
Minnesota	1,830,711	1,016	N/A	N/A	N/A			Dec-16	Apr-17	Dec-17	27.2%	27.2%**
Mississippi	965,311	553	Jun-13	Sep-13	Feb-14	24.0%	9.0%	Dec-15	Feb-16	Jul-16	18.0%	18.0%
Missouri	2,839,246	1,444	Jul-13	Aug-13	Jan-14	28.0%	28%*	Dec-15	Nov-16	Apr-17	13.4%	13.4%
Montana	373,801	173	Jul-13	Sep-13	Feb-14	26.4%	18.7%	Aug-17	Oct-17	Mar-18	24.3%	24.3%
Nebraska	1,308,243	649	Jul-13	Feb-14	Jul-14	29.0%	29.0%	Jul-17	Aug-17	Jan-18	25.3%	25.3%
Nevada	681,548	312	Jul-13	Jun-14	Nov-14	29.0%	29%*	Dec-17	Pending		25.1%	
New Hampshire	87,953	52	Jun-13	Dec-13	May-14	28.8%	9.5%					
New Mexico	561,894	248	Jun-14	Jul-14	Dec-14	15.0%	15.0%	May-17	Jul-17	Dec-17	13.6%	5.0%
New York	1,309,526	567	Oct-14	Disapproved	Disapproved	41.1%		Oct-14	Disapproved		25.2%	
North Carolina	1,747,001	882	Jul-13	Sep-13	Feb-14	28.0%	19.0%	Dec-15	Disapproved		22.2%	
North Dakota	368,032	176	Jul-13	Aug-13	Jan-14	28.6%	14.5%	Jun-17	Sep-17	Feb-18	13.4%	13.4%
Ohio	1,862,463	897	Jul-13	Dec-13	May-14	27.0%	25.0%	Jun-17	Aug-17	Jan-18	9.4%	9.4%
Oklahoma	1,289,680	703	Jul-13	Feb-14	Jul-14	27.0%	23.0%	Jun-17	Jul-17	Dec-17	7.3%	7.3%
Oregon	2,731,509	1,393	Jul-13	Oct-13	Apr-14	29.0%	29.0%					
Pennsylvania	2,319,792	1,116	Jun-13	Sep-13	Feb-14	28.7%	14.4%	Nov-15	Mar-16	Aug-16	26.3%	15.2%
South Carolina	961,618	551	Jun-13	Nov-13	Apr-14	18.0%	18.0%	Dec-15	Mar-16	Nov-16	16.0%	10.7%
South Dakota	698,990	328	Jul-13	Sep-13	Feb-14	28.0%	28.0%	Jun-17	Aug-17	Jan-18	25.1%	25.1%
Tennessee	2,163,765	1,084	Jul-13	Dec-13	May-14	28.0%	28.0%	Jun-17	Pending		21.6%	
Texas	5,700,574	3,611	N/A	N/A	N/A			Jun-17	Pending		79.3%	
Utah	281,079	155	Jun-13	Oct-13	Mar-14	28.0%	10%*					
Vermont	45,339	18	Jun-13	Disapproved	Disapproved	30.0%						
Virginia	2,479,172	1,339	N/A	N/A	N/A			Jun-17	Pending		42.4%	
Washington	1,959,132	908	Jun-13	Oct-13	Mar-14	28.9%	28.9%	Jun-17	Pending		24.7%	
West Virginia	281,714	139	Jul-13	Oct-13	Apr-14	25.0%	25%*	Jun-17	Jan-18	Jun-18	15.6%	15.6%
Wisconsin	727,158	323	Jul-13	Aug-13	Sep-14	27.7%	27.7%	Jun-17	Withdrawn		26.4%	
Wyoming	382,305	173	Jun-13	Sep-13	Feb-14	27.8%	27.8%	Jun-17	Jun-17	Nov-17	24.9%	24.9%

***Rate increase phased-in over two years**

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

1/26/2018

97059 Series In-Force Rate Increase Filing Status

	Third Round					Fourth Round					
State	Filing Date	Approval Date	Date Implemented	Average % Requested	Average % Approved	Filing Date	Approval Date	Date Implemented	Average % Requested	Average % Approved	Cumulative Increase
Alabama	Dec-17	Pending		21.6%							26.1%
Alaska											62.7%
Arizona											0.0%
Arkansas	May-16	Jun-16	Dec-16	7.2%	0.8%	Apr-17	May-17	Dec-17	22.3%	9.1%	20.0%
California											0.0%
Colorado											28.0%
Connecticut											0.0%
Delaware											41.8%
District of Columbia											10.0%
Florida											18.7%
Georgia	Jun-17	Jul-17	Dec-17	24.4%	8.9%						31.8%
Hawaii											0.0%
Idaho											19.0%
Illinois											80.6%
Indiana											0.0%
Iowa											32.1%
Kansas											46.4%
Kentucky											58.3%
Louisiana	Dec-17	Pending		7.9%							39.9%
Maine											41.9%
Maryland											29.7%
Michigan											49.8%
Minnesota											27.2%
Mississippi											28.6%
Missouri											45.2%
Montana											47.5%
Nebraska											61.6%
Nevada											29.0%
New Hampshire											9.5%
New Mexico											20.8%
New York											0.0%
North Carolina											19.0%
North Dakota											29.8%
Ohio											36.8%
Oklahoma											32.0%
Oregon											29.0%
Pennsylvania	Aug-17	Nov-17	Apr-18	10.8%	10.8%						46.0%
South Carolina	Aug-17	Oct-17	Feb-18	8.3%	8.3%						41.5%
South Dakota											60.1%
Tennessee											28.0%
Texas											0.0%
Utah											10.0%
Vermont											0.0%
Virginia											0.0%
Washington											28.9%
West Virginia											44.5%
Wisconsin											27.7%
Wyoming											59.6%

***Rate increase phased-i**

****Rate increase phased-**

1/26/2018

Projected Experience - Actual Distribution of Business - Original Assumptions

Year	Earned Premium	Incurred Claims	Loss Ratio
2004	2,003,384	60,248	3.0%
2005	9,053,412	303,596	3.4%
2006	17,103,550	680,549	4.0%
2007	26,389,864	1,181,498	4.5%
2008	35,530,315	1,803,814	5.1%
2009	38,921,477	2,425,683	6.2%
2010	40,060,769	3,086,013	7.7%
2011	40,723,296	3,856,727	9.5%
2012	40,134,862	4,737,968	11.8%
2013	39,369,763	5,740,189	14.6%
2014	38,245,881	6,866,170	18.0%
2015	37,098,123	8,083,761	21.8%
2016	35,947,348	9,380,544	26.1%
2017	34,785,396	10,757,378	30.9%
2018	33,609,804	12,211,473	36.3%
2019	32,419,934	13,770,179	42.5%
2020	31,216,355	15,447,489	49.5%
2021	30,000,030	17,239,635	57.5%
2022	28,772,353	19,140,915	66.5%
2023	27,534,999	21,142,995	76.8%
2024	26,289,859	23,237,391	88.4%
2025	25,039,332	25,404,102	101.5%
2026	23,786,066	27,615,517	116.1%
2027	22,533,195	29,837,773	132.4%
2028	21,284,162	32,037,404	150.5%
2029	20,042,624	34,177,772	170.5%
2030	18,812,618	36,220,739	192.5%
2031	17,598,544	38,131,897	216.7%
2032	16,405,177	39,879,141	243.1%
2033	15,237,223	41,420,907	271.8%
2034	14,099,342	42,712,732	302.9%
2035	12,995,978	43,721,257	336.4%
2036	11,931,604	44,426,210	372.3%
2037	10,910,406	44,813,806	410.7%
2038	9,936,065	44,873,759	451.6%
2039	9,011,886	44,604,560	495.0%
2040	8,140,586	44,018,050	540.7%
2041	7,323,990	43,133,621	588.9%
2042	6,563,066	41,973,890	639.5%
2043	5,858,437	40,572,306	692.5%
2044	5,210,045	38,969,458	748.0%
2045	4,616,868	37,211,637	806.0%
2046	4,077,292	35,342,825	866.8%
2047	3,589,126	33,403,343	930.7%
2048	3,149,848	31,432,536	997.9%
2049	2,756,472	29,463,919	1068.9%
2050	2,405,768	27,523,272	1144.1%
2051	2,094,358	25,633,041	1223.9%
2052	1,818,812	23,811,484	1309.2%
2053	1,575,732	22,068,690	1400.5%
2054	1,361,784	20,409,320	1498.7%
2055	1,173,910	18,832,002	1604.2%
2056	1,009,223	17,331,532	1717.3%
2057	865,036	15,902,419	1838.4%
2058	738,968	14,540,873	1967.7%
2059	628,939	13,243,991	2105.8%
2060	533,037	12,008,702	2252.9%
2061	449,650	10,831,918	2409.0%
2062	377,295	9,709,345	2573.4%
2063	314,745	8,643,230	2746.1%
2064	260,875	7,629,393	2924.5%
2065	214,683	6,655,422	3100.1%
2066	175,301	5,708,528	3256.4%
Total	962,118,848	1,387,036,540	144.2%

	Earned Premium	Incurred Claims	Loss Ratio
Lifetime Experience	962,118,848	1,387,036,540	144.2%
Lifetime Experience@5.0%	892,691,837	622,662,630	69.8%

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 August 1, 2004 and November 8, 2008. All of the policies included in this filing are post-stability policies. There are 753 post-rate stability policies included in this filing.

- 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 have proposed that this increase be implemented over the course of two years and have provided rate schedules for each year of the increase.

- 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.

All 753 policyholders were issued after October 1, 2003. The indicated rate increase was calculated in compliance with 14VAC-200-153 in Section XV 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 maximum valuation interest rate, 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.

Based on our call on 12/19/2017, 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 allowable 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 Nationwide – VA – Proposed Rates from Inception". If these proposed rates would have been implemented at inception the lifetime loss ratio would have been 73.2%.

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

Our projection model uses a complex financial software called Prophet 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 "97059 Series Inforce Rate Increase History". 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 several approvals resulting in a maximum increase of 96%.

-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 exhibits called "Actual and Projected Nationwide Experience – VA – Original Assumptions" and "Actual and Projected State Exhibit – VA – Original Assumptions".

-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"

-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 72.6%.

-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 97059 block of business.

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 first quarter 2017 was $275 million.

Calendar Year	Sum of ALRs	Sum of DLRs
2004	-	-
2005	1,847,550	9,769
2006	8,205,539	300,250
2007	21,106,989	1,438,119
2008	41,417,019	2,359,315
2009	68,740,684	2,902,464
2010	100,346,206	3,805,824
2011	133,525,188	4,820,227
2012	168,737,064	8,540,456
2013	203,252,593	9,770,493
2014	235,882,164	12,750,697
2015	272,258,823	14,717,797
Total	**1,255,319,818**	**61,415,411**

-Due to the size of the rate increase, is the Company willing to implement this as a series of increases? If the company is agreeable to this, what implementation schedule would be offered? Such a change would require the Actuarial Memorandum be amended, rate schedules for each period, and the policyholder letter provide sufficient variability to accommodate information for each period.

We are proposing to implement this increase over a period of two years as described in paragraph two of Section XVI of the actuarial memorandum.

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.

A 10% margin on claim costs is included in this filing to reflect moderately adverse experience. In addition, demonstration of breached original pricing moderately adverse assumptions is found in Section XIV of the actuarial memorandum.

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.

A statement has been included at the end of the first paragraph in Section XV of the actuarial memorandum.

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

A statement has been included in Section XX of the actuarial 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?

If experience emerges as expected, there are no further increases planned of this block of business.

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.

N/A

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.

N/A

Additional questions:

According to our meeting today, these policies have not received any rate increases in the past. Due to the significant rate increase being requested at this time, please explain why rate increases were not previously pursued on these policies.

State Farm began filing for increases on our oldest 97045 block in 2012. In 2013 we began filing for increases on the block of business prior to this one (Form 97058). We filed for a 40% increase on the 97058 block in Virginia in November of 2013 under SERFF filing STLH-129232272. That filing was disapproved in March of 2014 citing that we had to certify that are rates were adequate and no more increases were needed. It took us some time to develop our ultimate rates before we felt comfortable filing for them.

Policyholder Letter

A policyholder letter was filed under SERFF filing STLH-129237070. There appears to be sufficient variability in this letter so that it 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.

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 Virginia Experience - Old Rates Only - Original Assumptions

Actual

Year	Earned Premium Original Rates	Earned Premium Current Rates	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates
2004	23,447	23,447	0	0.0%	0.0%
2005	299,292	299,292	0	0.0%	0.0%
2006	641,059	641,059	0	0.0%	0.0%
2007	1,099,009	1,099,009	0	0.0%	0.0%
2008	1,427,765	1,427,765	0	0.0%	0.0%
2009	1,498,618	1,498,618	657,500	43.9%	43.9%
2010	1,439,011	1,439,011	257,620	17.9%	17.9%
2011	1,412,674	1,412,674	704,205	49.8%	49.8%
2012	1,377,342	1,377,342	146,456	10.6%	10.6%
2013	1,365,935	1,365,935	189,199	13.9%	13.9%
2014	1,348,385	1,348,385	0	0.0%	0.0%
2015	1,333,359	1,333,359	188,214	14.1%	14.1%
2016	1,323,478	1,323,478	15,158	1.1%	1.1%
Total	14,589,373	14,589,373	2,158,352	14.8%	14.8%

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	1,292,675	1,292,675	1,292,675	412,262	31.9%	31.9%	31.9%
2018	1,246,976	1,246,976	1,365,713	469,235	37.6%	37.6%	34.4%
2019	1,200,653	1,200,653	1,655,018	530,864	44.2%	44.2%	32.1%
2020	1,153,751	1,153,751	1,729,299	597,690	51.8%	51.8%	34.6%
2021	1,106,327	1,106,327	1,663,306	669,249	60.5%	60.5%	40.2%
2022	1,058,452	1,058,452	1,593,052	745,283	70.4%	70.4%	46.8%
2023	1,010,212	1,010,212	1,522,136	825,779	81.7%	81.7%	54.3%
2024	961,708	961,708	1,450,701	910,115	94.6%	94.6%	62.7%
2025	913,059	913,059	1,378,920	996,884	109.2%	109.2%	72.3%
2026	864,401	864,401	1,306,988	1,085,085	125.5%	125.5%	83.0%
2027	815,879	815,879	1,235,122	1,173,985	143.9%	143.9%	95.1%
2028	767,655	767,655	1,163,562	1,262,374	164.4%	164.4%	108.5%
2029	719,908	719,908	1,092,572	1,348,793	187.4%	187.4%	123.5%
2030	672,822	672,822	1,022,429	1,431,840	212.8%	212.8%	140.0%
2031	626,588	626,588	953,419	1,509,906	241.0%	241.0%	158.4%
2032	581,392	581,392	885,828	1,581,813	272.1%	272.1%	178.6%
2033	537,416	537,416	819,932	1,645,598	306.2%	306.2%	200.7%
2034	494,832	494,832	755,998	1,699,158	343.4%	343.4%	224.8%
2035	453,796	453,796	694,268	1,741,548	383.8%	383.8%	250.8%
2036	414,444	414,444	634,958	1,772,342	427.6%	427.6%	279.1%
2037	376,892	376,892	578,253	1,790,398	475.0%	475.0%	309.6%
2038	341,240	341,240	524,314	1,795,234	526.1%	526.1%	342.4%
2039	307,568	307,568	473,275	1,787,118	581.0%	581.0%	377.6%
2040	275,934	275,934	425,235	1,766,494	640.2%	640.2%	415.4%
2041	246,370	246,370	380,254	1,733,925	703.8%	703.8%	456.0%
2042	218,892	218,892	338,367	1,689,866	772.0%	772.0%	499.4%
2043	193,500	193,500	299,586	1,635,195	845.1%	845.1%	545.8%
2044	170,174	170,174	263,892	1,571,056	923.2%	923.2%	595.3%
2045	148,876	148,876	231,236	1,498,652	1006.6%	1006.6%	648.1%
2046	129,550	129,550	201,545	1,419,220	1095.5%	1095.5%	704.2%
2047	112,128	112,128	174,722	1,334,994	1190.6%	1190.6%	764.1%
2048	96,523	96,523	150,646	1,247,554	1292.5%	1292.5%	828.1%
2049	82,639	82,639	129,179	1,157,767	1401.0%	1401.0%	896.2%
2050	70,367	70,367	110,164	1,066,771	1516.0%	1516.0%	968.4%
2051	59,592	59,592	93,430	976,115	1638.0%	1638.0%	1044.8%
2052	50,190	50,190	78,797	886,795	1766.9%	1766.9%	1125.4%
2053	42,040	42,040	66,085	799,899	1902.7%	1902.7%	1210.4%
2054	35,017	35,017	55,108	716,287	2045.5%	2045.5%	1299.8%
2055	29,001	29,001	45,688	636,878	2196.0%	2196.0%	1394.0%
2056	23,878	23,878	37,650	562,231	2354.6%	2354.6%	1493.3%
2057	19,538	19,538	30,832	492,204	2519.2%	2519.2%	1596.4%
2058	15,884	15,884	25,082	427,046	2688.5%	2688.5%	1702.6%
2059	12,825	12,825	20,264	367,264	2863.6%	2863.6%	1812.4%
2060	10,279	10,279	16,250	313,061	3045.5%	3045.5%	1926.6%
2061	8,173	8,173	12,927	264,353	3234.3%	3234.3%	2044.9%
2062	6,443	6,443	10,196	221,001	3430.0%	3430.0%	2167.5%
2063	5,033	5,033	7,969	182,871	3633.7%	3633.7%	2294.8%
2064	3,892	3,892	6,167	149,694	3846.7%	3846.7%	2427.5%
2065	2,976	2,976	4,720	120,582	4051.6%	4051.6%	2554.5%
2066	2,249	2,249	3,571	95,092	4228.3%	4228.3%	2663.0%
Total	19,990,610	19,990,610	29,011,296	51,115,417	255.7%	255.7%	176.2%

	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	14,589,373	14,589,373	14,589,373	2,158,352	14.8%	14.8%	14.8%
Anticipated Experience	19,990,610	19,990,610	29,011,296	51,115,417	255.7%	255.7%	176.2%
Lifetime Experience	34,579,983	34,579,983	43,600,670	53,273,769	154.1%	154.1%	122.2%
Past Experience@4.5%	19,070,280	19,070,280	19,070,280	2,832,183	14.9%	14.9%	14.9%
Anticipated Experience@4.5%	13,420,124	13,420,124	19,013,720	22,019,705	164.1%	164.1%	115.8%
Lifetime Experience@4.5%	32,490,404	32,490,404	38,084,001	24,851,888	76.5%	76.5%	65.3%

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

Actual

Year	Earned Premium Original Rates	Earned Premium Current Rates	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates
2004	1,761,177	1,761,177	0	0.0%	0.0%
2005	8,588,131	8,588,131	217,468	2.5%	2.5%
2006	16,485,301	16,485,301	105,402	0.6%	0.6%
2007	25,617,122	25,617,122	1,258,559	4.9%	4.9%
2008	34,487,824	34,487,824	2,371,292	6.9%	6.9%
2009	37,692,286	37,692,286	1,647,789	4.4%	4.4%
2010	38,656,438	38,656,438	3,358,895	8.7%	8.7%
2011	39,336,096	39,336,096	4,783,940	12.2%	12.2%
2012	39,061,984	39,061,984	3,869,359	9.9%	9.9%
2013	38,671,187	38,671,187	4,189,037	10.8%	10.8%
2014	37,410,955	37,410,955	6,134,034	16.4%	16.4%
2015	36,313,419	36,313,419	6,736,872	18.6%	18.6%
2016	35,696,956	35,696,956	8,872,742	24.9%	24.9%
Total	389,778,875	389,778,875	43,545,388	11.2%	11.2%

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	34,666,150	34,666,150	34,666,150	11,315,935	32.6%	32.6%	32.6%
2018	33,375,305	33,375,305	36,253,062	12,775,509	38.3%	38.3%	35.2%
2019	32,069,308	32,069,308	43,438,082	14,328,768	44.7%	44.7%	33.0%
2020	30,749,727	30,749,727	44,908,960	15,985,970	52.0%	52.0%	35.6%
2021	29,418,610	29,418,610	43,123,677	17,739,238	60.3%	60.3%	41.1%
2022	28,078,458	28,078,458	41,216,937	19,578,986	69.7%	69.7%	47.5%
2023	26,732,179	26,732,179	39,297,083	21,493,966	80.4%	80.4%	54.7%
2024	25,383,116	25,383,116	37,368,651	23,474,484	92.5%	92.5%	62.8%
2025	24,035,050	24,035,050	35,436,858	25,498,303	106.1%	106.1%	72.0%
2026	22,692,080	22,692,080	33,507,474	27,537,926	121.4%	121.4%	82.2%
2027	21,358,604	21,358,604	31,586,765	29,559,658	138.4%	138.4%	93.6%
2028	20,039,249	20,039,249	29,681,414	31,531,564	157.3%	157.3%	106.2%
2029	18,738,759	18,738,759	27,798,347	33,420,287	178.3%	178.3%	120.2%
2030	17,461,915	17,461,915	25,944,624	35,190,700	201.5%	201.5%	135.6%
2031	16,213,502	16,213,502	24,127,394	36,810,858	227.0%	227.0%	152.6%
2032	14,998,219	14,998,219	22,353,751	38,252,148	255.0%	255.0%	171.1%
2033	13,820,564	13,820,564	20,630,570	39,479,797	285.7%	285.7%	191.4%
2034	12,684,753	12,684,753	18,964,368	40,456,485	318.9%	318.9%	213.3%
2035	11,594,641	11,594,641	17,361,179	41,155,620	355.0%	355.0%	237.1%
2036	10,553,635	10,553,635	15,826,428	41,560,295	393.8%	393.8%	262.6%
2037	9,564,644	9,564,644	14,364,827	41,661,229	435.6%	435.6%	290.0%
2038	8,630,073	8,630,073	12,980,366	41,451,795	480.3%	480.3%	319.3%
2039	7,751,816	7,751,816	11,676,286	40,932,839	528.0%	528.0%	350.6%
2040	6,931,168	6,931,168	10,454,952	40,117,468	578.8%	578.8%	383.7%
2041	6,168,734	6,168,734	9,317,703	39,024,349	632.6%	632.6%	418.8%
2042	5,464,490	5,464,490	8,264,935	37,676,125	689.5%	689.5%	455.9%
2043	4,817,874	4,817,874	7,296,231	36,104,171	749.4%	749.4%	494.8%
2044	4,227,790	4,227,790	6,410,358	34,344,625	812.4%	812.4%	535.8%
2045	3,692,615	3,692,615	5,605,273	32,440,477	878.5%	878.5%	578.7%
2046	3,210,237	3,210,237	4,878,180	30,433,744	948.0%	948.0%	623.9%
2047	2,778,121	2,778,121	4,225,614	28,364,546	1021.0%	1021.0%	671.3%
2048	2,393,410	2,393,410	3,643,591	26,270,770	1097.6%	1097.6%	721.0%
2049	2,052,988	2,052,988	3,127,699	24,186,843	1178.1%	1178.1%	773.3%
2050	1,753,551	1,753,551	2,673,207	22,141,439	1262.7%	1262.7%	828.3%
2051	1,491,695	1,491,695	2,275,186	20,160,513	1351.5%	1351.5%	886.1%
2052	1,263,983	1,263,983	1,928,618	18,267,838	1445.3%	1445.3%	947.2%
2053	1,067,017	1,067,017	1,628,504	16,478,590	1544.4%	1544.4%	1011.9%
2054	897,497	897,497	1,369,960	14,803,304	1649.4%	1649.4%	1080.6%
2055	752,280	752,280	1,148,303	13,246,374	1760.8%	1760.8%	1153.6%
2056	628,404	628,404	959,106	11,807,198	1878.9%	1878.9%	1231.1%
2057	523,135	523,135	798,256	10,482,628	2003.8%	2003.8%	1313.2%
2058	433,984	433,984	661,996	9,268,997	2135.8%	2135.8%	1400.2%
2059	358,715	358,715	546,943	8,161,479	2275.2%	2275.2%	1492.2%
2060	295,349	295,349	450,086	7,154,370	2422.3%	2422.3%	1589.6%
2061	242,152	242,152	368,788	6,241,566	2577.5%	2577.5%	1692.5%
2062	197,615	197,615	300,744	5,415,334	2740.3%	2740.3%	1800.6%
2063	160,434	160,434	243,963	4,669,538	2910.6%	2910.6%	1914.0%
2064	129,490	129,490	196,732	3,993,896	3084.3%	3084.3%	2030.1%
2065	103,829	103,829	157,591	3,376,167	3251.7%	3251.7%	2142.4%
2066	82,641	82,641	125,297	2,807,391	3397.1%	3397.1%	2240.6%
Total	522,729,556	522,729,556	741,571,070	1,188,632,102	227.4%	227.4%	160.3%

	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	389,778,875	389,778,875	389,778,875	43,545,388	11.2%	11.2%	11.2%
Anticipated Experience	522,729,556	522,729,556	741,571,070	1,188,632,102	227.4%	227.4%	160.3%
Lifetime Experience	912,508,431	912,508,431	1,131,349,945	1,232,177,491	135.0%	135.0%	108.9%
Past Experience @4.5%	507,352,784	507,352,784	507,352,784	52,608,798	10.4%	10.4%	10.4%
Anticipated Experience @4.5%	353,149,501	353,149,501	489,508,665	528,197,524	149.6%	149.6%	107.9%
Lifetime Experience@4.5%	860,502,285	860,502,285	996,861,449	580,806,322	67.5%	67.5%	58.3%

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

Actual

Year	Earned Premium	Incurred Claims	Loss Ratio
2004	2,634,720	0	0.0%
2005	12,847,844	217,468	1.7%
2006	24,662,010	105,402	0.4%
2007	38,323,215	1,258,559	3.3%
2008	51,593,785	2,371,292	4.6%
2009	56,387,661	1,647,789	2.9%
2010	57,830,031	3,358,895	5.8%
2011	58,846,799	4,783,940	8.1%
2012	58,436,728	3,869,359	6.6%
2013	57,852,095	4,189,037	7.2%
2014	55,966,789	6,134,034	11.0%
2015	54,324,875	6,736,872	12.4%
2016	53,402,646	8,872,742	16.6%
Total	583,109,197	43,545,388	7.5%

Projection

Projection Year	Earned Premium	Incurred Claims	Loss Ratio
2017	52,275,253	10,784,005	20.6%
2018	51,125,217	12,414,222	24.3%
2019	49,963,651	14,041,960	28.1%
2020	48,773,916	15,933,140	32.7%
2021	47,537,321	18,197,512	38.3%
2022	46,248,810	20,771,385	44.9%
2023	44,907,510	23,657,566	52.7%
2024	43,508,957	26,881,514	61.8%
2025	42,053,745	30,444,689	72.4%
2026	40,541,794	34,341,293	84.7%
2027	37,078,361	38,581,131	104.1%
2028	35,591,968	43,138,541	121.2%
2029	34,055,204	47,962,980	140.8%
2030	32,472,168	53,005,057	163.2%
2031	30,848,336	58,185,966	188.6%
2032	29,190,570	63,412,077	217.2%
2033	27,506,954	68,623,814	249.5%
2034	25,806,739	73,723,107	285.7%
2035	24,100,149	78,483,921	325.7%
2036	22,398,403	82,730,650	369.4%
2037	20,712,960	86,393,955	417.1%
2038	19,056,196	89,415,156	469.2%
2039	17,440,434	91,744,907	526.0%
2040	15,877,007	93,180,962	586.9%
2041	14,376,213	93,631,937	651.3%
2042	12,946,723	93,130,623	719.3%
2043	11,596,481	91,727,815	791.0%
2044	10,331,870	89,535,444	866.6%
2045	9,157,125	86,612,007	945.8%
2046	8,074,801	83,064,087	1028.7%
2047	7,085,213	79,034,377	1115.5%
2048	6,187,254	74,620,548	1206.0%
2049	5,378,662	69,965,227	1300.8%
2050	4,655,718	65,197,244	1400.4%
2051	4,013,755	60,408,606	1505.0%
2052	3,447,089	55,688,668	1615.5%
2053	2,949,702	51,104,782	1732.5%
2054	2,515,495	46,775,288	1859.5%
2055	2,138,284	42,722,298	1998.0%
2056	1,811,826	38,925,895	2148.4%
2057	1,530,133	35,316,999	2308.1%
2058	1,287,714	31,877,163	2475.5%
2059	1,079,737	28,621,756	2650.8%
2060	901,759	25,560,856	2834.6%
2061	749,773	22,717,211	3029.9%
2062	620,255	20,052,788	3233.0%
2063	510,173	17,559,417	3441.9%
2064	416,916	15,194,066	3644.4%
2065	338,229	12,989,892	3840.6%
2066	272,173	10,904,535	4006.5%
Total	953,444,699	2,518,989,035	264.2%

	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	583,109,197	43,545,388	7.5%
Anticipated Experience	953,444,699	2,518,989,035	264.2%
Lifetime Experience	1,536,553,896	2,562,534,424	166.8%
Past Experience @4.5%	758,999,765	52,608,798	6.9%
Anticipated Experience @4.5%	612,475,746	951,747,322	155.4%
Lifetime Experience@4.5%	1,371,475,512	1,004,356,120	73.2%

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

Actual

Year	Earned Premium Original Rates	Earned Premium Current Rates	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates
2004	1,761,177	1,761,177	0	0.0%	0.0%
2005	8,588,131	8,588,131	217,468	2.5%	2.5%
2006	16,485,301	16,485,301	105,402	0.6%	0.6%
2007	25,617,122	25,617,122	1,258,559	4.9%	4.9%
2008	34,487,824	34,487,824	2,390,758	6.9%	6.9%
2009	37,692,286	37,692,286	1,570,953	4.2%	4.2%
2010	38,656,438	38,656,438	3,418,239	8.8%	8.8%
2011	39,336,096	39,336,096	4,746,753	12.1%	12.1%
2012	39,061,984	39,061,984	3,738,626	9.6%	9.6%
2013	38,671,187	38,671,187	4,141,706	10.7%	10.7%
2014	37,410,955	37,410,955	6,093,741	16.3%	16.3%
2015	36,313,419	36,313,419	6,843,129	18.8%	18.8%
2016	35,696,956	35,696,956	8,465,004	23.7%	23.7%
Total	389,778,875	389,778,875	42,990,338	11.0%	11.0%

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	34,944,664	34,944,664	37,827,926	10,750,299	30.8%	30.8%	28.4%
2018	34,175,905	34,175,905	46,561,327	12,205,876	35.7%	35.7%	26.2%
2019	33,399,437	33,399,437	52,884,688	13,875,467	41.5%	41.5%	26.2%
2020	32,604,140	32,604,140	55,110,256	15,837,522	48.6%	48.6%	28.7%
2021	31,777,519	31,777,519	53,913,535	18,097,832	57.0%	57.0%	33.6%
2022	30,916,193	30,916,193	52,573,669	20,653,774	66.8%	66.8%	39.3%
2023	30,019,579	30,019,579	51,176,873	23,518,839	78.3%	78.3%	46.0%
2024	29,084,693	29,084,693	49,716,784	26,718,080	91.9%	91.9%	53.7%
2025	28,111,933	28,111,933	48,192,617	30,252,496	107.6%	107.6%	62.8%
2026	27,101,244	27,101,244	46,602,844	34,115,903	125.9%	125.9%	73.2%
2027	26,053,535	26,053,535	44,947,434	38,317,615	147.1%	147.1%	85.2%
2028	24,970,429	24,970,429	43,227,514	42,831,983	171.5%	171.5%	99.1%
2029	23,854,261	23,854,261	41,445,299	47,608,378	199.6%	199.6%	114.9%
2030	22,708,332	22,708,332	39,604,687	52,597,493	231.6%	231.6%	132.8%
2031	21,536,901	21,536,901	37,711,159	57,720,710	268.0%	268.0%	153.1%
2032	20,345,129	20,345,129	35,771,891	62,885,143	309.1%	309.1%	175.8%
2033	19,138,931	19,138,931	33,795,605	68,031,716	355.5%	355.5%	201.3%
2034	17,924,997	17,924,997	31,792,506	73,063,157	407.6%	407.6%	229.8%
2035	16,710,616	16,710,616	29,774,122	77,755,380	465.3%	465.3%	261.2%
2036	15,503,717	15,503,717	27,753,291	81,934,433	528.5%	528.5%	295.2%
2037	14,312,296	14,312,296	25,743,369	85,532,318	597.6%	597.6%	332.2%
2038	13,144,913	13,144,913	23,759,030	88,492,087	673.2%	673.2%	372.5%
2039	12,009,998	12,009,998	21,815,116	90,765,632	755.8%	755.8%	416.1%
2040	10,915,216	10,915,216	19,925,522	92,153,930	844.3%	844.3%	462.5%
2041	9,867,451	9,867,451	18,103,121	92,567,197	938.1%	938.1%	511.3%
2042	8,872,372	8,872,372	16,359,050	92,039,131	1037.4%	1037.4%	562.6%
2043	7,935,115	7,935,115	14,703,735	90,621,234	1142.0%	1142.0%	616.3%
2044	7,059,693	7,059,693	13,145,850	88,424,612	1252.5%	1252.5%	672.6%
2045	6,248,611	6,248,611	11,691,568	85,508,482	1368.4%	1368.4%	731.4%
2046	5,503,209	5,503,209	10,345,135	81,978,656	1489.7%	1489.7%	792.4%
2047	4,823,286	4,823,286	9,108,058	77,976,106	1616.7%	1616.7%	856.1%
2048	4,207,688	4,207,688	7,980,101	73,597,586	1749.1%	1749.1%	922.3%
2049	3,654,497	3,654,497	6,959,571	68,984,076	1887.6%	1887.6%	991.2%
2050	3,160,840	3,160,840	6,042,880	64,263,068	2033.1%	2033.1%	1063.5%
2051	2,723,228	2,723,228	5,225,182	59,525,391	2185.8%	2185.8%	1139.2%
2052	2,337,540	2,337,540	4,500,243	54,858,624	2346.9%	2346.9%	1219.0%
2053	1,999,468	1,999,468	3,861,242	50,329,096	2517.1%	2517.1%	1303.4%
2054	1,704,686	1,704,686	3,301,154	46,052,940	2701.5%	2701.5%	1395.1%
2055	1,448,852	1,448,852	2,812,719	42,051,792	2902.4%	2902.4%	1495.1%
2056	1,227,611	1,227,611	2,388,474	38,305,871	3120.4%	3120.4%	1603.8%
2057	1,036,823	1,036,823	2,021,176	34,747,024	3351.3%	3351.3%	1719.1%
2058	872,704	872,704	1,704,111	31,356,734	3593.1%	3593.1%	1840.1%
2059	731,941	731,941	1,431,317	28,149,395	3845.9%	3845.9%	1966.7%
2060	611,494	611,494	1,197,268	25,134,889	4110.4%	4110.4%	2099.4%
2061	508,630	508,630	996,954	22,335,261	4391.3%	4391.3%	2240.3%
2062	420,958	420,958	825,892	19,712,822	4682.9%	4682.9%	2386.9%
2063	346,421	346,421	680,222	17,259,420	4982.2%	4982.2%	2537.3%
2064	283,256	283,256	556,598	14,932,755	5271.8%	5271.8%	2682.9%
2065	229,937	229,937	452,127	12,765,195	5551.6%	5551.6%	2823.4%
2066	185,154	185,154	364,291	10,715,429	5787.3%	5787.3%	2941.5%
Total	649,266,046	649,266,046	1,098,385,103	2,489,908,852	383.5%	383.5%	226.7%

	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	389,778,875	389,778,875	389,778,875	42,990,338	11.0%	11.0%	11.0%
Anticipated Experience	649,266,046	649,266,046	1,098,385,103	2,489,908,852	383.5%	383.5%	226.7%
Lifetime Experience	1,039,044,921	1,039,044,921	1,488,163,978	2,532,899,190	243.8%	243.8%	170.2%
Past Experience @4.2%	498,409,021	498,409,021	498,409,021	51,321,313	10.3%	10.3%	10.3%
Anticipated Experience @4.2%	425,948,587	425,948,587	700,797,001	997,421,373	234.2%	234.2%	142.3%
Lifetime Experience@4.2%	924,357,608	924,357,608	1,199,206,022	1,048,742,686	113.5%	113.5%	87.5%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97059 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	2.93	3.74	4.79	6.31	6.41
30-34	2.93	3.74	4.79	6.31	6.41
35-39	3.19	4.08	5.23	6.88	6.99
40	3.30	4.22	5.41	7.11	7.23
41	3.39	4.33	5.56	7.30	7.43
42	3.50	4.46	5.73	7.53	7.66
43	3.61	4.61	5.91	7.77	7.90
44	3.71	4.74	6.08	7.99	8.13
45	3.79	4.84	6.21	8.16	8.30
46	3.83	4.86	6.26	8.24	8.38
47	3.84	4.87	6.27	8.25	8.39
48	3.85	4.88	6.28	8.27	8.40
49	3.86	4.91	6.30	8.29	8.43
50	3.95	5.04	6.46	8.50	8.64
51	4.10	5.24	6.74	8.86	9.01
52	4.30	5.51	7.10	9.32	9.48
53	4.54	5.83	7.53	9.88	10.05
54	4.82	6.20	8.03	10.51	10.70
55	5.12	6.61	8.58	11.23	11.43
56	5.46	7.06	9.18	12.01	12.23
57	5.82	7.55	9.84	12.87	13.11
58	6.22	8.09	10.57	13.82	14.08
59	6.66	8.67	11.36	14.85	15.14
60	7.13	9.31	12.23	15.98	16.29
61	7.58	9.92	13.06	17.10	17.43
62	7.99	10.49	13.85	18.19	18.55
63	8.48	11.16	14.77	19.43	19.81
64	9.12	12.04	15.97	21.00	21.41
65	10.02	13.25	17.62	23.06	23.50
66	11.21	14.83	19.72	25.60	26.07
67	12.62	16.69	22.18	28.48	29.00
68	14.22	18.78	24.96	31.77	32.33
69	15.94	21.08	28.05	35.48	36.09
70	17.75	23.53	31.41	39.65	40.33
71	19.53	25.98	34.79	44.09	44.82
72	21.29	28.43	38.22	48.76	49.56
73	23.24	31.16	42.06	53.98	54.85
74	25.55	34.41	46.69	60.03	61.00
75	28.43	38.46	52.49	67.24	68.31
76	32.09	43.64	59.95	75.89	77.09
77	36.43	49.76	68.76	85.75	87.12
78	41.06	56.33	78.26	96.43	97.97
79	45.64	62.84	87.73	107.46	109.18
80	49.82	68.83	96.48	118.42	120.31
81	54.13	75.10	105.86	132.59	134.71
82	58.43	81.37	115.24	146.76	149.10
83	62.73	87.64	124.62	160.93	163.49
84	67.03	93.91	134.00	175.10	177.88

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

Spousal Discount is 30% 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 99591 VA 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 97059 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	2.61	3.33	4.27	5.61	5.71
30-34	2.61	3.33	4.27	5.61	5.71
35-39	2.84	3.63	4.65	6.12	6.22
40	2.94	3.75	4.81	6.33	6.44
41	3.02	3.85	4.94	6.50	6.61
42	3.11	3.97	5.10	6.71	6.82
43	3.21	4.10	5.26	6.92	7.03
44	3.30	4.21	5.41	7.11	7.23
45	3.37	4.30	5.52	7.26	7.39
46	3.40	4.34	5.55	7.33	7.45
47	3.41	4.35	5.57	7.34	7.47
48	3.42	4.36	5.59	7.36	7.49
49	3.43	4.37	5.61	7.38	7.50
50	3.51	4.48	5.75	7.57	7.70
51	3.66	4.67	6.01	7.90	8.03
52	3.84	4.92	6.33	8.31	8.46
53	4.04	5.20	6.71	8.80	8.97
54	4.29	5.52	7.14	9.37	9.53
55	4.56	5.89	7.63	10.00	10.18
56	4.86	6.29	8.18	10.70	10.89
57	5.18	6.72	8.76	11.46	11.67
58	5.55	7.20	9.41	12.30	12.53
59	5.93	7.72	10.12	13.22	13.48
60	6.35	8.29	10.89	14.23	14.51
61	6.74	8.83	11.63	15.22	15.51
62	7.11	9.34	12.33	16.20	16.51
63	7.54	9.93	13.15	17.30	17.63
64	8.12	10.72	14.22	18.70	19.06
65	8.93	11.80	15.68	20.53	20.92
66	9.98	13.20	17.56	22.79	23.23
67	11.24	14.86	19.76	25.39	25.86
68	12.66	16.73	22.24	28.33	28.84
69	14.20	18.77	25.00	31.63	32.18
70	15.80	20.95	27.96	35.29	35.89
71	17.38	23.11	30.95	39.18	39.84
72	18.96	25.30	34.00	43.27	43.97
73	20.70	27.73	37.37	47.80	48.56
74	22.74	30.58	41.40	53.00	53.83
75	25.25	34.07	46.36	59.09	60.01
76	28.41	38.49	52.66	66.34	67.38
77	32.14	43.71	60.10	74.60	75.75
78	36.13	49.27	68.08	83.46	84.76
79	40.05	54.78	76.01	92.55	94.00
80	43.63	59.81	83.27	101.50	103.08
81	47.25	64.98	90.89	112.74	114.48
82	50.87	70.14	98.48	123.98	125.88
83	54.49	75.31	106.08	135.23	137.29
84	58.11	80.48	113.68	146.46	148.69

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

Spousal Discount is 30% 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 99591 VA 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 97059 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	2.29	2.91	3.73	4.92	5.00
30-34	2.29	2.91	3.73	4.92	5.00
35-39	2.49	3.18	4.07	5.37	5.46
40	2.58	3.29	4.21	5.55	5.65
41	2.65	3.37	4.33	5.70	5.80
42	2.73	3.48	4.46	5.88	5.98
43	2.82	3.59	4.60	6.07	6.17
44	2.90	3.69	4.73	6.24	6.34
45	2.96	3.77	4.83	6.37	6.48
46	2.98	3.80	4.85	6.39	6.49
47	2.99	3.81	4.86	6.41	6.51
48	3.00	3.82	4.87	6.42	6.53
49	3.01	3.83	4.91	6.47	6.58
50	3.08	3.92	5.03	6.63	6.74
51	3.21	4.09	5.26	6.93	7.04
52	3.37	4.30	5.55	7.28	7.40
53	3.54	4.54	5.87	7.71	7.84
54	3.75	4.83	6.24	8.20	8.33
55	3.98	5.13	6.67	8.74	8.89
56	4.24	5.48	7.12	9.34	9.51
57	4.52	5.86	7.63	10.00	10.19
58	4.83	6.26	8.19	10.72	10.93
59	5.16	6.71	8.79	11.51	11.74
60	5.52	7.20	9.46	12.38	12.62
61	5.86	7.67	10.09	13.23	13.49
62	6.18	8.10	10.70	14.07	14.34
63	6.54	8.62	11.40	15.01	15.30
64	7.03	9.29	12.32	16.20	16.52
65	7.72	10.21	13.57	17.76	18.09
66	8.63	11.42	15.18	19.68	20.05
67	9.73	12.86	17.08	21.90	22.29
68	10.96	14.47	19.20	24.40	24.81
69	12.29	16.22	21.54	27.16	27.63
70	13.65	18.07	24.03	30.20	30.71
71	14.98	19.88	26.53	33.42	33.97
72	16.31	21.71	29.06	36.81	37.40
73	17.75	23.71	31.84	40.53	41.16
74	19.44	26.07	35.14	44.74	45.43
75	21.50	28.90	39.14	49.63	50.37
76	24.09	32.49	44.20	55.38	56.20
77	27.14	36.71	50.15	61.89	62.81
78	30.39	41.21	56.52	68.85	69.87
79	33.58	45.63	62.81	75.93	77.06
80	36.48	49.64	68.51	82.81	84.03
81	39.34	53.67	74.30	91.21	92.54
82	42.20	57.69	80.09	99.61	101.05
83	45.07	61.72	85.89	108.01	109.57
84	47.93	65.74	91.68	116.41	118.07

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99589 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	2.32	2.94	3.72	4.41	4.52
30-34	2.32	2.94	3.72	4.41	4.52
35-39	2.53	3.21	4.05	4.81	4.93
40	2.62	3.32	4.19	4.97	5.10
41	2.69	3.41	4.31	5.11	5.24
42	2.77	3.52	4.44	5.27	5.41
43	2.86	3.63	4.58	5.43	5.58
44	2.94	3.73	4.71	5.59	5.73
45	3.00	3.81	4.81	5.71	5.86
46	3.04	3.85	4.87	5.76	5.92
47	3.05	3.87	4.89	5.77	5.92
48	3.06	3.88	4.90	5.77	5.92
49	3.08	3.91	4.93	5.81	5.97
50	3.13	3.97	5.01	5.94	6.10
51	3.20	4.06	5.13	6.16	6.32
52	3.29	4.17	5.27	6.45	6.62
53	3.40	4.31	5.45	6.79	6.96
54	3.53	4.48	5.66	7.16	7.34
55	3.68	4.68	5.92	7.55	7.74
56	3.87	4.92	6.22	7.96	8.16
57	4.09	5.20	6.58	8.41	8.61
58	4.33	5.51	6.97	8.88	9.09
59	4.59	5.83	7.38	9.38	9.60
60	4.86	6.17	7.80	9.91	10.14
61	5.12	6.50	8.22	10.42	10.65
62	5.38	6.84	8.64	10.90	11.14
63	5.67	7.20	9.09	11.44	11.68
64	5.99	7.60	9.58	12.10	12.35
65	6.35	8.07	10.16	12.94	13.20
66	6.76	8.59	10.79	14.03	14.30
67	7.19	9.14	11.46	15.31	15.60
68	7.67	9.75	12.21	16.71	17.02
69	8.21	10.43	13.05	18.13	18.46
70	8.83	11.22	14.02	19.50	19.85
71	9.59	12.16	15.20	20.80	21.15
72	10.47	13.25	16.58	22.08	22.43
73	11.39	14.40	18.02	23.37	23.72
74	12.28	15.50	19.40	24.70	25.06
75	13.07	16.46	20.61	26.12	26.48
76	13.70	17.23	21.56	27.71	28.07
77	14.24	17.86	22.32	29.44	29.79
78	14.75	18.44	23.03	31.18	31.54
79	15.29	19.08	23.81	32.81	33.17
80	15.94	19.86	24.81	34.22	34.57
81	17.01	21.21	26.63	35.30	35.63
82	18.08	22.55	28.44	36.38	36.70
83	19.16	23.89	30.27	37.45	37.78
84	20.23	25.23	32.07	38.53	38.83

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99589 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	2.07	2.62	3.31	3.92	4.03
30-34	2.07	2.62	3.31	3.92	4.03
35-39	2.25	2.86	3.61	4.28	4.39
40	2.33	2.96	3.73	4.43	4.54
41	2.39	3.04	3.83	4.54	4.67
42	2.47	3.13	3.95	4.69	4.81
43	2.55	3.23	4.08	4.84	4.96
44	2.62	3.32	4.19	4.97	5.10
45	2.67	3.39	4.28	5.08	5.21
46	2.71	3.43	4.33	5.13	5.26
47	2.72	3.45	4.35	5.13	5.27
48	2.72	3.45	4.36	5.14	5.27
49	2.74	3.48	4.39	5.17	5.31
50	2.78	3.53	4.46	5.29	5.43
51	2.85	3.61	4.56	5.48	5.63
52	2.93	3.71	4.69	5.74	5.89
53	3.02	3.84	4.85	6.04	6.19
54	3.14	3.98	5.04	6.37	6.53
55	3.28	4.16	5.26	6.72	6.88
56	3.45	4.38	5.54	7.09	7.26
57	3.64	4.63	5.85	7.48	7.66
58	3.86	4.90	6.20	7.90	8.09
59	4.09	5.19	6.57	8.35	8.55
60	4.32	5.49	6.95	8.82	9.02
61	4.56	5.79	7.32	9.27	9.48
62	4.79	6.09	7.69	9.70	9.92
63	5.04	6.41	8.09	10.18	10.40
64	5.33	6.77	8.53	10.77	10.99
65	5.65	7.18	9.04	11.52	11.75
66	6.01	7.64	9.60	12.48	12.72
67	6.40	8.13	10.19	13.60	13.86
68	6.82	8.66	10.84	14.83	15.11
69	7.30	9.28	11.59	16.11	16.40
70	7.86	9.98	12.48	17.36	17.66
71	8.54	10.85	13.59	18.59	18.91
72	9.33	11.85	14.89	19.84	20.16
73	10.16	12.90	16.26	21.12	21.44
74	10.96	13.92	17.57	22.42	22.75
75	11.68	14.81	18.71	23.74	24.07
76	12.26	15.53	19.59	25.15	25.49
77	12.77	16.13	20.30	26.66	27.00
78	13.25	16.69	20.95	28.15	28.50
79	13.74	17.28	21.65	29.54	29.89
80	14.31	17.98	22.51	30.73	31.08
81	15.19	19.10	24.01	31.62	31.96
82	16.07	20.21	25.51	32.51	32.84
83	16.97	21.34	27.00	33.40	33.72
84	17.84	22.44	28.50	34.28	34.60

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99589 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	1.84	2.34	2.96	3.52	3.62
30-34	1.84	2.34	2.96	3.52	3.62
35-39	2.01	2.55	3.23	3.84	3.95
40	2.08	2.64	3.34	3.98	4.09
41	2.13	2.71	3.43	4.08	4.20
42	2.20	2.80	3.54	4.21	4.33
43	2.27	2.89	3.65	4.34	4.46
44	2.33	2.97	3.76	4.47	4.59
45	2.38	3.03	3.84	4.56	4.69
46	2.41	3.07	3.88	4.61	4.73
47	2.42	3.08	3.90	4.61	4.74
48	2.43	3.09	3.91	4.61	4.74
49	2.44	3.11	3.93	4.65	4.78
50	2.48	3.15	4.00	4.75	4.88
51	2.54	3.23	4.09	4.93	5.06
52	2.61	3.32	4.21	5.16	5.30
53	2.69	3.43	4.35	5.43	5.58
54	2.79	3.56	4.51	5.73	5.88
55	2.92	3.72	4.72	6.05	6.20
56	3.07	3.91	4.96	6.38	6.53
57	3.24	4.13	5.24	6.73	6.89
58	3.43	4.37	5.55	7.10	7.27
59	3.63	4.63	5.88	7.50	7.68
60	3.84	4.90	6.22	7.92	8.10
61	4.05	5.16	6.55	8.33	8.52
62	4.26	5.43	6.88	8.72	8.92
63	4.48	5.72	7.23	9.16	9.36
64	4.73	6.03	7.62	9.68	9.89
65	5.02	6.40	8.08	10.35	10.56
66	5.34	6.80	8.57	11.18	11.41
67	5.68	7.24	9.10	12.16	12.40
68	6.05	7.71	9.68	13.23	13.48
69	6.47	8.25	10.35	14.33	14.60
70	6.96	8.87	11.12	15.41	15.68
71	7.55	9.62	12.07	16.46	16.75
72	8.25	10.49	13.19	17.53	17.82
73	8.97	11.41	14.36	18.61	18.91
74	9.67	12.29	15.48	19.71	20.01
75	10.28	13.05	16.44	20.83	21.13
76	10.78	13.66	17.20	22.01	22.31
77	11.20	14.17	17.81	23.26	23.57
78	11.59	14.64	18.37	24.51	24.82
79	11.99	15.13	18.96	25.65	25.97
80	12.45	15.70	19.68	26.63	26.94
81	13.18	16.61	20.88	27.33	27.64
82	13.89	17.51	22.07	28.03	28.33
83	14.60	18.41	23.27	28.73	29.03
84	15.31	19.30	24.45	29.42	29.72

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99590 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	4.84	6.37	8.41	11.22	11.52
30-34	4.84	6.37	8.41	11.22	11.52
35-39	5.12	6.73	8.86	11.34	11.62
40	5.25	6.89	9.07	11.36	11.64
41	5.35	7.01	9.21	11.38	11.66
42	5.45	7.14	9.37	11.41	11.69
43	5.56	7.28	9.54	11.45	11.72
44	5.67	7.41	9.70	11.49	11.76
45	5.75	7.51	9.83	11.55	11.81
46	5.81	7.59	9.93	11.61	11.88
47	5.85	7.65	10.00	11.67	11.94
48	5.89	7.70	10.07	11.75	12.02
49	5.93	7.75	10.14	11.86	12.14
50	5.99	7.82	10.24	12.02	12.30
51	6.05	7.91	10.34	12.23	12.51
52	6.12	7.99	10.44	12.46	12.74
53	6.20	8.09	10.57	12.74	13.02
54	6.30	8.22	10.73	13.06	13.36
55	6.45	8.40	10.96	13.46	13.76
56	6.64	8.65	11.27	13.94	14.24
57	6.87	8.94	11.65	14.49	14.81
58	7.13	9.27	12.07	15.09	15.42
59	7.40	9.61	12.49	15.72	16.05
60	7.66	9.94	12.91	16.34	16.69
61	7.89	10.23	13.27	16.93	17.29
62	8.10	10.50	13.60	17.50	17.86
63	8.33	10.79	13.94	18.10	18.47
64	8.60	11.12	14.36	18.81	19.18
65	8.94	11.56	14.89	19.68	20.06
66	9.35	12.08	15.53	20.76	21.16
67	9.80	12.66	16.24	22.01	22.42
68	10.31	13.31	17.05	23.36	23.79
69	10.89	14.05	17.96	24.75	25.19
70	11.54	14.87	18.99	26.12	26.58
71	12.32	15.86	20.24	27.49	27.95
72	13.24	17.00	21.71	28.89	29.36
73	14.20	18.20	23.24	30.31	30.78
74	15.10	19.31	24.68	31.72	32.19
75	15.85	20.24	25.86	33.10	33.57
76	16.40	20.89	26.67	34.50	34.97
77	16.80	21.35	27.23	35.94	36.40
78	17.14	21.74	27.69	37.33	37.79
79	17.52	22.17	28.23	38.63	39.08
80	18.03	22.79	29.01	39.74	40.19
81	19.01	24.00	30.66	40.60	41.03
82	19.98	25.21	32.29	41.46	41.87
83	20.95	26.42	33.92	42.31	42.71
84	21.93	27.63	35.56	43.17	43.56

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99590 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	4.31	5.67	7.49	9.99	10.25
30-34	4.31	5.67	7.49	9.99	10.25
35-39	4.56	5.99	7.89	10.09	10.34
40	4.68	6.13	8.07	10.11	10.36
41	4.76	6.24	8.20	10.13	10.38
42	4.85	6.36	8.34	10.16	10.40
43	4.95	6.48	8.49	10.19	10.43
44	5.04	6.59	8.63	10.23	10.46
45	5.12	6.69	8.75	10.28	10.52
46	5.17	6.76	8.84	10.33	10.57
47	5.21	6.81	8.90	10.39	10.63
48	5.24	6.85	8.96	10.46	10.70
49	5.28	6.90	9.03	10.56	10.80
50	5.33	6.96	9.11	10.70	10.95
51	5.39	7.04	9.20	10.88	11.13
52	5.45	7.11	9.29	11.09	11.34
53	5.52	7.20	9.40	11.33	11.59
54	5.61	7.32	9.55	11.63	11.89
55	5.74	7.48	9.75	11.98	12.25
56	5.91	7.70	10.03	12.40	12.68
57	6.12	7.96	10.37	12.89	13.18
58	6.35	8.25	10.74	13.43	13.72
59	6.58	8.55	11.12	13.99	14.29
60	6.81	8.85	11.49	14.55	14.86
61	7.02	9.11	11.81	15.07	15.39
62	7.21	9.35	12.10	15.57	15.89
63	7.41	9.60	12.41	16.11	16.44
64	7.65	9.90	12.78	16.74	17.07
65	7.95	10.29	13.25	17.51	17.86
66	8.32	10.75	13.82	18.47	18.82
67	8.72	11.26	14.44	19.56	19.93
68	9.17	11.84	15.15	20.75	21.14
69	9.69	12.49	15.96	22.00	22.39
70	10.27	13.23	16.90	23.25	23.65
71	10.98	14.13	18.07	24.54	24.95
72	11.80	15.19	19.46	25.89	26.32
73	12.66	16.29	20.92	27.27	27.70
74	13.48	17.32	22.27	28.62	29.06
75	14.16	18.17	23.38	29.90	30.34
76	14.66	18.78	24.13	31.14	31.58
77	15.03	19.22	24.64	32.37	32.80
78	15.35	19.59	25.05	33.54	33.97
79	15.69	19.99	25.51	34.60	35.03
80	16.14	20.53	26.18	35.53	35.96
81	16.93	21.53	27.51	36.20	36.63
82	17.73	22.52	28.84	36.88	37.30
83	18.51	23.52	30.17	37.57	37.96
84	19.30	24.51	31.50	38.24	38.63

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99590 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	3.77	5.00	6.63	8.86	9.10
30-34	3.77	5.00	6.63	8.86	9.10
35-39	4.01	5.29	7.00	8.97	9.20
40	4.12	5.43	7.17	8.99	9.22
41	4.20	5.53	7.28	9.01	9.23
42	4.28	5.63	7.41	9.04	9.26
43	4.37	5.74	7.55	9.07	9.28
44	4.45	5.84	7.67	9.10	9.32
45	4.52	5.93	7.78	9.15	9.36
46	4.57	5.99	7.86	9.20	9.41
47	4.60	6.04	7.92	9.25	9.46
48	4.63	6.07	7.97	9.31	9.53
49	4.66	6.12	8.03	9.40	9.62
50	4.71	6.17	8.10	9.53	9.75
51	4.76	6.24	8.18	9.69	9.91
52	4.81	6.30	8.26	9.87	10.10
53	4.87	6.38	8.36	10.09	10.32
54	4.95	6.49	8.49	10.35	10.59
55	5.07	6.63	8.67	10.67	10.91
56	5.22	6.82	8.92	11.05	11.29
57	5.40	7.06	9.21	11.48	11.74
58	5.60	7.31	9.54	11.96	12.22
59	5.81	7.58	9.88	12.45	12.72
60	6.01	7.84	10.21	12.95	13.23
61	6.20	8.07	10.49	13.42	13.70
62	6.36	8.28	10.75	13.87	14.15
63	6.54	8.51	11.02	14.34	14.64
64	6.75	8.77	11.35	14.90	15.20
65	7.02	9.11	11.76	15.58	15.88
66	7.34	9.51	12.26	16.40	16.72
67	7.69	9.97	12.81	17.35	17.68
68	8.08	10.47	13.44	18.38	18.72
69	8.53	11.04	14.15	19.44	19.79
70	9.04	11.68	14.95	20.50	20.86
71	9.65	12.46	15.95	21.58	21.95
72	10.37	13.37	17.12	22.72	23.09
73	11.13	14.32	18.34	23.86	24.24
74	11.83	15.21	19.48	24.97	25.35
75	12.41	15.93	20.41	26.03	26.41
76	12.82	16.44	21.04	27.04	27.42
77	13.12	16.79	21.46	28.04	28.42
78	13.37	17.08	21.80	28.99	29.37
79	13.63	17.39	22.18	29.85	30.23
80	13.98	17.82	22.71	30.59	30.96
81	14.62	18.61	23.75	31.10	31.47
82	15.27	19.41	24.80	31.61	31.97
83	15.89	20.20	25.84	32.12	32.48
84	16.53	21.00	26.89	32.63	32.98

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

Spousal Discount is 30% 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 99591 VA 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 97059 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	2.64	3.37	4.31	5.68	5.77
30-34	2.64	3.37	4.31	5.68	5.77
35-39	2.87	3.67	4.71	6.19	6.29
40	2.97	3.80	4.87	6.40	6.51
41	3.05	3.90	5.00	6.57	6.69
42	3.15	4.01	5.16	6.78	6.89
43	3.25	4.15	5.32	6.99	7.11
44	3.34	4.27	5.47	7.19	7.32
45	3.41	4.36	5.59	7.34	7.47
46	3.45	4.37	5.63	7.42	7.54
47	3.46	4.38	5.64	7.43	7.55
48	3.47	4.39	5.65	7.44	7.56
49	3.47	4.42	5.67	7.46	7.59
50	3.56	4.54	5.81	7.65	7.78
51	3.69	4.72	6.07	7.97	8.11
52	3.87	4.96	6.39	8.39	8.53
53	4.09	5.25	6.78	8.89	9.05
54	4.34	5.58	7.23	9.46	9.63
55	4.61	5.95	7.72	10.11	10.29
56	4.91	6.35	8.26	10.81	11.01
57	5.24	6.80	8.86	11.58	11.80
58	5.60	7.28	9.51	12.44	12.67
59	5.99	7.80	10.22	13.37	13.63
60	6.42	8.38	11.01	14.38	14.66
61	6.82	8.93	11.75	15.39	15.69
62	7.19	9.44	12.47	16.37	16.70
63	7.63	10.04	13.29	17.49	17.83
64	8.21	10.84	14.37	18.90	19.27
65	9.02	11.93	15.86	20.75	21.15
66	10.09	13.35	17.75	23.04	23.46
67	11.36	15.02	19.96	25.63	26.10
68	12.80	16.90	22.46	28.59	29.10
69	14.35	18.97	25.25	31.93	32.48
70	15.98	21.18	28.27	35.69	36.30
71	17.58	23.38	31.31	39.68	40.34
72	19.16	25.59	34.40	43.88	44.60
73	20.92	28.04	37.85	48.58	49.37
74	23.00	30.97	42.02	54.03	54.90
75	25.59	34.61	47.24	60.52	61.48
76	28.88	39.28	53.96	68.30	69.38
77	32.79	44.78	61.88	77.18	78.41
78	36.95	50.70	70.43	86.79	88.17
79	41.08	56.56	78.96	96.71	98.26
80	44.84	61.95	86.83	106.58	108.28
81	48.72	67.59	95.27	119.33	121.24
82	52.59	73.23	103.72	132.08	134.19
83	56.46	78.88	112.16	144.84	147.14
84	60.33	84.52	120.60	157.59	160.09

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

Spousal Discount is 30% 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 99591 VA 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 97059 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	2.35	3.00	3.84	5.05	5.14
30-34	2.35	3.00	3.84	5.05	5.14
35-39	2.56	3.27	4.19	5.51	5.60
40	2.65	3.38	4.33	5.70	5.80
41	2.72	3.47	4.45	5.85	5.95
42	2.80	3.57	4.59	6.04	6.14
43	2.89	3.69	4.73	6.23	6.33
44	2.97	3.79	4.87	6.40	6.51
45	3.03	3.87	4.97	6.53	6.65
46	3.06	3.91	5.00	6.60	6.71
47	3.07	3.92	5.01	6.61	6.72
48	3.08	3.92	5.03	6.62	6.74
49	3.09	3.93	5.05	6.64	6.75
50	3.16	4.03	5.18	6.81	6.93
51	3.29	4.20	5.41	7.11	7.23
52	3.46	4.43	5.70	7.48	7.61
53	3.64	4.68	6.04	7.92	8.07
54	3.86	4.97	6.43	8.43	8.58
55	4.10	5.30	6.87	9.00	9.16
56	4.37	5.66	7.36	9.63	9.80
57	4.66	6.05	7.88	10.31	10.50
58	5.00	6.48	8.47	11.07	11.28
59	5.34	6.95	9.11	11.90	12.13
60	5.72	7.46	9.80	12.81	13.06
61	6.07	7.95	10.47	13.70	13.96
62	6.40	8.41	11.10	14.58	14.86
63	6.79	8.94	11.84	15.57	15.87
64	7.31	9.65	12.80	16.83	17.15
65	8.04	10.62	14.11	18.48	18.83
66	8.98	11.88	15.80	20.51	20.91
67	10.12	13.37	17.78	22.85	23.27
68	11.39	15.06	20.02	25.50	25.96
69	12.78	16.89	22.50	28.47	28.96
70	14.22	18.86	25.16	31.76	32.30
71	15.64	20.80	27.86	35.26	35.86
72	17.06	22.77	30.60	38.94	39.57
73	18.63	24.96	33.63	43.02	43.70
74	20.47	27.52	37.26	47.70	48.45
75	22.73	30.66	41.72	53.18	54.01
76	25.57	34.64	47.39	59.71	60.64
77	28.93	39.34	54.09	67.14	68.18
78	32.52	44.34	61.27	75.11	76.28
79	36.05	49.30	68.41	83.30	84.60
80	39.27	53.83	74.94	91.35	92.77
81	42.53	58.48	81.80	101.47	103.03
82	45.78	63.13	88.63	111.58	113.29
83	49.04	67.78	95.47	121.71	123.56
84	52.30	72.43	102.31	131.81	133.82

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

Spousal Discount is 30% 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 99591 VA 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 97059 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	2.06	2.62	3.36	4.43	4.50
30-34	2.06	2.62	3.36	4.43	4.50
35-39	2.24	2.86	3.66	4.83	4.91
40	2.32	2.96	3.79	5.00	5.09
41	2.39	3.03	3.90	5.13	5.22
42	2.46	3.13	4.01	5.29	5.38
43	2.54	3.23	4.14	5.46	5.55
44	2.61	3.32	4.26	5.62	5.71
45	2.66	3.39	4.35	5.73	5.83
46	2.68	3.42	4.37	5.75	5.84
47	2.69	3.43	4.37	5.77	5.86
48	2.70	3.44	4.38	5.78	5.88
49	2.71	3.45	4.42	5.82	5.92
50	2.77	3.53	4.53	5.97	6.07
51	2.89	3.68	4.73	6.24	6.34
52	3.03	3.87	5.00	6.55	6.66
53	3.19	4.09	5.28	6.94	7.06
54	3.38	4.35	5.62	7.38	7.50
55	3.58	4.62	6.00	7.87	8.00
56	3.82	4.93	6.41	8.41	8.56
57	4.07	5.27	6.87	9.00	9.17
58	4.35	5.63	7.37	9.65	9.84
59	4.64	6.04	7.91	10.36	10.57
60	4.97	6.48	8.51	11.14	11.36
61	5.27	6.90	9.08	11.91	12.14
62	5.56	7.29	9.63	12.66	12.91
63	5.89	7.76	10.26	13.51	13.77
64	6.33	8.36	11.09	14.58	14.87
65	6.95	9.19	12.21	15.98	16.28
66	7.77	10.28	13.66	17.71	18.05
67	8.76	11.57	15.37	19.71	20.06
68	9.86	13.02	17.28	21.96	22.33
69	11.06	14.60	19.39	24.44	24.87
70	12.29	16.26	21.63	27.18	27.64
71	13.48	17.89	23.88	30.08	30.57
72	14.68	19.54	26.15	33.13	33.66
73	15.98	21.34	28.66	36.48	37.04
74	17.50	23.46	31.63	40.27	40.89
75	19.35	26.01	35.23	44.67	45.33
76	21.68	29.24	39.78	49.84	50.58
77	24.43	33.04	45.14	55.70	56.53
78	27.35	37.09	50.87	61.97	62.88
79	30.22	41.07	56.53	68.34	69.35
80	32.83	44.68	61.66	74.53	75.63
81	35.41	48.30	66.87	82.09	83.29
82	37.98	51.92	72.08	89.65	90.95
83	40.56	55.55	77.30	97.21	98.61
84	43.14	59.17	82.51	104.77	106.26

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99589 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	2.09	2.65	3.35	3.97	4.07
30-34	2.09	2.65	3.35	3.97	4.07
35-39	2.28	2.89	3.65	4.33	4.44
40	2.36	2.99	3.77	4.47	4.59
41	2.42	3.07	3.88	4.60	4.72
42	2.49	3.17	4.00	4.74	4.87
43	2.57	3.27	4.12	4.89	5.02
44	2.65	3.36	4.24	5.03	5.16
45	2.70	3.43	4.33	5.14	5.27
46	2.74	3.47	4.38	5.18	5.33
47	2.75	3.48	4.40	5.19	5.33
48	2.75	3.49	4.41	5.19	5.33
49	2.77	3.52	4.44	5.23	5.37
50	2.82	3.57	4.51	5.35	5.49
51	2.88	3.65	4.62	5.54	5.69
52	2.96	3.75	4.74	5.81	5.96
53	3.06	3.88	4.91	6.11	6.26
54	3.18	4.03	5.09	6.44	6.61
55	3.31	4.21	5.33	6.80	6.97
56	3.48	4.43	5.60	7.16	7.34
57	3.68	4.68	5.92	7.57	7.75
58	3.90	4.96	6.27	7.99	8.18
59	4.13	5.25	6.64	8.44	8.64
60	4.37	5.55	7.02	8.92	9.13
61	4.61	5.85	7.40	9.38	9.59
62	4.84	6.16	7.78	9.81	10.03
63	5.10	6.48	8.18	10.30	10.51
64	5.39	6.84	8.62	10.89	11.12
65	5.72	7.26	9.14	11.65	11.88
66	6.08	7.73	9.71	12.63	12.87
67	6.47	8.23	10.31	13.78	14.04
68	6.90	8.78	10.99	15.04	15.32
69	7.39	9.39	11.75	16.32	16.61
70	7.95	10.10	12.62	17.55	17.87
71	8.63	10.94	13.68	18.72	19.04
72	9.42	11.93	14.92	19.87	20.19
73	10.25	12.96	16.22	21.03	21.35
74	11.05	13.95	17.46	22.23	22.55
75	11.76	14.81	18.55	23.51	23.83
76	12.33	15.51	19.40	24.94	25.26
77	12.82	16.07	20.09	26.50	26.81
78	13.28	16.60	20.73	28.06	28.39
79	13.76	17.17	21.43	29.53	29.85
80	14.35	17.87	22.33	30.80	31.11
81	15.31	19.09	23.97	31.77	32.07
82	16.27	20.30	25.60	32.74	33.03
83	17.24	21.50	27.24	33.71	34.00
84	18.21	22.71	28.86	34.68	34.95

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99589 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	1.86	2.36	2.98	3.53	3.63
30-34	1.86	2.36	2.98	3.53	3.63
35-39	2.03	2.57	3.25	3.85	3.95
40	2.10	2.66	3.36	3.99	4.09
41	2.15	2.74	3.45	4.09	4.20
42	2.22	2.82	3.56	4.22	4.33
43	2.30	2.91	3.67	4.36	4.46
44	2.36	2.99	3.77	4.47	4.59
45	2.40	3.05	3.85	4.57	4.69
46	2.44	3.09	3.90	4.62	4.73
47	2.45	3.11	3.92	4.62	4.74
48	2.45	3.11	3.92	4.63	4.74
49	2.47	3.13	3.95	4.65	4.78
50	2.50	3.18	4.01	4.76	4.89
51	2.57	3.25	4.10	4.93	5.07
52	2.64	3.34	4.22	5.17	5.30
53	2.72	3.46	4.37	5.44	5.57
54	2.83	3.58	4.54	5.73	5.88
55	2.95	3.74	4.73	6.05	6.19
56	3.11	3.94	4.99	6.38	6.53
57	3.28	4.17	5.27	6.73	6.89
58	3.47	4.41	5.58	7.11	7.28
59	3.68	4.67	5.91	7.52	7.70
60	3.89	4.94	6.26	7.94	8.12
61	4.10	5.21	6.59	8.34	8.53
62	4.31	5.48	6.92	8.73	8.93
63	4.54	5.77	7.28	9.16	9.36
64	4.80	6.09	7.68	9.69	9.89
65	5.09	6.46	8.14	10.37	10.58
66	5.41	6.88	8.64	11.23	11.45
67	5.76	7.32	9.17	12.24	12.47
68	6.14	7.79	9.76	13.35	13.60
69	6.57	8.35	10.43	14.50	14.76
70	7.07	8.98	11.23	15.62	15.89
71	7.69	9.77	12.23	16.73	17.02
72	8.40	10.67	13.40	17.86	18.14
73	9.14	11.61	14.63	19.01	19.30
74	9.86	12.53	15.81	20.18	20.48
75	10.51	13.33	16.84	21.37	21.66
76	11.03	13.98	17.63	22.64	22.94
77	11.49	14.52	18.27	23.99	24.30
78	11.93	15.02	18.86	25.34	25.65
79	12.37	15.55	19.49	26.59	26.90
80	12.88	16.18	20.26	27.66	27.97
81	13.67	17.19	21.61	28.46	28.76
82	14.46	18.19	22.96	29.26	29.56
83	15.27	19.21	24.30	30.06	30.35
84	16.06	20.20	25.65	30.85	31.14

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99589 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	1.66	2.11	2.66	3.17	3.26
30-34	1.66	2.11	2.66	3.17	3.26
35-39	1.81	2.30	2.91	3.46	3.56
40	1.87	2.38	3.01	3.58	3.68
41	1.92	2.44	3.09	3.67	3.78
42	1.98	2.52	3.19	3.79	3.90
43	2.04	2.60	3.29	3.91	4.01
44	2.10	2.67	3.38	4.02	4.13
45	2.14	2.73	3.46	4.10	4.22
46	2.17	2.76	3.49	4.15	4.26
47	2.18	2.77	3.51	4.15	4.27
48	2.19	2.78	3.52	4.15	4.27
49	2.20	2.80	3.54	4.19	4.30
50	2.23	2.84	3.60	4.28	4.39
51	2.29	2.91	3.68	4.44	4.55
52	2.35	2.99	3.79	4.64	4.77
53	2.42	3.09	3.92	4.89	5.02
54	2.51	3.20	4.06	5.16	5.29
55	2.63	3.35	4.25	5.45	5.58
56	2.76	3.52	4.46	5.74	5.88
57	2.92	3.72	4.72	6.06	6.20
58	3.09	3.93	5.00	6.39	6.54
59	3.27	4.17	5.29	6.75	6.91
60	3.46	4.41	5.60	7.13	7.29
61	3.65	4.64	5.90	7.50	7.67
62	3.83	4.89	6.19	7.85	8.03
63	4.03	5.15	6.51	8.24	8.42
64	4.26	5.43	6.86	8.71	8.90
65	4.52	5.76	7.27	9.32	9.50
66	4.81	6.12	7.71	10.06	10.27
67	5.11	6.52	8.19	10.94	11.16
68	5.45	6.94	8.71	11.91	12.13
69	5.82	7.43	9.32	12.90	13.14
70	6.26	7.98	10.01	13.87	14.11
71	6.80	8.66	10.86	14.81	15.08
72	7.43	9.44	11.87	15.78	16.04
73	8.07	10.27	12.92	16.75	17.02
74	8.70	11.06	13.93	17.74	18.01
75	9.25	11.75	14.80	18.75	19.02
76	9.70	12.29	15.48	19.81	20.08
77	10.08	12.75	16.03	20.93	21.21
78	10.43	13.18	16.53	22.06	22.34
79	10.79	13.62	17.06	23.09	23.37
80	11.21	14.13	17.71	23.97	24.25
81	11.86	14.95	18.79	24.60	24.88
82	12.50	15.76	19.86	25.23	25.50
83	13.14	16.57	20.94	25.86	26.13
84	13.78	17.37	22.01	26.48	26.75

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

Spousal Discount is 30% 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 99591VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99590 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	4.36	5.73	7.57	10.10	10.37
30-34	4.36	5.73	7.57	10.10	10.37
35-39	4.61	6.06	7.97	10.21	10.46
40	4.73	6.20	8.16	10.22	10.48
41	4.82	6.31	8.29	10.24	10.49
42	4.91	6.43	8.43	10.27	10.52
43	5.00	6.55	8.59	10.31	10.55
44	5.10	6.67	8.73	10.34	10.58
45	5.18	6.76	8.85	10.40	10.63
46	5.23	6.83	8.94	10.45	10.69
47	5.27	6.89	9.00	10.50	10.75
48	5.30	6.93	9.06	10.58	10.82
49	5.34	6.98	9.13	10.67	10.93
50	5.39	7.04	9.22	10.82	11.07
51	5.45	7.12	9.31	11.01	11.26
52	5.51	7.19	9.40	11.21	11.47
53	5.58	7.28	9.51	11.47	11.72
54	5.67	7.40	9.66	11.75	12.02
55	5.81	7.56	9.86	12.11	12.38
56	5.98	7.79	10.14	12.55	12.82
57	6.18	8.05	10.49	13.04	13.33
58	6.42	8.34	10.86	13.58	13.88
59	6.66	8.65	11.24	14.15	14.45
60	6.89	8.95	11.62	14.71	15.02
61	7.10	9.21	11.94	15.24	15.56
62	7.29	9.45	12.24	15.75	16.07
63	7.50	9.71	12.55	16.29	16.62
64	7.74	10.01	12.92	16.93	17.26
65	8.05	10.40	13.40	17.71	18.05
66	8.42	10.87	13.98	18.68	19.04
67	8.82	11.39	14.62	19.81	20.18
68	9.28	11.98	15.35	21.02	21.41
69	9.80	12.65	16.16	22.28	22.67
70	10.39	13.38	17.09	23.51	23.92
71	11.09	14.27	18.22	24.74	25.16
72	11.92	15.30	19.54	26.00	26.42
73	12.78	16.38	20.92	27.28	27.70
74	13.59	17.38	22.21	28.55	28.97
75	14.27	18.22	23.27	29.79	30.21
76	14.76	18.80	24.00	31.05	31.47
77	15.12	19.22	24.51	32.35	32.76
78	15.43	19.57	24.92	33.60	34.01
79	15.77	19.95	25.41	34.77	35.17
80	16.23	20.51	26.11	35.77	36.17
81	17.11	21.60	27.59	36.54	36.93
82	17.98	22.69	29.06	37.31	37.68
83	18.86	23.78	30.53	38.08	38.44
84	19.74	24.87	32.00	38.85	39.20

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99590 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	3.88	5.10	6.74	8.99	9.23
30-34	3.88	5.10	6.74	8.99	9.23
35-39	4.10	5.39	7.10	9.08	9.31
40	4.21	5.52	7.26	9.10	9.32
41	4.28	5.62	7.38	9.12	9.34
42	4.37	5.72	7.51	9.14	9.36
43	4.46	5.83	7.64	9.17	9.39
44	4.54	5.93	7.77	9.21	9.41
45	4.61	6.02	7.88	9.25	9.47
46	4.65	6.08	7.96	9.30	9.51
47	4.69	6.13	8.01	9.35	9.57
48	4.72	6.17	8.06	9.41	9.63
49	4.75	6.21	8.13	9.50	9.72
50	4.80	6.26	8.20	9.63	9.86
51	4.85	6.34	8.28	9.79	10.02
52	4.91	6.40	8.36	9.98	10.21
53	4.97	6.48	8.46	10.20	10.43
54	5.05	6.59	8.60	10.47	10.70
55	5.17	6.73	8.78	10.78	11.03
56	5.32	6.93	9.03	11.16	11.41
57	5.51	7.16	9.33	11.60	11.86
58	5.72	7.43	9.67	12.09	12.35
59	5.92	7.70	10.01	12.59	12.86
60	6.13	7.97	10.34	13.10	13.37
61	6.32	8.20	10.63	13.56	13.85
62	6.49	8.42	10.89	14.01	14.30
63	6.67	8.64	11.17	14.50	14.80
64	6.89	8.91	11.50	15.07	15.36
65	7.16	9.26	11.93	15.76	16.07
66	7.49	9.68	12.44	16.62	16.94
67	7.85	10.13	13.00	17.60	17.94
68	8.25	10.66	13.64	18.68	19.03
69	8.72	11.24	14.36	19.80	20.15
70	9.24	11.91	15.21	20.93	21.29
71	9.88	12.72	16.26	22.09	22.46
72	10.62	13.67	17.51	23.30	23.69
73	11.39	14.66	18.83	24.54	24.93
74	12.13	15.59	20.04	25.76	26.15
75	12.74	16.35	21.04	26.91	27.31
76	13.19	16.90	21.72	28.03	28.42
77	13.53	17.30	22.18	29.13	29.52
78	13.82	17.63	22.55	30.19	30.57
79	14.12	17.99	22.96	31.14	31.53
80	14.53	18.48	23.56	31.98	32.36
81	15.24	19.38	24.76	32.58	32.97
82	15.96	20.27	25.96	33.19	33.57
83	16.66	21.17	27.15	33.81	34.16
84	17.37	22.06	28.35	34.42	34.77

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

Spousal Discount is 30% 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 99591 VA is
30% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99590 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	3.39	4.50	5.97	7.97	8.19
30-34	3.39	4.50	5.97	7.97	8.19
35-39	3.61	4.76	6.30	8.07	8.28
40	3.71	4.89	6.45	8.09	8.30
41	3.78	4.98	6.55	8.11	8.31
42	3.85	5.07	6.67	8.14	8.33
43	3.93	5.17	6.80	8.16	8.35
44	4.01	5.26	6.90	8.19	8.39
45	4.07	5.34	7.00	8.24	8.42
46	4.11	5.39	7.07	8.28	8.47
47	4.14	5.44	7.13	8.33	8.51
48	4.17	5.46	7.17	8.38	8.58
49	4.19	5.51	7.23	8.46	8.66
50	4.24	5.55	7.29	8.58	8.78
51	4.28	5.62	7.36	8.72	8.92
52	4.33	5.67	7.43	8.88	9.09
53	4.38	5.74	7.52	9.08	9.29
54	4.46	5.84	7.64	9.32	9.53
55	4.56	5.97	7.80	9.60	9.82
56	4.70	6.14	8.03	9.95	10.16
57	4.86	6.35	8.29	10.33	10.57
58	5.04	6.58	8.59	10.76	11.00
59	5.23	6.82	8.89	11.21	11.45
60	5.41	7.06	9.19	11.66	11.91
61	5.58	7.26	9.44	12.08	12.33
62	5.72	7.45	9.68	12.48	12.74
63	5.89	7.66	9.92	12.91	13.18
64	6.08	7.89	10.22	13.41	13.68
65	6.32	8.20	10.58	14.02	14.29
66	6.61	8.56	11.03	14.76	15.05
67	6.92	8.97	11.53	15.62	15.91
68	7.27	9.42	12.10	16.54	16.85
69	7.68	9.94	12.74	17.50	17.81
70	8.14	10.51	13.46	18.45	18.77
71	8.69	11.21	14.36	19.42	19.76
72	9.33	12.03	15.41	20.45	20.78
73	10.02	12.89	16.51	21.47	21.82
74	10.65	13.69	17.53	22.47	22.82
75	11.17	14.34	18.37	23.43	23.77
76	11.54	14.80	18.94	24.34	24.68
77	11.81	15.11	19.31	25.24	25.58
78	12.03	15.37	19.62	26.09	26.43
79	12.27	15.65	19.96	26.87	27.21
80	12.58	16.04	20.44	27.53	27.86
81	13.16	16.75	21.38	27.99	28.32
82	13.74	17.47	22.32	28.45	28.77
83	14.30	18.18	23.26	28.91	29.23
84	14.88	18.90	24.20	29.37	29.68

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

Spousal Discount is 30% 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 99591 VA 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 6, 2017

Dear Ms. Houser,

This letter is in response to your objection dated August 31, 2017.

1) ***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: 99589 VA, 97059 VA and 99591 VA. Please correct.***

The correct form numbers 99589 VA, 97059 VA and 99591 VA have been listed under Affected Forms on the Form Schedule tab.

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

The current rate table has been moved to the Supporting Documentation tab in SERFF.

3) ***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.***

The rate request summary has been revised to reflect the form numbers exactly as approved and a revised copy has been attached in SERFF.

The Form Schedule indicates the form number for the letter is 97059 VA which is actually the form number of the LTC policy to which this letter applies.

4) ***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.***

We have added the form number 97059 VA to the lower left hand corner of the letter.

5) ***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.***

We confirm that there are no partnership policies.

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

We have attached "Virginia Readability Compliance Certification" to the Supporting Documentation Tab.

7) 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 the insured's original issue age?

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

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

A) In example 1, the 5.14 factor is based on the insured's original issue age. This number actually corresponds to the 97058 Virginia Filing. In the 97059 Filing, the 7.40 factor is also 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. This number actually corresponds to the 97058 Virginia Filing. In the 97059 Filing, the 3.30 factor is also 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. This number actually corresponds to the 97058 Virginia Filing. In the 97059 Filing, the 16.76 factor is also based on the insured's original issue age.

8) 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.

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 $14.86. Management has a policy that we will not raise rates more 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 140%.

Year 1 proposed increase. $14.86 * 1.40 = $20.80. We compare this to the unisex new business rate as well as the 140% cap. We are still below the 140% cap and the new business rates are $63.63, so the proposed rate for year 1 is $20.80.

Year 2 proposed increase. $20.80 * 1.40 = $29.12. Still less than the new business rate of $63.63. This results in a 96% cumulative increase, so still less than the 140% cap. The proposed rate for year 2 is $20.80.

Year 3 proposed increase. A 40% increase here would cause us to exceed our internal cap of 140%. So for year 3, the proposed increase is limited to 22.5% that gets us to our cap of 140%. $29.12 * 1.225 = $35.66. We compare to the new business rate of $63.63 and are still lower.

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

A) 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.

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.

B) 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.

The annualized premium for VA is $2,479,172 and the annualized premium nationwide is $61,165,209. These premium values are added to Section III of the revised Memorandum.

C) 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.

We confirm that that are no policies in this filing that 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.

We confirm that all policies in this filing have a lifetime premium-paying-period.

C) If there are in-force policies that are paid-up, please do not include them in the L/R calculations.

We do not include paid-up policies in our L/R calculations.

D) 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 – 174%, 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.

The biggest driver of the increase is benefit period and inflation rider protections. So 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 by Benefit Period/Inflation Rider

	Inflation Protection		
Benefit Period	**No Inflation**	**Simple**	**Compound**
2	0%	25%	96%
3	0%	40%	96%
5	10%	59%	134%
10	40%	58%	160%
Lifetime	40%	94%	170%
Total	14%	68%	145%

Number of Policyholders

	Inflation		
Benefit Period	**No Inflation**	**Simple**	**Compound**
2	33	13	12
3	81	68	56
5	64	76	84
10	5	6	3
Lifetime	47	94	111
Total	230	257	266

Issue Age

In general, policyholders under the age of 60 (555 policyholders) will receive an average 102% increase. Policyholders 60 and over (198 policyholders) will receive an average increase of 66%. Below are tables that provide more detail.

Issue Age	Number of Policyholders	Average Increase
30-39	33	120%
40-49	151	124%
50-59	371	93%
60-69	181	72%
70-79	17	19%

Number of Policyholders

	No Increase	1 Increase	2 Increases	3 Increases
Issue Age	**0%**	**Less than 40%**	**>=40%, <96%**	**>=96%, <174%**
30-39	3	2	5	23
40-49	16	9	21	105
50-59	47	38	119	167
60-69	40	25	57	59
70-79	8	5	4	0
Total	**114**	**79**	**206**	**354**

Benefit Period

The table below provides the average increase by benefit period. The 487 policyholders that have a benefit period of 5 years or less will receive an average increase of 64%. The 266 policyholders with a 10 year or lifetime benefit period will receive an average increase of 124%. The table below provides more detail.

Benefit Period	Number of Policyholders	Average Increase
2	58	30%
3	205	46%
5	224	80%
10	14	78%
Lifetime	252	127%

Inflation options
See the table below for the average increase by inflation protection.

Inflation Protection	Number of Policyholders	Average Increase
None	230	19%
Simple	257	68%
Compound	266	145%

Elimination Period
See the table below for the average increase by elimination period.

Elimination Period	Number of Policyholders	Average Increase
30 days	249	93%
90 days	396	86%
180 days	108	93%

Out of the 753 policies in Virginia, 114 people insured will not be receiving 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?

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.

10) 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%.

Please see "Allocation of Rate Increase" for the projections and the amount of rate increase attributable to mortality, lapse and morbidity.

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 LOSS RATIO calculations in this filing.

For the loss ratios in this filing, we used an interest rate of 4.2%. We calculated this rate by weighting the number of policyholders to the original statutory maximum valuation interest rate when the policy was issued.

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

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.

Please see "Actual & Projected Nationwide – VA" Excel file for all the above projections and loss ratios.

11) To calculate the rate increase, please present four 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

Please see the "Loss Ratio Exhibits" Excel file for the projections and loss ratios.

12) 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.

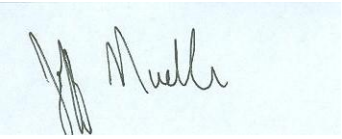
For this test, we are using expected loss ratio of 71.2% in replacement of the 58%. The premium and claim values below are taken from "Actual and Nationwide Experience with Weighted Val Rate".

Present value of initial earned premium = $924,357,608
Present value of proposed premium rate increase schedule = $265,492,703 = ($1,199,206,022-$924,357,608)
Present value of incurred claims (without 10% margin) = $958,068,016
Present value of incurred claims (with 10% margin) = $1,048,742,686

“58”/85 test without 10% margin for MAE:
0.712*924,357,608 + 0.85*265,492,703 = 883,811,414 which is < 958,068,016

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,



Associate Actuary
State Farm Life/Health
309-735-2224

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.

This is the first rate increase filing on this particular form. This form was originally approved on 3/8/2004 prior to the use of SERFF. The only number we can find on the original filing is submission number 007 0000021263

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 the most similar 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 97058 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 (415,316,095) to be earned is 45% of the total (922,668,878).

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 97059 In-force Rate Increase History to this objection. The average nationwide increase approved thus far is 47%. We are proposing an average 49.6% 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 only 7 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 $485 million 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

97059 Series In-Force Rate Increase Filing Status

			First Round					Second Round				
State	Annualized Premium	Number of Policyholders	Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented	Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented
Alabama	1,253,839	679	Jun-13	Oct-13	Mar-14	28.0%	10.0%	Nov-15	Dec-15	Jul-16	14.6%	14.6%
Alaska	184,318	73	Jun-13	Jul-13	Dec-13	29.2%	29.2%	May-17	Jun-17	Nov-17	25.9%	25.9%
Arizona	1,175,345	647	Jul-13	Withdrawn	Withdrawn							
Arkansas	304,258	193	Feb-13	Apr-13	Nov-13	22.0%	5.0%	May-15	Jul-15	Dec-15	22.4%	3.9%
California	0	0	N/A	N/A	N/A					No Policies In-Force		
Colorado	1,352,228	608	Nov-13	Mar-14	Aug-14	28.0%	28.0%					
Connecticut	0	0	N/A	N/A	N/A					No Policies In-Force		
Delaware	104,301	38	Jun-13	Jan-14	Jun-14	25.0%	25.0%	Jul-17	Sep-17	Feb-18	13.5%	13.5%
District of Columbia	46,747	25	N/A	N/A	N/A			Jul-17	Sep-17	Feb-18	10.0%	10.0%
Florida	1,847,051	871	Feb-13	Mar-14	Aug-14	27.0%	6.9%	Apr-15	Jul-15	Mar-16	18.8%	11.0%
Georgia	2,709,933	1,396	Jul-13	Oct-13	Mar-14	28.0%	10.0%	Nov-15	Dec-15	May-16	29.2%	10.0%
Hawaii	777,104	407	Jul-13	Withdrawn	Withdrawn	26.0%						
Idaho	369,077	189	Jul-13	Nov-13	Apr-14	28.0%	19.0%	Jul-17	May-18	Oct-18	25.8%	25.8%
Illinois	3,933,550	2,350	Jun-13	Disapproved		28.0%		Jun-17	Sep-17	Apr-18	80.6%	80.6%**
Indiana	0	0	N/A	N/A	N/A					No Policies In-Force		
Iowa	1,994,544	932	Jun-13	Dec-13	May-14	29.2%	15.9%	Dec-15	Jan-16	Jun-16	29.8%	14.0%
Kansas	947,843	551	Jul-13	Disapproved	Disapproved	29.0%		Mar-17	May-17	Oct-17	46.4%	46.4%
Kentucky	1,037,194	509	Jun-13	Sep-13	Feb-14	28.0%	28.0%	Jul-17	Oct-17	Mar-18	23.7%	23.7%
Louisiana	2,007,201	1,063	Jul-13	Aug-13	Jan-14	26.3%	24.0%	Nov-15	May-16	Oct-16	12.8%	12.8%
Maine	109,091	50	Jul-13	Aug-13	Jan-14	30.1%	14.1%	Dec-15	Sep-16	Feb-17	24.4%	24.4%**
Maryland	1,423,447	571	Jun-13	Sep-13	Feb-14	15.0%	15.0%	Dec-15	Mar-16	Aug-16	12.8%	12.8%
Michigan	1,223,108	642	Jun-13	Jul-13	Nov-13	28.0%	28.0%	Jul-17	Aug-17	Jan-18	17.0%	17.0%
Minnesota	872,470	504	N/A	N/A	N/A			Dec-16	Apr-17	Dec-17	27.2%	27.2%**
Mississippi	963,802	522	Jun-13	Sep-13	Feb-14	24.0%	9.0%	Dec-15	Feb-16	Jul-16	18.0%	18.0%
Missouri	2,123,993	966	Jul-13	Aug-13	Jan-14	28.0%	28%*	Dec-15	Nov-16	Apr-17	13.4%	13.4%
Montana	365,115	160	Jul-13	Sep-13	Feb-14	26.4%	18.7%	Aug-17	Oct-17	Mar-18	24.3%	24.3%
Nebraska	824,163	438	Jul-13	Feb-14	Jul-14	29.0%	29.0%	Jul-17	Aug-17	Jan-18	25.3%	25.3%
Nevada	645,917	278	Jul-13	Jun-14	Nov-14	29.0%	29%*	Dec-17	Mar-18	Oct-18	25.1%	25.1%*
New Hampshire	83,684	46	Jun-13	Dec-13	May-14	28.8%	9.5%					
New Mexico	559,817	239	Jun-14	Jul-14	Dec-14	15.0%	15.0%	May-17	Jul-17	Dec-17	13.6%	5.0%
New York	1,296,150	540	Oct-14	Disapproved	Disapproved	41.1%		Oct-14	Disapproved		25.2%	
North Carolina	1,691,523	817	Jul-13	Sep-13	Feb-14	28.0%	19.0%	Dec-15	Disapproved		22.2%	
North Dakota	240,663	117	Jul-13	Aug-13	Jan-14	28.6%	14.5%	Jun-17	Sep-17	Feb-18	13.4%	13.4%
Ohio	1,168,347	554	Jul-13	Dec-13	May-14	27.0%	25.0%	Jun-17	Aug-17	Jan-18	9.4%	9.4%
Oklahoma	832,338	456	Jul-13	Feb-14	Jul-14	27.0%	23.0%	Jun-17	Jul-17	Dec-17	7.3%	7.3%
Oregon	1,924,933	991	Jul-13	Oct-13	Apr-14	29.0%	29.0%	Jul-18	Pending		25.9%	
Pennsylvania	2,301,236	1,036	Jun-13	Sep-13	Feb-14	28.7%	14.4%	Nov-15	Mar-16	Aug-16	26.3%	15.2%
South Carolina	992,559	509	Jun-13	Nov-13	Apr-14	18.0%	18.0%	Dec-15	Mar-16	Nov-16	16.0%	10.7%
South Dakota	373,813	191	Jul-13	Sep-13	Feb-14	28.0%	28.0%	Jun-17	Aug-17	Jan-18	25.1%	25.1%
Tennessee	1,721,311	861	Jul-13	Dec-13	May-14	28.0%	28.0%	Jun-17	Jan-18	Jun-18	21.6%	21.6%
Texas	5,638,127	3,445	N/A	N/A	N/A			Jun-17	Jun-18	Feb-19	79.3%	79.3%**
Utah	279,452	147	Jun-13	Oct-13	Mar-14	28.0%	10%*					
Vermont	45,705	18	Jun-13	Disapproved	Disapproved	30.0%						
Virginia	1,300,490	743	N/A	N/A	N/A			Jun-17	Pending		33.9%	
Washington	1,915,703	864	Jun-13	Oct-13	Mar-14	28.9%	28.9%	Jun-17	Feb-18	Sep-18	24.7%	12.0%
West Virginia	274,872	136	Jul-13	Oct-13	Apr-14	25.0%	25%*	Jun-17	Jan-18	Jun-18	15.6%	15.6%
Wisconsin	718,865	306	Jul-13	Aug-13	Sep-14	27.7%	27.7%	Jun-17	Withdrawn		26.4%	
Wyoming	382,983	162	Jun-13	Sep-13	Feb-14	27.8%	27.8%	Jun-17	Jun-17	Nov-17	24.9%	24.9%

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

12/5/2018

97059 Series In-Force Rate Increase Filing Status

	Third Round					Fourth Round				
State	Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented	Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented
Alabama	Dec-17	Apr-18	Sep-18	21.6%	21.6%					
Alaska	Mar-18	Apr-18	Dec-18	17.3%	17.3%					
Arizona										
Arkansas	May-16	Jun-16	Dec-16	7.2%	0.8%	Apr-17	May-17	Dec-17	22.3%	9.1%
California										
Colorado										
Connecticut										
Delaware	Jul-18	Jul-18	Feb-19	11.9%	11.9%					
District of Columbia	Sep-18	Pending		7.4%						
Florida										
Georgia	Jun-17	Jul-17	Dec-17	24.4%	8.9%	Jun-18	Aug-18	Jan-19	17.1%	10.5%
Hawaii										
Idaho										
Illinois										
Indiana										
Iowa	Apr-18	May-18	Oct-18	25.3%	12.8%					
Kansas										
Kentucky	Jul-18	Oct-18	May-19	6.7%	7.6%					
Louisiana	Dec-17	Aug-18	Jan-19	7.9%	7.9%					
Maine										
Maryland	Jul-18	Dec-18	May-19	10.8%	7.6%					
Michigan	Mar-18	Apr-18	Feb-19	8.7%	8.7%					
Minnesota										
Mississippi	Mar-18	Oct-18	Mar-19	9.0%	9.0%					
Missouri	Apr-18	May-18	Nov-18	9.8%	7.2%					
Montana	Aug-18	Withdrawn		12.1%						
Nebraska	Jul-18	Oct-18	Apr-19	12.1%	12.1%					
Nevada										
New Hampshire										
New Mexico	Apr-18	May-18	Dec-18	32.0%	4.5%					
New York										
North Carolina	Apr-18	Pending		24.0%						
North Dakota	Jul-18	Aug-18	Feb-19	10.8%	10.8%					
Ohio	Apr-18	Withdrawn		6.2%		Jul-18	Pending		4.3%	
Oklahoma	Jul-18	Aug-18	Mar-19	5.9%	5.9%					
Oregon										
Pennsylvania	Aug-17	Nov-17	Apr-18	10.8%	10.8%	Jul-18	Sep-18	Apr-19	12.1%	7.9%
South Carolina	Aug-17	Oct-17	Feb-18	8.3%	8.3%	Jun-18	Aug-18	Feb-19	8.5%	5.7%
South Dakota	Jun-18	Aug-18	Feb-19	10.1%	10.1%					
Tennessee										
Texas										
Utah										
Vermont										
Virginia										
Washington										
West Virginia										
Wisconsin										
Wyoming	Mar-18	May-18	Dec-18	13.2%	13.2%					

***Rate increase phased-i**

****Rate increase phased-**

97059 Series In-Force Rate Increase Filing Status

	Fifth Round					
State	Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented	Cumulative Increase
Alabama						53.3%
Alaska						90.8%
Arizona						0.0%
Arkansas	May-18	Jun-18	Dec-18	14.4%	8.0%	29.6%
California						0.0%
Colorado						28.0%
Connecticut						0.0%
Delaware						58.7%
District of Columbia						10.0%
Florida						18.7%
Georgia						45.6%
Hawaii						0.0%
Idaho						49.7%
Illinois						80.6%
Indiana						0.0%
Iowa						49.0%
Kansas						46.4%
Kentucky						70.4%
Louisiana						50.9%
Maine						41.9%
Maryland						39.6%
Michigan						62.8%
Minnesota						27.2%
Mississippi						40.2%
Missouri						55.6%
Montana						47.5%
Nebraska						81.2%
Nevada						61.4%
New Hampshire						9.5%
New Mexico						26.2%
New York						0.0%
North Carolina						19.0%
North Dakota						43.9%
Ohio						36.8%
Oklahoma						39.8%
Oregon						29.0%
Pennsylvania						57.6%
South Carolina						49.5%
South Dakota						76.3%
Tennessee						55.6%
Texas						79.3%
Utah						10.0%
Vermont						0.0%
Virginia						0.0%
Washington						44.4%
West Virginia						44.5%
Wisconsin						27.7%
Wyoming						80.7%

***Rate increase phased-i**

****Rate increase phased-**

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 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.

In the Actuarial Memorandum, Section XV explains the methodology used to calculate the maximum allowable rate increase. Based on the conference call on 12/19/2017, the maximum allowable rate increase calculated was 49.9%. This filing was amended to propose an average rate increase of 49.6% in Virginia. Therefore, as stated in Section XVI of the Actuarial Memorandum, if future experience emerges as expected and the proposed increase is approved, there are no further rate increases planned on this block of business. This statement has been added to the policyholder letter.

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.

In the revised VA policyholder letter submitted in this filing, Question 2 of the Q&A lists all options available to 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 23, 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: 97059 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.

This increase will be taken over two years. This letter is for the first year of the increase. Your policy will receive two premium increases for an overall rate increase of 49.6%. Therefore, a premium increase will be applied and effective at your next policy renewal.

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.

Your Semi-Annual premium for June 3, 2020 will be $1,300.

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. If future experience emerges as expected, we do not anticipate seeking further rate increases from that which is specified in this rate increase notification letter.

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. If future experience emerges as expected, we do not anticipate seeking further rate increases from that which is specified in this rate increase notification letter.

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. If future experience emerges as expected, we do not anticipate seeking further rate increases from that which is specified in this rate increase notification letter. 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 "97059 VA Policyholder Letter" and "97059 VA Policyholder Letter in John Doe format". They are also highlighted in yellow.

Objection 1

- *97059 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 was also revised. The only changes were to section XV. Maximum Allowable Rate Increase, and since the indicated 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 59.8% to 132.9% 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 49.9%.*

Objection 1

- Policyholder Letter (Supporting Document)

Comments:
Under the Third Year Renewal Amount the Statement of Variability lists field "Policyholder Name". Please identify where this variable field appears in the form with respect to this section.

Form EXVA.1 has been corrected to add Policyholder Name, which can be found in the corrected header of pages 2 through 6. The SOV was also updated to remove the third year information since the current proposal is a rate increase over two years instead of the original proposal of 3 years. Description of Premium Mode was also corrected.

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 "97059 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 Letter (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

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: *2017 VA LTCI 97059 SERIES/*

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	97059 VA Policyholder Letter in John Doe Format	10/14/2019	97059 VA Policyholder Letter in John Doe format.pdf (Superceded)
08/02/2019	Withdrawn 10/16/2019	Form	EX VA POLICYHOLDER NOTIFICATION LETTER	10/14/2019	97059 VA Policyholder Letter.pdf (Superceded)
05/28/2019	Withdrawn 10/16/2019	Supporting Document	97059 VA Policyholder Letter in John Doe Format	08/12/2019	97059 VA Policyholder Letter in John Doe format.pdf (Superceded)
05/28/2019	Withdrawn 10/16/2019	Form	EX VA POLICYHOLDER NOTIFICATION LETTER	08/02/2019	97059 VA Policyholder Letter.pdf (Superceded)
01/15/2018	Withdrawn 10/16/2019	Supporting Document	L&H Actuarial Memorandum	08/01/2019	Virginia - Actuarial Memorandum and Certification.pdf (Superceded)
01/15/2018	Withdrawn 10/16/2019	Supporting Document	Policyholder Letter	08/02/2019	Nonforfeiture Letter.pdf VA Policy Schedule - After Dropping Rider.pdf VA Policy Schedule.pdf Statement of Variability for EXVA.1 Policyholder Letter.pdf (Superceded)

State Farm Mutual Automobile Insurance Company

May 23, 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: 97059 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.

This increase will be taken over two years. This letter is for the first year of the increase. Your policy will receive two premium increases for an overall rate increase of 49.6%. Therefore, a premium increase will be applied and effective at your next policy renewal.

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.

Your Semi-Annual premium for June 3, 2020 will be $1,300.

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
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- Elimination period: 90 days
- Inflation protection: Compound
- Non-Forfeiture rider: Yes

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.

Long-Term Care Insurance premium rates are not guaranteed. If future experience emerges as expected, we do not anticipate seeking further rate increases.

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.

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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. If future experience emerges as expected, we do not anticipate seeking further rate increases from that which is specified in your rate increase notification letter. 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.

This increase will be taken over <TOTAL YEARS> years. This letter is for the <YEAR> year of the increase. Your policy will receive <NUMBER OF INCREASES> premium increases for an overall rate increase of <OVERALL RATE INCREASE>%. Therefore, a premium increase will be applied and effective at your next policy <ANNIVERSARY OR RENEWAL>.

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.

<for YEAR TWO>
Your <MODE> premium for <RENEWAL DATE PLUS 12 MONTHS> will be $<SECOND YEAR RENEWAL AMOUNT>.

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>

<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.>

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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.

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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

May 23, 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: 97059 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.

This increase will be taken over two years. This letter is for the first year of the increase. Your policy will receive two premium increases for an overall rate increase of 49.6%. Therefore, a premium increase will be applied and effective at your next policy renewal.

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.

Your Semi-Annual premium for June 3, 2020 will be $1,300.

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

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.

Long-Term Care Insurance premium rates are not guaranteed. If future experience emerges as expected, we do not anticipate seeking further rate increases.

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.

State Farm Mutual Automobile Insurance Company

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. If future experience emerges as expected, we do not anticipate seeking further rate increases from that which is specified in your rate increase notification letter.

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. If future experience emerges as expected, we do not anticipate seeking further rate increases from that which is specified in your rate increase notification letter. 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

<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.

This increase will be taken over <TOTAL YEARS> years. This letter is for the <YEAR> year of the increase. Your policy will receive <NUMBER OF INCREASES> premium increases for an overall rate increase of <OVERALL RATE INCREASE>%. Therefore, a premium increase will be applied and effective at your next policy <ANNIVERSARY OR RENEWAL>.

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.

<for YEAR TWO>
Your <MODE> premium for <RENEWAL DATE PLUS 12 MONTHS> will be $<SECOND YEAR RENEWAL AMOUNT>.

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>

<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.>

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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. If future experience emerges as expected, we do not anticipate seeking further rate increases from that which is specified in your rate increase notification letter.

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

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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. If future experience emerges as expected, we do not anticipate seeking further rate increases from that which is specified in your rate increase notification letter. 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
BLOOMINGTON, ILLINOIS 61710
ACTUARIAL MEMORANDUM – RATE INCREASE

STATE FARM TAX QUALIFIED LONG TERM CARE INSURANCE POLICY FORM 97059 VA
SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORMS 99589 VA
COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99590
NON-FORFEITURE RIDER FORM 99591 VA

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 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: Policies written prior to November 8, 2008 ages 18 through 84
E. Average Issue Age of inforce policies: 55

III. APPLICABILITY

This filing is applicable to all in-force policies and associated riders issued in Virginia on the above referenced forms. The 97059 VA form was marketed in Virginia between August 1, 2004 and November 8, 2008. This form is no longer marketed in any state. As of the valuation date of December 31, 2016, there were 753 policies in force on this form in Virginia with an annualized premium of $1,316,756. As of the valuation date of December 31, 2016, there were 21,688 policies in force on this form nationwide with an annualized premium of $52,605,953.

IV. DESCRIPTION OF POLICY DESIGN AND COVERAGE

A. Form 97059 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, Home Modification, Durable Medical Equipment, 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. For policies without increase benefit riders, a policyholder is also eligible to purchase additional coverage following specific birthday milestones.

B. Optional Simple Automatic Increase Benefit Rider Form 99589 VA: provides inflation protection by giving a 5% simple automatic benefit increase for each policy year.

C. Optional Compound Automatic Increase Benefit Rider Form 99590: provides compound automatic benefit increases of 5% for each policy year.

D. Optional Shortened Benefit Period Non-forfeiture Rider Form 99591 VA: 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 lifetime loss ratios than expected. The higher loss ratios are primarily a result of lower voluntary lapse rates and lower mortality.

The table below compares the present value of future incurred losses using original morbidity assumptions and our current morbidity assumptions on a nationwide basis as outlined below in Section VI. No claim cost margins are included in the table. 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
763,540,985	865,224,838	1.13

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
Current 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 98.8%. The latest five years of experience show a lower actual to expected ratio than all years combined. As a result, we are proposing using a credibility weighted assumption using the past 5 years of actual experience that results in an ultimate claim cost level of 96.6% used in our projected experience.

Using the formula on page 22 of the American Academy of Actuaries Long-Term Care Credibility Monograph that takes into account claim variability, we calculated that we would need 2,618 number of claims to be fully credible. To date, we have had 344 claims on this block of business. Taking the square root of 344/2,618 results in an assignment of 36.3% credibility to State Farm experience. This is then applied to the past 5 years A to E of 90.6%. We assign the remaining 63.7% credibility to 100% of the 2011 Milliman claim costs. Combining the two results in our assumption of 96.6% of the 2011 Milliman claim costs.

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
2004	0.0%	2.0%	0.0%
2005	2.5%	2.4%	106.8%
2006	0.6%	3.0%	21.4%
2007	4.9%	3.6%	138.0%
2008	6.9%	4.2%	163.9%
2009	4.2%	5.4%	76.7%

2010	8.8%	6.9%	127.3%
2011	12.1%	8.8%	137.8%
2012	9.6%	11.0%	86.7%
2013	10.7%	13.7%	78.2%
2014	16.3%	17.0%	96.0%
2015	18.8%	20.6%	91.4%
2016	23.7%	24.8%	95.7%
Total	11.0%	11.2%	98.8%

No future morbidity improvement was assumed in these claim costs.

VII. MORTALITY ASSUMPTION

Original Assumptions
The mortality assumption used in initial pricing was 90% of the 83GAM table with no selection factors.

Current Assumptions
Sex distinct mortality is now 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.

Duration	Exposure	Actual Deaths	Expected Deaths Based on 2012IAM	Calculated Mortality Factor - As a % of 2012IAM
1	185,013	248	794	31%
2	164,807	444	825	54%
3	152,688	510	851	60%
4	142,703	539	874	62%
5	133,410	640	897	71%
6	125,584	622	922	67%
7	118,542	739	950	78%
8	110,348	790	967	82%
9	102,544	849	981	87%
10	95,216	916	995	92%
11	88,097	890	1,001	89%
12	79,525	904	986	92%
13	66,115	923	907	102%
14+	104,842	1,954	1,840	106%

Duration	Actual Deaths	Expected Deaths 90% of 83GAM	Actual to Expected 90% of 83GAM
1	248	974	25%
2	444	1,034	43%
3	510	1,089	47%
4	539	1,141	47%

5	640	1,194	54%
6	622	1,249	50%
7	739	1,311	56%
8	790	1,357	58%
9	849	1,398	61%
10	916	1,439	64%
11	890	1,466	61%
12	904	1,460	62%
13	923	1,350	68%
14+	1,954	2,701	72%

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 1.5%.

Current Assumptions
Current voluntary lapse rates are based on our nationwide long term care lapse experience. All policy forms are included for credibility purposes except for form 97045. 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	11.2%	9.5%*	1.18
2	107,901	5,809	5.4%	6.0%*	0.90
3	96,499	3,264	3.4%	3.5%*	0.97
4	86,944	2,337	2.7%	2.5%*	1.07
5	78,948	1,690	2.1%	1.5%	1.43
6	71,862	1,361	1.9%	1.5%	1.26
7	65,073	1,061	1.6%	1.5%	1.09
8	58,042	733	1.3%	1.5%	0.84
9	51,126	573	1.1%	1.5%	0.75
10	42,208	400	0.9%	1.5%	0.63
11	31,084	316	1.0%	1.5%	0.68
12+	43,787	288	0.66%	1.5%	0.44

*The original pricing lapse rates for the 97059 VA form vary by issue age for the first four durations.

Duration	Original Pricing Lapse Rate Issue Age <50	Original Pricing Lapse Rate Issue Age 50-59	Original Pricing Lapse Rate Issue Age 60-69	Original Pricing Lapse Rate Issue Age 70-79
1	9.5%	4.6%	4.3%	4.1%
2	6.0%	3.2%	3.2%	3.7%
3	3.5%	2.0%	1.9%	1.9%
4	2.5%	1.5%	1.5%	1.5%
5+	1.5%	1.5%	1.5%	1.5%

IX. SHOCK LAPSE ASSUMPTION

A shock lapse assumption of 3.01% after this proposed rate increase is included in our projections. Assumed lapse rates (see Section VIII) less than 3.01% are increased to 3.01% for the year following this rate increase. This assumption is based on lapse experience after rate increases implemented to date on policy form 97059 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 97059 policy series as of June 30, 2017.

Number of Policyholders Receiving Rate Increase	Number of Policyholders Lapsing After Rate Increase	Lapse Rate
33,385	1,005	3.01%

X. HISTORY OF RATE ADJUSTMENTS

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

XI. MINIMUM LIFETIME LOSS RATIO

Policies written 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.

XII. PAST, ANTICIPATED AND LIFETIME LOSS RATIO

Past and projected nationwide and Virginia experience are shown in the projection exhibits attached to this filing. 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 XV and section XVIII 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	507,352,784	507,352,784	52,608,798	10.4%	10.4%
Anticipated	415,316,094	563,216,973	951,747,322	229.2%	169.0%
Lifetime	922,668,878	1,070,569,757	1,004,356,120	108.9%	93.8%

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.

- 10% increase in claim costs
- 100 basis point drop in investment income
- Non-commission renewal expenses increase by 50%
- 20% drop in mortality rate
- 50% drop in voluntary lapse rate assumption in every duration

Mortality
From Section VII above, actual deaths are approximately 40% 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
We are currently projecting a 0.66% ultimate lapse rate. This is less than 1/2 of the originally priced ultimate lapse rate of 1.5%. 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.

As shown above, the original pricing moderately adverse assumptions have been breached 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

922,668,878*.58 + 0*.85 = 1,004,356,120

This methodology results in an indicated average rate increase of 59.8%.

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

Based on the conference call on 12/19/2017, the maximum average allowable rate increase was calculated so that the rate increase is less than:

(a) The accumulated value of incurred claims (1,004,356,120) divided by
(b) The lifetime loss ratio consistent with the original filing including margins for moderately adverse experience (72.6%)

which is then divided by

(c) The accumulated value of original premium (922,668,878)

will give us the maximum average amount of increase we can ask for without recouping any past losses.

Therefore, the maximum average amount of increase we can propose is 49.9%.

Since Methodology 2 is more restrictive, it will be used to justify the rate increase.

XVI. SUMMARY OF PROPOSED RATE INCREASE

We are proposing an average rate increase of 45.9% based on the nationwide distribution of business. This results in an average increase of 49.6% in Virginia reflecting differences between the Virginia and nationwide distribution of business.

The proposed increase will vary by benefit period and inflation protection and will range from 0% to 40% over the first year and 0 to 16.4% over the second year. 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.

If future experience emerges as expected, there are no further rate increases planned on this block of business.

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 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

The average annual premium for these forms and associated riders before and after the rate increase is shown below:

Average Premium	Current	Increase 1	Increase 2
Virginia	$1,751	$2,345	$2,620
Nationwide	$1,629	$2,157	$2,376

The average and cumulative increase in Virginia is shown below:

	Virginia - Average	Virginia - Cumulative	Range
Increase 1	33.9%	33.9%	0-40%
Increase 2	11.7%	49.6%	0-16.4%

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 99591 VA 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.

XVII. 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.

XVIII. OTHER CONSIDERATIONS

Policy design, underwriting and claims adjudication practices have been taken into consideration.

XIX. CONTINGENT BENEFIT UPON LAPSE

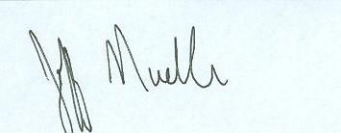
The proposed increase will trigger the contingent non-forfeiture benefit upon lapse for certain policyholders. The number of additional policyholders eligible each round of increases is shown below.

	Number of Newly Eligible Policyholders Each Round
Increase 1	4
Increase 2	28

XX. CERTIFICATION

I certify that to the best of my knowledge this rate filing is in compliance with the applicable laws and rules of your state, and 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, I certify that no premium rate schedule increases are anticipated if the requested premium rate schedule is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.



_____ January 30, 2018

Jeff Mueller, FSA, MAAA Date

STATEMENT OF VARIABILITY

Long Term Care Insurance Policy
Form EXVA.1
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.

[TOTAL YEARS]: This will be either one year, two years, three years, four years, or five years.

[YEAR]: This will be either first, second, third, fourth, or fifth year of the increase.

[NUMBER OF INCREASES]: This will be either one year, two years, three, four, or five years.

[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.

[for YEAR TWO]: Second year of increase.

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

[CURRENT YEAR PLUS 12 MONTHS]: Current year of the increase plus 12 months.

[SECOND YEAR RENEWAL AMOUNT]: Amount of premium based on selections made for coverage.

[for YEAR THREE]: Third year of increase.

[CURRENT YEAR PLUS 24 MONTHS]: Current year of the increase plus 24 months.

[THIRD YEAR RENEWAL AMOUNT]: Amount of premium based on selections made for coverage.

[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.