Filing at a Glance

Company:	Transamerica Premier Life Insurance Company
Product Name:	TPLIC RINC 2017 LEGACY
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Rate
Date Submitted:	11/16/2017
SERFF Tr Num:	AEGB-131271280
SERFF Status:	Closed-Approved and Filed
State Tr Num:	AEGB-131271280
State Status:	Approved & Filed
Co Tr Num:	TPLIC RINC 2017 LEGACY
Implementation Date Requested:	On Approval
Author(s):	Suzanne Schaake, Laura Aleman, Daniel Anderson
Reviewer(s):	Bobby Toone (primary)
Disposition Date:	06/18/2020
Disposition Status:	Approved and Filed
Implementation Date:	

State:	*Virginia*	**Filing Company:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

General Information

Project Name: TPLIC RINC 2017 LEGACY
Project Number: H2015RINC
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date: 04/19/2020
Submitted By: Dianna Whitney

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 06/25/2020
State Status Changed: 06/30/2020
Created By: Dianna Whitney
Corresponding Filing Tracking Number: AEGB-131269062
State TOI: LTC03I Individual Long Term Care

Filing Description:
Individual Long Term Care Insurance
New Submission - Rate Increase Request
Revised Rates for policy forms: ML-LTCP TQ (VA) 197, et al

Dear Commissioner:

Enclosed for your formal review and approval are revised actuarial memorandum and rates.

Please refer to the enclosed letter from our actuary for detailed information regarding the rate increase request.

Please accept this letter as certification that we are no longer selling these policy forms. The policy forms affected by this rate revision are as follows:

Form Numbers
ML-LTCP TQ (VA) 197
ML-LTCP COM TQ (VA) 898
FTQ (VA) 197
LTC 5 TQ (VA) 600

Please be advised that a corresponding individual Long Term Care Insurance policy form filing is being filed concurrent and under separate cover on SERFF, file no. AEGB-131269062. The forms filed are to be used during our rate increase process for previously approved policies receiving a rate increase. When the policyholder receives notice of a premium rate increase they will be given the option to offset the increase and lower their premium by reducing the percentage of their current Benefit Increase Option benefit. Please see the actuarial filing cover letter and memorandum for the details.

Your review and approval of this submission will be greatly appreciated. If you have any questions, or need additional information, please call me at (972) 881-6309. My email address is dianna.whitney@transamerica.com.

Sincerely,

Dianna Whitney
Senior State Filing Analyst

State:	*Virginia*	**Filing Company:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Company and Contact

Filing Contact Information

Dianna Whitney,
2700 West Plano Parkway
Plano, TX 75075

dianna.whitney@transamerica.com
972-881-6309 [Phone]

Filing Company Information

Transamerica Premier Life Insurance Company
4333 Edgewood Road NE
Cedar Rapids, IA 52499
(319) 355-7888 ext. [Phone]

CoCode: 66281
Group Code: 468
Group Name: TPLIC
FEIN Number: 52-0419790

State of Domicile: Iowa
Company Type: Life & Health
State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State: Virginia
Filing Company: Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Bobby Toone	06/18/2020	06/25/2020

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bobby Toone	03/27/2020	03/27/2020
Info has been requested from company	Bobby Toone	03/09/2020	03/09/2020
Info has been requested from company	Bobby Toone	02/13/2020	02/13/2020
Info has been requested from company	Bobby Toone	10/31/2019	10/31/2019
Info has been requested from company	Bobby Toone	04/16/2019	04/16/2019
Info has been requested from company	Bobby Toone	03/25/2019	03/25/2019
Info has been requested from company	Bobby Toone	03/18/2019	03/18/2019
Info has been requested from company	Bobby Toone	02/28/2019	02/28/2019
Info has been requested from company	Bobby Toone	10/31/2018	10/31/2018
Info has been requested from company	Janet Houser	12/06/2017	12/06/2017

Response Letters

Responded By	Created On	Date Submitted
Laura Aleman	03/30/2020	03/30/2020
Laura Aleman	03/20/2020	03/20/2020
Laura Aleman	03/02/2020	03/02/2020
Laura Aleman	11/07/2019	11/07/2019
Daniel Anderson	04/17/2019	04/17/2019
Dianna Whitney	04/24/2019	04/24/2019
Dianna Whitney	04/17/2019	04/17/2019
Daniel Anderson	03/29/2019	03/29/2019
Dianna Whitney	12/13/2018	12/13/2018
Daniel Anderson	02/02/2018	02/02/2018

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	FAQ	Laura Aleman	06/12/2020	06/12/2020
Form	Rate increase notification letter	Laura Aleman	06/12/2020	06/12/2020
Supporting Document	Sample RINC Correspondence	Laura Aleman	06/12/2020	06/12/2020
Supporting Document	Sample RINC Correspondence	Laura Aleman	02/13/2020	02/13/2020
Supporting Document	Statement of Variability	Laura Aleman	11/07/2019	11/07/2019
Form	Quote Request	Dianna Whitney	10/01/2019	10/01/2019
Form	Quote Sheet	Dianna Whitney	10/01/2019	10/01/2019

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Contact Information	Note To Reviewer	Laura Aleman	02/06/2020	02/06/2020
Current Contact Info.	Note To Filer	Bobby Toone	02/06/2020	02/06/2020
Thank you!	Note To Reviewer	Dianna Whitney	11/22/2017	11/22/2017
Thanks!!!	Note To Filer	Janet Houser	11/22/2017	11/22/2017
AEGB-131269062	Note To Reviewer	Dianna Whitney	11/22/2017	11/22/2017
AEGB-131269062	Note To Filer	Janet Houser	11/22/2017	11/22/2017
RRS	Reviewer Note	Bobby Toone	10/15/2018	

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

Disposition

Disposition Date: 06/18/2020
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 reports for the next 3 years comparing the actual results to the results that the company projected in justifying the rate increase. We would expect the first of the three experience report filings to be made no later than 15-18 months after implementation, capturing a full 12 months of experience following the rate implementation, and including 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):
Transamerica Premier Life Insurance Company	477.400%	92.000%	$920,010	497	$1,000,011	92.000%	92.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Cover Letter	Received & Acknowledged	Yes
Supporting Document	Current Rates	Received & Acknowledged	Yes
Supporting Document	Response to 12/06/2017 Objection	Received & Acknowledged	Yes
Supporting Document	objection 02282019	Received & Acknowledged	Yes
Supporting Document	response to 04/16/2019 objection	Received & Acknowledged	Yes
Supporting Document (revised)	Statement of Variability	Received & Acknowledged	Yes
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document (revised)	Sample RINC Correspondence	Received & Acknowledged	Yes
Supporting Document	Sample RINC Correspondence	Withdrawn	No

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Sample RINC Correspondence	Withdrawn	No
Supporting Document	Sample RINC Correspondence	Withdrawn	No
Supporting Document	Sample RINC Correspondence	Withdrawn	No
Form (revised)	Rate increase notification letter	Filed	Yes
Form	Rate increase notification letter		Yes
Form (revised)	FAQ	Filed	Yes
Form	FAQ		Yes
Form (revised)	Quote Sheet	Approved	Yes
Form	Quote Request	Approved	Yes
Form	Rate increase notification letter		No
Form	Rate increase notification letter		No
Form	Rate increase notification letter		No
Form	FAQ		No
Form	FAQ		No
Form	Quote Sheet		No
Form	Quote Sheet		No
Form	Quote Sheet		No
Form	Quote Sheet		No
Rate (revised)	long term care rates	Approved	Yes
Rate (revised)	long term care rates	Approved	Yes
Rate	long term care rates	Approved	Yes
Rate (revised)	long term care rates	Approved	Yes
Rate	long term care rates	Approved	Yes
Rate	long term care rates	Approved	Yes
Rate (revised)	long term care rates	Approved	Yes
Rate	long term care rates	Approved	Yes
Rate	long term care rates	Withdrawn	No
Rate	long term care rates	Withdrawn	No
Rate	long term care rates	Withdrawn	No
Rate	long term care rates	Withdrawn	No

State:	*Virginia*	**Filing Company:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/27/2020
Submitted Date	03/27/2020
Respond By Date	04/26/2020

Dear Dianna Whitney,

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

- Quote Sheet, RINC 2018 QS VA (Form)

Comments: On page 6 of the Quote Selection Sheet, the last paragraph states," We cannot cancel your policy as long as you pay the required premium on or before the premium due date. This sentence can be misleading because it doesn't refer to the grace period the policyholder has in which to pay their premium. Please revise this to include a reference to the grace period.

Objection 2

- Statement of Variability (Supporting Document)

Comments: Items 104 and 105 of the SOV refer to Option 6 when the previous items were referring to Option 3. Please verify if this is simply a typographical error and make the necessary revisions.

Conclusion:

We will 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:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/09/2020
Submitted Date	03/09/2020
Respond By Date	04/08/2020

Dear Dianna Whitney,

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

- Quote Sheet, RINC 2018 QS VA (Form)

Comments: The entire section of the Quote Selection Sheet from page 4 though page 6 cannot be listed as variable. Each separate item that is subject to change should be bracketed and described in the Statement of Variability, to include potential language, language omission, and or the reason for the variability.

Conclusion:

We will 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.

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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:**	Transamerica Premier Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	TPLIC RINC 2017 LEGACY		
Project Name/Number:	TPLIC RINC 2017 LEGACY/H2015RINC		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/13/2020
Submitted Date	02/13/2020
Respond By Date	03/14/2020

Dear Dianna Whitney,

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

- Rate increase notification letter, RINC 2018 LTR VA (Form)

Comments: 14VAC5-100-50 2 requires that the full and proper corporate name must appear prominently on any form. We still have a concern about the prominence of the Corporate name in the line just above the insured's name. If the name were in bold print, that would satisfy our concern.

Objection 2

- Rate increase notification letter, RINC 2018 LTR VA (Form)

Comments: On the line above the Insured's name, the reference to certificate is inappropriate in an individual policy. Please remove "certificate".

Objection 3

- Rate increase notification letter, RINC 2018 LTR VA (Form)

- FAQ, RINC 2018 FAQ VA (Form)

- Quote Sheet, RINC 2018 QS VA (Form)

Comments: The variability in several sections of these listed forms includes instructions, such as: "[Add the following language for states with phased implementations]." The variable language between the sets of instructions should be shown as variable, with brackets at the beginning of the passage ("The rate increase is the first...") and the end ("...your premiums will be adjusted accordingly").

Please revise the Statement of Variability to describe how the variable fields are subject to change from the text as stated.

Objection 4

- Rate increase notification letter, RINC 2018 LTR VA (Form)

Comments: 14VAC5-200-75 A 2 requires that the policyholder letter advise the insured that there may be premium revisions in the future and what their options may be in the event of future increases. The section of the letter pertaining to phased implementations contains a statement to that effect. However, that section is meant to be variable and may be removed from the letter. Please locate this statement to a section of the letter not subject to variability.

Objection 5

- Rate increase notification letter, RINC 2018 LTR VA (Form)

Comments: In the first sentence of paragraph 4, on page 2, the abbreviation [BIO] is shown in brackets. Is this meant to designate that this is variable, or should parentheses be there to denote the abbreviation of Benefit Increase Option?

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Objection 6

- Statement of Variability (Supporting Document)

Comments: Please update the Statement of Variability to include any revisions that have been made to the Policyholder Letter.

Objection 7

- Statement of Variability (Supporting Document)

Comments: Please expand the SOV to show how variable fields are subject to change. For example; "Policyholder name and address are bracketed to show the name and address for each policyholder.

Objection 8

- Statement of Variability (Supporting Document)

Comments: For clarity, please put the company name at the top of the Statement of Variability.

Objection 9

- FAQ, RINC 2018 FAQ VA (Form)
- Quote Sheet, RINC 2018 QS VA (Form)

Comments: The Statement of Variability (SOV) states that the customer service phone number is intended to be variable. As such, the phone number on page 2, paragraph 4, should be bracketed.

This objection also applies to form RINC 2018 QS VA in all cases where the telephone number is not bracketed.

Objection 10

- Quote Sheet, RINC 2018 QS VA (Form)

Comments: Please advise what will appear in the fields related to Community Based Services on the bottom of the first page.

Objection 11

- Quote Sheet, RINC 2018 QS VA (Form)

Comments: On page 2, paragraph 6, under the heading Reduced Premium Quote, the language seems a bit confusing. To make it clearer, we might suggest the following:

1) Insert the word "new" between "your" and "increased"
2) Remove the commas from the sections starting with "Increased Premium" and " Reduced Premium".

Conclusion:

We will 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:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/31/2019
Submitted Date	10/31/2019
Respond By Date	11/30/2019

Dear Dianna Whitney,

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

- Rate increase notification letter, TPLIC LTC (VA) Legacy 1118 (Form)

Comments: 1) Please change the corporate name to Transamerica Premier Life Insurance Company on this and any other form included in the filing, in accordance with 14VAC5-100-50 2.

2) After the initial use of the full and proper corporate name, the letter refers to the shortened name Transamerica. For purposes of clarity we recommend that the full name of the company at the end of the first sentence of the letter be revised to state Transamerica Premier Life Insurance Company (Transamerica Premier).

3) The statement, Please be aware that not all options are equal, and some will impact your coverage and premium more than others is a disclosure statement required by 14 VAC 5-200-75 D 2 b, and it should appear prominently in comparison to other text.

4) 14 VAC 5-200-75 A 4 b provides that the letter should contain a statement that the insured has a right to a revised premium rate or rate schedule if the premium rate or rate scheduled is changed.

5) In our review of variability, we noted the use of two different types of brackets:
a) standard brackets ([ ])
b) italicized brackets (not compatible with SERFF)
Please use the standard brackets ([ ]) as described in the SERFF instructions. If you are using different types of brackets to denote different meanings, please describe in detail in the Statement of Variability.

6) For clarity and consistency, please use one format when showing variability for dates, if possible.

7) On page 1, in the second paragraph, the bracketed phrase [mode monthly or annual or ____] should show the policyholders payment mode. Please include all payment modes available in the SOV.

8) In the fourth paragraph of page 1, the sentence ending with, receiving the rate increase notification letter, seems to indicate there may be another letter notifying of the rate increase. Isnt this the rate increase notification letter? If so, would it be clearer to say, this letter?

9) We note form TPLIC LTC (VA) Legacy 1118 does not provide an explanation or reminder of what the Benefit Increase Option is, which potentially complicates understanding. Please include either a brief explanation of the BIO similar to language used in the Quote Selection Sheet or refer the reader to the explanation.

10) On page 2, the fifth paragraph, under the Available Options heading, two of the options include both reducing the BIO and removing it. For clarity, please describe the effects each of these options will have the following scenarios:
A) If you reduce the BIO:
1) What will happen to any accumulated increases?
2) At what rate will the increases continue to accumulate?
3) What will be the effect on the premium?

B) If you remove the BIO:
1) What will happen to any accumulated increases?
2) What will be the effect on the premium?

11) We called the customer service telephone number appearing on Page 3 in the last paragraph and noted that the phone message does not identify Transamerica Life Insurance Company in any way, nor is there an option to leave a message. This does not seem to satisfy the intent expressed in the letter. Is it your plan to expand the service capability? This also applies to RINC 2018 QS VA.

12) Item 15 in the SOV states that the Quote Sheet and Quote request are bracketed for enclosures. The Benefit Reduction Options Quote Selection Sheet is identified as being a part of the policyholder letter. Further, the letter states without variability that a quote sheet will be enclosed. Please advise how this information is subject to change.

13) The statement We cannot cancel your policy as long as you pay the required premium on or before the premium due date should be expanded to include or during the grace period. This objection also applies to form RINC 2018 FAQ VA.

14) With respect to 14 VAC 5-200-75 D 4, form TPLIC LTC (VA) Legacy 1118 refers to Virginia Bureau of Insurance. For consistency, please refer to the State Corporation Commission, as it more closely mirrors the regulation.

15) Please advise if the contact telephone number and hours of operation are intended to be variable. If so, those fields should be bracketed and the SOV should be revised to state such. This question also applies to similar language in forms RINC 2018 FAQ VA and RINC 2018 QS VA.

Conclusion:

We will 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,

State:	*Virginia*	**Filing Company:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Bobby Toone

State:	*Virginia*	**Filing Company:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/16/2019
Submitted Date	04/16/2019
Respond By Date	05/16/2019

Dear Dianna Whitney,

Introduction:

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

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please provide the active life reserve balance on a nationwide basis as of the projection date (9/30/2016) split by pre-stability and post-stability.

2. We are still awaiting the response to the previous request #5 as follows: Please provide Exhibit VI (projections based on original assumptions) in a calendar year format with actual policies issued. Please provide as an Excel spreadsheet.

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:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/25/2019
Submitted Date	03/25/2019
Respond By Date	04/24/2019

Dear Dianna Whitney,

Introduction:

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

- Rate increase notification letter, TPLIC LTC (VA) Legacy 1118 (Form)

Comments: The following areas need brackets around the actual text to show the variability;

a) both paragraphs referring to policies with BIO

b) the section on phased implementations, starting with "This rate increase.." and ending with "... adjusted accordingly"

i) The section labeled Month/Year should have brackets around the dates, since those dates will change from what's shown now.

c) the section on Partnership policies. Please explain why the phrase beginning with "provided by your state's..." is printed in red.

For every place there is a [url.com], replace that with the actual working company web address. It can still be bracketed in case it changes in the future.

For convenience, we would suggest putting brackets around the name of the person signing the letter.

Objection 2

- Rate increase notification letter, TPLIC LTC (VA) Legacy 1118 (Form)

Comments: On page 1 and page 2 of the letter there are sections with language for policies with a Benefit Increase Option (BIO). It would seem those sections could be combined into 1 section, for clarity.

On page 2, the "BIO" section states, " You can only exercise this option within 120 days of receiving the rate increase notification letter." Please explain why this option would only be available during a rate increase and not at any time the policyholder wishes to reduce premiums.

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.

State:	*Virginia*	**Filing Company:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/18/2019
Submitted Date	03/18/2019
Respond By Date	04/17/2019

Dear Dianna Whitney,

Introduction:

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

- Rate increase notification letter, TPLIC LTC (VA) Legacy 1118 (Form)

Comments: It appears that the Rate Increase Notification Letter for this filing is the same as the letter in AEGB-131269061. If they are the same and the company's intention is to use the same letter for both filings then please withdraw the letter from one of the filing.

Once the letter is withdrawn, please revise the Actuarial Memorandum, of the filing that withdrew the letter, noting that the letter would be used for both filings. For example, if the letter is withdrawn from AEGB-131269061, revise that Actuarial Memorandum with a statement referring to AEGB-131271280 for review of the Rate Increase Notification Letter.

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:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

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 Dianna Whitney,

Introduction:

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

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. The morbidity assumption is based on internal Company experience. In order to understand the credibility of Company experience, please provide claim counts for the affiliate company. In cases where the data is only partially credible, please indicate what alternate sources are used to determine assumptions.

2. Please provide details of the voluntary lapse rate assumption.

3. The Companys previous responses indicate that the ALR assumption basis and calculation model have been changed over time. If possible, please provide what the ALR would have been at the projection date under original calculation assumptions.

4. Please amend Exhibit IV to include the cumulative average approved rate increase for each state including all prior approved increases. Please provide as an Excel spreadsheet.

5. Please provide Exhibit VI in a calendar year format with actual policies issued. Please provide as an Excel spreadsheet.

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:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/31/2018
Submitted Date	10/31/2018
Respond By Date	

Dear Dianna Whitney,

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

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

oThe policyholder notifications regarding rate increases is required to be filed with the commission at the time the premium rate increase is filed and must include the following;
oThe insurer is required to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase per 14VAC5-200-75 D;
o14VAC5-200-75 A 1 which requires a statement indicating the policy may be subject to future rate increases;
o14VAC5-200-75 A 2 which requires a statement that should there be future rate increases, options like those being offered now will be available and that benefits may be changed at any time and not just the time of a rate increase;
[SUGGESTED WORDING]: In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing your coverage and premiums, per the provisions of your policy.
o14VAC5-200-75 A 3 which requires a statement indicating the premium rate or rate schedules that will be effect;
o14VAC5-200-75 A 4 (a.) at which requires a description of when the premium rate or rate schedule adjustments will be effective; and (b.) which requires a statement that the insured has a right to a revised premium rate or rate schedule upon request.
oA clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:
An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;
A disclosure stating that all options available to the policyholder may not be of equal value. As a disclosure, this information should be emphasized by bolding, highlighting, using larger text or some other method that will bring attention to it;
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. As stated above, the information should be emphasized to bring attention to it; and
Contact information that will allow the policyholder to contact the insurer for additional options available;
oA clear identification of the driving factors of the premium rate increase; and
oA statement substantially like the following:
The rate increase request was reviewed by Virginias 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.

oBecause the letter must be "filed", please attach the letter to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance. The letter will require a form number in the lower left-hand corner. Please ensure the full and proper corporate name of the insurer prominently appears in the letter. Please include a Statement of Variability, if applicable.

State:	Virginia	**Filing Company:**	Transamerica Premier Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	TPLIC RINC 2017 LEGACY		
Project Name/Number:	TPLIC RINC 2017 LEGACY/H2015RINC		

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:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/06/2017
Submitted Date	12/06/2017
Respond By Date	

Dear Dianna Whitney,

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 rates , [FTQ (VA) 197] (Rate)
- long term care rates, [FTQ (VA) 197 with rider CBIOR 196] (Rate)
- long term care rates, [FTQ (VA) 197 with rider FHCCRTQ (VA) 197] (Rate)
- long term care rates, [FTQ (VA) 197 with rider SBIOR 196] (Rate)
Comments: We have the following concerns with the rate attachments:

1) Please remove FTQ (VA) 197 from line item one. Only the rate factors for the rider CBIOR 196 should be attached. Rates for the base policy FTQ (VA) 197 are attached on line item 3.

2) Please remove FTQ (VA) 197 from line item 2 and only attach the rates the rider FHCCRTQ (VA) 197. Again the base factors for the policy are attached in item 3. This objection would also apply to line item 4 and only the rider SBIOR 196 and its rates should be attached.

3) Please remove the affected form number ML-LTC TQ(VA) 197 from line item 7 and only include the rider number ML-LTRCR TQ 197 and its corresponding rates.

4) We are unable to verify when form ML-LTCP COM TQ (VA) 898 was approved. Please provide a copy of the approval.

5) There is a nonforfeiture factor attached to the rate pages for FTQ (VA) 197 and LTC 5 TQ(VA)600. Please confirm this is an optional benefit included in the policy and is not a separate rider or form number.

6) The rate attachment for ML- LTC TQ (VA) 197 includes rates based on No BIO, Simple BIO, and Compound BIO. Are the Simple BIO and Compound BIO separate form numbers from the base policy or included as an option within the policy. There are also rates for a Shortened Benefit Period Rider and Guaranteed Purchase Option Rider. Those form numbers should be added as Affected Form numbers in the Rate/Rule Schedule.

Objection 2

- long term care rates , [FTQ (VA) 197] (Rate)
- long term care rates, [LTC 5 TQ (VA) 600] (Rate)
- long term care rates, [ML-LTCP TQ (VA) 197] (Rate)
- long term care rates, [ML-LTCP COM TQ (VA) 898] (Rate)
- long term care rates, [FTQ (VA) 197 with rider CBIOR 196] (Rate)
- long term care rates, [FTQ (VA) 197 with rider FHCCRTQ (VA) 197] (Rate)
- long term care rates, [FTQ (VA) 197 with rider SBIOR 196] (Rate)

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

- long term care rates, [ML-LTCP TQ (VA) 197 with rider ML-LTCR TQ 197] (Rate)

Comments: According to Attachment B and our records, a rate increase of 72.8% was approved 1/10/2007. Please revise the Rate/Rule Schedule to reflect the overall Percentage of the Last Rate Revision to reflect this increase, the Effective Date of the Last Rate Revision, and Filing Method of the Last Filing (paper).

Please amend the Rate Action Column to reflect 7/27181 as the previous state filing number and add the Percent Rate Change Request currently being proposed for each form.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) For our purposes, data from an affiliated company may not be included in the experience and projections for demonstrating compliance with loss ratio requirements. Such information, however, may be acceptable in regards to determining the credibility of such data. So that the Bureau may evaluate this information, please explain in detail exactly how credibility was determined, the reliance upon such data, and its impact on the exhibits. As a result, please revise Exhibit III to include projections that demonstrate the calculation of the anticipated future and lifetime loss ratios based on the Company's nationwide experience only and excluding any affiliated data.

2) According to General Information in SERFF, these forms are no longer being sold. 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. If these 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.

Experience exhibits should include the earned premiums, paid claims, incurred claims and loss ratio for each calendar year from the date of the forms inception through the most recent date that information is available. Separate exhibits, and projections thereof, should be provided based on the Virginia only and national data for both pre and post stability business. We are unable to locate any such Virginia exhibits. Exhibits should only include experience based on forms for which there are current Virginia policyholders.

In addition, please provide the following:

3) Restate the nationwide experience using Virginia approved rates.

4) 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.

5) Please provide an actual-to-expected analysis on each assumption, with expected on both original and current assumption basis.

6) Please provide a step-by-step quantification of the impact of the change in each assumption from the original assumptions to the current assumptions.

7) Please use the average maximum statutory valuation interest rate for each block of business to accumulate and discount cash flows.

8) Please provide sufficient detail or documentation provided so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas.

9) 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 as if no increases had ever been implemented.

10) 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.

11) 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.

12) Please provide a detailed explanation of the data sources and actuarial review performed in setting each assumption, including discussion of any adjustments made to reflect the company's unique business.

13) Please provide the reserve basis and justification for the reserve levels provided.

14) For the post stability block only:

a) 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.

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

c) The Company has stated that it is requesting a lower rate increase than required by 14VAC5-200-153 B2 for certification. 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?

15) For the pre-stability block, for each projection provided, please provide the anticipated future 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.

16) Please demonstrate that the Benefit Increase Option that will be offered are actuarially equivalent to the requested rate increase. Also, since we are concerned with policyholder equity, please provide several examples (including outliers) of the variability in the relative present value of each option available in lieu of increase from the individual policyholder perspective.

17) 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.

18) In lieu of a single increase, the Bureau may approve a series of scheduled rate increases that are actuarially equivalent to the single amount requested by the insurer over the lifetime of the policy. The entire series would be approved at one time as part of the current increase filing. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required to include contingent benefit upon lapse at the time of each scheduled increase. If the company is agreeable to this, what implementation schedule would

be offered?

Objection 4

- Cover Letter (Supporting Document)

Comments: According to the Cover Letter a contingent nonforfeiture benefit, more generous than that required by NAIC Long-Term Care Insurance Model Regulation, will be offered to all insurance insureds in addition to downgrade options. Please be aware The Virginia State Corporation Commission adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commissions website at http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748.

As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. A summary of the new requirements are:

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

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

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

1. All applicable information identified in 14VAC5-200-75 including A 1 which requires a statement indicating the policy may be subject to future rate increases; A 2 which requires a statement that should there be future rate increases, options similar to those being offered now will be available and that benefits may be changed at any time and not just the time of a rate increase; A 3 which requires a statement indicating the premium rate or rate schedules that will be effect; A 4 at which requires a statement as to when the premium rate or rate schedule adjustments will be effective; and A 4 b which requires a statement that the insured has a right to a revised premium rate or rate schedule upon request.
2. A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:
a. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;
b. A disclosure stating that all options available to the policyholder may not be of equal value. As a disclosure this information should be emphasized by bolding, highlighting, using larger text or some other method that will bring attention to it;
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. As stated above, the information should be emphasized to bring attention to it; and
d. Contact information that will allow the policyholder to contact the insurer for additional options available;
3. A clear identification of the driving factors of the premium rate increase; and
4. A statement substantially similar to the following:

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

Because the letter must be "filed", please attach the letter to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance. The letter will require a form number in the lower left hand corner. Please ensure the full and proper corporate name of the insurer prominently appears in the letter. Please include a Statement of Variability, if applicable.

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

It is our understanding this letter may be submitted under AEGB-131269062 which should be filed shortly.

Objection 5

- Cover Letter (Supporting Document)

Comments: Please explain how a policy is updated to reflect any benefit changes the insured may choose to reduce the effects of the rate increase. If the policy is revised or changed in any way, the policyowner must first agree to the changes and the policy must be amended or endorsed by an approved form such as a rider, endorsement, application or schedule of benefits that has been reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval. If the company does not have any available documents to effectuate such changes, a form will need to be submitted for review and approval. It can be attached to this filing if desired. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms including the contingent benefit upon lapse and/or optional nonforfeiture benefit. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as a readability certification in accordance with 14VAC5-110-60.

Objection 6

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

Comments: Please amend the form to include all the form numbers as provided on the Rate/Rule Schedule.

Please expand the narrative to explain in consumer friendly language the drivers of the rate increase. The explanation, however, does not clearly identify the drivers of the rate request. In other words, what caused claims levels to be higher than originally anticipated when the policy was priced. Below is an example of such wording that may be more consumer friendly and easier to understand:

"Rates are being raised on all policies like yours to pay for anticipated claims that are higher than expected. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. This premium increase is designed to offset some of these anticipated costs and in no way reflects on the integrity of your policy, nor is it based on your individual claims history, age, health status, or any other personal factor."

Objection 7

- long term care rates , [FTQ (VA) 197] (Rate)
- long term care rates, [LTC 5 TQ (VA) 600] (Rate)
- long term care rates, [ML-LTCP TQ (VA) 197] (Rate)
- long term care rates, [ML-LTCP COM TQ (VA) 898] (Rate)
- long term care rates, [FTQ (VA) 197 with rider CBIOR 196] (Rate)
- long term care rates, [FTQ (VA) 197 with rider FHCCRTQ (VA) 197] (Rate)
- long term care rates, [FTQ (VA) 197 with rider SBIOR 196] (Rate)
- long term care rates, [ML-LTCP TQ (VA) 197 with rider ML-LTCR TQ 197] (Rate)

Comments: In lieu of a single increase, the Bureau may approve a series of scheduled rate increases that are actuarially equivalent to the single amount requested by the insurer over the lifetime of the policy. The entire series would be approved at one time as part of the current increase filing. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required to include contingent benefit upon lapse at the time of each scheduled increase. If the company is agreeable to this, what implementation schedule would be offered?

State:	Virginia	**Filing Company:**	Transamerica Premier Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	TPLIC RINC 2017 LEGACY		
Project Name/Number:	TPLIC RINC 2017 LEGACY/H2015RINC		

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/30/2020
Submitted Date	03/30/2020

Dear Bobby Toone,

Introduction:

Thank you for your letter dated 3/27/20.

Response 1

Comments:

I have revised page 6 to reference the grace period in the sentence: We cannot cancel your policy if you pay the required premium on or before the premium due date or during the grace period.

The John Doe version has also been updated.

Related Objection 1

Applies To:

- Quote Sheet, RINC 2018 QS VA (Form)

Comments: On page 6 of the Quote Selection Sheet, the last paragraph states," We cannot cancel your policy as long as you pay the required premium on or before the premium due date. This sentence can be misleading because it doesn't refer to the grace period the policyholder has in which to pay their premium. Please revise this to include a reference to the grace period.

Changed Items:

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Sample RINC Correspondence
Comments:	
Attachment(s):	RINC 2018 QR VA John Doe TPLIC.pdf RINC 2018 LTR VA TPLIC Legacy JD.pdf RINC 2018 QS VA_Legacy JD_033020.pdf
Previous Version	
Satisfied - Item:	*Sample RINC Correspondence*
Comments:	
Attachment(s):	*RINC 2018 QR VA John Doe TPLIC.pdf* *RINC 2018 LTR VA TPLIC Legacy JD.pdf* *RINC 2018 QS VA TPLIC Legacy JD 032020.pdf*
Previous Version	
Satisfied - Item:	*Sample RINC Correspondence*
Comments:	
Attachment(s):	*RINC 2018 QR VA John Doe TPLIC.pdf* *RINC 2018 LTR VA TPLIC Legacy JD.pdf* *RINC 2018 QS VA TPLIC Legacy JD.pdf*
Previous Version	
Satisfied - Item:	*Sample RINC Correspondence*
Comments:	
Attachment(s):	*RINC 2018 LTR VA John Doe TPLIC Legacy.pdf* *RINC 2018 QS VA John Doe TPLIC Legacy.pdf* *RINC 2018 QR VA John Doe TPLIC.pdf*

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Quote Sheet	RINC 2018 QS VA	OTH	Initial			RINC 2018 QS VA.pdf	Date Submitted: 03/30/2020 By: Laura Aleman
Previous Version								
1	*Quote Sheet*	*RINC 2018 QS VA*	*OTH*	*Initial*			*RINC 2018 QS VA TPLIC.pdf*	*Date Submitted: 03/20/2020 By: Laura Aleman*
Previous Version								
1	*Quote Sheet*	*RINC 2018 QS VA*	*OTH*	*Initial*			*RINC 2018 QS VA TPLIC.pdf*	*Date Submitted: 03/02/2020 By: Laura Aleman*
Previous Version								
1	*Quote Sheet*	*RINC 2018 QS VA*	*OTH*	*Initial*			*RINC 2018 QS VA.pdf*	*Date Submitted: 11/07/2019 By: Laura Aleman*
Previous Version								
1	*Quote Sheet*	*RINC 2018 QS VA*	*OTH*	*Initial*			*RINC 2018 QS VA.pdf*	*Date Submitted: 10/01/2019 By:*

No Rate/Rule Schedule items changed.

Response 2

Comments:

I have revised item 104 and 105 on the Statement of Variability.

Related Objection 2

Applies To:

- Statement of Variability (Supporting Document)

Comments: Items 104 and 105 of the SOV refer to Option 6 when the previous items were referring to Option 3. Please verify if this is simply a typographical error and make the necessary revisions.

Changed Items:

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV-TPLIC RINC 2017 CORR.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV-TPLIC RINC 2017 CORR.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV-TPLIC RINC 2017 CORR.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA STATEMENT OF VARIABILITY 110719.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA STATEMENT OF VARIABILITY 110719.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

I have also corrected some of bracketing on the Quote Selection sheet page 1 under the Summary of Your Policy's Current Benefits section. No changes were needed for the Statement of Variability.

Let me know if you need anything else. Thanks!

Sincerely,

Laura Aleman

State: Virginia
Filing Company: Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/20/2020
Submitted Date	03/20/2020

Dear Bobby Toone,

Introduction:

Thank you for your letter dated 3/9/20.

Response 1

Comments:

The Statement of Variability has been updated. The Quote Sheet has also been revised to reflect all the variability.

Note on the first page of the Quote Sheet, I have corrected an error where it referenced Community-Based Services/Assisted Living - Maximum Daily twice. It now says Community-Based/Assisted Living-Maximum Lifetime on the second reference instead. This change was also made to the John Doe version.*

Related Objection 1

Applies To:

- Quote Sheet, RINC 2018 QS VA (Form)

Comments: The entire section of the Quote Selection Sheet from page 4 though page 6 cannot be listed as variable. Each separate item that is subject to change should be bracketed and described in the Statement of Variability, to include potential language, language omission, and or the reason for the variability.

Changed Items:

State: Virginia
Filing Company: Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV-TPLIC RINC 2017 CORR.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV-TPLIC RINC 2017 CORR.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA STATEMENT OF VARIABILITY 110719.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA STATEMENT OF VARIABILITY 110719.pdf*

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV-TPLIC RINC 2017 CORR.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV-TPLIC RINC 2017 CORR.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA STATEMENT OF VARIABILITY 110719.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA STATEMENT OF VARIABILITY 110719.pdf*

Satisfied - Item:	Sample RINC Correspondence
Comments:	
Attachment(s):	RINC 2018 QR VA John Doe TPLIC.pdf RINC 2018 LTR VA TPLIC Legacy JD.pdf RINC 2018 QS VA TPLIC Legacy JD 032020.pdf
Previous Version	
Satisfied - Item:	*Sample RINC Correspondence*
Comments:	
Attachment(s):	*RINC 2018 QR VA John Doe TPLIC.pdf* *RINC 2018 LTR VA TPLIC Legacy JD.pdf* *RINC 2018 QS VA TPLIC Legacy JD.pdf*
Previous Version	
Satisfied - Item:	*Sample RINC Correspondence*
Comments:	
Attachment(s):	*RINC 2018 LTR VA John Doe TPLIC Legacy.pdf* *RINC 2018 QS VA John Doe TPLIC Legacy.pdf* *RINC 2018 QR VA John Doe TPLIC.pdf*

State: Virginia
Filing Company: Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Quote Sheet	RINC 2018 QS VA	OTH	Initial			RINC 2018 QS VA TPLIC.pdf	Date Submitted: 03/20/2020 By: Laura Aleman
Previous Version								
1	*Quote Sheet*	*RINC 2018 QS VA*	*OTH*	*Initial*			*RINC 2018 QS VA TPLIC.pdf*	*Date Submitted: 03/02/2020 By: Laura Aleman*
Previous Version								
1	*Quote Sheet*	*RINC 2018 QS VA*	*OTH*	*Initial*			*RINC 2018 QS VA.pdf*	*Date Submitted: 11/07/2019 By: Laura Aleman*
Previous Version								
1	*Quote Sheet*	*RINC 2018 QS VA*	*OTH*	*Initial*			*RINC 2018 QS VA.pdf*	*Date Submitted: 10/01/2019 By:*

No Rate/Rule Schedule items changed.

Conclusion:

Let me know if you need anything else. Thanks!

Sincerely,

Laura Aleman

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/02/2020
Submitted Date	03/02/2020

Dear Bobby Toone,

Introduction:

Thank you for your letter dated 02/13/20.

Response 1

Comments:

The company name is in bold print above the insureds name.

Note this change was made to the form on the Form Schedule as well as the John Doe version of the form on the Supporting Tab.

Related Objection 1

Applies To:

- Rate increase notification letter, RINC 2018 LTR VA (Form)

Comments: 14VAC5-100-50 2 requires that the full and proper corporate name must appear prominently on any form. We still have a concern about the prominence of the Corporate name in the line just above the insured's name. If the name were in bold print, that would satisfy our concern.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Sample RINC Correspondence
Comments:	
Attachment(s):	RINC 2018 QR VA John Doe TPLIC.pdf RINC 2018 LTR VA TPLIC Legacy JD.pdf RINC 2018 QS VA TPLIC Legacy JD.pdf
Previous Version	
Satisfied - Item:	*Sample RINC Correspondence*
Comments:	
Attachment(s):	*RINC 2018 LTR VA John Doe TPLIC Legacy.pdf* *RINC 2018 QS VA John Doe TPLIC Legacy.pdf* *RINC 2018 QR VA John Doe TPLIC.pdf*

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Rate increase notification letter	RINC 2018 LTR VA	OTH	Initial			RINC 2018 LTR VA TPLIC.pdf	Date Submitted: 03/02/2020 By: Laura Aleman
Previous Version								
1	*Rate increase notification letter*	*RINC 2018 LTR VA*	*OTH*	*Initial*			*RINC 2018 LTR VA.pdf*	*Date Submitted: 11/07/2019 By: Laura Aleman*
Previous Version								
1	*Rate increase notification letter*	*TPLIC LTC (VA) Legacy 1118*	*OTH*	*Initial*			*TPLIC LTC (VA) Legacy 1118 20190424.pdf*	*Date Submitted: 04/24/2019 By: Dianna Whitney*
Previous Version								
1	*Rate increase notification letter*	*TPLIC LTC (VA) Legacy 1118*	*OTH*	*Initial*			*TPLIC LTC VA Legacy 1118.pdf*	*Date Submitted: 12/13/2018 By: Dianna Whitney*

No Rate/Rule Schedule items changed.

Response 2

Comments:

The word /Certificate was removed from the letter.

Note this change was made to the form on the Form Schedule as well as the John Doe version of the form on the Supporting Tab.

Related Objection 2

Applies To:

- Rate increase notification letter, RINC 2018 LTR VA (Form)

Comments: On the line above the Insured's name, the reference to certificate is inappropriate in an individual policy. Please remove "certificate".

Changed Items:

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Supporting Document Schedule Item Changes	
Satisfied - Item:	Sample RINC Correspondence
Comments:	
Attachment(s):	RINC 2018 QR VA John Doe TPLIC.pdf RINC 2018 LTR VA TPLIC Legacy JD.pdf RINC 2018 QS VA TPLIC Legacy JD.pdf
Previous Version	
Satisfied - Item:	*Sample RINC Correspondence*
Comments:	
Attachment(s):	*RINC 2018 LTR VA John Doe TPLIC Legacy.pdf* *RINC 2018 QS VA John Doe TPLIC Legacy.pdf* *RINC 2018 QR VA John Doe TPLIC.pdf*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Rate increase notification letter	RINC 2018 LTR VA	OTH	Initial			RINC 2018 LTR VA TPLIC.pdf	Date Submitted: 03/02/2020 By: Laura Aleman
Previous Version								
1	*Rate increase notification letter*	*RINC 2018 LTR VA*	*OTH*	*Initial*			*RINC 2018 LTR VA.pdf*	*Date Submitted: 11/07/2019* *By: Laura Aleman*
Previous Version								
1	*Rate increase notification letter*	*TPLIC LTC (VA) Legacy 1118*	*OTH*	*Initial*			*TPLIC LTC (VA) Legacy 1118 20190424.pdf*	*Date Submitted: 04/24/2019* *By: Dianna Whitney*
Previous Version								
1	*Rate increase notification letter*	*TPLIC LTC (VA) Legacy 1118*	*OTH*	*Initial*			*TPLIC LTC VA Legacy 1118.pdf*	*Date Submitted: 12/13/2018* *By: Dianna Whitney*

No Rate/Rule Schedule items changed.

Response 3

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Comments:

The variability throughout the forms has been revised to remove the instructional bracketed areas. The Statement of Variability has been updated for these variable fields.

Related Objection 3

Applies To:

- Rate increase notification letter, RINC 2018 LTR VA (Form)
- FAQ, RINC 2018 FAQ VA (Form)
- Quote Sheet, RINC 2018 QS VA (Form)

Comments: The variability in several sections of these listed forms includes instructions, such as: "[Add the following language for states with phased implementations]." The variable language between the sets of instructions should be shown as variable, with brackets at the beginning of the passage ("The rate increase is the first...") and the end ("...your premiums will be adjusted accordingly").

Please revise the Statement of Variability to describe how the variable fields are subject to change from the text as stated.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV-TPLIC RINC 2017 CORR.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA STATEMENT OF VARIABILITY 110719.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA STATEMENT OF VARIABILITY 110719.pdf*

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Rate increase notification letter	RINC 2018 LTR VA	OTH	Initial			RINC 2018 LTR VA TPLIC.pdf	Date Submitted: 03/02/2020 By: Laura Aleman
Previous Version								
1	*Rate increase notification letter*	*RINC 2018 LTR VA*	*OTH*	*Initial*			*RINC 2018 LTR VA.pdf*	*Date Submitted: 11/07/2019 By: Laura Aleman*
Previous Version								
1	*Rate increase notification letter*	*TPLIC LTC (VA) Legacy 1118*	*OTH*	*Initial*			*TPLIC LTC (VA) Legacy 1118 20190424.pdf*	*Date Submitted: 04/24/2019 By: Dianna Whitney*
Previous Version								
1	*Rate increase notification letter*	*TPLIC LTC (VA) Legacy 1118*	*OTH*	*Initial*			*TPLIC LTC VA Legacy 1118.pdf*	*Date Submitted: 12/13/2018 By: Dianna Whitney*
2	FAQ	RINC 2018 FAQ VA	OTH	Initial			RINC 2018 FAQ VA TPLIC.pdf	Date Submitted: 03/02/2020 By: Laura Aleman
Previous Version								
2	*FAQ*	*RINC 2018 FAQ VA*	*OTH*	*Initial*			*RINC 2018 FAQ VA.pdf*	*Date Submitted: 11/07/2019 By: Laura Aleman*
Previous Version								
2	*FAQ*	*TPLIC LTC (VA) FAQ 1118*	*OTH*	*Initial*			*TPLIC ltc VA FAQ 1118.pdf*	*Date Submitted: 12/13/2018 By: Dianna Whitney*
3	Quote Sheet	RINC 2018 QS VA	OTH	Initial			RINC 2018 QS VA TPLIC.pdf	Date Submitted: 03/02/2020 By: Laura Aleman
Previous Version								
3	*Quote Sheet*	*RINC 2018 QS VA*	*OTH*	*Initial*			*RINC 2018 QS VA.pdf*	*Date Submitted: 11/07/2019 By: Laura Aleman*
Previous Version								

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Rate increase notification letter	RINC 2018 LTR VA	OTH	Initial			RINC 2018 LTR VA TPLIC.pdf	Date Submitted: 03/02/2020 By: Laura Aleman
3	*Quote Sheet*	*RINC 2018 QS VA*	*OTH*	*Initial*			*RINC 2018 QS VA.pdf*	*Date Submitted: 10/01/2019 By:*

No Rate/Rule Schedule items changed.

Response 4

Comments:

As discussed the Frequently Asked Questions form will be given with the letter. The Frequently Asked Questions has been revised to add a sentence that says: Options to offset the premium increase may be available for the additional increases mentioned above, if they occur.

Related Objection 4

Applies To:

- Rate increase notification letter, RINC 2018 LTR VA (Form)

Comments: 14VAC5-200-75 A 2 requires that the policyholder letter advise the insured that there may be premium revisions in the future and what their options may be in the event of future increases. The section of the letter pertaining to phased implementations contains a statement to that effect. However, that section is meant to be variable and may be removed from the letter. Please locate this statement to a section of the letter not subject to variability.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	FAQ	RINC 2018 FAQ VA	OTH	Initial			RINC 2018 FAQ VA TPLIC.pdf	Date Submitted: 03/02/2020 By: Laura Aleman
Previous Version								
1	*FAQ*	*RINC 2018 FAQ VA*	*OTH*	*Initial*			*RINC 2018 FAQ VA.pdf*	*Date Submitted: 11/07/2019 By: Laura Aleman*
Previous Version								
1	*FAQ*	*TPLIC LTC (VA) FAQ 1118*	*OTH*	*Initial*			*TPLIC ltc VA FAQ 1118.pdf*	*Date Submitted: 12/13/2018 By: Dianna Whitney*

No Rate/Rule Schedule items changed.

Response 5

Comments:

Reference to [BIO] in the letter was changed to: (BIO)

Note this change was made to the form on the Form Schedule as well as the John Doe version of the form on the Supporting Tab.

Related Objection 5

Applies To:

- Rate increase notification letter, RINC 2018 LTR VA (Form)

Comments: In the first sentence of paragraph 4, on page 2, the abbreviation [BIO] is shown in brackets. Is this meant to designate that this is variable, or should parentheses be there to denote the abbreviation of Benefit Increase Option?

Changed Items:

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Sample RINC Correspondence
Comments:	
Attachment(s):	RINC 2018 QR VA John Doe TPLIC.pdf RINC 2018 LTR VA TPLIC Legacy JD.pdf RINC 2018 QS VA TPLIC Legacy JD.pdf
Previous Version	
Satisfied - Item:	*Sample RINC Correspondence*
Comments:	
Attachment(s):	*RINC 2018 LTR VA John Doe TPLIC Legacy.pdf* *RINC 2018 QS VA John Doe TPLIC Legacy.pdf* *RINC 2018 QR VA John Doe TPLIC.pdf*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Rate increase notification letter	RINC 2018 LTR VA	OTH	Initial			RINC 2018 LTR VA TPLIC.pdf	Date Submitted: 03/02/2020 By: Laura Aleman
Previous Version								
1	*Rate increase notification letter*	*RINC 2018 LTR VA*	*OTH*	*Initial*			*RINC 2018 LTR VA.pdf*	*Date Submitted: 11/07/2019 By: Laura Aleman*
Previous Version								
1	*Rate increase notification letter*	*TPLIC LTC (VA) Legacy 1118*	*OTH*	*Initial*			*TPLIC LTC (VA) Legacy 1118 20190424.pdf*	*Date Submitted: 04/24/2019 By: Dianna Whitney*
Previous Version								
1	*Rate increase notification letter*	*TPLIC LTC (VA) Legacy 1118*	*OTH*	*Initial*			*TPLIC LTC VA Legacy 1118.pdf*	*Date Submitted: 12/13/2018 By: Dianna Whitney*

No Rate/Rule Schedule items changed.

Response 6

Comments:

The Statement of Variability was updated based on the Policyholder Letter changes.

Related Objection 6

Applies To:

- Statement of Variability (Supporting Document)

Comments: Please update the Statement of Variability to include any revisions that have been made to the Policyholder Letter.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV-TPLIC RINC 2017 CORR.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA STATEMENT OF VARIABILITY 110719.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA STATEMENT OF VARIABILITY 110719.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

The Statement of Variability was updated to why a variable field is variable.

Related Objection 7

Applies To:

- Statement of Variability (Supporting Document)

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Comments: Please expand the SOV to show how variable fields are subject to change. For example; "Policyholder name and address are bracketed to show the name and address for each policyholder.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV-TPLIC RINC 2017 CORR.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA STATEMENT OF VARIABILITY 110719.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA STATEMENT OF VARIABILITY 110719.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8

Comments:

The company name was added to the Statement of Variability.

Related Objection 8

Applies To:

- Statement of Variability (Supporting Document)

Comments: For clarity, please put the company name at the top of the Statement of Variability.

Changed Items:

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV-TPLIC RINC 2017 CORR.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA STATEMENT OF VARIABILITY 110719.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA STATEMENT OF VARIABILITY 110719.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 9

Comments:

The phone number was bracketed on the forms to match the Statement of Variability.

Related Objection 9

Applies To:

- FAQ, RINC 2018 FAQ VA (Form)

- Quote Sheet, RINC 2018 QS VA (Form)

Comments: The Statement of Variability (SOV) states that the customer service phone number is intended to be variable. As such, the phone number on page 2, paragraph 4, should be bracketed.

This objection also applies to form RINC 2018 QS VA in all cases where the telephone number is not bracketed.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	FAQ	RINC 2018 FAQ VA	OTH	Initial			RINC 2018 FAQ VA TPLIC.pdf	Date Submitted: 03/02/2020 By: Laura Aleman
Previous Version								
1	*FAQ*	*RINC 2018 FAQ VA*	*OTH*	*Initial*			*RINC 2018 FAQ VA.pdf*	*Date Submitted: 11/07/2019 By: Laura Aleman*
Previous Version								
1	*FAQ*	*TPLIC LTC (VA) FAQ 1118*	*OTH*	*Initial*			*TPLIC ltc VA FAQ 1118.pdf*	*Date Submitted: 12/13/2018 By: Dianna Whitney*
2	Quote Sheet	RINC 2018 QS VA	OTH	Initial			RINC 2018 QS VA TPLIC.pdf	Date Submitted: 03/02/2020 By: Laura Aleman
Previous Version								
2	*Quote Sheet*	*RINC 2018 QS VA*	*OTH*	*Initial*			*RINC 2018 QS VA.pdf*	*Date Submitted: 11/07/2019 By: Laura Aleman*
Previous Version								
2	*Quote Sheet*	*RINC 2018 QS VA*	*OTH*	*Initial*			*RINC 2018 QS VA.pdf*	*Date Submitted: 10/01/2019 By:*

No Rate/Rule Schedule items changed.

Response 10

Comments:

The variable fields were added to the Quote Selection Sheet for the Community Based Services/Assisted Living Maximum Daily. They were added for Current Benefit and Current Value: [Unlimited or XXX] Days [AND/OR] [$amount]

Related Objection 10

Applies To:

- Quote Sheet, RINC 2018 QS VA (Form)

Comments: Please advise what will appear in the fields related to Community Based Services on the bottom of the first page.

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

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	Quote Sheet	RINC 2018 QS VA	OTH	Initial			RINC 2018 QS VA TPLIC.pdf	Date Submitted: 03/02/2020 By: Laura Aleman
Previous Version								
1	*Quote Sheet*	*RINC 2018 QS VA*	*OTH*	*Initial*			*RINC 2018 QS VA.pdf*	*Date Submitted: 11/07/2019 By: Laura Aleman*
Previous Version								
1	*Quote Sheet*	*RINC 2018 QS VA*	*OTH*	*Initial*			*RINC 2018 QS VA.pdf*	*Date Submitted: 10/01/2019 By:*

No Rate/Rule Schedule items changed.

Response 11

Comments:

On the Quote Selection Sheet, the following sentence was revised: Each option on the Quote Select Sheet displays your new Increased Premium if you do not select a benefit reduction option, and a Reduced Premium if you select the option.

Note this change was made to the Quote Selection Sheet on the Form Schedule as well as the John Doe version of the form on the Supporting Tab.

Related Objection 11

Applies To:

- Quote Sheet, RINC 2018 QS VA (Form)

Comments: On page 2, paragraph 6, under the heading Reduced Premium Quote, the language seems a bit confusing. To make it clearer, we might suggest the following:
1) Insert the word "new" between "your" and "increased"
2) Remove the commas from the sections starting with "Increased Premium" and " Reduced Premium".

Changed Items:

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Sample RINC Correspondence
Comments:	
Attachment(s):	RINC 2018 QR VA John Doe TPLIC.pdf RINC 2018 LTR VA TPLIC Legacy JD.pdf RINC 2018 QS VA TPLIC Legacy JD.pdf
Previous Version	
Satisfied - Item:	*Sample RINC Correspondence*
Comments:	
Attachment(s):	*RINC 2018 LTR VA John Doe TPLIC Legacy.pdf* *RINC 2018 QS VA John Doe TPLIC Legacy.pdf* *RINC 2018 QR VA John Doe TPLIC.pdf*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Quote Sheet	RINC 2018 QS VA	OTH	Initial			RINC 2018 QS VA TPLIC.pdf	Date Submitted: 03/02/2020 By: Laura Aleman
Previous Version								
1	*Quote Sheet*	*RINC 2018 QS VA*	*OTH*	*Initial*			*RINC 2018 QS VA.pdf*	*Date Submitted: 11/07/2019* *By: Laura Aleman*
Previous Version								
1	*Quote Sheet*	*RINC 2018 QS VA*	*OTH*	*Initial*			*RINC 2018 QS VA.pdf*	*Date Submitted: 10/01/2019* *By:*

No Rate/Rule Schedule items changed.

Conclusion:

I hope this satisfies all your concerns regarding these forms. Let me know if you need anything else. Thanks!

Sincerely,

Laura Aleman

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/07/2019
Submitted Date	11/07/2019

Dear Bobby Toone,

Introduction:

Thank you for your letter dated 10/31/19.

Response 1

Comments:

1. The company name was changed on the forms.
2. In RINC Letter, in the first paragraph, the company name is indicated along with the shortened name in parenthesis.
3. Page 2, the statement was added in bold print: Please be aware that not all options are equal and some will impact your coverage and premiums more than others.
4. Page 3, references that the insured can contact us to receive a revised premium rate.
5. The brackets have been revised.
6. The date format will be consistent.
7. The variable mode of payments are reflected in the letter
8. The Benefit Increase Option paragraph now references "this letter" on page 2.
9. The revisions have been made.
10. The revisions have been made.
11. We are working on this request to improve the service capability. We anticipate to resolve the issues by the end of the month if not sooner.
12. The inclusion of the Quote Sheet is modified to be variable.
13. The statement We cannot cancel your policy as long as you pay the required premium on or before the premium due date" was expanded to include or during the grace period.
14. The name was of the Virginia Bureau of Insurance was changed to the State Corporation Commission
15. The telephone number and hours of operation fields were bracketed and added to the SOV.
16. The form numbers were changed on the forms.
17. Other changes were made to the forms based on objections on similar forms under AEGJ-130321041 filing.
18. In regard to the rate increase percentage, we feel it should remain in its current position because it applies only when the rate increase is administered in phases, and so for ease of the insured's understanding, we have the entire phased section explaining the phasing of the increase and then the table showing their premium increase, over the 1st, 2nd and 3rd phases.

Related Objection 1

Applies To:

- *Rate increase notification letter, TPLIC LTC (VA) Legacy 1118 (Form)*

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Comments: 1) Please change the corporate name to Transamerica Premier Life Insurance Company on this and any other form included in the filing, in accordance with 14VAC5-100-50 2.

2) After the initial use of the full and proper corporate name, the letter refers to the shortened name Transamerica. For purposes of clarity we recommend that the full name of the company at the end of the first sentence of the letter be revised to state Transamerica Premier Life Insurance Company (Transamerica Premier).

3) The statement, Please be aware that not all options are equal, and some will impact your coverage and premium more than others is a disclosure statement required by 14 VAC 5-200-75 D 2 b, and it should appear prominently in comparison to other text.

4) 14 VAC 5-200-75 A 4 b provides that the letter should contain a statement that the insured has a right to a revised premium rate or rate schedule if the premium rate or rate scheduled is changed.

5) In our review of variability, we noted the use of two different types of brackets:
a) standard brackets ([ ])
b) italicized brackets (not compatible with SERFF)
Please use the standard brackets ([ ]) as described in the SERFF instructions. If you are using different types of brackets to denote different meanings, please describe in detail in the Statement of Variability.

6) For clarity and consistency, please use one format when showing variability for dates, if possible.

7) On page 1, in the second paragraph, the bracketed phrase [mode monthly or annual or ____] should show the policyholders payment mode. Please include all payment modes available in the SOV.

8) In the fourth paragraph of page 1, the sentence ending with, receiving the rate increase notification letter, seems to indicate there may be another letter notifying of the rate increase. Isnt this the rate increase notification letter? If so, would it be clearer to say, this letter?

9) We note form TPLIC LTC (VA) Legacy 1118 does not provide an explanation or reminder of what the Benefit Increase Option is, which potentially complicates understanding. Please include either a brief explanation of the BIO similar to language used in the Quote Selection Sheet or refer the reader to the explanation.

10) On page 2, the fifth paragraph, under the Available Options heading, two of the options include both reducing the BIO and removing it. For clarity, please describe the effects each of these options will have the following scenarios:
A) If you reduce the BIO:
1) What will happen to any accumulated increases?
2) At what rate will the increases continue to accumulate?
3) What will be the effect on the premium?

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

B) If you remove the BIO:
1) What will happen to any accumulated increases?
2) What will be the effect on the premium?

11) We called the customer service telephone number appearing on Page 3 in the last paragraph and noted that the phone message does not identify Transamerica Life Insurance Company in any way, nor is there an option to leave a message. This does not seem to satisfy the intent expressed in the letter. Is it your plan to expand the service capability? This also applies to RINC 2018 QS VA.

12) Item 15 in the SOV states that the Quote Sheet and Quote request are bracketed for enclosures. The Benefit Reduction Options Quote Selection Sheet is identified as being a part of the policyholder letter. Further, the letter states without variability that a quote sheet will be enclosed. Please advise how this information is subject to change.

13) The statement We cannot cancel your policy as long as you pay the required premium on or before the premium due date should be expanded to include or during the grace period. This objection also applies to form RINC 2018 FAQ VA.

14) With respect to 14 VAC 5-200-75 D 4, form TPLIC LTC (VA) Legacy 1118 refers to Virginia Bureau of Insurance. For consistency, please refer to the State Corporation Commission, as it more closely mirrors the regulation.

15) Please advise if the contact telephone number and hours of operation are intended to be variable. If so, those fields should be bracketed and the SOV should be revised to state such. This question also applies to similar language in forms RINC 2018 FAQ VA and RINC 2018 QS VA.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	VA STATEMENT OF VARIABILITY 110719.pdf

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Rate increase notification letter	RINC 2018 LTR VA	OTH	Initial			RINC 2018 LTR VA.pdf	Date Submitted: 11/07/2019 By: Laura Aleman
Previous Version								
1	*Rate increase notification letter*	*TPLIC LTC (VA) Legacy 1118*	*OTH*	*Initial*			*TPLIC LTC (VA) Legacy 1118 20190424.pdf*	*Date Submitted: 04/24/2019 By: Dianna Whitney*
Previous Version								
1	*Rate increase notification letter*	*TPLIC LTC (VA) Legacy 1118*	*OTH*	*Initial*			*TPLIC LTC VA Legacy 1118.pdf*	*Date Submitted: 12/13/2018 By: Dianna Whitney*
2	FAQ	RINC 2018 FAQ VA	OTH	Initial			RINC 2018 FAQ VA.pdf	Date Submitted: 11/07/2019 By: Laura Aleman
Previous Version								
2	*FAQ*	*TPLIC LTC (VA) FAQ 1118*	*OTH*	*Initial*			*TPLIC ltc VA FAQ 1118.pdf*	*Date Submitted: 12/13/2018 By: Dianna Whitney*
3	Quote Sheet	RINC 2018 QS VA	OTH	Initial			RINC 2018 QS VA.pdf	Date Submitted: 11/07/2019 By: Laura Aleman
Previous Version								
3	*Quote Sheet*	*RINC 2018 QS VA*	*OTH*	*Initial*			*RINC 2018 QS VA.pdf*	*Date Submitted: 10/01/2019 By:*

No Rate/Rule Schedule items changed.

Conclusion:

Let me know if you need anything else. Thanks!

Sincerely,

Laura Aleman

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/17/2019
Submitted Date	04/17/2019

Dear Bobby Toone,

Introduction:

Objection response

Response 1

Comments:

Objection response

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please provide the active life reserve balance on a nationwide basis as of the projection date (9/30/2016) split by pre-stability and post-stability.

2. We are still awaiting the response to the previous request #5 as follows: Please provide Exhibit VI (projections based on original assumptions) in a calendar year format with actual policies issued. Please provide as an Excel spreadsheet.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	response to 04/16/2019 objection
Comments:	
Attachment(s):	VA TPLIC Legacy RINC Response Letter 20190416.pdf VA TPLIC Exh VI Pricing Loss Ratios by Form Series and Cal Yr.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

State: Virginia
Filing Company: Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Daniel Anderson

State: Virginia
Filing Company: Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/24/2019
Submitted Date	04/24/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

The letter has been revised

Related Objection 1

Applies To:

- Rate increase notification letter, TPLIC LTC (VA) Legacy 1118 (Form)

Comments: The following areas need brackets around the actual text to show the variability;

a) both paragraphs referring to policies with BIO

b) the section on phased implementations, starting with "This rate increase.." and ending with "... adjusted accordingly"

i) The section labeled Month/Year should have brackets around the dates, since those dates will change from what's shown now.

c) the section on Partnership policies. Please explain why the phrase beginning with "provided by your state's..." is printed in red.

For every place there is a [url.com], replace that with the actual working company web address. It can still be bracketed in case it changes in the future.

For convenience, we would suggest putting brackets around the name of the person signing the letter.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Rate increase notification letter	TPLIC LTC (VA) Legacy 1118	OTH	Initial			TPLIC LTC (VA) Legacy 1118 20190424.pdf	Date Submitted: 04/24/2019 By: Dianna Whitney
Previous Version								
1	*Rate increase notification letter*	*TPLIC LTC (VA) Legacy 1118*	*OTH*	*Initial*			*TPLIC LTC VA Legacy 1118.pdf*	*Date Submitted: 12/13/2018 By: Dianna Whitney*

No Rate/Rule Schedule items changed.

Response 2

Comments:

The letter has been revised

Related Objection 2

Applies To:

- Rate increase notification letter, TPLIC LTC (VA) Legacy 1118 (Form)

Comments: On page 1 and page 2 of the letter there are sections with language for policies with a Benefit Increase Option (BIO). It would seem those sections could be combined into 1 section, for clarity.

On page 2, the "BIO" section states, " You can only exercise this option within 120 days of receiving the rate increase notification letter." Please explain why this option would only be available during a rate increase and not at any time the policyholder wishes to reduce premiums.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Rate increase notification letter	TPLIC LTC (VA) Legacy 1118	OTH	Initial			TPLIC LTC (VA) Legacy 1118 20190424.pdf	Date Submitted: 04/24/2019 By: Dianna Whitney
Previous Version								
1	*Rate increase notification letter*	*TPLIC LTC (VA) Legacy 1118*	*OTH*	*Initial*			*TPLIC LTC VA Legacy 1118.pdf*	*Date Submitted: 12/13/2018 By: Dianna Whitney*

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Dianna Whitney

State:	*Virginia*	**Filing Company:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/17/2019
Submitted Date	04/17/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

The letters are similar but not the same

Related Objection 1

Applies To:

- Rate increase notification letter, TPLIC LTC (VA) Legacy 1118 (Form)

Comments: It appears that the Rate Increase Notification Letter for this filing is the same as the letter in AEGB-131269061. If they are the same and the company's intention is to use the same letter for both filings then please withdraw the letter from one of the filing.

Once the letter is withdrawn, please revise the Actuarial Memorandum, of the filing that withdrew the letter, noting that the letter would be used for both filings. For example, if the letter is withdrawn from AEGB-131269061, revise that Actuarial Memorandum with a statement referring to AEGB-131271280 for review of the Rate Increase Notification Letter.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Dianna Whitney

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Response Letter

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

Dear Bobby Toone,

Introduction:

objection response 02282019

Response 1

Comments:

objection response 02282019

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. The morbidity assumption is based on internal Company experience. In order to understand the credibility of Company experience, please provide claim counts for the affiliate company. In cases where the data is only partially credible, please indicate what alternate sources are used to determine assumptions.

2. Please provide details of the voluntary lapse rate assumption.

3. The Companys previous responses indicate that the ALR assumption basis and calculation model have been changed over time. If possible, please provide what the ALR would have been at the projection date under original calculation assumptions.

4. Please amend Exhibit IV to include the cumulative average approved rate increase for each state including all prior approved increases. Please provide as an Excel spreadsheet.

5. Please provide Exhibit VI in a calendar year format with actual policies issued. Please provide as an Excel spreadsheet.

Changed Items:

State: Virginia
Filing Company: Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Supporting Document Schedule Item Changes	
Satisfied - Item:	objection 02282019
Comments:	
Attachment(s):	VA TPLIC Legacy RINC Response Letter 20190228.pdf VA TPLIC Legacy Response 20190228 - Current Rinc Lapse and Mort Assmpts.pdf VA TPLIC Legacy Response 20190228 Exhibit IV.xlsx VA TPLIC Legacy Response 20190228 NW Rinc Filing History.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Daniel Anderson

State: Virginia
Filing Company: Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/13/2018
Submitted Date	12/13/2018

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Attached are the letter and FAQ

Related Objection 1

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

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

oThe policyholder notifications regarding rate increases is required to be filed with the commission at the time the premium rate increase is filed and must include the following;
oThe insurer is required to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase per 14VAC5-200-75 D;
o14VAC5-200-75 A 1 which requires a statement indicating the policy may be subject to future rate increases;
o14VAC5-200-75 A 2 which requires a statement that should there be future rate increases, options like those being offered now will be available and that benefits may be changed at any time and not just the time of a rate increase;
[SUGGESTED WORDING]: In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing your coverage and premiums, per the provisions of your policy.
o14VAC5-200-75 A 3 which requires a statement indicating the premium rate or rate schedules that will be effect;
o14VAC5-200-75 A 4 (a.) at which requires a description of when the premium rate or rate schedule adjustments will be effective; and (b.) which requires a statement that the insured has a right to a revised premium rate or rate schedule upon request.
oA clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:
An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;
A disclosure stating that all options available to the policyholder may not be of equal value. As a disclosure, this information should be emphasized by bolding, highlighting, using larger text or some other method that will bring attention to it;
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. As stated above, the information should be emphasized to bring attention to it; and
Contact information that will allow the policyholder to contact the insurer for additional options available;
oA clear identification of the driving factors of the premium rate increase; and
oA statement substantially like the following:
The rate increase request was reviewed by Virginias 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.

oBecause the letter must be "filed", please attach the letter to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance. The letter will require a form number in the lower left-hand corner. Please ensure the full and proper corporate name of the insurer prominently appears in the letter. Please include a Statement of Variability, if applicable.

Changed Items:

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

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	Rate increase notification letter	TPLIC LTC (VA) Legacy 1118	OTH	Initial			TPLIC LTC VA Legacy 1118.pdf	Date Submitted: 12/13/2018 By: Dianna Whitney
2	FAQ	TPLIC LTC (VA) FAQ 1118	OTH	Initial			TPLIC ltc VA FAQ 1118.pdf	Date Submitted: 12/13/2018 By: Dianna Whitney

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

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 rates	CBIOR 196	Revised	Previous State Filing Number: Percent Rate Change Request:	VA 2017 FLEX2TQ - CBIOR 196 Proposed.pdf,	12/13/2018 By: Dianna Whitney
Previous Version						
1	*long term care rates*	*FTQ (VA) 197 with rider CBIOR 196*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request:*	*VA 2017 FLEX2TQ - CBIOR 196 Proposed.pdf,*	*11/16/2017* *By: Dianna Whitney*
2	long term care rates	FHCCRTQ (VA) 197	Revised	Previous State Filing Number: Percent Rate Change Request:	VA 2017 FLEX2TQ - FHCCRTQ (VA) 197 Proposed.pdf,	12/13/2018 By: Dianna Whitney
Previous Version						
2	*long term care rates*	*FTQ (VA) 197 with rider FHCCRTQ (VA) 197*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request:*	*VA 2017 FLEX2TQ - FHCCRTQ (VA) 197 Proposed.pdf,*	*11/16/2017* *By: Dianna Whitney*
3	long term care rates	SBIOR 196	Revised	Previous State Filing Number: Percent Rate Change Request:	VA 2017 FLEX2TQ - SBIOR 196 Proposed.pdf,	12/13/2018 By: Dianna Whitney
Previous Version						
3	*long term care rates*	*FTQ (VA) 197 with rider SBIOR 196*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request:*	*VA 2017 FLEX2TQ - SBIOR 196 Proposed.pdf,*	*11/16/2017* *By: Dianna Whitney*
4	long term care rates	ML-LTCR TQ 197	Revised	Previous State Filing Number:	VA 2017 ML1 - ML-LTCR TQ 197 Proposed.pdf,	12/13/2018 By: Dianna Whitney

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Rate/Rule Schedule Item Changes

				Percent Rate Change Request:		
Previous Version						
4	*long term care rates*	*ML-LTCP TQ (VA) 197 with rider ML-LTCR TQ 197*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request:*	*VA 2017 ML1 - ML-LTCR TQ 197 Proposed.pdf,*	*11/16/2017 By: Dianna Whitney*

Conclusion:

Sincerely,
Dianna Whitney

State: Virginia
Filing Company: Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/02/2018
Submitted Date	02/02/2018

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see attached.

Related Objection 1

Applies To:

- *long term care rates, [FTQ (VA) 197 with rider CBIOR 196] (Rate)*
- *long term care rates, [FTQ (VA) 197 with rider FHCCRTQ (VA) 197] (Rate)*
- *long term care rates , [FTQ (VA) 197] (Rate)*
- *long term care rates, [FTQ (VA) 197 with rider SBIOR 196] (Rate)*

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Comments: We have the following concerns with the rate attachments:

1) Please remove FTQ (VA) 197 from line item one. Only the rate factors for the rider CBIOR 196 should be attached. Rates for the base policy FTQ (VA) 197 are attached on line item 3.

2) Please remove FTQ (VA) 197 from line item 2 and only attach the rates the rider FHCCRTQ (VA) 197. Again the base factors for the policy are attached in item 3. This objection would also apply to line item 4 and only the rider SBIOR 196 and its rates should be attached.

3) Please remove the affected form number ML-LTC TQ(VA) 197 from line item 7 and only include the rider number ML-LTRCR TQ 197 and its corresponding rates.

4) We are unable to verify when form ML-LTCP COM TQ (VA) 898 was approved. Please provide a copy of the approval.

5) There is a nonforfeiture factor attached to the rate pages for FTQ (VA) 197 and LTC 5 TQ(VA)600. Please confirm this is an optional benefit included in the policy and is not a separate rider or form number.

6) The rate attachment for ML- LTC TQ (VA) 197 includes rates based on No BIO, Simple BIO, and Compound BIO. Are the Simple BIO and Compound BIO separate form numbers from the base policy or included as an option within the policy. There are also rates for a Shortened Benefit Period Rider and Guaranteed Purchase Option Rider. Those form numbers should be added as Affected Form numbers in the Rate/Rule Schedule.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 12/06/2017 Objection
Comments:	
Attachment(s):	VA TPLIC Legacy RINC Response Letter 20171206.pdf VA TPLIC Legacy Obj 3-5 A2E Exhibits Current Assumptions.pdf TPLIC A2E Morbidity Original Assumptions.pdf TPLIC A2E Decrement Original Assumptions.pdf Exh III Pre & Post RS Obj 3-2.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see Response 1.

Related Objection 2

Applies To:

- long term care rates, [FTQ (VA) 197 with rider CBIOR 196] (Rate)
- long term care rates, [FTQ (VA) 197 with rider FHCCRTQ (VA) 197] (Rate)
- long term care rates , [FTQ (VA) 197] (Rate)
- long term care rates, [FTQ (VA) 197 with rider SBIOR 196] (Rate)
- long term care rates, [LTC 5 TQ (VA) 600] (Rate)
- long term care rates, [ML-LTCP TQ (VA) 197] (Rate)
- long term care rates, [ML-LTCP TQ (VA) 197 with rider ML-LTCR TQ 197] (Rate)
- long term care rates, [ML-LTCP COM TQ (VA) 898] (Rate)

Comments: According to Attachment B and our records, a rate increase of 72.8% was approved 1/10/2007. Please revise the Rate/Rule Schedule to reflect the overall Percentage of the Last Rate Revision to reflect this increase, the Effective Date of the Last Rate Revision, and Filing Method of the Last Filing (paper).

Please amend the Rate Action Column to reflect 7/27181 as the previous state filing number and add the Percent Rate Change Request currently being proposed for each form.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see Response 1.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Comments: 1) For our purposes, data from an affiliated company may not be included in the experience and projections for demonstrating compliance with loss ratio requirements. Such information, however, may be acceptable in regards to determining the credibility of such data. So that the Bureau may evaluate this information, please explain in detail exactly how credibility was determined, the reliance upon such data, and its impact on the exhibits. As a result, please revise Exhibit III to include projections that demonstrate the calculation of the anticipated future and lifetime loss ratios based on the Company's nationwide experience only and excluding any affiliated data.

2) According to General Information in SERFF, these forms are no longer being sold. 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. If these 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.

Experience exhibits should include the earned premiums, paid claims, incurred claims and loss ratio for each calendar year from the date of the forms inception through the most recent date that information is available. Separate exhibits, and projections thereof, should be provided based on the Virginia only and national data for both pre and post stability business. We are unable to locate any such Virginia exhibits. Exhibits should only include experience based on forms for which there are current Virginia policyholders.

In addition, please provide the following:

3) Restate the nationwide experience using Virginia approved rates.

4) 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.

5) Please provide an actual-to-expected analysis on each assumption, with expected on both original and current assumption basis.

6) Please provide a step-by-step quantification of the impact of the change in each assumption from the original assumptions to the current assumptions.

7) Please use the average maximum statutory valuation interest rate for each block of business to accumulate and discount cash flows.

8) Please provide sufficient detail or documentation provided so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas.

9) 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 as if no increases had ever been implemented.

10) 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.

11) 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.

12) Please provide a detailed explanation of the data sources and actuarial review performed in setting each assumption, including discussion of any adjustments made to reflect the company's unique business.

13) Please provide the reserve basis and justification for the reserve levels provided.

14) For the post stability block only:

a) 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.

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

c) The Company has stated that it is requesting a lower rate increase than required by 14VAC5-200-153 B2 for certification. 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?

15) For the pre-stability block, for each projection provided, please provide the anticipated future 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.

16) Please demonstrate that the Benefit Increase Option that will be offered are actuarially equivalent to the requested rate increase. Also, since we are concerned with policyholder equity, please provide several examples (including outliers) of the variability in the relative present value of each option available in lieu of increase from the individual policyholder perspective.

17) 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.

18) In lieu of a single increase, the Bureau may approve a series of scheduled rate increases that are actuarially equivalent to the single amount requested by the insurer over the lifetime of the policy. The entire series would be approved at one time as part of the current increase filing. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required to include contingent benefit upon lapse at the time of each scheduled increase. If the company is agreeable to this, what implementation schedule would be offered?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see Response 1.

Related Objection 4

Applies To:

- Cover Letter (Supporting Document)

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Comments: According to the Cover Letter a contingent nonforfeiture benefit, more generous than that required by NAIC Long-Term Care Insurance Model Regulation, will be offered to all insurance insureds in addition to downgrade options. Please be aware The Virginia State Corporation Commission adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commissions website at http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748.

As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. A summary of the new requirements are:

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

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

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

1. All applicable information identified in 14VAC5-200-75 including A 1 which requires a statement indicating the policy may be subject to future rate increases; A 2 which requires a statement that should there be future rate increases, options similar to those being offered now will be available and that benefits may be changed at any time and not just the time of a rate increase; A 3 which requires a statement indicating the premium rate or rate schedules that will be effect; A 4 at which requires a statement as to when the premium rate or rate schedule adjustments will be effective; and A 4 b which requires a statement that the insured has a right to a revised premium rate or rate schedule upon request.
2. A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:
a. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;
b. A disclosure stating that all options available to the policyholder may not be of equal value. As a disclosure this information should be emphasized by bolding, highlighting, using larger text or some other method that will bring attention to it;
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. As stated above, the information should be emphasized to bring attention to it; and
d. Contact information that will allow the policyholder to contact the insurer for additional options available;
3. A clear identification of the driving factors of the premium rate increase; and
4. A statement substantially similar to the following:

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

Because the letter must be "filed", please attach the letter to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance. The letter will require a form number in the lower left hand corner. Please ensure the full and proper corporate

name of the insurer prominently appears in the letter. Please include a Statement of Variability, if applicable.

It is our understanding this letter may be submitted under AEGB-131269062 which should be filed shortly.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see Response 1.

Related Objection 5

Applies To:

- Cover Letter (Supporting Document)

Comments: Please explain how a policy is updated to reflect any benefit changes the insured may choose to reduce the effects of the rate increase. If the policy is revised or changed in any way, the policyowner must first agree to the changes and the policy must be amended or endorsed by an approved form such as a rider, endorsement, application or schedule of benefits that has been reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval. If the company does not have any available documents to effectuate such changes, a form will need to be submitted for review and approval. It can be attached to this filing if desired. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms including the contingent benefit upon lapse and/or optional nonforfeiture benefit. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as a readability certification in accordance with 14VAC5-110-60.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please see Response 1.

Related Objection 6

Applies To:

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

Comments: Please amend the form to include all the form numbers as provided on the Rate/Rule Schedule.

Please expand the narrative to explain in consumer friendly language the drivers of the rate increase. The explanation, however, does not clearly identify the drivers of the rate request. In other words, what caused claims levels to be higher than originally anticipated when the policy was priced. Below is an example of such wording that may be more consumer friendly and easier to understand:

"Rates are being raised on all policies like yours to pay for anticipated claims that are higher than expected. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. This premium increase is designed to offset some of these anticipated costs and in no way reflects on the integrity of your policy, nor is it based on your individual claims history, age, health status, or any other personal factor."

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please see Response 1.

Related Objection 7

Applies To:

- long term care rates, [FTQ (VA) 197 with rider CBIOR 196] (Rate)
- long term care rates, [FTQ (VA) 197 with rider FHCCRTQ (VA) 197] (Rate)
- long term care rates , [FTQ (VA) 197] (Rate)
- long term care rates, [FTQ (VA) 197 with rider SBIOR 196] (Rate)
- long term care rates, [LTC 5 TQ (VA) 600] (Rate)
- long term care rates, [ML-LTCP TQ (VA) 197] (Rate)

- long term care rates, [ML-LTCP TQ (VA) 197 with rider ML-LTCR TQ 197] (Rate)
- long term care rates, [ML-LTCP COM TQ (VA) 898] (Rate)

Comments: In lieu of a single increase, the Bureau may approve a series of scheduled rate increases that are actuarially equivalent to the single amount requested by the insurer over the lifetime of the policy. The entire series would be approved at one time as part of the current increase filing. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required to include contingent benefit upon lapse at the time of each scheduled increase. If the company is agreeable to this, what implementation schedule would be offered?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Daniel Anderson

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

Amendment Letter

Submitted Date: 06/12/2020

Comments:

We have also updated the website address on the FAQ form.

The font size is ok on the company name on the Quote Sheet and other forms.

Let me know if you need anything else. Thanks!

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	FAQ	RINC 2018 FAQ VA	OTH	Initial			RINC 2018 FAQ VA TPLIC.pdf	Date Submitted: 06/12/2020 By:
Previous Version								
1	*FAQ*	*RINC 2018 FAQ VA*	*OTH*	*Initial*			*RINC 2018 FAQ VA TPLIC.pdf*	*Date Submitted: 03/02/2020 By: Laura Aleman*
Previous Version								
1	*FAQ*	*RINC 2018 FAQ VA*	*OTH*	*Initial*			*RINC 2018 FAQ VA.pdf*	*Date Submitted: 11/07/2019 By: Laura Aleman*
Previous Version								
1	*FAQ*	*TPLIC LTC (VA) FAQ 1118*	*OTH*	*Initial*			*TPLIC ltc VA FAQ 1118.pdf*	*Date Submitted: 12/13/2018 By: Dianna Whitney*

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Amendment Letter

Submitted Date: 06/12/2020

Comments:

We have also updated the rate increase letter on the Form Schedule to update the Virginia State Corporation Commission website address: https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Rate increase notification letter	RINC 2018 LTR VA	OTH	Initial			RINC 2018 LTR VA TPLIC 061220.pdf	Date Submitted: 06/12/2020 By:
Previous Version								
1	*Rate increase notification letter*	*RINC 2018 LTR VA*	*OTH*	*Initial*			*RINC 2018 LTR VA TPLIC.pdf*	*Date Submitted: 03/02/2020 By: Laura Aleman*
Previous Version								
1	*Rate increase notification letter*	*RINC 2018 LTR VA*	*OTH*	*Initial*			*RINC 2018 LTR VA.pdf*	*Date Submitted: 11/07/2019 By: Laura Aleman*
Previous Version								
1	*Rate increase notification letter*	*TPLIC LTC (VA) Legacy 1118*	*OTH*	*Initial*			*TPLIC LTC (VA) Legacy 1118 20190424.pdf*	*Date Submitted: 04/24/2019 By: Dianna Whitney*
Previous Version								
1	*Rate increase notification letter*	*TPLIC LTC (VA) Legacy 1118*	*OTH*	*Initial*			*TPLIC LTC VA Legacy 1118.pdf*	*Date Submitted: 12/13/2018 By: Dianna Whitney*

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

Amendment Letter

Submitted Date: 06/12/2020

Comments:

We have updated the rate increase letter for the new web link for the Virginia State Corporation Commission: https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Sample RINC Correspondence
Comments:	
Attachment(s):	RINC 2018 QR VA John Doe TPLIC.pdf RINC 2018 QS VA_Legacy JD_033020.pdf RINC 2018 LTR VA TPLIC Legacy JD 061220.pdf
Previous Version	
Satisfied - Item:	*Sample RINC Correspondence*
Comments:	
Attachment(s):	*RINC 2018 QR VA John Doe TPLIC.pdf* *RINC 2018 LTR VA TPLIC Legacy JD.pdf* *RINC 2018 QS VA_Legacy JD_033020.pdf*
Previous Version	
Satisfied - Item:	*Sample RINC Correspondence*
Comments:	
Attachment(s):	*RINC 2018 QR VA John Doe TPLIC.pdf* *RINC 2018 LTR VA TPLIC Legacy JD.pdf* *RINC 2018 QS VA TPLIC Legacy JD 032020.pdf*
Previous Version	
Satisfied - Item:	*Sample RINC Correspondence*
Comments:	
Attachment(s):	*RINC 2018 QR VA John Doe TPLIC.pdf* *RINC 2018 LTR VA TPLIC Legacy JD.pdf* *RINC 2018 QS VA TPLIC Legacy JD.pdf*
Previous Version	
Satisfied - Item:	*Sample RINC Correspondence*
Comments:	
Attachment(s):	*RINC 2018 LTR VA John Doe TPLIC Legacy.pdf* *RINC 2018 QS VA John Doe TPLIC Legacy.pdf* *RINC 2018 QR VA John Doe TPLIC.pdf*

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

Amendment Letter

Submitted Date: 02/13/2020

Comments:

Thank you for your phone call on 2/6/20. Attached please find the rate increase correspondence letter, quote selection sheet and quote request form in John Doe format.

Let me know if you need anything else. Thanks!

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Sample RINC Correspondence
Comments:	
Attachment(s):	RINC 2018 LTR VA John Doe TPLIC Legacy.pdf RINC 2018 QS VA John Doe TPLIC Legacy.pdf RINC 2018 QR VA John Doe TPLIC.pdf

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

Amendment Letter

Submitted Date: 11/07/2019

Comments:

Statement of Variability has also been revised on item 6 and item 7.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	VA STATEMENT OF VARIABILITY 110719.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA STATEMENT OF VARIABILITY 110719.pdf*

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

Amendment Letter

Submitted Date: 10/01/2019

Comments:

To be consistent with our Transamerica Life filing, Serff Tracking Number AEGJ-130321041, attached is the Quote Sheet and the Quote Request forms.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Quote Request	RINC 2018 QR VA	OTH	Initial			RINC 2018 QR VA.pdf	Date Submitted: 10/01/2019 By:
2	Quote Sheet	RINC 2018 QS VA	OTH	Initial			RINC 2018 QS VA.pdf	Date Submitted: 10/01/2019 By:

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State:	*Virginia*	**Filing Company:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Note To Reviewer

Created By:

Laura Aleman on 02/06/2020 08:45 AM

Last Edited By:

Bobby Toone

Submitted On:

07/02/2020 02:38 PM

Subject:

Contact Information

Comments:

Please use my contact information for the VA rate increase filings. Bobbye and Dianna are no longer with Transamerica.

Laura Aleman
972-881-6332
Laura.Aleman@transamerica.com

State:	*Virginia*	**Filing Company:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Note To Filer

Created By:

Bobby Toone on 02/06/2020 07:45 AM

Last Edited By:

Bobby Toone

Submitted On:

07/02/2020 02:38 PM

Subject:

Current Contact Info.

Comments:

The phone numbers provided under the Filing Contact Information heading do not work. This applies to both (972)881-6333 for Bobbye Haggard and (972)881-6309 for Dianna Whitely. Please provide current contact information for all four filings.

State:	*Virginia*	**Filing Company:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Note To Reviewer

Created By:

Dianna Whitney on 11/22/2017 09:52 AM

Last Edited By:

Bobby Toone

Submitted On:

07/02/2020 02:38 PM

Subject:

Thank you!

Comments:

Thank you for your patience. Happy Thanksgiving to you and yours

Dianna

State:	*Virginia*	**Filing Company:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Note To Filer

Created By:

Janet Houser on 11/22/2017 08:57 AM

Last Edited By:

Bobby Toone

Submitted On:

07/02/2020 02:38 PM

Subject:

Thanks!!!

Comments:

Thanks for the update. Have a Safe and Happy Thanksgiving!!!

State:	*Virginia*	**Filing Company:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Note To Reviewer

Created By:

Dianna Whitney on 11/22/2017 08:41 AM

Last Edited By:

Bobby Toone

Submitted On:

07/02/2020 02:38 PM

Subject:

AEGB-131269062

Comments:

The referenced filing is still in draft. I have a heavy workload and hope to submit it next week. If you'll please be patient and give me more time I'd appreciate it.

Dianna Whitney

State:	*Virginia*	**Filing Company:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Note To Filer

Created By:

Janet Houser on 11/22/2017 08:11 AM

Last Edited By:

Bobby Toone

Submitted On:

07/02/2020 02:38 PM

Subject:

AEGB-131269062

Comments:

We are unable to locate this filing as referenced in General Information. Please resubmit.

Thanks.

Janet Houser

State:	*Virginia*	**Filing Company:**	*Transamerica Premier Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*TPLIC RINC 2017 LEGACY*		
Project Name/Number:	*TPLIC RINC 2017 LEGACY/H2015RINC*		

Reviewer Note

Created By:

Bobby Toone on 10/15/2018 04:39 PM

Last Edited By:

Bobby Toone

Submitted On:

06/30/2020 08:36 AM

Subject:

RRS

Comments:

RRS1
RRS2

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

Company Name and NAIC Number: Transamerica Premier Life Insurance Company

SERFF Tracking Number: AEGB-131271280

Disposition: Approved and Filed

Approval Date: 6/18/2020

Revised Rates

Average Annual Premium Per Member: $3,454

Average Requested Percentage Rate Change Per Member: 92%

Minimum Requested Percentage Rate Change Per Member: 92%

Maximum Requested Percentage Rate Change Per Member: 92%

Number of Policy Holders Affected: 497

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

The Company requested, and the Bureau approved a rate increase of 92% for this block of individual long-term care insurance policy forms.

The filing was reviewed by the Bureau's consulting actuary and determined to comply with the requirements for a rate increase set forth in 14VAC5-200-150 of the Virginia Administrative Code for policies issued prior to October 1, 2003, and 14VAC5-200-153 for policies issued on or after October 1, 2003. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 84% with the increase, which exceeds the minimum required loss ratio.

The Company has advised that they do not intend to request future rates increases on this block unless the actual experience is worse than projected.

The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit

period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at: https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx

Reset Form

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

Company Name and NAIC Number: Transamerica Premier Life Insurance Co 66281

SERFF Tracking Number: AEGB-131269061

Effective Date: Upon Approval

Revised Rates

Average Annual Premium Per Member: $2,012

Average Requested Percentage Rate Change Per Member: 92%

Minimum Requested Percentage Rate Change Per Member: 92%

Maximum Requested Percentage Rate Change Per Member: 92%

Number of Policy Holders Affected : 497

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

Form#	"Product Name"(if applicable)
ML-LTCP TQ (VA) 197	ML1
ML-LTCP COM TQ (VA) 898	MLPool
FTQ (VA) 197	FLEX 2 TQ
LTC 5 TQ (VA) 600	LTC5 TQ

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

This rate filing is a request for a 92% increase in premium, effective upon approval by the state, on the base policy and all associated riders for all insureds covered under the above-captioned policy forms. The requested premium rate increase is needed due to claim levels that produce unacceptable lifetime loss ratios exceeding the statutorily required minimum loss ratio.

State: *Virginia*
Filing Company: *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed 06/18/2020	Rate increase notification letter	RINC 2018 LTR VA	OTH	Initial			RINC 2018 LTR VA TPLIC 061220.pdf
2	Filed 06/18/2020	FAQ	RINC 2018 FAQ VA	OTH	Initial			RINC 2018 FAQ VA TPLIC.pdf
3	Approved 06/18/2020	Quote Sheet	RINC 2018 QS VA	OTH	Initial			RINC 2018 QS VA.pdf
4	Approved 06/18/2020	Quote Request	RINC 2018 QR VA	OTH	Initial			RINC 2018 QR VA.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

TRANSAMERICA®
2700 West Plano Parkway | Plano, TX 75075 | www.transamerica.com

[Recipient First and Last Name]
[Address Line1]
[Address Line2]
[Address Line3]
[Address Line4]
[City, State Zip Code]

[Month Day, Year]

Transamerica Premier Life Insurance Company Policy: [Number]
Insured Name: [Name]

Dear Policyholder:

Thank you for being a valued customer of Transamerica Premier Life Insurance Company (Transamerica). We are writing today to give you important information about your Transamerica Premier Life Insurance Company long term care insurance policy. At Transamerica, we make every effort to provide quality coverage at reasonable and affordable rates. However, sometimes claims significantly exceed expected levels. When this occurs over a long period of time and is expected to continue, premium rates must increase.

Premium rates are increasing on your long term care insurance policy identified above. Effective [XX/XXXX] (the "Rate Increase Effective Date"), your [mode - monthly, annual, semi-annual or quarterly] Long Term Care Insurance premiums will increase from $[XXXX] to $[XXXX]. This represents a [XX%] increase in your premium rates. Rates are being raised on all policies in Virginia like yours due to claim levels that are higher than expected. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be increased to ensure adequate funding to pay current and anticipated future claims. This premium increase is not based on your individual claims history, age, health status, or any other personal factor.

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 https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

We understand that this rate increase may have a significant impact on your budget. We also know that you value your long term care coverage and want to keep it. If you cannot afford the premium increase, you may want to consider options that may be available to lower your premium by reducing or changing your current level of benefits.

[This rate increase is the first of three rate increases that will be applied to your policy over the next three years. A similar increase will be applied to your policy one year from now, and the third increase will be applied to your policy two years from now, as shown below.

If you choose to maintain your current level of benefits, your premiums will increase as follows:

Month/Year	Old Modal Premium	New Modal Premium
[XX/XXXX]	$[XXXX]	$[XXXX]
[XX/XXXX]	$[XXXX]	$[XXXX]
[XX/XXXX]	$[XXXX]	$[XXXX]

Benefit reduction options, however, may be available to you to offset all or part of the rate increase. These options may also be available for the additional increases mentioned above. If you decide to reduce your policy benefits, your premiums will be adjusted accordingly.]

Available options
Depending on your current level of benefits, you may be able to reduce your premium by selecting one or more of the following options:

- Reduce your maximum lifetime benefit.
- Reduce your maximum daily benefit.
- Increase the length of your elimination period.
- Reduce your Benefit Increase Option rate, if your policy includes this feature.
- Remove your Benefit Increase Option, if your policy includes this feature.

Please be aware that not all options are equal and some will impact your coverage and premium more than others.

[Your policy has an inflation protection feature called the Benefit Increase Option (BIO), which automatically increases your benefit amount by a certain percentage rate annually. One option that you may want to consider is to reduce your BIO rate. You can only exercise this option within 120 days of receiving this rate increase letter. If you choose this option, you could reduce your premium increase, or even avoid it entirely, while keeping all of the accrued daily benefit increases you have received to date. Your daily benefit, however, would not increase or would increase at a lower rate going forward.

Reducing your BIO rate *versus* removing BIO altogether. You may have an option to reduce your BIO rate—this option is only available within the first 120 days of receiving the notification letter—or to remove BIO from your policy altogether. If you reduce your BIO rate, you will retain previously accumulated increases. If you remove your BIO altogether, you will have the option to retain your accumulated benefit amount. However, your premium for this option will be based on your original issue age and will be calculated as if your current accumulated benefit amount was purchased at the time your policy was originally issued. It is possible that your premium will still increase.]

We have enclosed a Frequently Asked Questions document to provide additional information about premium reduction options available to you. You may also visit [options.taltc.com] to schedule a phone call from us to discuss your options.

Contingent Nonforfeiture Benefit – another option
If you do not pay your premium within the 120 days following the Rate Increase Effective Date, the Contingent Nonforfeiture Benefit will automatically take effect. This benefit will prevent you from forfeiting (losing) the premiums you have already paid. This nonforfeiture benefit will not be available to policyholders who cease paying premiums at any other time.

If the nonforfeiture benefit takes effect, your maximum lifetime benefit will be automatically reduced to an amount equal to the total amount of the premiums you have already paid. The Contingent Nonforfeiture Benefit is described in greater detail in the enclosed Frequently Asked Questions document.

Important information
Please remember that your policy is guaranteed renewable. We cannot cancel your policy as long as you pay the required premium on or before the premium due date or during the grace period. We are available to work with you to lower your premium by reducing or changing your current benefits, but you should be aware, that even if you decide to reduce or change your current benefits, additional rate increases may occur in the future.

[**You should also be aware that reducing or changing your benefits may cause—and in some cases will cause—your policy to no longer qualify as a Long Term Care Partnership policy. If your policy is no longer Partnership Qualified, you will not be eligible for Medicaid asset protection provided by your state's Long Term Care Partnership Program**.]

Available resources
Please read the Frequently Asked Questions document enclosed with this letter. It addresses topics such as the likelihood of future premium rate increases, benefit and premium reduction options, and special coverage considerations. In addition, if you would like to receive a revised premium rate schedule for your policy, please contact us.

We also encourage you to visit our website at [options.taltc.com]. You can use the website's online scheduling tool to arrange a time for a customer service representative to call you—a time that is convenient for you and any family members, friends, or advisors that you would like to have on the call with you.

The website was designed to help you consider and evaluate your benefit reduction options. You can use the website to determine the cost of long term care services in your area—something you should consider when selecting the right amount of coverage for you. And you can see how changes to your current coverage and policy benefits will affect your premium.

We understand that you may have questions about the rate increase and your options. To avoid waiting on hold for a representative, please visit [options.taltc.com] to schedule a phone call from us. If you'd rather call us directly, we can be reached at [866-311-2048]. Customer service representatives are available [Monday through Friday between 9:00 a.m. and 6:30 p.m. ET] to respond to questions about the premium increase.

We know how much you value your long term care insurance and we want to work with you to keep this coverage in place.

Best regards,

Transamerica

Enclosures: [Benefit Reduction Options – Quote Selection Sheet]
[Quote Request Form]
Frequently Asked Questions
Envelope

TRANSAMERICA®

Transamerica Premier Life Insurance Company
Long Term Care Insurance
Rate Increase

FREQUENTLY ASKED QUESTIONS

Premium Increases

Does my policy allow you to increase my premiums?
Your policy states that Transamerica Premier Life Insurance Company has the right to increase your premiums. The face page of your policy describes how this must be done. Transamerica has complied with the terms of your policy and with applicable state insurance regulations.

The rate increase request was reviewed by Virginia's 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 https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

As a reminder, your policy is guaranteed renewable. We cannot cancel your policy as long as you pay the required premium on or before the premium due date or during the grace period. However, we do have a right to change the premiums on your policy subject to approval by the appropriate state regulatory agency, if such approval is required. You should also be aware that even if you decide to change or reduce your current benefits, premium increases can occur in the future.

Will my premiums increase again in the future?
While we have no current plans for additional rate increases beyond those shown in the cover letter, future rate increases may occur. As with this increase, any future increases will be based on our experience with all long term care insurance policies like the one you hold. As stated in your policy, we will notify you of any future rate increases and provide you with at least 75 days written notice prior to implementation.

We hope that you can use this information about the likelihood of future premium increases to make an informed decision about benefit reduction options that may be available to lower your premium now.

Benefit Reduction Options

If I don't want to pay the increased premium, do I have any options?
Depending on your current level of benefits, you may be able to offset the premium increase by reducing the benefits in your policy. One or more of the following benefit reduction options may be available to you:

- Reduce your maximum lifetime benefit.
- Reduce your maximum daily benefit amount.
- Increase the length of your elimination period.
- Reduce your Benefit Increase Option rate, if your policy includes this feature.
- Remove your Benefit Increase Option, if your policy includes this feature.

Not all options are equal and some options will impact your coverage and your premium more than others. You should also keep in mind that if you reduce your coverage, you run the risk of increasing your out-of-pocket expenses at claim time. Furthermore, reducing your coverage now will not prevent rate increases in the future.

You may choose to reduce the Benefit Increase Option (BIO), if your policy includes this feature, but only within the first 120 days of receiving the notification letter. You may choose to reduce the maximum lifetime benefit, reduce the maximum daily benefit, increase the length of your elimination period, or remove BIO at any time.

We are also providing a Contingent Nonforfeiture Benefit, available only to policyholders who stop paying their premiums within 120 days following the Rate Increase Effective Date. Please see the section below called "Nonforfeiture of Premiums."

For more information about your options, please visit our website at [options.taltc.com] or contact our dedicated customer service representatives at 866-311-2048.

If I want to reduce my premiums, how long do I have to choose an option?
Although your premiums will increase on the Rate Increase Effective Date (see rate increase letter), you may choose to reduce the maximum lifetime benefit, reduce the maximum daily benefit, increase the length of your elimination period, remove the Benefit Increase Option (BIO) *at any time*. You may choose to reduce the Benefit Increase Option (BIO) rate, but only within the first 120 days of receiving the notification letter. If you choose the Contingent Nonforfeiture Benefit, you must do so—either by not paying your premium or by notifying us—within 120 days following the Rate Increase Effective Date. (Please see the section below called "Nonforfeiture of Premiums.")

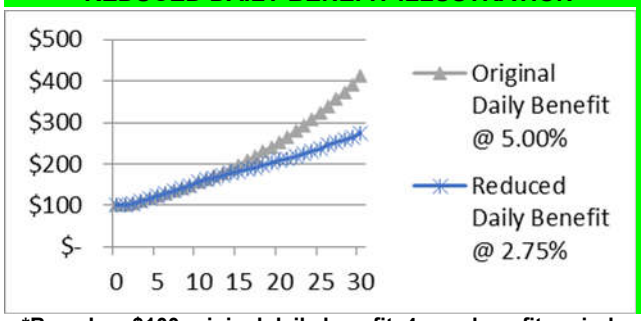
Can you delay making my premium increase effective until I decide which option is best for me?
No, unfortunately, we cannot delay the premium increase. The increase will take effect on the Rate Increase Effective Date and you will need to pay your premium when due to prevent your policy from lapsing. However, you can still select a benefit reduction option or options (depending on your current level of benefits), even after you pay the increased premium. Please see the previous question about how long you have to choose an option. If you pay the increased premium, then later select a premium reduction option, we will refund (or credit to you) any overpayment of premium.

If I select a benefit reduction option (or options), when will my reduced premium take effect?

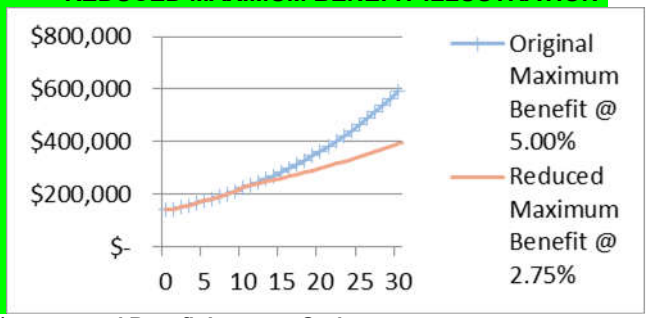
If we receive your selection *before* the Rate Increase Effective Date and your premium payments are up to date, your benefit reduction will take effect on the Rate Increase Effective Date. If we receive your selection *after* the Rate Increase Effective Date and your premium payments are up to date, your benefit reduction will take effect in the month after we receive your selection on the day in that month that matches your policy issue day. Your reduced premium will take effect on the same date.

If I reduce my current Benefit Increase Option rate, what impact will that have over time on increases in my daily benefit amount and maximum benefit amount?
Your Benefit Increase Option (BIO) is an inflation protection feature that automatically increases your benefit amount annually. If you elect to reduce your BIO rate, your daily benefit amount will increase at a slower pace—resulting in a lower future daily benefit amount and a lower future maximum benefit—than if you maintained the current BIO rate. The graphs below are an example only and illustrate how reducing your BIO rate in year 10 of the policy will affect your future daily benefit and future maximum benefit. The actual BIO rate available to you will vary.

REDUCED DAILY BENEFIT ILLUSTRATION*



REDUCED MAXIMUM BENEFIT ILLUSTRATION*



***Based on $100 original daily benefit, 4 year benefit period, and 5% compound Benefit Increase Option.**

Contingent Nonforfeiture of Premiums

If I choose not to pay my premium, what will happen to my coverage?
If you do not pay your premium when it becomes due, your current coverage will lapse. To prevent you from forfeiting (losing) the premiums you have already paid, we will provide a Contingent Nonforfeiture Benefit. The Contingent Nonforfeiture Benefit is not a cash value benefit. It provides benefit dollars only if you become eligible for and receive covered benefits.

This nonforfeiture benefit will allow your coverage to continue in a limited form without further premium payments. Although your daily benefit amount and elimination period will remain the same, your maximum lifetime benefit will be reduced to an amount equal to the total amount of the premiums you have already paid. Your minimum lifetime benefit will not be less than 30 times the daily nursing home benefit at the time of lapse. Benefit increases under your Benefit Increase Option (if you have one) will stop. You will not be allowed to resume payment of premiums or make changes to your policy.

The Contingent Nonforfeiture Benefit will take effect automatically, if you stop paying your premiums within the 120 days following the Rate Increase Effective Date. This

nonforfeiture benefit will *not* be available to policyholders who cease paying premiums at any other time.

Note: The Contingent Nonforfeiture Benefit provides very limited benefits. We urge you to carefully consider whether or not such limited benefits are appropriate for you. You may want to call our customer service representatives, or your insurance agent, to discuss the Contingent Nonforfeiture Benefit in greater detail.

[Add the following section for Partnership policies]

Partnership Qualified Long Term Care Policies - Loss of Medicaid Asset Protection

If I choose a benefit reduction option, will my policy still qualify for the Long Term Care Partnership Program?
Depending on your state and age, if you choose to *remove* your policy's Benefit Increase Option (BIO), your policy *will* no longer qualify as a Long Term Care Partnership policy and you will not be eligible for Medicaid asset protection. If you choose to *reduce your* policy's Benefit Increase Option (BIO), your policy *may* no longer qualify as a Long Term Care Partnership policy. Reducing your maximum daily benefit or your maximum lifetime benefit could also cause your policy to no longer qualify as a Long Term Care Partnership policy.

We strongly encourage you to evaluate the potential impact any benefit reduction option could have on your Long Term Care Partnership policy and Medicaid asset protection. Please contact a customer service representative or speak with a trusted advisor before you select an option.

Survivorship Considerations

My policy has a survivorship benefit. How will the premium increase affect me?
If your spouse or partner is deceased and your premiums are being waived under your survivorship benefit, then this premium increase will have *no* effect on you. Your policy is considered paid up for life, because of your survivorship benefit, and you do not need to pay any premiums. However, the rate increase would apply to premiums for benefits you may have added to your policy after your spouse or partner passed away.

If your policy has a survivorship benefit, but the benefit has not been invoked, then your policy is subject to the premium increase. To prevent your policy from lapsing, you must pay the increased premium or elect to reduce the premium increase by selecting one or more of the benefit reduction options described in these materials.

Please refer to your policy for the specific terms of your survivorship benefit. Generally, the survivorship benefit becomes available after two conditions are met: 1) your spouse or partner is deceased, and 2) you have paid premiums for 10 years (the actual terms of your policy may vary). If you think you may be eligible for the survivorship benefit—paid up status and no premiums to pay—in the future, it may be in your best interest to pay the increased premium and make no changes to your coverage. For example, if your spouse or partner has passed away and you have paid in eight years of premiums, your policy could become paid up after

two more years of premium payments. In this example, you might prefer to pay the increased premium for two more years.

Other Questions

My premiums are taken directly from my bank account. Do you need a new bank authorization form, now that my premium amount has changed?
No, your existing form will allow us to deduct the correct premium from your account.

I am currently receiving benefits under my policy and my premiums are being waived. How will the premium increase affect me?
The premium increase will not affect your current claim. Your policy will continue to provide benefits under the terms of the coverage you purchased. Your waiver of premium benefit will continue to work in the same way. If your premiums are currently being waived, the new premium will also be waived, until you are no longer eligible for waiver of premiums, as stated in your policy. If you return to premium-paying status, you will need to pay the increased premium or choose one of the benefit reduction options available to you at that time.

Contact Us

We encourage you to visit our website at [options.taltc.com]. The website was specially designed to help you consider and evaluate your benefit reduction options. You can use the website to determine the cost of long term care services in your area—something you should consider when selecting the right amount of coverage for you.

You can also use the website's online scheduling tool to arrange a time for a customer service representative to call you—a time that is convenient for you and any family members, friends, or advisors that you would like to have on the call with you.

After visiting the website, you may have additional questions. Please feel free to call our Long Term Care Insurance customer service representatives at **[866-311-2048]**. Customer service representatives are available [Monday through Friday between 9:00 a.m. and 6:30p.m. ET] to respond to questions about the premium increase.

We know how much you value your long term care insurance and we want to work with you to keep this coverage in place. Please don't hesitate to contact us.

TRANSAMERICA®

Transamerica Premier Life Insurance Company
Long Term Care Insurance
Rate Increase

Benefit Reduction Options – Quote Selection Sheet

Prepared for Policy Number: [policy number]

If you are concerned about the upcoming rate increase (see rate increase letter) and you want to keep your premium amount closer to your current premium amount, please review the benefit reduction options and quotes presented in this document. **If, however, you plan to pay the increased premium and do not want to reduce your benefits, you may disregard this document.**

How to select a benefit reduction option. Review the options displayed in the *Quote Selection Sheet* at the end of this document. To select an option, place a check in the box next to the option you want. After you've checked an option, sign and date the *Quote Selection Sheet* and mail it to us in the enclosed envelope or fax it to [XXX-XXX-XXXX].

Before you make your selection, please visit our website at [options.taltc.com] for more information. If you have questions or would like to learn about other options that may be available, please use the website to schedule a phone call from us—at a time that's convenient for you—or call us directly at [**866-311-2048**].

Your policy's current benefits are summarized below. By reducing or adjusting a benefit, you may be able to reduce your premium.

Summary of Your Policy's Current Benefits

Benefit Name	Current Benefit	Current Value
[Benefit Increase Option (BIO) Rate	[rate%]	[rate%]]
[[Nursing Home] - Maximum Daily	$[amount]	$[amount]]
[Nursing Home] - Maximum Lifetime[*]	[Unlimited or XXX] Days [AND/OR] [$amount]	[Unlimited or XXX] Days [AND/OR] [$amount]]
[Nursing Home] - Elimination Period	[XX] days	[XX] days]
[[Nursing Home/Assisted Living] - Maximum Daily	$[amount]	$[amount]]
[Nursing Home/Assisted Living] - Maximum Lifetime[*]	[Unlimited or XXX] Days [AND/OR] [$amount]	[Unlimited or XXX] Days [AND/OR] [$amount]]
[Nursing Home/Assisted Living] - Elimination Period	[XX] days	[XX] days]
[[Community Based Services] - Maximum Daily	$[amount]	$[[amount]]
[[Community Based Services]:		
[Professional Services (Level 1)] – [Maximum Daily	$[amount]	$[amount]]
[Basic Services (Level II)] – Maximum Daily	$[amount]	$[amount]]
[[Community Based Services/Assisted Living] - Maximum Daily	$[amount]	$[amount]]
[Community Based Services/Assisted Living] – Maximum Lifetime[*]	[Unlimited or XXX] Days [AND/OR] [$amount]	[Unlimited or XXX] Days [AND/OR] [$amount]]
[[Community Based Services] - Maximum Daily	$[amount]	$[amount]]

[Community Based Services] - Maximum Lifetime[*]	[Unlimited or XXX] Days [AND/OR] [$amount]	[Unlimited or XXX] Days [AND/OR] [$amount]]
[Community Based Services] - Elimination Period	[XX] Days	[XX] Days]

[* If any claims have been paid, actual lifetime amount may be less.]

Considering your options. To see how reducing a benefit could reduce your premium, please review the *Quote Selection Sheet* at the end of this document. You can use the *Quote Selection Sheet* to select a benefit reduction option that best fits your budget and coverage needs. Please be aware that not all options are equal and some will impact your coverage and premium more than others. And keep in mind that changes to your coverage may or may not be in your best interest and should be considered carefully, especially if you are on claim, or are eligible to claim, or if your policy has the survivorship benefit and you think that you will soon be eligible to claim this benefit.

Current Benefit and Reduced Benefit. Each option below is displayed in a table that shows a Current Benefit and a Reduced Benefit. The Current Benefit is your benefit today. It reflects any benefit changes requested by you after the start of your policy. The Reduced Benefit shows the benefit you are choosing if you select the option.

[**Current Value and Reduced Value.** Your policy has an inflation protection feature called the Benefit Increase Option (BIO), which automatically increases your benefit amount by a certain percentage rate annually. Please note that the amount shown in the Current Benefit column does *not* include any increase in value accumulated through your BIO. BIO increases are reflected in the Current Value column, which shows the cumulative effect of your BIO rate on your Current Benefit amount as of [XX/XXXX]. The Reduced Value column shows the value that would result if you select the option.

Reducing your BIO rate *versus* removing BIO altogether. You may have an option to reduce your BIO rate—this option is only available within the first 120 days of receiving the notification letter—or to remove BIO from your policy altogether. If you reduce your BIO rate, you will retain previously accumulated increases. If you remove your BIO altogether, you will have the option to retain your accumulated benefit amount. However, your premium for this option will be based on your original issue age and will be calculated as if your current accumulated benefit amount was purchased at the time your policy was originally issued. It is possible that your premium will still increase].

Maximum Lifetime Benefit. If you have incurred any claims under your policy, your maximum lifetime benefit may have been reduced by the amount of the claims paid. The amount or value of a maximum lifetime benefit shown in the *Quote Selection Sheet*—whether current or reduced—does *not* reflect possible reductions to the lifetime benefit as a result of claims paid.

Reduced Premium quote. Each option on the *Quote Selection Sheet* displays your new Increased Premium if you do *not* select a benefit reduction option, and a Reduced Premium if you select the option.

Please be aware that the Reduced Premium displayed is a QUOTE only and IS NOT A GUARANTEE of any rate(s) quoted or a revision of your current policy contract. Actual premium(s) may differ slightly. Premium calculations are based on information and policy coverage as of [XX/XXXX]. If you select one of the options below, your policy will be endorsed to reflect the actual premium.

Contingent Nonforfeiture Benefit – another option. If you do not pay your premium when it becomes due, your current coverage will lapse. To prevent you from forfeiting (losing) the premiums you have already paid, we will provide a Contingent Nonforfeiture Benefit. The Contingent Nonforfeiture Benefit is not a cash value benefit. It provides benefit dollars only if you become eligible for and receive covered benefits.

This benefit will allow your coverage to continue in a limited form without further premium payments. Although your daily benefit amount and elimination period will remain the same, your maximum lifetime benefit will be reduced to an amount equal to the total amount of the premiums you have already paid. Your minimum lifetime benefit will not be less than 30 times the daily nursing home benefit at the time of lapse. Benefit increases under your Benefit Increase Option (if you have one) will stop. You will not be allowed to resume payment of premiums or make changes to your policy.

The Contingent Nonforfeiture Benefit will take effect automatically, if you stop paying your premiums within the 120 days following the Rate Increase Effective Date. This benefit will *not* be available to policyholders who cease paying premiums at any other time.

Note: The Contingent Nonforfeiture Benefit provides very limited benefits. We urge you to carefully consider whether or not such limited benefits are appropriate for you. You may want to call our customer service representatives, or your insurance agent, to discuss the Contingent Nonforfeiture Benefit in greater detail.

Other options. Options *not* shown on this quote sheet may also be available to you. For example, you may be able to reduce more than one benefit. To explore other benefit reduction options, you will need to speak with a customer service representative. Go to [options.taltc.com] to schedule a call from us or call us at [**866-311-2048**].

[**Partnership Qualified Long Term Care Policies – Loss of Medicaid asset protection.** Depending on your state and age, if you choose to *remove* your policy's Benefit Increase Option (BIO), your policy *will* no longer qualify as a Long Term Care Partnership policy and you will not be eligible for Medicaid asset protection. If you choose to *reduce* your policy's Benefit Increase Option (BIO), your policy *may* no longer qualify as a Long Term Care Partnership policy. Reducing your maximum daily benefit or your maximum lifetime benefit could also cause your policy to no longer qualify as a Long Term Care Partnership policy.

We strongly encourage you to evaluate the potential impact any benefit reduction option could have on your Long Term Care Partnership policy and Medicaid asset protection. Please contact a customer service representative or speak with a trusted advisor before you select an option.

If you have a Long Term Care Partnership policy and you select a benefit reduction option, you *must* sign the Loss of Medicaid Asset Protection Acknowledgement at the end of the *Quote Selection Sheet*].

For more information. We encourage you to visit [options.taltc.com] for more information about your coverage and options. You can use the website's online scheduling tool to arrange a time for a customer service representative to call you—a time that is convenient for you and any family members, friends, or advisors that you would like to have on the call with you.

After visiting the website, you may have additional questions. Please feel free to call our Long Term Care Insurance customer service representatives at [**866-311-2048**]. Customer service representatives are available [Monday through Friday between 9:00 a.m. and 6:30p.m. ET] to respond to questions about the premium increase.

Quote Selection Sheet

To select an option, place a check in the box next to the option you want. After you have checked an option, sign and date the *Quote Selection Sheet* and mail it to us in the enclosed envelope or fax it to [XXX-XXX-XXXX]. If you have questions or would like information about the other options that may be available, contact us at **[866-311-2048]** before you make your selection.

[

Option [1]: [Reduce Maximum Lifetime Benefit]

Benefit	Current Benefit	Reduced Benefit	Current Value	Reduced Value
[Nursing Home Lifetime]	[$204,400]	[$153,300]	[$347,480]	[$260,610][**]
[Home Health Lifetime][*]	[$50,000]	[$25,000]	[$85,000]	[$42,500][**]

[* Pooled with Maximum Nursing Home Lifetime]
[** Reflects BIO applied to Reduced Benefit from policy start date. If any claims have been paid, actual lifetime amount may be less.]

Mode	Increased Premium	Reduced Premium
[Quarterly]	$[216.67]	$[182.97]]

[

Option [2]: [Reduce Maximum Daily Benefit]

Benefit	Current Benefit	Reduced Benefit	Current Value	Reduced Value
[Nursing Home Daily]	[$140]	[$120]	[$238]	[$204][**]
[Home Health Daily]	[$100]	[$80]	[$170]	[$136][**]
[Nursing Home Lifetime]	[$204,400]	[$175,200]	[$347,480]	[$297,840][***]
[Home Health Lifetime][*]	[$50,000]	[$40,000]	[$85,000]	[$68,000][***]

[* Pooled with Maximum Nursing Home Lifetime]
[** Reflects BIO applied to Reduced Benefit from policy start date. *** If any claims have been paid, actual lifetime amount may be less.]

Mode	Increased Premium	Reduced Premium
[Quarterly]	$[216.67]	$[203.45]]

[

Option [3]: [Reduce Benefit Increase Option (BIO) Rate (time-limited option)]

Benefit	Current Benefit	Reduced Benefit	Current Value	Reduced Value
BIO RATE	[5]%	[2.75]%	-	-
[Nursing Home Daily]	[$140]	-	[$238]	[$238][**]
[Home Health Daily]	[$100]	-	[$170]	[$170][**]
[Nursing Home Lifetime]	[$204,400]	-	[$347,480]	[$347,480][***]
[Home Health Lifetime][*]	[$50,000]	-	[$85,000]	[$85,000][***]

[* Pooled with Maximum Nursing Home Lifetime]
[** Retains BIO increases accumulated at old rate. Future increases will occur at reduced rate.]
[*** Retains BIO increases accumulated at old rate. Future increases will occur at reduced rate. If any claims have been paid, actual lifetime amount may be less.]

Mode	Increased Premium	Reduced Premium
[Quarterly]	$[216.67]	$[177.52]]

[

Option [4]: [Reduce Benefit Increase Option (BIO) Rate (time-limited option)]

Benefit	Current Benefit	Reduced Benefit	Current Value	Reduced Value
BIO Rate	[5]%	[0]%	-	-
[Nursing Home Daily]	[$140]	-	[$238]	[$238] [**]
[Home Health Daily]	[$100]	-	[$170]	[$170][**]
[Nursing Home Lifetime]	[$204,400]	-	[$347,480]	[$347,480] [***]
[Home Health Lifetime][*]	[$50,000]	-	[$85,000]	[$85,000] [***]

[* Pooled with Maximum Nursing Home Lifetime]

[** Retains BIO increases accumulated at old rate. No future increases will occur.]

[*** Retains BIO increases accumulated at old rate. No future increases will occur. If any claims have been paid, actual lifetime amount may be less.]

Mode	Increased Premium	Reduced Premium
[Quarterly]	$[216.67]	$[190.92]]

[

Option [5]: [Remove Benefit Increase Option (BIO) Rider]

Benefit	Current Benefit	Reduced Benefit	Current Value	Reduced Value
[Nursing Home Daily]	[$140]	[$140]	[$238]	[$140][**]
[Home Health Daily]	[$100]	[$100]	[$170]	[$100][**]
[Nursing Home Lifetime]	[$204,400]	[$204,400]	[$347,480]	[$204,400][***]
[Home Health Lifetime][*]	[$50,000]	[$50,000]	[$85,000]	[$50,000][***]

[* Pooled with Maximum Nursing Home Lifetime]

[** Reflects loss of accumulated BIO increases. No future increases will occur.]

[*** Reflects loss of accumulated BIO increases. No future increases will occur. If any claims have been paid, actual lifetime amount may be less.]

Mode	Increased Premium	Reduced Premium
[Quarterly]	$[216.67]	$[108.36]]

[

Option [6]: [Increase Elimination Period]

Elimination Period	Current Period	Increased Period
[Nursing Home]	[60] Days	[90] Days
[Home Health]	[0] Days	[30] Days

Mode	Increased Premium	Reduced Premium
[Quarterly]	[$216.67]	$199.21]]

[

Option [1]: [Reduce Maximum Lifetime Benefit]

Benefit	Current Benefit	Reduced Benefit
[Nursing Home Lifetime]	[$204,400]	[$153,000][**]
[Home Health Lifetime][*]	[$50,000]	[$25,000][**]

[* Pooled with Maximum Nursing Home Lifetime]
[** If any claims have been paid, actual lifetime amount may be less.]

Mode	Increased Premium	Reduced Premium
[Monthly]	$[116.67]	$[77.47]]

[

Option [2]: [Reduce Maximum Daily Benefit]

Benefit	Current Benefit	Reduced Benefit
[Nursing Home Daily]	[$140]	[$120]
[Home Health Daily]	[$100]	[$80]
[Nursing Home Lifetime]	[$204,400]	[$175,200][**]
[Home Health Lifetime][*]	[$50,000]	[$40,000][**]

[* Pooled with Maximum Nursing Home Lifetime]
[** If any claims have been paid, actual lifetime amount may be less.]

Mode	Increased Premium	Reduced Premium
[Monthly]	$[116.67]	$[100.00]]

[

Option [3]: [Increase Elimination Period]

Elimination Period	Current Period	Increased Period
[Nursing Home]	[60] Days	[90] Days
[Home Health]	[0] Days	[30] Days

Mode	Increased Premium	Reduced Premium
[Monthly]	$[116.67]	$[92.39]]

As a reminder, your policy is guaranteed renewable. We cannot cancel your policy if you pay the required premium on or before the premium due date or during the grace period. However, we do have a right to increase premiums on your policy subject to approval by the appropriate state regulatory agency, if such approval is required. Even if you decide to reduce your current benefits or adjust a feature of your policy, premium increases can occur in the future.

I have placed a check mark in the box next to the benefit reduction option that I am selecting. **By signing below, I am authorizing Transamerica Premier Life Insurance Company to reduce my coverage as indicated above.**

Signature of Insured Person: _____ Date: _____

Transamerica Premier Life Insurance Company Policy Number: [policy number]

[**Loss of Medicaid Asset Protection Acknowledgement**

If you have a Long Term Care Partnership policy, you *must* sign this Acknowledgement.

By signing below, I am acknowledging that the benefit reduction option that I have selected above may and possibly will cause my policy to no longer qualify as a Long Term Care Partnership policy. I acknowledge that as a result of my selection, I may and possibly will lose valuable Medicaid asset protection.

Signature of Insured Person: _____ Date: _____]

TRANSAMERICA®
2700 West Plano Parkway | Plano, TX 75075 | www.transamerica.com

Transamerica Premier Life Insurance Company
Long Term Care Insurance
Rate Increase

Quote Request Form

Policy/Certificate Number: [Number]
Insured Name: [Name]

We want you to be aware of options that are available to manage the cost of your long term care coverage. To help you plan for the premium rate increase, we can prepare a reduced premium quote or quotes based on benefit reduction options available to you. **If you are not interested in reducing your benefits to reduce your premium, you may disregard this form.**

If you would like to receive a premium quote or quotes for continued coverage with reduced benefits, please complete this form and return it to us in the enclosed envelope. Please keep in mind that changes to your coverage may not be in your best interest if you are on claim or are eligible to claim.

Please indicate all of the options for which you would be interested in receiving a quote.

CHECK ALL THAT APPLY

☐ Reduce my policy maximum benefit

☐ Increase my elimination period

☐ Reduce my daily benefit

☐ Modify my inflation protection (if applicable).

In order to better match your available options to your specific long term care insurance needs, please indicate which single statement most fits your situation.

CHECK ONE ONLY

☐ I want to stay as close as possible to my current premium amount.

☐ I want to keep my current daily benefits, but am willing to change my maximums and/or my optional coverage.

☐ I want to keep my current benefit maximums, but am willing to change my daily benefit amounts and/or my optional coverage.

☐ I want to keep all my current coverage including my optional coverage, but am willing to change my daily and/or maximum benefits.

If you have questions about this form, please call us at [**866-311-2048**, Monday through Friday between 9:00 a.m. and 6:30 p.m. ET].

State: Virginia
Filing Company: Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Rate Information

Rate data applies to filing.

Filing Method:
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:
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):
Transamerica Premier Life Insurance Company	477.400%	92.000%	$920,010	497	$1,000,011	92.000%	92.000%

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

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 rates	CBIOR 196	Revised	Previous State Filing Number: Percent Rate Change Request:	VA 2017 FLEX2TQ - CBIOR 196 Proposed.pdf,
2		long term care rates	FHCCRTQ (VA) 197	Revised	Previous State Filing Number: Percent Rate Change Request:	VA 2017 FLEX2TQ - FHCCRTQ (VA) 197 Proposed.pdf,
3		long term care rates	FTQ (VA) 197	Revised	Previous State Filing Number: Percent Rate Change Request:	VA 2017 FLEX2TQ - FTQ (VA) 197 Proposed.pdf,
4		long term care rates	SBIOR 196	Revised	Previous State Filing Number: Percent Rate Change Request:	VA 2017 FLEX2TQ - SBIOR 196 Proposed.pdf,
5		long term care rates	LTC 5 TQ (VA) 600	Revised	Previous State Filing Number: Percent Rate Change Request:	VA 2017 LTC5TQ - LTC 5 TQ (VA) 600 Proposed.pdf,
6		long term care rates	ML-LTCP TQ (VA) 197	Revised	Previous State Filing Number: Percent Rate Change Request:	VA 2017 ML1 - ML-LTCP TQ (VA) 197 Proposed.pdf,
7		long term care rates	ML-LTCR TQ 197	Revised	Previous State Filing Number: Percent Rate Change Request:	VA 2017 ML1 - ML-LTCR TQ 197 Proposed.pdf,
8		long term care rates	ML-LTCP COM TQ (VA) 898	Revised	Previous State Filing Number: Percent Rate Change Request:	VA 2017 MLPool - ML-LTCP COM TQ (VA) 898 Proposed.pdf,

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES

BIO FACTORS

ISSUE AGE	COMPOUND BIO
18-44	128%
45-49	128%
50	128%
51	128%
52	128%
53	128%
54	128%
55	125%
56	123%
57	119%
58	116%
59	111%
60	106%
61	103%
62	99%
63	94%
64	89%
65	85%
66	81%
67	78%
68	75%
69	71%
70	67%
71	63%
72	60%
73	58%
74	55%
75	53%
76	50%
77	47%
78	45%
79	42%
80	39%
81	37%
82	35%
83	34%
84	32%
85	30%
86	28%
87	26%
88	24%
89	22%
90	21%
91	19%
92	18%
93	17%
94	16%
95+	15%

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 18-44	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	49.77	59.72	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	76.31	89.58	102.85	109.49	119.44	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	86.26	109.49	129.39	142.67	155.94	162.57	169.21	179.16	192.43	195.75	202.39	225.61	245.52	n/a	n/a	n/a	n/a
$50,000	96.22	122.76	145.98	165.89	179.16	195.75	205.70	209.02	222.29	228.93	235.56	255.47	278.70	305.24	331.78	361.64	n/a
$62,500	99.53	132.71	159.25	182.48	202.39	218.97	228.93	245.52	252.15	258.79	268.74	285.33	305.24	325.14	348.37	371.59	398.14
$75,000	n/a	139.35	165.89	195.75	218.97	238.88	255.47	268.74	285.33	291.97	301.92	315.19	335.10	355.00	378.23	401.45	428.00
$87,500	n/a	145.98	175.84	205.70	228.93	252.15	278.70	288.65	305.24	318.51	335.10	351.69	364.96	378.23	391.50	404.77	421.36
$100,000	n/a	n/a	182.48	215.66	235.56	258.79	285.33	305.24	321.83	335.10	348.37	378.23	391.50	404.77	418.04	431.31	447.90
$112,500	n/a	n/a	n/a	218.97	242.20	265.42	288.65	311.87	335.10	348.37	364.96	391.50	414.73	437.95	464.49	491.03	520.89
$125,000	n/a	n/a	n/a	225.61	245.52	272.06	291.97	315.19	341.73	361.64	378.23	404.77	434.63	467.81	500.99	537.48	577.30
$187,500	n/a	n/a	n/a	n/a	n/a	308.56	341.73	364.96	388.18	411.41	434.63	481.08	527.53	577.30	633.70	693.42	759.78
Unlimited	106.17	149.30	189.11	228.93	278.70	321.83	361.64	398.14	428.00	457.86	481.08	530.85	577.30	627.06	683.47	743.19	809.54

Age: 45-49	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	72.99	79.63	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	102.85	126.08	139.35	149.30	165.89	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	116.12	152.62	179.16	195.75	209.02	222.29	232.25	242.20	255.47	272.06	282.01	311.87	338.42	n/a	n/a	n/a	n/a
$50,000	129.39	165.89	199.07	225.61	248.84	265.42	282.01	285.33	301.92	311.87	321.83	348.37	374.91	404.77	434.63	467.81	n/a
$62,500	136.03	182.48	218.97	248.84	278.70	295.28	315.19	335.10	345.05	355.00	364.96	388.18	411.41	434.63	461.17	487.72	517.58
$75,000	n/a	192.43	228.93	262.11	291.97	328.46	345.05	364.96	384.86	398.14	411.41	431.31	454.54	477.76	504.31	530.85	560.71
$87,500	n/a	195.75	242.20	282.01	315.19	345.05	378.23	394.82	418.04	434.63	457.86	481.08	494.35	507.62	520.89	534.17	547.44
$100,000	n/a	n/a	248.84	291.97	321.83	355.00	384.86	418.04	434.63	457.86	477.76	514.26	537.48	560.71	587.25	613.79	640.34
$112,500	n/a	n/a	n/a	295.28	331.78	361.64	398.14	424.68	454.54	477.76	494.35	534.17	567.34	603.84	640.34	680.15	723.28
$125,000	n/a	n/a	n/a	308.56	338.42	368.28	404.77	434.63	464.49	491.03	514.26	550.75	587.25	627.06	670.20	713.33	759.78
$187,500	n/a	n/a	n/a	n/a	n/a	421.36	464.49	497.67	530.85	564.03	597.20	660.24	719.96	786.32	855.99	932.30	1015.25
Unlimited	142.67	205.70	255.47	315.19	374.91	437.95	491.03	537.48	583.93	620.43	656.92	723.28	786.32	855.99	928.98	1008.61	1094.87

Age: 50	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	76.31	92.90	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	112.81	139.35	159.25	169.21	185.80	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	136.03	172.53	199.07	225.61	235.56	248.84	262.11	278.70	288.65	308.56	315.19	348.37	381.55	n/a	n/a	n/a	n/a
$50,000	149.30	192.43	225.61	255.47	282.01	301.92	315.19	325.14	341.73	355.00	368.28	398.14	428.00	461.17	494.35	530.85	n/a
$62,500	155.94	205.70	245.52	282.01	315.19	335.10	358.32	378.23	388.18	401.45	411.41	441.27	467.81	494.35	524.21	557.39	590.57
$75,000	n/a	218.97	258.79	295.28	335.10	371.59	391.50	414.73	434.63	451.22	464.49	491.03	517.58	544.12	573.98	603.84	637.02
$87,500	n/a	225.61	278.70	315.19	355.00	388.18	431.31	447.90	471.13	494.35	517.58	544.12	564.03	583.93	603.84	627.06	650.29
$100,000	n/a	n/a	285.33	335.10	364.96	404.77	434.63	474.45	494.35	517.58	540.80	583.93	607.16	630.38	656.92	683.47	710.01
$112,500	n/a	n/a	n/a	338.42	374.91	411.41	451.22	481.08	517.58	537.48	560.71	603.84	643.65	686.78	733.23	783.00	836.09
$125,000	n/a	n/a	n/a	348.37	381.55	418.04	454.54	491.03	527.53	554.07	583.93	623.75	666.88	713.33	763.09	816.18	872.58
$187,500	n/a	n/a	n/a	n/a	n/a	474.45	524.21	564.03	603.84	640.34	673.51	746.51	816.18	892.49	975.43	1065.01	1164.55
Unlimited	165.89	228.93	288.65	355.00	428.00	494.35	554.07	610.48	663.56	703.37	743.19	819.50	889.17	965.48	1048.42	1138.01	1234.22

Age: 51	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	82.95	99.53	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	122.76	149.30	169.21	182.48	195.75	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	142.67	179.16	212.34	235.56	252.15	262.11	282.01	291.97	308.56	321.83	338.42	371.59	404.77	n/a	n/a	n/a	n/a
$50,000	159.25	202.39	238.88	275.38	295.28	318.51	335.10	345.05	361.64	374.91	388.18	418.04	451.22	487.72	527.53	570.66	n/a
$62,500	162.57	218.97	258.79	295.28	335.10	355.00	378.23	401.45	414.73	424.68	437.95	464.49	494.35	527.53	560.71	597.20	637.02
$75,000	n/a	228.93	278.70	315.19	351.69	391.50	414.73	437.95	464.49	481.08	494.35	517.58	544.12	570.66	600.52	630.38	663.56
$87,500	n/a	235.56	291.97	338.42	378.23	411.41	451.22	477.76	497.67	524.21	547.44	577.30	597.20	617.11	637.02	660.24	683.47
$100,000	n/a	n/a	298.60	348.37	388.18	428.00	464.49	497.67	524.21	547.44	570.66	613.79	643.65	673.51	706.69	739.87	776.37
$112,500	n/a	n/a	n/a	355.00	398.14	434.63	474.45	507.62	544.12	573.98	593.89	643.65	680.15	719.96	759.78	802.91	849.36
$125,000	n/a	n/a	n/a	371.59	404.77	441.27	481.08	524.21	557.39	587.25	613.79	660.24	703.37	749.82	799.59	852.67	909.08
$187,500	n/a	n/a	n/a	n/a	n/a	504.31	554.07	600.52	640.34	673.51	716.64	792.95	862.63	938.94	1021.88	1111.46	1207.68
Unlimited	172.53	245.52	308.56	374.91	451.22	527.53	590.57	646.97	700.06	743.19	789.64	865.95	942.26	1025.20	1114.78	1214.31	1320.48

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 52	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	86.26	106.17	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	129.39	159.25	179.16	195.75	205.70	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	149.30	192.43	225.61	248.84	265.42	282.01	291.97	311.87	325.14	345.05	355.00	388.18	424.68	n/a	n/a	n/a	n/a
$50,000	165.89	212.34	255.47	285.33	315.19	335.10	351.69	364.96	378.23	398.14	408.09	441.27	477.76	517.58	560.71	607.16	n/a
$62,500	169.21	225.61	275.38	315.19	348.37	374.91	401.45	424.68	434.63	447.90	464.49	494.35	524.21	557.39	590.57	627.06	663.56
$75,000	n/a	242.20	288.65	335.10	374.91	411.41	434.63	464.49	487.72	504.31	524.21	544.12	577.30	613.79	650.29	690.10	733.23
$87,500	n/a	252.15	308.56	351.69	401.45	434.63	481.08	500.99	527.53	554.07	580.62	607.16	630.38	653.61	680.15	706.69	733.23
$100,000	n/a	n/a	315.19	371.59	411.41	451.22	487.72	527.53	554.07	580.62	603.84	650.29	680.15	710.01	743.19	776.37	812.86
$112,500	n/a	n/a	n/a	374.91	414.73	461.17	500.99	537.48	580.62	603.84	630.38	676.83	719.96	766.41	816.18	869.26	925.67
$125,000	n/a	n/a	n/a	391.50	424.68	467.81	510.94	550.75	587.25	620.43	650.29	696.74	743.19	792.95	846.04	902.44	962.16
$187,500	n/a	n/a	n/a	n/a	n/a	534.17	583.93	630.38	673.51	713.33	753.14	832.77	912.40	998.66	1094.87	1201.04	1317.17
Unlimited	185.80	258.79	325.14	398.14	474.45	554.07	620.43	683.47	736.55	789.64	832.77	915.71	995.34	1081.60	1174.50	1277.35	1386.84

Age: 53	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	92.90	106.17	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	136.03	165.89	185.80	199.07	218.97	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	159.25	199.07	232.25	262.11	282.01	291.97	311.87	325.14	345.05	361.64	374.91	411.41	447.90	n/a	n/a	n/a	n/a
$50,000	172.53	222.29	265.42	305.24	331.78	355.00	374.91	381.55	401.45	414.73	434.63	464.49	500.99	540.80	583.93	630.38	n/a
$62,500	179.16	242.20	285.33	331.78	371.59	394.82	424.68	441.27	461.17	471.13	491.03	520.89	554.07	590.57	627.06	666.88	710.01
$75,000	n/a	255.47	305.24	348.37	391.50	434.63	461.17	487.72	514.26	534.17	547.44	577.30	607.16	637.02	670.20	703.37	739.87
$87,500	n/a	265.42	325.14	374.91	418.04	461.17	500.99	530.85	554.07	583.93	610.48	643.65	666.88	690.10	716.64	743.19	769.73
$100,000	n/a	n/a	335.10	391.50	431.31	474.45	514.26	554.07	583.93	610.48	637.02	683.47	713.33	743.19	776.37	809.54	846.04
$112,500	n/a	n/a	n/a	398.14	437.95	484.40	527.53	564.03	607.16	637.02	660.24	710.01	756.46	806.23	859.31	915.71	975.43
$125,000	n/a	n/a	n/a	411.41	447.90	494.35	537.48	580.62	617.11	653.61	686.78	733.23	786.32	842.72	902.44	968.80	1038.47
$187,500	n/a	n/a	n/a	n/a	n/a	560.71	613.79	666.88	706.69	753.14	792.95	879.22	962.16	1051.74	1151.28	1260.76	1380.20
Unlimited	195.75	272.06	345.05	418.04	500.99	583.93	656.92	719.96	779.68	829.45	875.90	962.16	1045.11	1134.69	1230.90	1337.07	1453.20

Age: 54	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	106.17	126.08	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	155.94	192.43	215.66	232.25	248.84	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	179.16	228.93	272.06	301.92	321.83	338.42	358.32	374.91	394.82	411.41	431.31	471.13	514.26	n/a	n/a	n/a	n/a
$50,000	199.07	255.47	308.56	345.05	378.23	408.09	428.00	441.27	461.17	477.76	494.35	534.17	580.62	630.38	686.78	746.51	n/a
$62,500	209.02	278.70	331.78	378.23	428.00	454.54	487.72	510.94	527.53	540.80	560.71	597.20	633.70	673.51	713.33	756.46	802.91
$75,000	n/a	291.97	348.37	404.77	451.22	497.67	530.85	560.71	590.57	613.79	633.70	663.56	700.06	739.87	779.68	822.81	869.26
$87,500	n/a	301.92	374.91	431.31	481.08	527.53	580.62	610.48	640.34	670.20	700.06	736.55	763.09	789.64	819.50	849.36	879.22
$100,000	n/a	n/a	384.86	451.22	494.35	547.44	590.57	643.65	673.51	703.37	733.23	789.64	822.81	855.99	892.49	928.98	968.80
$112,500	n/a	n/a	n/a	454.54	507.62	554.07	607.16	646.97	696.74	733.23	763.09	819.50	869.26	922.35	978.75	1038.47	1101.51
$125,000	n/a	n/a	n/a	474.45	514.26	564.03	613.79	666.88	713.33	753.14	789.64	846.04	899.12	955.53	1015.25	1078.29	1144.64
$187,500	n/a	n/a	n/a	n/a	n/a	643.65	706.69	763.09	816.18	862.63	912.40	1008.61	1104.83	1211.00	1327.12	1453.20	1592.54
Unlimited	222.29	315.19	394.82	481.08	577.30	673.51	753.14	826.13	895.81	952.21	1005.29	1108.15	1204.36	1310.53	1423.34	1546.09	1678.81

Age: 55	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	112.81	132.71	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	162.57	195.75	225.61	238.88	258.79	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	189.11	238.88	285.33	315.19	335.10	351.69	371.59	391.50	408.09	434.63	451.22	494.35	537.48	n/a	n/a	n/a	n/a
$50,000	209.02	268.74	318.51	364.96	394.82	428.00	444.59	461.17	481.08	497.67	517.58	557.39	603.84	653.61	706.69	766.41	n/a
$62,500	218.97	285.33	345.05	394.82	441.27	474.45	504.31	534.17	554.07	564.03	583.93	623.75	663.56	706.69	753.14	799.59	849.36
$75,000	n/a	305.24	368.28	418.04	471.13	524.21	554.07	583.93	617.11	640.34	656.92	690.10	729.92	773.05	816.18	862.63	912.40
$87,500	n/a	315.19	388.18	447.90	500.99	550.75	603.84	637.02	666.88	696.74	729.92	766.41	796.27	826.13	859.31	892.49	925.67
$100,000	n/a	n/a	401.45	467.81	517.58	570.66	613.79	670.20	703.37	733.23	763.09	822.81	855.99	889.17	925.67	962.16	1001.98
$112,500	n/a	n/a	n/a	474.45	527.53	583.93	633.70	676.83	729.92	763.09	792.95	852.67	909.08	968.80	1031.84	1101.51	1174.50
$125,000	n/a	n/a	n/a	494.35	537.48	590.57	643.65	693.42	743.19	786.32	822.81	882.53	942.26	1005.29	1074.97	1147.96	1224.27
$187,500	n/a	n/a	n/a	n/a	n/a	673.51	736.55	792.95	852.67	902.44	952.21	1051.74	1151.28	1260.76	1380.20	1509.60	1652.26
Unlimited	232.25	328.46	411.41	500.99	603.84	703.37	789.64	862.63	935.62	992.02	1048.42	1154.59	1254.13	1363.62	1479.74	1605.82	1745.16

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 56	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	129.39	149.30	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	179.16	225.61	252.15	272.06	291.97	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	212.34	272.06	318.51	355.00	378.23	398.14	418.04	437.95	461.17	487.72	504.31	554.07	603.84	n/a	n/a	n/a	n/a
$50,000	232.25	301.92	358.32	408.09	444.59	481.08	500.99	517.58	537.48	560.71	583.93	627.06	676.83	729.92	786.32	849.36	n/a
$62,500	245.52	325.14	388.18	444.59	497.67	534.17	570.66	597.20	620.43	637.02	656.92	703.37	746.51	792.95	842.72	895.81	952.21
$75,000	n/a	345.05	411.41	474.45	530.85	587.25	623.75	656.92	693.42	719.96	739.87	776.37	819.50	865.95	915.71	965.48	1018.56
$87,500	n/a	355.00	434.63	504.31	567.34	620.43	680.15	713.33	749.82	786.32	822.81	862.63	895.81	928.98	965.48	1001.98	1041.79
$100,000	n/a	n/a	451.22	527.53	580.62	643.65	693.42	749.82	789.64	822.81	855.99	925.67	965.48	1008.61	1051.74	1098.19	1144.64
$112,500	n/a	n/a	n/a	534.17	593.89	653.61	713.33	763.09	819.50	855.99	895.81	962.16	1021.88	1084.92	1151.28	1224.27	1300.58
$125,000	n/a	n/a	n/a	554.07	603.84	666.88	723.28	779.68	836.09	882.53	925.67	992.02	1058.38	1128.05	1204.36	1283.99	1370.25
$187,500	n/a	n/a	n/a	n/a	n/a	759.78	829.45	895.81	955.53	1015.25	1071.65	1181.14	1297.26	1423.34	1562.68	1715.30	1884.51
Unlimited	262.11	368.28	464.49	564.03	676.83	792.95	882.53	972.12	1048.42	1118.10	1181.14	1300.58	1413.38	1536.14	1668.85	1814.84	1970.77

Age: 57	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	136.03	159.25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	195.75	238.88	272.06	288.65	315.19	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	225.61	288.65	341.73	381.55	404.77	424.68	451.22	471.13	494.35	524.21	544.12	597.20	646.97	n/a	n/a	n/a	n/a
$50,000	252.15	321.83	384.86	437.95	477.76	517.58	537.48	554.07	580.62	603.84	623.75	673.51	726.60	783.00	846.04	912.40	n/a
$62,500	262.11	348.37	418.04	481.08	537.48	573.98	613.79	643.65	666.88	683.47	706.69	753.14	796.27	842.72	892.49	942.26	995.34
$75,000	n/a	371.59	444.59	507.62	570.66	633.70	670.20	703.37	743.19	773.05	792.95	832.77	882.53	935.62	992.02	1051.74	1114.78
$87,500	n/a	381.55	471.13	540.80	607.16	666.88	729.92	766.41	802.91	846.04	882.53	928.98	965.48	1001.98	1041.79	1081.60	1124.73
$100,000	n/a	n/a	484.40	567.34	623.75	686.78	743.19	806.23	849.36	882.53	922.35	995.34	1035.15	1074.97	1118.10	1161.23	1207.68
$112,500	n/a	n/a	n/a	573.98	640.34	703.37	766.41	819.50	882.53	922.35	958.84	1031.84	1098.19	1167.87	1244.18	1323.80	1410.07
$125,000	n/a	n/a	n/a	597.20	650.29	713.33	776.37	839.40	899.12	948.89	995.34	1061.70	1138.01	1220.95	1307.21	1400.11	1499.65
$187,500	n/a	n/a	n/a	n/a	n/a	816.18	892.49	965.48	1028.52	1091.56	1151.28	1270.72	1390.16	1519.55	1662.22	1818.15	1990.68
Unlimited	282.01	398.14	497.67	607.16	729.92	849.36	948.89	1045.11	1128.05	1201.04	1270.72	1393.48	1516.23	1648.95	1794.93	1954.18	2126.71

Age: 58	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	142.67	169.21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	205.70	255.47	288.65	315.19	338.42	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	242.20	311.87	364.96	404.77	434.63	454.54	481.08	504.31	530.85	557.39	583.93	640.34	693.42	n/a	n/a	n/a	n/a
$50,000	268.74	345.05	414.73	467.81	510.94	550.75	577.30	593.89	620.43	643.65	670.20	719.96	779.68	842.72	912.40	988.70	n/a
$62,500	282.01	374.91	447.90	510.94	570.66	613.79	653.61	690.10	713.33	733.23	753.14	802.91	852.67	905.76	962.16	1021.88	1084.92
$75,000	n/a	398.14	474.45	540.80	610.48	673.51	713.33	756.46	792.95	826.13	849.36	889.17	942.26	998.66	1058.38	1121.42	1187.77
$87,500	n/a	408.09	500.99	580.62	650.29	710.01	779.68	822.81	859.31	902.44	942.26	992.02	1031.84	1071.65	1114.78	1157.91	1204.36
$100,000	n/a	n/a	517.58	603.84	666.88	733.23	792.95	862.63	905.76	945.57	985.39	1061.70	1108.15	1157.91	1207.68	1260.76	1317.17
$112,500	n/a	n/a	n/a	613.79	680.15	749.82	819.50	875.90	942.26	988.70	1025.20	1101.51	1174.50	1250.81	1333.76	1423.34	1516.23
$125,000	n/a	n/a	n/a	640.34	693.42	763.09	829.45	895.81	962.16	1011.93	1061.70	1138.01	1214.31	1297.26	1383.52	1476.42	1575.96
$187,500	n/a	n/a	n/a	n/a	n/a	869.26	955.53	1031.84	1098.19	1164.55	1230.90	1360.30	1489.69	1632.36	1788.29	1957.50	2143.30
Unlimited	298.60	421.36	534.17	650.29	779.68	909.08	1015.25	1114.78	1207.68	1287.31	1356.98	1489.69	1622.40	1768.39	1924.32	2096.85	2282.65

Age: 59	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	165.89	192.43	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	232.25	288.65	328.46	351.69	378.23	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	275.38	351.69	411.41	461.17	491.03	514.26	540.80	573.98	597.20	630.38	653.61	719.96	783.00	n/a	n/a	n/a	n/a
$50,000	301.92	391.50	464.49	530.85	580.62	620.43	646.97	670.20	703.37	726.60	756.46	816.18	882.53	955.53	1031.84	1114.78	n/a
$62,500	315.19	421.36	504.31	580.62	643.65	693.42	739.87	776.37	802.91	822.81	852.67	909.08	968.80	1031.84	1098.19	1171.18	1247.49
$75,000	n/a	447.90	537.48	613.79	690.10	763.09	806.23	852.67	899.12	935.62	958.84	1005.29	1061.70	1121.42	1184.45	1250.81	1320.48
$87,500	n/a	464.49	567.34	653.61	733.23	802.91	882.53	925.67	972.12	1018.56	1061.70	1121.42	1161.23	1201.04	1244.18	1287.31	1333.76
$100,000	n/a	n/a	583.93	683.47	753.14	832.77	899.12	972.12	1021.88	1065.01	1111.46	1197.73	1250.81	1307.21	1363.62	1423.34	1486.37
$112,500	n/a	n/a	n/a	690.10	769.73	849.36	922.35	988.70	1061.70	1114.78	1154.59	1247.49	1323.80	1403.43	1489.69	1579.27	1675.49
$125,000	n/a	n/a	n/a	719.96	786.32	859.31	938.94	1011.93	1084.92	1147.96	1201.04	1287.31	1370.25	1459.83	1552.73	1652.26	1758.43
$187,500	n/a	n/a	n/a	n/a	n/a	982.07	1078.29	1161.23	1240.86	1313.85	1390.16	1539.46	1678.81	1831.43	1997.32	2176.48	2372.23
Unlimited	341.73	474.45	603.84	733.23	882.53	1025.20	1147.96	1260.76	1360.30	1449.88	1532.82	1682.12	1831.43	1994.00	2169.84	2362.27	2571.30

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 60	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	182.48	212.34	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	262.11	325.14	364.96	391.50	424.68	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	305.24	391.50	461.17	510.94	547.44	573.98	603.84	637.02	666.88	703.37	733.23	799.59	872.58	n/a	n/a	n/a	n/a
$50,000	338.42	434.63	520.89	590.57	643.65	693.42	726.60	749.82	779.68	809.54	839.40	909.08	978.75	1055.06	1134.69	1220.95	n/a
$62,500	348.37	471.13	560.71	643.65	719.96	769.73	822.81	865.95	899.12	919.03	948.89	1008.61	1074.97	1144.64	1220.95	1300.58	1386.84
$75,000	n/a	497.67	597.20	680.15	766.41	849.36	899.12	948.89	1001.98	1038.47	1068.33	1121.42	1181.14	1244.18	1310.53	1380.20	1453.20
$87,500	n/a	517.58	633.70	729.92	819.50	895.81	978.75	1031.84	1084.92	1134.69	1184.45	1247.49	1297.26	1350.34	1403.43	1459.83	1519.55
$100,000	n/a	n/a	650.29	763.09	839.40	925.67	1001.98	1088.24	1141.32	1187.77	1240.86	1333.76	1393.48	1456.51	1522.87	1592.54	1662.22
$112,500	n/a	n/a	n/a	769.73	855.99	942.26	1031.84	1101.51	1181.14	1240.86	1290.62	1390.16	1476.42	1569.32	1665.54	1768.39	1877.87
$125,000	n/a	n/a	n/a	799.59	872.58	962.16	1045.11	1124.73	1211.00	1274.04	1337.07	1429.97	1529.51	1635.68	1748.48	1871.24	2000.63
$187,500	n/a	n/a	n/a	n/a	n/a	1094.87	1201.04	1297.26	1380.20	1466.47	1549.41	1711.98	1867.92	2037.13	2222.93	2425.31	2647.60
Unlimited	374.91	530.85	670.20	816.18	982.07	1141.32	1277.35	1403.43	1516.23	1615.77	1705.35	1874.56	2043.76	2229.56	2431.95	2650.92	2889.80

Age: 61	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	195.75	228.93	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	285.33	348.37	391.50	421.36	454.54	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	328.46	421.36	494.35	550.75	590.57	613.79	650.29	683.47	719.96	756.46	789.64	865.95	942.26	n/a	n/a	n/a	n/a
$50,000	361.64	467.81	557.39	637.02	693.42	743.19	779.68	802.91	839.40	875.90	909.08	975.43	1051.74	1134.69	1224.27	1320.48	n/a
$62,500	378.23	507.62	603.84	693.42	776.37	829.45	885.85	935.62	965.48	988.70	1021.88	1091.56	1157.91	1227.59	1300.58	1380.20	1463.15
$75,000	n/a	537.48	643.65	733.23	826.13	912.40	968.80	1025.20	1081.60	1121.42	1151.28	1207.68	1270.72	1337.07	1406.75	1479.74	1556.05
$87,500	n/a	554.07	680.15	786.32	882.53	965.48	1055.06	1111.46	1164.55	1220.95	1277.35	1343.71	1396.79	1453.20	1509.60	1569.32	1632.36
$100,000	n/a	n/a	703.37	822.81	905.76	998.66	1078.29	1167.87	1224.27	1277.35	1333.76	1436.61	1502.96	1572.64	1645.63	1721.94	1801.57
$112,500	n/a	n/a	n/a	829.45	922.35	1015.25	1108.15	1184.45	1274.04	1337.07	1390.16	1496.33	1589.23	1688.76	1794.93	1907.74	2027.18
$125,000	n/a	n/a	n/a	862.63	942.26	1031.84	1121.42	1214.31	1300.58	1373.57	1439.93	1539.46	1645.63	1758.43	1881.19	2010.59	2149.93
$187,500	n/a	n/a	n/a	n/a	n/a	1177.82	1293.94	1393.48	1489.69	1575.96	1668.85	1841.38	2017.22	2209.65	2421.99	2654.24	2906.39
Unlimited	404.77	573.98	723.28	882.53	1055.06	1230.90	1373.57	1509.60	1632.36	1741.85	1838.06	2020.54	2196.38	2388.82	2597.84	2823.45	3068.97

Age: 62	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	215.66	248.84	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	308.56	381.55	431.31	464.49	497.67	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	358.32	464.49	540.80	603.84	643.65	673.51	710.01	753.14	789.64	829.45	862.63	945.57	1028.52	n/a	n/a	n/a	n/a
$50,000	401.45	514.26	613.79	696.74	759.78	819.50	852.67	882.53	919.03	955.53	995.34	1068.33	1151.28	1240.86	1337.07	1439.93	n/a
$62,500	411.41	554.07	663.56	759.78	849.36	909.08	972.12	1021.88	1058.38	1084.92	1121.42	1191.09	1267.40	1347.03	1433.29	1526.19	1622.40
$75,000	n/a	587.25	703.37	802.91	905.76	1001.98	1061.70	1121.42	1181.14	1224.27	1260.76	1320.48	1396.79	1476.42	1562.68	1652.26	1748.48
$87,500	n/a	607.16	746.51	855.99	965.48	1055.06	1154.59	1214.31	1274.04	1337.07	1400.11	1469.79	1529.51	1592.54	1658.90	1725.26	1794.93
$100,000	n/a	n/a	766.41	899.12	988.70	1091.56	1181.14	1277.35	1343.71	1403.43	1463.15	1572.64	1645.63	1721.94	1801.57	1884.51	1970.77
$112,500	n/a	n/a	n/a	909.08	1011.93	1111.46	1214.31	1300.58	1396.79	1463.15	1519.55	1635.68	1741.85	1854.65	1974.09	2103.49	2239.52
$125,000	n/a	n/a	n/a	945.57	1031.84	1131.37	1234.22	1330.44	1426.65	1506.28	1575.96	1688.76	1804.88	1927.64	2060.35	2203.02	2355.64
$187,500	n/a	n/a	n/a	n/a	n/a	1293.94	1420.02	1526.19	1629.04	1728.57	1824.79	2017.22	2206.34	2412.04	2637.65	2886.49	3158.55
Unlimited	444.59	627.06	792.95	965.48	1154.59	1343.71	1506.28	1655.58	1791.61	1904.42	2013.90	2212.97	2405.41	2614.43	2843.35	3092.19	3360.93

Age: 63	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	242.20	282.01	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	348.37	434.63	487.72	524.21	567.34	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	408.09	524.21	613.79	683.47	729.92	763.09	802.91	846.04	889.17	938.94	975.43	1068.33	1161.23	n/a	n/a	n/a	n/a
$50,000	451.22	583.93	693.42	789.64	855.99	922.35	965.48	998.66	1038.47	1081.60	1121.42	1211.00	1303.90	1403.43	1509.60	1625.72	n/a
$62,500	467.81	627.06	749.82	855.99	958.84	1028.52	1098.19	1154.59	1197.73	1224.27	1267.40	1350.34	1436.61	1529.51	1625.72	1728.57	1838.06
$75,000	n/a	666.88	792.95	912.40	1025.20	1131.37	1201.04	1267.40	1333.76	1386.84	1423.34	1493.01	1575.96	1662.22	1755.12	1851.33	1954.18
$87,500	n/a	683.47	846.04	972.12	1091.56	1194.41	1307.21	1373.57	1446.56	1512.92	1579.27	1662.22	1728.57	1798.25	1871.24	1947.55	2023.86
$100,000	n/a	n/a	865.95	1018.56	1118.10	1237.54	1333.76	1446.56	1516.23	1585.91	1655.58	1778.34	1861.29	1947.55	2037.13	2133.35	2232.88
$112,500	n/a	n/a	n/a	1028.52	1144.64	1260.76	1373.57	1466.47	1575.96	1655.58	1718.62	1851.33	1967.46	2090.21	2222.93	2362.27	2511.57
$125,000	n/a	n/a	n/a	1068.33	1164.55	1280.67	1390.16	1502.96	1612.45	1702.03	1781.66	1911.05	2037.13	2173.16	2315.82	2468.44	2631.02
$187,500	n/a	n/a	n/a	n/a	n/a	1459.83	1602.50	1725.26	1841.38	1954.18	2063.67	2282.65	2494.99	2727.23	2979.38	3258.08	3560.00
Unlimited	500.99	706.69	892.49	1091.56	1303.90	1519.55	1702.03	1867.92	2023.86	2156.57	2276.01	2501.62	2720.60	2959.48	3218.27	3500.28	3805.52

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 64	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	272.06	315.19	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	388.18	481.08	540.80	583.93	630.38	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	454.54	583.93	683.47	763.09	812.86	852.67	899.12	945.57	992.02	1045.11	1088.24	1194.41	1300.58	n/a	n/a	n/a	n/a
$50,000	500.99	646.97	773.05	879.22	955.53	1031.84	1074.97	1111.46	1157.91	1207.68	1250.81	1350.34	1453.20	1562.68	1682.12	1811.52	n/a
$62,500	524.21	700.06	836.09	955.53	1068.33	1147.96	1224.27	1287.31	1333.76	1363.62	1413.38	1506.28	1599.18	1698.71	1804.88	1917.69	2037.13
$75,000	n/a	739.87	889.17	1015.25	1141.32	1260.76	1337.07	1413.38	1489.69	1542.78	1592.54	1665.54	1758.43	1857.97	1960.82	2070.31	2186.43
$87,500	n/a	763.09	942.26	1081.60	1217.63	1330.44	1459.83	1536.14	1609.13	1688.76	1765.07	1854.65	1927.64	2003.95	2083.58	2166.52	2252.79
$100,000	n/a	n/a	968.80	1134.69	1244.18	1376.89	1489.69	1615.77	1692.08	1768.39	1841.38	1987.36	2076.94	2169.84	2266.06	2368.91	2475.08
$112,500	n/a	n/a	n/a	1144.64	1274.04	1406.75	1532.82	1638.99	1761.75	1844.70	1921.01	2066.99	2196.38	2332.41	2478.40	2634.33	2800.22
$125,000	n/a	n/a	n/a	1191.09	1300.58	1426.65	1552.73	1678.81	1798.25	1897.78	1987.36	2130.03	2276.01	2431.95	2597.84	2777.00	2966.11
$187,500	n/a	n/a	n/a	n/a	n/a	1629.04	1784.98	1927.64	2053.72	2179.79	2302.55	2544.75	2783.63	3045.74	3331.07	3642.94	3984.68
Unlimited	560.71	792.95	995.34	1214.31	1456.51	1692.08	1897.78	2086.90	2256.10	2405.41	2538.12	2793.59	3035.79	3297.89	3583.22	3895.10	4233.51

Age: 65	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	298.60	348.37	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	431.31	530.85	597.20	643.65	696.74	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	500.99	643.65	753.14	842.72	899.12	938.94	992.02	1045.11	1094.87	1151.28	1197.73	1317.17	1429.97	n/a	n/a	n/a	n/a
$50,000	554.07	716.64	852.67	972.12	1055.06	1138.01	1187.77	1227.59	1277.35	1330.44	1383.52	1486.37	1605.82	1735.21	1874.56	2023.86	n/a
$62,500	577.30	769.73	919.03	1055.06	1181.14	1264.08	1353.66	1420.02	1473.10	1509.60	1559.37	1658.90	1765.07	1877.87	1997.32	2126.71	2262.74
$75,000	n/a	819.50	982.07	1121.42	1257.45	1390.16	1476.42	1562.68	1645.63	1705.35	1755.12	1838.06	1940.91	2050.40	2166.52	2289.28	2418.68
$87,500	n/a	846.04	1038.47	1194.41	1343.71	1469.79	1609.13	1692.08	1778.34	1864.60	1944.23	2047.08	2126.71	2209.65	2295.92	2385.50	2478.40
$100,000	n/a	n/a	1065.01	1250.81	1376.89	1519.55	1642.31	1778.34	1867.92	1950.87	2033.81	2189.75	2285.96	2385.50	2491.67	2601.16	2713.96
$112,500	n/a	n/a	n/a	1264.08	1410.07	1549.41	1688.76	1808.20	1940.91	2033.81	2116.76	2279.33	2421.99	2574.61	2737.19	2909.71	3092.19
$125,000	n/a	n/a	n/a	1313.85	1429.97	1572.64	1715.30	1851.33	1984.04	2093.53	2193.07	2349.00	2508.26	2677.46	2859.94	3052.38	3258.08
$187,500	n/a	n/a	n/a	n/a	n/a	1798.25	1970.77	2123.39	2266.06	2405.41	2541.43	2810.18	3072.28	3357.61	3669.49	4011.22	4386.13
Unlimited	617.11	872.58	1101.51	1340.39	1609.13	1867.92	2096.85	2302.55	2494.99	2650.92	2800.22	3078.92	3350.98	3646.26	3968.09	4319.78	4701.32

Age: 66	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	335.10	384.86	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	477.76	590.57	663.56	713.33	773.05	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	554.07	713.33	836.09	932.30	995.34	1041.79	1098.19	1157.91	1214.31	1277.35	1330.44	1456.51	1589.23	n/a	n/a	n/a	n/a
$50,000	613.79	792.95	945.57	1074.97	1171.18	1260.76	1317.17	1360.30	1420.02	1476.42	1532.82	1652.26	1781.66	1921.01	2070.31	2232.88	n/a
$62,500	640.34	855.99	1025.20	1171.18	1307.21	1403.43	1499.65	1575.96	1632.36	1672.17	1728.57	1841.38	1957.50	2080.26	2212.97	2352.32	2501.62
$75,000	n/a	909.08	1091.56	1240.86	1396.79	1542.78	1635.68	1728.57	1821.47	1891.15	1947.55	2040.45	2153.25	2272.69	2398.77	2531.48	2670.83
$87,500	n/a	935.62	1151.28	1327.12	1489.69	1629.04	1784.98	1874.56	1970.77	2066.99	2159.89	2272.69	2358.96	2448.54	2541.43	2637.65	2737.19
$100,000	n/a	n/a	1181.14	1390.16	1529.51	1688.76	1821.47	1977.41	2076.94	2166.52	2256.10	2431.95	2541.43	2654.24	2773.68	2899.76	3029.15
$112,500	n/a	n/a	n/a	1400.11	1562.68	1718.62	1871.24	2003.95	2153.25	2256.10	2345.68	2524.85	2687.42	2859.94	3045.74	3241.49	3450.51
$125,000	n/a	n/a	n/a	1459.83	1589.23	1748.48	1901.10	2050.40	2196.38	2322.46	2435.27	2607.79	2783.63	2972.75	3171.82	3384.16	3613.08
$187,500	n/a	n/a	n/a	n/a	n/a	1994.00	2186.43	2355.64	2514.89	2667.51	2820.13	3115.41	3407.38	3725.89	4074.26	4455.81	4873.85
Unlimited	686.78	968.80	1220.95	1486.37	1781.66	2076.94	2322.46	2554.71	2763.73	2942.89	3105.46	3417.33	3715.94	4041.08	4392.77	4777.63	5195.67

Age: 67	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	364.96	424.68	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	524.21	643.65	729.92	786.32	846.04	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	610.48	786.32	915.71	1025.20	1091.56	1144.64	1207.68	1270.72	1333.76	1403.43	1459.83	1602.50	1748.48	n/a	n/a	n/a	n/a
$50,000	673.51	869.26	1038.47	1181.14	1287.31	1386.84	1449.88	1493.01	1559.37	1622.40	1685.44	1814.84	1957.50	2110.12	2276.01	2455.17	n/a
$62,500	703.37	942.26	1121.42	1287.31	1439.93	1539.46	1645.63	1731.89	1794.93	1838.06	1897.78	2023.86	2149.93	2282.65	2425.31	2577.93	2737.19
$75,000	n/a	998.66	1194.41	1360.30	1536.14	1695.40	1798.25	1901.10	2003.95	2076.94	2136.66	2239.52	2365.59	2498.30	2637.65	2786.95	2942.89
$87,500	n/a	1031.84	1267.40	1456.51	1635.68	1791.61	1960.82	2063.67	2166.52	2269.38	2375.54	2494.99	2594.52	2697.37	2803.54	2916.35	3032.47
$100,000	n/a	n/a	1300.58	1526.19	1678.81	1854.65	2000.63	2169.84	2279.33	2378.86	2478.40	2670.83	2793.59	2922.98	3055.69	3195.04	3341.02
$112,500	n/a	n/a	n/a	1539.46	1715.30	1887.83	2060.35	2199.70	2365.59	2481.71	2581.25	2773.68	2949.52	3135.32	3334.39	3546.73	3772.34
$125,000	n/a	n/a	n/a	1602.50	1745.16	1921.01	2086.90	2252.79	2418.68	2551.39	2674.15	2863.26	3055.69	3261.40	3480.37	3715.94	3964.77
$187,500	n/a	n/a	n/a	n/a	n/a	2189.75	2402.09	2587.88	2760.41	2929.62	3095.51	3420.65	3745.80	4100.80	4488.98	4916.98	5384.79
Unlimited	756.46	1061.70	1340.39	1632.36	1957.50	2282.65	2554.71	2806.86	3035.79	3231.54	3414.02	3752.43	4084.21	4445.85	4837.35	5265.35	5729.84

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 68	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	401.45	464.49	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	577.30	713.33	799.59	865.95	935.62	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	673.51	862.63	1011.93	1128.05	1207.68	1264.08	1330.44	1400.11	1473.10	1549.41	1609.13	1768.39	1927.64	n/a	n/a	n/a	n/a
$50,000	743.19	958.84	1147.96	1303.90	1420.02	1526.19	1599.18	1648.95	1718.62	1784.98	1857.97	1997.32	2159.89	2335.73	2524.85	2730.55	n/a
$62,500	776.37	1035.15	1240.86	1420.02	1585.91	1702.03	1814.84	1911.05	1977.41	2023.86	2093.53	2232.88	2372.23	2521.53	2677.46	2843.35	3019.20
$75,000	n/a	1098.19	1317.17	1502.96	1692.08	1871.24	1980.73	2096.85	2209.65	2289.28	2358.96	2468.44	2607.79	2753.77	2909.71	3075.60	3248.13
$87,500	n/a	1134.69	1393.48	1605.82	1808.20	1977.41	2163.21	2276.01	2385.50	2498.30	2614.43	2750.46	2856.63	2966.11	3082.24	3201.68	3324.44
$100,000	n/a	n/a	1433.29	1682.12	1851.33	2047.08	2206.34	2392.13	2511.57	2621.06	2733.87	2942.89	3075.60	3214.95	3360.93	3513.55	3672.80
$112,500	n/a	n/a	n/a	1695.40	1891.15	2080.26	2269.38	2428.63	2607.79	2737.19	2846.67	3059.01	3254.76	3463.78	3686.08	3921.64	4173.79
$125,000	n/a	n/a	n/a	1768.39	1927.64	2116.76	2305.87	2488.35	2664.19	2813.49	2949.52	3155.23	3370.88	3599.81	3845.33	4107.44	4389.45
$187,500	n/a	n/a	n/a	n/a	n/a	2412.04	2644.29	2853.31	3045.74	3231.54	3414.02	3772.34	4127.34	4515.53	4940.20	5404.70	5912.32
Unlimited	829.45	1174.50	1479.74	1801.57	2163.21	2511.57	2816.81	3092.19	3347.66	3563.32	3762.39	4137.30	4502.25	4900.39	5331.70	5802.83	6313.77

Age: 69	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	447.90	524.21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	643.65	792.95	899.12	968.80	1045.11	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	753.14	965.48	1131.37	1257.45	1347.03	1406.75	1483.06	1569.32	1645.63	1731.89	1798.25	1970.77	2146.62	n/a	n/a	n/a	n/a
$50,000	829.45	1071.65	1277.35	1453.20	1582.59	1705.35	1778.34	1838.06	1917.69	1997.32	2073.63	2232.88	2408.72	2597.84	2803.54	3025.83	n/a
$62,500	865.95	1154.59	1383.52	1582.59	1771.71	1897.78	2027.18	2133.35	2209.65	2259.42	2339.05	2494.99	2644.29	2803.54	2972.75	3151.91	3341.02
$75,000	n/a	1230.90	1473.10	1678.81	1891.15	2086.90	2212.97	2339.05	2465.13	2554.71	2634.33	2760.41	2913.03	3075.60	3244.81	3423.97	3613.08
$87,500	n/a	1267.40	1556.05	1791.61	2013.90	2203.02	2415.36	2541.43	2667.51	2793.59	2916.35	3068.97	3191.72	3317.80	3450.51	3589.86	3732.53
$100,000	n/a	n/a	1599.18	1874.56	2063.67	2282.65	2465.13	2670.83	2800.22	2926.30	3052.38	3284.62	3433.92	3589.86	3752.43	3921.64	4100.80
$112,500	n/a	n/a	n/a	1894.46	2110.12	2322.46	2534.80	2707.32	2913.03	3052.38	3175.13	3417.33	3629.67	3855.28	4094.17	4349.64	4618.38
$125,000	n/a	n/a	n/a	1974.09	2149.93	2362.27	2567.98	2773.68	2972.75	3141.96	3291.26	3523.50	3765.70	4024.49	4299.87	4595.15	4910.34
$187,500	n/a	n/a	n/a	n/a	n/a	2694.05	2956.16	3185.09	3397.43	3606.45	3808.83	4213.61	4605.11	5033.10	5500.91	6011.85	6569.24
Unlimited	928.98	1307.21	1648.95	2010.59	2412.04	2806.86	3141.96	3453.83	3735.84	3978.04	4200.33	4618.38	5026.47	5471.05	5955.45	6482.98	7056.96

Age: 70	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	494.35	577.30	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	710.01	882.53	992.02	1065.01	1151.28	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	829.45	1065.01	1247.49	1390.16	1483.06	1556.05	1642.31	1728.57	1814.84	1911.05	1987.36	2179.79	2372.23	n/a	n/a	n/a	n/a
$50,000	919.03	1181.14	1413.38	1605.82	1748.48	1881.19	1967.46	2033.81	2116.76	2203.02	2289.28	2465.13	2660.88	2873.21	3102.14	3347.66	n/a
$62,500	955.53	1277.35	1529.51	1748.48	1957.50	2093.53	2236.20	2352.32	2435.27	2494.99	2581.25	2750.46	2922.98	3105.46	3301.21	3506.91	3725.89
$75,000	n/a	1356.98	1625.72	1854.65	2083.58	2305.87	2441.90	2584.57	2723.91	2823.45	2906.39	3045.74	3211.63	3387.47	3573.27	3769.02	3974.72
$87,500	n/a	1396.79	1718.62	1980.73	2226.24	2435.27	2667.51	2803.54	2942.89	3082.24	3221.58	3390.79	3523.50	3662.85	3805.52	3954.82	4110.75
$100,000	n/a	n/a	1768.39	2073.63	2282.65	2518.21	2720.60	2949.52	3095.51	3231.54	3367.57	3626.36	3792.25	3964.77	4147.25	4336.36	4535.43
$112,500	n/a	n/a	n/a	2093.53	2332.41	2567.98	2800.22	2995.97	3214.95	3370.88	3506.91	3772.34	4011.22	4266.69	4535.43	4824.08	5129.32
$125,000	n/a	n/a	n/a	2179.79	2375.54	2611.11	2836.72	3062.33	3281.30	3467.10	3632.99	3891.78	4153.89	4432.58	4731.18	5049.69	5391.43
$187,500	n/a	n/a	n/a	n/a	n/a	2972.75	3264.72	3516.87	3752.43	3981.36	4210.29	4651.56	5089.51	5567.27	6091.48	6665.46	7292.52
Unlimited	1025.20	1446.56	1821.47	2219.61	2664.19	3095.51	3470.42	3815.47	4127.34	4392.77	4641.60	5099.46	5544.04	6028.44	6552.66	7123.32	7743.75

Age: 71	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	550.75	643.65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	792.95	978.75	1101.51	1184.45	1280.67	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	922.35	1187.77	1390.16	1549.41	1655.58	1731.89	1824.79	1924.32	2017.22	2126.71	2212.97	2425.31	2640.97	n/a	n/a	n/a	n/a
$50,000	1021.88	1317.17	1569.32	1788.29	1947.55	2093.53	2189.75	2259.42	2355.64	2455.17	2551.39	2743.82	2962.80	3198.36	3453.83	3729.21	n/a
$62,500	1061.70	1423.34	1702.03	1947.55	2179.79	2335.73	2488.35	2617.74	2713.96	2777.00	2873.21	3062.33	3251.44	3453.83	3666.17	3891.78	4130.66
$75,000	n/a	1509.60	1808.20	2063.67	2322.46	2564.66	2720.60	2876.53	3032.47	3145.27	3238.17	3390.79	3576.59	3772.34	3978.04	4197.02	4425.95
$87,500	n/a	1556.05	1914.37	2199.70	2475.08	2707.32	2966.11	3122.05	3274.67	3430.61	3589.86	3775.66	3924.96	4080.89	4243.47	4412.67	4588.52
$100,000	n/a	n/a	1967.46	2309.19	2538.12	2803.54	3029.15	3281.30	3447.19	3599.81	3749.11	4037.76	4223.56	4419.31	4621.70	4834.03	5056.33
$112,500	n/a	n/a	n/a	2325.78	2594.52	2856.63	3118.73	3331.07	3579.91	3752.43	3898.42	4197.02	4465.76	4751.09	5056.33	5381.47	5726.52
$125,000	n/a	n/a	n/a	2428.63	2640.97	2906.39	3158.55	3410.70	3656.22	3861.92	4044.40	4333.05	4625.01	4936.89	5268.67	5623.67	6001.90
$187,500	n/a	n/a	n/a	n/a	n/a	3311.16	3632.99	3915.00	4177.11	4432.58	4684.73	5175.77	5663.48	6197.65	6781.58	7421.92	8121.97
Unlimited	1141.32	1609.13	2027.18	2471.76	2966.11	3450.51	3865.24	4246.78	4595.15	4887.12	5162.50	5676.76	6177.74	6721.86	7315.75	7962.72	8666.09

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 72	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	607.16	706.69	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	872.58	1078.29	1211.00	1307.21	1413.38	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	1018.56	1307.21	1529.51	1708.67	1821.47	1907.74	2013.90	2120.07	2226.24	2342.37	2435.27	2674.15	2909.71	n/a	n/a	n/a	n/a
$50,000	1121.42	1449.88	1731.89	1970.77	2143.30	2309.19	2412.04	2491.67	2597.84	2704.01	2806.86	3025.83	3264.72	3523.50	3802.20	4100.80	n/a
$62,500	1174.50	1566.00	1871.24	2146.62	2398.77	2571.30	2743.82	2886.49	2992.66	3062.33	3165.18	3370.88	3586.54	3815.47	4060.99	4319.78	4595.15
$75,000	n/a	1662.22	1994.00	2276.01	2558.02	2826.77	2999.29	3168.50	3341.02	3463.78	3566.64	3735.84	3938.23	4150.57	4376.18	4611.74	4860.58
$87,500	n/a	1715.30	2106.80	2428.63	2727.23	2986.02	3271.35	3437.24	3609.77	3778.97	3954.82	4160.52	4319.78	4485.67	4658.19	4837.35	5023.15
$100,000	n/a	n/a	2166.52	2541.43	2796.91	3088.87	3334.39	3616.40	3795.56	3961.45	4130.66	4449.17	4648.24	4857.26	5076.23	5301.84	5537.41
$112,500	n/a	n/a	n/a	2564.66	2859.94	3148.59	3433.92	3669.49	3944.86	4133.98	4296.55	4625.01	4916.98	5228.85	5557.32	5909.00	6280.60
$125,000	n/a	n/a	n/a	2674.15	2913.03	3201.68	3480.37	3759.07	4024.49	4253.42	4455.81	4771.00	5092.82	5437.87	5806.15	6197.65	6615.69
$187,500	n/a	n/a	n/a	n/a	n/a	3646.26	4001.27	4316.46	4601.79	4883.80	5162.50	5703.30	6240.78	6828.03	7471.69	8175.06	8944.79
Unlimited	1257.45	1771.71	2232.88	2720.60	3264.72	3798.88	4256.74	4674.78	5059.65	5384.79	5690.03	6254.05	6804.81	7405.33	8058.94	8768.95	9541.99

Age: 73	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	676.83	789.64	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	972.12	1204.36	1356.98	1456.51	1572.64	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	1134.69	1456.51	1708.67	1901.10	2030.49	2126.71	2246.15	2362.27	2481.71	2614.43	2713.96	2979.38	3241.49	n/a	n/a	n/a	n/a
$50,000	1254.13	1619.09	1927.64	2196.38	2388.82	2577.93	2694.05	2777.00	2896.44	3012.56	3128.69	3370.88	3636.31	3921.64	4230.20	4561.98	n/a
$62,500	1307.21	1748.48	2090.21	2392.13	2674.15	2866.58	3059.01	3218.27	3334.39	3417.33	3533.46	3762.39	3997.95	4246.78	4512.21	4794.22	5092.82
$75,000	n/a	1854.65	2226.24	2534.80	2853.31	3151.91	3341.02	3533.46	3725.89	3865.24	3978.04	4167.16	4396.09	4638.28	4893.76	5162.50	5444.51
$87,500	n/a	1914.37	2349.00	2704.01	3042.42	3331.07	3646.26	3835.38	4027.81	4220.24	4409.36	4641.60	4820.76	5006.56	5198.99	5398.06	5607.08
$100,000	n/a	n/a	2418.68	2833.40	3122.05	3447.19	3719.25	4031.13	4233.51	4419.31	4608.42	4960.11	5185.72	5421.29	5666.80	5925.59	6194.33
$112,500	n/a	n/a	n/a	2859.94	3188.41	3510.23	3832.06	4094.17	4399.40	4615.06	4794.22	5155.86	5484.32	5832.69	6204.29	6599.10	7020.46
$125,000	n/a	n/a	n/a	2979.38	3244.81	3569.95	3881.83	4193.70	4492.30	4744.45	4970.06	5325.07	5683.39	6064.94	6473.03	6907.66	7372.15
$187,500	n/a	n/a	n/a	n/a	n/a	4070.94	4465.76	4814.13	5132.64	5447.83	5753.07	6363.54	6957.43	7607.72	8317.72	9094.09	9943.45
Unlimited	1400.11	1977.41	2494.99	3035.79	3642.94	4236.83	4747.77	5215.58	5643.58	6005.22	6343.63	6974.02	7587.81	8254.69	8981.28	9770.92	10630.23

Age: 74	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	746.51	869.26	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	1071.65	1330.44	1496.33	1609.13	1741.85	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	1250.81	1609.13	1881.19	2100.17	2239.52	2345.68	2475.08	2607.79	2737.19	2883.17	2999.29	3291.26	3579.91	n/a	n/a	n/a	n/a
$50,000	1383.52	1784.98	2130.03	2425.31	2640.97	2843.35	2969.43	3068.97	3195.04	3327.75	3457.15	3719.25	4017.86	4339.68	4688.05	5062.96	n/a
$62,500	1443.24	1927.64	2309.19	2644.29	2949.52	3161.86	3374.20	3553.36	3679.44	3769.02	3895.10	4150.57	4409.36	4684.73	4976.70	5288.57	5617.04
$75,000	n/a	2047.08	2451.85	2796.91	3151.91	3480.37	3689.39	3898.42	4110.75	4260.06	4386.13	4595.15	4850.62	5119.37	5404.70	5706.62	6025.12
$87,500	n/a	2110.12	2591.20	2986.02	3357.61	3672.80	4024.49	4230.20	4439.22	4651.56	4863.89	5119.37	5318.43	5524.14	5739.79	5962.09	6194.33
$100,000	n/a	n/a	2667.51	3128.69	3443.88	3802.20	4107.44	4449.17	4674.78	4877.17	5086.19	5474.37	5719.89	5975.36	6244.10	6522.79	6814.76
$112,500	n/a	n/a	n/a	3155.23	3516.87	3875.19	4226.88	4518.84	4853.94	5092.82	5288.57	5693.34	6051.67	6433.21	6837.99	7269.30	7727.16
$125,000	n/a	n/a	n/a	3291.26	3579.91	3938.23	4283.28	4625.01	4956.79	5235.49	5484.32	5872.51	6270.64	6695.32	7149.86	7634.26	8151.83
$187,500	n/a	n/a	n/a	n/a	n/a	4488.98	4923.62	5308.48	5666.80	6008.54	6350.27	7020.46	7677.39	8397.35	9183.67	10042.98	10981.92
Unlimited	1546.09	2183.11	2750.46	3350.98	4021.17	4674.78	5238.81	5756.38	6227.51	6625.65	7003.88	7697.30	8377.45	9117.31	9923.54	10799.44	11754.97

Age: 75	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	839.40	975.43	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	1207.68	1493.01	1678.81	1808.20	1957.50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	1410.07	1808.20	2116.76	2362.27	2521.53	2640.97	2783.63	2932.94	3078.92	3241.49	3370.88	3696.03	4021.17	n/a	n/a	n/a	n/a
$50,000	1556.05	2007.27	2392.13	2723.91	2966.11	3195.04	3334.39	3447.19	3589.86	3735.84	3885.14	4183.75	4512.21	4867.21	5248.76	5660.17	n/a
$62,500	1622.40	2166.52	2591.20	2969.43	3317.80	3553.36	3792.25	3991.31	4137.30	4233.51	4376.18	4668.14	4956.79	5262.03	5587.18	5932.23	6300.50
$75,000	n/a	2299.24	2757.09	3145.27	3540.09	3911.69	4143.93	4382.81	4618.38	4790.90	4933.57	5165.81	5451.15	5753.07	6071.57	6406.67	6761.68
$87,500	n/a	2375.54	2913.03	3357.61	3772.34	4130.66	4525.48	4754.41	4993.29	5228.85	5467.73	5753.07	5975.36	6207.60	6446.49	6695.32	6954.11
$100,000	n/a	n/a	2999.29	3516.87	3868.55	4273.33	4615.06	5003.24	5252.08	5481.01	5713.25	6151.20	6433.21	6728.50	7037.05	7358.88	7697.30
$112,500	n/a	n/a	n/a	3546.73	3958.14	4352.95	4747.77	5076.23	5454.46	5719.89	5942.18	6400.04	6798.17	7219.53	7667.44	8145.20	8652.82
$125,000	n/a	n/a	n/a	3696.03	4024.49	4425.95	4814.13	5195.67	5570.59	5879.14	6164.47	6602.42	7047.01	7521.45	8029.08	8569.88	9147.17
$187,500	n/a	n/a	n/a	n/a	n/a	5046.37	5537.41	5965.40	6370.18	6751.72	7136.59	7889.73	8629.60	9439.14	10324.99	11293.79	12352.17
Unlimited	1738.53	2448.54	3088.87	3765.70	4518.84	5255.40	5889.10	6466.39	7000.56	7448.46	7869.82	8649.50	9412.60	10242.05	11144.49	12126.56	13194.89

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 76	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	942.26	1091.56	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	1347.03	1665.54	1874.56	2017.22	2183.11	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	1572.64	2020.54	2368.91	2640.97	2816.81	2946.21	3115.41	3277.99	3440.56	3623.04	3769.02	4133.98	4495.62	n/a	n/a	n/a	n/a
$50,000	1741.85	2246.15	2677.46	3045.74	3314.48	3569.95	3729.21	3851.97	4017.86	4177.11	4339.68	4674.78	5043.06	5441.19	5869.19	6330.36	n/a
$62,500	1811.52	2425.31	2896.44	3317.80	3712.62	3974.72	4240.15	4465.76	4621.70	4734.50	4893.76	5218.90	5540.73	5882.46	6244.10	6628.96	7037.05
$75,000	n/a	2567.98	3082.24	3516.87	3958.14	4372.86	4634.97	4900.39	5162.50	5354.93	5514.18	5776.29	6091.48	6423.26	6774.95	7143.22	7531.41
$87,500	n/a	2650.92	3261.40	3749.11	4216.92	4615.06	5056.33	5315.12	5577.22	5845.96	6111.39	6433.21	6678.73	6934.20	7199.63	7475.00	7760.33
$100,000	n/a	n/a	3350.98	3928.28	4323.09	4777.63	5155.86	5593.81	5869.19	6127.98	6386.77	6881.12	7189.67	7511.50	7849.91	8201.60	8569.88
$112,500	n/a	n/a	n/a	3964.77	4419.31	4867.21	5305.16	5673.44	6098.12	6393.40	6645.55	7153.18	7604.40	8085.48	8596.42	9137.22	9714.52
$125,000	n/a	n/a	n/a	4133.98	4495.62	4946.84	5381.47	5809.47	6227.51	6575.88	6887.75	7378.79	7876.46	8407.31	8974.65	9578.49	10225.46
$187,500	n/a	n/a	n/a	n/a	n/a	5640.26	6187.70	6672.10	7120.00	7548.00	7979.31	8822.03	9644.84	10543.97	11526.04	12601.00	13775.51
Unlimited	1944.23	2740.50	3453.83	4210.29	5049.69	5872.51	6582.52	7232.80	7823.37	8327.68	8795.49	9671.39	10520.74	11443.09	12448.39	13543.26	14731.03

Age: 77	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	1058.38	1230.90	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	1516.23	1881.19	2116.76	2279.33	2465.13	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	1778.34	2282.65	2670.83	2972.75	3175.13	3327.75	3510.23	3696.03	3881.83	4084.21	4250.10	4658.19	5069.60	n/a	n/a	n/a	n/a
$50,000	1960.82	2528.16	3019.20	3433.92	3735.84	4027.81	4206.97	4346.32	4525.48	4711.28	4893.76	5271.98	5690.03	6141.25	6628.96	7153.18	n/a
$62,500	2047.08	2733.87	3268.03	3742.48	4180.43	4482.35	4784.27	5033.10	5212.26	5338.34	5517.50	5882.46	6250.74	6642.24	7056.96	7498.23	7966.04
$75,000	n/a	2896.44	3477.05	3964.77	4462.44	4930.25	5225.54	5524.14	5826.06	6038.40	6220.88	6509.52	6871.16	7252.71	7654.16	8078.84	8526.75
$87,500	n/a	2992.66	3676.12	4230.20	4757.73	5205.63	5699.98	5995.26	6290.55	6592.47	6894.39	7252.71	7538.04	7833.33	8141.88	8463.71	8795.49
$100,000	n/a	n/a	3778.97	4432.58	4877.17	5388.11	5819.42	6307.14	6619.01	6910.98	7206.26	7757.02	8108.70	8476.98	8861.84	9263.30	9684.66
$112,500	n/a	n/a	n/a	4472.39	4983.34	5487.64	5988.63	6400.04	6877.80	7212.90	7494.91	8068.89	8576.51	9117.31	9691.29	10301.77	10948.74
$125,000	n/a	n/a	n/a	4658.19	5076.23	5580.54	6068.26	6555.97	7023.78	7415.28	7770.29	8324.36	8885.07	9482.27	10122.61	10806.07	11532.67
$187,500	n/a	n/a	n/a	n/a	n/a	6363.54	6980.65	7521.45	8025.76	8516.79	9001.19	9946.76	10879.07	11897.63	13012.41	14233.36	15567.12
Unlimited	2193.07	3088.87	3898.42	4744.45	5693.34	6622.33	7421.92	8155.15	8825.35	9392.69	9916.90	10908.93	11867.77	12909.56	14044.25	15278.47	16622.18

Age: 78	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	1207.68	1403.43	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	1731.89	2146.62	2415.36	2597.84	2813.49	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	2023.86	2597.84	3045.74	3394.11	3623.04	3795.56	4004.58	4216.92	4429.26	4661.51	4847.31	5318.43	5786.24	n/a	n/a	n/a	n/a
$50,000	2236.20	2883.17	3443.88	3921.64	4263.37	4591.84	4797.54	4956.79	5165.81	5374.84	5583.86	6015.17	6489.62	7000.56	7551.31	8148.52	n/a
$62,500	2332.41	3118.73	3725.89	4270.01	4771.00	5112.73	5457.78	5743.11	5948.82	6091.48	6297.18	6711.91	7129.95	7574.54	8045.67	8546.65	9077.50
$75,000	n/a	3307.85	3964.77	4525.48	5092.82	5623.67	5958.77	6300.50	6645.55	6887.75	7093.46	7428.55	7839.96	8274.59	8732.45	9216.85	9727.79
$87,500	n/a	3410.70	4193.70	4827.40	5421.29	5935.54	6502.89	6841.30	7179.72	7521.45	7866.50	8274.59	8596.42	8931.52	9279.89	9641.53	10016.44
$100,000	n/a	n/a	4313.14	5056.33	5563.95	6144.57	6638.92	7196.31	7554.63	7883.09	8218.19	8851.89	9250.03	9664.75	10099.38	10553.92	11028.37
$112,500	n/a	n/a	n/a	5099.46	5690.03	6260.69	6828.03	7302.48	7846.60	8228.14	8549.97	9206.90	9780.87	10391.35	11038.32	11725.11	12455.02
$125,000	n/a	n/a	n/a	5318.43	5789.56	6366.86	6924.25	7475.00	8015.80	8460.39	8861.84	9495.54	10135.88	10819.35	11549.26	12328.94	13161.71
$187,500	n/a	n/a	n/a	n/a	n/a	7256.03	7959.40	8586.47	9157.13	9714.52	10265.27	11346.88	12408.57	13569.80	14840.52	16230.68	17750.23
Unlimited	2498.30	3523.50	4442.53	5417.97	6496.25	7561.27	8467.03	9303.11	10066.21	10713.18	11313.70	12445.07	13536.62	14724.40	16015.02	17418.45	18944.64

Age: 79	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	1366.93	1592.54	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	1964.14	2431.95	2737.19	2942.89	3181.77	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	2292.60	2942.89	3450.51	3842.01	4104.12	4296.55	4532.11	4774.31	5013.20	5275.30	5487.64	6021.81	6552.66	n/a	n/a	n/a	n/a
$50,000	2531.48	3268.03	3898.42	4435.90	4827.40	5202.31	5434.56	5613.72	5849.28	6084.85	6323.73	6808.13	7348.93	7932.86	8563.24	9243.39	n/a
$62,500	2640.97	3530.14	4220.24	4834.03	5404.70	5789.56	6181.06	6499.57	6735.13	6897.71	7129.95	7601.08	8075.53	8579.83	9114.00	9681.34	10285.18
$75,000	n/a	3745.80	4492.30	5122.68	5766.34	6370.18	6748.41	7136.59	7524.77	7803.47	8032.39	8410.62	8878.43	9372.79	9893.68	10444.43	11025.05
$87,500	n/a	3865.24	4747.77	5467.73	6141.25	6721.86	7362.20	7747.06	8131.93	8516.79	8904.98	9369.47	9731.11	10106.02	10497.52	10902.29	11323.65
$100,000	n/a	n/a	4883.80	5726.52	6300.50	6957.43	7514.82	8145.20	8553.29	8928.20	9306.43	10023.07	10474.29	10945.42	11439.77	11954.03	12491.52
$112,500	n/a	n/a	n/a	5779.61	6439.85	7093.46	7733.79	8267.96	8885.07	9316.38	9681.34	10424.53	11078.13	11771.55	12508.11	13291.11	14123.87
$125,000	n/a	n/a	n/a	6021.81	6555.97	7209.58	7839.96	8463.71	9074.18	9578.49	10036.35	10752.99	11479.59	12255.95	13085.40	13971.26	14916.83
$187,500	n/a	n/a	n/a	n/a	n/a	8218.19	9017.78	9721.15	10368.13	11001.82	11628.89	12849.84	14050.88	15364.73	16801.34	18370.66	20089.28
Unlimited	2833.40	3988.00	5033.10	6131.29	7362.20	8559.92	9591.76	10537.33	11399.96	12136.51	12816.66	14094.01	15328.24	16671.95	18131.78	19721.00	21449.58

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 80	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	1542.78	1794.93	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	2216.29	2743.82	3088.87	3327.75	3593.18	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	2587.88	3324.44	3891.78	4339.68	4634.97	4850.62	5119.37	5391.43	5660.17	5958.77	6197.65	6794.85	7395.38	n/a	n/a	n/a	n/a
$50,000	2859.94	3689.39	4402.72	5009.88	5451.15	5872.51	6137.93	6337.00	6602.42	6871.16	7139.91	7690.66	8297.82	8951.42	9658.12	10421.21	n/a
$62,500	2982.70	3984.68	4767.68	5457.78	6101.43	6536.07	6977.33	7342.29	7604.40	7786.88	8052.30	8583.15	9117.31	9684.66	10288.50	10928.83	11608.98
$75,000	n/a	4226.88	5069.60	5782.93	6506.21	7189.67	7620.99	8055.62	8496.89	8805.44	9067.55	9498.86	10023.07	10577.15	11161.08	11778.19	12428.48
$87,500	n/a	4359.59	5358.25	6171.11	6937.52	7591.13	8317.72	8745.72	9180.35	9618.30	10056.25	10580.46	10988.55	11413.23	11854.50	12312.36	12786.80
$100,000	n/a	n/a	5510.87	6466.39	7113.36	7859.87	8486.93	9200.26	9658.12	10079.48	10504.15	11313.70	11827.96	12365.44	12926.15	13513.40	14127.19
$112,500	n/a	n/a	n/a	6526.11	7272.62	8009.17	8732.45	9332.97	10029.71	10520.74	10932.15	11768.24	12508.11	13294.42	14130.51	15019.68	15965.25
$125,000	n/a	n/a	n/a	6798.17	7398.69	8138.56	8855.21	9555.26	10242.05	10819.35	11333.60	12139.83	12959.33	13835.23	14767.53	15762.87	16827.88
$187,500	n/a	n/a	n/a	n/a	n/a	9279.89	10179.01	10975.28	11705.20	12418.53	13125.22	14508.74	15869.04	17355.41	18981.13	20759.47	22707.02
Unlimited	3198.36	4505.57	5680.07	6924.25	8307.77	9661.43	10825.98	11897.63	12869.75	13699.20	14468.93	15908.85	17305.64	18825.20	20477.46	22275.71	24229.89

Age: 81	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	1758.43	2043.76	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	2524.85	3122.05	3513.55	3778.97	4090.85	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	2946.21	3778.97	4432.58	4940.20	5271.98	5517.50	5826.06	6131.29	6439.85	6778.27	7053.64	7737.11	8413.94	n/a	n/a	n/a	n/a
$50,000	3254.76	4200.33	5009.88	5703.30	6204.29	6678.73	6983.97	7212.90	7511.50	7816.74	8125.29	8749.04	9442.46	10192.28	10998.51	11871.09	n/a
$62,500	3390.79	4532.11	5421.29	6210.92	6944.16	7438.51	7939.50	8350.90	8652.82	8861.84	9163.76	9767.60	10374.76	11018.41	11701.88	12428.48	13201.53
$75,000	n/a	4810.81	5769.65	6582.52	7408.65	8185.01	8672.73	9167.08	9671.39	10019.76	10318.36	10806.07	11403.28	12033.66	12697.22	13400.59	14140.46
$87,500	n/a	4963.43	6101.43	7023.78	7893.05	8639.55	9465.68	9950.08	10441.12	10945.42	11443.09	12036.98	12504.79	12989.19	13493.49	14017.71	14561.82
$100,000	n/a	n/a	6273.96	7355.56	8092.11	8941.47	9658.12	10467.66	10988.55	11469.63	11957.35	12876.38	13460.31	14070.79	14707.81	15374.69	16071.42
$112,500	n/a	n/a	n/a	7421.92	8274.59	9110.68	9933.49	10620.28	11416.55	11970.62	12438.43	13390.64	14233.36	15129.17	16081.38	17093.31	18168.27
$125,000	n/a	n/a	n/a	7737.11	8420.58	9263.30	10076.16	10875.75	11655.43	12309.04	12896.29	13815.32	14747.62	15742.96	16804.66	17939.34	19150.34
$187,500	n/a	n/a	n/a	n/a	n/a	10557.24	11582.44	12484.88	13324.28	14133.83	14936.74	16506.06	18052.15	19744.23	21592.24	23616.10	25829.07
Unlimited	3636.31	5126.00	6466.39	7879.78	9452.41	10995.19	12318.99	13536.62	14648.09	15587.02	16462.92	18105.23	19694.46	21423.03	23304.23	25351.31	27577.55

Age: 82	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	1967.46	2285.96	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	2823.45	3493.64	3931.59	4230.20	4575.25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	3297.89	4233.51	4953.48	5527.45	5899.05	6174.43	6519.48	6861.21	7209.58	7584.49	7893.05	8656.14	9419.23	n/a	n/a	n/a	n/a
$50,000	3642.94	4701.32	5607.08	6380.13	6944.16	7475.00	7813.42	8068.89	8407.31	8749.04	9094.09	9790.83	10567.19	11406.60	12312.36	13287.79	n/a
$62,500	3798.88	5072.92	6068.26	6947.47	7770.29	8324.36	8885.07	9349.56	9684.66	9916.90	10252.00	10932.15	11608.98	12328.94	13092.04	13901.58	14760.89
$75,000	n/a	5384.79	6456.44	7365.52	8287.86	9157.13	9704.57	10258.64	10819.35	11214.16	11549.26	12093.38	12766.89	13476.90	14226.73	15019.68	15855.77
$87,500	n/a	5550.68	6824.71	7859.87	8831.98	9664.75	10590.42	11134.54	11688.61	12246.00	12803.39	13470.27	13991.16	14531.96	15092.67	15676.61	16283.76
$100,000	n/a	n/a	7020.46	8231.46	9057.59	10003.17	10802.76	11715.15	12292.45	12836.57	13377.37	14409.21	15059.49	15739.64	16449.65	17192.84	17969.20
$112,500	n/a	n/a	n/a	8311.09	9259.98	10198.92	11121.27	11887.68	12773.53	13393.96	13921.49	14983.18	15932.08	16940.69	18012.34	19153.66	20367.97
$125,000	n/a	n/a	n/a	8656.14	9422.55	10364.81	11273.88	12169.69	13042.27	13775.51	14432.43	15460.95	16499.42	17607.56	18788.70	20049.47	21396.49
$187,500	n/a	n/a	n/a	n/a	n/a	11818.00	12962.64	13974.57	14906.88	15812.63	16711.76	18470.19	20202.08	22096.55	24166.86	26432.91	28911.31
Unlimited	4074.26	5736.48	7236.12	8815.39	10580.46	12305.72	13785.46	15149.07	16386.61	17444.99	18420.43	20261.80	22036.83	23967.79	26067.95	28350.60	30835.63

Age: 83	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	2212.97	2574.61	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	3175.13	3928.28	4425.95	4761.04	5149.23	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	3709.30	4764.36	5573.90	6220.88	6638.92	6947.47	7332.34	7720.52	8108.70	8536.70	8881.75	9741.06	10597.05	n/a	n/a	n/a	n/a
$50,000	4097.48	5288.57	6310.46	7179.72	7810.10	8410.62	8795.49	9080.82	9462.37	9847.23	10232.10	11018.41	11891.00	12833.25	13848.50	14946.69	n/a
$62,500	4276.64	5709.93	6828.03	7820.05	8742.40	9362.83	9996.53	10520.74	10898.97	11157.76	11535.99	12299.08	13062.18	13871.72	14731.03	15643.43	16615.54
$75,000	n/a	6054.99	7262.66	8287.86	9326.34	10305.09	10918.88	11542.63	12176.33	12620.91	12999.14	13606.30	14362.76	15162.35	16005.07	16894.24	17833.18
$87,500	n/a	6250.74	7680.71	8841.94	9936.81	10875.75	11917.54	12528.01	13155.08	13778.82	14409.21	15159.03	15746.28	16356.75	16990.45	17647.38	18330.85
$100,000	n/a	n/a	7899.68	9263.30	10192.28	11257.30	12159.74	13181.62	13835.23	14442.38	15056.18	16210.77	16947.32	17717.05	18523.28	19366.00	20245.22
$112,500	n/a	n/a	n/a	9346.24	10421.21	11472.95	12511.42	13374.05	14376.03	15069.45	15663.33	16857.74	17926.07	19060.76	20268.44	21552.43	22919.36
$125,000	n/a	n/a	n/a	9741.06	10607.01	11662.07	12687.27	13692.56	14677.95	15500.76	16237.31	17395.23	18569.73	19823.86	21160.93	22590.90	24117.09
$187,500	n/a	n/a	n/a	n/a	n/a	13297.74	14588.37	15723.05	16771.48	17793.36	18805.29	20789.33	22736.88	24866.91	27196.01	29744.08	32531.03
Unlimited	4581.88	6456.44	8138.56	9920.22	11900.95	13845.18	15514.03	17046.86	18440.33	19628.10	20729.61	22796.60	24800.56	26980.35	29352.58	31933.83	34740.68

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 84	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	2481.71	2886.49	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	3563.32	4406.04	4960.11	5338.34	5772.97	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	4160.52	5338.34	6254.05	6970.70	7441.83	7793.51	8228.14	8656.14	9094.09	9571.85	9956.72	10918.88	11881.04	n/a	n/a	n/a	n/a
$50,000	4595.15	5928.91	7073.55	8048.98	8758.99	9432.51	9860.50	10179.01	10610.32	11038.32	11469.63	12348.85	13330.92	14392.62	15537.26	16771.48	n/a
$62,500	4790.90	6403.35	7657.48	8765.63	9800.78	10497.52	11210.85	11794.78	12219.46	12511.42	12936.10	13785.46	14644.77	15557.16	16525.96	17554.48	18649.35
$75,000	n/a	6794.85	8141.88	9289.84	10454.39	11552.58	12242.68	12946.06	13652.75	14147.10	14571.78	15258.56	16101.28	16990.45	17929.39	18918.10	19963.20
$87,500	n/a	7003.88	8613.01	9916.90	11144.49	12192.92	13360.78	14047.57	14744.30	15450.99	16151.05	16993.77	17654.01	18340.80	19054.13	19793.99	20563.72
$100,000	n/a	n/a	8855.21	10384.71	11426.50	12620.91	13632.84	14777.48	15514.03	16190.86	16877.65	18174.91	19001.04	19863.67	20766.11	21711.68	22697.07
$112,500	n/a	n/a	n/a	10480.93	11685.29	12863.11	14027.66	14996.46	16114.55	16900.87	17561.12	18904.82	20092.60	21353.36	22693.75	24120.41	25636.64
$125,000	n/a	n/a	n/a	10922.20	11887.68	13075.45	14226.73	15354.78	16456.29	17375.32	18204.77	19505.35	20819.20	22222.62	23718.95	25318.13	27023.48
$187,500	n/a	n/a	n/a	n/a	n/a	14910.19	16353.44	17627.47	18805.29	19949.93	21084.62	23307.55	25487.34	27869.52	30477.31	33327.30	36442.72
Unlimited	5135.95	7239.44	9123.95	11124.58	13344.19	15523.99	17395.23	19110.53	20679.85	22006.97	23241.19	25560.33	27799.85	30235.11	32882.72	35762.57	38894.57

Age: 85	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	2634.33	3062.33	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	3775.66	4674.78	5262.03	5663.48	6121.34	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	4409.36	5666.80	6635.60	7395.38	7896.36	8267.96	8725.81	9183.67	9648.16	10155.79	10560.56	11585.76	12607.64	n/a	n/a	n/a	n/a
$50,000	4877.17	6290.55	7508.18	8540.02	9293.16	10006.48	10461.02	10802.76	11257.30	11711.83	12169.69	13108.63	14143.78	15261.88	16466.24	17766.82	n/a
$62,500	5082.87	6794.85	8125.29	9303.11	10401.30	11141.17	11891.00	12511.42	12962.64	13274.52	13722.42	14624.86	15537.26	16506.06	17534.57	18629.45	19790.68
$75,000	n/a	7206.26	8642.87	9857.18	11094.72	12255.95	12989.19	13732.37	14485.51	15009.73	15460.95	16187.55	17083.35	18028.93	19027.58	20079.33	21190.79
$87,500	n/a	7435.19	9137.22	10517.43	11821.32	12939.42	14173.64	14903.56	15643.43	16393.25	17139.75	18032.24	18732.30	19458.90	20215.36	21001.67	21817.85
$100,000	n/a	n/a	9396.01	11018.41	12123.24	13393.96	14465.61	15676.61	16456.29	17179.57	17906.17	19283.05	20158.95	21074.67	22033.51	23035.49	24080.59
$112,500	n/a	n/a	n/a	11124.58	12395.30	13649.43	14880.33	15912.17	17096.62	17932.71	18632.76	20052.78	21316.87	22660.57	24090.55	25610.10	27225.87
$125,000	n/a	n/a	n/a	11589.08	12617.59	13871.72	15092.67	16290.40	17458.26	18440.33	19316.23	20693.12	22086.59	23572.97	25158.88	26854.27	28662.47
$187,500	n/a	n/a	n/a	n/a	n/a	15815.95	17352.09	18702.44	19953.25	21167.56	22375.24	24730.88	27043.39	29571.55	32335.28	35357.79	38665.64
Unlimited	5451.15	7680.71	9681.34	11801.41	14163.69	16469.56	18453.60	20278.39	21937.29	23350.68	24657.89	27119.70	29498.56	32086.44	34899.94	37962.27	41293.34

Age: 86	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	2757.09	3204.99	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	3958.14	4897.07	5510.87	5928.91	6413.31	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	4618.38	5928.91	6947.47	7747.06	8267.96	8656.14	9137.22	9618.30	10106.02	10630.23	11061.55	12136.51	13201.53	n/a	n/a	n/a	n/a
$50,000	5102.78	6585.83	7859.87	8944.79	9727.79	10480.93	10952.06	11310.38	11788.14	12262.59	12740.35	13722.42	14807.34	15978.52	17242.61	18606.22	n/a
$62,500	5321.75	7113.36	8506.84	9737.74	10889.02	11665.38	12451.70	13105.31	13573.12	13898.26	14369.39	15314.96	16267.17	17279.10	18354.07	19495.39	20706.39
$75,000	n/a	7544.68	9047.64	10321.68	11615.62	12833.25	13602.98	14379.35	15165.66	15723.05	16187.55	16947.32	17889.58	18884.92	19933.34	21041.49	22212.67
$87,500	n/a	7783.56	9568.54	11011.78	12378.71	13546.58	14843.84	15606.93	16383.30	17162.98	17945.98	18881.60	19611.52	20371.29	21157.61	21977.11	22826.46
$100,000	n/a	n/a	9840.59	11539.31	12697.22	14024.34	15149.07	16416.47	17235.97	17989.11	18752.21	20195.45	21107.84	22060.05	23055.39	24097.18	25185.42
$112,500	n/a	n/a	n/a	11645.48	12979.23	14289.76	15580.39	16658.67	17902.85	18772.11	19511.98	21001.67	22322.16	23725.59	25218.60	26804.51	28489.95
$125,000	n/a	n/a	n/a	12136.51	13211.48	14528.65	15802.68	17060.13	18284.40	19306.28	20228.63	21668.55	23128.38	24687.75	26349.97	28124.99	30019.45
$187,500	n/a	n/a	n/a	n/a	n/a	16562.46	18171.59	19584.97	20892.19	22166.22	23426.99	25892.11	28317.42	30968.35	33868.10	37039.92	40510.34
Unlimited	5706.62	8042.35	10139.20	12355.49	14827.25	17245.92	19322.87	21230.60	22972.45	24445.55	25822.44	28397.05	30888.72	33599.36	36548.88	39757.20	43244.21

Age: 87	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	2946.21	3423.97	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	4226.88	5232.17	5889.10	6337.00	6851.26	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	4936.89	6337.00	7421.92	8277.91	8831.98	9250.03	9764.29	10278.54	10796.12	11363.47	11814.69	12962.64	14107.29	n/a	n/a	n/a	n/a
$50,000	5454.46	7037.05	8397.35	9555.26	10394.67	11197.58	11701.88	12083.43	12591.05	13101.99	13616.25	14664.68	15822.59	17073.40	18420.43	19873.62	n/a
$62,500	5686.71	7597.76	9090.77	10407.94	11632.21	12464.97	13304.38	13997.80	14502.10	14850.47	15354.78	16366.71	17381.95	18460.24	19604.88	20822.51	22113.14
$75,000	n/a	8062.25	9664.75	11028.37	12408.57	13712.47	14531.96	15364.73	16200.82	16798.02	17295.69	18108.55	19113.85	20175.54	21296.96	22478.10	23725.59
$87,500	n/a	8317.72	10222.14	11768.24	13224.75	14472.24	15855.77	16675.26	17504.71	18337.48	19173.57	20172.22	20955.22	21768.09	22614.12	23493.34	24405.74
$100,000	n/a	n/a	10510.79	12325.63	13563.17	14983.18	16180.91	17541.21	18410.47	19216.70	20036.19	21575.65	22551.09	23569.65	24634.67	25749.45	26913.99
$112,500	n/a	n/a	n/a	12441.75	13865.09	15268.52	16648.72	17800.00	19127.12	20056.10	20845.74	22438.28	23851.66	25354.63	26950.49	28649.20	30454.09
$125,000	n/a	n/a	n/a	12962.64	14110.60	15520.67	16884.28	18221.36	19535.21	20626.76	21608.83	23151.61	24710.97	26376.51	28151.53	30049.31	32073.17
$187,500	n/a	n/a	n/a	n/a	n/a	17693.83	19415.77	20922.05	22322.16	23682.46	25029.48	27663.82	30258.34	33095.06	36200.52	39594.63	43307.24
Unlimited	6098.12	8589.78	10832.62	13201.53	15842.50	18427.06	20646.67	22683.80	24541.77	26121.04	27587.51	30337.96	32998.84	35891.96	39040.55	42464.52	46190.41

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 88	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	3132.00	3646.26	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	4495.62	5567.27	6267.32	6741.77	7289.21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	5252.08	6745.09	7899.68	8802.12	9399.33	9840.59	10388.03	10935.47	11486.22	12090.06	12574.46	13792.09	15006.41	n/a	n/a	n/a	n/a
$50,000	5802.83	7488.27	8934.84	10169.06	11061.55	11914.22	12451.70	12856.48	13397.28	13941.40	14488.83	15603.61	16834.52	18161.64	19594.93	21141.02	n/a
$62,500	6051.67	8082.16	9668.07	11071.50	12378.71	13261.25	14157.05	14896.92	15427.77	15802.68	16336.85	17415.13	18493.42	19638.06	20852.37	22143.00	23513.25
$75,000	n/a	8579.83	10288.50	11735.06	13208.16	14588.37	15464.27	16346.80	17239.29	17872.99	18403.84	19269.78	20338.11	21466.17	22657.26	23914.70	25241.82
$87,500	n/a	8848.57	10872.43	12521.38	14074.11	15401.23	16874.33	17743.59	18622.81	19515.30	20401.15	21462.85	22295.62	23161.56	24060.69	24992.99	25961.79
$100,000	n/a	n/a	11184.30	13115.26	14432.43	15938.71	17216.06	18662.63	19591.61	20447.60	21316.87	22955.86	23994.33	25079.25	26213.94	27398.39	28639.25
$112,500	n/a	n/a	n/a	13238.02	14754.26	16247.27	17713.73	18941.32	20351.39	21340.09	22179.49	23874.89	25377.85	26977.03	28675.75	30480.63	32398.32
$125,000	n/a	n/a	n/a	13792.09	15016.36	16512.69	17962.57	19392.54	20782.70	21943.93	22995.67	24634.67	26293.57	28065.27	29956.42	31973.64	34126.89
$187,500	n/a	n/a	n/a	n/a	n/a	18828.52	20653.31	22262.44	23752.13	25195.37	26631.98	29435.52	32192.61	35208.49	38506.39	42112.84	46057.70
Unlimited	6486.30	9143.86	11526.04	14047.57	16857.74	19608.20	21963.84	24137.00	26114.40	27793.21	29352.58	32282.19	35112.28	38191.20	41538.86	45181.80	49143.25

Age: 89	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	3314.48	3855.28	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	4754.41	5889.10	6628.96	7129.95	7710.57	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	5557.32	7133.27	8350.90	9313.06	9940.13	10407.94	10985.24	11569.17	12149.78	12786.80	13301.06	14588.37	15875.67	n/a	n/a	n/a	n/a
$50,000	6137.93	7922.91	9452.41	10752.99	11698.56	12597.69	13171.67	13599.66	14173.64	14747.62	15324.92	16502.74	17806.63	19213.38	20732.93	22371.93	n/a
$62,500	6400.04	8553.29	10228.78	11715.15	13095.36	14027.66	14976.55	15756.23	16323.58	16715.08	17282.42	18420.43	19565.07	20779.38	22070.01	23440.26	24896.77
$75,000	n/a	9074.18	10879.07	12411.89	13967.94	15431.09	16353.44	17292.37	18237.95	18904.82	19465.53	20381.25	21512.62	22707.02	23967.79	25298.23	26701.65
$87,500	n/a	9359.51	11502.81	13244.66	14886.97	16290.40	17846.45	18768.79	19697.78	20640.03	21578.97	22703.71	23586.24	24501.95	25454.16	26442.87	27471.38
$100,000	n/a	n/a	11831.27	13871.72	15265.20	16864.38	18214.72	19744.23	20722.98	21632.06	22547.77	24286.30	25381.17	26525.81	27720.22	28971.03	30278.24
$112,500	n/a	n/a	n/a	14001.12	15606.93	17186.20	18738.93	20036.19	21529.20	22577.63	23460.16	25255.09	26847.64	28539.72	30337.96	32252.33	34286.15
$125,000	n/a	n/a	n/a	14588.37	15882.31	17468.22	19001.04	20507.32	21983.74	23217.96	24322.79	26054.68	27816.44	29697.63	31704.90	33848.20	36137.48
$187,500	n/a	n/a	n/a	n/a	n/a	19916.75	21847.71	23549.74	25129.02	26651.89	28171.44	31137.55	34057.22	37252.26	40745.90	44568.01	48748.44
Unlimited	6861.21	9668.07	12192.92	14857.11	17833.18	20739.57	23237.87	25530.47	27624.00	29399.03	31047.97	34146.80	37142.77	40400.85	43944.26	47799.54	51993.24

Age: 90	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	3500.28	4070.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	5019.83	6214.24	6997.24	7528.09	8138.56	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	5865.87	7528.09	8815.39	9830.64	10494.20	10985.24	11595.71	12206.19	12823.30	13496.81	14034.29	15397.91	16754.89	n/a	n/a	n/a	n/a
$50,000	6479.66	8360.86	9976.62	11350.19	12348.85	13301.06	13901.58	14356.12	14959.96	15567.12	16170.96	17418.45	18795.34	20281.71	21884.21	23612.78	n/a
$62,500	6755.04	9027.73	10796.12	12362.12	13821.95	14804.02	15806.00	16628.81	17226.02	17637.42	18237.95	19438.99	20649.99	21937.29	23304.23	24757.42	26300.20
$75,000	n/a	9575.17	11482.91	13098.67	14740.99	16290.40	17265.83	18251.22	19246.56	19949.93	20547.14	21512.62	22703.71	23961.15	25288.27	26688.38	28164.80
$87,500	n/a	9877.09	12139.83	13977.89	15713.10	17192.84	18835.15	19807.27	20792.65	21784.67	22776.70	23964.47	24890.14	25852.30	26850.96	27889.43	28967.71
$100,000	n/a	n/a	12488.20	14644.77	16111.24	17796.68	19220.02	20835.78	21874.26	22829.78	23795.26	25630.01	26791.24	28005.55	29272.95	30600.07	31986.91
$112,500	n/a	n/a	n/a	14777.48	16469.56	18138.41	19777.41	21144.34	22720.29	23828.44	24760.74	26651.89	28334.01	30122.31	32023.41	34043.95	36193.88
$125,000	n/a	n/a	n/a	15397.91	16764.84	18437.01	20056.10	21645.33	23204.69	24501.95	25669.82	27501.24	29355.89	31336.62	33450.06	35706.16	38114.89
$187,500	n/a	n/a	n/a	n/a	n/a	21018.26	23062.03	24856.96	26519.18	28131.63	29730.81	32862.81	35938.41	39302.66	42982.10	47003.27	51402.68
Unlimited	7242.76	10205.55	12866.43	15683.24	18818.56	21890.84	24525.18	26950.49	29156.83	31028.07	32769.91	36037.94	39196.49	42630.41	46366.26	50430.56	54849.87

Age: 91	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	3682.76	4283.28	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	5281.94	6539.38	7362.20	7926.22	8566.56	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	6174.43	7926.22	9279.89	10344.90	11044.96	11565.85	12202.87	12849.84	13496.81	14200.18	14770.85	16204.14	17634.11	n/a	n/a	n/a	n/a
$50,000	6818.08	8798.81	10497.52	11944.08	12999.14	13994.48	14631.50	15105.94	15742.96	16383.30	17023.63	18330.85	19780.72	21346.73	23035.49	24856.96	n/a
$62,500	7110.05	9498.86	11363.47	13005.78	14545.24	15580.39	16635.45	17501.40	18131.78	18566.41	19193.47	20460.87	21731.59	23081.93	24515.22	26038.09	27653.86
$75,000	n/a	10079.48	12083.43	13785.46	15514.03	17143.07	18171.59	19210.06	20258.49	20998.36	21625.42	22643.99	23898.11	25221.92	26618.71	28091.81	29647.86
$87,500	n/a	10397.99	12776.85	14711.13	16535.92	18095.28	19827.17	20849.06	21880.89	22926.00	23971.11	25218.60	26200.67	27222.55	28284.25	29385.75	30530.40
$100,000	n/a	n/a	13141.81	15411.18	16953.96	18732.30	20231.94	21930.66	23018.90	24027.51	25046.07	26973.71	28194.66	29472.02	30805.77	32199.25	33655.76
$112,500	n/a	n/a	n/a	15553.85	17335.51	19090.62	20815.88	22255.80	23914.70	25075.93	26061.32	28052.00	29820.39	31701.58	33698.89	35822.29	38081.71
$125,000	n/a	n/a	n/a	16204.14	17644.06	19405.81	21104.53	22783.33	24422.33	25785.94	27016.85	28944.49	30895.35	32978.93	35201.86	37574.09	40105.57
$187,500	n/a	n/a	n/a	n/a	n/a	22123.09	24269.71	26157.54	27909.33	29608.05	31290.17	34584.75	37826.24	41372.97	45251.47	49491.62	54129.91
Unlimited	7620.99	10739.72	13543.26	16506.06	19803.95	23038.80	25812.48	28360.55	30683.01	32657.11	34491.85	37929.09	41253.53	44869.93	48801.52	53078.16	57729.72

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 92	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	3868.55	4498.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	5547.36	6871.16	7733.79	8321.04	9001.19	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	6486.30	8324.36	9747.70	10869.11	11602.35	12146.47	12823.30	13500.13	14176.96	14920.15	15517.35	17026.95	18526.60	n/a	n/a	n/a	n/a
$50,000	7163.13	9243.39	11028.37	12547.92	13656.06	14704.49	15368.05	15872.36	16539.23	17209.43	17882.94	19259.83	20779.38	22418.37	24186.76	26094.50	n/a
$62,500	7468.37	9979.94	11937.44	13666.02	15278.47	16370.03	17474.85	18387.25	19047.49	19505.35	20168.91	21496.03	22829.78	24246.48	25749.45	27348.63	29044.02
$75,000	n/a	10587.10	12700.54	14485.51	16297.03	18009.02	19087.30	20178.86	21277.05	22056.73	22713.66	23785.31	25105.79	26499.27	27969.05	29521.78	31160.78
$87,500	n/a	10922.20	13423.82	15454.31	17372.00	19007.68	20829.15	21900.80	22989.04	24083.91	25185.42	26495.95	27521.15	28586.16	29690.99	30838.95	32033.36
$100,000	n/a	n/a	13805.37	16190.86	17813.27	19677.87	21253.83	23038.80	24183.44	25245.14	26313.47	28337.33	29621.32	30965.03	32368.46	33834.92	35367.75
$112,500	n/a	n/a	n/a	16340.17	18211.40	20052.78	21867.62	23377.22	25122.38	26346.65	27375.17	29472.02	31326.67	33297.44	35394.29	37620.53	39989.44
$125,000	n/a	n/a	n/a	17026.95	18536.55	20381.25	22172.86	23934.61	25656.55	27093.15	28383.78	30404.32	32454.72	34644.47	36980.20	39475.18	42136.06
$187,500	n/a	n/a	n/a	n/a	n/a	23241.19	25497.29	27481.34	29316.08	31101.06	32872.76	36336.55	39737.29	43456.54	47524.17	51973.34	56837.23
Unlimited	8009.17	11283.84	14226.73	17335.51	20805.92	24203.35	27116.38	29793.84	32235.74	34309.37	36233.69	39846.78	43343.74	47145.94	51283.23	55785.49	60682.56

Age: 93	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	4057.67	4721.23	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	5822.74	7209.58	8118.66	8735.77	9442.46	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	6808.13	8735.77	10228.78	11406.60	12173.01	12746.99	13453.68	14163.69	14880.33	15656.70	16287.08	17866.35	19438.99	n/a	n/a	n/a	n/a
$50,000	7514.82	9697.93	11572.49	13168.35	14326.26	15427.77	16131.14	16652.04	17358.73	18062.10	18765.48	20208.72	21807.90	23533.16	25394.44	27405.03	n/a
$62,500	7836.64	10470.98	12528.01	14339.53	16034.93	17179.57	18337.48	19296.32	19989.75	20467.51	21160.93	22557.72	23957.83	25444.21	27023.48	28702.29	30483.95
$75,000	n/a	11111.31	13324.28	15198.84	17103.26	18901.51	20029.56	21174.20	22332.11	23148.29	23838.39	24959.81	26343.33	27803.16	29345.94	30971.66	32686.97
$87,500	n/a	11459.68	14087.38	16217.41	18231.31	19946.61	21854.35	22982.40	24123.72	25275.00	26426.28	27803.16	28884.77	30009.50	31177.37	32391.68	33652.45
$100,000	n/a	n/a	14485.51	16990.45	18692.49	20649.99	22302.25	24173.49	25374.53	26489.32	27610.73	29734.12	31081.15	32487.90	33961.00	35500.46	37109.59
$112,500	n/a	n/a	n/a	17146.39	19110.53	21041.49	22949.22	24531.81	26363.24	27643.91	28728.83	30921.90	32872.76	34946.39	37152.72	39495.09	41986.76
$125,000	n/a	n/a	n/a	17869.67	19452.26	21389.86	23267.73	25119.06	26920.63	28430.23	29783.89	31907.28	34057.22	36353.13	38801.67	41416.10	44206.37
$187,500	n/a	n/a	n/a	n/a	n/a	24389.15	26758.06	28838.32	30765.96	32640.52	34498.48	38128.16	41701.43	45609.80	49883.12	54557.90	59670.63
Unlimited	8403.99	11841.23	14926.78	18194.82	21834.44	25397.76	28453.45	31266.95	33824.97	36001.45	38021.99	41814.23	45480.40	49468.40	53804.76	58522.67	63655.31

Age: 94	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	4253.42	4946.84	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	6101.43	7554.63	8503.52	9150.49	9893.68	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	7129.95	9153.81	10716.49	11950.72	12753.62	13354.15	14097.33	14840.52	15587.02	16406.52	17063.45	18719.03	20367.97	n/a	n/a	n/a	n/a
$50,000	7876.46	10165.74	12126.56	13795.41	15009.73	16167.64	16897.56	17451.63	18184.86	18918.10	19661.28	21174.20	22846.37	24651.25	26598.80	28698.97	n/a
$62,500	8208.24	10975.28	13125.22	15026.32	16798.02	17995.75	19213.38	20215.36	20941.95	21442.94	22172.86	23632.69	25099.16	26655.21	28310.79	30065.90	31930.51
$75,000	n/a	11638.84	13961.30	15928.76	17922.76	19797.31	20981.77	22186.13	23397.13	24249.80	24973.08	26147.58	27600.78	29133.60	30752.69	32461.36	34266.24
$87,500	n/a	12010.44	14757.57	16993.77	19100.57	20902.14	22899.46	24080.59	25271.68	26479.36	27687.04	29126.97	30261.65	31439.47	32663.74	33937.78	35258.26
$100,000	n/a	n/a	15178.94	17796.68	19584.97	21635.37	23367.27	25328.09	26588.85	27753.40	28927.90	31157.46	32564.21	34033.99	35570.13	37175.95	38854.76
$112,500	n/a	n/a	n/a	17962.57	20022.92	22046.78	24040.78	25703.00	27624.00	28961.08	30099.08	32398.32	34442.08	36615.24	38924.43	41379.60	43990.71
$125,000	n/a	n/a	n/a	18722.35	20381.25	22411.74	24379.19	26316.79	28204.62	29783.89	31207.23	33430.15	35682.94	38088.34	40656.32	43396.82	46319.81
$187,500	n/a	n/a	n/a	n/a	n/a	25550.38	28032.09	30211.89	32235.74	34196.56	36144.11	39946.31	43688.79	47782.96	52258.67	57155.74	62510.67
Unlimited	8802.12	12405.25	15640.11	19064.08	22876.23	26608.76	29813.75	32756.64	35440.74	37720.07	39833.51	43808.23	47650.24	51830.67	56376.06	61319.58	66697.73

Age: 95+	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	4850.62	5643.58	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	6957.43	8616.33	9697.93	10437.80	11283.84	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	8135.25	10437.80	12226.09	13629.52	14548.55	15232.02	16078.06	16927.42	17780.09	18709.07	19458.90	21346.73	23231.24	n/a	n/a	n/a	n/a
$50,000	8981.28	11592.39	13828.59	15736.33	17123.17	18440.33	19273.10	19903.48	20739.57	21582.29	22425.01	24150.27	26058.00	28115.04	30334.65	32730.10	n/a
$62,500	9362.83	12514.74	14973.23	17139.75	19160.30	20530.55	21910.75	23058.71	23884.84	24458.82	25284.95	26950.49	28625.98	30404.32	32295.47	34302.73	36436.08
$75,000	n/a	13274.52	15925.44	18164.96	20440.97	22584.26	23934.61	25304.86	26685.07	27663.82	28486.63	29827.02	31482.60	33231.08	35075.78	37023.33	39077.05
$87,500	n/a	13695.88	16831.20	19382.59	21784.67	23838.39	26114.40	27464.75	28828.36	30201.93	31578.82	33221.13	34511.76	35852.15	37245.62	38692.18	40195.15
$100,000	n/a	n/a	17312.28	20304.94	22338.75	24681.11	26651.89	28891.40	30324.69	31655.13	32995.52	35533.64	37146.09	38831.53	40593.28	42434.66	44358.99
$112,500	n/a	n/a	n/a	20490.73	22839.74	25145.61	27421.62	29319.40	31505.83	33038.65	34329.28	36953.66	39282.75	41757.83	44388.85	47185.75	50158.50
$125,000	n/a	n/a	n/a	21350.04	23244.51	25563.65	27806.48	30012.82	32172.71	33970.95	35590.04	38128.16	40702.77	43449.91	46382.84	49514.85	52859.19
$187,500	n/a	n/a	n/a	n/a	n/a	29143.56	31970.32	34461.99	36767.86	39004.06	41223.67	45563.35	49830.04	54494.87	59597.64	65178.18	71282.93
Unlimited	10042.98	14150.42	17839.81	21744.86	26091.18	30351.23	34000.81	37361.75	40420.76	43021.91	45433.95	49969.39	54348.88	59113.24	64295.65	69929.27	76057.25

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 18-44	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	109.49	129.39	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	159.25	195.75	218.97	238.88	255.47	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	182.48	235.56	275.38	308.56	328.46	345.05	368.28	384.86	404.77	n/a	n/a
$100,000	202.39	258.79	315.19	358.32	388.18	418.04	437.95	457.86	477.76	494.35	514.26
$125,000	212.34	285.33	341.73	394.82	437.95	471.13	500.99	527.53	547.44	567.34	583.93
$150,000	n/a	301.92	364.96	414.73	471.13	520.89	554.07	583.93	613.79	640.34	656.92
$175,000	n/a	315.19	384.86	441.27	497.67	550.75	603.84	633.70	666.88	696.74	729.92
$200,000	n/a	321.83	404.77	464.49	524.21	577.30	627.06	680.15	713.33	746.51	779.68
$225,000	n/a	n/a	414.73	487.72	547.44	600.52	653.61	706.69	759.78	796.27	826.13
$250,000	n/a	n/a	424.68	504.31	567.34	623.75	676.83	733.23	786.32	839.40	879.22
$375,000	n/a	n/a	n/a	n/a	637.02	719.96	792.95	852.67	909.08	965.48	1018.56
Unlimited	218.97	325.14	434.63	544.12	650.29	759.78	852.67	935.62	1008.61	1074.97	1134.69

Age: 45-49	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	149.30	175.84	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	215.66	265.42	298.60	325.14	351.69	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	248.84	321.83	374.91	421.36	447.90	474.45	500.99	524.21	554.07	n/a	n/a
$100,000	275.38	355.00	431.31	487.72	530.85	570.66	597.20	623.75	650.29	673.51	703.37
$125,000	288.65	388.18	464.49	534.17	600.52	643.65	683.47	719.96	746.51	773.05	796.27
$150,000	n/a	411.41	494.35	564.03	643.65	710.01	753.14	792.95	839.40	869.26	895.81
$175,000	n/a	431.31	524.21	603.84	676.83	749.82	822.81	862.63	909.08	948.89	995.34
$200,000	n/a	437.95	550.75	637.02	710.01	786.32	855.99	928.98	975.43	1018.56	1061.70
$225,000	n/a	n/a	567.34	663.56	743.19	819.50	892.49	965.48	1035.15	1088.24	1128.05
$250,000	n/a	n/a	580.62	690.10	773.05	852.67	925.67	1001.98	1071.65	1144.64	1197.73
$375,000	n/a	n/a	n/a	n/a	869.26	982.07	1078.29	1161.23	1240.86	1313.85	1390.16
Unlimited	295.28	444.59	590.57	739.87	889.17	1031.84	1157.91	1270.72	1376.89	1466.47	1546.09

Age: 50	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	169.21	199.07	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	242.20	301.92	338.42	368.28	398.14	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	282.01	364.96	428.00	474.45	507.62	537.48	567.34	597.20	627.06	n/a	n/a
$100,000	315.19	404.77	487.72	554.07	600.52	646.97	676.83	706.69	736.55	766.41	796.27
$125,000	328.46	437.95	524.21	607.16	676.83	729.92	776.37	819.50	846.04	875.90	905.76
$150,000	n/a	467.81	560.71	643.65	729.92	806.23	852.67	902.44	952.21	985.39	1015.25
$175,000	n/a	487.72	597.20	683.47	766.41	852.67	932.30	978.75	1028.52	1078.29	1124.73
$200,000	n/a	497.67	623.75	719.96	806.23	889.17	972.12	1055.06	1104.83	1151.28	1204.36
$225,000	n/a	n/a	643.65	753.14	842.72	928.98	1011.93	1091.56	1174.50	1230.90	1280.67
$250,000	n/a	n/a	656.92	779.68	879.22	965.48	1048.42	1131.37	1214.31	1297.26	1360.30
$375,000	n/a	n/a	n/a	n/a	985.39	1114.78	1220.95	1317.17	1403.43	1489.69	1572.64
Unlimited	335.10	504.31	673.51	839.40	1005.29	1171.18	1313.85	1443.24	1562.68	1658.90	1755.12

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 51	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	179.16	212.34	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	255.47	318.51	358.32	391.50	421.36	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	298.60	384.86	451.22	504.31	537.48	567.34	600.52	633.70	663.56	n/a	n/a
$100,000	331.78	428.00	514.26	583.93	637.02	686.78	716.64	746.51	779.68	812.86	842.72
$125,000	345.05	464.49	554.07	643.65	719.96	769.73	822.81	865.95	895.81	925.67	958.84
$150,000	n/a	494.35	593.89	676.83	769.73	852.67	902.44	955.53	1005.29	1045.11	1074.97
$175,000	n/a	517.58	633.70	723.28	816.18	899.12	985.39	1035.15	1088.24	1141.32	1191.09
$200,000	n/a	527.53	660.24	763.09	852.67	942.26	1028.52	1114.78	1171.18	1220.95	1270.72
$225,000	n/a	n/a	680.15	796.27	892.49	982.07	1071.65	1154.59	1240.86	1303.90	1356.98
$250,000	n/a	n/a	696.74	826.13	928.98	1021.88	1111.46	1201.04	1287.31	1370.25	1436.61
$375,000	n/a	n/a	n/a	n/a	1041.79	1181.14	1293.94	1393.48	1486.37	1575.96	1665.54
Unlimited	355.00	534.17	710.01	889.17	1065.01	1240.86	1390.16	1529.51	1652.26	1758.43	1857.97

Age: 52	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	189.11	222.29	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	272.06	338.42	378.23	411.41	444.59	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	315.19	404.77	477.76	530.85	567.34	600.52	633.70	666.88	703.37	n/a	n/a
$100,000	348.37	451.22	544.12	617.11	673.51	723.28	756.46	789.64	822.81	855.99	889.17
$125,000	368.28	491.03	583.93	676.83	759.78	812.86	869.26	912.40	945.57	978.75	1011.93
$150,000	n/a	524.21	627.06	716.64	816.18	899.12	952.21	1008.61	1061.70	1101.51	1134.69
$175,000	n/a	544.12	666.88	763.09	859.31	948.89	1041.79	1091.56	1151.28	1204.36	1257.45
$200,000	n/a	554.07	700.06	802.91	902.44	995.34	1088.24	1177.82	1237.54	1290.62	1343.71
$225,000	n/a	n/a	719.96	842.72	942.26	1035.15	1131.37	1220.95	1313.85	1376.89	1429.97
$250,000	n/a	n/a	733.23	872.58	978.75	1078.29	1174.50	1267.40	1356.98	1449.88	1516.23
$375,000	n/a	n/a	n/a	n/a	1101.51	1244.18	1363.62	1473.10	1569.32	1662.22	1758.43
Unlimited	374.91	564.03	749.82	938.94	1124.73	1310.53	1466.47	1612.45	1745.16	1857.97	1960.82

Age: 53	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	199.07	232.25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	285.33	351.69	398.14	434.63	467.81	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	331.78	431.31	500.99	557.39	597.20	633.70	666.88	703.37	736.55	n/a	n/a
$100,000	368.28	474.45	570.66	650.29	706.69	763.09	796.27	829.45	865.95	902.44	938.94
$125,000	384.86	517.58	617.11	713.33	796.27	852.67	912.40	962.16	995.34	1031.84	1065.01
$150,000	n/a	550.75	660.24	753.14	855.99	945.57	1001.98	1061.70	1121.42	1157.91	1194.41
$175,000	n/a	573.98	703.37	802.91	905.76	1001.98	1094.87	1151.28	1211.00	1267.40	1327.12
$200,000	n/a	583.93	733.23	846.04	945.57	1048.42	1144.64	1240.86	1300.58	1360.30	1416.70
$225,000	n/a	n/a	756.46	885.85	992.02	1091.56	1187.77	1287.31	1383.52	1449.88	1506.28
$250,000	n/a	n/a	773.05	915.71	1031.84	1134.69	1234.22	1330.44	1426.65	1522.87	1599.18
$375,000	n/a	n/a	n/a	n/a	1157.91	1307.21	1436.61	1546.09	1652.26	1751.80	1851.33
Unlimited	394.82	590.57	792.95	988.70	1184.45	1380.20	1542.78	1695.40	1838.06	1957.50	2063.67

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 54	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	228.93	268.74	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	328.46	404.77	457.86	497.67	537.48	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	378.23	494.35	577.30	643.65	686.78	726.60	766.41	806.23	849.36	n/a	n/a
$100,000	421.36	544.12	656.92	746.51	812.86	875.90	915.71	955.53	998.66	1035.15	1078.29
$125,000	444.59	593.89	710.01	822.81	919.03	982.07	1051.74	1104.83	1144.64	1184.45	1224.27
$150,000	n/a	633.70	759.78	865.95	985.39	1091.56	1154.59	1220.95	1287.31	1333.76	1373.57
$175,000	n/a	656.92	806.23	925.67	1038.47	1151.28	1260.76	1327.12	1390.16	1456.51	1522.87
$200,000	n/a	673.51	846.04	972.12	1091.56	1204.36	1313.85	1423.34	1496.33	1562.68	1629.04
$225,000	n/a	n/a	869.26	1018.56	1141.32	1254.13	1366.93	1479.74	1589.23	1665.54	1731.89
$250,000	n/a	n/a	885.85	1058.38	1184.45	1303.90	1420.02	1532.82	1642.31	1751.80	1838.06
$375,000	n/a	n/a	n/a	n/a	1330.44	1506.28	1652.26	1778.34	1897.78	2017.22	2130.03
Unlimited	454.54	680.15	909.08	1134.69	1360.30	1585.91	1778.34	1954.18	2110.12	2249.47	2375.54

Age: 55	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	238.88	282.01	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	345.05	424.68	477.76	520.89	560.71	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	398.14	514.26	603.84	673.51	716.64	759.78	799.59	842.72	882.53	n/a	n/a
$100,000	441.27	567.34	686.78	779.68	849.36	912.40	955.53	998.66	1038.47	1081.60	1121.42
$125,000	464.49	617.11	739.87	855.99	958.84	1028.52	1094.87	1151.28	1194.41	1237.54	1277.35
$150,000	n/a	660.24	792.95	905.76	1028.52	1138.01	1204.36	1270.72	1343.71	1390.16	1433.29
$175,000	n/a	686.78	842.72	965.48	1084.92	1201.04	1313.85	1383.52	1449.88	1519.55	1589.23
$200,000	n/a	703.37	882.53	1015.25	1138.01	1257.45	1370.25	1486.37	1562.68	1629.04	1698.71
$225,000	n/a	n/a	909.08	1061.70	1187.77	1307.21	1426.65	1542.78	1658.90	1738.53	1808.20
$250,000	n/a	n/a	925.67	1101.51	1240.86	1360.30	1479.74	1599.18	1715.30	1831.43	1917.69
$375,000	n/a	n/a	n/a	n/a	1390.16	1569.32	1721.94	1857.97	1984.04	2103.49	2222.93
Unlimited	474.45	710.01	948.89	1184.45	1420.02	1655.58	1854.65	2037.13	2203.02	2345.68	2475.08

Age: 56	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	268.74	315.19	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	384.86	477.76	537.48	583.93	633.70	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	444.59	580.62	676.83	756.46	806.23	852.67	902.44	945.57	995.34	n/a	n/a
$100,000	494.35	640.34	769.73	879.22	955.53	1028.52	1074.97	1121.42	1171.18	1214.31	1264.08
$125,000	524.21	696.74	832.77	965.48	1078.29	1154.59	1234.22	1297.26	1343.71	1390.16	1436.61
$150,000	n/a	743.19	892.49	1018.56	1154.59	1277.35	1356.98	1433.29	1509.60	1566.00	1612.45
$175,000	n/a	773.05	945.57	1088.24	1220.95	1350.34	1479.74	1556.05	1632.36	1711.98	1788.29
$200,000	n/a	792.95	992.02	1144.64	1277.35	1413.38	1542.78	1672.17	1755.12	1834.74	1911.05
$225,000	n/a	n/a	1021.88	1194.41	1337.07	1473.10	1605.82	1735.21	1867.92	1957.50	2033.81
$250,000	n/a	n/a	1041.79	1240.86	1393.48	1532.82	1665.54	1798.25	1927.64	2057.04	2156.57
$375,000	n/a	n/a	n/a	n/a	1566.00	1768.39	1937.60	2090.21	2229.56	2365.59	2498.30
Unlimited	534.17	799.59	1065.01	1333.76	1599.18	1861.29	2083.58	2289.28	2478.40	2640.97	2786.95

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 57	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	288.65	341.73	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	414.73	514.26	577.30	627.06	676.83	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	477.76	620.43	729.92	812.86	865.95	915.71	968.80	1018.56	1068.33	n/a	n/a
$100,000	530.85	686.78	826.13	942.26	1025.20	1104.83	1154.59	1207.68	1257.45	1307.21	1360.30
$125,000	560.71	749.82	895.81	1035.15	1157.91	1240.86	1323.80	1393.48	1443.24	1493.01	1542.78
$150,000	n/a	799.59	958.84	1091.56	1240.86	1373.57	1453.20	1539.46	1622.40	1682.12	1731.89
$175,000	n/a	829.45	1018.56	1167.87	1310.53	1449.88	1589.23	1668.85	1751.80	1838.06	1921.01
$200,000	n/a	849.36	1065.01	1227.59	1373.57	1516.23	1658.90	1794.93	1884.51	1967.46	2050.40
$225,000	n/a	n/a	1094.87	1283.99	1436.61	1582.59	1725.26	1864.60	2003.95	2100.17	2183.11
$250,000	n/a	n/a	1121.42	1330.44	1496.33	1645.63	1788.29	1930.96	2073.63	2209.65	2315.82
$375,000	n/a	n/a	n/a	n/a	1682.12	1897.78	2080.26	2246.15	2395.45	2541.43	2684.10
Unlimited	573.98	859.31	1147.96	1433.29	1718.62	2000.63	2239.52	2461.81	2664.19	2833.40	2992.66

Age: 58	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	308.56	364.96	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	441.27	550.75	617.11	673.51	726.60	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	510.94	663.56	776.37	865.95	925.67	978.75	1031.84	1091.56	1144.64	n/a	n/a
$100,000	570.66	733.23	885.85	1005.29	1094.87	1181.14	1234.22	1287.31	1343.71	1396.79	1449.88
$125,000	597.20	799.59	955.53	1108.15	1237.54	1327.12	1416.70	1489.69	1542.78	1599.18	1652.26
$150,000	n/a	852.67	1025.20	1167.87	1330.44	1469.79	1556.05	1645.63	1735.21	1798.25	1851.33
$175,000	n/a	885.85	1088.24	1247.49	1400.11	1549.41	1698.71	1784.98	1874.56	1964.14	2053.72
$200,000	n/a	909.08	1138.01	1310.53	1469.79	1622.40	1771.71	1921.01	2017.22	2103.49	2193.07
$225,000	n/a	n/a	1174.50	1373.57	1536.14	1688.76	1844.70	1990.68	2139.98	2246.15	2332.41
$250,000	n/a	n/a	1197.73	1423.34	1599.18	1758.43	1914.37	2066.99	2212.97	2362.27	2475.08
$375,000	n/a	n/a	n/a	n/a	1794.93	2030.49	2226.24	2402.09	2558.02	2713.96	2869.90
Unlimited	613.79	919.03	1224.27	1532.82	1838.06	2136.66	2395.45	2631.02	2846.67	3032.47	3198.36

Age: 59	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	348.37	408.09	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	497.67	617.11	696.74	759.78	819.50	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	580.62	749.82	879.22	978.75	1045.11	1104.83	1167.87	1230.90	1290.62	n/a	n/a
$100,000	643.65	829.45	1001.98	1138.01	1240.86	1330.44	1393.48	1453.20	1516.23	1575.96	1638.99
$125,000	673.51	902.44	1081.60	1250.81	1396.79	1496.33	1599.18	1682.12	1741.85	1804.88	1864.60
$150,000	n/a	965.48	1154.59	1320.48	1499.65	1658.90	1755.12	1857.97	1957.50	2030.49	2090.21
$175,000	n/a	1001.98	1227.59	1406.75	1582.59	1748.48	1917.69	2017.22	2116.76	2216.29	2315.82
$200,000	n/a	1025.20	1283.99	1479.74	1658.90	1834.74	2000.63	2166.52	2276.01	2375.54	2475.08
$225,000	n/a	n/a	1323.80	1549.41	1735.21	1907.74	2080.26	2249.47	2418.68	2534.80	2634.33
$250,000	n/a	n/a	1353.66	1605.82	1808.20	1987.36	2163.21	2332.41	2498.30	2667.51	2793.59
$375,000	n/a	n/a	n/a	n/a	2027.18	2289.28	2514.89	2707.32	2889.80	3065.65	3241.49
Unlimited	693.42	1035.15	1383.52	1728.57	2076.94	2412.04	2704.01	2972.75	3211.63	3420.65	3613.08

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 60	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	388.18	457.86	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	557.39	690.10	776.37	846.04	912.40	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	643.65	836.09	978.75	1091.56	1164.55	1234.22	1300.58	1370.25	1439.93	n/a	n/a
$100,000	716.64	922.35	1114.78	1270.72	1380.20	1483.06	1552.73	1622.40	1688.76	1755.12	1824.79
$125,000	753.14	1005.29	1204.36	1390.16	1556.05	1668.85	1778.34	1871.24	1940.91	2010.59	2076.94
$150,000	n/a	1074.97	1287.31	1469.79	1672.17	1844.70	1957.50	2070.31	2183.11	2259.42	2329.10
$175,000	n/a	1118.10	1366.93	1569.32	1761.75	1950.87	2136.66	2246.15	2358.96	2468.44	2584.57
$200,000	n/a	1141.32	1433.29	1652.26	1848.01	2043.76	2226.24	2415.36	2534.80	2644.29	2760.41
$225,000	n/a	n/a	1476.42	1725.26	1930.96	2130.03	2319.14	2508.26	2694.05	2823.45	2936.25
$250,000	n/a	n/a	1506.28	1791.61	2013.90	2212.97	2405.41	2597.84	2786.95	2972.75	3115.41
$375,000	n/a	n/a	n/a	n/a	2259.42	2554.71	2800.22	3019.20	3221.58	3417.33	3609.77
Unlimited	769.73	1154.59	1539.46	1927.64	2312.51	2687.42	3012.56	3307.85	3579.91	3808.83	4024.49

Age: 61	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	418.04	494.35	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	600.52	743.19	836.09	912.40	982.07	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	693.42	899.12	1055.06	1174.50	1254.13	1327.12	1400.11	1476.42	1549.41	n/a	n/a
$100,000	769.73	995.34	1201.04	1363.62	1483.06	1599.18	1672.17	1745.16	1818.15	1894.46	1967.46
$125,000	812.86	1084.92	1297.26	1499.65	1678.81	1798.25	1917.69	2017.22	2090.21	2163.21	2236.20
$150,000	n/a	1154.59	1390.16	1582.59	1801.57	1987.36	2106.80	2226.24	2349.00	2435.27	2508.26
$175,000	n/a	1204.36	1476.42	1688.76	1897.78	2100.17	2299.24	2418.68	2538.12	2660.88	2783.63
$200,000	n/a	1230.90	1542.78	1778.34	1990.68	2196.38	2402.09	2601.16	2730.55	2849.99	2972.75
$225,000	n/a	n/a	1589.23	1861.29	2080.26	2289.28	2498.30	2700.69	2903.08	3042.42	3161.86
$250,000	n/a	n/a	1622.40	1927.64	2166.52	2382.18	2591.20	2796.91	3002.61	3201.68	3354.30
$375,000	n/a	n/a	n/a	n/a	2435.27	2750.46	3015.88	3251.44	3470.42	3679.44	3888.46
Unlimited	829.45	1244.18	1658.90	2076.94	2491.67	2896.44	3241.49	3566.64	3855.28	4107.44	4336.36

Age: 62	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	457.86	537.48	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	656.92	812.86	915.71	998.66	1078.29	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	759.78	985.39	1154.59	1287.31	1373.57	1453.20	1536.14	1615.77	1695.40	n/a	n/a
$100,000	846.04	1091.56	1313.85	1496.33	1629.04	1751.80	1831.43	1911.05	1990.68	2073.63	2153.25
$125,000	885.85	1184.45	1420.02	1642.31	1838.06	1967.46	2100.17	2209.65	2289.28	2368.91	2448.54
$150,000	n/a	1267.40	1519.55	1735.21	1970.77	2176.48	2309.19	2438.58	2574.61	2667.51	2747.14
$175,000	n/a	1317.17	1615.77	1851.33	2076.94	2299.24	2521.53	2647.60	2780.32	2913.03	3045.74
$200,000	n/a	1347.03	1688.76	1947.55	2179.79	2405.41	2627.70	2849.99	2989.34	3122.05	3254.76
$225,000	n/a	n/a	1741.85	2037.13	2279.33	2508.26	2733.87	2956.16	3178.45	3331.07	3463.78
$250,000	n/a	n/a	1778.34	2110.12	2375.54	2611.11	2840.04	3062.33	3284.62	3506.91	3672.80
$375,000	n/a	n/a	n/a	n/a	2664.19	3009.24	3301.21	3560.00	3798.88	4031.13	4256.74
Unlimited	909.08	1360.30	1818.15	2272.69	2727.23	3171.82	3553.36	3901.73	4223.56	4495.62	4747.77

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 63	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	517.58	610.48	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	743.19	919.03	1035.15	1124.73	1217.63	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	859.31	1114.78	1303.90	1453.20	1552.73	1642.31	1735.21	1824.79	1917.69	n/a	n/a
$100,000	955.53	1234.22	1483.06	1688.76	1838.06	1980.73	2070.31	2163.21	2252.79	2345.68	2435.27
$125,000	1001.98	1340.39	1602.50	1857.97	2076.94	2226.24	2375.54	2498.30	2587.88	2677.46	2767.05
$150,000	n/a	1433.29	1718.62	1957.50	2226.24	2465.13	2611.11	2760.41	2909.71	3015.88	3105.46
$175,000	n/a	1486.37	1824.79	2090.21	2349.00	2601.16	2849.99	2995.97	3145.27	3294.58	3443.88
$200,000	n/a	1522.87	1911.05	2199.70	2465.13	2723.91	2972.75	3218.27	3380.84	3530.14	3679.44
$225,000	n/a	n/a	1967.46	2302.55	2577.93	2836.72	3092.19	3341.02	3593.18	3765.70	3915.00
$250,000	n/a	n/a	2010.59	2385.50	2684.10	2949.52	3211.63	3463.78	3715.94	3961.45	4153.89
$375,000	n/a	n/a	n/a	n/a	3012.56	3404.06	3735.84	4024.49	4293.23	4555.34	4814.13
Unlimited	1028.52	1539.46	2053.72	2567.98	3082.24	3586.54	4017.86	4412.67	4774.31	5082.87	5364.88

Age: 64	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	577.30	676.83	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	826.13	1025.20	1154.59	1257.45	1360.30	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	958.84	1240.86	1453.20	1622.40	1731.89	1834.74	1934.28	2037.13	2136.66	n/a	n/a
$100,000	1065.01	1373.57	1658.90	1884.51	2050.40	2209.65	2309.19	2408.72	2511.57	2614.43	2713.96
$125,000	1121.42	1496.33	1788.29	2073.63	2315.82	2481.71	2647.60	2786.95	2886.49	2986.02	3088.87
$150,000	n/a	1599.18	1917.69	2186.43	2485.03	2747.14	2913.03	3075.60	3244.81	3360.93	3463.78
$175,000	n/a	1658.90	2037.13	2332.41	2621.06	2899.76	3178.45	3341.02	3506.91	3672.80	3838.69
$200,000	n/a	1698.71	2130.03	2455.17	2747.14	3035.79	3314.48	3593.18	3772.34	3934.91	4104.12
$225,000	n/a	n/a	2196.38	2567.98	2873.21	3165.18	3450.51	3729.21	4007.90	4200.33	4366.22
$250,000	n/a	n/a	2239.52	2664.19	2992.66	3291.26	3579.91	3865.24	4140.61	4419.31	4631.65
$375,000	n/a	n/a	n/a	n/a	3360.93	3795.56	4167.16	4488.98	4790.90	5082.87	5368.20
Unlimited	1147.96	1718.62	2289.28	2863.26	3437.24	3997.95	4479.03	4920.30	5325.07	5666.80	5988.63

Age: 65	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	637.02	749.82	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	912.40	1131.37	1274.04	1386.84	1499.65	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1058.38	1370.25	1605.82	1791.61	1911.05	2020.54	2136.66	2249.47	2358.96	n/a	n/a
$100,000	1177.82	1516.23	1828.11	2080.26	2262.74	2435.27	2548.07	2660.88	2770.36	2883.17	2995.97
$125,000	1237.54	1652.26	1974.09	2285.96	2554.71	2737.19	2922.98	3075.60	3185.09	3297.89	3407.38
$150,000	n/a	1761.75	2113.44	2412.04	2740.50	3032.47	3211.63	3394.11	3579.91	3712.62	3822.11
$175,000	n/a	1831.43	2246.15	2574.61	2893.12	3201.68	3506.91	3686.08	3868.55	4054.35	4236.83
$200,000	n/a	1874.56	2349.00	2707.32	3032.47	3350.98	3659.53	3961.45	4160.52	4343.00	4525.48
$225,000	n/a	n/a	2421.99	2833.40	3171.82	3490.33	3808.83	4114.07	4419.31	4634.97	4817.45
$250,000	n/a	n/a	2471.76	2939.57	3301.21	3629.67	3951.50	4263.37	4571.93	4880.48	5109.41
$375,000	n/a	n/a	n/a	n/a	3709.30	4190.38	4595.15	4953.48	5285.26	5607.08	5925.59
Unlimited	1264.08	1897.78	2528.16	3161.86	3792.25	4412.67	4943.52	5431.24	5875.82	6254.05	6605.74

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 66	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	706.69	829.45	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1015.25	1254.13	1413.38	1539.46	1662.22	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1174.50	1519.55	1781.66	1987.36	2120.07	2242.83	2368.91	2494.99	2617.74	n/a	n/a
$100,000	1303.90	1682.12	2027.18	2309.19	2511.57	2704.01	2826.77	2949.52	3075.60	3198.36	3324.44
$125,000	1370.25	1831.43	2193.07	2534.80	2833.40	3035.79	3241.49	3410.70	3533.46	3659.53	3778.97
$150,000	n/a	1957.50	2345.68	2674.15	3042.42	3360.93	3563.32	3765.70	3971.41	4117.39	4240.15
$175,000	n/a	2030.49	2491.67	2853.31	3211.63	3550.05	3888.46	4087.53	4289.92	4495.62	4704.64
$200,000	n/a	2076.94	2607.79	3002.61	3364.25	3719.25	4057.67	4399.40	4615.06	4820.76	5023.15
$225,000	n/a	n/a	2684.10	3145.27	3516.87	3871.87	4223.56	4561.98	4903.71	5142.59	5344.98
$250,000	n/a	n/a	2740.50	3261.40	3662.85	4027.81	4382.81	4731.18	5069.60	5411.33	5670.12
$375,000	n/a	n/a	n/a	n/a	4110.75	4644.92	5099.46	5494.28	5865.87	6220.88	6575.88
Unlimited	1403.43	2106.80	2803.54	3506.91	4206.97	4893.76	5481.01	6025.12	6519.48	6940.84	7329.02

Age: 67	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	776.37	912.40	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1114.78	1380.20	1552.73	1688.76	1824.79	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1287.31	1672.17	1957.50	2183.11	2329.10	2465.13	2601.16	2737.19	2876.53	n/a	n/a
$100,000	1433.29	1848.01	2226.24	2534.80	2760.41	2972.75	3105.46	3241.49	3377.52	3513.55	3652.90
$125,000	1506.28	2013.90	2405.41	2786.95	3115.41	3334.39	3563.32	3749.11	3881.83	4017.86	4153.89
$150,000	n/a	2149.93	2577.93	2939.57	3341.02	3692.71	3915.00	4137.30	4362.91	4525.48	4658.19
$175,000	n/a	2232.88	2737.19	3138.64	3526.82	3898.42	4273.33	4492.30	4714.59	4943.52	5165.81
$200,000	n/a	2285.96	2863.26	3301.21	3696.03	4080.89	4455.81	4830.72	5069.60	5295.21	5517.50
$225,000	n/a	n/a	2949.52	3450.51	3865.24	4256.74	4641.60	5013.20	5388.11	5650.21	5869.19
$250,000	n/a	n/a	3012.56	3579.91	4024.49	4425.95	4814.13	5195.67	5570.59	5945.50	6227.51
$375,000	n/a	n/a	n/a	n/a	4518.84	5106.09	5600.45	6038.40	6439.85	6831.35	7222.85
Unlimited	1539.46	2312.51	3082.24	3851.97	4621.70	5378.15	6025.12	6619.01	7159.81	7624.30	8048.98

Age: 68	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	855.99	1005.29	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1227.59	1519.55	1711.98	1864.60	2013.90	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1420.02	1841.38	2159.89	2405.41	2567.98	2717.28	2869.90	3019.20	3171.82	n/a	n/a
$100,000	1579.27	2037.13	2458.49	2793.59	3042.42	3274.67	3423.97	3573.27	3722.57	3875.19	4024.49
$125,000	1658.90	2219.61	2654.24	3068.97	3433.92	3679.44	3928.28	4133.98	4279.96	4429.26	4581.88
$150,000	n/a	2368.91	2840.04	3241.49	3686.08	4074.26	4316.46	4561.98	4810.81	4986.65	5135.95
$175,000	n/a	2461.81	3019.20	3457.15	3888.46	4299.87	4707.96	4953.48	5198.99	5447.83	5693.34
$200,000	n/a	2518.21	3158.55	3639.63	4077.58	4502.25	4913.66	5328.39	5590.49	5836.01	6081.53
$225,000	n/a	n/a	3251.44	3808.83	4260.06	4691.37	5116.05	5527.45	5938.86	6227.51	6473.03
$250,000	n/a	n/a	3321.12	3948.18	4435.90	4880.48	5308.48	5729.84	6141.25	6555.97	6867.85
$375,000	n/a	n/a	n/a	n/a	4980.02	5630.31	6174.43	6655.51	7100.09	7534.72	7962.72
Unlimited	1698.71	2548.07	3397.43	4246.78	5096.14	5928.91	6642.24	7299.16	7896.36	8403.99	8875.12

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 69	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	955.53	1121.42	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1370.25	1698.71	1911.05	2076.94	2249.47	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1585.91	2057.04	2408.72	2684.10	2866.58	3032.47	3201.68	3370.88	3540.09	n/a	n/a
$100,000	1761.75	2276.01	2740.50	3122.05	3394.11	3659.53	3822.11	3988.00	4157.20	4326.41	4495.62
$125,000	1854.65	2475.08	2962.80	3427.29	3835.38	4107.44	4382.81	4615.06	4777.63	4943.52	5112.73
$150,000	n/a	2644.29	3171.82	3616.40	4114.07	4545.39	4817.45	5092.82	5371.52	5567.27	5733.16
$175,000	n/a	2747.14	3367.57	3861.92	4339.68	4797.54	5258.71	5530.77	5806.15	6078.21	6356.90
$200,000	n/a	2810.18	3526.82	4060.99	4548.70	5026.47	5484.32	5945.50	6240.78	6516.16	6791.54
$225,000	n/a	n/a	3629.67	4250.10	4757.73	5238.81	5713.25	6167.79	6632.28	6954.11	7226.17
$250,000	n/a	n/a	3709.30	4406.04	4953.48	5447.83	5925.59	6396.72	6854.57	7315.75	7664.12
$375,000	n/a	n/a	n/a	n/a	5560.63	6283.91	6894.39	7428.55	7929.54	8410.62	8888.39
Unlimited	1897.78	2846.67	3792.25	4741.14	5690.03	6615.69	7415.28	8145.20	8815.39	9382.74	9906.95

Age: 70	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1055.06	1240.86	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1512.92	1874.56	2110.12	2295.92	2481.71	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1748.48	2272.69	2660.88	2966.11	3165.18	3350.98	3536.77	3719.25	3908.37	n/a	n/a
$100,000	1947.55	2511.57	3029.15	3447.19	3749.11	4037.76	4220.24	4406.04	4588.52	4774.31	4963.43
$125,000	2047.08	2733.87	3271.35	3785.61	4230.20	4532.11	4840.67	5092.82	5275.30	5457.78	5643.58
$150,000	n/a	2919.66	3503.60	3994.63	4542.07	5019.83	5318.43	5623.67	5928.91	6147.88	6330.36
$175,000	n/a	3032.47	3719.25	4263.37	4794.22	5301.84	5806.15	6108.07	6406.67	6711.91	7020.46
$200,000	n/a	3102.14	3895.10	4485.67	5023.15	5547.36	6054.99	6562.61	6891.07	7192.99	7498.23
$225,000	n/a	n/a	4011.22	4694.69	5252.08	5782.93	6307.14	6814.76	7322.38	7677.39	7979.31
$250,000	n/a	n/a	4094.17	4867.21	5471.05	6015.17	6542.70	7063.60	7571.22	8078.84	8467.03
$375,000	n/a	n/a	n/a	n/a	6137.93	6940.84	7611.03	8204.92	8752.36	9286.52	9814.05
Unlimited	2093.53	3141.96	4190.38	5235.49	6283.91	7305.80	8188.33	8997.87	9731.11	10358.17	10942.10

Age: 71	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1174.50	1383.52	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1685.44	2086.90	2349.00	2554.71	2763.73	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1950.87	2528.16	2959.48	3301.21	3523.50	3729.21	3934.91	4143.93	4349.64	n/a	n/a
$100,000	2166.52	2793.59	3370.88	3838.69	4173.79	4495.62	4698.00	4903.71	5109.41	5318.43	5524.14
$125,000	2279.33	3045.74	3642.94	4213.61	4711.28	5046.37	5388.11	5666.80	5872.51	6078.21	6283.91
$150,000	n/a	3248.13	3898.42	4445.85	5056.33	5587.18	5922.27	6257.37	6602.42	6844.62	7047.01
$175,000	n/a	3377.52	4140.61	4744.45	5331.70	5899.05	6463.07	6794.85	7133.27	7475.00	7813.42
$200,000	n/a	3453.83	4333.05	4993.29	5593.81	6177.74	6741.77	7305.80	7670.75	8009.17	8347.58
$225,000	n/a	n/a	4465.76	5222.22	5845.96	6436.53	7020.46	7584.49	8151.83	8546.65	8881.75
$250,000	n/a	n/a	4555.34	5417.97	6088.16	6698.64	7282.57	7863.19	8427.21	8994.56	9422.55
$375,000	n/a	n/a	n/a	n/a	6834.67	7723.84	8473.66	9133.90	9744.38	10338.26	10925.52
Unlimited	2332.41	3496.96	4661.51	5829.37	6993.92	8135.25	9114.00	10016.44	10832.62	11532.67	12176.33

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 72	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1293.94	1522.87	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1857.97	2299.24	2587.88	2816.81	3042.42	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2146.62	2786.95	3261.40	3636.31	3881.83	4107.44	4336.36	4565.29	4794.22	n/a	n/a
$100,000	2385.50	3082.24	3715.94	4226.88	4598.47	4950.16	5175.77	5401.38	5630.31	5859.23	6084.85
$125,000	2511.57	3354.30	4014.54	4644.92	5189.04	5560.63	5935.54	6247.42	6469.71	6695.32	6920.93
$150,000	n/a	3579.91	4293.23	4900.39	5570.59	6154.52	6526.11	6897.71	7272.62	7541.36	7763.65
$175,000	n/a	3719.25	4561.98	5228.85	5875.82	6499.57	7123.32	7484.96	7859.87	8234.78	8609.69
$200,000	n/a	3808.83	4774.31	5500.91	6161.15	6804.81	7425.24	8048.98	8450.44	8822.03	9196.94
$225,000	n/a	n/a	4916.98	5753.07	6439.85	7093.46	7733.79	8354.22	8977.97	9415.92	9784.19
$250,000	n/a	n/a	5019.83	5968.72	6708.59	7378.79	8022.44	8662.78	9283.20	9906.95	10378.08
$375,000	n/a	n/a	n/a	n/a	7531.41	8510.16	9332.97	10062.89	10736.40	11390.01	12036.98
Unlimited	2567.98	3851.97	5135.95	6419.94	7703.93	8961.38	10042.98	11035.00	11934.13	12703.86	13417.18

Age: 73	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1443.24	1695.40	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2073.63	2564.66	2886.49	3138.64	3394.11	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2395.45	3105.46	3636.31	4054.35	4329.73	4585.20	4837.35	5092.82	5348.29	n/a	n/a
$100,000	2664.19	3437.24	4140.61	4711.28	5126.00	5524.14	5772.97	6025.12	6280.60	6532.75	6788.22
$125,000	2800.22	3742.48	4475.71	5179.09	5789.56	6200.97	6619.01	6967.38	7216.22	7468.37	7720.52
$150,000	n/a	3994.63	4790.90	5464.42	6214.24	6864.53	7275.94	7690.66	8112.02	8407.31	8659.46
$175,000	n/a	4150.57	5089.51	5832.69	6555.97	7249.39	7942.81	8350.90	8765.63	9183.67	9601.71
$200,000	n/a	4246.78	5325.07	6137.93	6871.16	7591.13	8284.55	8977.97	9425.87	9840.59	10258.64
$225,000	n/a	n/a	5484.32	6419.94	7183.04	7909.64	8626.28	9319.70	10016.44	10500.84	10915.56
$250,000	n/a	n/a	5600.45	6655.51	7481.64	8228.14	8948.11	9661.43	10354.85	11051.59	11575.80
$375,000	n/a	n/a	n/a	n/a	8400.67	9492.23	10411.26	11224.12	11973.94	12703.86	13423.82
Unlimited	2863.26	4296.55	5729.84	7159.81	8593.10	9996.53	11200.89	12305.72	13314.33	14170.32	14963.28

Age: 74	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1592.54	1871.24	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2285.96	2830.08	3185.09	3463.78	3745.80	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2644.29	3427.29	4014.54	4475.71	4777.63	5056.33	5335.02	5617.04	5899.05	n/a	n/a
$100,000	2939.57	3792.25	4571.93	5202.31	5660.17	6094.80	6370.18	6648.87	6927.57	7209.58	7491.59
$125,000	3092.19	4127.34	4940.20	5713.25	6386.77	6844.62	7302.48	7687.34	7962.72	8241.42	8520.11
$150,000	n/a	4406.04	5285.26	6028.44	6854.57	7574.54	8029.08	8490.25	8951.42	9276.57	9555.26
$175,000	n/a	4578.56	5613.72	6436.53	7232.80	7999.22	8765.63	9213.53	9671.39	10135.88	10597.05
$200,000	n/a	4684.73	5875.82	6768.31	7581.17	8377.45	9140.54	9906.95	10401.30	10855.84	11317.02
$225,000	n/a	n/a	6051.67	7083.50	7929.54	8729.13	9518.77	10285.18	11051.59	11589.08	12043.61
$250,000	n/a	n/a	6177.74	7345.61	8258.00	9080.82	9873.77	10660.09	11426.50	12196.23	12776.85
$375,000	n/a	n/a	n/a	n/a	9269.93	10470.98	11489.54	12382.03	13214.80	14017.71	14813.98
Unlimited	3161.86	4741.14	6320.41	7899.68	9482.27	11031.69	12355.49	13576.44	14691.22	15633.47	16512.69

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 75	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1788.29	2106.80	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2567.98	3181.77	3579.91	3895.10	4210.29	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2972.75	3851.97	4512.21	5033.10	5368.20	5683.39	5995.26	6313.77	6632.28	n/a	n/a
$100,000	3301.21	4260.06	5135.95	5842.65	6360.22	6851.26	7156.49	7471.69	7783.56	8102.07	8417.26
$125,000	3473.74	4641.60	5547.36	6419.94	7179.72	7690.66	8208.24	8639.55	8948.11	9259.98	9575.17
$150,000	n/a	4953.48	5938.86	6774.95	7703.93	8513.47	9024.42	9541.99	10059.57	10427.85	10736.40
$175,000	n/a	5145.91	6310.46	7232.80	8128.61	8987.92	9847.23	10354.85	10869.11	11390.01	11907.58
$200,000	n/a	5265.35	6605.74	7607.72	8520.11	9412.60	10271.91	11134.54	11691.93	12199.55	12717.13
$225,000	n/a	n/a	6801.49	7959.40	8911.61	9810.73	10696.59	11559.22	12418.53	13022.37	13533.31
$250,000	n/a	n/a	6944.16	8254.69	9276.57	10202.24	11098.04	11980.58	12843.20	13702.51	14356.12
$375,000	n/a	n/a	n/a	n/a	10414.57	11771.55	12912.88	13918.17	14850.47	15752.91	16648.72
Unlimited	3553.36	5328.39	7103.41	8881.75	10656.77	12395.30	13888.31	15258.56	16509.37	17571.07	18559.77

Age: 76	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2000.63	2352.32	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2869.90	3553.36	4001.27	4349.64	4704.64	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3321.12	4306.50	5043.06	5623.67	6001.90	6350.27	6705.27	7060.28	7411.97	n/a	n/a
$100,000	3689.39	4764.36	5743.11	6532.75	7110.05	7657.48	8002.53	8350.90	8705.91	9057.59	9409.28
$125,000	3881.83	5185.72	6204.29	7179.72	8025.76	8596.42	9177.03	9658.12	10003.17	10351.54	10703.22
$150,000	n/a	5537.41	6642.24	7574.54	8613.01	9515.45	10086.11	10663.41	11244.02	11658.75	12003.80
$175,000	n/a	5749.75	7053.64	8082.16	9087.45	10049.62	11008.46	11575.80	12149.78	12733.72	13311.01
$200,000	n/a	5885.78	7382.11	8503.52	9525.40	10524.06	11482.91	12448.39	13065.50	13639.48	14216.77
$225,000	n/a	n/a	7601.08	8898.34	9960.04	10965.33	11957.35	12919.51	13884.99	14558.51	15129.17
$250,000	n/a	n/a	7760.33	9226.80	10371.44	11406.60	12408.57	13393.96	14352.80	15318.28	16051.52
$375,000	n/a	n/a	n/a	n/a	11642.16	13155.08	14435.75	15557.16	16598.95	17607.56	18612.86
Unlimited	3971.41	5958.77	7942.81	9926.86	11910.90	13855.13	15523.99	17060.13	18453.60	19641.38	20742.89

Age: 77	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2256.10	2654.24	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3238.17	4011.22	4512.21	4910.34	5305.16	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3745.80	4857.26	5690.03	6343.63	6768.31	7163.13	7561.27	7959.40	8360.86	n/a	n/a
$100,000	4163.84	5371.52	6476.35	7368.83	8019.12	8636.23	9027.73	9422.55	9814.05	10215.51	10613.64
$125,000	4376.18	5849.28	6997.24	8095.43	9050.96	9694.61	10348.22	10889.02	11280.52	11675.34	12073.47
$150,000	n/a	6244.10	7488.27	8543.34	9714.52	10736.40	11376.74	12027.03	12683.95	13148.44	13539.94
$175,000	n/a	6489.62	7956.08	9120.63	10248.68	11333.60	12415.21	13058.86	13705.83	14359.44	15013.05
$200,000	n/a	6638.92	8324.36	9595.08	10743.04	11867.77	12952.69	14040.93	14737.67	15384.64	16034.93
$225,000	n/a	n/a	8576.51	10036.35	11234.07	12368.76	13483.54	14571.78	15660.02	16419.79	17066.76
$250,000	n/a	n/a	8755.67	10407.94	11698.56	12863.11	13991.16	15105.94	16190.86	17275.78	18101.92
$375,000	n/a	n/a	n/a	n/a	13131.85	14840.52	16280.44	17544.53	18722.35	19860.35	20988.40
Unlimited	4479.03	6718.55	8958.06	11194.26	13433.77	15630.16	17511.35	19239.92	20815.88	22152.95	23397.13

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 78	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2574.61	3029.15	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3692.71	4575.25	5149.23	5600.45	6054.99	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4273.33	5540.73	6489.62	7236.12	7720.52	8171.74	8626.28	9080.82	9538.68	n/a	n/a
$100,000	4747.77	6127.98	7388.74	8407.31	9147.17	9850.55	10295.13	10746.35	11197.58	11652.11	12109.97
$125,000	4993.29	6675.41	7982.63	9236.76	10324.99	11061.55	11808.05	12425.16	12873.06	13320.97	13772.19
$150,000	n/a	7123.32	8543.34	9747.70	11081.45	12246.00	12975.92	13722.42	14468.93	14999.77	15447.68
$175,000	n/a	7402.01	9074.18	10404.62	11691.93	12929.47	14167.01	14893.60	15633.47	16379.98	17126.48
$200,000	n/a	7571.22	9498.86	10945.42	12255.95	13539.94	14777.48	16018.34	16814.61	17551.16	18294.35
$225,000	n/a	n/a	9780.87	11449.73	12816.66	14110.60	15387.96	16622.18	17866.35	18732.30	19465.53
$250,000	n/a	n/a	9989.90	11871.09	13344.19	14677.95	15961.94	17232.65	18470.19	19711.05	20649.99
$375,000	n/a	n/a	n/a	n/a	14979.87	16930.73	18573.04	20019.61	21360.00	22657.26	23944.56
Unlimited	5109.41	7664.12	10218.82	12773.53	15328.24	17829.86	19976.47	21947.25	23745.49	25275.00	26691.70

Age: 79	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2913.03	3427.29	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4183.75	5179.09	5832.69	6343.63	6854.57	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4837.35	6273.96	7348.93	8194.97	8745.72	9256.66	9767.60	10285.18	10799.44	n/a	n/a
$100,000	5378.15	6940.84	8367.49	9518.77	10358.17	11154.44	11662.07	12169.69	12680.63	13194.89	13712.47
$125,000	5656.85	7557.95	9037.69	10457.71	11691.93	12528.01	13370.73	14070.79	14575.10	15086.04	15596.98
$150,000	n/a	8068.89	9674.70	11035.00	12551.24	13868.40	14697.85	15537.26	16386.61	16983.82	17491.44
$175,000	n/a	8380.76	10278.54	11781.51	13241.34	14641.45	16041.56	16867.70	17703.78	18549.82	19395.86
$200,000	n/a	8576.51	10756.31	12391.98	13878.36	15331.55	16734.98	18138.41	19037.54	19873.62	20716.34
$225,000	n/a	n/a	11078.13	12965.96	14512.06	15978.52	17425.09	18825.20	20231.94	21214.01	22046.78
$250,000	n/a	n/a	11310.38	13447.04	15112.58	16618.86	18078.69	19515.30	20918.73	22322.16	23387.17
$375,000	n/a	n/a	n/a	n/a	16967.23	19170.25	21034.85	22670.53	24186.76	25659.87	27116.38
Unlimited	5786.24	8676.05	11572.49	14465.61	17358.73	20192.13	22620.76	24856.96	26890.77	28622.66	30228.48

Age: 80	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3291.26	3868.55	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4724.55	5845.96	6582.52	7159.81	7740.43	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5461.10	7086.82	8294.50	9250.03	9873.77	10447.75	11028.37	11608.98	12196.23	n/a	n/a
$100,000	6071.57	7836.64	9445.78	10749.67	11691.93	12594.37	13165.03	13739.01	14319.62	14896.92	15480.85
$125,000	6383.45	8530.06	10205.55	11808.05	13201.53	14140.46	15095.99	15885.63	16456.29	17030.27	17607.56
$150,000	n/a	9107.36	10922.20	12461.66	14170.32	15656.70	16592.32	17544.53	18500.05	19176.88	19747.55
$175,000	n/a	9462.37	11602.35	13301.06	14946.69	16529.28	18111.87	19044.17	19989.75	20945.27	21900.80
$200,000	n/a	9684.66	12143.15	13991.16	15666.65	17308.96	18891.55	20477.46	21496.03	22441.60	23390.49
$225,000	n/a	n/a	12508.11	14638.13	16383.30	18038.88	19671.24	21253.83	22839.74	23951.20	24890.14
$250,000	n/a	n/a	12766.89	15182.25	17063.45	18765.48	20411.11	22030.19	23616.10	25202.01	26403.05
$375,000	n/a	n/a	n/a	n/a	19156.98	21645.33	23745.49	25593.51	27308.81	28967.71	30616.66
Unlimited	6532.75	9797.46	13065.50	16330.21	19598.24	22796.60	25540.42	28061.95	30357.87	32312.05	34123.57

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 81	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3745.80	4406.04	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5374.84	6652.19	7488.27	8145.20	8808.76	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6214.24	8062.25	9442.46	10527.38	11237.39	11891.00	12551.24	13211.48	13875.04	n/a	n/a
$100,000	6910.98	8914.93	10749.67	12229.41	13307.70	14329.58	14979.87	15633.47	16290.40	16950.64	17614.20
$125,000	7265.98	9707.88	11612.30	13437.09	15023.00	16091.33	17179.57	18075.37	18725.66	19379.27	20036.19
$150,000	n/a	10364.81	12428.48	14176.96	16124.51	17813.27	18881.60	19963.20	21051.44	21817.85	22471.46
$175,000	n/a	10766.26	13201.53	15132.49	17007.04	18808.61	20610.17	21668.55	22743.52	23831.76	24920.00
$200,000	n/a	11018.41	13818.64	15922.12	17829.86	19694.46	21496.03	23304.23	24462.14	25533.79	26615.39
$225,000	n/a	n/a	14230.04	16655.36	18642.72	20527.23	22381.88	24183.44	25991.65	27252.41	28324.06
$250,000	n/a	n/a	14528.65	17275.78	19415.77	21353.36	23224.60	25069.30	26870.86	28675.75	30046.00
$375,000	n/a	n/a	n/a	n/a	21794.63	24628.03	27020.16	29123.65	31071.20	32962.34	34836.90
Unlimited	7431.87	11151.13	14863.74	18583.00	22298.93	25938.56	29060.61	31930.51	34544.93	36767.86	38831.53

Age: 82	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4193.70	4926.93	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6015.17	7448.46	8380.76	9117.31	9857.18	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6954.11	9021.10	10563.88	11781.51	12574.46	13304.38	14044.25	14784.12	15527.30	n/a	n/a
$100,000	7730.47	9976.62	12027.03	13689.24	14890.29	16038.25	16764.84	17494.76	18231.31	18971.18	19714.37
$125,000	8131.93	10862.48	12995.82	15036.27	16811.29	18009.02	19223.33	20228.63	20955.22	21688.46	22421.69
$150,000	n/a	11599.03	13908.22	15869.04	18042.20	19933.34	21127.75	22338.75	23556.38	24415.69	25145.61
$175,000	n/a	12050.25	14774.16	16934.05	19034.22	21048.12	23062.03	24249.80	25454.16	26668.48	27886.11
$200,000	n/a	12328.94	15464.27	17816.59	19953.25	22040.15	24054.05	26077.91	27371.85	28572.89	29783.89
$225,000	n/a	n/a	15928.76	18642.72	20862.33	22972.45	25046.07	27066.61	29083.83	30497.22	31694.94
$250,000	n/a	n/a	16260.54	19329.50	21724.95	23894.80	25991.65	28055.32	30072.54	32089.76	33622.59
$375,000	n/a	n/a	n/a	n/a	24389.15	27560.96	30235.11	32590.75	34770.54	36887.30	38984.15
Unlimited	8317.72	12474.93	16635.45	20795.97	24953.17	29027.43	32521.08	35732.71	38659.01	41144.04	43453.23

Age: 83	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4714.59	5544.04	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6764.99	8377.45	9432.51	10258.64	11091.41	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7826.69	10152.47	11887.68	13254.61	14147.10	14973.23	15802.68	16635.45	17474.85	n/a	n/a
$100,000	8702.59	11224.12	13536.62	15401.23	16758.21	18048.83	18861.69	19687.83	20517.28	21346.73	22182.81
$125,000	9150.49	12226.09	14621.54	16917.46	18918.10	20261.80	21632.06	22763.43	23579.60	24402.42	25228.55
$150,000	n/a	13052.23	15650.06	17853.08	20301.62	22434.96	23775.35	25135.65	26505.90	27478.02	28294.20
$175,000	n/a	13559.85	16622.18	19057.44	21419.72	23685.77	25951.83	27285.59	28642.57	30009.50	31376.43
$200,000	n/a	13871.72	17398.54	20049.47	22451.55	24800.56	27069.93	29342.62	30802.46	32149.48	33516.42
$225,000	n/a	n/a	17922.76	20975.13	23476.75	25845.66	28184.71	30454.09	32726.78	34316.01	35663.03
$250,000	n/a	n/a	18294.35	21751.50	24448.87	26887.45	29246.41	31568.87	33838.24	36110.94	37832.87
$375,000	n/a	n/a	n/a	n/a	27444.84	31011.48	34024.04	36671.64	39126.82	41505.68	43867.95
Unlimited	9359.51	14040.93	18719.03	23397.13	28078.54	32660.42	36595.33	40208.42	43499.68	46299.90	48897.74

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 84	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5288.57	6217.56	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7587.81	9392.69	10573.83	11499.49	12435.11	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	8772.26	11380.05	13327.60	14857.11	15862.40	16784.75	17717.05	18649.35	19588.29	n/a	n/a
$100,000	9754.33	12587.73	15175.62	17265.83	18788.70	20231.94	21150.98	22073.32	23002.31	23934.61	24866.91
$125,000	10258.64	13705.83	16393.25	18967.86	21207.38	22716.98	24253.12	25517.20	26436.23	27358.58	28287.56
$150,000	n/a	14631.50	17544.53	20016.29	22763.43	25152.24	26655.21	28178.08	29720.85	30802.46	31724.80
$175,000	n/a	15202.16	18639.40	21366.63	24014.24	26555.67	29093.79	30593.43	32112.99	33642.49	35178.63
$200,000	n/a	15553.85	19508.66	22478.10	25172.15	27806.48	30351.23	32895.99	34534.98	36047.90	37574.09
$225,000	n/a	n/a	20092.60	23516.57	26320.11	28980.98	31602.05	34143.48	36688.23	38476.53	39982.81
$250,000	n/a	n/a	20513.96	24385.83	27408.35	30145.53	32789.82	35394.29	37939.04	40483.80	42418.07
$375,000	n/a	n/a	n/a	n/a	30772.60	34773.86	38148.06	41114.18	43864.63	46535.46	49183.07
Unlimited	10494.20	15739.64	20985.09	26233.84	31482.60	36621.88	41024.60	45078.95	48771.66	51910.30	54820.01

Age: 85	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5610.40	6595.79	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	8048.98	9966.67	11217.48	12199.55	13191.57	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	9306.43	12076.79	14140.46	15766.19	16827.88	17809.95	18798.65	19787.36	20786.02	n/a	n/a
$100,000	10348.22	13354.15	16101.28	18320.89	19933.34	21466.17	22441.60	23420.35	24405.74	25394.44	26383.15
$125,000	10882.38	14541.92	17395.23	20125.77	22501.32	24107.13	25729.54	27073.25	28048.68	29027.43	30012.82
$150,000	n/a	15523.99	18619.49	21237.24	24150.27	26681.75	28280.93	29900.01	31532.37	32683.65	33659.08
$175,000	n/a	16127.83	19777.41	22667.21	25477.39	28174.76	30868.81	32458.04	34070.49	35699.53	37325.25
$200,000	n/a	16502.74	20699.75	23848.35	26708.29	29501.88	32202.57	34903.26	36638.47	38244.28	39866.68
$225,000	n/a	n/a	21320.18	24949.86	27925.92	30746.05	33526.37	36227.06	38927.75	40822.21	42421.39
$250,000	n/a	n/a	21764.77	25875.52	29080.52	31983.59	34787.13	37550.86	40251.55	42955.56	45002.64
$375,000	n/a	n/a	n/a	n/a	32647.15	36893.94	40473.84	43622.43	46538.78	49375.50	52182.36
Unlimited	11134.54	16701.81	22265.76	27833.02	33400.29	38854.76	43529.54	47829.40	51747.73	55075.48	58164.35

Age: 86	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5872.51	6907.66	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	8430.53	10437.80	11748.33	12776.85	13812.00	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	9747.70	12644.14	14807.34	16509.37	17624.15	18649.35	19684.51	20722.98	21764.77	n/a	n/a
$100,000	10835.93	13984.53	16857.74	19183.52	20872.28	22478.10	23496.66	24521.86	25553.70	26592.17	27630.64
$125,000	11393.33	15225.38	18214.72	21071.35	23563.02	25241.82	26943.85	28353.92	29369.17	30394.37	31426.20
$150,000	n/a	16257.22	19492.08	22239.21	25288.27	27942.51	29611.37	31310.08	33018.75	34226.42	35244.99
$175,000	n/a	16887.60	20709.71	23735.54	26678.43	29501.88	32325.33	33990.86	35676.30	37378.33	39083.68
$200,000	n/a	17279.10	21671.87	24973.08	27965.74	30892.04	33718.80	36548.88	38367.04	40049.16	41744.56
$225,000	n/a	n/a	22322.16	26127.68	29243.09	32195.93	35105.64	37932.41	40762.49	42746.54	44418.71
$250,000	n/a	n/a	22789.97	27093.15	30450.77	33489.87	36426.13	39322.57	42149.33	44979.41	47122.71
$375,000	n/a	n/a	n/a	n/a	34183.29	38629.15	42381.58	45679.47	48735.16	51701.28	54640.85
Unlimited	11658.75	17484.81	23317.50	29146.87	34976.25	40686.18	45583.25	50082.19	54182.99	57670.00	60904.85

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 87	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6277.28	7378.79	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	9004.51	11151.13	12551.24	13652.75	14760.89	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	10411.26	13510.08	15819.27	17637.42	18828.52	19926.71	21031.53	22139.68	23251.14	n/a	n/a
$100,000	11575.80	14940.05	18012.34	20497.37	22298.93	24017.55	25102.47	26200.67	27302.18	28410.32	29518.47
$125,000	12173.01	16267.17	19458.90	22514.59	25172.15	26967.08	28788.55	30291.51	31379.75	32474.63	33576.14
$150,000	n/a	17365.37	20829.15	23758.77	27016.85	29853.56	31638.54	33450.06	35278.17	36565.47	37653.71
$175,000	n/a	18045.51	22123.09	25361.26	28503.22	31519.10	34534.98	36313.32	38118.20	39936.36	41757.83
$200,000	n/a	18463.56	23158.24	26681.75	29876.79	33005.47	36024.67	39047.19	40988.10	42786.35	44597.87
$225,000	n/a	n/a	23848.35	27912.65	31240.40	34398.95	37507.73	40526.93	43552.76	45669.52	47461.13
$250,000	n/a	n/a	24349.33	28947.81	32534.35	35782.47	38921.11	42009.98	45032.50	48055.02	50347.62
$375,000	n/a	n/a	n/a	n/a	36525.66	41273.43	45281.33	48804.84	52066.24	55238.05	58380.01
Unlimited	12455.02	18682.53	24913.36	31137.55	37368.38	43466.50	48698.67	53509.48	57888.97	61614.86	65072.01

Age: 88	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6675.41	7853.23	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	9581.81	11864.45	13357.46	14525.33	15703.15	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	11081.45	14376.03	16831.20	18768.79	20032.88	21200.74	22378.56	23556.38	24740.83	n/a	n/a
$100,000	12318.99	15895.58	19163.61	21807.90	23725.59	25553.70	26711.61	27876.16	29050.66	30228.48	31409.61
$125,000	12952.69	17308.96	20706.39	23957.83	26784.60	28692.33	30629.93	32232.43	33387.02	34554.89	35726.07
$150,000	n/a	18480.15	22159.59	25278.32	28748.74	31764.62	33665.72	35590.04	37534.27	38907.84	40065.75
$175,000	n/a	19196.79	23539.79	26980.35	30328.01	33539.64	36744.64	38639.10	40556.79	42494.38	44431.98
$200,000	n/a	19644.69	24637.98	28387.10	31791.16	35118.91	38330.54	41548.81	43612.48	45523.53	47454.49
$225,000	n/a	n/a	25377.85	29700.95	33241.04	36598.65	39909.82	43121.45	46339.71	48592.50	50496.92
$250,000	n/a	n/a	25905.38	30799.14	34621.24	38071.76	41409.46	44700.72	47912.35	51130.62	53569.20
$375,000	n/a	n/a	n/a	n/a	38864.71	43914.40	48177.77	51926.89	55403.94	58774.83	62119.17
Unlimited	13251.29	19880.26	26505.90	33131.55	39760.52	46250.13	51817.40	56933.45	61598.27	65559.73	69235.85

Age: 89	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	7063.60	8307.77	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	10139.20	12551.24	14127.19	15364.73	16612.22	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	11721.79	15205.48	17806.63	19850.40	21190.79	22425.01	23669.19	24920.00	26174.12	n/a	n/a
$100,000	13032.32	16814.61	20271.76	23068.66	25099.16	27030.12	28254.38	29488.61	30729.46	31973.64	33224.45
$125,000	13702.51	18310.94	21904.12	25341.36	28334.01	30354.55	32401.63	34090.40	35317.98	36552.20	37789.74
$150,000	n/a	19545.16	23440.26	26741.47	30410.95	33602.68	35609.95	37647.08	39704.11	41157.31	42381.58
$175,000	n/a	20308.25	24900.09	28543.03	32083.13	35477.24	38868.03	40871.98	42899.15	44949.55	46999.95
$200,000	n/a	20779.38	26061.32	30029.41	33629.22	37149.41	40546.83	43950.90	46137.33	48157.87	50198.31
$225,000	n/a	n/a	26844.32	31416.25	35162.04	38715.41	42215.69	45613.11	49017.18	51402.68	53416.58
$250,000	n/a	n/a	27405.03	32577.48	36621.88	40271.46	43804.91	47285.29	50682.71	54086.78	56664.71
$375,000	n/a	n/a	n/a	n/a	41107.54	46452.52	50961.41	54929.50	58602.30	62172.25	65709.03
Unlimited	14021.02	21028.22	28038.73	35045.92	42059.75	48924.28	54810.06	60224.71	65158.27	69351.97	73237.12

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 90	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	7455.10	8765.63	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	10699.91	13244.66	14910.19	16217.41	17534.57	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	12372.08	16048.20	18792.02	20951.91	22365.29	23665.87	24979.72	26296.88	27620.69	n/a	n/a
$100,000	13752.28	17746.91	21396.49	24346.02	26489.32	28529.76	29817.07	31124.28	32431.50	33745.34	35065.83
$125,000	14462.29	19326.19	23115.11	26744.79	29903.33	32033.36	34196.56	35981.54	37275.48	38576.06	39883.27
$150,000	n/a	20630.08	24740.83	28224.52	32093.08	35460.65	37584.04	39733.97	41907.13	43433.32	44730.58
$175,000	n/a	21432.99	26280.29	30122.31	33858.15	37444.69	41021.28	43134.72	45278.02	47437.90	49604.43
$200,000	n/a	21933.98	27507.88	31694.94	35490.51	39206.44	42792.98	46386.16	48692.03	50825.38	52978.63
$225,000	n/a	n/a	28330.69	33158.09	37109.59	40862.02	44554.74	48141.28	51734.46	54246.03	56376.06
$250,000	n/a	n/a	28921.26	34385.68	38649.05	42504.34	46233.54	49906.35	53492.89	57082.75	59806.66
$375,000	n/a	n/a	n/a	n/a	43386.87	49027.13	53788.17	57975.24	61850.43	65616.13	69348.66
Unlimited	14797.39	22196.08	29591.46	36990.15	44388.85	51634.92	57849.16	63562.41	68768.04	73190.67	77294.79

Age: 91	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	7846.60	9226.80	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	11260.61	13938.08	15693.19	17066.76	18453.60	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	13019.05	16887.60	19780.72	22053.42	23539.79	24910.04	26293.57	27680.41	29070.56	n/a	n/a
$100,000	14475.56	18679.21	22521.23	25623.37	27879.47	30026.09	31386.39	32756.64	34133.53	35520.37	36903.89
$125,000	15218.75	20338.11	24329.43	28148.22	31472.65	33715.48	35991.49	37869.37	39229.67	40599.92	41976.81
$150,000	n/a	21715.00	26038.09	29704.26	33778.52	37321.93	39554.81	41820.87	44103.52	45715.97	47076.26
$175,000	n/a	22557.72	27660.50	31704.90	35636.49	39408.83	43174.53	45400.78	47653.56	49929.57	52205.58
$200,000	n/a	23081.93	28951.12	33357.16	37355.11	41263.48	45039.14	48818.11	51246.74	53492.89	55758.95
$225,000	n/a	n/a	29817.07	34896.62	39057.14	43005.32	46897.10	50669.44	54451.73	57096.02	59335.54
$250,000	n/a	n/a	30444.13	36187.24	40676.23	44733.90	48658.85	52524.09	56299.75	60078.72	62945.30
$375,000	n/a	n/a	n/a	n/a	45662.88	51601.74	56608.30	61017.66	65095.24	69056.69	72988.28
Unlimited	15573.75	23360.63	31144.19	38931.07	46717.94	54342.25	60881.63	66900.12	72377.81	77032.68	81355.77

Age: 92	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	8241.42	9691.29	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	11827.96	14644.77	16486.15	17929.39	19385.91	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	13675.97	17743.59	20776.06	23164.88	24727.56	26170.81	27620.69	29077.20	30540.35	n/a	n/a
$100,000	15208.80	19621.47	23659.23	26920.63	29289.54	31542.32	32972.30	34412.22	35858.78	37311.98	38771.81
$125,000	15991.80	21366.63	25557.01	29571.55	33065.19	35420.83	37809.65	39783.74	41213.71	42653.64	44096.88
$150,000	n/a	22809.88	27355.26	31207.23	35487.19	39209.76	41555.45	43934.31	46329.76	48025.16	49458.44
$175,000	n/a	23695.73	29057.29	33307.39	37434.74	41402.83	45357.64	47696.69	50062.28	52451.10	54843.23
$200,000	n/a	24249.80	30414.27	35042.60	39242.94	43350.37	47315.15	51286.55	53837.94	56196.90	58575.76
$225,000	n/a	n/a	31326.67	36661.69	41031.23	45178.48	49262.69	53227.47	57198.87	59979.19	62334.83
$250,000	n/a	n/a	31980.27	38018.67	42733.26	46993.32	51117.34	55178.33	59143.10	63114.51	66127.07
$375,000	n/a	n/a	n/a	n/a	47972.07	54209.53	59468.25	64096.58	68386.49	72547.01	76674.36
Unlimited	16360.07	24538.45	32716.83	40898.52	49076.90	57089.38	63960.55	70277.64	76034.02	80924.46	85466.53

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 93	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	8649.50	10169.06	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	12411.89	15364.73	17302.33	18815.24	20344.75	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	14352.80	18619.49	21804.58	24309.52	25948.51	27461.43	28984.30	30513.81	32049.95	n/a	n/a
$100,000	15958.62	20590.27	24827.10	28247.75	30736.10	33101.69	34598.02	36110.94	37630.49	39156.68	40686.18
$125,000	16778.11	22421.69	26821.10	31031.38	34694.23	37169.31	39674.25	41747.88	43250.84	44757.12	46276.67
$150,000	n/a	23934.61	28705.61	32746.69	37238.99	41147.36	43609.16	46100.83	48622.36	50397.38	51900.35
$175,000	n/a	24866.91	30493.90	34953.02	39282.75	43443.27	47597.16	50052.33	52537.36	55042.30	57553.88
$200,000	n/a	25447.53	31913.92	36774.50	41180.53	45493.67	49650.88	53821.35	56495.50	58970.58	61468.88
$225,000	n/a	n/a	32872.76	38473.21	43058.41	47408.04	51697.96	55855.16	60025.64	62941.98	65410.43
$250,000	n/a	n/a	33559.55	39896.55	44843.38	49315.78	53642.19	57902.25	62066.08	66233.24	69391.79
$375,000	n/a	n/a	n/a	n/a	50337.66	56887.00	62407.82	67261.76	71764.01	76130.24	80459.97
Unlimited	17166.30	25752.76	34332.59	42919.06	51502.21	59909.51	67119.09	73748.06	79789.77	84922.41	89686.77

Age: 94	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	9064.23	10656.77	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	13005.78	16101.28	18125.14	19711.05	21310.23	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	15036.27	19508.66	22843.05	25470.75	27189.37	28771.96	30367.82	31967.00	33579.45	n/a	n/a
$100,000	16718.39	21572.34	26008.23	29594.78	32202.57	34680.96	36246.97	37832.87	39425.42	41021.28	42627.09
$125,000	17577.70	23490.02	28098.45	32511.12	36349.82	38941.02	41568.72	43738.56	45311.19	46893.79	48479.69
$150,000	n/a	25079.25	30075.86	34309.37	39014.01	43104.86	45686.11	48300.53	50938.18	52799.47	54372.11
$175,000	n/a	26054.68	31943.78	36618.56	41160.63	45516.90	49866.53	52437.83	55038.98	57666.68	60297.70
$200,000	n/a	26658.52	33436.79	38526.29	43141.35	47660.20	52019.79	56386.01	59189.55	61784.07	64398.50
$225,000	n/a	n/a	34442.08	40304.63	45108.81	49670.78	54159.77	58519.36	62888.90	65944.59	68529.16
$250,000	n/a	n/a	35162.04	41797.64	46983.37	51668.10	56200.21	60662.66	65022.24	69388.47	72699.63
$375,000	n/a	n/a	n/a	n/a	52739.75	59597.64	65380.57	70470.07	75184.67	79763.23	84298.66
Unlimited	17985.79	26980.35	35971.59	44962.83	53957.38	62766.14	70317.45	77264.93	83595.29	88970.12	93960.10

Age: 95+	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	10338.26	12156.42	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	14833.88	18364.02	20673.21	22484.73	24309.52	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	17153.03	22249.17	26054.68	29050.66	31011.48	32816.36	34634.51	36465.94	38297.37	n/a	n/a
$100,000	19067.40	24604.80	29667.77	33758.62	36728.05	39554.81	41343.11	43151.31	44966.14	46790.93	48619.04
$125,000	20052.78	26794.55	32053.27	37083.05	41462.55	44418.71	47411.36	49889.76	51681.37	53486.25	55297.77
$150,000	n/a	28602.75	34302.73	39133.45	44501.65	49166.48	52112.68	55092.07	58101.31	60224.71	62019.64
$175,000	n/a	29717.53	36439.40	41767.78	46946.87	51916.93	56877.05	59809.98	62779.41	65775.39	68774.68
$200,000	n/a	30407.64	38141.43	43944.26	49209.61	54362.15	59332.22	64312.24	67510.59	70470.07	73456.09
$225,000	n/a	n/a	39282.75	45971.44	51455.76	56654.75	61777.44	66750.82	71730.84	75217.84	78164.05
$250,000	n/a	n/a	40102.25	47673.47	53585.79	58930.76	64099.90	69196.04	74166.10	79146.12	82921.78
$375,000	n/a	n/a	n/a	n/a	60155.03	67978.40	74577.51	80380.34	85758.49	90977.39	96153.16
Unlimited	20513.96	30772.60	41031.23	51286.55	61545.19	71591.49	80207.82	88130.72	95350.25	########	########

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 18-44	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	79.63	92.90	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	119.44	142.67	159.25	172.53	189.11	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	139.35	179.16	205.70	225.61	238.88	255.47	268.74	282.01	295.28	n/a	n/a
$100,000	155.94	202.39	242.20	268.74	288.65	305.24	318.51	335.10	348.37	361.64	374.91
$125,000	165.89	218.97	262.11	301.92	331.78	351.69	368.28	384.86	398.14	414.73	428.00
$150,000	n/a	235.56	278.70	318.51	361.64	394.82	414.73	431.31	451.22	464.49	481.08
$175,000	n/a	245.52	301.92	341.73	384.86	421.36	461.17	477.76	494.35	510.94	530.85
$200,000	n/a	252.15	315.19	361.64	401.45	444.59	481.08	520.89	540.80	554.07	573.98
$225,000	n/a	n/a	325.14	378.23	421.36	464.49	504.31	540.80	580.62	603.84	620.43
$250,000	n/a	n/a	331.78	391.50	441.27	481.08	524.21	564.03	603.84	640.34	666.88
$375,000	n/a	n/a	n/a	n/a	497.67	560.71	613.79	660.24	700.06	743.19	786.32
Unlimited	169.21	255.47	338.42	424.68	507.62	590.57	663.56	726.60	786.32	836.09	882.53

Age: 45-49	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	109.49	129.39	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	165.89	195.75	218.97	238.88	255.47	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	192.43	245.52	282.01	305.24	328.46	345.05	364.96	384.86	404.77	n/a	n/a
$100,000	215.66	275.38	328.46	368.28	391.50	418.04	434.63	454.54	474.45	494.35	514.26
$125,000	225.61	301.92	358.32	411.41	454.54	477.76	504.31	524.21	544.12	564.03	583.93
$150,000	n/a	321.83	381.55	437.95	494.35	540.80	564.03	583.93	613.79	633.70	653.61
$175,000	n/a	335.10	411.41	464.49	524.21	573.98	627.06	650.29	673.51	700.06	723.28
$200,000	n/a	341.73	428.00	491.03	547.44	607.16	656.92	710.01	733.23	759.78	783.00
$225,000	n/a	n/a	441.27	517.58	573.98	630.38	686.78	739.87	792.95	822.81	846.04
$250,000	n/a	n/a	451.22	534.17	600.52	656.92	713.33	769.73	822.81	872.58	909.08
$375,000	n/a	n/a	n/a	n/a	673.51	763.09	839.40	902.44	955.53	1011.93	1071.65
Unlimited	232.25	348.37	461.17	577.30	693.42	806.23	902.44	992.02	1071.65	1141.32	1201.04

Age: 50	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	122.76	145.98	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	185.80	222.29	245.52	268.74	291.97	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	215.66	278.70	318.51	348.37	371.59	391.50	414.73	434.63	457.86	n/a	n/a
$100,000	242.20	311.87	371.59	418.04	444.59	471.13	494.35	514.26	537.48	560.71	580.62
$125,000	255.47	341.73	404.77	464.49	514.26	540.80	570.66	597.20	613.79	640.34	660.24
$150,000	n/a	364.96	434.63	494.35	554.07	613.79	640.34	666.88	696.74	719.96	739.87
$175,000	n/a	378.23	464.49	524.21	593.89	650.29	710.01	733.23	763.09	792.95	822.81
$200,000	n/a	388.18	484.40	554.07	620.43	686.78	746.51	802.91	832.77	855.99	885.85
$225,000	n/a	n/a	500.99	583.93	650.29	716.64	779.68	839.40	895.81	932.30	958.84
$250,000	n/a	n/a	510.94	607.16	680.15	743.19	809.54	872.58	932.30	988.70	1028.52
$375,000	n/a	n/a	n/a	n/a	769.73	865.95	945.57	1021.88	1081.60	1147.96	1211.00
Unlimited	262.11	391.50	524.21	653.61	786.32	912.40	1025.20	1121.42	1211.00	1293.94	1360.30

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 51	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	129.39	152.62	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	195.75	235.56	262.11	285.33	308.56	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	228.93	295.28	338.42	368.28	391.50	414.73	437.95	461.17	484.40	n/a	n/a
$100,000	255.47	328.46	394.82	441.27	471.13	500.99	524.21	547.44	570.66	593.89	613.79
$125,000	272.06	361.64	428.00	494.35	544.12	573.98	603.84	630.38	653.61	673.51	700.06
$150,000	n/a	384.86	457.86	524.21	590.57	643.65	673.51	703.37	733.23	763.09	783.00
$175,000	n/a	401.45	491.03	554.07	627.06	690.10	753.14	779.68	809.54	839.40	869.26
$200,000	n/a	411.41	514.26	590.57	656.92	726.60	789.64	852.67	882.53	912.40	942.26
$225,000	n/a	n/a	530.85	620.43	686.78	756.46	822.81	882.53	945.57	985.39	1015.25
$250,000	n/a	n/a	540.80	643.65	719.96	786.32	852.67	925.67	985.39	1048.42	1088.24
$375,000	n/a	n/a	n/a	n/a	812.86	912.40	1001.98	1081.60	1147.96	1211.00	1287.31
Unlimited	278.70	414.73	554.07	693.42	832.77	968.80	1084.92	1187.77	1283.99	1366.93	1443.24

Age: 52	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	139.35	162.57	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	209.02	248.84	275.38	301.92	325.14	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	242.20	311.87	358.32	388.18	414.73	437.95	464.49	487.72	510.94	n/a	n/a
$100,000	272.06	348.37	414.73	464.49	497.67	524.21	550.75	577.30	600.52	627.06	650.29
$125,000	285.33	381.55	451.22	520.89	573.98	603.84	637.02	666.88	690.10	713.33	739.87
$150,000	n/a	408.09	484.40	554.07	623.75	683.47	713.33	746.51	776.37	802.91	829.45
$175,000	n/a	424.68	520.89	583.93	663.56	729.92	792.95	822.81	852.67	882.53	915.71
$200,000	n/a	434.63	544.12	623.75	693.42	763.09	832.77	899.12	932.30	962.16	992.02
$225,000	n/a	n/a	560.71	653.61	726.60	799.59	872.58	935.62	1001.98	1041.79	1071.65
$250,000	n/a	n/a	573.98	680.15	759.78	829.45	905.76	972.12	1041.79	1108.15	1151.28
$375,000	n/a	n/a	n/a	n/a	855.99	968.80	1061.70	1141.32	1211.00	1283.99	1356.98
Unlimited	291.97	437.95	583.93	733.23	879.22	1021.88	1144.64	1257.45	1356.98	1446.56	1519.55

Age: 53	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	145.98	172.53	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	218.97	262.11	291.97	315.19	341.73	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	255.47	328.46	374.91	408.09	434.63	461.17	487.72	514.26	540.80	n/a	n/a
$100,000	285.33	364.96	437.95	491.03	524.21	554.07	580.62	607.16	633.70	656.92	683.47
$125,000	301.92	401.45	477.76	547.44	603.84	637.02	670.20	700.06	726.60	753.14	776.37
$150,000	n/a	428.00	510.94	580.62	656.92	719.96	749.82	783.00	819.50	846.04	872.58
$175,000	n/a	447.90	547.44	620.43	696.74	763.09	836.09	865.95	899.12	932.30	965.48
$200,000	n/a	457.86	570.66	656.92	729.92	806.23	875.90	942.26	982.07	1011.93	1045.11
$225,000	n/a	n/a	590.57	690.10	763.09	842.72	912.40	985.39	1055.06	1091.56	1124.73
$250,000	n/a	n/a	603.84	713.33	802.91	875.90	952.21	1025.20	1091.56	1164.55	1211.00
$375,000	n/a	n/a	n/a	n/a	902.44	1018.56	1118.10	1201.04	1270.72	1350.34	1426.65
Unlimited	308.56	461.17	613.79	769.73	925.67	1074.97	1204.36	1323.80	1426.65	1519.55	1599.18

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 54	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	165.89	195.75	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	252.15	301.92	335.10	364.96	394.82	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	291.97	378.23	431.31	471.13	500.99	530.85	560.71	590.57	620.43	n/a	n/a
$100,000	328.46	421.36	504.31	564.03	600.52	640.34	666.88	696.74	726.60	756.46	786.32
$125,000	345.05	461.17	547.44	630.38	696.74	733.23	769.73	806.23	836.09	865.95	895.81
$150,000	n/a	494.35	583.93	670.20	756.46	829.45	862.63	902.44	942.26	972.12	1001.98
$175,000	n/a	514.26	630.38	713.33	802.91	882.53	962.16	995.34	1031.84	1071.65	1111.46
$200,000	n/a	524.21	656.92	753.14	839.40	928.98	1005.29	1088.24	1124.73	1164.55	1201.04
$225,000	n/a	n/a	673.51	792.95	879.22	968.80	1055.06	1134.69	1211.00	1260.76	1297.26
$250,000	n/a	n/a	693.42	822.81	922.35	1001.98	1091.56	1181.14	1260.76	1337.07	1390.16
$375,000	n/a	n/a	n/a	n/a	1035.15	1171.18	1287.31	1383.52	1466.47	1549.41	1638.99
Unlimited	355.00	530.85	710.01	882.53	1061.70	1237.54	1386.84	1516.23	1638.99	1748.48	1841.38

Age: 55	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	175.84	205.70	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	262.11	315.19	348.37	378.23	411.41	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	305.24	394.82	451.22	491.03	524.21	554.07	583.93	613.79	643.65	n/a	n/a
$100,000	341.73	437.95	524.21	583.93	627.06	666.88	696.74	726.60	759.78	789.64	822.81
$125,000	361.64	481.08	570.66	656.92	726.60	763.09	806.23	842.72	872.58	902.44	932.30
$150,000	n/a	514.26	610.48	700.06	789.64	865.95	902.44	942.26	982.07	1015.25	1045.11
$175,000	n/a	534.17	656.92	743.19	839.40	915.71	1001.98	1035.15	1078.29	1118.10	1154.59
$200,000	n/a	547.44	686.78	786.32	875.90	968.80	1051.74	1134.69	1177.82	1211.00	1254.13
$225,000	n/a	n/a	703.37	822.81	912.40	1005.29	1101.51	1181.14	1267.40	1313.85	1353.66
$250,000	n/a	n/a	723.28	852.67	962.16	1048.42	1144.64	1230.90	1313.85	1393.48	1449.88
$375,000	n/a	n/a	n/a	n/a	1084.92	1224.27	1337.07	1443.24	1529.51	1619.09	1715.30
Unlimited	368.28	554.07	739.87	925.67	1108.15	1290.62	1446.56	1585.91	1715.30	1828.11	1924.32

Age: 56	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	195.75	232.25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	295.28	351.69	391.50	428.00	461.17	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	345.05	444.59	507.62	550.75	583.93	623.75	656.92	693.42	726.60	n/a	n/a
$100,000	384.86	494.35	590.57	663.56	703.37	749.82	783.00	819.50	852.67	885.85	922.35
$125,000	408.09	540.80	643.65	739.87	816.18	855.99	905.76	942.26	982.07	1015.25	1051.74
$150,000	n/a	577.30	686.78	786.32	882.53	972.12	1015.25	1058.38	1104.83	1141.32	1177.82
$175,000	n/a	603.84	733.23	836.09	942.26	1031.84	1124.73	1167.87	1211.00	1257.45	1300.58
$200,000	n/a	613.79	769.73	882.53	985.39	1091.56	1181.14	1274.04	1323.80	1363.62	1410.07
$225,000	n/a	n/a	792.95	932.30	1031.84	1134.69	1237.54	1330.44	1420.02	1479.74	1519.55
$250,000	n/a	n/a	812.86	965.48	1081.60	1181.14	1287.31	1386.84	1479.74	1569.32	1632.36
$375,000	n/a	n/a	n/a	n/a	1217.63	1376.89	1509.60	1622.40	1718.62	1824.79	1927.64
Unlimited	414.73	623.75	832.77	1041.79	1244.18	1449.88	1625.72	1781.66	1927.64	2050.40	2163.21

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 57	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	212.34	248.84	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	318.51	378.23	421.36	457.86	497.67	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	368.28	477.76	544.12	593.89	633.70	670.20	703.37	743.19	783.00	n/a	n/a
$100,000	414.73	530.85	637.02	710.01	756.46	806.23	842.72	879.22	912.40	955.53	992.02
$125,000	437.95	580.62	690.10	792.95	879.22	922.35	972.12	1015.25	1055.06	1091.56	1124.73
$150,000	n/a	620.43	739.87	842.72	952.21	1045.11	1088.24	1138.01	1184.45	1227.59	1264.08
$175,000	n/a	643.65	792.95	899.12	1011.93	1111.46	1211.00	1257.45	1300.58	1350.34	1396.79
$200,000	n/a	663.56	829.45	945.57	1058.38	1171.18	1270.72	1366.93	1420.02	1469.79	1512.92
$225,000	n/a	n/a	852.67	998.66	1108.15	1217.63	1330.44	1426.65	1529.51	1589.23	1632.36
$250,000	n/a	n/a	872.58	1031.84	1161.23	1267.40	1380.20	1486.37	1589.23	1688.76	1751.80
$375,000	n/a	n/a	n/a	n/a	1307.21	1476.42	1622.40	1741.85	1844.70	1957.50	2073.63
Unlimited	447.90	670.20	892.49	1118.10	1337.07	1559.37	1748.48	1917.69	2070.31	2203.02	2322.46

Age: 58	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	225.61	265.42	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	338.42	404.77	451.22	491.03	530.85	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	394.82	510.94	583.93	633.70	673.51	716.64	756.46	792.95	836.09	n/a	n/a
$100,000	441.27	567.34	680.15	759.78	809.54	862.63	902.44	942.26	982.07	1021.88	1061.70
$125,000	467.81	620.43	739.87	849.36	938.94	988.70	1035.15	1088.24	1121.42	1164.55	1204.36
$150,000	n/a	663.56	789.64	902.44	1018.56	1118.10	1164.55	1211.00	1267.40	1307.21	1350.34
$175,000	n/a	693.42	846.04	962.16	1081.60	1184.45	1293.94	1343.71	1390.16	1443.24	1496.33
$200,000	n/a	703.37	882.53	1015.25	1131.37	1247.49	1356.98	1466.47	1516.23	1569.32	1619.09
$225,000	n/a	n/a	912.40	1065.01	1181.14	1300.58	1420.02	1529.51	1632.36	1695.40	1748.48
$250,000	n/a	n/a	932.30	1108.15	1240.86	1353.66	1476.42	1592.54	1695.40	1804.88	1874.56
$375,000	n/a	n/a	n/a	n/a	1396.79	1575.96	1728.57	1864.60	1970.77	2090.21	2212.97
Unlimited	477.76	716.64	955.53	1194.41	1433.29	1662.22	1867.92	2047.08	2209.65	2355.64	2481.71

Age: 59	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	255.47	298.60	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	384.86	457.86	507.62	554.07	597.20	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	444.59	573.98	656.92	716.64	763.09	806.23	852.67	899.12	942.26	n/a	n/a
$100,000	500.99	640.34	763.09	855.99	912.40	972.12	1018.56	1061.70	1108.15	1151.28	1197.73
$125,000	524.21	700.06	832.77	958.84	1058.38	1114.78	1174.50	1227.59	1270.72	1317.17	1360.30
$150,000	n/a	749.82	892.49	1018.56	1151.28	1260.76	1313.85	1373.57	1433.29	1479.74	1526.19
$175,000	n/a	779.68	955.53	1084.92	1217.63	1343.71	1463.15	1512.92	1569.32	1629.04	1688.76
$200,000	n/a	799.59	998.66	1147.96	1274.04	1413.38	1532.82	1655.58	1715.30	1771.71	1831.43
$225,000	n/a	n/a	1031.84	1207.68	1333.76	1473.10	1602.50	1721.94	1844.70	1917.69	1970.77
$250,000	n/a	n/a	1055.06	1247.49	1403.43	1529.51	1662.22	1798.25	1917.69	2037.13	2116.76
$375,000	n/a	n/a	n/a	n/a	1579.27	1781.66	1957.50	2103.49	2226.24	2358.96	2498.30
Unlimited	540.80	809.54	1078.29	1347.03	1619.09	1877.87	2106.80	2315.82	2494.99	2660.88	2800.22

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 60	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	282.01	335.10	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	428.00	510.94	567.34	613.79	666.88	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	497.67	640.34	733.23	792.95	849.36	899.12	945.57	1001.98	1051.74	n/a	n/a
$100,000	554.07	713.33	852.67	955.53	1018.56	1084.92	1134.69	1181.14	1234.22	1283.99	1330.44
$125,000	583.93	783.00	928.98	1065.01	1181.14	1240.86	1303.90	1363.62	1416.70	1466.47	1512.92
$150,000	n/a	836.09	995.34	1134.69	1277.35	1406.75	1466.47	1529.51	1595.86	1648.95	1695.40
$175,000	n/a	869.26	1061.70	1207.68	1360.30	1496.33	1629.04	1688.76	1748.48	1814.84	1881.19
$200,000	n/a	892.49	1114.78	1274.04	1420.02	1572.64	1708.67	1841.38	1911.05	1970.77	2040.45
$225,000	n/a	n/a	1151.28	1343.71	1486.37	1638.99	1784.98	1924.32	2053.72	2136.66	2196.38
$250,000	n/a	n/a	1174.50	1390.16	1562.68	1705.35	1857.97	1997.32	2136.66	2269.38	2358.96
$375,000	n/a	n/a	n/a	n/a	1758.43	1987.36	2176.48	2345.68	2481.71	2631.02	2783.63
Unlimited	600.52	902.44	1201.04	1502.96	1801.57	2096.85	2345.68	2574.61	2783.63	2966.11	3122.05

Age: 61	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	305.24	358.32	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	461.17	547.44	610.48	663.56	719.96	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	534.17	690.10	789.64	855.99	912.40	968.80	1021.88	1078.29	1131.37	n/a	n/a
$100,000	600.52	763.09	915.71	1028.52	1094.87	1167.87	1217.63	1270.72	1327.12	1383.52	1436.61
$125,000	633.70	842.72	998.66	1151.28	1270.72	1333.76	1406.75	1473.10	1526.19	1575.96	1629.04
$150,000	n/a	899.12	1071.65	1217.63	1380.20	1509.60	1575.96	1645.63	1718.62	1778.34	1831.43
$175,000	n/a	938.94	1147.96	1300.58	1466.47	1605.82	1751.80	1814.84	1887.83	1957.50	2027.18
$200,000	n/a	958.84	1201.04	1376.89	1536.14	1692.08	1838.06	1987.36	2057.04	2126.71	2196.38
$225,000	n/a	n/a	1237.54	1449.88	1602.50	1768.39	1927.64	2070.31	2212.97	2299.24	2362.27
$250,000	n/a	n/a	1264.08	1499.65	1682.12	1834.74	1997.32	2156.57	2295.92	2441.90	2538.12
$375,000	n/a	n/a	n/a	n/a	1897.78	2136.66	2345.68	2524.85	2674.15	2833.40	2995.97
Unlimited	643.65	972.12	1293.94	1619.09	1937.60	2256.10	2528.16	2773.68	2995.97	3195.04	3364.25

Age: 62	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	335.10	394.82	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	504.31	600.52	666.88	726.60	786.32	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	583.93	756.46	862.63	942.26	1001.98	1061.70	1121.42	1181.14	1240.86	n/a	n/a
$100,000	656.92	839.40	1005.29	1124.73	1201.04	1274.04	1333.76	1393.48	1453.20	1509.60	1569.32
$125,000	693.42	922.35	1091.56	1260.76	1390.16	1466.47	1539.46	1609.13	1668.85	1725.26	1784.98
$150,000	n/a	985.39	1171.18	1333.76	1509.60	1658.90	1725.26	1804.88	1877.87	1947.55	2000.63
$175,000	n/a	1025.20	1257.45	1423.34	1602.50	1765.07	1921.01	1987.36	2066.99	2139.98	2222.93
$200,000	n/a	1051.74	1313.85	1506.28	1682.12	1857.97	2017.22	2173.16	2256.10	2325.78	2405.41
$225,000	n/a	n/a	1356.98	1585.91	1755.12	1930.96	2106.80	2266.06	2428.63	2521.53	2587.88
$250,000	n/a	n/a	1386.84	1638.99	1841.38	2010.59	2189.75	2358.96	2514.89	2674.15	2780.32
$375,000	n/a	n/a	n/a	n/a	2076.94	2345.68	2567.98	2763.73	2926.30	3102.14	3284.62
Unlimited	710.01	1061.70	1416.70	1771.71	2126.71	2471.76	2767.05	3039.10	3281.30	3496.96	3682.76

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 63	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	378.23	444.59	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	570.66	680.15	756.46	822.81	885.85	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	663.56	852.67	972.12	1061.70	1134.69	1201.04	1267.40	1330.44	1403.43	n/a	n/a
$100,000	743.19	945.57	1138.01	1270.72	1360.30	1446.56	1509.60	1575.96	1645.63	1711.98	1778.34
$125,000	783.00	1041.79	1237.54	1420.02	1569.32	1655.58	1741.85	1818.15	1887.83	1954.18	2020.54
$150,000	n/a	1114.78	1323.80	1509.60	1708.67	1871.24	1954.18	2040.45	2126.71	2196.38	2262.74
$175,000	n/a	1161.23	1420.02	1609.13	1811.52	1990.68	2169.84	2252.79	2332.41	2418.68	2508.26
$200,000	n/a	1184.45	1483.06	1705.35	1897.78	2100.17	2279.33	2458.49	2551.39	2631.02	2713.96
$225,000	n/a	n/a	1532.82	1788.29	1987.36	2189.75	2382.18	2561.34	2740.50	2846.67	2926.30
$250,000	n/a	n/a	1566.00	1857.97	2080.26	2269.38	2475.08	2670.83	2846.67	3025.83	3145.27
$375,000	n/a	n/a	n/a	n/a	2345.68	2647.60	2903.08	3122.05	3307.85	3506.91	3712.62
Unlimited	802.91	1201.04	1599.18	2000.63	2405.41	2793.59	3128.69	3433.92	3709.30	3954.82	4163.84

Age: 64	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	421.36	497.67	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	637.02	756.46	842.72	912.40	992.02	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	739.87	952.21	1088.24	1184.45	1264.08	1333.76	1413.38	1486.37	1562.68	n/a	n/a
$100,000	829.45	1058.38	1270.72	1420.02	1512.92	1609.13	1685.44	1755.12	1834.74	1907.74	1984.04
$125,000	872.58	1161.23	1380.20	1589.23	1751.80	1844.70	1940.91	2030.49	2106.80	2176.48	2256.10
$150,000	n/a	1240.86	1476.42	1688.76	1904.42	2086.90	2176.48	2269.38	2372.23	2451.85	2524.85
$175,000	n/a	1293.94	1585.91	1798.25	2020.54	2222.93	2421.99	2508.26	2601.16	2700.69	2800.22
$200,000	n/a	1323.80	1655.58	1897.78	2116.76	2342.37	2538.12	2740.50	2840.04	2932.94	3032.47
$225,000	n/a	n/a	1708.67	1997.32	2212.97	2438.58	2657.56	2856.63	3055.69	3175.13	3264.72
$250,000	n/a	n/a	1748.48	2070.31	2322.46	2531.48	2763.73	2972.75	3175.13	3374.20	3506.91
$375,000	n/a	n/a	n/a	n/a	2617.74	2952.84	3238.17	3483.69	3692.71	3915.00	4137.30
Unlimited	892.49	1337.07	1784.98	2229.56	2677.46	3115.41	3490.33	3832.06	4137.30	4409.36	4644.92

Age: 65	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	464.49	547.44	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	700.06	836.09	928.98	1011.93	1091.56	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	816.18	1051.74	1201.04	1307.21	1390.16	1476.42	1559.37	1638.99	1721.94	n/a	n/a
$100,000	912.40	1167.87	1403.43	1569.32	1668.85	1778.34	1861.29	1937.60	2020.54	2106.80	2189.75
$125,000	965.48	1277.35	1519.55	1748.48	1934.28	2037.13	2143.30	2239.52	2322.46	2405.41	2488.35
$150,000	n/a	1366.93	1629.04	1861.29	2103.49	2302.55	2405.41	2504.94	2614.43	2704.01	2790.27
$175,000	n/a	1426.65	1748.48	1984.04	2229.56	2451.85	2674.15	2767.05	2869.90	2979.38	3092.19
$200,000	n/a	1463.15	1828.11	2096.85	2339.05	2584.57	2800.22	3022.52	3135.32	3238.17	3344.34
$225,000	n/a	n/a	1887.83	2203.02	2441.90	2690.74	2932.94	3151.91	3374.20	3503.60	3603.13
$250,000	n/a	n/a	1927.64	2285.96	2561.34	2793.59	3045.74	3281.30	3503.60	3722.57	3868.55
$375,000	n/a	n/a	n/a	n/a	2889.80	3258.08	3576.59	3838.69	4074.26	4316.46	4568.61
Unlimited	985.39	1479.74	1970.77	2465.13	2956.16	3437.24	3851.97	4226.88	4568.61	4863.89	5122.68

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 66	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	514.26	607.16	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	776.37	928.98	1031.84	1121.42	1211.00	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	905.76	1167.87	1330.44	1449.88	1542.78	1635.68	1725.26	1818.15	1911.05	n/a	n/a
$100,000	1015.25	1297.26	1556.05	1741.85	1851.33	1970.77	2060.35	2149.93	2242.83	2339.05	2428.63
$125,000	1065.01	1420.02	1688.76	1940.91	2146.62	2259.42	2375.54	2488.35	2574.61	2670.83	2760.41
$150,000	n/a	1519.55	1808.20	2066.99	2329.10	2554.71	2664.19	2780.32	2903.08	3002.61	3092.19
$175,000	n/a	1585.91	1937.60	2196.38	2475.08	2720.60	2962.80	3072.28	3185.09	3304.53	3427.29
$200,000	n/a	1622.40	2023.86	2322.46	2591.20	2863.26	3108.78	3354.30	3480.37	3593.18	3709.30
$225,000	n/a	n/a	2090.21	2445.22	2710.64	2986.02	3251.44	3496.96	3742.48	3888.46	3997.95
$250,000	n/a	n/a	2136.66	2531.48	2843.35	3102.14	3377.52	3642.94	3885.14	4130.66	4296.55
$375,000	n/a	n/a	n/a	n/a	3204.99	3616.40	3964.77	4260.06	4518.84	4790.90	5066.28
Unlimited	1091.56	1638.99	2189.75	2733.87	3277.99	3815.47	4273.33	4691.37	5062.96	5398.06	5686.71

Age: 67	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	567.34	666.88	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	852.67	1018.56	1134.69	1234.22	1330.44	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	995.34	1277.35	1466.47	1595.86	1695.40	1801.57	1897.78	1997.32	2103.49	n/a	n/a
$100,000	1114.78	1420.02	1708.67	1911.05	2040.45	2166.52	2262.74	2362.27	2465.13	2564.66	2664.19
$125,000	1174.50	1562.68	1857.97	2136.66	2358.96	2481.71	2614.43	2733.87	2830.08	2929.62	3032.47
$150,000	n/a	1668.85	1987.36	2266.06	2561.34	2806.86	2926.30	3055.69	3188.41	3297.89	3397.43
$175,000	n/a	1741.85	2133.35	2415.36	2720.60	2986.02	3254.76	3374.20	3500.28	3629.67	3765.70
$200,000	n/a	1778.34	2226.24	2554.71	2846.67	3145.27	3414.02	3686.08	3822.11	3944.86	4074.26
$225,000	n/a	n/a	2295.92	2687.42	2979.38	3277.99	3573.27	3838.69	4107.44	4270.01	4392.77
$250,000	n/a	n/a	2345.68	2783.63	3122.05	3407.38	3712.62	4001.27	4270.01	4538.75	4717.91
$375,000	n/a	n/a	n/a	n/a	3520.19	3971.41	4356.27	4681.42	4966.75	5265.35	5570.59
Unlimited	1201.04	1801.57	2405.41	3002.61	3603.13	4190.38	4694.69	5152.54	5567.27	5928.91	6244.10

Age: 68	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	623.75	733.23	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	942.26	1121.42	1247.49	1360.30	1469.79	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1091.56	1413.38	1615.77	1755.12	1871.24	1984.04	2096.85	2203.02	2315.82	n/a	n/a
$100,000	1227.59	1569.32	1881.19	2106.80	2249.47	2385.50	2494.99	2611.11	2717.28	2826.77	2942.89
$125,000	1293.94	1718.62	2047.08	2352.32	2601.16	2737.19	2883.17	3012.56	3122.05	3231.54	3341.02
$150,000	n/a	1838.06	2189.75	2498.30	2823.45	3095.51	3228.22	3367.57	3516.87	3636.31	3745.80
$175,000	n/a	1921.01	2349.00	2660.88	3002.61	3294.58	3589.86	3722.57	3858.60	4004.58	4150.57
$200,000	n/a	1960.82	2458.49	2820.13	3138.64	3470.42	3765.70	4064.31	4213.61	4346.32	4492.30
$225,000	n/a	n/a	2531.48	2962.80	3284.62	3616.40	3941.55	4236.83	4532.11	4704.64	4843.99
$250,000	n/a	n/a	2587.88	3068.97	3443.88	3755.75	4094.17	4409.36	4704.64	5003.24	5202.31
$375,000	n/a	n/a	n/a	n/a	3881.83	4376.18	4800.86	5162.50	5474.37	5802.83	6137.93
Unlimited	1323.80	1987.36	2647.60	3311.16	3971.41	4618.38	5179.09	5683.39	6137.93	6539.38	6884.44

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 69	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	696.74	822.81	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1051.74	1254.13	1390.16	1516.23	1638.99	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1224.27	1572.64	1804.88	1960.82	2090.21	2212.97	2339.05	2465.13	2584.57	n/a	n/a
$100,000	1366.93	1751.80	2103.49	2352.32	2504.94	2664.19	2790.27	2913.03	3032.47	3158.55	3281.30
$125,000	1446.56	1924.32	2285.96	2624.38	2903.08	3055.69	3214.95	3360.93	3483.69	3606.45	3729.21
$150,000	n/a	2053.72	2441.90	2793.59	3151.91	3457.15	3603.13	3762.39	3924.96	4057.67	4180.43
$175,000	n/a	2139.98	2621.06	2972.75	3347.66	3676.12	4007.90	4153.89	4309.82	4465.76	4634.97
$200,000	n/a	2193.07	2740.50	3141.96	3503.60	3875.19	4200.33	4532.11	4704.64	4853.94	5013.20
$225,000	n/a	n/a	2826.77	3307.85	3666.17	4037.76	4399.40	4727.87	5062.96	5255.40	5404.70
$250,000	n/a	n/a	2889.80	3423.97	3838.69	4193.70	4568.61	4920.30	5252.08	5583.86	5809.47
$375,000	n/a	n/a	n/a	n/a	4333.05	4887.12	5361.56	5763.02	6108.07	6476.35	6851.26
Unlimited	1479.74	2219.61	2956.16	3696.03	4435.90	5155.86	5779.61	6340.32	6851.26	7299.16	7687.34

Age: 70	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	769.73	905.76	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1161.23	1386.84	1539.46	1675.49	1811.52	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1350.34	1741.85	1987.36	2166.52	2309.19	2441.90	2584.57	2717.28	2853.31	n/a	n/a
$100,000	1509.60	1934.28	2319.14	2597.84	2767.05	2942.89	3075.60	3211.63	3350.98	3487.01	3623.04
$125,000	1595.86	2120.07	2524.85	2899.76	3204.99	3374.20	3550.05	3712.62	3848.65	3984.68	4120.71
$150,000	n/a	2269.38	2700.69	3082.24	3480.37	3815.47	3978.04	4153.89	4333.05	4482.35	4615.06
$175,000	n/a	2362.27	2893.12	3281.30	3696.03	4060.99	4425.95	4585.20	4757.73	4936.89	5119.37
$200,000	n/a	2418.68	3025.83	3470.42	3868.55	4276.64	4641.60	5006.56	5192.36	5361.56	5537.41
$225,000	n/a	n/a	3122.05	3652.90	4047.72	4459.12	4853.94	5218.90	5587.18	5806.15	5968.72
$250,000	n/a	n/a	3188.41	3782.29	4243.47	4631.65	5043.06	5434.56	5802.83	6167.79	6409.99
$375,000	n/a	n/a	n/a	n/a	4787.59	5394.74	5918.96	6363.54	6745.09	7149.86	7567.90
Unlimited	1629.04	2448.54	3264.72	4077.58	4893.76	5693.34	6380.13	7003.88	7564.58	8062.25	8490.25

Age: 71	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	852.67	1005.29	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1293.94	1539.46	1715.30	1864.60	2017.22	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1502.96	1934.28	2212.97	2412.04	2567.98	2720.60	2873.21	3025.83	3178.45	n/a	n/a
$100,000	1685.44	2156.57	2584.57	2889.80	3082.24	3274.67	3427.29	3576.59	3729.21	3881.83	4034.44
$125,000	1778.34	2362.27	2806.86	3228.22	3569.95	3755.75	3951.50	4133.98	4283.28	4435.90	4585.20
$150,000	n/a	2524.85	3002.61	3430.61	3875.19	4246.78	4429.26	4621.70	4824.08	4989.97	5139.27
$175,000	n/a	2631.02	3221.58	3652.90	4117.39	4522.16	4923.62	5102.78	5295.21	5490.96	5693.34
$200,000	n/a	2690.74	3367.57	3865.24	4306.50	4761.04	5165.81	5573.90	5779.61	5968.72	6161.15
$225,000	n/a	n/a	3477.05	4067.62	4502.25	4963.43	5404.70	5809.47	6220.88	6459.76	6642.24
$250,000	n/a	n/a	3550.05	4210.29	4724.55	5152.54	5613.72	6051.67	6456.44	6864.53	7136.59
$375,000	n/a	n/a	n/a	n/a	5328.39	6005.22	6592.47	7086.82	7511.50	7959.40	8423.89
Unlimited	1814.84	2723.91	3632.99	4542.07	5451.15	6340.32	7103.41	7796.83	8417.26	8974.65	9449.09

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 72	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	942.26	1111.46	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1420.02	1695.40	1887.83	2053.72	2222.93	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1655.58	2136.66	2438.58	2657.56	2830.08	2995.97	3165.18	3334.39	3500.28	n/a	n/a
$100,000	1857.97	2375.54	2846.67	3185.09	3394.11	3609.77	3775.66	3941.55	4107.44	4276.64	4445.85
$125,000	1957.50	2601.16	3092.19	3556.68	3928.28	4137.30	4356.27	4552.02	4717.91	4883.80	5053.01
$150,000	n/a	2783.63	3307.85	3778.97	4270.01	4678.10	4880.48	5092.82	5311.80	5494.28	5660.17
$175,000	n/a	2899.76	3550.05	4024.49	4532.11	4976.70	5424.60	5626.99	5836.01	6051.67	6273.96
$200,000	n/a	2966.11	3709.30	4256.74	4747.77	5242.12	5690.03	6141.25	6370.18	6575.88	6791.54
$225,000	n/a	n/a	3828.74	4479.03	4966.75	5464.42	5958.77	6406.67	6851.26	7116.68	7319.07
$250,000	n/a	n/a	3911.69	4638.28	5205.63	5676.76	6184.38	6668.78	7113.36	7564.58	7863.19
$375,000	n/a	n/a	n/a	n/a	5869.19	6619.01	7262.66	7806.78	8274.59	8768.95	9276.57
Unlimited	2000.63	3002.61	4004.58	5003.24	6001.90	6983.97	7826.69	8586.47	9276.57	9883.73	10407.94

Age: 73	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1055.06	1240.86	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1589.23	1894.46	2106.80	2289.28	2478.40	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1844.70	2378.86	2720.60	2962.80	3158.55	3344.34	3530.14	3719.25	3905.05	n/a	n/a
$100,000	2070.31	2644.29	3175.13	3553.36	3785.61	4024.49	4210.29	4396.09	4581.88	4767.68	4953.48
$125,000	2179.79	2903.08	3450.51	3968.09	4386.13	4615.06	4853.94	5079.55	5265.35	5451.15	5633.62
$150,000	n/a	3102.14	3692.71	4216.92	4761.04	5218.90	5444.51	5683.39	5928.91	6127.98	6317.09
$175,000	n/a	3234.86	3958.14	4488.98	5059.65	5554.00	6051.67	6273.96	6506.21	6748.41	6997.24
$200,000	n/a	3307.85	4137.30	4747.77	5295.21	5849.28	6346.95	6851.26	7106.73	7332.34	7571.22
$225,000	n/a	n/a	4270.01	4996.61	5537.41	6094.80	6642.24	7143.22	7644.21	7936.18	8165.11
$250,000	n/a	n/a	4366.22	5175.77	5806.15	6333.68	6901.02	7438.51	7932.86	8437.17	8768.95
$375,000	n/a	n/a	n/a	n/a	6546.02	7382.11	8102.07	8705.91	9226.80	9780.87	10351.54
Unlimited	2229.56	3347.66	4465.76	5580.54	6695.32	7790.19	8729.13	9578.49	10348.22	11025.05	11608.98

Age: 74	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1161.23	1366.93	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1748.48	2086.90	2322.46	2528.16	2733.87	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2037.13	2624.38	3002.61	3271.35	3483.69	3689.39	3895.10	4104.12	4309.82	n/a	n/a
$100,000	2285.96	2919.66	3503.60	3921.64	4180.43	4439.22	4644.92	4850.62	5056.33	5265.35	5471.05
$125,000	2405.41	3201.68	3808.83	4376.18	4840.67	5092.82	5361.56	5600.45	5809.47	6015.17	6217.56
$150,000	n/a	3423.97	4074.26	4648.24	5252.08	5759.70	6005.22	6267.32	6539.38	6764.99	6967.38
$175,000	n/a	3566.64	4369.54	4953.48	5577.22	6127.98	6678.73	6920.93	7179.72	7448.46	7720.52
$200,000	n/a	3652.90	4568.61	5242.12	5839.33	6456.44	7003.88	7557.95	7839.96	8095.43	8354.22
$225,000	n/a	n/a	4711.28	5510.87	6108.07	6725.18	7332.34	7876.46	8433.85	8762.31	9007.83
$250,000	n/a	n/a	4817.45	5706.62	6406.67	6987.29	7614.35	8204.92	8758.99	9309.75	9678.02
$375,000	n/a	n/a	n/a	n/a	7222.85	8145.20	8938.15	9608.35	10182.33	10796.12	11423.19
Unlimited	2465.13	3696.03	4923.62	6157.84	7388.74	8593.10	9631.57	10570.51	11416.55	12169.69	12810.03

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 75	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1303.90	1539.46	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1967.46	2345.68	2611.11	2840.04	3072.28	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2285.96	2952.84	3374.20	3676.12	3915.00	4147.25	4376.18	4611.74	4843.99	n/a	n/a
$100,000	2564.66	3281.30	3934.91	4406.04	4698.00	4993.29	5218.90	5451.15	5683.39	5912.32	6144.57
$125,000	2704.01	3599.81	4279.96	4916.98	5441.19	5719.89	6021.81	6297.18	6526.11	6755.04	6987.29
$150,000	n/a	3848.65	4578.56	5225.54	5902.37	6473.03	6748.41	7043.69	7352.24	7601.08	7830.01
$175,000	n/a	4011.22	4913.66	5570.59	6270.64	6887.75	7508.18	7780.24	8068.89	8370.81	8676.05
$200,000	n/a	4104.12	5129.32	5885.78	6562.61	7256.03	7869.82	8496.89	8808.76	9094.09	9392.69
$225,000	n/a	n/a	5298.53	6197.65	6864.53	7561.27	8234.78	8855.21	9475.64	9843.91	10122.61
$250,000	n/a	n/a	5414.65	6413.31	7199.63	7853.23	8556.61	9220.17	9840.59	10461.02	10875.75
$375,000	n/a	n/a	n/a	n/a	8115.34	9153.81	10042.98	10796.12	11443.09	12133.19	12833.25
Unlimited	2767.05	4153.89	5537.41	6920.93	8304.45	9661.43	10822.66	11874.41	12829.93	13672.65	14395.93

Age: 76	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1456.51	1718.62	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2199.70	2624.38	2916.35	3175.13	3433.92	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2558.02	3301.21	3772.34	4107.44	4376.18	4634.97	4890.44	5152.54	5414.65	n/a	n/a
$100,000	2866.58	3669.49	4399.40	4923.62	5248.76	5577.22	5839.33	6091.48	6350.27	6609.06	6871.16
$125,000	3025.83	4024.49	4784.27	5497.59	6078.21	6393.40	6731.82	7040.37	7295.84	7551.31	7810.10
$150,000	n/a	4303.19	5119.37	5842.65	6599.10	7236.12	7541.36	7873.14	8218.19	8496.89	8755.67
$175,000	n/a	4482.35	5487.64	6227.51	7010.51	7700.61	8394.03	8699.27	9017.78	9359.51	9701.25
$200,000	n/a	4585.20	5736.48	6582.52	7338.97	8108.70	8798.81	9495.54	9847.23	10165.74	10497.52
$225,000	n/a	n/a	5918.96	6924.25	7677.39	8453.75	9210.21	9900.32	10593.74	11005.14	11317.02
$250,000	n/a	n/a	6048.35	7173.08	8048.98	8775.58	9565.22	10308.40	11001.82	11691.93	12156.42
$375,000	n/a	n/a	n/a	n/a	9074.18	10232.10	11227.44	12073.47	12790.12	13559.85	14346.17
Unlimited	3095.51	4641.60	6187.70	7737.11	9283.20	10796.12	12100.02	13277.84	14342.85	15281.79	16091.33

Age: 77	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1645.63	1934.28	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2481.71	2959.48	3291.26	3583.22	3875.19	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2886.49	3722.57	4256.74	4634.97	4936.89	5225.54	5517.50	5809.47	6108.07	n/a	n/a
$100,000	3234.86	4137.30	4963.43	5554.00	5918.96	6293.87	6582.52	6871.16	7163.13	7451.78	7750.38
$125,000	3410.70	4538.75	5391.43	6200.97	6857.89	7212.90	7594.44	7936.18	8228.14	8520.11	8808.76
$150,000	n/a	4853.94	5772.97	6589.15	7445.14	8161.79	8506.84	8881.75	9269.93	9581.81	9873.77
$175,000	n/a	5056.33	6191.01	7020.46	7903.00	8682.68	9462.37	9807.42	10172.37	10553.92	10942.10
$200,000	n/a	5175.77	6469.71	7421.92	8277.91	9143.86	9923.54	10706.54	11107.99	11469.63	11841.23
$225,000	n/a	n/a	6675.41	7810.10	8656.14	9532.04	10388.03	11167.71	11950.72	12408.57	12766.89
$250,000	n/a	n/a	6821.40	8085.48	9074.18	9900.32	10789.49	11628.89	12408.57	13188.26	13712.47
$375,000	n/a	n/a	n/a	n/a	10235.41	11542.63	12660.72	13612.93	14429.11	15295.06	16180.91
Unlimited	3490.33	5235.49	6980.65	8725.81	10467.66	12179.64	13646.11	14976.55	16174.28	17239.29	18148.37

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 78	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1874.56	2209.65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2830.08	3377.52	3755.75	4087.53	4422.63	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3291.26	4246.78	4853.94	5285.26	5630.31	5962.09	6297.18	6628.96	6967.38	n/a	n/a
$100,000	3692.71	4721.23	5660.17	6337.00	6755.04	7179.72	7508.18	7839.96	8171.74	8503.52	8838.62
$125,000	3891.78	5179.09	6151.20	7076.87	7823.37	8228.14	8659.46	9057.59	9389.37	9721.15	10049.62
$150,000	n/a	5537.41	6582.52	7514.82	8493.57	9309.75	9707.88	10132.56	10573.83	10935.47	11263.93
$175,000	n/a	5766.34	7063.60	8009.17	9017.78	9906.95	10796.12	11187.62	11602.35	12040.30	12481.56
$200,000	n/a	5902.37	7382.11	8467.03	9439.14	10434.48	11323.65	12216.14	12674.00	13082.09	13506.76
$225,000	n/a	n/a	7617.67	8911.61	9873.77	10875.75	11847.86	12737.03	13632.84	14157.05	14558.51
$250,000	n/a	n/a	7780.24	9226.80	10354.85	11297.11	12305.72	13264.56	14153.73	15046.22	15643.43
$375,000	n/a	n/a	n/a	n/a	11672.02	13165.03	14442.38	15530.62	16459.61	17448.31	18460.24
Unlimited	3981.36	5972.04	7962.72	9953.40	11944.08	13894.95	15570.44	17083.35	18453.60	19664.60	20709.71

Age: 79	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2126.71	2501.62	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3204.99	3825.42	4253.42	4628.33	5003.24	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3729.21	4810.81	5494.28	5988.63	6376.81	6751.72	7129.95	7508.18	7889.73	n/a	n/a
$100,000	4180.43	5344.98	6409.99	7176.40	7650.85	8131.93	8500.20	8881.75	9253.34	9631.57	10009.80
$125,000	4406.04	5865.87	6967.38	8015.80	8855.21	9316.38	9807.42	10255.32	10630.23	11005.14	11380.05
$150,000	n/a	6270.64	7451.78	8516.79	9614.98	10543.97	10995.19	11472.95	11970.62	12382.03	12753.62
$175,000	n/a	6532.75	7995.90	9067.55	10215.51	11217.48	12229.41	12674.00	13141.81	13632.84	14137.15
$200,000	n/a	6682.05	8357.54	9588.44	10689.95	11814.69	12819.98	13835.23	14349.49	14817.29	15298.38
$225,000	n/a	n/a	8622.96	10089.43	11184.30	12315.67	13417.18	14425.79	15437.72	16031.61	16489.47
$250,000	n/a	n/a	8812.08	10451.07	11721.79	12790.12	13938.08	15023.00	16028.29	17040.22	17717.05
$375,000	n/a	n/a	n/a	n/a	13221.43	14910.19	16360.07	17587.66	18639.40	19757.50	20905.46
Unlimited	4508.89	6764.99	9017.78	11273.88	13526.67	15733.01	17630.79	19346.09	20898.82	22269.07	23450.21

Age: 80	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2402.09	2826.77	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3619.72	4316.46	4797.54	5222.22	5653.53	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4210.29	5427.92	6204.29	6758.36	7199.63	7624.30	8048.98	8476.98	8908.29	n/a	n/a
$100,000	4721.23	6035.08	7239.44	8102.07	8636.23	9180.35	9601.71	10023.07	10447.75	10875.75	11303.74
$125,000	4973.38	6619.01	7869.82	9047.64	9999.85	10520.74	11074.82	11575.80	11997.16	12421.84	12846.52
$150,000	n/a	7080.19	8413.94	9611.67	10855.84	11900.95	12411.89	12952.69	13516.72	13977.89	14402.57
$175,000	n/a	7375.47	9034.37	10238.73	11532.67	12667.36	13805.37	14306.35	14833.88	15391.27	15961.94
$200,000	n/a	7541.36	9435.82	10825.98	12070.16	13340.87	14472.24	15620.20	16200.82	16725.03	17272.47
$225,000	n/a	n/a	9737.74	11393.33	12624.23	13901.58	15152.39	16283.76	17425.09	18101.92	18619.49
$250,000	n/a	n/a	9950.08	11794.78	13238.02	14439.07	15733.01	16957.28	18091.96	19236.60	19999.70
$375,000	n/a	n/a	n/a	n/a	14926.78	16834.52	18470.19	19857.03	21041.49	22305.57	23602.83
Unlimited	5092.82	7634.26	10182.33	12727.08	15275.15	17766.82	19903.48	21844.40	23592.88	25142.29	26476.04

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 81	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2733.87	3214.95	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4117.39	4913.66	5461.10	5945.50	6429.90	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4790.90	6177.74	7060.28	7690.66	8194.97	8676.05	9157.13	9644.84	10132.56	n/a	n/a
$100,000	5368.20	6867.85	8234.78	9216.85	9827.32	10444.43	10925.52	11406.60	11891.00	12378.71	12859.79
$125,000	5660.17	7531.41	8951.42	10295.13	11380.05	11970.62	12601.00	13174.98	13656.06	14137.15	14618.23
$150,000	n/a	8052.30	9578.49	10938.79	12352.17	13543.26	14123.87	14737.67	15378.00	15905.53	16386.61
$175,000	n/a	8387.40	10275.23	11652.11	13121.90	14412.52	15706.47	16277.13	16884.28	17514.67	18161.64
$200,000	n/a	8586.47	10736.40	12318.99	13735.69	15182.25	16472.88	17773.45	18437.01	19034.22	19651.33
$225,000	n/a	n/a	11081.45	12962.64	14366.07	15819.27	17239.29	18529.91	19830.49	20596.90	21184.15
$250,000	n/a	n/a	11323.65	13423.82	15062.81	16433.06	17902.85	19296.32	20590.27	21894.16	22756.79
$375,000	n/a	n/a	n/a	n/a	16987.14	19156.98	21018.26	22594.22	23944.56	25381.17	26857.59
Unlimited	5792.88	8686.00	11582.44	14482.20	17378.64	20215.36	22650.62	24856.96	26847.64	28612.71	30125.62

Age: 82	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3055.69	3599.81	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4608.42	5497.59	6111.39	6652.19	7196.31	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5361.56	6914.30	7899.68	8606.37	9167.08	9707.88	10252.00	10796.12	11336.92	n/a	n/a
$100,000	6008.54	7684.02	9216.85	10315.04	10995.19	11688.61	12226.09	12766.89	13304.38	13848.50	14392.62
$125,000	6337.00	8430.53	10016.44	11519.40	12737.03	13397.28	14100.65	14740.99	15278.47	15819.27	16360.07
$150,000	n/a	9011.14	10719.81	12239.36	13825.27	15155.71	15802.68	16492.78	17212.75	17800.00	18337.48
$175,000	n/a	9392.69	11502.81	13035.64	14681.27	16127.83	17574.39	18218.04	18891.55	19598.24	20321.53
$200,000	n/a	9608.35	12020.39	13782.14	15368.05	16987.14	18433.70	19890.21	20633.40	21300.28	21993.70
$225,000	n/a	n/a	12401.94	14502.10	16081.38	17703.78	19289.69	20739.57	22196.08	23048.76	23705.68
$250,000	n/a	n/a	12674.00	15023.00	16857.74	18387.25	20036.19	21595.56	23042.12	24498.64	25467.43
$375,000	n/a	n/a	n/a	n/a	19007.68	21432.99	23519.88	25281.64	26794.55	28407.00	30052.63
Unlimited	6482.98	9724.47	12962.64	16204.14	19445.63	22620.76	25341.36	27813.12	30042.68	32013.45	33712.17

Age: 83	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3440.56	4047.72	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5185.72	6187.70	6877.80	7481.64	8098.75	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6028.44	7780.24	8891.70	9684.66	10318.36	10925.52	11535.99	12146.47	12763.58	n/a	n/a
$100,000	6761.68	8646.19	10371.44	11605.66	12375.39	13151.76	13755.60	14362.76	14973.23	15580.39	16194.18
$125,000	7129.95	9482.27	11273.88	12962.64	14329.58	15072.77	15869.04	16592.32	17196.16	17803.31	18410.47
$150,000	n/a	10142.51	12060.20	13775.51	15557.16	17053.49	17783.41	18559.77	19366.00	20029.56	20633.40
$175,000	n/a	10567.19	12939.42	14671.31	16522.64	18148.37	19780.72	20497.37	21260.46	22053.42	22866.28
$200,000	n/a	10812.71	13523.35	15514.03	17295.69	19113.85	20739.57	22381.88	23214.65	23964.47	24744.15
$225,000	n/a	n/a	13954.67	16323.58	18088.65	19920.07	21705.05	23334.09	24976.40	25935.24	26675.11
$250,000	n/a	n/a	14259.90	16904.19	18971.18	20693.12	22544.45	24296.25	25931.92	27567.60	28655.84
$375,000	n/a	n/a	n/a	n/a	21389.86	24117.09	26462.77	28450.14	30152.17	31963.69	33818.34
Unlimited	7295.84	10942.10	14588.37	18234.63	21880.89	25457.48	28516.49	31296.81	33808.38	36027.99	37935.73

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 84	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3855.28	4542.07	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5812.79	6937.52	7710.57	8394.03	9077.50	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6761.68	8719.18	9969.99	10855.84	11569.17	12246.00	12929.47	13619.57	14306.35	n/a	n/a
$100,000	7581.17	9694.61	11628.89	13012.41	13871.72	14744.30	15424.45	16101.28	16784.75	17471.53	18158.32
$125,000	7992.58	10633.55	12637.50	14531.96	16064.79	16900.87	17786.73	18599.59	19276.42	19956.57	20640.03
$150,000	n/a	11370.10	13520.04	15441.04	17441.67	19117.16	19936.66	20809.24	21715.00	22454.87	23131.70
$175,000	n/a	11844.55	14505.42	16446.33	18526.60	20348.07	22176.18	22982.40	23835.08	24720.93	25636.64
$200,000	n/a	12119.92	15159.03	17391.91	19392.54	21429.67	23254.46	25092.52	26028.14	26867.54	27743.44
$225,000	n/a	n/a	15643.43	18297.67	20281.71	22332.11	24336.06	26160.85	27995.60	29077.20	29906.65
$250,000	n/a	n/a	15988.48	18951.27	21267.10	23198.06	25278.32	27242.46	29070.56	30905.31	32129.58
$375,000	n/a	n/a	n/a	n/a	23981.06	27040.07	29671.09	31900.65	33805.06	35835.56	37912.50
Unlimited	8175.06	12265.91	16353.44	20440.97	24531.81	28536.40	31970.32	35085.74	37902.55	40387.58	42527.56

Age: 85	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4090.85	4817.45	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6167.79	7358.88	8178.38	8908.29	9631.57	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7173.08	9253.34	10577.15	11516.08	12269.22	12992.50	13719.10	14445.70	15182.25	n/a	n/a
$100,000	8045.67	10285.18	12335.58	13808.68	14721.08	15643.43	16363.39	17083.35	17809.95	18533.23	19263.15
$125,000	8480.30	11280.52	13410.55	15424.45	17046.86	17932.71	18874.96	19734.27	20454.24	21174.20	21900.80
$150,000	n/a	12063.52	14346.17	16383.30	18503.37	20285.03	21154.29	22079.96	23038.80	23825.12	24545.08
$175,000	n/a	12567.83	15394.59	17451.63	19654.65	21592.24	23529.84	24382.51	25288.27	26233.84	27202.64
$200,000	n/a	12859.79	16084.69	18450.29	20573.68	22740.20	24674.48	26622.03	27617.37	28506.54	29435.52
$225,000	n/a	n/a	16598.95	19415.77	21519.25	23695.73	25819.12	27756.71	29707.58	30852.22	31731.44
$250,000	n/a	n/a	16960.59	20105.87	22561.04	24614.76	26817.78	28904.67	30842.27	32789.82	34087.08
$375,000	n/a	n/a	n/a	n/a	25440.89	28689.02	31482.60	33844.88	35865.42	38021.99	40228.33
Unlimited	8676.05	13015.73	17352.09	21691.78	26028.14	30278.24	33924.51	37229.03	40215.05	42852.70	45125.40

Age: 86	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4283.28	5043.06	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6459.76	7707.25	8566.56	9323.02	10086.11	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7511.50	9691.29	11078.13	12060.20	12849.84	13606.30	14366.07	15129.17	15892.26	n/a	n/a
$100,000	8423.89	10772.90	12916.20	14458.97	15414.50	16383.30	17133.12	17889.58	18649.35	19409.13	20172.22
$125,000	8881.75	11811.37	14040.93	16147.73	17846.45	18775.43	19764.13	20666.58	21419.72	22172.86	22929.32
$150,000	n/a	12630.86	15023.00	17156.34	19375.95	21243.87	22149.63	23118.43	24123.72	24949.86	25699.68
$175,000	n/a	13161.71	16117.87	18271.12	20580.31	22607.49	24637.98	25530.47	26479.36	27468.07	28480.00
$200,000	n/a	13466.95	16844.47	19322.87	21542.48	23808.53	25835.71	27876.16	28917.94	29850.25	30825.68
$225,000	n/a	n/a	17381.95	20331.48	22531.18	24810.51	27036.75	29067.25	31104.38	32305.42	33227.77
$250,000	n/a	n/a	17756.87	21054.76	23626.05	25772.67	28081.86	30264.97	32295.47	34332.59	35699.53
$375,000	n/a	n/a	n/a	n/a	26641.93	30042.68	32962.34	35437.42	37554.18	39813.60	42122.79
Unlimited	9087.45	13629.52	18171.59	22713.66	27255.73	31704.90	35520.37	38984.15	42112.84	44869.93	47252.11

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 87	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4578.56	5391.43	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6901.02	8231.46	9153.81	9963.35	10776.21	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	8022.44	10351.54	11834.59	12886.34	13729.06	14535.28	15348.14	16164.32	16980.50	n/a	n/a
$100,000	9001.19	11509.45	13802.05	15450.99	16466.24	17504.71	18307.62	19110.53	19923.39	20736.25	21549.11
$125,000	9485.59	12620.91	15003.09	17252.56	19067.40	20062.74	21117.80	22079.96	22882.87	23689.09	24498.64
$150,000	n/a	13496.81	16051.52	18327.53	20703.07	22693.75	23665.87	24701.02	25772.67	26655.21	27458.11
$175,000	n/a	14060.84	17222.70	19521.94	21990.38	24153.58	26323.43	27278.95	28294.20	29345.94	30430.86
$200,000	n/a	14389.30	17992.43	20643.35	23015.58	25437.57	27604.10	29783.89	30892.04	31890.69	32932.48
$225,000	n/a	n/a	18569.73	21724.95	24077.27	26509.22	28888.08	31054.61	33234.40	34518.39	35497.14
$250,000	n/a	n/a	18977.82	22498.00	25241.82	27537.74	30002.87	32335.28	34505.12	36684.91	38141.43
$375,000	n/a	n/a	n/a	n/a	28463.41	32096.40	35218.45	37862.73	40125.47	42537.51	45005.96
Unlimited	9707.88	14558.51	19412.45	24263.07	29120.33	33874.74	37952.31	41648.34	44989.37	47942.21	50480.33

Age: 88	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4870.53	5733.16	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7342.29	8762.31	9737.74	10600.37	11463.00	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	8536.70	11015.10	12591.05	13712.47	14608.27	15467.58	16330.21	17199.48	18068.74	n/a	n/a
$100,000	9575.17	12242.68	14684.58	16436.38	17517.98	18622.81	19475.49	20338.11	21200.74	22063.37	22932.63
$125,000	10096.07	13430.45	15961.94	18354.07	20291.66	21343.41	22471.46	23493.34	24349.33	25208.64	26067.95
$150,000	n/a	14362.76	17076.72	19502.03	22026.87	24146.95	25182.10	26280.29	27424.93	28360.55	29219.86
$175,000	n/a	14963.28	18320.89	20769.43	23397.13	25699.68	28008.87	29024.11	30102.40	31223.82	32381.73
$200,000	n/a	15308.33	19147.02	21963.84	24488.68	27066.61	29369.17	31691.63	32872.76	33934.46	35042.60
$225,000	n/a	n/a	19757.50	23111.79	25616.73	28204.62	30736.10	33041.97	35364.43	36724.73	37773.15
$250,000	n/a	n/a	20192.13	23934.61	26857.59	29299.49	31920.55	34408.90	36714.77	39030.60	40580.01
$375,000	n/a	n/a	n/a	n/a	30284.88	34150.12	37474.55	40288.05	42693.45	45258.11	47882.49
Unlimited	10328.31	15490.81	20656.62	25819.12	30981.62	36041.26	40380.94	44315.85	47872.54	51014.49	53715.18

Age: 89	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5152.54	6064.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7766.97	9269.93	10301.77	11214.16	12126.56	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	9034.37	11652.11	13317.65	14502.10	15454.31	16360.07	17275.78	18194.82	19110.53	n/a	n/a
$100,000	10125.93	12952.69	15537.26	17388.59	18529.91	19701.10	20603.54	21512.62	22425.01	23340.72	24259.75
$125,000	10676.68	14203.50	16884.28	19415.77	21459.53	22577.63	23768.72	24850.32	25756.08	26661.84	27574.24
$150,000	n/a	15188.89	18065.42	20630.08	23300.91	25547.06	26638.62	27799.85	29010.84	29999.55	30905.31
$175,000	n/a	15825.91	19382.59	21970.47	24747.47	27186.05	29627.95	30702.92	31844.24	33032.02	34252.97
$200,000	n/a	16194.18	20255.17	23234.55	25905.38	28629.30	31067.88	33523.05	34773.86	35895.28	37066.46
$225,000	n/a	n/a	20902.14	24445.55	27096.47	29836.98	32511.12	34953.02	37401.56	38848.12	39956.27
$250,000	n/a	n/a	21360.00	25318.13	28410.32	30994.89	33768.57	36396.27	38834.85	41286.70	42925.70
$375,000	n/a	n/a	n/a	n/a	32033.36	36127.52	39637.76	42613.82	45161.89	47875.85	50652.85
Unlimited	10925.52	16386.61	21847.71	27308.81	32776.55	38124.84	42716.68	46877.20	50632.95	53960.70	56820.64

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 90	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5434.56	6400.04	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	8198.28	9780.87	10872.43	11834.59	12800.07	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	9532.04	12295.77	14057.52	15308.33	16306.99	17269.15	18231.31	19200.11	20172.22	n/a	n/a
$100,000	10689.95	13669.34	16393.25	18350.75	19558.43	20792.65	21744.86	22707.02	23665.87	24634.67	25603.46
$125,000	11270.57	14993.14	17816.59	20494.05	22650.62	23831.76	25082.57	26227.21	27182.74	28141.58	29100.42
$150,000	n/a	16031.61	19067.40	21774.72	24591.53	26960.44	28115.04	29339.31	30616.66	31665.08	32620.61
$175,000	n/a	16701.81	20457.55	23188.10	26121.04	28689.02	31270.27	32401.63	33609.31	34863.44	36147.43
$200,000	n/a	17089.99	21379.90	24525.18	27338.67	30218.52	32789.82	35377.70	36701.50	37882.64	39116.86
$225,000	n/a	n/a	22056.73	25802.53	28596.12	31489.24	34316.01	36887.30	39478.50	41001.37	42172.56
$250,000	n/a	n/a	22541.13	26721.56	29982.96	32713.51	35639.81	38413.49	40984.78	43575.99	45301.24
$375,000	n/a	n/a	n/a	n/a	33811.70	38128.16	41834.14	44976.10	47663.51	50530.09	53459.71
Unlimited	11532.67	17295.69	23062.03	28828.36	34591.38	40238.28	45078.95	49475.03	53443.12	56950.04	59969.24

Age: 91	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5719.89	6735.13	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	8626.28	10291.82	11443.09	12455.02	13473.59	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	10033.03	12939.42	14794.07	16111.24	17166.30	18171.59	19190.16	20208.72	21230.60	n/a	n/a
$100,000	11247.34	14389.30	17255.88	19312.91	20586.95	21880.89	22889.50	23894.80	24910.04	25925.29	26947.17
$125,000	11864.45	15782.77	18752.21	21569.02	23841.71	25079.25	26399.73	27604.10	28606.07	29614.68	30629.93
$150,000	n/a	16874.33	20066.05	22919.36	25882.16	28373.83	29588.14	30878.76	32222.47	33323.98	34325.96
$175,000	n/a	17577.70	21532.52	24409.05	27487.97	30195.30	32909.26	34103.67	35371.07	36691.55	38045.21
$200,000	n/a	17989.11	22501.32	25812.48	28771.96	31801.11	34508.44	37238.99	38625.83	39873.32	41170.58
$225,000	n/a	n/a	23217.96	27159.51	30099.08	33141.50	36117.57	38821.58	41552.13	43151.31	44382.21
$250,000	n/a	n/a	23722.27	28121.67	31555.60	34428.81	37511.05	40427.39	43138.04	45861.95	47680.10
$375,000	n/a	n/a	n/a	n/a	35583.41	40132.11	44030.52	47338.37	50165.14	53181.02	56263.25
Unlimited	12136.51	18201.45	24273.02	30337.96	36406.22	42348.40	47447.86	52069.55	56246.66	59939.37	63114.51

Age: 92	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6008.54	7076.87	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	9064.23	10812.71	12020.39	13082.09	14153.73	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	10540.65	13596.34	15543.89	16927.42	18028.93	19093.94	20158.95	21230.60	22302.25	n/a	n/a
$100,000	11818.00	15115.90	18128.46	20288.35	21628.74	22989.04	24044.10	25102.47	26167.49	27235.82	28304.15
$125,000	12464.97	16575.73	19701.10	22657.26	25042.75	26346.65	27733.49	28997.57	30052.63	31114.33	32176.02
$150,000	n/a	17723.69	21081.30	24073.96	27189.37	29807.12	31084.47	32441.45	33848.20	35009.43	36064.49
$175,000	n/a	18470.19	22620.76	25639.96	28878.13	31724.80	34571.48	35825.60	37159.36	38542.88	39969.54
$200,000	n/a	18894.87	23636.01	27113.06	30228.48	33410.25	36253.60	39116.86	40580.01	41887.23	43254.16
$225,000	n/a	n/a	24389.15	28533.08	31618.63	34813.68	37939.04	40785.72	43648.98	45331.10	46625.04
$250,000	n/a	n/a	24920.00	29548.33	33151.46	36167.34	39405.51	42474.48	45317.83	48181.09	50092.14
$375,000	n/a	n/a	n/a	n/a	37384.97	42159.28	46253.45	49727.19	52699.94	55865.12	59109.92
Unlimited	12746.99	19127.12	25497.29	31874.10	38244.28	44491.70	49843.31	54700.57	59090.02	62968.53	66302.92

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Proposed Rates
92% Increase

Age: 93	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6307.14	7428.55	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	9512.13	11350.19	12617.59	13729.06	14853.79	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	11061.55	14263.22	16310.30	17760.18	18921.41	20036.19	21157.61	22279.03	23403.76	n/a	n/a
$100,000	12405.25	15859.08	19020.95	21293.64	22693.75	24123.72	25228.55	26343.33	27458.11	28582.85	29704.26
$125,000	13075.45	17395.23	20676.53	23778.67	26283.61	27650.55	29103.74	30430.86	31539.01	32653.79	33765.25
$150,000	n/a	18599.59	22119.77	25261.73	28533.08	31280.22	32620.61	34043.95	35523.68	36738.00	37846.14
$175,000	n/a	19379.27	23735.54	26907.36	30308.10	33290.81	36280.14	37597.31	38994.10	40447.30	41940.31
$200,000	n/a	19830.49	24800.56	28450.14	31721.49	35062.51	38045.21	41047.82	42580.65	43957.53	45387.50
$225,000	n/a	n/a	25593.51	29939.83	33181.32	36535.61	39813.60	42799.62	45805.55	47573.93	48927.60
$250,000	n/a	n/a	26154.22	31004.84	34790.45	37955.63	41349.74	44568.01	47554.03	50559.95	52563.91
$375,000	n/a	n/a	n/a	n/a	39229.67	44239.55	48539.41	52182.36	55301.09	58628.84	62029.59
Unlimited	13377.37	20069.37	26758.06	33446.74	40135.43	46688.08	52305.12	57404.58	62006.36	66077.30	69577.58

Age: 94	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6609.06	7780.24	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	9963.35	11891.00	13214.80	14382.66	15560.48	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	11589.08	14946.69	17086.67	18609.54	19823.86	20991.72	22166.22	23340.72	24521.86	n/a	n/a
$100,000	12992.50	16615.54	19930.02	22305.57	23775.35	25275.00	26432.91	27600.78	28771.96	29943.15	31120.96
$125,000	13699.20	18224.68	21661.92	24913.36	27537.74	28967.71	30490.58	31880.74	33041.97	34206.52	35374.38
$150,000	n/a	19488.76	23174.83	26469.41	29893.38	32773.23	34173.34	35666.35	37219.08	38486.48	39647.71
$175,000	n/a	20304.94	24863.59	28191.35	31754.66	34873.40	38008.72	39388.92	40855.39	42374.94	43940.94
$200,000	n/a	20772.75	25985.01	29810.43	33231.08	36731.36	39860.05	43008.64	44614.46	46051.06	47554.03
$225,000	n/a	n/a	26814.46	31366.48	34763.91	38277.46	41711.38	44840.07	47991.98	49839.99	51260.01
$250,000	n/a	n/a	27398.39	32481.26	36449.35	39763.83	43323.83	46694.72	49823.40	52971.99	55072.16
$375,000	n/a	n/a	n/a	n/a	41100.91	46349.67	50855.24	54670.71	57942.06	61419.11	64985.75
Unlimited	14017.71	21024.90	28032.09	35042.60	42046.48	48911.01	54800.10	60141.76	64962.52	69225.90	72895.38

Age: 95+	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	7538.04	8871.80	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	11363.47	13559.85	15072.77	16409.84	17750.23	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	13218.12	17050.17	19488.76	21223.97	22610.81	23944.56	25278.32	26622.03	27965.74	n/a	n/a
$100,000	14820.61	18951.27	22730.25	25440.89	27119.70	28831.68	30148.85	31479.29	32813.04	34156.75	35497.14
$125,000	15630.16	20786.02	24707.66	28413.64	31406.29	33041.97	34777.18	36363.09	37686.89	39014.01	40351.08
$150,000	n/a	22232.58	26432.91	30188.66	34097.03	37375.02	38980.83	40679.55	42447.93	43901.13	45224.93
$175,000	n/a	23158.24	28360.55	32152.80	36217.10	39780.42	43353.69	44926.33	46598.50	48333.71	50122.00
$200,000	n/a	23699.05	29637.91	33997.50	37905.87	41893.86	45463.81	49053.67	50885.10	52527.41	54239.39
$225,000	n/a	n/a	30586.80	35775.84	39651.03	43658.93	47577.25	51143.89	54737.06	56847.19	58466.27
$250,000	n/a	n/a	31250.36	37049.87	41575.35	45351.01	49415.31	53260.64	56830.60	60420.46	62815.91
$375,000	n/a	n/a	n/a	n/a	46880.51	52869.14	58005.10	62361.37	66087.26	70058.66	74122.97
Unlimited	15988.48	23981.06	31973.64	39969.54	47962.12	55792.12	62504.03	68598.83	74099.75	78963.64	83147.39

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 18-44	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	136.03	142.67	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	215.66	245.52	268.74	282.01	288.65	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	258.79	321.83	355.00	384.86	401.45	434.63	447.90	457.86	467.81	n/a	n/a
$100,000	315.19	371.59	424.68	464.49	487.72	544.12	554.07	564.03	573.98	583.93	590.57
$125,000	321.83	408.09	467.81	520.89	557.39	613.79	643.65	673.51	700.06	729.92	753.14
$150,000	n/a	447.90	497.67	564.03	613.79	676.83	706.69	736.55	776.37	796.27	839.40
$175,000	n/a	461.17	567.34	600.52	656.92	733.23	773.05	799.59	839.40	872.58	915.71
$200,000	n/a	471.13	583.93	637.02	693.42	779.68	819.50	862.63	902.44	938.94	978.75
$225,000	n/a	n/a	597.20	703.37	726.60	816.18	872.58	915.71	962.16	1001.98	1038.47
$250,000	n/a	n/a	610.48	719.96	773.05	872.58	935.62	995.34	1051.74	1104.83	1154.59
$375,000	n/a	n/a	n/a	n/a	885.85	1051.74	1151.28	1184.45	1230.90	1310.53	1390.16
Unlimited	328.46	491.03	643.65	786.32	915.71	1094.87	1214.31	1323.80	1433.29	1539.46	1642.31

Age: 45-49	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	185.80	199.07	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	291.97	338.42	368.28	381.55	398.14	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	361.64	434.63	484.40	524.21	550.75	590.57	607.16	620.43	637.02	n/a	n/a
$100,000	424.68	504.31	577.30	623.75	670.20	736.55	759.78	779.68	796.27	812.86	829.45
$125,000	437.95	560.71	640.34	706.69	763.09	836.09	875.90	915.71	948.89	985.39	1021.88
$150,000	n/a	613.79	680.15	769.73	829.45	928.98	962.16	1005.29	1051.74	1081.60	1134.69
$175,000	n/a	633.70	773.05	819.50	895.81	995.34	1051.74	1088.24	1134.69	1184.45	1240.86
$200,000	n/a	643.65	799.59	865.95	942.26	1061.70	1118.10	1177.82	1224.27	1270.72	1327.12
$225,000	n/a	n/a	819.50	958.84	988.70	1114.78	1181.14	1244.18	1307.21	1360.30	1416.70
$250,000	n/a	n/a	832.77	985.39	1051.74	1187.77	1274.04	1353.66	1420.02	1499.65	1569.32
$375,000	n/a	n/a	n/a	n/a	1207.68	1436.61	1566.00	1612.45	1675.49	1778.34	1884.51
Unlimited	447.90	666.88	875.90	1074.97	1250.81	1493.01	1652.26	1808.20	1957.50	2106.80	2246.15

Age: 50	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	212.34	225.61	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	335.10	381.55	418.04	434.63	451.22	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	404.77	497.67	550.75	593.89	617.11	673.51	690.10	706.69	723.28	n/a	n/a
$100,000	487.72	567.34	653.61	713.33	753.14	836.09	855.99	879.22	895.81	915.71	932.30
$125,000	497.67	637.02	723.28	802.91	862.63	945.57	992.02	1035.15	1071.65	1111.46	1151.28
$150,000	n/a	696.74	773.05	872.58	942.26	1051.74	1091.56	1141.32	1187.77	1217.63	1280.67
$175,000	n/a	713.33	875.90	925.67	1015.25	1128.05	1187.77	1234.22	1283.99	1337.07	1396.79
$200,000	n/a	729.92	905.76	982.07	1071.65	1201.04	1267.40	1330.44	1380.20	1433.29	1493.01
$225,000	n/a	n/a	925.67	1088.24	1121.42	1264.08	1340.39	1410.07	1479.74	1536.14	1599.18
$250,000	n/a	n/a	942.26	1118.10	1197.73	1347.03	1446.56	1529.51	1609.13	1692.08	1768.39
$375,000	n/a	n/a	n/a	n/a	1370.25	1629.04	1775.02	1824.79	1894.46	2007.27	2123.39
Unlimited	507.62	756.46	995.34	1217.63	1416.70	1688.76	1871.24	2047.08	2222.93	2382.18	2554.71

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 51	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	225.61	235.56	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	348.37	404.77	437.95	464.49	474.45	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	431.31	524.21	583.93	633.70	656.92	706.69	726.60	743.19	763.09	n/a	n/a
$100,000	510.94	607.16	693.42	753.14	792.95	885.85	909.08	932.30	952.21	975.43	992.02
$125,000	524.21	673.51	763.09	852.67	912.40	1001.98	1051.74	1094.87	1134.69	1177.82	1217.63
$150,000	n/a	736.55	819.50	919.03	995.34	1111.46	1151.28	1204.36	1257.45	1287.31	1350.34
$175,000	n/a	759.78	928.98	978.75	1074.97	1194.41	1260.76	1303.90	1360.30	1420.02	1479.74
$200,000	n/a	773.05	955.53	1035.15	1128.05	1270.72	1337.07	1410.07	1466.47	1522.87	1582.59
$225,000	n/a	n/a	978.75	1151.28	1181.14	1337.07	1420.02	1489.69	1562.68	1629.04	1688.76
$250,000	n/a	n/a	1001.98	1181.14	1264.08	1426.65	1529.51	1622.40	1705.35	1794.93	1871.24
$375,000	n/a	n/a	n/a	n/a	1449.88	1721.94	1874.56	1934.28	2007.27	2130.03	2256.10
Unlimited	537.48	799.59	1058.38	1287.31	1502.96	1794.93	1984.04	2166.52	2345.68	2518.21	2690.74

Age: 52	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	232.25	255.47	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	374.91	431.31	464.49	487.72	500.99	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	451.22	554.07	613.79	663.56	693.42	746.51	766.41	792.95	812.86	n/a	n/a
$100,000	540.80	640.34	729.92	792.95	842.72	935.62	962.16	982.07	1005.29	1031.84	1051.74
$125,000	554.07	706.69	806.23	899.12	965.48	1055.06	1111.46	1154.59	1201.04	1244.18	1287.31
$150,000	n/a	773.05	862.63	972.12	1055.06	1171.18	1214.31	1270.72	1330.44	1360.30	1429.97
$175,000	n/a	796.27	978.75	1035.15	1134.69	1260.76	1330.44	1376.89	1433.29	1493.01	1559.37
$200,000	n/a	812.86	1015.25	1094.87	1194.41	1343.71	1416.70	1486.37	1546.09	1605.82	1675.49
$225,000	n/a	n/a	1038.47	1214.31	1247.49	1406.75	1499.65	1575.96	1658.90	1725.26	1794.93
$250,000	n/a	n/a	1058.38	1244.18	1330.44	1509.60	1615.77	1711.98	1801.57	1897.78	1987.36
$375,000	n/a	n/a	n/a	n/a	1529.51	1818.15	1980.73	2047.08	2120.07	2249.47	2385.50
Unlimited	567.34	842.72	1111.46	1356.98	1585.91	1894.46	2093.53	2285.96	2478.40	2657.56	2836.72

Age: 53	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	245.52	268.74	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	394.82	451.22	491.03	507.62	530.85	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	474.45	583.93	643.65	700.06	729.92	789.64	809.54	826.13	849.36	n/a	n/a
$100,000	570.66	670.20	769.73	839.40	885.85	982.07	1008.61	1031.84	1058.38	1081.60	1101.51
$125,000	583.93	746.51	852.67	942.26	1011.93	1111.46	1171.18	1220.95	1264.08	1313.85	1360.30
$150,000	n/a	819.50	912.40	1025.20	1111.46	1234.22	1283.99	1340.39	1406.75	1439.93	1512.92
$175,000	n/a	842.72	1031.84	1088.24	1197.73	1327.12	1400.11	1449.88	1512.92	1579.27	1652.26
$200,000	n/a	855.99	1068.33	1151.28	1257.45	1416.70	1489.69	1569.32	1629.04	1692.08	1765.07
$225,000	n/a	n/a	1091.56	1277.35	1313.85	1483.06	1575.96	1658.90	1748.48	1814.84	1887.83
$250,000	n/a	n/a	1114.78	1310.53	1406.75	1585.91	1702.03	1808.20	1897.78	2003.95	2093.53
$375,000	n/a	n/a	n/a	n/a	1612.45	1914.37	2086.90	2153.25	2229.56	2372.23	2511.57
Unlimited	600.52	885.85	1174.50	1433.29	1668.85	1987.36	2199.70	2405.41	2611.11	2800.22	2992.66

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 54	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	282.01	305.24	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	451.22	520.89	564.03	587.25	610.48	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	544.12	670.20	746.51	802.91	842.72	905.76	932.30	955.53	978.75	n/a	n/a
$100,000	653.61	766.41	882.53	965.48	1018.56	1131.37	1161.23	1184.45	1214.31	1240.86	1264.08
$125,000	673.51	855.99	978.75	1088.24	1164.55	1277.35	1340.39	1393.48	1443.24	1496.33	1539.46
$150,000	n/a	938.94	1041.79	1177.82	1274.04	1420.02	1473.10	1536.14	1599.18	1638.99	1718.62
$175,000	n/a	965.48	1181.14	1250.81	1373.57	1526.19	1609.13	1662.22	1731.89	1804.88	1874.56
$200,000	n/a	985.39	1224.27	1330.44	1449.88	1629.04	1708.67	1794.93	1864.60	1930.96	2010.59
$225,000	n/a	n/a	1250.81	1469.79	1512.92	1708.67	1808.20	1901.10	1994.00	2076.94	2153.25
$250,000	n/a	n/a	1274.04	1509.60	1615.77	1824.79	1954.18	2066.99	2166.52	2276.01	2375.54
$375,000	n/a	n/a	n/a	n/a	1851.33	2199.70	2395.45	2465.13	2554.71	2704.01	2859.94
Unlimited	690.10	1021.88	1347.03	1645.63	1917.69	2289.28	2531.48	2770.36	3002.61	3224.90	3447.19

Age: 55	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	295.28	315.19	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	467.81	540.80	587.25	613.79	637.02	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	573.98	700.06	776.37	839.40	875.90	945.57	972.12	995.34	1021.88	n/a	n/a
$100,000	683.47	806.23	922.35	1001.98	1061.70	1181.14	1211.00	1244.18	1270.72	1300.58	1327.12
$125,000	703.37	895.81	1018.56	1134.69	1217.63	1330.44	1400.11	1459.83	1516.23	1569.32	1625.72
$150,000	n/a	978.75	1091.56	1230.90	1330.44	1479.74	1539.46	1602.50	1682.12	1718.62	1808.20
$175,000	n/a	1008.61	1234.22	1303.90	1436.61	1595.86	1678.81	1738.53	1808.20	1891.15	1974.09
$200,000	n/a	1028.52	1277.35	1386.84	1509.60	1698.71	1784.98	1877.87	1954.18	2027.18	2110.12
$225,000	n/a	n/a	1310.53	1536.14	1575.96	1778.34	1894.46	1987.36	2090.21	2169.84	2256.10
$250,000	n/a	n/a	1330.44	1572.64	1688.76	1901.10	2043.76	2163.21	2272.69	2395.45	2501.62
$375,000	n/a	n/a	n/a	n/a	1934.28	2295.92	2501.62	2577.93	2674.15	2833.40	3002.61
Unlimited	719.96	1065.01	1410.07	1718.62	2000.63	2388.82	2644.29	2886.49	3128.69	3357.61	3583.22

Age: 56	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	331.78	361.64	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	527.53	610.48	660.24	690.10	713.33	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	643.65	786.32	875.90	942.26	985.39	1065.01	1091.56	1121.42	1147.96	n/a	n/a
$100,000	769.73	905.76	1035.15	1131.37	1194.41	1330.44	1360.30	1396.79	1426.65	1459.83	1483.06
$125,000	792.95	1008.61	1151.28	1274.04	1366.93	1502.96	1572.64	1642.31	1702.03	1761.75	1824.79
$150,000	n/a	1101.51	1227.59	1383.52	1496.33	1668.85	1728.57	1804.88	1887.83	1930.96	2027.18
$175,000	n/a	1134.69	1390.16	1469.79	1615.77	1794.93	1887.83	1954.18	2033.81	2120.07	2209.65
$200,000	n/a	1154.59	1439.93	1559.37	1698.71	1907.74	2010.59	2106.80	2193.07	2272.69	2365.59
$225,000	n/a	n/a	1473.10	1721.94	1778.34	2003.95	2130.03	2232.88	2345.68	2438.58	2528.16
$250,000	n/a	n/a	1499.65	1771.71	1897.78	2136.66	2292.60	2428.63	2554.71	2687.42	2806.86
$375,000	n/a	n/a	n/a	n/a	2176.48	2584.57	2813.49	2896.44	3002.61	3181.77	3370.88
Unlimited	812.86	1197.73	1582.59	1930.96	2252.79	2687.42	2972.75	3251.44	3523.50	3785.61	4047.72

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 57	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	358.32	388.18	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	567.34	656.92	706.69	739.87	766.41	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	693.42	846.04	942.26	1011.93	1058.38	1141.32	1174.50	1207.68	1240.86	n/a	n/a
$100,000	822.81	972.12	1114.78	1214.31	1287.31	1426.65	1466.47	1502.96	1539.46	1569.32	1599.18
$125,000	852.67	1088.24	1234.22	1370.25	1469.79	1612.45	1692.08	1771.71	1838.06	1907.74	1977.41
$150,000	n/a	1184.45	1317.17	1483.06	1605.82	1791.61	1861.29	1944.23	2033.81	2093.53	2196.38
$175,000	n/a	1217.63	1493.01	1582.59	1731.89	1927.64	2030.49	2106.80	2196.38	2289.28	2392.13
$200,000	n/a	1240.86	1546.09	1675.49	1824.79	2047.08	2163.21	2272.69	2362.27	2455.17	2558.02
$225,000	n/a	n/a	1582.59	1854.65	1904.42	2153.25	2285.96	2405.41	2528.16	2634.33	2740.50
$250,000	n/a	n/a	1609.13	1901.10	2037.13	2299.24	2465.13	2614.43	2760.41	2903.08	3035.79
$375,000	n/a	n/a	n/a	n/a	2339.05	2773.68	3025.83	3122.05	3241.49	3447.19	3652.90
Unlimited	869.26	1287.31	1698.71	2076.94	2418.68	2883.17	3191.72	3493.64	3788.93	4074.26	4356.27

Age: 58	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	381.55	411.41	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	607.16	703.37	763.09	792.95	822.81	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	736.55	902.44	1001.98	1081.60	1128.05	1217.63	1254.13	1287.31	1320.48	n/a	n/a
$100,000	882.53	1038.47	1191.09	1300.58	1373.57	1522.87	1566.00	1605.82	1645.63	1682.12	1711.98
$125,000	909.08	1157.91	1317.17	1466.47	1572.64	1721.94	1808.20	1891.15	1957.50	2033.81	2106.80
$150,000	n/a	1267.40	1410.07	1585.91	1718.62	1914.37	1987.36	2076.94	2173.16	2226.24	2339.05
$175,000	n/a	1300.58	1595.86	1688.76	1851.33	2057.04	2169.84	2249.47	2342.37	2438.58	2551.39
$200,000	n/a	1327.12	1652.26	1788.29	1950.87	2193.07	2309.19	2431.95	2521.53	2617.74	2730.55
$225,000	n/a	n/a	1692.08	1984.04	2037.13	2302.55	2445.22	2567.98	2700.69	2810.18	2916.35
$250,000	n/a	n/a	1721.94	2033.81	2179.79	2458.49	2640.97	2793.59	2939.57	3092.19	3231.54
$375,000	n/a	n/a	n/a	n/a	2494.99	2969.43	3234.86	3331.07	3450.51	3666.17	3881.83
Unlimited	932.30	1380.20	1814.84	2219.61	2584.57	3085.55	3414.02	3735.84	4047.72	4352.95	4654.87

Age: 59	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	434.63	464.49	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	683.47	792.95	855.99	895.81	928.98	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	836.09	1021.88	1128.05	1220.95	1274.04	1376.89	1416.70	1449.88	1483.06	n/a	n/a
$100,000	995.34	1174.50	1343.71	1466.47	1549.41	1718.62	1768.39	1811.52	1857.97	1897.78	1937.60
$125,000	1025.20	1307.21	1489.69	1655.58	1775.02	1947.55	2043.76	2130.03	2203.02	2282.65	2358.96
$150,000	n/a	1433.29	1589.23	1794.93	1937.60	2166.52	2242.83	2342.37	2441.90	2501.62	2621.06
$175,000	n/a	1469.79	1801.57	1904.42	2090.21	2325.78	2451.85	2534.80	2637.65	2747.14	2863.26
$200,000	n/a	1499.65	1867.92	2017.22	2199.70	2478.40	2604.47	2733.87	2836.72	2942.89	3062.33
$225,000	n/a	n/a	1907.74	2236.20	2302.55	2597.84	2760.41	2896.44	3042.42	3158.55	3274.67
$250,000	n/a	n/a	1947.55	2292.60	2461.81	2777.00	2976.07	3151.91	3311.16	3480.37	3629.67
$375,000	n/a	n/a	n/a	n/a	2820.13	3350.98	3649.58	3755.75	3891.78	4127.34	4359.59
Unlimited	1051.74	1556.05	2050.40	2504.94	2922.98	3480.37	3851.97	4216.92	4571.93	4913.66	5255.40

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 60	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	477.76	520.89	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	763.09	882.53	955.53	998.66	1031.84	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	932.30	1138.01	1260.76	1360.30	1423.34	1536.14	1579.27	1619.09	1658.90	n/a	n/a
$100,000	1111.46	1307.21	1499.65	1632.36	1728.57	1921.01	1970.77	2020.54	2066.99	2116.76	2156.57
$125,000	1141.32	1456.51	1658.90	1841.38	1977.41	2166.52	2276.01	2375.54	2465.13	2554.71	2644.29
$150,000	n/a	1595.86	1771.71	1997.32	2166.52	2405.41	2498.30	2611.11	2733.87	2796.91	2942.89
$175,000	n/a	1638.99	2007.27	2123.39	2329.10	2584.57	2730.55	2826.77	2942.89	3075.60	3211.63
$200,000	n/a	1668.85	2076.94	2252.79	2455.17	2760.41	2899.76	3055.69	3171.82	3294.58	3433.92
$225,000	n/a	n/a	2130.03	2494.99	2564.66	2896.44	3075.60	3234.86	3394.11	3536.77	3672.80
$250,000	n/a	n/a	2166.52	2558.02	2740.50	3092.19	3317.80	3513.55	3702.66	3895.10	4070.94
$375,000	n/a	n/a	n/a	n/a	3141.96	3732.53	4067.62	4193.70	4346.32	4615.06	4887.12
Unlimited	1167.87	1731.89	2285.96	2790.27	3254.76	3878.51	4296.55	4701.32	5099.46	5481.01	5865.87

Age: 61	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	517.58	557.39	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	819.50	945.57	1031.84	1071.65	1114.78	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1001.98	1224.27	1356.98	1469.79	1532.82	1655.58	1695.40	1741.85	1781.66	n/a	n/a
$100,000	1194.41	1410.07	1615.77	1755.12	1861.29	2066.99	2123.39	2176.48	2226.24	2282.65	2329.10
$125,000	1230.90	1569.32	1784.98	1984.04	2130.03	2335.73	2451.85	2554.71	2650.92	2747.14	2849.99
$150,000	n/a	1715.30	1907.74	2146.62	2329.10	2594.52	2694.05	2806.86	2942.89	3015.88	3165.18
$175,000	n/a	1768.39	2163.21	2285.96	2508.26	2790.27	2942.89	3042.42	3165.18	3304.53	3450.51
$200,000	n/a	1801.57	2236.20	2418.68	2644.29	2972.75	3128.69	3287.94	3414.02	3543.41	3692.71
$225,000	n/a	n/a	2289.28	2680.78	2763.73	3122.05	3314.48	3480.37	3659.53	3805.52	3951.50
$250,000	n/a	n/a	2329.10	2753.77	2949.52	3331.07	3569.95	3782.29	3981.36	4190.38	4376.18
$375,000	n/a	n/a	n/a	n/a	3380.84	4017.86	4376.18	4512.21	4678.10	4966.75	5258.71
Unlimited	1260.76	1867.92	2461.81	3002.61	3506.91	4180.43	4625.01	5059.65	5484.32	5892.41	6293.87

Age: 62	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	567.34	613.79	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	899.12	1035.15	1124.73	1174.50	1217.63	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1094.87	1340.39	1486.37	1605.82	1675.49	1808.20	1864.60	1914.37	1964.14	n/a	n/a
$100,000	1310.53	1542.78	1768.39	1927.64	2040.45	2262.74	2325.78	2385.50	2438.58	2494.99	2548.07
$125,000	1347.03	1718.62	1957.50	2173.16	2332.41	2558.02	2684.10	2800.22	2903.08	3005.93	3112.10
$150,000	n/a	1881.19	2093.53	2358.96	2551.39	2840.04	2946.21	3075.60	3214.95	3294.58	3453.83
$175,000	n/a	1930.96	2375.54	2508.26	2747.14	3055.69	3218.27	3331.07	3463.78	3616.40	3772.34
$200,000	n/a	1970.77	2455.17	2657.56	2893.12	3254.76	3420.65	3599.81	3735.84	3878.51	4044.40
$225,000	n/a	n/a	2511.57	2942.89	3025.83	3417.33	3629.67	3808.83	4001.27	4163.84	4323.09
$250,000	n/a	n/a	2554.71	3015.88	3231.54	3649.58	3911.69	4140.61	4356.27	4585.20	4790.90
$375,000	n/a	n/a	n/a	n/a	3702.66	4402.72	4794.22	4940.20	5122.68	5437.87	5753.07
Unlimited	1380.20	2043.76	2694.05	3294.58	3838.69	4578.56	5062.96	5540.73	6011.85	6456.44	6904.34

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 63	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	640.34	693.42	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1018.56	1174.50	1274.04	1330.44	1380.20	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1240.86	1516.23	1682.12	1814.84	1897.78	2047.08	2106.80	2159.89	2212.97	n/a	n/a
$100,000	1479.74	1745.16	1997.32	2176.48	2305.87	2554.71	2627.70	2694.05	2757.09	2823.45	2879.85
$125,000	1522.87	1940.91	2209.65	2458.49	2637.65	2896.44	3032.47	3165.18	3277.99	3390.79	3510.23
$150,000	n/a	2126.71	2362.27	2664.19	2883.17	3211.63	3331.07	3473.74	3629.67	3719.25	3895.10
$175,000	n/a	2183.11	2677.46	2830.08	3105.46	3453.83	3639.63	3762.39	3911.69	4077.58	4253.42
$200,000	n/a	2226.24	2773.68	3002.61	3271.35	3679.44	3868.55	4064.31	4220.24	4376.18	4555.34
$225,000	n/a	n/a	2836.72	3324.44	3420.65	3865.24	4100.80	4306.50	4518.84	4694.69	4870.53
$250,000	n/a	n/a	2886.49	3410.70	3656.22	4127.34	4422.63	4681.42	4923.62	5172.45	5398.06
$375,000	n/a	n/a	n/a	n/a	4190.38	4976.70	5421.29	5580.54	5779.61	6134.61	6486.30
Unlimited	1559.37	2309.19	3049.06	3722.57	4339.68	5175.77	5726.52	6260.69	6788.22	7292.52	7793.51

Age: 64	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	710.01	773.05	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1134.69	1307.21	1420.02	1479.74	1539.46	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1386.84	1688.76	1874.56	2023.86	2116.76	2285.96	2345.68	2405.41	2465.13	n/a	n/a
$100,000	1652.26	1940.91	2229.56	2431.95	2571.30	2853.31	2929.62	3002.61	3075.60	3148.59	3211.63
$125,000	1698.71	2166.52	2465.13	2740.50	2939.57	3224.90	3390.79	3536.77	3666.17	3802.20	3938.23
$150,000	n/a	2372.23	2637.65	2972.75	3211.63	3583.22	3719.25	3878.51	4060.99	4163.84	4372.86
$175,000	n/a	2438.58	2989.34	3155.23	3460.47	3848.65	4057.67	4206.97	4379.50	4571.93	4774.31
$200,000	n/a	2485.03	3092.19	3347.66	3642.94	4104.12	4316.46	4545.39	4721.23	4907.03	5109.41
$225,000	n/a	n/a	3161.86	3709.30	3808.83	4309.82	4578.56	4814.13	5056.33	5262.03	5464.42
$250,000	n/a	n/a	3218.27	3805.52	4074.26	4601.79	4936.89	5228.85	5504.23	5789.56	6054.99
$375,000	n/a	n/a	n/a	n/a	4668.14	5547.36	6048.35	6230.83	6466.39	6864.53	7272.62
Unlimited	1738.53	2577.93	3397.43	4150.57	4840.67	5772.97	6386.77	6987.29	7574.54	8138.56	8705.91

Age: 65	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	786.32	852.67	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1250.81	1443.24	1569.32	1629.04	1695.40	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1529.51	1864.60	2070.31	2236.20	2335.73	2521.53	2587.88	2657.56	2723.91	n/a	n/a
$100,000	1821.47	2143.30	2458.49	2680.78	2833.40	3148.59	3234.86	3314.48	3390.79	3473.74	3540.09
$125,000	1871.24	2385.50	2720.60	3025.83	3241.49	3560.00	3735.84	3898.42	4044.40	4183.75	4329.73
$150,000	n/a	2614.43	2909.71	3277.99	3543.41	3954.82	4104.12	4279.96	4475.71	4585.20	4817.45
$175,000	n/a	2684.10	3297.89	3483.69	3822.11	4253.42	4475.71	4638.28	4824.08	5033.10	5245.44
$200,000	n/a	2740.50	3410.70	3692.71	4024.49	4525.48	4764.36	5009.88	5202.31	5401.38	5630.31
$225,000	n/a	n/a	3493.64	4090.85	4203.65	4754.41	5046.37	5305.16	5570.59	5789.56	6015.17
$250,000	n/a	n/a	3556.68	4197.02	4495.62	5079.55	5444.51	5763.02	6068.26	6380.13	6662.14
$375,000	n/a	n/a	n/a	n/a	5152.54	6124.66	6675.41	6874.48	7126.63	7564.58	8005.85
Unlimited	1917.69	2843.35	3749.11	4585.20	5338.34	6370.18	7047.01	7713.89	8364.17	8984.60	9614.98

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 66	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	875.90	942.26	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1390.16	1599.18	1738.53	1811.52	1881.19	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1698.71	2066.99	2295.92	2478.40	2591.20	2793.59	2873.21	2942.89	3019.20	n/a	n/a
$100,000	2017.22	2382.18	2730.55	2972.75	3148.59	3493.64	3589.86	3686.08	3769.02	3855.28	3928.28
$125,000	2076.94	2647.60	3019.20	3354.30	3599.81	3951.50	4143.93	4326.41	4479.03	4644.92	4810.81
$150,000	n/a	2899.76	3228.22	3632.99	3941.55	4386.13	4552.02	4747.77	4970.06	5092.82	5344.98
$175,000	n/a	2979.38	3656.22	3861.92	4246.78	4714.59	4970.06	5145.91	5354.93	5587.18	5832.69
$200,000	n/a	3039.10	3782.29	4097.48	4465.76	5023.15	5285.26	5560.63	5772.97	5995.26	6240.78
$225,000	n/a	n/a	3871.87	4535.43	4671.46	5271.98	5600.45	5889.10	6181.06	6433.21	6678.73
$250,000	n/a	n/a	3944.86	4654.87	4993.29	5633.62	6041.71	6396.72	6731.82	7080.19	7395.38
$375,000	n/a	n/a	n/a	n/a	5719.89	6794.85	7405.33	7627.62	7909.64	8390.72	8885.07
Unlimited	2130.03	3151.91	4160.52	5079.55	5922.27	7063.60	7813.42	8556.61	9273.25	9960.04	10646.82

Age: 67	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	958.84	1035.15	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1526.19	1761.75	1911.05	1990.68	2063.67	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1861.29	2272.69	2524.85	2727.23	2843.35	3065.65	3155.23	3238.17	3321.12	n/a	n/a
$100,000	2219.61	2614.43	2995.97	3268.03	3457.15	3838.69	3941.55	4044.40	4140.61	4240.15	4326.41
$125,000	2282.65	2913.03	3314.48	3689.39	3954.82	4339.68	4552.02	4747.77	4916.98	5092.82	5271.98
$150,000	n/a	3185.09	3543.41	3994.63	4323.09	4820.76	4996.61	5215.58	5451.15	5587.18	5862.55
$175,000	n/a	3277.99	4017.86	4250.10	4661.51	5179.09	5457.78	5646.90	5875.82	6131.29	6390.08
$200,000	n/a	3337.71	4157.20	4498.94	4907.03	5514.18	5802.83	6101.43	6333.68	6575.88	6847.94
$225,000	n/a	n/a	4253.42	4986.65	5122.68	5792.88	6147.88	6466.39	6784.90	7053.64	7325.70
$250,000	n/a	n/a	4329.73	5119.37	5477.69	6191.01	6632.28	7023.78	7392.06	7766.97	8112.02
$375,000	n/a	n/a	n/a	n/a	6280.60	7461.73	8131.93	8377.45	8676.05	9206.90	9751.01
Unlimited	2339.05	3463.78	4571.93	5583.86	6506.21	7763.65	8589.78	9402.65	10195.60	10955.38	11718.47

Age: 68	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1058.38	1141.32	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1685.44	1937.60	2106.80	2196.38	2279.33	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2050.40	2508.26	2780.32	3002.61	3135.32	3384.16	3480.37	3569.95	3659.53	n/a	n/a
$100,000	2445.22	2883.17	3301.21	3599.81	3808.83	4230.20	4346.32	4459.12	4555.34	4664.83	4751.09
$125,000	2518.21	3211.63	3659.53	4060.99	4359.59	4780.95	5019.83	5242.12	5427.92	5630.31	5832.69
$150,000	n/a	3513.55	3908.37	4402.72	4767.68	5308.48	5510.87	5753.07	6018.49	6171.11	6473.03
$175,000	n/a	3613.08	4432.58	4678.10	5142.59	5709.93	6018.49	6230.83	6486.30	6768.31	7066.91
$200,000	n/a	3682.76	4585.20	4963.43	5411.33	6084.85	6403.35	6735.13	6993.92	7262.66	7564.58
$225,000	n/a	n/a	4694.69	5497.59	5656.85	6383.45	6781.58	7129.95	7488.27	7786.88	8092.11
$250,000	n/a	n/a	4777.63	5636.94	6045.03	6824.71	7315.75	7750.38	8155.15	8579.83	8964.70
$375,000	n/a	n/a	n/a	n/a	6927.57	8228.14	8964.70	9240.07	9575.17	10165.74	10766.26
Unlimited	2581.25	3818.79	5039.74	6154.52	7176.40	8556.61	9469.00	10364.81	11237.39	12073.47	12912.88

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 69	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1181.14	1274.04	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1877.87	2166.52	2349.00	2448.54	2544.75	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2292.60	2796.91	3102.14	3357.61	3503.60	3778.97	3885.14	3984.68	4084.21	n/a	n/a
$100,000	2730.55	3218.27	3689.39	4017.86	4253.42	4727.87	4853.94	4976.70	5092.82	5212.26	5315.12
$125,000	2813.49	3586.54	4077.58	4535.43	4867.21	5338.34	5607.08	5852.60	6071.57	6290.55	6522.79
$150,000	n/a	3924.96	4359.59	4913.66	5325.07	5928.91	6157.84	6429.90	6725.18	6897.71	7242.76
$175,000	n/a	4031.13	4943.52	5225.54	5736.48	6373.49	6721.86	6964.06	7249.39	7567.90	7899.68
$200,000	n/a	4110.75	5116.05	5540.73	6035.08	6791.54	7149.86	7518.13	7810.10	8115.34	8457.07
$225,000	n/a	n/a	5235.49	6137.93	6310.46	7126.63	7571.22	7966.04	8370.81	8705.91	9047.64
$250,000	n/a	n/a	5331.70	6297.18	6741.77	7614.35	8168.42	8656.14	9107.36	9585.12	10016.44
$375,000	n/a	n/a	n/a	n/a	7730.47	9183.67	10013.12	10318.36	10703.22	11360.15	12033.66
Unlimited	2876.53	4263.37	5623.67	6871.16	8009.17	9551.95	10570.51	11569.17	12547.92	13473.59	14409.21

Age: 70	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1300.58	1410.07	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2076.94	2392.13	2594.52	2704.01	2806.86	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2528.16	3088.87	3423.97	3702.66	3865.24	4170.47	4286.60	4396.09	4505.57	n/a	n/a
$100,000	3015.88	3556.68	4074.26	4439.22	4698.00	5212.26	5354.93	5497.59	5626.99	5759.70	5875.82
$125,000	3105.46	3958.14	4505.57	5003.24	5371.52	5892.41	6187.70	6456.44	6692.00	6930.88	7176.40
$150,000	n/a	4333.05	4817.45	5427.92	5879.14	6546.02	6794.85	7090.14	7415.28	7601.08	7975.99
$175,000	n/a	4455.81	5461.10	5766.34	6337.00	7037.05	7415.28	7680.71	7992.58	8337.63	8702.59
$200,000	n/a	4538.75	5650.21	6114.71	6665.46	7494.91	7886.41	8294.50	8616.33	8944.79	9316.38
$225,000	n/a	n/a	5782.93	6774.95	6970.70	7869.82	8360.86	8788.85	9226.80	9598.40	9966.67
$250,000	n/a	n/a	5885.78	6947.47	7448.46	8407.31	9014.46	9548.63	10046.30	10567.19	11038.32
$375,000	n/a	n/a	n/a	n/a	8536.70	10139.20	11051.59	11386.69	11801.41	12524.70	13264.56
Unlimited	3178.45	4707.96	6210.92	7587.81	8848.57	10547.29	11668.70	12766.89	13841.86	14857.11	15888.94

Age: 71	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1449.88	1569.32	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2305.87	2664.19	2886.49	3009.24	3128.69	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2816.81	3437.24	3815.47	4124.03	4303.19	4644.92	4774.31	4893.76	5019.83	n/a	n/a
$100,000	3357.61	3958.14	4535.43	4943.52	5232.17	5806.15	5962.09	6118.02	6260.69	6413.31	6539.38
$125,000	3457.15	4406.04	5016.51	5573.90	5981.99	6559.29	6887.75	7186.35	7451.78	7720.52	7992.58
$150,000	n/a	4820.76	5361.56	6041.71	6542.70	7289.21	7564.58	7893.05	8258.00	8467.03	8881.75
$175,000	n/a	4956.79	6078.21	6423.26	7047.01	7836.64	8258.00	8556.61	8898.34	9283.20	9687.98
$200,000	n/a	5049.69	6287.23	6808.13	7421.92	8347.58	8782.22	9236.76	9591.76	9960.04	10374.76
$225,000	n/a	n/a	6436.53	7541.36	7753.70	8765.63	9306.43	9780.87	10271.91	10683.32	11094.72
$250,000	n/a	n/a	6555.97	7737.11	8287.86	9362.83	10036.35	10630.23	11184.30	11758.28	12285.81
$375,000	n/a	n/a	n/a	n/a	9502.18	11290.47	12302.40	12677.31	13141.81	13941.40	14764.21
Unlimited	3540.09	5242.12	6914.30	8447.12	9843.91	11741.69	12995.82	14226.73	15424.45	16572.41	17727.01

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 72	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1595.86	1728.57	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2544.75	2936.25	3185.09	3321.12	3447.19	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3105.46	3792.25	4203.65	4545.39	4741.14	5119.37	5258.71	5391.43	5524.14	n/a	n/a
$100,000	3696.03	4362.91	4996.61	5444.51	5759.70	6396.72	6569.24	6735.13	6891.07	7053.64	7189.67
$125,000	3808.83	4853.94	5527.45	6141.25	6585.83	7232.80	7587.81	7916.27	8204.92	8496.89	8798.81
$150,000	n/a	5311.80	5905.68	6652.19	7209.58	8025.76	8334.31	8699.27	9097.41	9326.34	9780.87
$175,000	n/a	5461.10	6698.64	7073.55	7766.97	8632.92	9094.09	9422.55	9804.10	10228.78	10670.04
$200,000	n/a	5570.59	6927.57	7498.23	8175.06	9193.62	9674.70	10172.37	10560.56	10971.96	11426.50
$225,000	n/a	n/a	7093.46	8304.45	8546.65	9654.80	10252.00	10776.21	11317.02	11771.55	12226.09
$250,000	n/a	n/a	7219.53	8523.43	9133.90	10315.04	11054.91	11711.83	12318.99	12959.33	13539.94
$375,000	n/a	n/a	n/a	n/a	10467.66	12438.43	13549.90	13964.62	14475.56	15364.73	16270.49
Unlimited	3895.10	5772.97	7617.67	9303.11	10845.89	12936.10	14319.62	15666.65	16990.45	18254.54	19521.94

Age: 73	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1781.66	1927.64	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2836.72	3271.35	3553.36	3699.35	3838.69	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3460.47	4223.56	4684.73	5066.28	5291.89	5709.93	5865.87	6015.17	6167.79	n/a	n/a
$100,000	4127.34	4867.21	5570.59	6071.57	6423.26	7133.27	7325.70	7514.82	7690.66	7873.14	8032.39
$125,000	4250.10	5417.97	6167.79	6851.26	7348.93	8065.57	8463.71	8828.67	9153.81	9482.27	9817.37
$150,000	n/a	5925.59	6585.83	7421.92	8039.03	8954.74	9293.16	9697.93	10142.51	10397.99	10912.24
$175,000	n/a	6091.48	7471.69	7893.05	8662.78	9631.57	10145.83	10507.47	10935.47	11399.96	11897.63
$200,000	n/a	6207.60	7727.16	8367.49	9117.31	10255.32	10792.80	11343.56	11781.51	12232.73	12740.35
$225,000	n/a	n/a	7909.64	9266.62	9532.04	10766.26	11433.14	12020.39	12617.59	13125.22	13629.52
$250,000	n/a	n/a	8052.30	9508.81	10185.65	11506.13	12328.94	13065.50	13742.33	14452.34	15092.67
$375,000	n/a	n/a	n/a	n/a	11675.34	13871.72	15115.90	15573.75	16141.10	17126.48	18135.09
Unlimited	4346.32	6439.85	8496.89	10378.08	12096.70	14429.11	15965.25	17468.22	18944.64	20348.07	21754.81

Age: 74	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1964.14	2130.03	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3128.69	3613.08	3918.32	4080.89	4240.15	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3818.79	4661.51	5169.13	5593.81	5832.69	6293.87	6469.71	6638.92	6804.81	n/a	n/a
$100,000	4552.02	5371.52	6147.88	6701.96	7093.46	7869.82	8078.84	8291.18	8486.93	8686.00	8855.21
$125,000	4684.73	5972.04	6798.17	7557.95	8108.70	8898.34	9332.97	9747.70	10106.02	10467.66	10835.93
$150,000	n/a	6536.07	7272.62	8191.65	8871.80	9880.41	10255.32	10703.22	11194.26	11476.27	12046.93
$175,000	n/a	6721.86	8238.10	8705.91	9561.90	10623.60	11194.26	11595.71	12066.84	12591.05	13135.17
$200,000	n/a	6851.26	8526.75	9236.76	10062.89	11313.70	11907.58	12521.38	13002.46	13503.45	14064.15
$225,000	n/a	n/a	8729.13	10225.46	10520.74	11881.04	12617.59	13264.56	13931.44	14485.51	15042.91
$250,000	n/a	n/a	8885.07	10494.20	11240.71	12697.22	13606.30	14409.21	15168.98	15955.30	16665.31
$375,000	n/a	n/a	n/a	n/a	12886.34	15305.01	16681.90	17186.20	17816.59	18908.14	20022.92
Unlimited	4797.54	7110.05	9372.79	11453.05	13350.83	15922.12	17617.52	19279.74	20912.09	22461.51	24024.19

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 75	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2209.65	2392.13	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3516.87	4057.67	4406.04	4588.52	4764.36	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4293.23	5238.81	5812.79	6287.23	6559.29	7080.19	7272.62	7455.10	7647.53	n/a	n/a
$100,000	5116.05	6031.76	6910.98	7531.41	7966.04	8848.57	9084.14	9323.02	9541.99	9764.29	9956.72
$125,000	5268.67	6715.23	7644.21	8493.57	9114.00	9999.85	10494.20	10952.06	11353.51	11754.97	12176.33
$150,000	n/a	7348.93	8168.42	9206.90	9969.99	11104.68	11526.04	12027.03	12577.78	12889.65	13526.67
$175,000	n/a	7554.63	9259.98	9787.51	10743.04	11937.44	12581.10	13029.00	13559.85	14143.78	14757.57
$200,000	n/a	7697.30	9581.81	10378.08	11307.06	12713.81	13384.01	14070.79	14611.59	15172.30	15802.68
$225,000	n/a	n/a	9810.73	11492.86	11821.32	13354.15	14176.96	14906.88	15650.06	16277.13	16900.87
$250,000	n/a	n/a	9986.58	11788.14	12627.55	14263.22	15291.74	16197.50	17043.54	17922.76	18722.35
$375,000	n/a	n/a	n/a	n/a	14478.88	17202.79	18742.25	19312.91	20022.92	21247.19	22494.68
Unlimited	5391.43	7989.26	10537.33	12869.75	15003.09	17892.90	19803.95	21665.23	23496.66	25238.50	26993.62

Age: 76	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2465.13	2670.83	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3931.59	4535.43	4923.62	5129.32	5325.07	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4797.54	5859.23	6499.57	7023.78	7332.34	7909.64	8131.93	8337.63	8543.34	n/a	n/a
$100,000	5716.57	6741.77	7723.84	8417.26	8908.29	9893.68	10155.79	10417.89	10663.41	10912.24	11124.58
$125,000	5885.78	7504.86	8546.65	9495.54	10188.96	11180.99	11728.42	12242.68	12687.27	13145.12	13609.62
$150,000	n/a	8208.24	9133.90	10288.50	11147.81	12411.89	12886.34	13447.04	14064.15	14419.16	15129.17
$175,000	n/a	8440.48	10351.54	10938.79	12010.44	13347.51	14064.15	14565.14	15155.71	15815.95	16499.42
$200,000	n/a	8606.37	10713.18	11599.03	12644.14	14216.77	14959.96	15729.69	16330.21	16963.91	17670.60
$225,000	n/a	n/a	10965.33	12846.52	13211.48	14923.46	15852.45	16661.99	17498.08	18201.45	18898.19
$250,000	n/a	n/a	11161.08	13178.30	14117.24	15945.35	17096.62	18108.55	19054.13	20036.19	20935.32
$375,000	n/a	n/a	n/a	n/a	16184.23	19226.65	20955.22	21592.24	22385.20	23755.45	25158.88
Unlimited	6025.12	8928.20	11778.19	14382.66	16768.16	19999.70	22133.04	24219.94	26257.07	28204.62	30155.48

Age: 77	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2786.95	3012.56	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4435.90	5116.05	5554.00	5782.93	6005.22	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5411.33	6605.74	7329.02	7922.91	8267.96	8918.25	9167.08	9405.96	9644.84	n/a	n/a
$100,000	6446.49	7601.08	8715.86	9492.23	10049.62	11154.44	11453.05	11748.33	12020.39	12302.40	12544.60
$125,000	6638.92	8467.03	9634.89	10709.86	11489.54	12607.64	13231.39	13808.68	14309.67	14827.25	15354.78
$150,000	n/a	9263.30	10301.77	11605.66	12567.83	14001.12	14531.96	15168.98	15865.72	16260.54	17063.45
$175,000	n/a	9525.40	11675.34	12342.22	13543.26	15056.18	15862.40	16433.06	17096.62	17836.49	18609.54
$200,000	n/a	9707.88	12080.11	13085.40	14259.90	16034.93	16877.65	17746.91	18420.43	19130.43	19930.02
$225,000	n/a	n/a	12365.44	14488.83	14900.24	16837.84	17876.31	18795.34	19730.96	20523.91	21310.23
$250,000	n/a	n/a	12587.73	14863.74	15925.44	17985.79	19279.74	20427.69	21486.07	22600.85	23606.15
$375,000	n/a	n/a	n/a	n/a	18254.54	21691.78	23636.01	24352.65	25245.14	26784.60	28360.55
Unlimited	6794.85	10069.52	13284.47	16227.36	18911.46	22561.04	24966.45	27315.45	29621.32	31817.70	34027.36

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 78	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3178.45	3437.24	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5062.96	5839.33	6333.68	6599.10	6854.57	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6174.43	7538.04	8357.54	9037.69	9432.51	10179.01	10461.02	10733.08	11001.82	n/a	n/a
$100,000	7355.56	8676.05	9940.13	10829.30	11456.36	12727.08	13065.50	13403.91	13715.79	14037.61	14312.99
$125,000	7571.22	9658.12	10995.19	12219.46	13108.63	14379.35	15092.67	15749.60	16320.26	16907.51	17508.03
$150,000	n/a	10567.19	11751.65	13244.66	14339.53	15975.21	16575.73	17299.01	18088.65	18539.87	19455.58
$175,000	n/a	10865.80	13320.97	14080.74	15450.99	17172.93	18095.28	18738.93	19498.71	20338.11	21217.33
$200,000	n/a	11074.82	13782.14	14926.78	16260.54	18291.03	19249.88	20235.26	21008.31	21817.85	22720.29
$225,000	n/a	n/a	14110.60	16529.28	17003.73	19206.74	20397.83	21439.62	22507.96	23407.08	24302.89
$250,000	n/a	n/a	14366.07	16960.59	18164.96	20517.28	21993.70	23297.59	24508.59	25775.99	26920.63
$375,000	n/a	n/a	n/a	n/a	20825.83	24744.15	26963.76	27779.94	28798.50	30556.94	32348.55
Unlimited	7750.38	11489.54	15155.71	18513.32	21575.65	25736.17	28480.00	31160.78	33785.16	36286.78	38801.67

Age: 79	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3599.81	3891.78	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5729.84	6605.74	7173.08	7478.32	7760.33	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6993.92	8533.38	9465.68	10235.41	10676.68	11529.36	11847.86	12153.10	12458.34	n/a	n/a
$100,000	8331.00	9824.01	11253.98	12262.59	12975.92	14409.21	14797.39	15182.25	15527.30	15892.26	16200.82
$125,000	8576.51	10938.79	12451.70	13835.23	14843.84	16287.08	17093.31	17836.49	18490.10	19153.66	19833.81
$150,000	n/a	11967.30	13307.70	14996.46	16237.31	18085.33	18772.11	19594.93	20490.73	21008.31	22043.46
$175,000	n/a	12305.72	15086.04	15942.03	17494.76	19445.63	20494.05	21223.97	22086.59	23042.12	24044.10
$200,000	n/a	12544.60	15606.93	16900.87	18417.11	20709.71	21797.95	22919.36	23798.58	24717.61	25746.13
$225,000	n/a	n/a	15975.21	18719.03	19249.88	21751.50	23095.21	24282.98	25497.29	26519.18	27537.74
$250,000	n/a	n/a	16270.49	19206.74	20570.36	23234.55	24910.04	26383.15	27760.03	29199.96	30503.85
$375,000	n/a	n/a	n/a	n/a	23582.92	28018.82	30537.03	31462.70	32620.61	34611.29	36651.74
Unlimited	8778.90	13009.09	17162.98	20961.86	24438.91	29146.87	32249.02	35281.49	38257.55	41081.00	43930.99

Age: 80	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4060.99	4396.09	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6466.39	7461.73	8098.75	8437.17	8758.99	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7896.36	9634.89	10686.63	11559.22	12060.20	13012.41	13374.05	13722.42	14067.47	n/a	n/a
$100,000	9402.65	11091.41	12707.17	13848.50	14648.09	16270.49	16708.44	17139.75	17541.21	17955.93	18304.30
$125,000	9684.66	12345.53	14057.52	15620.20	16758.21	18387.25	19296.32	20139.05	20872.28	21618.78	22388.51
$150,000	n/a	13510.08	15026.32	16927.42	18330.85	20421.06	21197.42	22116.45	23131.70	23709.00	24880.18
$175,000	n/a	13891.63	17030.27	17995.75	19754.18	21957.20	23138.34	23964.47	24933.27	26014.87	27139.60
$200,000	n/a	14157.05	17624.15	19080.67	20792.65	23390.49	24614.76	25878.84	26864.23	27906.02	29060.61
$225,000	n/a	n/a	18038.88	21131.07	21738.23	24555.04	26081.23	27414.98	28781.92	29936.51	31081.15
$250,000	n/a	n/a	18367.34	21685.14	23224.60	26233.84	28121.67	29783.89	31339.94	32959.03	34428.81
$375,000	n/a	n/a	n/a	n/a	26625.35	31635.22	34475.26	35520.37	36820.94	39067.10	41369.65
Unlimited	9910.27	14684.58	19372.63	23665.87	27584.19	32902.62	36412.86	39843.46	43201.07	46402.75	49621.02

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 81	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4621.70	5003.24	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7362.20	8490.25	9213.53	9601.71	9969.99	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	8981.28	10965.33	12166.37	13155.08	13722.42	14807.34	15215.43	15606.93	16005.07	n/a	n/a
$100,000	10703.22	12620.91	14462.29	15756.23	16675.26	18513.32	19010.99	19505.35	19963.20	20434.33	20832.47
$125,000	11021.73	14050.88	15995.11	17776.77	19070.71	20925.36	21960.52	22916.04	23748.81	24604.80	25477.39
$150,000	n/a	15371.37	17096.62	19263.15	20862.33	23237.87	24117.09	25172.15	26323.43	26980.35	28317.42
$175,000	n/a	15806.00	19379.27	20474.14	22478.10	24983.03	26330.06	27265.68	28370.51	29601.41	30885.40
$200,000	n/a	16111.24	20052.78	21715.00	23662.55	26612.07	28008.87	29448.79	30576.84	31754.66	33071.83
$225,000	n/a	n/a	20527.23	24044.10	24734.20	27942.51	29671.09	31193.96	32753.32	34067.17	35374.38
$250,000	n/a	n/a	20902.14	24671.16	26429.59	29853.56	32000.18	33894.64	35666.35	37511.05	39183.22
$375,000	n/a	n/a	n/a	n/a	30298.15	35994.81	39229.67	40417.44	41903.81	44458.52	47076.26
Unlimited	11273.88	16711.76	22046.78	26930.58	31393.02	37441.37	41432.69	45334.42	49156.52	52792.83	56459.00

Age: 82	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5175.77	5593.81	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	8238.10	9502.18	10315.04	10743.04	11154.44	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	10049.62	12269.22	13609.62	14714.44	15358.10	16569.09	17033.59	17474.85	17916.12	n/a	n/a
$100,000	11977.26	14123.87	16177.59	17634.11	18652.67	20716.34	21273.73	21821.17	22328.79	22856.32	23300.91
$125,000	12332.26	15723.05	17899.53	19890.21	21340.09	23420.35	24568.31	25639.96	26568.94	27521.15	28496.58
$150,000	n/a	17202.79	19130.43	21559.06	23347.36	26004.92	26986.99	28164.80	29452.11	30182.03	31668.40
$175,000	n/a	17690.51	21688.46	22916.04	25158.88	27962.42	29462.06	30510.49	31744.71	33111.64	34544.93
$200,000	n/a	18028.93	22441.60	24299.57	26476.04	29783.89	31339.94	32952.39	34206.52	35523.68	36993.47
$225,000	n/a	n/a	22969.13	26910.68	27677.09	31270.27	33204.54	34903.26	36648.42	38108.25	39571.40
$250,000	n/a	n/a	23387.17	27607.41	29578.19	33406.93	35812.33	37922.45	39906.50	41960.22	43831.46
$375,000	n/a	n/a	n/a	n/a	33907.92	40281.41	43897.81	45224.93	46873.88	49733.82	52660.12
Unlimited	12620.91	18702.44	24671.16	30135.58	35125.55	41900.50	46362.94	50729.16	55009.12	59080.06	63174.23

Age: 83	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5819.42	6293.87	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	9273.25	10689.95	11602.35	12086.75	12554.56	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	11307.06	13808.68	15314.96	16559.14	17279.10	18646.04	19166.93	19661.28	20158.95	n/a	n/a
$100,000	13476.90	15892.26	18208.09	19843.76	20998.36	23310.86	23941.24	24561.67	25135.65	25726.22	26233.84
$125,000	13875.04	17693.83	20142.36	22381.88	24017.55	26349.97	27650.55	28858.22	29909.97	30984.93	32086.44
$150,000	n/a	19362.68	21529.20	24256.44	26270.34	29263.00	30371.14	31698.26	33148.14	33977.59	35653.08
$175,000	n/a	19906.80	24405.74	25785.94	28307.47	31459.38	33154.78	34335.91	35729.39	37272.17	38884.62
$200,000	n/a	20288.35	25251.78	27341.99	29793.84	33509.78	35271.53	37083.05	38503.07	39986.13	41648.34
$225,000	n/a	n/a	25848.98	30274.93	31144.19	35188.59	37365.06	39282.75	41246.89	42895.84	44541.47
$250,000	n/a	n/a	26320.11	31067.88	33280.85	37587.36	40298.00	42680.18	44913.06	47232.20	49342.32
$375,000	n/a	n/a	n/a	n/a	38151.38	45324.47	49398.72	50895.05	52762.97	55981.24	59282.45
Unlimited	14200.18	21041.49	27760.03	33911.23	39524.95	47145.94	52172.41	57092.70	61906.83	66495.35	71113.73

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 84	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6526.11	7056.96	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	10394.67	11987.21	13009.09	13556.53	14074.11	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	12680.63	15477.54	17169.62	18566.41	19372.63	20905.46	21486.07	22036.83	22590.90	n/a	n/a
$100,000	15105.94	17819.90	20414.42	22242.53	23536.47	26134.31	26841.00	27534.42	28178.08	28841.64	29408.98
$125,000	15553.85	19830.49	22584.26	25092.52	26920.63	29545.01	30998.21	32351.87	33529.69	34730.73	35964.95
$150,000	n/a	21701.73	24140.31	27196.01	29455.43	32803.09	34050.58	35530.32	37159.36	38088.34	39966.22
$175,000	n/a	22315.52	27365.21	28914.63	31738.07	35274.85	37169.31	38496.43	40059.12	41787.69	43595.89
$200,000	n/a	22743.52	28314.11	30659.79	33406.93	37570.77	39541.54	41572.03	43161.26	44823.48	46684.76
$225,000	n/a	n/a	28980.98	33944.41	34916.53	39448.64	41890.54	44037.16	46236.86	48088.19	49932.89
$250,000	n/a	n/a	29508.51	34833.58	37311.98	42146.01	45181.80	47849.31	50344.30	52945.45	55311.04
$375,000	n/a	n/a	n/a	n/a	42776.40	50818.74	55380.72	57056.21	59149.74	62756.19	66452.22
Unlimited	15918.80	23592.88	31124.28	38018.67	44315.85	52862.51	58489.50	63997.04	69388.47	74524.42	79686.92

Age: 85	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6920.93	7488.27	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	11031.69	12717.13	13802.05	14382.66	14933.42	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	13453.68	16419.79	18218.04	19701.10	20560.41	22176.18	22796.60	23383.85	23971.11	n/a	n/a
$100,000	16031.61	18904.82	21661.92	23602.83	24973.08	27726.85	28476.68	29216.55	29896.70	30596.75	31197.27
$125,000	16506.06	21044.81	23961.15	26622.03	28566.26	31343.26	32889.35	34322.64	35573.45	36850.80	38158.02
$150,000	n/a	23028.85	25610.10	28854.91	31250.36	34803.72	36124.21	37700.16	39432.05	40414.12	42404.80
$175,000	n/a	23675.82	29034.07	30676.38	33669.03	37424.78	39432.05	40842.12	42501.02	44335.76	46253.45
$200,000	n/a	24133.68	30039.36	32527.71	35444.06	39860.05	41950.26	44106.83	45792.28	47557.35	49531.44
$225,000	n/a	n/a	30749.37	36018.04	37046.55	41857.36	44448.57	46724.58	49056.99	51017.81	52975.31
$250,000	n/a	n/a	31310.08	36953.66	39584.67	44713.99	47935.57	50768.98	53416.58	56176.99	58685.25
$375,000	n/a	n/a	n/a	n/a	45384.19	53914.25	58758.24	60539.90	62756.19	66588.25	70509.89
Unlimited	16887.60	25036.12	33022.06	40337.81	47019.86	56084.09	62062.77	67908.73	73631.94	79086.40	84577.36

Age: 86	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	7249.39	7839.96	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	11545.94	13311.01	14452.34	15062.81	15633.47	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	14087.38	17196.16	19074.03	20626.76	21522.57	23221.28	23871.57	24488.68	25102.47	n/a	n/a
$100,000	16788.07	19797.31	22680.48	24714.29	26150.90	29037.39	29817.07	30586.80	31300.13	32033.36	32660.42
$125,000	17282.42	22036.83	25092.52	27879.47	29913.28	32823.00	34442.08	35945.05	37252.26	38589.33	39956.27
$150,000	n/a	24113.77	26814.46	30218.52	32720.14	36446.03	37822.92	39478.50	41286.70	42315.22	44402.12
$175,000	n/a	24797.24	30401.00	32119.62	35258.26	39186.54	41293.34	42769.76	44501.65	46422.66	48433.24
$200,000	n/a	25271.68	31452.74	34060.53	37112.91	41741.24	43930.99	46183.78	47952.16	49800.18	51867.17
$225,000	n/a	n/a	32195.93	37720.07	38795.04	43824.82	46538.78	48927.60	51366.18	53419.90	55466.98
$250,000	n/a	n/a	32779.86	38698.82	41452.59	46820.79	50191.68	53161.11	55938.11	58824.59	61445.66
$375,000	n/a	n/a	n/a	n/a	47524.17	56455.68	61528.60	63396.52	65715.66	69730.20	73831.00
Unlimited	17687.19	26213.94	34581.43	42238.91	49236.15	58728.38	64985.75	71103.77	77099.04	82805.65	88548.76

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 87	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	7747.06	8377.45	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	12338.90	14226.73	15441.04	16088.01	16708.44	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	15049.54	18373.98	20381.25	22036.83	22995.67	24813.83	25507.25	26164.17	26831.05	n/a	n/a
$100,000	17932.71	21150.98	24233.21	26406.37	27939.19	31021.43	31857.52	32680.33	33440.11	34226.42	34893.30
$125,000	18466.87	23543.11	26804.51	29787.21	31957.05	35065.83	36797.72	38400.22	39803.65	41233.62	42693.45
$150,000	n/a	25759.40	28652.52	32285.51	34959.66	38941.02	40417.44	42175.87	44110.15	45211.66	47441.22
$175,000	n/a	26489.32	32474.63	34319.32	37670.30	41864.00	44120.10	45692.74	47550.71	49604.43	51751.04
$200,000	n/a	27000.26	33606.00	36389.63	39651.03	44597.87	46933.60	49348.96	51240.10	53217.51	55427.17
$225,000	n/a	n/a	34395.63	40298.00	41442.64	46827.43	49727.19	52271.94	54889.68	57086.07	59282.45
$250,000	n/a	n/a	35022.70	41346.42	44289.31	50022.47	53625.60	56800.74	59766.85	62855.72	65662.58
$375,000	n/a	n/a	n/a	n/a	50775.61	60317.60	65738.89	67732.89	70214.60	74504.52	78890.65
Unlimited	18894.87	28005.55	36947.02	45128.72	52600.40	62742.92	69431.60	75967.67	82371.02	88462.50	94600.43

Age: 88	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	8241.42	8914.93	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	13125.22	15135.80	16433.06	17119.85	17776.77	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	16018.34	19551.80	21688.46	23446.89	24468.78	26403.05	27139.60	27842.98	28543.03	n/a	n/a
$100,000	19083.99	22501.32	25782.62	28091.81	29727.49	33012.11	33897.96	34773.86	35580.09	36416.17	37132.82
$125,000	19648.01	25049.39	28523.13	31694.94	34004.13	37311.98	39150.04	40862.02	42345.08	43867.95	45424.00
$150,000	n/a	27411.66	30483.95	34349.18	37199.17	41432.69	43005.32	44876.56	46933.60	48108.10	50480.33
$175,000	n/a	28184.71	34554.89	36512.39	40085.66	44551.42	46943.55	48619.04	50589.81	52776.24	55055.57
$200,000	n/a	28728.83	35755.93	38715.41	42192.46	47451.18	49942.84	52507.50	54514.77	56611.62	58960.62
$225,000	n/a	n/a	36598.65	42875.93	44100.20	49823.40	52908.96	55619.60	58393.28	60732.33	63061.42
$250,000	n/a	n/a	37265.53	43990.71	47122.71	53227.47	57059.52	60433.73	63588.95	66873.58	69856.28
$375,000	n/a	n/a	n/a	n/a	54027.06	64182.84	69945.86	72065.93	74703.58	79265.56	83933.70
Unlimited	20105.87	29800.48	39312.61	48018.52	55971.29	66764.09	73874.13	80831.56	87646.32	94135.94	100662.05

Age: 89	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	8722.50	9432.51	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	13888.31	16011.70	17381.95	18108.55	18798.65	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	16940.69	20679.85	22939.27	24803.87	25878.84	27929.24	28708.92	29445.48	30185.34	n/a	n/a
$100,000	20185.50	23805.22	27278.95	29717.53	31442.79	34919.85	35855.46	36781.13	37637.12	38516.34	39269.48
$125,000	20782.70	26499.27	30172.07	33523.05	35971.59	39465.23	41412.78	43224.30	44800.25	46416.02	48061.65
$150,000	n/a	28990.94	32245.70	36336.55	39349.11	43824.82	45490.36	47474.40	49650.88	50898.37	53406.63
$175,000	n/a	29813.75	36552.20	38625.83	42398.17	47119.40	49657.51	51429.22	53519.43	55831.94	58253.93
$200,000	n/a	30384.41	37819.60	40954.92	44627.73	50191.68	52826.01	55546.61	57673.32	59892.93	62381.28
$225,000	n/a	n/a	38715.41	45351.01	46651.59	52703.25	55967.97	58841.18	61777.44	64252.51	66720.96
$250,000	n/a	n/a	39418.78	46532.15	49849.95	56303.07	60360.74	63927.37	67268.40	70748.77	73907.31
$375,000	n/a	n/a	n/a	n/a	57145.79	67888.82	73986.94	76236.41	79026.68	83857.40	88794.28
Unlimited	21270.42	31522.42	41581.99	50795.52	59202.82	70619.37	78144.14	85506.34	92719.24	99587.08	106498.06

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 90	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	9203.58	9956.72	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	14658.04	16897.56	18344.12	19113.85	19843.76	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	17879.62	21827.81	24209.99	26177.44	27315.45	29475.34	30294.83	31074.51	31857.52	n/a	n/a
$100,000	21306.91	25129.02	28785.23	31366.48	33187.95	36854.12	37846.14	38824.90	39730.66	40659.64	41462.55
$125,000	21933.98	27965.74	31844.24	35381.02	37965.59	41654.98	43705.38	45616.43	47281.97	48980.68	50719.21
$150,000	n/a	30600.07	34033.99	38353.77	41528.90	46256.77	48008.57	50102.10	52398.02	53705.23	56356.15
$175,000	n/a	31462.70	38579.38	40765.81	44747.17	49733.82	52407.97	54279.21	56478.91	58924.13	61475.52
$200,000	n/a	32069.85	39919.77	43227.62	47102.81	52975.31	55755.63	58618.89	60865.04	63204.09	65828.47
$225,000	n/a	n/a	40865.34	47865.90	49232.83	55622.92	59063.48	62099.26	65201.41	67805.88	70413.67
$250,000	n/a	n/a	41608.53	49113.39	52610.35	59421.80	63705.08	67470.78	70994.28	74663.77	77994.84
$375,000	n/a	n/a	n/a	n/a	60314.29	71651.21	78091.06	80456.65	83399.54	88492.36	93707.94
Unlimited	22444.92	33270.90	43884.54	53612.33	62484.13	74531.06	82470.55	90237.52	97845.24	105084.68	112370.57

Age: 91	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	9684.66	10474.29	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	15424.45	17783.41	19306.28	20115.82	20888.87	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	18815.24	22972.45	25484.02	27551.01	28752.05	31024.75	31887.38	32713.51	33536.32	n/a	n/a
$100,000	22421.69	26442.87	30294.83	33012.11	34929.80	38785.08	39833.51	40862.02	41810.92	42792.98	43632.39
$125,000	23085.25	29432.20	33513.10	37242.31	39956.27	43841.41	46001.30	48011.88	49763.68	51551.98	53380.08
$150,000	n/a	32205.88	35818.97	40361.04	43705.38	48682.08	50530.09	52733.11	55155.11	56535.31	59322.26
$175,000	n/a	33114.96	40599.92	42905.79	47096.17	52344.93	55161.74	57129.20	59448.34	62019.64	64707.05
$200,000	n/a	33755.30	42009.98	45496.99	49574.57	55755.63	58678.61	61697.81	64060.08	66528.53	69292.25
$225,000	n/a	n/a	43005.32	50380.79	51817.40	58542.58	62168.94	65360.66	68625.38	71369.20	74109.70
$250,000	n/a	n/a	43788.32	51691.32	55370.76	62543.85	67046.10	71010.87	74723.49	78585.41	82092.33
$375,000	n/a	n/a	n/a	n/a	63476.15	75413.59	82188.54	84680.21	87779.03	93143.92	98631.56
Unlimited	23626.05	35012.74	46187.09	56422.51	65768.75	78439.43	86796.97	94972.03	102981.19	110605.50	118276.25

Age: 92	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	10172.37	11005.14	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	16200.82	18685.85	20281.71	21131.07	21940.61	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	19770.77	24130.36	26768.01	28944.49	30201.93	32590.75	33499.83	34369.09	35238.35	n/a	n/a
$100,000	23553.06	27779.94	31830.97	34680.96	36694.87	40745.90	41847.41	42922.38	43927.67	44956.19	45838.72
$125,000	24253.12	30921.90	35205.18	39120.18	41976.81	46057.70	48327.07	50437.20	52271.94	54156.45	56077.46
$150,000	n/a	33834.92	37630.49	42404.80	45921.67	51140.57	53078.16	55400.62	57938.74	59385.30	62314.92
$175,000	n/a	34793.77	42656.95	45075.63	49478.35	54985.90	57945.38	60015.68	62447.63	65148.32	67975.09
$200,000	n/a	35460.65	44136.69	47796.23	52082.82	58572.44	61641.41	64813.22	67294.94	69889.46	72792.53
$225,000	n/a	n/a	45178.48	52925.55	54435.14	61498.74	65304.26	68658.55	72089.16	74972.33	77858.81
$250,000	n/a	n/a	46001.30	54302.43	58170.99	65699.08	70430.26	74600.73	78499.15	82550.18	86236.26
$375,000	n/a	n/a	n/a	n/a	66687.78	79222.43	86339.11	88956.85	92218.25	97848.56	103611.58
Unlimited	24817.14	36781.13	48522.83	59272.50	69086.55	82404.20	91189.73	99779.52	108193.46	116202.63	124264.88

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 93	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	10676.68	11545.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	17007.04	19604.88	21283.69	22172.86	23022.21	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	20742.89	25321.45	28091.81	30374.46	31694.94	34203.20	35155.41	36057.85	36966.93	n/a	n/a
$100,000	24714.29	29150.19	33396.97	36392.95	38506.39	42756.49	43911.08	45042.45	46090.88	47175.80	48098.15
$125,000	25447.53	32444.77	36943.70	41051.14	44047.11	48333.71	50712.57	52928.86	54849.87	56820.64	58841.18
$150,000	n/a	35503.78	39488.46	44495.02	48184.41	53672.05	55705.86	58127.86	60798.69	62314.92	65387.20
$175,000	n/a	36505.75	44763.76	47295.24	51916.93	57703.18	60808.64	62978.48	65529.87	68359.95	71322.75
$200,000	n/a	37212.44	46313.17	50155.18	54650.80	61465.56	64687.15	68011.58	70612.74	73333.33	76372.44
$225,000	n/a	n/a	47408.04	55536.65	57122.56	64541.16	68535.79	72042.71	75642.52	78665.04	81687.55
$250,000	n/a	n/a	48270.67	56986.53	61040.88	68943.88	73910.63	78280.17	82367.70	86621.12	90486.36
$375,000	n/a	n/a	n/a	n/a	69979.04	83137.43	90605.80	93346.30	96763.64	102675.96	108714.35
Unlimited	26041.41	38599.29	50918.28	62198.80	72500.57	86475.14	95688.67	104699.81	113528.48	121932.47	130386.22

Age: 94	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	11184.30	12100.02	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	17816.59	20540.50	22298.93	23234.55	24117.09	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	21734.91	26532.45	29428.89	31821.02	33201.22	35828.92	36830.90	37779.79	38732.00	n/a	n/a
$100,000	25895.43	30540.35	34992.84	38128.16	40341.13	44800.25	46001.30	47192.39	48290.58	49425.27	50390.75
$125,000	26661.84	33997.50	38705.45	43011.96	46150.60	50636.26	53131.25	55450.39	57467.61	59537.92	61648.04
$150,000	n/a	37202.49	41372.97	46621.73	50486.96	56226.76	58360.10	60904.85	63698.44	65290.99	68512.57
$175,000	n/a	38247.60	46897.10	49554.66	54398.65	60453.63	63708.40	65977.77	68655.24	71621.35	74723.49
$200,000	n/a	38984.15	48526.14	52544.00	57258.59	64395.18	67772.70	71253.07	73980.30	76836.93	80022.02
$225,000	n/a	n/a	49674.10	58184.26	59849.79	67616.76	71800.51	75479.95	79252.29	82424.11	85592.60
$250,000	n/a	n/a	50576.54	59703.81	63953.91	72228.51	77437.45	82016.02	86299.30	90761.74	94809.45
$375,000	n/a	n/a	n/a	n/a	73320.06	87098.89	94922.26	97802.11	101385.33	107576.35	113910.03
Unlimited	27285.59	40443.98	53346.91	65164.91	75954.40	90602.48	100253.96	109696.42	118946.45	127751.89	136613.73

Age: 95+	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	12760.26	13802.05	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	20321.53	23430.30	25434.25	26499.27	27514.52	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	24793.92	30261.65	33569.50	36296.73	37876.00	40868.66	42006.67	43094.90	44179.82	n/a	n/a
$100,000	29538.37	34833.58	39909.82	43489.72	46014.57	51094.12	52474.32	53831.31	55085.43	56386.01	57494.16
$125,000	30414.27	38775.13	44149.96	49056.99	52636.90	57756.26	60602.93	63250.54	65559.73	67918.68	70327.41
$150,000	n/a	42428.03	47189.07	53174.38	57580.42	64133.07	66568.34	69471.41	72663.14	74481.29	78157.41
$175,000	n/a	43625.75	53492.89	56522.04	62042.86	68957.16	72666.46	75260.98	78316.67	81707.46	85247.55
$200,000	n/a	44465.16	55347.54	59936.06	65307.58	73446.14	77304.74	81276.15	84391.56	87649.64	91289.27
$225,000	n/a	n/a	56654.75	66365.95	68263.74	77122.26	81896.58	86103.55	90403.41	94023.13	97636.22
$250,000	n/a	n/a	57683.27	68097.85	72941.83	82387.61	88326.47	93548.69	98439.13	103528.63	108150.33
$375,000	n/a	n/a	n/a	n/a	83625.15	99344.89	108273.09	111557.71	115651.87	122718.79	129944.95
Unlimited	31120.96	46127.37	60848.45	74328.67	86637.71	103339.52	114351.29	125117.56	135664.84	145704.50	155807.21

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 18-44	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	129.39	139.35	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	205.70	235.56	255.47	265.42	275.38	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	252.15	308.56	338.42	368.28	381.55	411.41	428.00	437.95	451.22	n/a	n/a
$100,000	301.92	355.00	408.09	441.27	467.81	517.58	530.85	540.80	550.75	557.39	564.03
$125,000	308.56	391.50	447.90	497.67	534.17	587.25	613.79	646.97	670.20	696.74	719.96
$150,000	n/a	428.00	477.76	540.80	583.93	646.97	676.83	703.37	743.19	766.41	799.59
$175,000	n/a	441.27	540.80	573.98	630.38	700.06	739.87	766.41	799.59	836.09	875.90
$200,000	n/a	451.22	557.39	607.16	660.24	746.51	783.00	826.13	859.31	899.12	938.94
$225,000	n/a	n/a	570.66	670.20	696.74	779.68	832.77	875.90	919.03	958.84	995.34
$250,000	n/a	n/a	583.93	686.78	739.87	836.09	895.81	952.21	1005.29	1058.38	1108.15
$375,000	n/a	n/a	n/a	n/a	849.36	1005.29	1098.19	1138.01	1181.14	1254.13	1327.12
Unlimited	315.19	467.81	617.11	753.14	875.90	1048.42	1161.23	1264.08	1370.25	1469.79	1572.64

Age: 45-49	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	175.84	195.75	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	278.70	321.83	351.69	364.96	378.23	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	345.05	414.73	461.17	504.31	527.53	564.03	580.62	597.20	610.48	n/a	n/a
$100,000	408.09	481.08	554.07	600.52	637.02	703.37	723.28	746.51	766.41	779.68	796.27
$125,000	418.04	537.48	610.48	680.15	726.60	799.59	839.40	875.90	905.76	942.26	975.43
$150,000	n/a	587.25	653.61	736.55	796.27	889.17	919.03	962.16	1005.29	1031.84	1084.92
$175,000	n/a	603.84	743.19	779.68	855.99	952.21	1001.98	1041.79	1084.92	1131.37	1187.77
$200,000	n/a	613.79	766.41	829.45	905.76	1015.25	1068.33	1124.73	1171.18	1220.95	1267.40
$225,000	n/a	n/a	786.32	915.71	945.57	1065.01	1131.37	1187.77	1250.81	1303.90	1353.66
$250,000	n/a	n/a	796.27	945.57	1005.29	1141.32	1220.95	1293.94	1360.30	1433.29	1502.96
$375,000	n/a	n/a	n/a	n/a	1154.59	1373.57	1496.33	1539.46	1602.50	1702.03	1804.88
Unlimited	428.00	637.02	839.40	1028.52	1197.73	1429.97	1579.27	1725.26	1874.56	2013.90	2149.93

Age: 50	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	199.07	218.97	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	315.19	364.96	398.14	414.73	428.00	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	388.18	474.45	527.53	567.34	590.57	643.65	656.92	673.51	690.10	n/a	n/a
$100,000	464.49	544.12	623.75	683.47	719.96	799.59	822.81	839.40	855.99	875.90	892.49
$125,000	474.45	607.16	690.10	766.41	826.13	905.76	948.89	995.34	1025.20	1061.70	1101.51
$150,000	n/a	663.56	739.87	832.77	902.44	1005.29	1045.11	1091.56	1141.32	1167.87	1227.59
$175,000	n/a	683.47	839.40	885.85	972.12	1081.60	1141.32	1181.14	1227.59	1280.67	1337.07
$200,000	n/a	700.06	862.63	942.26	1028.52	1151.28	1211.00	1274.04	1320.48	1370.25	1429.97
$225,000	n/a	n/a	885.85	1041.79	1071.65	1207.68	1283.99	1347.03	1413.38	1466.47	1529.51
$250,000	n/a	n/a	899.12	1065.01	1147.96	1287.31	1383.52	1463.15	1539.46	1619.09	1692.08
$375,000	n/a	n/a	n/a	n/a	1313.85	1556.05	1695.40	1745.16	1811.52	1917.69	2033.81
Unlimited	484.40	719.96	948.89	1164.55	1353.66	1619.09	1791.61	1960.82	2123.39	2282.65	2441.90

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 51	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	212.34	225.61	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	335.10	388.18	421.36	441.27	457.86	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	411.41	500.99	557.39	607.16	627.06	673.51	696.74	710.01	726.60	n/a	n/a
$100,000	491.03	580.62	660.24	719.96	759.78	849.36	869.26	892.49	909.08	935.62	945.57
$125,000	507.62	643.65	733.23	812.86	872.58	958.84	1001.98	1048.42	1084.92	1124.73	1164.55
$150,000	n/a	703.37	779.68	882.53	948.89	1061.70	1101.51	1151.28	1201.04	1234.22	1290.62
$175,000	n/a	723.28	889.17	938.94	1028.52	1141.32	1207.68	1247.49	1297.26	1353.66	1413.38
$200,000	n/a	739.87	912.40	995.34	1081.60	1217.63	1280.67	1350.34	1400.11	1456.51	1512.92
$225,000	n/a	n/a	938.94	1098.19	1131.37	1280.67	1356.98	1426.65	1493.01	1559.37	1619.09
$250,000	n/a	n/a	955.53	1131.37	1207.68	1366.93	1463.15	1552.73	1632.36	1718.62	1791.61
$375,000	n/a	n/a	n/a	n/a	1383.52	1648.95	1791.61	1851.33	1917.69	2037.13	2156.57
Unlimited	510.94	766.41	1008.61	1234.22	1433.29	1718.62	1897.78	2070.31	2246.15	2408.72	2574.61

Age: 52	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	218.97	245.52	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	358.32	411.41	447.90	464.49	481.08	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	431.31	527.53	587.25	637.02	660.24	713.33	736.55	756.46	779.68	n/a	n/a
$100,000	517.58	610.48	696.74	759.78	802.91	895.81	919.03	942.26	962.16	988.70	1005.29
$125,000	530.85	676.83	773.05	859.31	922.35	1008.61	1061.70	1108.15	1147.96	1191.09	1234.22
$150,000	n/a	743.19	826.13	932.30	1005.29	1124.73	1164.55	1217.63	1274.04	1303.90	1370.25
$175,000	n/a	763.09	938.94	992.02	1084.92	1207.68	1274.04	1317.17	1370.25	1429.97	1493.01
$200,000	n/a	776.37	968.80	1048.42	1144.64	1287.31	1353.66	1423.34	1479.74	1539.46	1602.50
$225,000	n/a	n/a	995.34	1161.23	1194.41	1347.03	1433.29	1509.60	1585.91	1648.95	1715.30
$250,000	n/a	n/a	1011.93	1191.09	1277.35	1439.93	1542.78	1635.68	1721.94	1818.15	1897.78
$375,000	n/a	n/a	n/a	n/a	1463.15	1741.85	1894.46	1957.50	2027.18	2149.93	2282.65
Unlimited	544.12	806.23	1065.01	1297.26	1519.55	1811.52	2003.95	2189.75	2368.91	2541.43	2713.96

Age: 53	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	235.56	255.47	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	374.91	431.31	467.81	487.72	507.62	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	457.86	557.39	617.11	666.88	696.74	753.14	773.05	792.95	812.86	n/a	n/a
$100,000	547.44	640.34	736.55	799.59	849.36	942.26	965.48	988.70	1011.93	1035.15	1055.06
$125,000	560.71	713.33	812.86	902.44	968.80	1061.70	1118.10	1171.18	1207.68	1257.45	1297.26
$150,000	n/a	779.68	872.58	982.07	1065.01	1184.45	1230.90	1283.99	1343.71	1380.20	1446.56
$175,000	n/a	802.91	988.70	1041.79	1144.64	1270.72	1337.07	1386.84	1446.56	1512.92	1579.27
$200,000	n/a	819.50	1021.88	1101.51	1204.36	1353.66	1426.65	1499.65	1559.37	1619.09	1685.44
$225,000	n/a	n/a	1041.79	1224.27	1257.45	1420.02	1509.60	1585.91	1668.85	1735.21	1808.20
$250,000	n/a	n/a	1065.01	1250.81	1347.03	1519.55	1625.72	1725.26	1818.15	1917.69	2003.95
$375,000	n/a	n/a	n/a	n/a	1542.78	1831.43	1997.32	2057.04	2133.35	2269.38	2402.09
Unlimited	573.98	849.36	1124.73	1373.57	1595.86	1904.42	2110.12	2302.55	2498.30	2680.78	2863.26

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 54	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	265.42	291.97	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	428.00	494.35	540.80	560.71	583.93	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	520.89	637.02	713.33	766.41	802.91	865.95	892.49	912.40	938.94	n/a	n/a
$100,000	623.75	733.23	849.36	922.35	972.12	1081.60	1111.46	1138.01	1161.23	1187.77	1207.68
$125,000	646.97	819.50	935.62	1041.79	1111.46	1220.95	1283.99	1333.76	1383.52	1429.97	1476.42
$150,000	n/a	899.12	995.34	1124.73	1220.95	1356.98	1406.75	1466.47	1529.51	1569.32	1642.31
$175,000	n/a	922.35	1131.37	1194.41	1313.85	1463.15	1539.46	1589.23	1655.58	1725.26	1791.61
$200,000	n/a	945.57	1171.18	1274.04	1383.52	1556.05	1632.36	1721.94	1781.66	1851.33	1924.32
$225,000	n/a	n/a	1197.73	1410.07	1446.56	1632.36	1728.57	1818.15	1911.05	1987.36	2060.35
$250,000	n/a	n/a	1220.95	1443.24	1546.09	1745.16	1867.92	1974.09	2076.94	2176.48	2276.01
$375,000	n/a	n/a	n/a	n/a	1771.71	2110.12	2292.60	2355.64	2441.90	2587.88	2737.19
Unlimited	660.24	978.75	1290.62	1575.96	1838.06	2193.07	2421.99	2650.92	2873.21	3085.55	3294.58

Age: 55	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	282.01	305.24	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	447.90	517.58	560.71	590.57	607.16	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	547.44	666.88	743.19	802.91	839.40	902.44	932.30	952.21	978.75	n/a	n/a
$100,000	653.61	769.73	885.85	962.16	1018.56	1128.05	1157.91	1187.77	1217.63	1244.18	1267.40
$125,000	673.51	855.99	975.43	1088.24	1161.23	1277.35	1337.07	1396.79	1449.88	1499.65	1556.05
$150,000	n/a	938.94	1041.79	1174.50	1274.04	1416.70	1469.79	1532.82	1609.13	1645.63	1728.57
$175,000	n/a	965.48	1184.45	1247.49	1373.57	1526.19	1605.82	1665.54	1731.89	1808.20	1887.83
$200,000	n/a	982.07	1220.95	1327.12	1443.24	1625.72	1711.98	1798.25	1867.92	1940.91	2020.54
$225,000	n/a	n/a	1254.13	1469.79	1509.60	1705.35	1811.52	1904.42	2000.63	2076.94	2159.89
$250,000	n/a	n/a	1274.04	1506.28	1612.45	1818.15	1954.18	2066.99	2176.48	2292.60	2395.45
$375,000	n/a	n/a	n/a	n/a	1851.33	2196.38	2395.45	2465.13	2554.71	2707.32	2873.21
Unlimited	686.78	1018.56	1350.34	1645.63	1914.37	2285.96	2528.16	2763.73	2992.66	3211.63	3430.61

Age: 56	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	315.19	345.05	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	507.62	583.93	633.70	660.24	683.47	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	613.79	753.14	839.40	899.12	945.57	1015.25	1045.11	1071.65	1094.87	n/a	n/a
$100,000	736.55	862.63	995.34	1081.60	1141.32	1274.04	1303.90	1337.07	1366.93	1396.79	1420.02
$125,000	756.46	965.48	1098.19	1220.95	1310.53	1436.61	1506.28	1572.64	1629.04	1682.12	1745.16
$150,000	n/a	1051.74	1174.50	1323.80	1429.97	1595.86	1652.26	1725.26	1808.20	1851.33	1940.91
$175,000	n/a	1084.92	1327.12	1406.75	1546.09	1715.30	1804.88	1867.92	1944.23	2027.18	2113.44
$200,000	n/a	1104.83	1376.89	1489.69	1625.72	1824.79	1921.01	2017.22	2100.17	2176.48	2262.74
$225,000	n/a	n/a	1410.07	1648.95	1698.71	1917.69	2037.13	2136.66	2246.15	2335.73	2421.99
$250,000	n/a	n/a	1433.29	1695.40	1818.15	2047.08	2193.07	2322.46	2448.54	2574.61	2687.42
$375,000	n/a	n/a	n/a	n/a	2080.26	2471.76	2690.74	2770.36	2873.21	3042.42	3224.90
Unlimited	779.68	1147.96	1512.92	1848.01	2156.57	2567.98	2840.04	3112.10	3370.88	3619.72	3868.55

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 57	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	341.73	371.59	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	540.80	627.06	676.83	706.69	733.23	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	660.24	806.23	899.12	968.80	1008.61	1091.56	1124.73	1154.59	1187.77	n/a	n/a
$100,000	789.64	932.30	1065.01	1161.23	1234.22	1366.93	1400.11	1436.61	1473.10	1502.96	1532.82
$125,000	812.86	1041.79	1181.14	1313.85	1406.75	1539.46	1619.09	1695.40	1758.43	1824.79	1891.15
$150,000	n/a	1138.01	1257.45	1423.34	1539.46	1715.30	1778.34	1861.29	1944.23	2003.95	2106.80
$175,000	n/a	1167.87	1429.97	1512.92	1658.90	1841.38	1944.23	2013.90	2100.17	2193.07	2285.96
$200,000	n/a	1187.77	1479.74	1599.18	1741.85	1964.14	2066.99	2176.48	2259.42	2349.00	2448.54
$225,000	n/a	n/a	1516.23	1775.02	1821.47	2057.04	2193.07	2302.55	2418.68	2518.21	2624.38
$250,000	n/a	n/a	1539.46	1818.15	1947.55	2203.02	2355.64	2501.62	2640.97	2777.00	2906.39
$375,000	n/a	n/a	n/a	n/a	2236.20	2654.24	2889.80	2982.70	3098.83	3297.89	3493.64
Unlimited	832.77	1234.22	1625.72	1987.36	2312.51	2760.41	3052.38	3344.34	3626.36	3895.10	4167.16

Age: 58	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	364.96	394.82	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	580.62	670.20	726.60	756.46	786.32	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	706.69	862.63	955.53	1035.15	1081.60	1167.87	1197.73	1234.22	1264.08	n/a	n/a
$100,000	846.04	995.34	1138.01	1240.86	1313.85	1456.51	1496.33	1536.14	1572.64	1609.13	1635.68
$125,000	865.95	1108.15	1260.76	1400.11	1506.28	1648.95	1728.57	1808.20	1874.56	1944.23	2013.90
$150,000	n/a	1211.00	1350.34	1519.55	1645.63	1834.74	1904.42	1987.36	2080.26	2130.03	2239.52
$175,000	n/a	1244.18	1529.51	1615.77	1771.71	1967.46	2076.94	2153.25	2239.52	2332.41	2441.90
$200,000	n/a	1270.72	1579.27	1708.67	1867.92	2096.85	2206.34	2325.78	2408.72	2504.94	2607.79
$225,000	n/a	n/a	1622.40	1897.78	1947.55	2203.02	2342.37	2455.17	2581.25	2690.74	2790.27
$250,000	n/a	n/a	1648.95	1944.23	2083.58	2352.32	2524.85	2674.15	2810.18	2959.48	3088.87
$375,000	n/a	n/a	n/a	n/a	2388.82	2840.04	3092.19	3188.41	3304.53	3510.23	3712.62
Unlimited	892.49	1317.17	1735.21	2123.39	2475.08	2949.52	3264.72	3573.27	3875.19	4163.84	4452.49

Age: 59	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	414.73	444.59	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	653.61	756.46	819.50	855.99	889.17	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	799.59	975.43	1081.60	1171.18	1220.95	1317.17	1353.66	1386.84	1423.34	n/a	n/a
$100,000	952.21	1124.73	1287.31	1400.11	1483.06	1648.95	1692.08	1735.21	1775.02	1818.15	1854.65
$125,000	982.07	1250.81	1426.65	1582.59	1695.40	1864.60	1954.18	2037.13	2110.12	2183.11	2256.10
$150,000	n/a	1370.25	1519.55	1718.62	1857.97	2066.99	2146.62	2239.52	2339.05	2395.45	2508.26
$175,000	n/a	1406.75	1721.94	1818.15	2003.95	2222.93	2345.68	2425.31	2524.85	2627.70	2740.50
$200,000	n/a	1433.29	1784.98	1934.28	2103.49	2368.91	2491.67	2617.74	2717.28	2816.81	2929.62
$225,000	n/a	n/a	1824.79	2139.98	2203.02	2488.35	2640.97	2770.36	2913.03	3022.52	3135.32
$250,000	n/a	n/a	1864.60	2196.38	2352.32	2657.56	2846.67	3012.56	3168.50	3324.44	3470.42
$375,000	n/a	n/a	n/a	n/a	2697.37	3208.31	3493.64	3593.18	3722.57	3951.50	4173.79
Unlimited	1005.29	1486.37	1964.14	2398.77	2793.59	3327.75	3686.08	4034.44	4376.18	4701.32	5026.47

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 60	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	457.86	494.35	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	729.92	842.72	915.71	952.21	988.70	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	889.17	1088.24	1204.36	1300.58	1363.62	1469.79	1509.60	1549.41	1585.91	n/a	n/a
$100,000	1065.01	1247.49	1433.29	1566.00	1655.58	1834.74	1881.19	1934.28	1977.41	2023.86	2063.67
$125,000	1091.56	1393.48	1585.91	1761.75	1891.15	2073.63	2176.48	2269.38	2358.96	2441.90	2534.80
$150,000	n/a	1526.19	1695.40	1911.05	2070.31	2302.55	2395.45	2498.30	2611.11	2677.46	2810.18
$175,000	n/a	1569.32	1921.01	2030.49	2229.56	2471.76	2607.79	2704.01	2816.81	2939.57	3072.28
$200,000	n/a	1595.86	1990.68	2156.57	2352.32	2640.97	2777.00	2922.98	3032.47	3151.91	3284.62
$225,000	n/a	n/a	2037.13	2385.50	2451.85	2773.68	2942.89	3092.19	3244.81	3380.84	3513.55
$250,000	n/a	n/a	2073.63	2451.85	2624.38	2959.48	3175.13	3364.25	3540.09	3725.89	3895.10
$375,000	n/a	n/a	n/a	n/a	3002.61	3569.95	3891.78	4011.22	4157.20	4412.67	4678.10
Unlimited	1114.78	1658.90	2186.43	2667.51	3112.10	3712.62	4110.75	4495.62	4880.48	5242.12	5610.40

Age: 61	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	494.35	534.17	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	783.00	905.76	985.39	1028.52	1065.01	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	955.53	1171.18	1300.58	1406.75	1469.79	1582.59	1622.40	1665.54	1708.67	n/a	n/a
$100,000	1141.32	1350.34	1546.09	1678.81	1778.34	1977.41	2030.49	2083.58	2130.03	2179.79	2226.24
$125,000	1177.82	1502.96	1708.67	1897.78	2037.13	2232.88	2349.00	2448.54	2538.12	2627.70	2723.91
$150,000	n/a	1638.99	1824.79	2057.04	2226.24	2485.03	2577.93	2687.42	2813.49	2886.49	3029.15
$175,000	n/a	1692.08	2066.99	2183.11	2398.77	2667.51	2813.49	2909.71	3029.15	3161.86	3304.53
$200,000	n/a	1721.94	2143.30	2315.82	2528.16	2840.04	2995.97	3148.59	3264.72	3390.79	3533.46
$225,000	n/a	n/a	2189.75	2564.66	2644.29	2982.70	3168.50	3327.75	3500.28	3639.63	3778.97
$250,000	n/a	n/a	2229.56	2637.65	2826.77	3185.09	3417.33	3616.40	3808.83	4007.90	4187.06
$375,000	n/a	n/a	n/a	n/a	3234.86	3845.33	4190.38	4316.46	4475.71	4751.09	5029.78
Unlimited	1207.68	1784.98	2352.32	2873.21	3354.30	4001.27	4422.63	4840.67	5248.76	5636.94	6025.12

Age: 62	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	540.80	587.25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	862.63	995.34	1078.29	1124.73	1167.87	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1048.42	1283.99	1423.34	1536.14	1602.50	1731.89	1781.66	1834.74	1881.19	n/a	n/a
$100,000	1250.81	1479.74	1688.76	1841.38	1954.18	2166.52	2226.24	2285.96	2335.73	2388.82	2438.58
$125,000	1287.31	1642.31	1867.92	2080.26	2232.88	2451.85	2567.98	2680.78	2780.32	2876.53	2979.38
$150,000	n/a	1798.25	2003.95	2256.10	2441.90	2717.28	2820.13	2942.89	3078.92	3151.91	3307.85
$175,000	n/a	1851.33	2269.38	2398.77	2627.70	2922.98	3082.24	3188.41	3317.80	3463.78	3609.77
$200,000	n/a	1884.51	2349.00	2541.43	2770.36	3112.10	3274.67	3443.88	3573.27	3712.62	3865.24
$225,000	n/a	n/a	2402.09	2813.49	2893.12	3268.03	3470.42	3649.58	3828.74	3981.36	4137.30
$250,000	n/a	n/a	2445.22	2886.49	3088.87	3493.64	3742.48	3961.45	4170.47	4389.45	4581.88
$375,000	n/a	n/a	n/a	n/a	3543.41	4206.97	4588.52	4727.87	4903.71	5202.31	5507.55
Unlimited	1320.48	1957.50	2577.93	3151.91	3669.49	4379.50	4843.99	5301.84	5749.75	6177.74	6605.74

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 63	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	610.48	660.24	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	975.43	1121.42	1220.95	1270.72	1317.17	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1187.77	1449.88	1609.13	1738.53	1814.84	1960.82	2013.90	2066.99	2116.76	n/a	n/a
$100,000	1416.70	1668.85	1911.05	2080.26	2206.34	2448.54	2514.89	2577.93	2637.65	2700.69	2753.77
$125,000	1456.51	1861.29	2110.12	2352.32	2521.53	2770.36	2903.08	3029.15	3135.32	3244.81	3357.61
$150,000	n/a	2037.13	2262.74	2548.07	2757.09	3075.60	3188.41	3324.44	3473.74	3560.00	3725.89
$175,000	n/a	2086.90	2561.34	2707.32	2972.75	3307.85	3480.37	3603.13	3742.48	3905.05	4064.31
$200,000	n/a	2133.35	2654.24	2873.21	3128.69	3520.19	3702.66	3891.78	4034.44	4190.38	4359.59
$225,000	n/a	n/a	2713.96	3178.45	3271.35	3696.03	3921.64	4120.71	4323.09	4488.98	4658.19
$250,000	n/a	n/a	2763.73	3264.72	3496.96	3948.18	4233.51	4479.03	4711.28	4950.16	5165.81
$375,000	n/a	n/a	n/a	n/a	4004.58	4764.36	5189.04	5338.34	5530.77	5869.19	6204.29
Unlimited	1489.69	2206.34	2916.35	3563.32	4147.25	4953.48	5474.37	5991.95	6496.25	6977.33	7455.10

Age: 64	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	680.15	739.87	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1088.24	1250.81	1356.98	1420.02	1469.79	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1327.12	1615.77	1794.93	1934.28	2027.18	2183.11	2246.15	2302.55	2362.27	n/a	n/a
$100,000	1575.96	1857.97	2133.35	2325.78	2458.49	2733.87	2803.54	2873.21	2942.89	3012.56	3072.28
$125,000	1625.72	2070.31	2352.32	2624.38	2813.49	3085.55	3241.49	3384.16	3510.23	3636.31	3765.70
$150,000	n/a	2266.06	2524.85	2843.35	3075.60	3427.29	3560.00	3712.62	3885.14	3984.68	4180.43
$175,000	n/a	2335.73	2859.94	3022.52	3314.48	3682.76	3885.14	4024.49	4190.38	4376.18	4568.61
$200,000	n/a	2375.54	2956.16	3201.68	3487.01	3924.96	4130.66	4346.32	4518.84	4691.37	4887.12
$225,000	n/a	n/a	3029.15	3550.05	3646.26	4124.03	4376.18	4605.11	4837.35	5033.10	5225.54
$250,000	n/a	n/a	3082.24	3642.94	3898.42	4402.72	4721.23	5003.24	5265.35	5540.73	5796.20
$375,000	n/a	n/a	n/a	n/a	4465.76	5305.16	5786.24	5962.09	6187.70	6569.24	6957.43
Unlimited	1662.22	2465.13	3254.76	3968.09	4634.97	5520.82	6111.39	6682.05	7249.39	7786.88	8327.68

Age: 65	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	753.14	812.86	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1194.41	1380.20	1502.96	1562.68	1625.72	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1463.15	1781.66	1980.73	2143.30	2232.88	2408.72	2475.08	2541.43	2604.47	n/a	n/a
$100,000	1741.85	2053.72	2352.32	2564.66	2713.96	3012.56	3092.19	3171.82	3244.81	3324.44	3384.16
$125,000	1791.61	2285.96	2601.16	2893.12	3102.14	3407.38	3573.27	3729.21	3865.24	4004.58	4143.93
$150,000	n/a	2498.30	2783.63	3135.32	3390.79	3782.29	3924.96	4094.17	4283.28	4389.45	4608.42
$175,000	n/a	2567.98	3155.23	3334.39	3659.53	4064.31	4283.28	4439.22	4615.06	4814.13	5019.83
$200,000	n/a	2624.38	3264.72	3533.46	3851.97	4333.05	4555.34	4794.22	4976.70	5169.13	5384.79
$225,000	n/a	n/a	3341.02	3911.69	4024.49	4545.39	4827.40	5076.23	5328.39	5540.73	5753.07
$250,000	n/a	n/a	3404.06	4014.54	4299.87	4860.58	5212.26	5514.18	5802.83	6104.75	6376.81
$375,000	n/a	n/a	n/a	n/a	4930.25	5859.23	6383.45	6575.88	6818.08	7236.12	7660.80
Unlimited	1834.74	2720.60	3586.54	4386.13	5109.41	6094.80	6745.09	7378.79	8002.53	8596.42	9196.94

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 66	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	836.09	902.44	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1333.76	1529.51	1662.22	1735.21	1801.57	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1625.72	1977.41	2196.38	2372.23	2478.40	2674.15	2747.14	2820.13	2886.49	n/a	n/a
$100,000	1934.28	2279.33	2611.11	2843.35	3009.24	3341.02	3433.92	3523.50	3606.45	3689.39	3759.07
$125,000	1987.36	2531.48	2886.49	3208.31	3443.88	3778.97	3964.77	4140.61	4286.60	4439.22	4601.79
$150,000	n/a	2777.00	3085.55	3477.05	3769.02	4197.02	4356.27	4542.07	4757.73	4873.85	5116.05
$175,000	n/a	2853.31	3496.96	3696.03	4060.99	4512.21	4754.41	4923.62	5122.68	5348.29	5577.22
$200,000	n/a	2909.71	3619.72	3918.32	4276.64	4807.49	5059.65	5318.43	5520.82	5736.48	5972.04
$225,000	n/a	n/a	3705.98	4343.00	4469.08	5043.06	5358.25	5630.31	5912.32	6154.52	6390.08
$250,000	n/a	n/a	3775.66	4455.81	4777.63	5391.43	5776.29	6121.34	6436.53	6771.63	7076.87
$375,000	n/a	n/a	n/a	n/a	5471.05	6499.57	7083.50	7295.84	7567.90	8029.08	8500.20
Unlimited	2037.13	3019.20	3978.04	4860.58	5666.80	6761.68	7478.32	8185.01	8868.48	9532.04	10188.96

Age: 67	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	919.03	992.02	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1459.83	1685.44	1824.79	1907.74	1977.41	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1778.34	2173.16	2412.04	2607.79	2720.60	2936.25	3019.20	3095.51	3178.45	n/a	n/a
$100,000	2123.39	2501.62	2866.58	3125.37	3307.85	3669.49	3772.34	3868.55	3961.45	4054.35	4140.61
$125,000	2183.11	2786.95	3171.82	3526.82	3782.29	4150.57	4356.27	4542.07	4701.32	4873.85	5043.06
$150,000	n/a	3049.06	3390.79	3822.11	4137.30	4608.42	4780.95	4989.97	5215.58	5344.98	5603.76
$175,000	n/a	3132.00	3845.33	4064.31	4459.12	4956.79	5222.22	5401.38	5620.35	5862.55	6111.39
$200,000	n/a	3195.04	3974.72	4306.50	4691.37	5275.30	5554.00	5839.33	6058.30	6290.55	6552.66
$225,000	n/a	n/a	4067.62	4774.31	4900.39	5544.04	5882.46	6187.70	6492.93	6748.41	7010.51
$250,000	n/a	n/a	4143.93	4893.76	5242.12	5922.27	6343.63	6718.55	7070.23	7431.87	7766.97
$375,000	n/a	n/a	n/a	n/a	6008.54	7139.91	7783.56	8015.80	8304.45	8805.44	9326.34
Unlimited	2236.20	3314.48	4372.86	5344.98	6227.51	7428.55	8221.51	8997.87	9754.33	10480.93	11210.85

Age: 68	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1008.61	1091.56	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1612.45	1857.97	2013.90	2100.17	2179.79	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1964.14	2398.77	2657.56	2873.21	2999.29	3234.86	3327.75	3417.33	3500.28	n/a	n/a
$100,000	2342.37	2757.09	3161.86	3443.88	3646.26	4051.03	4157.20	4263.37	4359.59	4462.44	4545.39
$125,000	2408.72	3075.60	3500.28	3885.14	4170.47	4575.25	4800.86	5013.20	5195.67	5384.79	5580.54
$150,000	n/a	3364.25	3742.48	4213.61	4561.98	5082.87	5271.98	5507.55	5759.70	5905.68	6194.33
$175,000	n/a	3457.15	4243.47	4479.03	4920.30	5457.78	5756.38	5965.40	6204.29	6476.35	6761.68
$200,000	n/a	3523.50	4389.45	4751.09	5175.77	5822.74	6127.98	6439.85	6688.68	6947.47	7239.44
$225,000	n/a	n/a	4488.98	5258.71	5411.33	6111.39	6486.30	6821.40	7163.13	7451.78	7740.43
$250,000	n/a	n/a	4575.25	5394.74	5779.61	6526.11	7000.56	7415.28	7800.15	8208.24	8576.51
$375,000	n/a	n/a	n/a	n/a	6625.65	7869.82	8576.51	8838.62	9160.45	9724.47	10301.77
Unlimited	2465.13	3656.22	4824.08	5889.10	6864.53	8185.01	9057.59	9916.90	10749.67	11549.26	12352.17

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 69	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1131.37	1220.95	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1798.25	2073.63	2252.79	2342.37	2431.95	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2196.38	2677.46	2969.43	3208.31	3350.98	3616.40	3715.94	3808.83	3908.37	n/a	n/a
$100,000	2611.11	3078.92	3526.82	3845.33	4067.62	4522.16	4641.60	4764.36	4873.85	4986.65	5086.19
$125,000	2694.05	3430.61	3905.05	4339.68	4658.19	5109.41	5361.56	5600.45	5806.15	6021.81	6240.78
$150,000	n/a	3755.75	4170.47	4704.64	5092.82	5670.12	5892.41	6151.20	6436.53	6599.10	6930.88
$175,000	n/a	3858.60	4731.18	4999.92	5487.64	6094.80	6429.90	6665.46	6937.52	7239.44	7557.95
$200,000	n/a	3931.59	4893.76	5301.84	5776.29	6496.25	6837.99	7196.31	7475.00	7766.97	8092.11
$225,000	n/a	n/a	5009.88	5872.51	6038.40	6821.40	7246.08	7624.30	8009.17	8331.00	8656.14
$250,000	n/a	n/a	5102.78	6025.12	6449.80	7285.89	7813.42	8277.91	8712.54	9170.40	9581.81
$375,000	n/a	n/a	n/a	n/a	7398.69	8785.53	9581.81	9873.77	10242.05	10869.11	11516.08
Unlimited	2753.77	4080.89	5381.47	6575.88	7664.12	9140.54	10115.97	11068.18	12007.12	12892.97	13792.09

Age: 70	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1244.18	1347.03	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1987.36	2289.28	2485.03	2591.20	2687.42	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2421.99	2956.16	3274.67	3543.41	3699.35	3988.00	4100.80	4203.65	4309.82	n/a	n/a
$100,000	2886.49	3400.75	3898.42	4246.78	4488.98	4989.97	5119.37	5258.71	5381.47	5510.87	5623.67
$125,000	2969.43	3788.93	4309.82	4787.59	5142.59	5636.94	5918.96	6177.74	6403.35	6628.96	6864.53
$150,000	n/a	4147.25	4608.42	5192.36	5626.99	6264.01	6496.25	6781.58	7096.77	7272.62	7630.94
$175,000	n/a	4263.37	5222.22	5514.18	6061.62	6735.13	7096.77	7352.24	7647.53	7975.99	8324.36
$200,000	n/a	4343.00	5408.01	5849.28	6380.13	7169.77	7544.68	7936.18	8241.42	8559.92	8914.93
$225,000	n/a	n/a	5534.09	6479.66	6668.78	7534.72	7999.22	8410.62	8828.67	9180.35	9535.36
$250,000	n/a	n/a	5633.62	6652.19	7123.32	8045.67	8622.96	9137.22	9611.67	10109.34	10560.56
$375,000	n/a	n/a	n/a	n/a	8168.42	9704.57	10570.51	10892.34	11290.47	11980.58	12687.27
Unlimited	3039.10	4505.57	5945.50	7259.35	8467.03	10092.75	11167.71	12212.82	13241.34	14216.77	15205.48

Age: 71	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1383.52	1502.96	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2206.34	2548.07	2767.05	2879.85	2989.34	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2694.05	3287.94	3649.58	3948.18	4117.39	4442.53	4565.29	4684.73	4804.17	n/a	n/a
$100,000	3214.95	3788.93	4339.68	4731.18	5003.24	5554.00	5703.30	5852.60	5991.95	6137.93	6257.37
$125,000	3307.85	4213.61	4800.86	5331.70	5723.21	6280.60	6589.15	6877.80	7133.27	7388.74	7647.53
$150,000	n/a	4608.42	5129.32	5779.61	6260.69	6970.70	7239.44	7551.31	7896.36	8098.75	8496.89
$175,000	n/a	4741.14	5812.79	6144.57	6738.45	7498.23	7899.68	8181.69	8513.47	8881.75	9266.62
$200,000	n/a	4830.72	6018.49	6512.84	7100.09	7985.94	8403.99	8838.62	9177.03	9532.04	9923.54
$225,000	n/a	n/a	6157.84	7212.90	7418.60	8384.08	8904.98	9362.83	9827.32	10218.82	10613.64
$250,000	n/a	n/a	6273.96	7402.01	7929.54	8958.06	9605.03	10169.06	10699.91	11253.98	11751.65
$375,000	n/a	n/a	n/a	n/a	9090.77	10802.76	11768.24	12126.56	12571.14	13337.56	14123.87
Unlimited	3384.16	5016.51	6615.69	8082.16	9419.23	11234.07	12431.80	13609.62	14760.89	15855.77	16960.59

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 72	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1526.19	1652.26	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2435.27	2806.86	3049.06	3178.45	3297.89	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2969.43	3626.36	4021.17	4346.32	4535.43	4900.39	5026.47	5159.18	5285.26	n/a	n/a
$100,000	3536.77	4173.79	4780.95	5208.95	5514.18	6118.02	6283.91	6446.49	6592.47	6748.41	6881.12
$125,000	3646.26	4644.92	5288.57	5875.82	6300.50	6917.61	7256.03	7574.54	7849.91	8128.61	8417.26
$150,000	n/a	5082.87	5653.53	6366.86	6897.71	7680.71	7972.67	8321.04	8709.23	8921.56	9359.51
$175,000	n/a	5225.54	6406.67	6768.31	7428.55	8261.32	8705.91	9011.14	9379.42	9787.51	10208.87
$200,000	n/a	5328.39	6625.65	7173.08	7823.37	8795.49	9253.34	9734.43	10109.34	10497.52	10935.47
$225,000	n/a	n/a	6784.90	7946.13	8178.38	9240.07	9810.73	10311.72	10829.30	11260.61	11698.56
$250,000	n/a	n/a	6910.98	8155.15	8739.09	9867.14	10577.15	11204.21	11788.14	12398.62	12956.01
$375,000	n/a	n/a	n/a	n/a	10016.44	11900.95	12965.96	13364.10	13851.82	14697.85	15567.12
Unlimited	3725.89	5524.14	7285.89	8904.98	10378.08	12375.39	13702.51	14989.82	16257.22	17464.90	18682.53

Age: 73	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1708.67	1841.38	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2717.28	3128.69	3400.75	3540.09	3672.80	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3314.48	4041.08	4482.35	4847.31	5062.96	5457.78	5610.40	5753.07	5899.05	n/a	n/a
$100,000	3951.50	4658.19	5331.70	5806.15	6144.57	6824.71	7010.51	7196.31	7362.20	7534.72	7687.34
$125,000	4064.31	5179.09	5899.05	6555.97	7030.42	7717.20	8095.43	8450.44	8758.99	9067.55	9392.69
$150,000	n/a	5666.80	6303.82	7106.73	7690.66	8566.56	8891.70	9279.89	9704.57	9950.08	10437.80
$175,000	n/a	5829.37	7149.86	7551.31	8284.55	9213.53	9707.88	10052.93	10461.02	10908.93	11380.05
$200,000	n/a	5942.18	7395.38	8002.53	8722.50	9814.05	10324.99	10852.52	11270.57	11705.20	12196.23
$225,000	n/a	n/a	7571.22	8865.16	9117.31	10305.09	10942.10	11499.49	12073.47	12554.56	13038.95
$250,000	n/a	n/a	7703.93	9097.41	9744.38	11005.14	11794.78	12498.15	13148.44	13828.59	14439.07
$375,000	n/a	n/a	n/a	n/a	11174.35	13271.20	14462.29	14900.24	15444.36	16383.30	17348.78
Unlimited	4157.20	6164.47	8128.61	9926.86	11572.49	13805.37	15278.47	16715.08	18121.82	19465.53	20815.88

Age: 74	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1881.19	2037.13	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2995.97	3457.15	3752.43	3905.05	4054.35	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3656.22	4462.44	4943.52	5351.61	5580.54	6021.81	6187.70	6353.59	6512.84	n/a	n/a
$100,000	4352.95	5135.95	5882.46	6413.31	6788.22	7534.72	7733.79	7932.86	8121.97	8311.09	8473.66
$125,000	4482.35	5713.25	6506.21	7229.49	7760.33	8513.47	8931.52	9323.02	9668.07	10016.44	10368.13
$150,000	n/a	6250.74	6954.11	7836.64	8490.25	9452.41	9814.05	10242.05	10709.86	10981.92	11522.72
$175,000	n/a	6429.90	7883.09	8331.00	9147.17	10165.74	10709.86	11094.72	11545.94	12046.93	12571.14
$200,000	n/a	6552.66	8158.47	8835.30	9631.57	10825.98	11393.33	11980.58	12441.75	12919.51	13457.00
$225,000	n/a	n/a	8350.90	9780.87	10069.52	11370.10	12073.47	12690.59	13327.60	13861.77	14392.62
$250,000	n/a	n/a	8500.20	10036.35	10756.31	12146.47	13022.37	13788.78	14512.06	15265.20	15945.35
$375,000	n/a	n/a	n/a	n/a	12332.26	14641.45	15961.94	16443.02	17046.86	18088.65	19153.66
Unlimited	4588.52	6801.49	8971.33	10955.38	12773.53	15232.02	16857.74	18450.29	20006.33	21489.39	22985.72

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age:	20 Day Elimination Period										
75	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2110.12	2289.28	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3364.25	3885.14	4213.61	4392.77	4558.66	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4107.44	5013.20	5560.63	6015.17	6277.28	6774.95	6960.74	7133.27	7319.07	n/a	n/a
$100,000	4893.76	5772.97	6612.38	7206.26	7620.99	8467.03	8692.64	8918.25	9130.59	9342.92	9525.40
$125,000	5036.42	6426.58	7312.43	8128.61	8719.18	9568.54	10039.66	10477.61	10862.48	11247.34	11648.80
$150,000	n/a	7027.10	7816.74	8808.76	9535.36	10626.91	11028.37	11509.45	12036.98	12335.58	12939.42
$175,000	n/a	7226.17	8858.53	9366.15	10278.54	11426.50	12040.30	12464.97	12972.60	13533.31	14120.56
$200,000	n/a	7365.52	9167.08	9926.86	10819.35	12166.37	12803.39	13463.63	13981.21	14518.69	15119.21
$225,000	n/a	n/a	9389.37	10998.51	11310.38	12780.17	13563.17	14263.22	14973.23	15573.75	16170.96
$250,000	n/a	n/a	9555.26	11280.52	12083.43	13649.43	14628.18	15497.44	16306.99	17149.71	17916.12
$375,000	n/a	n/a	n/a	n/a	13851.82	16459.61	17932.71	18480.15	19156.98	20324.84	21522.57
Unlimited	5159.18	7640.89	10082.79	12312.36	14352.80	17119.85	18947.96	20729.61	22484.73	24143.63	25829.07

Age:	20 Day Elimination Period										
76	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2358.96	2551.39	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3762.39	4339.68	4711.28	4907.03	5099.46	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4588.52	5603.76	6217.56	6721.86	7010.51	7567.90	7780.24	7979.31	8175.06	n/a	n/a
$100,000	5467.73	6453.12	7392.06	8055.62	8523.43	9465.68	9717.84	9969.99	10202.24	10441.12	10643.50
$125,000	5633.62	7179.72	8175.06	9084.14	9747.70	10696.59	11224.12	11715.15	12139.83	12581.10	13025.68
$150,000	n/a	7856.55	8742.40	9847.23	10663.41	11874.41	12325.63	12866.43	13453.68	13798.73	14478.88
$175,000	n/a	8078.84	9903.63	10461.02	11489.54	12773.53	13453.68	13938.08	14502.10	15132.49	15789.41
$200,000	n/a	8231.46	10248.68	11094.72	12096.70	13602.98	14312.99	15049.54	15623.52	16230.68	16907.51
$225,000	n/a	n/a	10487.57	12292.45	12640.82	14279.81	15168.98	15942.03	16741.62	17415.13	18082.01
$250,000	n/a	n/a	10680.00	12607.64	13510.08	15258.56	16356.75	17325.55	18227.99	19170.25	20029.56
$375,000	n/a	n/a	n/a	n/a	15484.17	18397.20	20052.78	20659.94	21419.72	22730.25	24070.64
Unlimited	5766.34	8543.34	11270.57	13762.23	16041.56	19140.39	21177.52	23171.52	25122.38	26983.67	28851.59

Age:	20 Day Elimination Period										
77	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2667.51	2886.49	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4243.47	4893.76	5311.80	5537.41	5746.43	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5175.77	6317.09	7010.51	7584.49	7912.95	8533.38	8772.26	9001.19	9230.12	n/a	n/a
$100,000	6167.79	7275.94	8337.63	9084.14	9611.67	10673.36	10958.69	11237.39	11502.81	11768.24	12003.80
$125,000	6350.27	8102.07	9220.17	10248.68	10991.87	12063.52	12657.41	13211.48	13692.56	14183.60	14691.22
$150,000	n/a	8861.84	9857.18	11104.68	12027.03	13393.96	13904.90	14512.06	15175.62	15557.16	16326.89
$175,000	n/a	9114.00	11171.03	11808.05	12962.64	14405.89	15175.62	15723.05	16360.07	17066.76	17803.31
$200,000	n/a	9289.84	11559.22	12521.38	13639.48	15344.83	16147.73	16980.50	17627.47	18307.62	19067.40
$225,000	n/a	n/a	11831.27	13861.77	14256.59	16107.92	17103.26	17979.16	18881.60	19634.74	20394.52
$250,000	n/a	n/a	12046.93	14223.41	15235.34	17206.11	18450.29	19541.84	20560.41	21622.10	22587.58
$375,000	n/a	n/a	n/a	n/a	17464.90	20749.52	22617.44	23300.91	24153.58	25630.01	27136.29
Unlimited	6502.89	9631.57	12710.49	15527.30	18091.96	21585.61	23888.16	26137.63	28340.65	30440.82	32550.94

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 78	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3039.10	3287.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4840.67	5583.86	6061.62	6313.77	6555.97	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5905.68	7209.58	7995.90	8649.50	9024.42	9734.43	10009.80	10265.27	10524.06	n/a	n/a
$100,000	7037.05	8301.14	9512.13	10361.49	10962.01	12176.33	12501.47	12826.61	13125.22	13430.45	13695.88
$125,000	7246.08	9240.07	10520.74	11688.61	12544.60	13762.23	14439.07	15066.13	15616.88	16177.59	16751.57
$150,000	n/a	10112.65	11244.02	12677.31	13722.42	15281.79	15855.77	16552.50	17305.64	17736.96	18612.86
$175,000	n/a	10397.99	12746.99	13470.27	14780.80	16429.75	17312.28	17929.39	18655.99	19462.21	20304.94
$200,000	n/a	10597.05	13188.26	14283.13	15560.48	17501.40	18413.79	19362.68	20102.55	20875.60	21741.54
$225,000	n/a	n/a	13496.81	15815.95	16270.49	18377.29	19515.30	20510.64	21535.84	22395.15	23257.78
$250,000	n/a	n/a	13745.65	16230.68	17381.95	19631.42	21041.49	22292.30	23453.53	24661.21	25759.40
$375,000	n/a	n/a	n/a	n/a	19923.39	23675.82	25795.90	26578.90	27554.33	29236.45	30951.76
Unlimited	7415.28	10991.87	14498.79	17713.73	20643.35	24624.71	27249.09	29813.75	32325.33	34717.46	37122.86

Age: 79	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3443.88	3719.25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5481.01	6323.73	6864.53	7156.49	7425.24	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6688.68	8165.11	9054.28	9794.15	10215.51	11031.69	11333.60	11625.57	11920.86	n/a	n/a
$100,000	7972.67	9399.33	10766.26	11735.06	12415.21	13792.09	14160.37	14525.33	14860.43	15205.48	15500.76
$125,000	8204.92	10464.34	11914.22	13234.70	14196.87	15583.71	16350.12	17063.45	17690.51	18324.21	18977.82
$150,000	n/a	11449.73	12737.03	14349.49	15533.94	17302.33	17962.57	18748.89	19604.88	20099.23	21087.94
$175,000	n/a	11771.55	14435.75	15258.56	16741.62	18606.22	19608.20	20308.25	21134.39	22050.10	23002.31
$200,000	n/a	12000.48	14936.74	16174.28	17624.15	19820.54	20855.69	21930.66	22773.38	23652.60	24634.67
$225,000	n/a	n/a	15285.10	17909.48	18417.11	20809.24	22096.55	23231.24	24395.78	25371.22	26349.97
$250,000	n/a	n/a	15567.12	18373.98	19681.19	22232.58	23831.76	25245.14	26562.31	27935.88	29186.69
$375,000	n/a	n/a	n/a	n/a	22564.36	26807.82	29216.55	30105.72	31210.54	33114.96	35069.15
Unlimited	8397.35	12448.39	16423.11	20056.10	23380.54	27889.43	30855.54	33758.62	36605.29	39305.98	42033.21

Age: 80	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3885.14	4203.65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6191.01	7139.91	7750.38	8072.21	8380.76	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7551.31	9216.85	10225.46	11058.23	11539.31	12451.70	12796.75	13125.22	13457.00	n/a	n/a
$100,000	8997.87	10610.32	12156.42	13251.29	14017.71	15567.12	15988.48	16399.89	16781.43	17176.25	17511.35
$125,000	9263.30	11811.37	13450.36	14943.37	16034.93	17594.29	18463.56	19269.78	19966.52	20683.17	21419.72
$150,000	n/a	12926.15	14376.03	16197.50	17541.21	19538.52	20281.71	21164.25	22133.04	22683.80	23801.90
$175,000	n/a	13287.79	16293.72	17219.38	18898.19	21004.99	22139.68	22929.32	23854.98	24886.82	25968.42
$200,000	n/a	13546.58	16861.06	18257.85	19893.53	22378.56	23549.74	24760.74	25706.31	26698.34	27806.48
$225,000	n/a	n/a	17259.20	20218.67	20799.29	23493.34	24953.17	26230.53	27537.74	28645.89	29740.76
$250,000	n/a	n/a	17574.39	20742.89	22219.31	25102.47	26907.36	28499.90	29986.28	31535.69	32939.12
$375,000	n/a	n/a	n/a	n/a	25477.39	30264.97	32985.57	33984.23	35231.72	37378.33	39578.04
Unlimited	9482.27	14050.88	18536.55	22643.99	26393.10	31479.29	34840.22	38118.20	41336.47	44395.48	47481.04

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 81	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4419.31	4784.27	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7043.69	8121.97	8815.39	9186.99	9535.36	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	8593.10	10490.88	11638.84	12587.73	13125.22	14167.01	14561.82	14933.42	15311.65	n/a	n/a
$100,000	10242.05	12076.79	13838.54	15076.08	15955.30	17713.73	18191.50	18659.31	19097.26	19548.48	19933.34
$125,000	10543.97	13443.73	15305.01	17007.04	18247.90	20019.61	21011.63	21927.34	22723.61	23543.11	24375.88
$150,000	n/a	14707.81	16363.39	18433.70	19963.20	22235.90	23075.30	24083.91	25192.06	25815.80	27093.15
$175,000	n/a	15122.53	18539.87	19588.29	21509.30	23901.43	25195.37	26087.86	27149.56	28320.74	29548.33
$200,000	n/a	15414.50	19190.16	20776.06	22637.35	25460.80	26797.87	28174.76	29253.04	30384.41	31641.86
$225,000	n/a	n/a	19638.06	23005.63	23662.55	26734.83	28390.41	29843.61	31336.62	32594.07	33844.88
$250,000	n/a	n/a	19999.70	23606.15	25288.27	28562.94	30616.66	32431.50	34126.89	35885.32	37491.14
$375,000	n/a	n/a	n/a	n/a	28990.94	34438.76	37534.27	38672.28	40095.61	42537.51	45039.14
Unlimited	10789.49	15988.48	21091.25	25766.03	30036.04	35825.60	39641.07	43376.92	47033.13	50513.51	54023.74

Age: 82	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4950.16	5351.61	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7883.09	9094.09	9870.46	10278.54	10676.68	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	9618.30	11735.06	13022.37	14080.74	14691.22	15852.45	16297.03	16718.39	17139.75	n/a	n/a
$100,000	11459.68	13513.40	15480.85	16867.70	17849.76	19820.54	20354.70	20878.92	21366.63	21864.30	22295.62
$125,000	11798.10	15042.91	17126.48	19030.90	20421.06	22405.10	23506.61	24528.50	25424.30	26333.38	27262.36
$150,000	n/a	16459.61	18304.30	20630.08	22338.75	24883.50	25822.44	26947.17	28178.08	28881.45	30301.47
$175,000	n/a	16920.78	20749.52	21924.02	24070.64	26754.74	28191.35	29190.00	30374.46	31681.67	33051.92
$200,000	n/a	17249.24	21472.80	23251.14	25334.72	28493.27	29986.28	31529.05	32730.10	33990.86	35397.61
$225,000	n/a	n/a	21977.11	25746.13	26482.68	29916.60	31767.94	33396.97	35062.51	36462.62	37866.05
$250,000	n/a	n/a	22375.24	26416.32	28297.52	31963.69	34262.92	36283.46	38181.24	40145.38	41940.31
$375,000	n/a	n/a	n/a	n/a	32441.45	38542.88	42000.03	43267.43	44850.02	47587.21	50390.75
Unlimited	12073.47	17892.90	23606.15	28831.68	33606.00	40088.98	44362.30	48539.41	52630.26	56525.36	60447.00

Age: 83	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5567.27	6021.81	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	8868.48	10225.46	11104.68	11569.17	12010.44	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	10819.35	13211.48	14654.72	15842.50	16532.60	17836.49	18340.80	18811.93	19286.37	n/a	n/a
$100,000	12892.97	15205.48	17421.77	18984.45	20089.28	22302.25	22906.09	23503.30	24050.73	24614.76	25102.47
$125,000	13274.52	16927.42	19273.10	21413.08	22975.77	25208.64	26452.82	27610.73	28616.03	29647.86	30696.29
$150,000	n/a	18523.28	20596.90	23211.33	25135.65	27998.91	29057.29	30324.69	31711.53	32507.80	34116.94
$175,000	n/a	19047.49	23353.99	24674.48	27083.20	30102.40	31721.49	32852.86	34183.29	35663.03	37205.81
$200,000	n/a	19409.13	24163.54	26160.85	28506.54	32059.90	33748.66	35480.55	36840.85	38260.87	39850.10
$225,000	n/a	n/a	24734.20	28967.71	29797.16	33665.72	35749.30	37587.36	39461.91	41041.19	42623.78
$250,000	n/a	n/a	25182.10	29724.17	31840.93	35964.95	38556.15	40838.80	42972.15	45195.07	47208.98
$375,000	n/a	n/a	n/a	n/a	36505.75	43363.65	47262.06	48692.03	50483.64	53562.56	56721.11
Unlimited	13583.07	20135.73	26562.31	32444.77	37819.60	45108.81	49916.30	54624.26	59229.37	63625.45	68041.44

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 84	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6240.78	6751.72	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	9946.76	11469.63	12448.39	12972.60	13463.63	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	12133.19	14807.34	16426.43	17766.82	18539.87	20006.33	20557.09	21084.62	21615.47	n/a	n/a
$100,000	14455.65	17053.49	19531.89	21280.37	22521.23	25006.26	25683.09	26346.65	26960.44	27594.14	28138.26
$125,000	14880.33	18974.50	21608.83	24007.60	25762.72	28264.34	29657.81	30951.76	32083.13	33231.08	34412.22
$150,000	n/a	20766.11	23095.21	26024.82	28181.39	31389.71	32580.80	33990.86	35550.23	36439.40	38237.65
$175,000	n/a	21350.04	26180.76	27663.82	30364.51	33748.66	35560.18	36830.90	38327.23	39979.49	41711.38
$200,000	n/a	21761.45	27089.84	29332.67	31963.69	35948.36	37832.87	39773.79	41296.66	42885.88	44664.22
$225,000	n/a	n/a	27730.17	32481.26	33406.93	37743.29	40082.34	42136.06	44236.23	46011.25	47776.32
$250,000	n/a	n/a	28234.48	33327.30	35699.53	40324.54	43224.30	45782.32	48167.82	50659.49	52918.91
$375,000	n/a	n/a	n/a	n/a	40928.38	48622.36	52988.58	54594.40	56595.03	60045.54	63579.00
Unlimited	15232.02	22574.31	29780.57	36373.04	42401.48	50579.86	55964.65	61230.00	66392.50	71302.84	76246.36

Age: 85	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6622.33	7166.45	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	10553.92	12166.37	13204.84	13758.92	14289.76	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	12876.38	15713.10	17435.04	18851.74	19671.24	21220.65	21811.22	22375.24	22935.95	n/a	n/a
$100,000	15341.51	18085.33	20722.98	22584.26	23894.80	26529.13	27245.77	27952.47	28602.75	29276.27	29853.56
$125,000	15792.73	20135.73	22926.00	25474.07	27332.04	29992.91	31466.02	32836.27	34037.31	35258.26	36509.07
$150,000	n/a	22033.51	24505.27	27607.41	29903.33	33300.76	34568.16	36074.44	37726.70	38665.64	40573.38
$175,000	n/a	22653.94	27779.94	29349.26	32219.16	35805.70	37730.02	39077.05	40662.96	42421.39	44256.13
$200,000	n/a	23091.89	28742.10	31124.28	33911.23	38138.11	40142.06	42199.10	43814.87	45503.63	47391.46
$225,000	n/a	n/a	29422.25	34465.31	35447.38	40052.48	42530.88	44707.36	46940.23	48814.79	50686.03
$250,000	n/a	n/a	29956.42	35361.11	37876.00	42779.71	45865.27	48575.91	51110.71	53748.36	56150.45
$375,000	n/a	n/a	n/a	n/a	43420.05	51588.47	56220.12	57925.47	60045.54	63711.71	67464.15
Unlimited	16161.00	23954.52	31595.41	38595.97	44989.37	53662.10	59381.98	64972.48	70453.48	75669.06	80921.14

Age: 86	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6937.52	7501.55	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	11048.27	12737.03	13825.27	14412.52	14959.96	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	13480.22	16452.97	18254.54	19734.27	20596.90	22219.31	22839.74	23426.99	24017.55	n/a	n/a
$100,000	16061.47	18947.96	21705.05	23645.96	25019.53	27779.94	28526.44	29266.31	29946.46	30649.84	31250.36
$125,000	16535.92	21084.62	24004.28	26675.11	28619.34	31406.29	32952.39	34392.31	35639.81	36920.48	38227.69
$150,000	n/a	23071.98	25653.23	28914.63	31310.08	34873.40	36193.88	37773.15	39505.04	40487.11	42481.11
$175,000	n/a	23725.59	29087.15	30736.10	33735.39	37494.46	39511.68	40918.43	42577.33	44418.71	46339.71
$200,000	n/a	24180.13	30092.45	32587.43	35510.41	39939.68	42033.21	44189.78	45881.86	47650.24	49624.33
$225,000	n/a	n/a	30805.77	36087.71	37116.23	41933.67	44528.19	46814.16	49146.57	51114.03	53071.53
$250,000	n/a	n/a	31366.48	37026.65	39664.30	44800.25	48025.16	50861.87	53519.43	56283.16	58791.42
$375,000	n/a	n/a	n/a	n/a	45467.13	54020.42	58871.04	60656.02	62878.95	66717.64	70642.60
Unlimited	16920.78	25082.57	33085.10	40417.44	47109.44	56190.26	62178.89	68031.49	73767.97	79225.75	84723.34

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 87	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	7408.65	8012.49	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	11808.05	13609.62	14774.16	15397.91	15985.16	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	14399.25	17577.70	19502.03	21084.62	22003.65	23742.18	24402.42	25032.80	25669.82	n/a	n/a
$100,000	17156.34	20235.26	23184.79	25261.73	26731.51	29684.36	30483.95	31266.95	31996.86	32746.69	33390.34
$125,000	17667.29	22527.86	25643.28	28499.90	30576.84	33549.59	35205.18	36741.32	38081.71	39448.64	40852.07
$150,000	n/a	24647.94	27414.98	30888.72	33450.06	37258.89	38668.96	40351.08	42202.42	43257.48	45394.14
$175,000	n/a	25347.99	31071.20	32836.27	36041.26	40055.80	42212.37	43721.97	45493.67	47457.81	49514.85
$200,000	n/a	25832.39	32152.80	34816.99	37935.73	42670.23	44906.42	47218.93	49027.13	50921.59	53031.72
$225,000	n/a	n/a	32912.58	38552.84	39654.35	44806.89	47577.25	50015.84	52520.77	54617.62	56717.79
$250,000	n/a	n/a	33509.78	39561.45	42378.26	47862.58	51313.09	54345.56	57185.60	60141.76	62822.54
$375,000	n/a	n/a	n/a	n/a	48582.55	57713.13	62898.85	64803.27	67178.81	71282.93	75479.95
Unlimited	18075.37	26794.55	35351.16	43177.85	50331.03	60032.27	66428.99	72683.04	78811.02	84643.71	90519.54

Age: 88	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	7886.41	8526.75	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	12561.19	14485.51	15723.05	16376.66	17007.04	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	15324.92	18705.76	20749.52	22434.96	23410.40	25258.41	25968.42	26635.30	27308.81	n/a	n/a
$100,000	18257.85	21529.20	24667.84	26880.82	28440.18	31585.46	32434.81	33270.90	34040.63	34846.85	35527.00
$125,000	18801.97	23967.79	27292.22	30324.69	32534.35	35699.53	37461.28	39093.64	40513.66	41970.17	43459.86
$150,000	n/a	26227.21	29166.78	32866.13	35593.36	39644.39	41147.36	42938.97	44906.42	46027.84	48300.53
$175,000	n/a	26967.08	33065.19	34933.12	38353.77	42627.09	44913.06	46518.87	48400.07	50493.60	52680.03
$200,000	n/a	27487.97	34209.84	37046.55	40370.99	45400.78	47779.64	50241.45	52162.45	54166.40	56409.24
$225,000	n/a	n/a	35016.06	41024.60	42192.46	47673.47	50622.99	53214.19	55875.07	58107.95	60337.51
$250,000	n/a	n/a	35656.40	42092.93	45088.90	50924.91	54594.40	57822.62	60838.50	63980.46	66840.40
$375,000	n/a	n/a	n/a	n/a	51694.64	61405.84	66923.34	68950.52	71478.68	75844.91	80307.35
Unlimited	19239.92	28509.86	37610.58	45941.58	53552.61	63880.92	70682.41	77341.24	83860.71	90068.32	96309.10

Age: 89	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	8344.27	9024.42	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	13287.79	15318.28	16628.81	17325.55	17985.79	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	16210.77	19784.04	21950.56	23732.22	24764.06	26718.24	27468.07	28171.44	28881.45	n/a	n/a
$100,000	19312.91	22776.70	26097.81	28433.55	30082.49	33406.93	34306.05	35191.90	36008.08	36854.12	37574.09
$125,000	19883.58	25354.63	28868.18	32073.17	34422.18	37759.88	39624.49	41359.69	42865.98	44408.75	45984.71
$150,000	n/a	27736.81	30852.22	34767.23	37650.39	41936.99	43522.90	45424.00	47507.58	48695.35	51097.44
$175,000	n/a	28523.13	34969.61	36956.97	40566.74	45085.58	47514.21	49206.29	51206.93	53419.90	55739.04
$200,000	n/a	29070.56	36183.93	39186.54	42703.40	48021.84	50543.37	53147.84	55181.65	57305.04	59687.22
$225,000	n/a	n/a	37043.24	43393.51	44631.05	50430.56	53545.97	56299.75	59109.92	61478.83	63837.79
$250,000	n/a	n/a	37716.75	44521.56	47696.69	53871.12	57752.94	61163.64	64365.32	67693.07	70715.59
$375,000	n/a	n/a	n/a	n/a	54680.66	64955.89	70795.22	72945.15	75615.98	80231.04	84958.90
Unlimited	20351.39	30162.12	39787.06	48599.13	56648.12	67567.00	74769.94	81810.31	88714.65	95283.90	101896.27

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 90	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	8805.44	9525.40	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	14027.66	16170.96	17551.16	18287.71	18984.45	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	17106.58	20885.55	23168.20	25049.39	26134.31	28201.30	28987.62	29730.81	30483.95	n/a	n/a
$100,000	20384.56	24040.78	27541.06	30012.82	31754.66	35261.58	36210.47	37146.09	38012.03	38901.21	39670.93
$125,000	20988.40	26761.37	30467.36	33851.51	36323.27	39856.73	41820.87	43645.66	45238.20	46863.93	48526.14
$150,000	n/a	29279.59	32564.21	36694.87	39733.97	44259.45	45934.94	47935.57	50135.28	51386.09	53920.89
$175,000	n/a	30105.72	36910.53	39004.06	42819.53	47583.89	50148.55	51933.52	54037.01	56376.06	58821.28
$200,000	n/a	30686.33	38194.51	41359.69	45069.00	50686.03	53346.91	56084.09	58234.03	60476.86	62988.43
$225,000	n/a	n/a	39096.96	45798.91	47106.12	53220.83	56512.09	59415.16	62381.28	64879.58	67371.25
$250,000	n/a	n/a	39810.28	46993.32	50337.66	56857.14	60951.30	64557.75	67928.64	71438.87	74623.96
$375,000	n/a	n/a	n/a	n/a	57709.81	68555.70	74716.86	76982.91	79796.41	84673.57	89660.23
Unlimited	21476.12	31830.97	41990.08	51293.19	59786.76	71309.48	78907.24	86342.43	93618.36	100542.61	107516.63

Age: 91	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	9266.62	10023.07	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	14757.57	17017.00	18470.19	19246.56	19986.43	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	18002.38	21980.43	24382.51	26363.24	27511.20	29684.36	30507.17	31296.81	32086.44	n/a	n/a
$100,000	21452.89	25298.23	28987.62	31585.46	33420.20	37106.28	38114.89	39093.64	40006.03	40944.97	41747.88
$125,000	22086.59	28164.80	32063.22	35633.17	38231.01	41946.95	44017.25	45934.94	47613.75	49322.41	51074.21
$150,000	n/a	30819.04	34269.56	38622.51	41817.55	46578.59	48346.98	50453.78	52769.61	54090.09	56760.92
$175,000	n/a	31688.31	38844.80	41051.14	45059.04	50082.19	52776.24	54660.76	56880.36	59338.85	61910.15
$200,000	n/a	32295.47	40195.15	43529.54	47431.27	53343.59	56143.81	59030.30	61289.72	63655.31	66299.60
$225,000	n/a	n/a	41144.04	48204.32	49577.89	56014.42	59484.84	62537.21	65659.26	68290.28	70908.02
$250,000	n/a	n/a	41897.18	49458.44	52975.31	59843.16	64149.66	67945.23	71495.27	75187.98	78545.60
$375,000	n/a	n/a	n/a	n/a	60735.65	72158.83	78635.18	81020.68	83986.79	89119.43	94368.19
Unlimited	22604.17	33503.14	44193.10	53983.92	62925.39	75051.95	83047.85	90871.22	98532.02	105824.55	113166.84

Age: 92	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	9731.11	10527.38	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	15504.08	17879.62	19405.81	20218.67	20991.72	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	18914.78	23085.25	25610.10	27690.36	28894.72	31180.68	32053.27	32879.40	33712.17	n/a	n/a
$100,000	22537.82	26582.21	30454.09	33181.32	35108.96	38987.47	40035.89	41067.73	42033.21	43015.28	43858.00
$125,000	23204.69	29581.50	33685.62	37431.42	40161.97	44067.02	46236.86	48257.40	50012.52	51820.72	53655.46
$150,000	n/a	32375.09	36004.77	40573.38	43937.63	48934.23	50785.56	53005.17	55433.80	56820.64	59624.18
$175,000	n/a	33287.49	40812.26	43124.76	47338.37	52613.67	55440.44	57424.48	59753.58	62334.83	65035.52
$200,000	n/a	33931.14	42228.96	45732.56	49830.04	56037.64	58980.53	62013.00	64385.23	66873.58	69650.58
$225,000	n/a	n/a	43227.62	50636.26	52086.14	58841.18	62484.13	65692.44	68973.74	71737.47	74494.56
$250,000	n/a	n/a	44013.93	51956.75	55659.41	62862.36	67387.84	71372.51	75108.36	78986.86	82510.37
$375,000	n/a	n/a	n/a	n/a	63807.93	75801.78	82609.90	85111.52	88236.89	93625.00	99139.18
Unlimited	23748.81	35198.54	46425.98	56711.16	66103.85	78844.20	87248.19	95469.70	103518.68	111182.80	118896.68

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 93	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	10215.51	11044.96	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	16270.49	18755.52	20364.66	21217.33	22026.87	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	19850.40	24229.89	26880.82	29060.61	30324.69	32723.46	33635.86	34501.80	35371.07	n/a	n/a
$100,000	23645.96	27889.43	31953.73	34816.99	36844.17	40908.47	42009.98	43094.90	44103.52	45138.67	46021.20
$125,000	24346.02	31044.65	35347.84	39279.43	42142.70	46246.81	48522.83	50639.58	52480.96	54365.47	56296.43
$150,000	n/a	33970.95	37779.79	42574.01	46104.15	51356.23	53300.46	55619.60	58170.99	59624.18	62563.75
$175,000	n/a	34933.12	42829.48	45251.47	49674.10	55208.19	58177.62	60254.57	62696.47	65407.11	68240.51
$200,000	n/a	35603.31	44312.54	47988.66	52288.53	58808.01	61890.24	65075.33	67563.68	70164.83	73074.55
$225,000	n/a	n/a	45360.96	53137.88	54657.44	61750.89	65576.32	68930.61	72374.49	75267.61	78157.41
$250,000	n/a	n/a	46187.09	54524.73	58403.23	65967.82	70718.91	74896.02	78807.70	82878.64	86577.99
$375,000	n/a	n/a	n/a	n/a	66949.89	79547.57	86687.48	89311.86	92583.21	98236.74	104016.35
Unlimited	24916.68	36933.75	48718.58	59511.38	69365.24	82742.61	91558.01	100174.34	108621.45	116663.80	124752.60

Age: 94	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	10699.91	11575.80	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	17050.17	19654.65	21333.45	22229.26	23075.30	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	20795.97	25387.81	28161.49	30447.45	31767.94	34282.83	35241.67	36147.43	37059.83	n/a	n/a
$100,000	24774.01	29223.18	33483.24	36482.53	38599.29	42869.29	44017.25	45151.94	46203.68	47288.60	48210.95
$125,000	25510.56	32527.71	37036.60	41153.99	44156.60	48449.83	50832.01	53054.94	54985.90	56963.31	58983.85
$150,000	n/a	35593.36	39581.35	44607.82	48303.85	53798.13	55835.26	58273.84	60947.99	62474.17	65553.09
$175,000	n/a	36598.65	44869.93	47411.36	52049.65	57842.53	60954.62	63131.10	65685.80	68525.84	71495.27
$200,000	n/a	37302.03	46425.98	50274.62	54783.51	61611.55	64846.40	68174.15	70781.95	73519.13	76564.87
$225,000	n/a	n/a	47527.49	55672.68	57265.23	64697.10	68698.37	72221.87	75828.32	78864.11	81896.58
$250,000	n/a	n/a	48390.11	57122.56	61190.19	69109.77	74089.79	78472.61	82570.09	86836.78	90715.29
$375,000	n/a	n/a	n/a	n/a	70148.25	83336.50	90821.46	93575.23	97005.84	102931.43	108989.73
Unlimited	26107.77	38695.50	51044.35	62348.10	72669.77	86687.48	95920.92	104958.60	113807.18	122231.07	130711.37

Age: 95+	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	12206.19	13204.84	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	19442.31	22418.37	24332.75	25354.63	26323.43	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	23722.27	28951.12	32116.30	34730.73	36240.33	39103.59	40191.83	41230.30	42272.09	n/a	n/a
$100,000	28261.02	33330.62	38184.56	41608.53	44027.21	48887.78	50208.27	51505.53	52706.57	53947.43	55009.12
$125,000	29100.42	37096.32	42238.91	46940.23	50364.20	55261.28	57985.19	60516.67	62723.01	64982.43	67288.30
$150,000	n/a	40596.60	45151.94	50875.15	55092.07	61362.71	63688.49	66472.12	69521.18	71259.71	74779.89
$175,000	n/a	41741.24	51180.38	54080.14	59365.40	65977.77	69527.82	72009.53	74935.83	78177.32	81561.48
$200,000	n/a	42540.83	52958.72	57344.86	62487.45	70274.32	73963.72	77765.91	80745.30	83864.03	87344.40
$225,000	n/a	n/a	54209.53	63499.37	65314.21	73787.87	78359.80	82384.29	86498.36	89962.15	93419.29
$250,000	n/a	n/a	55194.92	65154.96	69793.24	78827.61	84507.68	89507.61	94189.02	99056.24	103475.55
$375,000	n/a	n/a	n/a	n/a	80012.06	95054.97	103594.99	106736.94	110655.27	117416.94	124331.24
Unlimited	29773.94	44133.38	58220.75	71117.04	82895.23	98873.76	109407.77	119712.86	129802.29	139407.32	149078.71

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 18-44	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	106.17	116.12	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	179.16	199.07	215.66	222.29	228.93	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	222.29	265.42	288.65	305.24	318.51	345.05	355.00	364.96	368.28	n/a	n/a
$100,000	265.42	311.87	351.69	378.23	391.50	428.00	441.27	447.90	457.86	461.17	464.49
$125,000	275.38	345.05	394.82	434.63	454.54	497.67	510.94	534.17	554.07	577.30	597.20
$150,000	n/a	381.55	418.04	474.45	510.94	557.39	573.98	593.89	620.43	640.34	666.88
$175,000	n/a	391.50	481.08	504.31	557.39	610.48	640.34	653.61	676.83	696.74	726.60
$200,000	n/a	401.45	494.35	534.17	580.62	656.92	683.47	713.33	736.55	759.78	783.00
$225,000	n/a	n/a	507.62	593.89	610.48	693.42	733.23	763.09	796.27	822.81	842.72
$250,000	n/a	n/a	517.58	610.48	660.24	736.55	789.64	836.09	875.90	912.40	952.21
$375,000	n/a	n/a	n/a	n/a	756.46	895.81	975.43	1005.29	1038.47	1111.46	1174.50
Unlimited	278.70	418.04	544.12	670.20	779.68	932.30	1031.84	1128.05	1220.95	1310.53	1393.48

Age: 45-49	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	149.30	159.25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	248.84	268.74	291.97	305.24	315.19	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	301.92	361.64	388.18	414.73	434.63	467.81	481.08	494.35	504.31	n/a	n/a
$100,000	358.32	424.68	477.76	510.94	534.17	587.25	600.52	617.11	633.70	646.97	656.92
$125,000	371.59	474.45	537.48	590.57	623.75	673.51	700.06	723.28	753.14	783.00	809.54
$150,000	n/a	517.58	577.30	653.61	693.42	763.09	779.68	802.91	832.77	865.95	899.12
$175,000	n/a	534.17	660.24	686.78	756.46	829.45	865.95	889.17	912.40	948.89	978.75
$200,000	n/a	544.12	680.15	729.92	796.27	892.49	935.62	975.43	1001.98	1028.52	1061.70
$225,000	n/a	n/a	700.06	812.86	832.77	938.94	998.66	1041.79	1084.92	1114.78	1151.28
$250,000	n/a	n/a	710.01	836.09	892.49	1001.98	1078.29	1141.32	1187.77	1240.86	1290.62
$375,000	n/a	n/a	n/a	n/a	1025.20	1217.63	1330.44	1370.25	1413.38	1502.96	1592.54
Unlimited	381.55	564.03	743.19	912.40	1068.33	1270.72	1406.75	1542.78	1668.85	1791.61	1911.05

Age: 50	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	165.89	182.48	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	275.38	305.24	331.78	345.05	358.32	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	341.73	411.41	444.59	474.45	491.03	527.53	547.44	557.39	573.98	n/a	n/a
$100,000	408.09	481.08	540.80	580.62	607.16	663.56	676.83	693.42	713.33	726.60	736.55
$125,000	421.36	537.48	607.16	666.88	710.01	766.41	789.64	819.50	849.36	882.53	912.40
$150,000	n/a	587.25	653.61	736.55	786.32	862.63	885.85	912.40	948.89	978.75	1011.93
$175,000	n/a	607.16	739.87	783.00	859.31	942.26	982.07	1005.29	1035.15	1071.65	1104.83
$200,000	n/a	620.43	766.41	826.13	902.44	1011.93	1058.38	1101.51	1128.05	1157.91	1194.41
$225,000	n/a	n/a	789.64	922.35	945.57	1068.33	1131.37	1177.82	1220.95	1260.76	1297.26
$250,000	n/a	n/a	799.59	945.57	1011.93	1138.01	1220.95	1290.62	1347.03	1403.43	1449.88
$375,000	n/a	n/a	n/a	n/a	1171.18	1383.52	1506.28	1549.41	1599.18	1695.40	1791.61
Unlimited	431.31	640.34	842.72	1028.52	1207.68	1439.93	1595.86	1745.16	1891.15	2030.49	2166.52

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 51	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	175.84	189.11	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	288.65	325.14	351.69	364.96	378.23	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	361.64	434.63	471.13	500.99	517.58	557.39	577.30	590.57	603.84	n/a	n/a
$100,000	428.00	507.62	577.30	613.79	637.02	703.37	719.96	736.55	753.14	773.05	786.32
$125,000	444.59	567.34	646.97	706.69	743.19	806.23	836.09	865.95	899.12	932.30	962.16
$150,000	n/a	620.43	686.78	776.37	832.77	912.40	935.62	965.48	995.34	1035.15	1071.65
$175,000	n/a	643.65	786.32	826.13	905.76	998.66	1041.79	1061.70	1098.19	1131.37	1171.18
$200,000	n/a	656.92	812.86	879.22	952.21	1071.65	1118.10	1167.87	1197.73	1230.90	1270.72
$225,000	n/a	n/a	836.09	975.43	998.66	1128.05	1194.41	1247.49	1290.62	1333.76	1373.57
$250,000	n/a	n/a	849.36	1001.98	1071.65	1204.36	1290.62	1363.62	1423.34	1483.06	1539.46
$375,000	n/a	n/a	n/a	n/a	1230.90	1459.83	1595.86	1642.31	1698.71	1794.93	1911.05
Unlimited	454.54	676.83	892.49	1094.87	1280.67	1526.19	1688.76	1841.38	1997.32	2143.30	2285.96

Age: 52	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	189.11	202.39	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	311.87	341.73	364.96	384.86	398.14	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	378.23	461.17	497.67	524.21	550.75	590.57	610.48	627.06	643.65	n/a	n/a
$100,000	454.54	540.80	607.16	646.97	673.51	736.55	759.78	783.00	802.91	816.18	832.77
$125,000	467.81	600.52	683.47	746.51	786.32	849.36	885.85	919.03	948.89	982.07	1025.20
$150,000	n/a	660.24	729.92	819.50	879.22	965.48	988.70	1018.56	1058.38	1094.87	1134.69
$175,000	n/a	676.83	829.45	865.95	955.53	1051.74	1098.19	1121.42	1151.28	1194.41	1240.86
$200,000	n/a	690.10	862.63	928.98	1005.29	1128.05	1181.14	1230.90	1267.40	1297.26	1340.39
$225,000	n/a	n/a	882.53	1028.52	1058.38	1194.41	1260.76	1317.17	1370.25	1413.38	1456.51
$250,000	n/a	n/a	899.12	1061.70	1128.05	1270.72	1363.62	1436.61	1506.28	1569.32	1632.36
$375,000	n/a	n/a	n/a	n/a	1300.58	1542.78	1682.12	1735.21	1791.61	1907.74	2017.22
Unlimited	481.08	713.33	942.26	1154.59	1350.34	1612.45	1784.98	1950.87	2110.12	2262.74	2412.04

Age: 53	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	192.43	215.66	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	325.14	364.96	388.18	404.77	418.04	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	401.45	484.40	520.89	550.75	577.30	623.75	640.34	656.92	670.20	n/a	n/a
$100,000	481.08	564.03	640.34	686.78	710.01	779.68	799.59	816.18	836.09	855.99	872.58
$125,000	497.67	633.70	719.96	783.00	826.13	895.81	932.30	962.16	998.66	1041.79	1078.29
$150,000	n/a	693.42	769.73	862.63	925.67	1018.56	1038.47	1074.97	1111.46	1157.91	1201.04
$175,000	n/a	716.64	875.90	919.03	1005.29	1104.83	1157.91	1184.45	1220.95	1264.08	1310.53
$200,000	n/a	726.60	902.44	975.43	1058.38	1191.09	1244.18	1293.94	1333.76	1373.57	1416.70
$225,000	n/a	n/a	928.98	1084.92	1108.15	1257.45	1327.12	1386.84	1443.24	1486.37	1529.51
$250,000	n/a	n/a	945.57	1114.78	1194.41	1340.39	1436.61	1516.23	1582.59	1655.58	1715.30
$375,000	n/a	n/a	n/a	n/a	1370.25	1625.72	1775.02	1824.79	1887.83	2003.95	2120.07
Unlimited	507.62	749.82	992.02	1217.63	1420.02	1692.08	1874.56	2053.72	2222.93	2385.50	2544.75

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 54	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	222.29	238.88	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	374.91	418.04	447.90	467.81	484.40	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	457.86	557.39	597.20	640.34	663.56	719.96	739.87	756.46	779.68	n/a	n/a
$100,000	554.07	646.97	736.55	783.00	816.18	899.12	919.03	942.26	962.16	978.75	998.66
$125,000	567.34	723.28	822.81	905.76	955.53	1031.84	1068.33	1108.15	1144.64	1187.77	1224.27
$150,000	n/a	796.27	879.22	992.02	1061.70	1171.18	1194.41	1227.59	1270.72	1317.17	1360.30
$175,000	n/a	819.50	1005.29	1058.38	1161.23	1274.04	1327.12	1356.98	1390.16	1439.93	1489.69
$200,000	n/a	836.09	1035.15	1121.42	1220.95	1373.57	1429.97	1486.37	1522.87	1562.68	1609.13
$225,000	n/a	n/a	1065.01	1247.49	1274.04	1439.93	1529.51	1592.54	1648.95	1698.71	1745.16
$250,000	n/a	n/a	1088.24	1283.99	1370.25	1539.46	1645.63	1735.21	1811.52	1884.51	1950.87
$375,000	n/a	n/a	n/a	n/a	1575.96	1871.24	2043.76	2093.53	2159.89	2282.65	2415.36
Unlimited	580.62	865.95	1147.96	1396.79	1632.36	1950.87	2159.89	2358.96	2554.71	2747.14	2926.30

Age: 55	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	232.25	252.15	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	388.18	431.31	467.81	487.72	504.31	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	481.08	580.62	627.06	663.56	690.10	746.51	769.73	789.64	809.54	n/a	n/a
$100,000	570.66	680.15	766.41	816.18	849.36	938.94	958.84	982.07	1008.61	1031.84	1048.42
$125,000	593.89	759.78	859.31	945.57	998.66	1078.29	1121.42	1157.91	1204.36	1240.86	1287.31
$150,000	n/a	829.45	915.71	1035.15	1111.46	1224.27	1247.49	1287.31	1337.07	1383.52	1429.97
$175,000	n/a	855.99	1051.74	1101.51	1211.00	1327.12	1386.84	1416.70	1463.15	1512.92	1559.37
$200,000	n/a	872.58	1088.24	1174.50	1274.04	1426.65	1489.69	1552.73	1595.86	1638.99	1688.76
$225,000	n/a	n/a	1111.46	1300.58	1330.44	1502.96	1595.86	1662.22	1728.57	1781.66	1831.43
$250,000	n/a	n/a	1134.69	1333.76	1429.97	1605.82	1725.26	1818.15	1897.78	1984.04	2053.72
$375,000	n/a	n/a	n/a	n/a	1645.63	1954.18	2126.71	2189.75	2259.42	2395.45	2534.80
Unlimited	603.84	902.44	1197.73	1459.83	1698.71	2037.13	2252.79	2461.81	2660.88	2859.94	3045.74

Age: 56	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	258.79	285.33	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	437.95	487.72	524.21	544.12	564.03	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	537.48	653.61	706.69	746.51	779.68	842.72	865.95	889.17	909.08	n/a	n/a
$100,000	650.29	763.09	862.63	922.35	955.53	1051.74	1081.60	1108.15	1128.05	1154.59	1177.82
$125,000	673.51	852.67	965.48	1061.70	1118.10	1211.00	1257.45	1300.58	1350.34	1396.79	1446.56
$150,000	n/a	928.98	1031.84	1167.87	1247.49	1373.57	1406.75	1449.88	1499.65	1552.73	1609.13
$175,000	n/a	962.16	1174.50	1237.54	1360.30	1496.33	1559.37	1592.54	1635.68	1692.08	1751.80
$200,000	n/a	978.75	1220.95	1313.85	1433.29	1609.13	1678.81	1745.16	1791.61	1841.38	1894.46
$225,000	n/a	n/a	1250.81	1466.47	1499.65	1692.08	1794.93	1864.60	1944.23	2000.63	2050.40
$250,000	n/a	n/a	1274.04	1502.96	1609.13	1804.88	1944.23	2043.76	2133.35	2222.93	2305.87
$375,000	n/a	n/a	n/a	n/a	1851.33	2196.38	2395.45	2461.81	2538.12	2694.05	2846.67
Unlimited	686.78	1015.25	1343.71	1642.31	1914.37	2289.28	2534.80	2770.36	2999.29	3224.90	3437.24

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 57	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	282.01	305.24	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	471.13	524.21	564.03	587.25	610.48	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	580.62	703.37	759.78	802.91	839.40	905.76	932.30	955.53	982.07	n/a	n/a
$100,000	700.06	819.50	928.98	992.02	1028.52	1131.37	1161.23	1191.09	1217.63	1244.18	1270.72
$125,000	723.28	915.71	1035.15	1138.01	1201.04	1300.58	1353.66	1400.11	1456.51	1512.92	1562.68
$150,000	n/a	1005.29	1111.46	1250.81	1340.39	1476.42	1506.28	1559.37	1619.09	1678.81	1738.53
$175,000	n/a	1028.52	1267.40	1330.44	1459.83	1605.82	1675.49	1715.30	1765.07	1828.11	1894.46
$200,000	n/a	1058.38	1313.85	1410.07	1539.46	1728.57	1801.57	1881.19	1930.96	1990.68	2050.40
$225,000	n/a	n/a	1343.71	1572.64	1609.13	1814.84	1927.64	2010.59	2093.53	2159.89	2222.93
$250,000	n/a	n/a	1366.93	1612.45	1728.57	1937.60	2080.26	2199.70	2302.55	2402.09	2491.67
$375,000	n/a	n/a	n/a	n/a	1990.68	2358.96	2574.61	2647.60	2740.50	2909.71	3085.55
Unlimited	736.55	1091.56	1439.93	1761.75	2057.04	2458.49	2727.23	2979.38	3228.22	3463.78	3702.66

Age: 58	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	301.92	328.46	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	504.31	557.39	603.84	627.06	653.61	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	620.43	753.14	806.23	855.99	895.81	965.48	995.34	1021.88	1048.42	n/a	n/a
$100,000	746.51	875.90	992.02	1058.38	1101.51	1207.68	1240.86	1270.72	1303.90	1333.76	1360.30
$125,000	773.05	978.75	1111.46	1220.95	1290.62	1393.48	1443.24	1496.33	1549.41	1609.13	1665.54
$150,000	n/a	1071.65	1187.77	1337.07	1433.29	1579.27	1612.45	1662.22	1721.94	1788.29	1851.33
$175,000	n/a	1108.15	1350.34	1423.34	1562.68	1715.30	1791.61	1834.74	1887.83	1954.18	2020.54
$200,000	n/a	1124.73	1400.11	1512.92	1645.63	1841.38	1927.64	2013.90	2060.35	2120.07	2183.11
$225,000	n/a	n/a	1433.29	1678.81	1718.62	1944.23	2057.04	2149.93	2232.88	2299.24	2365.59
$250,000	n/a	n/a	1459.83	1725.26	1841.38	2073.63	2226.24	2349.00	2455.17	2561.34	2650.92
$375,000	n/a	n/a	n/a	n/a	2120.07	2521.53	2750.46	2830.08	2916.35	3092.19	3281.30
Unlimited	789.64	1171.18	1542.78	1887.83	2199.70	2624.38	2909.71	3185.09	3443.88	3705.98	3951.50

Age: 59	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	341.73	364.96	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	570.66	630.38	676.83	706.69	736.55	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	703.37	846.04	915.71	968.80	1011.93	1094.87	1121.42	1151.28	1177.82	n/a	n/a
$100,000	839.40	988.70	1118.10	1194.41	1240.86	1366.93	1400.11	1436.61	1473.10	1506.28	1536.14
$125,000	865.95	1104.83	1254.13	1380.20	1449.88	1572.64	1632.36	1685.44	1745.16	1811.52	1867.92
$150,000	n/a	1211.00	1337.07	1509.60	1619.09	1781.66	1818.15	1874.56	1944.23	2007.27	2080.26
$175,000	n/a	1247.49	1532.82	1609.13	1761.75	1944.23	2027.18	2063.67	2123.39	2199.70	2269.38
$200,000	n/a	1274.04	1582.59	1708.67	1851.33	2086.90	2176.48	2262.74	2319.14	2385.50	2458.49
$225,000	n/a	n/a	1622.40	1901.10	1940.91	2196.38	2325.78	2425.31	2518.21	2587.88	2660.88
$250,000	n/a	n/a	1652.26	1947.55	2086.90	2345.68	2511.57	2654.24	2767.05	2876.53	2979.38
$375,000	n/a	n/a	n/a	n/a	2402.09	2849.99	3102.14	3195.04	3291.26	3480.37	3689.39
Unlimited	889.17	1317.17	1738.53	2126.71	2488.35	2962.80	3287.94	3596.50	3891.78	4180.43	4462.44

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 60	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	378.23	411.41	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	633.70	703.37	759.78	789.64	816.18	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	783.00	945.57	1018.56	1078.29	1124.73	1217.63	1247.49	1283.99	1313.85	n/a	n/a
$100,000	935.62	1104.83	1247.49	1330.44	1383.52	1519.55	1559.37	1602.50	1642.31	1678.81	1708.67
$125,000	965.48	1230.90	1396.79	1532.82	1619.09	1751.80	1818.15	1884.51	1954.18	2023.86	2096.85
$150,000	n/a	1350.34	1496.33	1685.44	1798.25	1987.36	2030.49	2093.53	2169.84	2249.47	2325.78
$175,000	n/a	1390.16	1698.71	1784.98	1967.46	2159.89	2256.10	2302.55	2375.54	2461.81	2544.75
$200,000	n/a	1416.70	1761.75	1904.42	2070.31	2322.46	2425.31	2528.16	2594.52	2667.51	2750.46
$225,000	n/a	n/a	1808.20	2116.76	2163.21	2445.22	2587.88	2704.01	2810.18	2896.44	2979.38
$250,000	n/a	n/a	1838.06	2169.84	2325.78	2607.79	2803.54	2952.84	3085.55	3224.90	3337.71
$375,000	n/a	n/a	n/a	n/a	2670.83	3171.82	3460.47	3563.32	3676.12	3895.10	4130.66
Unlimited	988.70	1473.10	1940.91	2372.23	2767.05	3307.85	3662.85	4007.90	4343.00	4664.83	4980.02

Age: 61	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	408.09	441.27	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	680.15	756.46	812.86	849.36	882.53	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	842.72	1018.56	1098.19	1164.55	1214.31	1310.53	1347.03	1383.52	1413.38	n/a	n/a
$100,000	1008.61	1184.45	1340.39	1429.97	1486.37	1638.99	1678.81	1725.26	1765.07	1808.20	1844.70
$125,000	1041.79	1327.12	1502.96	1652.26	1741.85	1884.51	1957.50	2027.18	2103.49	2176.48	2256.10
$150,000	n/a	1453.20	1609.13	1808.20	1937.60	2136.66	2179.79	2252.79	2332.41	2418.68	2508.26
$175,000	n/a	1499.65	1831.43	1924.32	2120.07	2325.78	2428.63	2475.08	2554.71	2640.97	2733.87
$200,000	n/a	1526.19	1901.10	2050.40	2226.24	2501.62	2614.43	2720.60	2793.59	2873.21	2962.80
$225,000	n/a	n/a	1944.23	2276.01	2332.41	2634.33	2793.59	2909.71	3022.52	3115.41	3201.68
$250,000	n/a	n/a	1980.73	2339.05	2501.62	2810.18	3012.56	3181.77	3317.80	3463.78	3593.18
$375,000	n/a	n/a	n/a	n/a	2879.85	3414.02	3729.21	3832.06	3954.82	4193.70	4442.53
Unlimited	1065.01	1582.59	2086.90	2554.71	2979.38	3563.32	3944.86	4309.82	4664.83	5013.20	5351.61

Age: 62	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	451.22	487.72	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	746.51	829.45	889.17	928.98	962.16	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	922.35	1111.46	1204.36	1274.04	1327.12	1429.97	1476.42	1519.55	1559.37	n/a	n/a
$100,000	1108.15	1297.26	1469.79	1569.32	1632.36	1791.61	1838.06	1891.15	1934.28	1974.09	2017.22
$125,000	1144.64	1453.20	1645.63	1811.52	1907.74	2066.99	2143.30	2219.61	2299.24	2382.18	2465.13
$150,000	n/a	1595.86	1761.75	1984.04	2130.03	2342.37	2388.82	2468.44	2551.39	2647.60	2737.19
$175,000	n/a	1638.99	2013.90	2110.12	2319.14	2551.39	2657.56	2717.28	2796.91	2889.80	2989.34
$200,000	n/a	1672.17	2083.58	2246.15	2441.90	2743.82	2859.94	2982.70	3059.01	3141.96	3241.49
$225,000	n/a	n/a	2133.35	2498.30	2554.71	2883.17	3055.69	3185.09	3314.48	3410.70	3503.60
$250,000	n/a	n/a	2169.84	2558.02	2740.50	3075.60	3304.53	3483.69	3632.99	3795.56	3931.59
$375,000	n/a	n/a	n/a	n/a	3158.55	3745.80	4080.89	4197.02	4329.73	4595.15	4863.89
Unlimited	1174.50	1728.57	2282.65	2800.22	3264.72	3901.73	4316.46	4721.23	5112.73	5494.28	5862.55

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 63	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	510.94	547.44	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	846.04	942.26	1008.61	1051.74	1091.56	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1041.79	1260.76	1360.30	1439.93	1502.96	1625.72	1668.85	1708.67	1755.12	n/a	n/a
$100,000	1250.81	1466.47	1662.22	1771.71	1844.70	2030.49	2080.26	2136.66	2186.43	2239.52	2279.33
$125,000	1287.31	1642.31	1861.29	2043.76	2156.57	2339.05	2421.99	2504.94	2597.84	2690.74	2780.32
$150,000	n/a	1798.25	1990.68	2246.15	2402.09	2650.92	2700.69	2783.63	2879.85	2986.02	3085.55
$175,000	n/a	1854.65	2269.38	2385.50	2617.74	2883.17	3005.93	3068.97	3151.91	3258.08	3370.88
$200,000	n/a	1891.15	2352.32	2541.43	2763.73	3098.83	3231.54	3364.25	3450.51	3546.73	3649.58
$225,000	n/a	n/a	2408.72	2820.13	2886.49	3264.72	3457.15	3599.81	3739.16	3848.65	3951.50
$250,000	n/a	n/a	2455.17	2896.44	3095.51	3477.05	3735.84	3934.91	4110.75	4279.96	4429.26
$375,000	n/a	n/a	n/a	n/a	3566.64	4233.51	4608.42	4741.14	4890.44	5179.09	5481.01
Unlimited	1320.48	1957.50	2581.25	3158.55	3692.71	4412.67	4880.48	5335.02	5779.61	6204.29	6619.01

Age: 64	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	564.03	613.79	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	945.57	1045.11	1124.73	1174.50	1220.95	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1164.55	1403.43	1516.23	1609.13	1675.49	1808.20	1857.97	1907.74	1960.82	n/a	n/a
$100,000	1396.79	1632.36	1854.65	1977.41	2053.72	2259.42	2322.46	2382.18	2438.58	2498.30	2548.07
$125,000	1439.93	1828.11	2073.63	2282.65	2405.41	2604.47	2700.69	2800.22	2903.08	3009.24	3122.05
$150,000	n/a	2007.27	2219.61	2504.94	2677.46	2952.84	3012.56	3108.78	3228.22	3344.34	3463.78
$175,000	n/a	2070.31	2534.80	2657.56	2919.66	3214.95	3357.61	3427.29	3526.82	3656.22	3782.29
$200,000	n/a	2106.80	2617.74	2833.40	3075.60	3453.83	3606.45	3759.07	3858.60	3968.09	4097.48
$225,000	n/a	n/a	2684.10	3145.27	3218.27	3639.63	3855.28	4024.49	4180.43	4309.82	4432.58
$250,000	n/a	n/a	2740.50	3228.22	3453.83	3878.51	4167.16	4396.09	4595.15	4797.54	4966.75
$375,000	n/a	n/a	n/a	n/a	3978.04	4717.91	5145.91	5298.53	5471.05	5802.83	6144.57
Unlimited	1473.10	2183.11	2883.17	3523.50	4117.39	4916.98	5444.51	5955.45	6449.80	6934.20	7395.38

Age: 65	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	623.75	673.51	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1038.47	1151.28	1240.86	1293.94	1347.03	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1287.31	1549.41	1668.85	1771.71	1848.01	1994.00	2053.72	2106.80	2159.89	n/a	n/a
$100,000	1539.46	1804.88	2050.40	2186.43	2269.38	2494.99	2561.34	2627.70	2687.42	2753.77	2806.86
$125,000	1585.91	2017.22	2285.96	2518.21	2654.24	2873.21	2979.38	3088.87	3198.36	3314.48	3430.61
$150,000	n/a	2209.65	2451.85	2763.73	2956.16	3258.08	3324.44	3430.61	3553.36	3686.08	3815.47
$175,000	n/a	2279.33	2796.91	2936.25	3224.90	3546.73	3702.66	3778.97	3888.46	4024.49	4163.84
$200,000	n/a	2329.10	2893.12	3118.73	3394.11	3812.15	3981.36	4140.61	4253.42	4372.86	4512.21
$225,000	n/a	n/a	2966.11	3470.42	3546.73	4014.54	4250.10	4435.90	4608.42	4747.77	4880.48
$250,000	n/a	n/a	3019.20	3563.32	3812.15	4279.96	4595.15	4847.31	5066.28	5278.62	5471.05
$375,000	n/a	n/a	n/a	n/a	4386.13	5205.63	5680.07	5839.33	6025.12	6390.08	6768.31
Unlimited	1629.04	2412.04	3181.77	3891.78	4542.07	5424.60	6008.54	6569.24	7123.32	7647.53	8165.11

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 66	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	690.10	749.82	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1154.59	1283.99	1376.89	1433.29	1489.69	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1426.65	1721.94	1857.97	1970.77	2047.08	2216.29	2272.69	2335.73	2395.45	n/a	n/a
$100,000	1708.67	2007.27	2269.38	2428.63	2518.21	2767.05	2843.35	2916.35	2986.02	3059.01	3115.41
$125,000	1758.43	2239.52	2541.43	2790.27	2946.21	3188.41	3304.53	3427.29	3550.05	3682.76	3812.15
$150,000	n/a	2455.17	2720.60	3062.33	3284.62	3616.40	3686.08	3805.52	3941.55	4094.17	4233.51
$175,000	n/a	2531.48	3098.83	3254.76	3583.22	3938.23	4104.12	4193.70	4319.78	4465.76	4621.70
$200,000	n/a	2581.25	3211.63	3463.78	3769.02	4226.88	4415.99	4595.15	4721.23	4850.62	5006.56
$225,000	n/a	n/a	3287.94	3848.65	3941.55	4455.81	4717.91	4926.93	5116.05	5271.98	5424.60
$250,000	n/a	n/a	3350.98	3948.18	4230.20	4751.09	5096.14	5378.15	5620.35	5862.55	6078.21
$375,000	n/a	n/a	n/a	n/a	4867.21	5779.61	6297.18	6473.03	6685.37	7090.14	7504.86
Unlimited	1801.57	2670.83	3526.82	4309.82	5039.74	6021.81	6665.46	7285.89	7893.05	8480.30	9044.32

Age: 67	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	759.78	819.50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1270.72	1410.07	1516.23	1575.96	1638.99	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1569.32	1887.83	2040.45	2159.89	2252.79	2435.27	2501.62	2564.66	2631.02	n/a	n/a
$100,000	1871.24	2196.38	2494.99	2664.19	2767.05	3039.10	3125.37	3204.99	3281.30	3357.61	3427.29
$125,000	1934.28	2458.49	2793.59	3068.97	3234.86	3500.28	3629.67	3762.39	3895.10	4034.44	4177.11
$150,000	n/a	2694.05	2986.02	3364.25	3603.13	3968.09	4054.35	4177.11	4326.41	4488.98	4644.92
$175,000	n/a	2783.63	3407.38	3583.22	3928.28	4323.09	4508.89	4601.79	4737.82	4897.07	5066.28
$200,000	n/a	2833.40	3523.50	3808.83	4133.98	4644.92	4850.62	5046.37	5179.09	5325.07	5487.64
$225,000	n/a	n/a	3609.77	4233.51	4329.73	4893.76	5185.72	5404.70	5617.04	5782.93	5942.18
$250,000	n/a	n/a	3682.76	4343.00	4644.92	5218.90	5593.81	5902.37	6167.79	6429.90	6665.46
$375,000	n/a	n/a	n/a	n/a	5348.29	6346.95	6917.61	7110.05	7345.61	7783.56	8238.10
Unlimited	1980.73	2936.25	3878.51	4741.14	5537.41	6612.38	7325.70	8015.80	8682.68	9326.34	9950.08

Age: 68	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	836.09	905.76	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1396.79	1552.73	1668.85	1735.21	1808.20	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1721.94	2083.58	2249.47	2382.18	2481.71	2680.78	2757.09	2830.08	2903.08	n/a	n/a
$100,000	2066.99	2428.63	2750.46	2936.25	3049.06	3350.98	3440.56	3533.46	3613.08	3699.35	3765.70
$125,000	2133.35	2710.64	3078.92	3384.16	3569.95	3865.24	4004.58	4153.89	4303.19	4455.81	4618.38
$150,000	n/a	2972.75	3294.58	3709.30	3978.04	4379.50	4469.08	4611.74	4780.95	4960.11	5132.64
$175,000	n/a	3068.97	3759.07	3938.23	4336.36	4764.36	4970.06	5079.55	5228.85	5417.97	5603.76
$200,000	n/a	3125.37	3888.46	4197.02	4565.29	5119.37	5351.61	5573.90	5719.89	5879.14	6064.94
$225,000	n/a	n/a	3984.68	4664.83	4774.31	5394.74	5713.25	5965.40	6200.97	6380.13	6565.93
$250,000	n/a	n/a	4060.99	4784.27	5122.68	5753.07	6177.74	6512.84	6808.13	7100.09	7362.20
$375,000	n/a	n/a	n/a	n/a	5899.05	6993.92	7624.30	7846.60	8098.75	8589.78	9100.73
Unlimited	2183.11	3238.17	4273.33	5228.85	6104.75	7289.21	8078.84	8831.98	9568.54	10281.86	10962.01

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 69	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	935.62	1011.93	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1559.37	1731.89	1857.97	1940.91	2013.90	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1930.96	2322.46	2511.57	2660.88	2773.68	2992.66	3082.24	3158.55	3241.49	n/a	n/a
$100,000	2305.87	2704.01	3068.97	3277.99	3404.06	3739.16	3845.33	3944.86	4034.44	4133.98	4213.61
$125,000	2385.50	3029.15	3433.92	3778.97	3981.36	4313.14	4472.39	4634.97	4810.81	4983.34	5165.81
$150,000	n/a	3324.44	3672.80	4143.93	4439.22	4887.12	4989.97	5152.54	5338.34	5540.73	5739.79
$175,000	n/a	3420.65	4193.70	4406.04	4840.67	5321.75	5554.00	5673.44	5842.65	6048.35	6260.69
$200,000	n/a	3490.33	4336.36	4681.42	5092.82	5719.89	5972.04	6220.88	6390.08	6569.24	6778.27
$225,000	n/a	n/a	4445.85	5205.63	5328.39	6018.49	6380.13	6662.14	6924.25	7136.59	7338.97
$250,000	n/a	n/a	4528.80	5341.66	5716.57	6419.94	6894.39	7272.62	7604.40	7936.18	8224.83
$375,000	n/a	n/a	n/a	n/a	6579.20	7810.10	8513.47	8762.31	9050.96	9601.71	10165.74
Unlimited	2438.58	3619.72	4771.00	5836.01	6814.76	8138.56	9017.78	9857.18	10680.00	11469.63	12236.05

Age: 70	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1031.84	1114.78	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1725.26	1914.37	2057.04	2143.30	2229.56	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2126.71	2567.98	2773.68	2939.57	3062.33	3304.53	3400.75	3487.01	3573.27	n/a	n/a
$100,000	2544.75	2992.66	3387.47	3623.04	3759.07	4133.98	4243.47	4356.27	4459.12	4571.93	4658.19
$125,000	2631.02	3344.34	3792.25	4170.47	4396.09	4761.04	4940.20	5116.05	5305.16	5490.96	5686.71
$150,000	n/a	3669.49	4057.67	4575.25	4903.71	5394.74	5504.23	5683.39	5885.78	6104.75	6320.41
$175,000	n/a	3778.97	4625.01	4860.58	5344.98	5875.82	6131.29	6264.01	6446.49	6668.78	6901.02
$200,000	n/a	3851.97	4784.27	5169.13	5620.35	6310.46	6592.47	6861.21	7043.69	7246.08	7468.37
$225,000	n/a	n/a	4913.66	5746.43	5882.46	6648.87	7043.69	7345.61	7637.58	7866.50	8085.48
$250,000	n/a	n/a	4999.92	5899.05	6310.46	7093.46	7611.03	8022.44	8387.40	8749.04	9064.23
$375,000	n/a	n/a	n/a	n/a	7269.30	8619.64	9399.33	9668.07	9983.26	10580.46	11207.53
Unlimited	2687.42	3991.31	5268.67	6439.85	7524.77	8981.28	9950.08	10882.38	11784.83	12654.09	13496.81

Age: 71	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1147.96	1240.86	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1921.01	2130.03	2289.28	2388.82	2478.40	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2368.91	2856.63	3085.55	3274.67	3410.70	3682.76	3782.29	3878.51	3978.04	n/a	n/a
$100,000	2836.72	3327.75	3775.66	4027.81	4187.06	4598.47	4727.87	4850.62	4966.75	5086.19	5185.72
$125,000	2926.30	3722.57	4223.56	4644.92	4893.76	5298.53	5494.28	5696.66	5905.68	6118.02	6337.00
$150,000	n/a	4080.89	4515.53	5089.51	5457.78	6005.22	6127.98	6327.04	6552.66	6801.49	7037.05
$175,000	n/a	4206.97	5152.54	5411.33	5948.82	6542.70	6824.71	6967.38	7169.77	7421.92	7677.39
$200,000	n/a	4283.28	5335.02	5759.70	6257.37	7030.42	7338.97	7640.89	7846.60	8065.57	8317.72
$225,000	n/a	n/a	5464.42	6400.04	6546.02	7402.01	7843.28	8178.38	8503.52	8752.36	8997.87
$250,000	n/a	n/a	5567.27	6565.93	7027.10	7896.36	8470.34	8934.84	9332.97	9731.11	10089.43
$375,000	n/a	n/a	n/a	n/a	8088.80	9595.08	10467.66	10769.58	11114.63	11781.51	12478.25
Unlimited	2992.66	4439.22	5862.55	7173.08	8374.13	9999.85	11084.77	12119.92	13128.53	14110.60	15056.18

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 72	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1264.08	1370.25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2116.76	2349.00	2521.53	2627.70	2727.23	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2607.79	3151.91	3400.75	3603.13	3755.75	4054.35	4163.84	4276.64	4376.18	n/a	n/a
$100,000	3122.05	3669.49	4160.52	4442.53	4611.74	5066.28	5202.31	5338.34	5461.10	5590.49	5703.30
$125,000	3224.90	4100.80	4654.87	5116.05	5391.43	5839.33	6054.99	6270.64	6499.57	6738.45	6970.70
$150,000	n/a	4502.25	4976.70	5603.76	6011.85	6619.01	6755.04	6970.70	7219.53	7488.27	7753.70
$175,000	n/a	4634.97	5676.76	5962.09	6555.97	7202.94	7518.13	7674.07	7906.32	8178.38	8457.07
$200,000	n/a	4724.55	5872.51	6340.32	6901.02	7743.75	8085.48	8420.58	8639.55	8878.43	9160.45
$225,000	n/a	n/a	6018.49	7050.33	7216.22	8148.52	8639.55	9014.46	9366.15	9644.84	9916.90
$250,000	n/a	n/a	6131.29	7232.80	7743.75	8695.95	9332.97	9843.91	10285.18	10729.77	11117.95
$375,000	n/a	n/a	n/a	n/a	8911.61	10573.83	11532.67	11857.82	12246.00	12982.55	13748.96
Unlimited	3297.89	4893.76	6463.07	7903.00	9223.48	11018.41	12206.19	13354.15	14465.61	15537.26	16579.05

Age: 73	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1410.07	1526.19	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2358.96	2617.74	2816.81	2932.94	3045.74	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2913.03	3513.55	3788.93	4014.54	4190.38	4522.16	4648.24	4767.68	4890.44	n/a	n/a
$100,000	3483.69	4090.85	4638.28	4953.48	5142.59	5650.21	5806.15	5955.45	6094.80	6240.78	6366.86
$125,000	3596.50	4575.25	5192.36	5703.30	6015.17	6512.84	6748.41	6997.24	7252.71	7511.50	7776.92
$150,000	n/a	5016.51	5554.00	6257.37	6701.96	7382.11	7534.72	7770.29	8052.30	8350.90	8646.19
$175,000	n/a	5169.13	6333.68	6648.87	7309.11	8039.03	8384.08	8563.24	8812.08	9120.63	9429.19
$200,000	n/a	5271.98	6555.97	7073.55	7690.66	8636.23	9017.78	9392.69	9634.89	9906.95	10212.19
$225,000	n/a	n/a	6718.55	7863.19	8042.35	9097.41	9631.57	10049.62	10444.43	10752.99	11051.59
$250,000	n/a	n/a	6844.62	8068.89	8636.23	9701.25	10411.26	10981.92	11472.95	11963.99	12391.98
$375,000	n/a	n/a	n/a	n/a	9940.13	11791.46	12859.79	13224.75	13652.75	14472.24	15328.24
Unlimited	3682.76	5457.78	7206.26	8812.08	10288.50	12289.13	13612.93	14890.29	16124.51	17322.23	18476.83

Age: 74	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1556.05	1685.44	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2601.16	2886.49	3102.14	3238.17	3360.93	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3211.63	3878.51	4187.06	4439.22	4618.38	4993.29	5129.32	5265.35	5394.74	n/a	n/a
$100,000	3842.01	4515.53	5119.37	5464.42	5676.76	6234.15	6403.35	6569.24	6725.18	6887.75	7023.78
$125,000	3964.77	5043.06	5726.52	6293.87	6638.92	7186.35	7455.10	7720.52	8002.53	8291.18	8583.15
$150,000	n/a	5534.09	6124.66	6904.34	7395.38	8145.20	8311.09	8583.15	8888.39	9223.48	9545.31
$175,000	n/a	5703.30	6987.29	7338.97	8065.57	8865.16	9253.34	9445.78	9727.79	10062.89	10414.57
$200,000	n/a	5812.79	7232.80	7810.10	8486.93	9532.04	9946.76	10361.49	10633.55	10932.15	11273.88
$225,000	n/a	n/a	7411.97	8679.36	8878.43	10033.03	10630.23	11084.77	11526.04	11874.41	12206.19
$250,000	n/a	n/a	7551.31	8898.34	9528.72	10703.22	11486.22	12113.29	12667.36	13208.16	13685.93
$375,000	n/a	n/a	n/a	n/a	10968.65	13015.73	14190.23	14601.64	15066.13	15975.21	16917.46
Unlimited	4064.31	6025.12	7949.45	9724.47	11353.51	13563.17	15026.32	16433.06	17800.00	19127.12	20401.15

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 75	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1745.16	1894.46	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2922.98	3244.81	3487.01	3632.99	3775.66	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3606.45	4362.91	4704.64	4983.34	5192.36	5610.40	5763.02	5912.32	6058.30	n/a	n/a
$100,000	4319.78	5069.60	5753.07	6137.93	6376.81	7007.19	7199.63	7385.42	7564.58	7743.75	7893.05
$125,000	4462.44	5673.44	6436.53	7076.87	7461.73	8075.53	8374.13	8679.36	8991.24	9313.06	9644.84
$150,000	n/a	6220.88	6884.44	7760.33	8311.09	9153.81	9339.61	9638.21	9989.90	10354.85	10719.81
$175,000	n/a	6409.99	7856.55	8248.05	9064.23	9966.67	10401.30	10616.96	10932.15	11310.38	11698.56
$200,000	n/a	6536.07	8118.66	8772.26	9538.68	10713.18	11180.99	11642.16	11950.72	12285.81	12667.36
$225,000	n/a	n/a	8327.68	9754.33	9976.62	11280.52	11947.40	12464.97	12956.01	13344.19	13712.47
$250,000	n/a	n/a	8486.93	10006.48	10713.18	12030.34	12906.24	13612.93	14230.04	14837.20	15378.00
$375,000	n/a	n/a	n/a	n/a	12322.31	14624.86	15945.35	16403.20	16934.05	17952.62	19007.68
Unlimited	4565.29	6771.63	8934.84	10928.83	12763.58	15241.97	16877.65	18463.56	20003.02	21489.39	22922.68

Age: 76	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1954.18	2113.44	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3271.35	3629.67	3895.10	4064.31	4220.24	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4034.44	4877.17	5252.08	5570.59	5809.47	6270.64	6443.17	6612.38	6774.95	n/a	n/a
$100,000	4827.40	5670.12	6429.90	6864.53	7129.95	7830.01	8048.98	8254.69	8450.44	8649.50	8822.03
$125,000	4986.65	6340.32	7192.99	7906.32	8340.95	9024.42	9359.51	9701.25	10056.25	10414.57	10779.53
$150,000	n/a	6954.11	7693.98	8676.05	9293.16	10232.10	10444.43	10776.21	11164.40	11582.44	11990.53
$175,000	n/a	7163.13	8778.90	9216.85	10132.56	11137.85	11625.57	11871.09	12219.46	12644.14	13082.09
$200,000	n/a	7302.48	9080.82	9807.42	10666.73	11973.94	12501.47	13015.73	13360.78	13732.37	14167.01
$225,000	n/a	n/a	9306.43	10898.97	11154.44	12610.96	13354.15	13934.76	14485.51	14913.51	15334.87
$250,000	n/a	n/a	9488.91	11184.30	11973.94	13443.73	14432.43	15218.75	15905.53	16585.68	17186.20
$375,000	n/a	n/a	n/a	n/a	13782.14	16350.12	17826.54	18340.80	18924.73	20072.69	21257.14
Unlimited	5106.09	7564.58	9986.58	12216.14	14266.54	17040.22	18871.65	20640.03	22352.02	24007.60	25610.10

Age: 77	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2206.34	2385.50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3689.39	4087.53	4396.09	4585.20	4761.04	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4548.70	5497.59	5928.91	6283.91	6549.34	7070.23	7265.98	7455.10	7647.53	n/a	n/a
$100,000	5444.51	6390.08	7256.03	7743.75	8042.35	8835.30	9074.18	9309.75	9525.40	9751.01	9943.45
$125,000	5620.35	7156.49	8112.02	8918.25	9405.96	10179.01	10560.56	10942.10	11336.92	11745.01	12163.05
$150,000	n/a	7846.60	8679.36	9780.87	10480.93	11542.63	11778.19	12156.42	12594.37	13058.86	13520.04
$175,000	n/a	8082.16	9897.00	10397.99	11423.19	12567.83	13111.95	13387.32	13785.46	14259.90	14754.26
$200,000	n/a	8244.73	10245.37	11061.55	12027.03	13503.45	14100.65	14677.95	15069.45	15490.81	15975.21
$225,000	n/a	n/a	10497.52	12292.45	12577.78	14220.09	15066.13	15716.42	16336.85	16817.93	17292.37
$250,000	n/a	n/a	10696.59	12614.28	13496.81	15165.66	16280.44	17166.30	17939.34	18709.07	19385.91
$375,000	n/a	n/a	n/a	n/a	15543.89	18440.33	20105.87	20679.85	21350.04	22634.03	23964.47
Unlimited	5756.38	8533.38	11267.25	13778.82	16084.69	19223.33	21283.69	23281.00	25211.96	27086.52	28898.04

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 78	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2518.21	2723.91	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4210.29	4668.14	5019.83	5228.85	5431.24	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5185.72	6270.64	6764.99	7166.45	7475.00	8068.89	8291.18	8506.84	8719.18	n/a	n/a
$100,000	6220.88	7295.84	8271.28	8831.98	9173.72	10079.48	10351.54	10623.60	10869.11	11127.90	11343.56
$125,000	6413.31	8161.79	9256.66	10179.01	10729.77	11615.62	12043.61	12478.25	12932.78	13393.96	13868.40
$150,000	n/a	8948.11	9900.32	11161.08	11957.35	13171.67	13437.09	13861.77	14362.76	14893.60	15411.18
$175,000	n/a	9220.17	11293.79	11861.14	13035.64	14336.21	14956.64	15268.52	15719.74	16267.17	16824.56
$200,000	n/a	9402.65	11685.29	12624.23	13719.10	15404.55	16084.69	16741.62	17189.52	17667.29	18214.72
$225,000	n/a	n/a	11980.58	14034.29	14349.49	16224.04	17179.57	17922.76	18629.45	19180.20	19714.37
$250,000	n/a	n/a	12202.87	14392.62	15404.55	17302.33	18566.41	19578.34	20464.19	21340.09	22109.82
$375,000	n/a	n/a	n/a	n/a	17723.69	21034.85	22935.95	23592.88	24352.65	25815.80	27335.35
Unlimited	6565.93	9734.43	12853.16	15719.74	18354.07	21927.34	24279.66	26552.35	28762.01	30895.35	32955.71

Age: 79	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2849.99	3085.55	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4764.36	5288.57	5683.39	5922.27	6147.88	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5879.14	7103.41	7657.48	8115.34	8460.39	9133.90	9392.69	9634.89	9877.09	n/a	n/a
$100,000	7040.37	8261.32	9366.15	9999.85	10391.35	11416.55	11725.11	12033.66	12309.04	12597.69	12843.20
$125,000	7265.98	9243.39	10484.25	11529.36	12149.78	13151.76	13639.48	14133.83	14651.40	15172.30	15709.78
$150,000	n/a	10135.88	11214.16	12640.82	13539.94	14913.51	15222.07	15703.15	16267.17	16871.01	17464.90
$175,000	n/a	10447.75	12790.12	13433.77	14760.89	16234.00	16934.05	17295.69	17809.95	18423.74	19060.76
$200,000	n/a	10643.50	13234.70	14289.76	15533.94	17444.99	18214.72	18964.54	19468.85	20012.97	20640.03
$225,000	n/a	n/a	13563.17	15888.94	16253.90	18373.98	19458.90	20304.94	21104.53	21728.27	22338.75
$250,000	n/a	n/a	13818.64	16300.35	17441.67	19591.61	21028.22	22176.18	23178.15	24173.49	25049.39
$375,000	n/a	n/a	n/a	n/a	20079.33	23821.80	25978.37	26721.56	27584.19	29243.09	30971.66
Unlimited	7435.19	11028.37	14555.19	17803.31	20789.33	24830.42	27497.93	30069.22	32567.52	34979.57	37308.66

Age: 80	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3218.27	3483.69	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5381.47	5968.72	6413.31	6682.05	6944.16	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6635.60	8015.80	8646.19	9163.76	9551.95	10311.72	10603.69	10875.75	11154.44	n/a	n/a
$100,000	7949.45	9323.02	10573.83	11293.79	11728.42	12889.65	13238.02	13583.07	13904.90	14230.04	14512.06
$125,000	8201.60	10434.48	11837.91	13012.41	13715.79	14847.16	15401.23	15958.62	16535.92	17129.80	17730.32
$150,000	n/a	11436.46	12657.41	14266.54	15288.42	16834.52	17182.89	17723.69	18360.71	19040.85	19717.69
$175,000	n/a	11788.14	14445.70	15162.35	16668.63	18327.53	19123.80	19528.57	20099.23	20795.97	21519.25
$200,000	n/a	12017.07	14940.05	16134.46	17541.21	19697.78	20567.04	21409.76	21977.11	22594.22	23297.59
$225,000	n/a	n/a	15318.28	17932.71	18347.43	20746.20	21973.79	22919.36	23825.12	24531.81	25218.60
$250,000	n/a	n/a	15603.61	18397.20	19691.14	22119.77	23742.18	25036.12	26157.54	27282.27	28274.29
$375,000	n/a	n/a	n/a	n/a	22670.53	26897.40	29326.03	30168.76	31134.24	33008.79	34956.34
Unlimited	8394.03	12448.39	16429.75	20095.91	23466.80	28032.09	31044.65	33954.37	36774.50	39511.68	42146.01

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age:	60 Day Elimination Period										
81	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3662.85	3964.77	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6124.66	6791.54	7302.48	7607.72	7899.68	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7551.31	9123.95	9837.28	10427.85	10865.80	11738.38	12063.52	12372.08	12683.95	n/a	n/a
$100,000	9041.01	10610.32	12036.98	12846.52	13344.19	14664.68	15069.45	15460.95	15825.91	16200.82	16516.01
$125,000	9332.97	11867.77	13470.27	14804.02	15606.93	16897.56	17524.62	18161.64	18818.56	19492.08	20178.86
$150,000	n/a	13015.73	14405.89	16237.31	17395.23	19153.66	19551.80	20172.22	20898.82	21675.19	22441.60
$175,000	n/a	13407.23	16429.75	17252.56	18967.86	20855.69	21758.13	22215.99	22876.23	23665.87	24485.36
$200,000	n/a	13675.97	17003.73	18360.71	19959.88	22418.37	23403.76	24362.61	25012.89	25712.95	26515.86
$225,000	n/a	n/a	17428.40	20407.79	20875.60	23602.83	25002.94	26081.23	27109.74	27912.65	28695.65
$250,000	n/a	n/a	17756.87	20938.64	22408.42	25168.83	27016.85	28483.31	29777.26	31054.61	32179.34
$375,000	n/a	n/a	n/a	n/a	25799.21	30603.39	33373.75	34329.28	35437.42	37564.13	39777.10
Unlimited	9551.95	14163.69	18699.12	22872.91	26704.97	31897.33	35327.93	38632.46	41844.09	44956.19	47952.16

Age:	60 Day Elimination Period										
82	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4094.17	4435.90	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6851.26	7601.08	8168.42	8516.79	8841.94	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	8447.12	10202.24	11011.78	11668.70	12163.05	13131.85	13503.45	13851.82	14203.50	n/a	n/a
$100,000	10115.97	11871.09	13470.27	14372.71	14933.42	16409.84	16854.42	17295.69	17700.46	18115.19	18470.19
$125,000	10444.43	13287.79	15072.77	16565.78	17468.22	18911.46	19608.20	20314.89	21054.76	21804.58	22567.68
$150,000	n/a	14565.14	16124.51	18168.27	19468.85	21436.31	21874.26	22567.68	23377.22	24249.80	25095.84
$175,000	n/a	15009.73	18390.57	19309.60	21223.97	23337.41	24346.02	24860.28	25590.19	26476.04	27385.12
$200,000	n/a	15305.01	19030.90	20543.82	22335.43	25082.57	26187.40	27262.36	27985.64	28762.01	29664.45
$225,000	n/a	n/a	19505.35	22836.42	23367.27	26416.32	27979.01	29180.05	30334.65	31230.45	32099.72
$250,000	n/a	n/a	19873.62	23430.30	25079.25	28164.80	30228.48	31877.42	33314.03	34737.37	35998.13
$375,000	n/a	n/a	n/a	n/a	28868.18	34249.65	37345.16	38410.17	39644.39	42029.89	44498.33
Unlimited	10693.27	15855.77	20922.05	25590.19	29880.11	35699.53	39531.59	43227.62	46824.11	50297.85	53655.46

Age:	60 Day Elimination Period										
83	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4608.42	4989.97	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7710.57	8549.97	9190.31	9578.49	9953.40	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	9505.50	11489.54	12388.67	13131.85	13689.24	14780.80	15192.21	15587.02	15978.52	n/a	n/a
$100,000	11383.37	13364.10	15155.71	16180.91	16804.66	18463.56	18971.18	19468.85	19923.39	20394.52	20795.97
$125,000	11754.97	14950.01	16963.91	18639.40	19654.65	21273.73	22066.69	22869.60	23699.05	24551.72	25414.35
$150,000	n/a	16393.25	18141.73	20444.28	21904.12	24120.41	24611.44	25404.39	26316.79	27295.54	28254.38
$175,000	n/a	16890.92	20696.44	21724.95	23881.52	26263.70	27401.71	27975.69	28808.46	29800.48	30832.32
$200,000	n/a	17219.38	21413.08	23115.11	25135.65	28221.21	29468.70	30679.70	31492.56	32378.41	33390.34
$225,000	n/a	n/a	21943.93	25696.36	26290.25	29720.85	31482.60	32839.58	34143.48	35152.09	36134.16
$250,000	n/a	n/a	22361.97	26363.24	28221.21	31698.26	34017.40	35868.74	37494.46	39103.59	40520.29
$375,000	n/a	n/a	n/a	n/a	32484.58	38539.56	42019.94	43224.30	44621.09	47301.87	50095.46
Unlimited	12030.34	17836.49	23543.11	28798.50	33622.59	40168.60	44481.74	48652.22	52699.94	56614.94	60393.91

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 84	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5165.81	5600.45	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	8642.87	9588.44	10305.09	10743.04	11154.44	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	10653.46	12876.38	13894.95	14721.08	15348.14	16565.78	17030.27	17471.53	17909.48	n/a	n/a
$100,000	12766.89	14983.18	16990.45	18138.41	18841.79	20703.07	21267.10	21817.85	22335.43	22859.64	23310.86
$125,000	13178.30	16758.21	19017.63	20902.14	22036.83	23854.98	24737.52	25636.64	26568.94	27514.52	28486.63
$150,000	n/a	18377.29	20341.43	22919.36	24558.36	27043.39	27597.46	28476.68	29501.88	30593.43	31671.72
$175,000	n/a	18934.68	23198.06	24359.29	26777.96	29445.48	30719.51	31369.80	32295.47	33406.93	34564.84
$200,000	n/a	19302.96	24004.28	25918.65	28178.08	31645.18	33038.65	34395.63	35308.03	36290.10	37428.10
$225,000	n/a	n/a	24604.80	28811.78	29475.34	33323.98	35298.07	36814.31	38270.82	39405.51	40510.34
$250,000	n/a	n/a	25072.61	29561.60	31638.54	35536.96	38141.43	40215.05	42029.89	43831.46	45420.68
$375,000	n/a	n/a	n/a	n/a	36416.17	43207.71	47116.08	48463.10	50022.47	53028.40	56153.77
Unlimited	13483.54	19996.38	26399.73	32288.83	37696.84	45032.50	49869.85	54534.68	59066.79	63452.93	67676.48

Age: 85	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5484.32	5932.23	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	9173.72	10172.37	10928.83	11399.96	11837.91	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	11307.06	13662.70	14737.67	15620.20	16280.44	17577.70	18065.42	18536.55	19007.68	n/a	n/a
$100,000	13543.26	15892.26	18022.29	19246.56	19989.75	21963.84	22564.36	23148.29	23699.05	24253.12	24730.88
$125,000	13981.21	17783.41	20175.54	22179.49	23383.85	25308.18	26247.12	27199.32	28188.03	29196.64	30225.16
$150,000	n/a	19502.03	21578.97	24319.47	26058.00	28692.33	29282.90	30215.20	31300.13	32461.36	33602.68
$175,000	n/a	20092.60	24618.08	25845.66	28410.32	31243.72	32594.07	33274.22	34262.92	35444.06	36674.96
$200,000	n/a	20484.10	25467.43	27501.24	29900.01	33569.50	35055.87	36489.16	37464.60	38506.39	39714.07
$225,000	n/a	n/a	26104.45	30570.21	31276.90	35354.48	37451.33	39063.78	40606.55	41804.28	42975.46
$250,000	n/a	n/a	26602.12	31359.85	33562.86	37703.48	40463.89	42666.91	44594.55	46505.60	48194.36
$375,000	n/a	n/a	n/a	n/a	38632.46	45845.36	49989.29	51419.26	53071.53	56266.57	59584.37
Unlimited	14306.35	21223.97	28005.55	34256.29	39999.40	47782.96	52915.59	57869.07	62683.20	67334.75	71827.05

Age: 86	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5743.11	6217.56	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	9605.03	10653.46	11449.73	11934.13	12391.98	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	11841.23	14309.67	15437.72	16356.75	17046.86	18407.15	18921.41	19412.45	19900.16	n/a	n/a
$100,000	14180.28	16648.72	18878.28	20152.32	20935.32	22998.99	23629.37	24239.85	24807.19	25394.44	25892.11
$125,000	14638.13	18622.81	21127.75	23224.60	24478.73	26505.90	27484.66	28483.31	29518.47	30570.21	31648.49
$150,000	n/a	20417.74	22594.22	25464.12	27285.59	30046.00	30659.79	31635.22	32773.23	33990.86	35185.27
$175,000	n/a	21041.49	25779.31	27063.29	29747.39	32713.51	34130.21	34846.85	35878.69	37116.23	38396.90
$200,000	n/a	21449.58	26668.48	28795.19	31306.76	35155.41	36704.82	38211.10	39229.67	40317.91	41581.99
$225,000	n/a	n/a	27332.04	32013.45	32746.69	37023.33	39209.76	40901.84	42517.61	43775.05	45002.64
$250,000	n/a	n/a	27849.61	32842.90	35145.46	39478.50	42368.31	44677.49	46698.04	48695.35	50463.74
$375,000	n/a	n/a	n/a	n/a	40460.57	48005.25	52338.30	53841.26	55576.47	58917.49	62394.55
Unlimited	14983.18	22219.31	29326.03	35872.05	41887.23	50035.74	55410.58	60596.30	65632.72	70503.25	75201.25

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 87	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6134.61	6642.24	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	10258.64	11383.37	12229.41	12753.62	13241.34	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	12650.77	15285.10	16489.47	17474.85	18214.72	19664.60	20215.36	20742.89	21267.10	n/a	n/a
$100,000	15149.07	17783.41	20172.22	21535.84	22365.29	24571.63	25245.14	25895.43	26502.59	27126.33	27660.50
$125,000	15640.11	19896.85	22570.99	24813.83	26154.22	28317.42	29365.85	30427.54	31539.01	32663.74	33815.02
$150,000	n/a	21811.22	24140.31	27205.96	29153.51	32099.72	32759.96	33805.06	35016.06	36319.96	37593.99
$175,000	n/a	22478.10	27541.06	28914.63	31784.52	34953.02	36465.94	37229.03	38333.86	39657.66	41031.23
$200,000	n/a	22916.04	28489.95	30769.28	33446.74	37560.81	39216.40	40828.85	41913.77	43084.95	44441.93
$225,000	n/a	n/a	29206.59	34203.20	34989.52	39554.81	41897.18	43705.38	45433.95	46780.98	48091.51
$250,000	n/a	n/a	29757.35	35089.05	37550.86	42179.19	45268.06	47736.51	49893.08	52033.06	53920.89
$375,000	n/a	n/a	n/a	n/a	43224.30	51289.87	55921.52	57527.33	59378.67	62951.94	66664.56
Unlimited	16008.39	23738.86	31333.30	38327.23	44747.17	53456.39	59196.19	64736.91	70121.70	75324.01	80343.84

Age: 88	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6529.43	7066.91	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	10915.56	12109.97	13015.73	13566.48	14084.06	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	13460.31	16267.17	17544.53	18592.95	19379.27	20925.36	21512.62	22070.01	22627.40	n/a	n/a
$100,000	16124.51	18918.10	21459.53	22906.09	23791.94	26147.58	26857.59	27557.65	28207.94	28868.18	29435.52
$125,000	16645.40	21174.20	24017.55	26396.42	27829.71	30128.94	31247.04	32378.41	33552.91	34753.96	35978.22
$150,000	n/a	23214.65	25683.09	28947.81	31021.43	34156.75	34856.81	35961.63	37258.89	38645.73	40006.03
$175,000	n/a	23918.02	29299.49	30765.96	33821.65	37192.54	38798.35	39614.53	40785.72	42192.46	43652.29
$200,000	n/a	24385.83	30314.74	32733.41	35590.04	39962.90	41731.29	43436.64	44594.55	45835.41	47272.01
$225,000	n/a	n/a	31074.51	36389.63	37229.03	42086.29	44577.96	46498.97	48340.35	49767.00	51160.48
$250,000	n/a	n/a	31665.08	37325.25	39956.27	44879.88	48167.82	50792.20	53088.12	55360.81	57368.08
$375,000	n/a	n/a	n/a	n/a	45994.66	54574.49	59501.43	61210.09	63177.55	66976.43	70927.93
Unlimited	17033.59	25258.41	33340.57	40782.40	47617.07	56877.05	62985.12	68887.48	74610.69	80148.09	85493.07

Age: 89	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6904.34	7475.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	11549.26	12810.03	13768.87	14352.80	14900.24	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	14240.00	17206.11	18556.46	19664.60	20500.69	22129.73	22753.47	23340.72	23931.29	n/a	n/a
$100,000	17050.17	20016.29	22703.71	24236.53	25165.51	27660.50	28410.32	29146.87	29830.34	30533.71	31134.24
$125,000	17604.25	22391.83	25401.08	27922.60	29435.52	31870.79	33055.24	34249.65	35497.14	36771.18	38068.44
$150,000	n/a	24551.72	27169.46	30623.29	32809.72	36130.84	36874.03	38045.21	39415.46	40885.25	42321.86
$175,000	n/a	25298.23	30994.89	32540.98	35775.84	39335.84	41037.87	41907.13	43147.99	44637.68	46183.78
$200,000	n/a	25792.58	32066.54	34627.88	37647.08	42272.09	44140.01	45954.85	47175.80	48489.65	50015.84
$225,000	n/a	n/a	32872.76	38493.12	39378.97	44514.92	47155.89	49193.02	51133.93	52653.49	54129.91
$250,000	n/a	n/a	33493.19	39488.46	42262.14	47477.72	50954.77	53735.09	56157.08	58565.81	60695.83
$375,000	n/a	n/a	n/a	n/a	48652.22	57726.40	62938.67	64746.87	66833.76	70854.94	75035.36
Unlimited	18015.65	26718.24	35264.90	43131.40	50367.52	60161.67	66628.06	72868.84	78927.14	84786.38	90449.86

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 90	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	7285.89	7889.73	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	12189.60	13520.04	14528.65	15145.76	15726.37	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	15026.32	18155.00	19588.29	20762.79	21638.69	23357.31	24010.92	24634.67	25255.09	n/a	n/a
$100,000	17999.07	21124.43	23957.83	25576.92	26562.31	29193.32	29982.96	30769.28	31485.92	32235.74	32866.13
$125,000	18576.36	23632.69	26807.82	29472.02	31067.88	33635.86	34883.35	36147.43	37461.28	38801.67	40171.92
$150,000	n/a	25912.02	28679.06	32318.69	34634.51	38134.79	38914.48	40152.02	41595.26	43144.67	44664.22
$175,000	n/a	26701.65	32713.51	34345.87	37756.56	41518.95	43313.88	44226.27	45536.81	47109.44	48735.16
$200,000	n/a	27219.23	33848.20	36548.88	39730.66	44617.77	46585.23	48496.28	49790.22	51173.75	52779.56
$225,000	n/a	n/a	34694.23	40626.46	41558.76	46983.37	49770.32	51913.62	53967.33	55566.51	57119.24
$250,000	n/a	n/a	35354.48	41681.52	44604.50	50105.42	53778.22	56707.84	59265.86	61803.98	64046.81
$375,000	n/a	n/a	n/a	n/a	51346.27	60924.76	66428.99	68333.41	70533.11	74779.89	79185.93
Unlimited	19010.99	28197.98	37219.08	45526.85	53154.47	63499.37	70314.14	76899.97	83293.37	89471.11	95436.52

Age: 91	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	7667.44	8301.14	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	12829.93	14226.73	15291.74	15938.71	16555.82	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	15815.95	19107.21	20613.49	21847.71	22776.70	24584.90	25278.32	25928.61	26585.53	n/a	n/a
$100,000	18938.00	22235.90	25218.60	26917.31	27959.10	30719.51	31562.23	32381.73	33141.50	33921.19	34588.07
$125,000	19558.43	24876.86	28221.21	31021.43	32700.24	35397.61	36711.46	38045.21	39428.74	40838.80	42282.04
$150,000	n/a	27272.32	30178.71	34017.40	36449.35	40132.11	40958.24	42258.82	43778.37	45414.05	47009.91
$175,000	n/a	28101.77	34432.13	36147.43	39737.29	43695.43	45586.57	46548.73	47932.26	49587.84	51303.14
$200,000	n/a	28652.52	35619.90	38466.57	41814.23	46956.82	49030.45	51047.67	52407.97	53864.48	55556.56
$225,000	n/a	n/a	36515.71	42759.81	43745.19	49448.49	52381.43	54637.53	56800.74	58479.54	60125.17
$250,000	n/a	n/a	37199.17	43864.63	46943.55	52736.43	56598.35	59683.90	62377.96	65052.10	67417.70
$375,000	n/a	n/a	n/a	n/a	54040.33	64123.12	69912.68	71919.95	74239.09	78704.85	83346.45
Unlimited	20009.65	29677.72	39176.58	47915.67	55948.06	66830.45	74006.85	80937.73	87669.55	94172.44	100449.71

Age: 92	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	8055.62	8722.50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	13476.90	14946.69	16064.79	16744.94	17391.91	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	16618.86	20072.69	21658.60	22952.54	23921.34	25825.76	26552.35	27242.46	27935.88	n/a	n/a
$100,000	19900.16	23357.31	26495.95	28277.61	29372.48	32275.56	33158.09	34020.72	34813.68	35639.81	36336.55
$125,000	20543.82	26130.99	29647.86	32584.11	34352.50	37185.90	38566.11	39966.22	41416.10	42905.79	44418.71
$150,000	n/a	28652.52	31708.21	35732.71	38294.05	42155.97	43025.23	44395.48	45991.34	47703.33	49385.45
$175,000	n/a	29525.10	36173.97	37978.86	41747.88	45901.76	47889.13	48897.74	50347.62	52089.46	53891.03
$200,000	n/a	30099.08	37418.15	40410.80	43930.99	49329.05	51508.85	53618.97	55048.94	56585.08	58366.74
$225,000	n/a	n/a	38360.40	44919.69	45954.85	51943.48	55025.71	57401.26	59670.63	61435.70	63157.64
$250,000	n/a	n/a	39080.37	46084.24	49319.10	55400.62	59458.29	62699.78	65533.19	68340.04	70818.44
$375,000	n/a	n/a	n/a	n/a	56777.51	67361.29	73446.14	75552.94	77988.21	82679.58	87560.06
Unlimited	21018.26	31180.68	41153.99	50334.34	58774.83	70207.97	77746.01	85028.58	92102.13	98943.43	105535.90

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 93	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	8457.07	9153.81	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	14143.78	15686.56	16857.74	17574.39	18251.22	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	17438.36	21064.71	22723.61	24087.23	25109.11	27103.11	27862.88	28582.85	29306.13	n/a	n/a
$100,000	20882.23	24508.59	27796.53	29677.72	30822.36	33868.10	34787.13	35696.21	36532.30	37398.24	38131.48
$125,000	21559.06	27418.30	31107.69	34199.88	36047.90	39030.60	40473.84	41936.99	43463.18	45019.23	46605.14
$150,000	n/a	30065.90	33270.90	37501.09	40178.56	44239.55	45151.94	46585.23	48260.72	50055.65	51817.40
$175,000	n/a	30981.62	37955.63	39850.10	43811.55	48171.14	50254.72	51316.41	52832.65	54657.44	56545.27
$200,000	n/a	31588.77	39266.16	42401.48	46100.83	51767.63	54050.28	56266.57	57762.90	59375.35	61233.32
$225,000	n/a	n/a	40248.23	47142.62	48220.91	54514.77	57742.99	60231.34	62613.52	64464.85	66266.42
$250,000	n/a	n/a	41014.64	48360.25	51754.36	58137.81	62394.55	65791.97	68761.41	71707.61	74308.77
$375,000	n/a	n/a	n/a	n/a	59577.73	70689.05	77072.49	79282.15	81833.54	86757.15	91873.20
Unlimited	22060.05	32716.83	43184.48	52822.69	61677.90	73675.07	81584.70	89222.28	96644.20	103817.28	110738.21

Age: 94	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	8858.53	9588.44	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	14817.29	16436.38	17660.65	18413.79	19120.48	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	18271.12	22073.32	23808.53	25235.19	26303.52	28393.73	29193.32	29953.10	30706.24	n/a	n/a
$100,000	21874.26	25673.14	29126.97	31091.10	32292.15	35483.87	36449.35	37398.24	38277.46	39176.58	39942.99
$125,000	22584.26	28725.51	32594.07	35828.92	37769.84	40885.25	42401.48	43940.94	45540.12	47169.16	48831.38
$150,000	n/a	31499.19	34856.81	39289.39	42096.25	46352.98	47305.19	48808.16	50563.27	52441.15	54292.48
$175,000	n/a	32461.36	39763.83	41754.51	45898.45	50467.06	52653.49	53758.31	55354.18	57261.91	59239.32
$200,000	n/a	33088.42	41137.40	44425.34	48297.21	54236.08	56634.85	58953.99	60519.99	62205.43	64156.30
$225,000	n/a	n/a	42172.56	49382.14	50523.46	57115.93	60496.77	63104.56	65602.86	67543.77	69434.92
$250,000	n/a	n/a	42972.15	50662.81	54226.12	60911.49	65367.30	68930.61	72046.03	75131.58	77862.13
$375,000	n/a	n/a	n/a	n/a	62417.77	74056.61	80748.62	83067.76	85738.59	90894.45	96259.33
Unlimited	23111.79	34279.51	45244.84	55340.90	64617.47	77188.62	85476.48	93485.65	101252.62	108770.76	116026.78

Age: 95+	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	10102.70	10935.47	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	16897.56	18745.57	20142.36	21001.67	21807.90	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	20839.10	25175.47	27156.19	28781.92	29999.55	32388.36	33297.44	34160.07	35026.01	n/a	n/a
$100,000	24953.17	29286.22	33217.81	35460.65	36830.90	40477.16	41578.67	42663.59	43665.57	44700.72	45576.62
$125,000	25766.03	32763.28	37172.63	40862.02	43078.32	46638.31	48366.89	50118.69	51946.79	53808.08	55705.86
$150,000	n/a	35931.77	39760.52	44810.21	48011.88	52869.14	53960.70	55676.00	57679.95	59829.89	61933.37
$175,000	n/a	37023.33	45354.33	47623.70	52348.25	57563.83	60058.82	61326.22	63144.37	65324.16	67586.90
$200,000	n/a	37746.61	46926.96	50669.44	55085.43	61860.38	64594.25	67245.17	69033.46	70961.11	73187.35
$225,000	n/a	n/a	48101.46	56329.61	57626.87	65141.69	69003.60	71982.99	74832.98	77045.95	79205.84
$250,000	n/a	n/a	49010.54	57786.12	61843.79	69471.41	74560.92	78631.86	82178.59	85702.09	88817.51
$375,000	n/a	n/a	n/a	n/a	71193.35	84471.19	92105.45	94749.73	97802.11	103691.20	109809.23
Unlimited	26359.92	39100.27	51605.06	63124.46	73698.29	88041.14	97493.55	106624.14	115482.66	124059.18	132330.45

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 18-44	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	96.22	102.85	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	159.25	175.84	185.80	192.43	199.07	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	192.43	235.56	248.84	265.42	275.38	301.92	308.56	315.19	321.83	n/a	n/a
$100,000	235.56	278.70	315.19	331.78	341.73	371.59	381.55	388.18	398.14	398.14	404.77
$125,000	245.52	308.56	351.69	384.86	401.45	434.63	447.90	464.49	481.08	500.99	517.58
$150,000	n/a	341.73	378.23	424.68	454.54	494.35	504.31	517.58	540.80	557.39	580.62
$175,000	n/a	351.69	434.63	454.54	500.99	547.44	567.34	577.30	593.89	613.79	630.38
$200,000	n/a	361.64	444.59	484.40	524.21	590.57	610.48	633.70	650.29	670.20	686.78
$225,000	n/a	n/a	457.86	537.48	550.75	620.43	660.24	683.47	706.69	726.60	743.19
$250,000	n/a	n/a	467.81	550.75	587.25	660.24	710.01	746.51	786.32	809.54	842.72
$375,000	n/a	n/a	n/a	n/a	683.47	809.54	879.22	909.08	935.62	998.66	1055.06
Unlimited	248.84	374.91	491.03	603.84	703.37	842.72	935.62	1021.88	1104.83	1184.45	1260.76

Age: 45-49	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	129.39	136.03	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	218.97	235.56	252.15	268.74	272.06	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	265.42	321.83	341.73	358.32	378.23	404.77	418.04	428.00	434.63	n/a	n/a
$100,000	321.83	378.23	428.00	454.54	464.49	510.94	524.21	534.17	550.75	564.03	577.30
$125,000	331.78	424.68	484.40	530.85	550.75	587.25	613.79	630.38	653.61	676.83	703.37
$150,000	n/a	467.81	520.89	583.93	620.43	680.15	686.78	703.37	729.92	753.14	783.00
$175,000	n/a	481.08	587.25	617.11	680.15	739.87	769.73	783.00	802.91	829.45	855.99
$200,000	n/a	487.72	610.48	656.92	713.33	802.91	836.09	865.95	885.85	905.76	928.98
$225,000	n/a	n/a	630.38	733.23	749.82	846.04	895.81	932.30	968.80	985.39	1011.93
$250,000	n/a	n/a	637.02	753.14	802.91	902.44	968.80	1021.88	1061.70	1104.83	1138.01
$375,000	n/a	n/a	n/a	n/a	928.98	1098.19	1201.04	1237.54	1277.35	1356.98	1433.29
Unlimited	341.73	504.31	663.56	819.50	962.16	1151.28	1270.72	1393.48	1509.60	1619.09	1721.94

Age: 50	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	142.67	155.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	245.52	265.42	288.65	298.60	311.87	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	305.24	361.64	388.18	408.09	428.00	461.17	481.08	481.08	497.67	n/a	n/a
$100,000	364.96	428.00	481.08	507.62	527.53	580.62	590.57	607.16	620.43	633.70	640.34
$125,000	378.23	484.40	544.12	593.89	620.43	670.20	690.10	716.64	739.87	766.41	792.95
$150,000	n/a	527.53	583.93	656.92	700.06	766.41	779.68	796.27	826.13	852.67	882.53
$175,000	n/a	547.44	663.56	703.37	773.05	842.72	875.90	885.85	909.08	938.94	965.48
$200,000	n/a	557.39	690.10	743.19	812.86	905.76	945.57	982.07	998.66	1018.56	1045.11
$225,000	n/a	n/a	710.01	829.45	855.99	958.84	1015.25	1055.06	1084.92	1114.78	1141.32
$250,000	n/a	n/a	719.96	852.67	912.40	1021.88	1098.19	1157.91	1201.04	1247.49	1283.99
$375,000	n/a	n/a	n/a	n/a	1055.06	1250.81	1356.98	1396.79	1443.24	1526.19	1615.77
Unlimited	388.18	573.98	759.78	928.98	1091.56	1303.90	1443.24	1579.27	1708.67	1838.06	1957.50

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 51	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	149.30	162.57	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	255.47	282.01	305.24	315.19	331.78	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	321.83	384.86	411.41	431.31	454.54	484.40	504.31	514.26	527.53	n/a	n/a
$100,000	384.86	457.86	514.26	540.80	560.71	610.48	627.06	640.34	656.92	673.51	683.47
$125,000	401.45	514.26	577.30	630.38	656.92	710.01	729.92	756.46	783.00	809.54	839.40
$150,000	n/a	557.39	617.11	696.74	739.87	812.86	822.81	846.04	869.26	905.76	932.30
$175,000	n/a	577.30	706.69	739.87	816.18	895.81	925.67	935.62	965.48	995.34	1021.88
$200,000	n/a	587.25	729.92	789.64	855.99	958.84	1001.98	1038.47	1058.38	1084.92	1114.78
$225,000	n/a	n/a	749.82	879.22	899.12	1015.25	1074.97	1118.10	1151.28	1181.14	1211.00
$250,000	n/a	n/a	763.09	899.12	962.16	1081.60	1161.23	1220.95	1270.72	1320.48	1363.62
$375,000	n/a	n/a	n/a	n/a	1111.46	1320.48	1443.24	1486.37	1529.51	1622.40	1718.62
Unlimited	408.09	607.16	802.91	982.07	1154.59	1380.20	1526.19	1668.85	1804.88	1940.91	2063.67

Age: 52	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	162.57	172.53	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	275.38	295.28	321.83	338.42	348.37	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	338.42	414.73	437.95	457.86	477.76	514.26	530.85	547.44	560.71	n/a	n/a
$100,000	408.09	484.40	544.12	567.34	587.25	643.65	660.24	680.15	696.74	710.01	726.60
$125,000	418.04	540.80	613.79	666.88	696.74	743.19	773.05	802.91	829.45	855.99	889.17
$150,000	n/a	593.89	656.92	733.23	783.00	855.99	869.26	892.49	922.35	955.53	988.70
$175,000	n/a	607.16	749.82	776.37	862.63	938.94	978.75	988.70	1015.25	1045.11	1084.92
$200,000	n/a	620.43	776.37	836.09	902.44	1011.93	1055.06	1098.19	1124.73	1144.64	1174.50
$225,000	n/a	n/a	796.27	925.67	948.89	1074.97	1134.69	1181.14	1220.95	1254.13	1283.99
$250,000	n/a	n/a	806.23	955.53	1015.25	1144.64	1230.90	1290.62	1347.03	1393.48	1443.24
$375,000	n/a	n/a	n/a	n/a	1174.50	1393.48	1519.55	1566.00	1619.09	1718.62	1814.84
Unlimited	434.63	640.34	849.36	1038.47	1214.31	1459.83	1615.77	1765.07	1907.74	2047.08	2176.48

Age: 53	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	169.21	185.80	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	285.33	315.19	338.42	355.00	364.96	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	361.64	431.31	454.54	481.08	500.99	544.12	557.39	573.98	587.25	n/a	n/a
$100,000	428.00	504.31	570.66	600.52	620.43	676.83	693.42	710.01	729.92	746.51	759.78
$125,000	447.90	567.34	643.65	700.06	729.92	786.32	812.86	842.72	869.26	905.76	935.62
$150,000	n/a	620.43	690.10	776.37	826.13	899.12	915.71	942.26	972.12	1008.61	1045.11
$175,000	n/a	643.65	786.32	829.45	909.08	992.02	1031.84	1041.79	1071.65	1108.15	1144.64
$200,000	n/a	653.61	812.86	875.90	952.21	1068.33	1114.78	1151.28	1184.45	1207.68	1240.86
$225,000	n/a	n/a	839.40	975.43	998.66	1131.37	1194.41	1240.86	1283.99	1317.17	1350.34
$250,000	n/a	n/a	855.99	1001.98	1074.97	1204.36	1290.62	1360.30	1416.70	1473.10	1519.55
$375,000	n/a	n/a	n/a	n/a	1237.54	1469.79	1602.50	1648.95	1702.03	1804.88	1907.74
Unlimited	457.86	673.51	892.49	1094.87	1280.67	1529.51	1698.71	1857.97	2013.90	2153.25	2295.92

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 54	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	192.43	205.70	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	335.10	361.64	388.18	404.77	418.04	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	411.41	494.35	524.21	557.39	580.62	627.06	643.65	656.92	676.83	n/a	n/a
$100,000	497.67	577.30	656.92	693.42	710.01	779.68	802.91	819.50	839.40	855.99	869.26
$125,000	507.62	646.97	736.55	806.23	842.72	905.76	935.62	965.48	998.66	1035.15	1065.01
$150,000	n/a	716.64	789.64	889.17	948.89	1041.79	1048.42	1078.29	1108.15	1147.96	1184.45
$175,000	n/a	736.55	902.44	948.89	1041.79	1138.01	1184.45	1197.73	1224.27	1260.76	1303.90
$200,000	n/a	753.14	935.62	1008.61	1094.87	1230.90	1280.67	1320.48	1347.03	1380.20	1410.07
$225,000	n/a	n/a	958.84	1121.42	1147.96	1303.90	1370.25	1423.34	1469.79	1506.28	1542.78
$250,000	n/a	n/a	975.43	1157.91	1237.54	1386.84	1483.06	1556.05	1622.40	1675.49	1731.89
$375,000	n/a	n/a	n/a	n/a	1423.34	1688.76	1841.38	1891.15	1947.55	2060.35	2176.48
Unlimited	524.21	776.37	1028.52	1257.45	1469.79	1758.43	1954.18	2133.35	2309.19	2481.71	2644.29

Age: 55	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	202.39	218.97	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	348.37	374.91	404.77	421.36	437.95	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	428.00	514.26	550.75	577.30	603.84	646.97	666.88	686.78	706.69	n/a	n/a
$100,000	514.26	607.16	683.47	723.28	739.87	816.18	836.09	855.99	875.90	899.12	912.40
$125,000	534.17	680.15	773.05	839.40	875.90	948.89	978.75	1011.93	1048.42	1084.92	1118.10
$150,000	n/a	743.19	822.81	932.30	992.02	1084.92	1098.19	1128.05	1164.55	1207.68	1250.81
$175,000	n/a	769.73	945.57	988.70	1088.24	1184.45	1234.22	1250.81	1287.31	1323.80	1363.62
$200,000	n/a	786.32	975.43	1055.06	1147.96	1280.67	1333.76	1383.52	1410.07	1449.88	1483.06
$225,000	n/a	n/a	1001.98	1167.87	1197.73	1353.66	1433.29	1489.69	1536.14	1579.27	1615.77
$250,000	n/a	n/a	1018.56	1201.04	1290.62	1443.24	1552.73	1632.36	1698.71	1758.43	1818.15
$375,000	n/a	n/a	n/a	n/a	1486.37	1761.75	1917.69	1977.41	2037.13	2156.57	2282.65
Unlimited	540.80	809.54	1074.97	1317.17	1529.51	1838.06	2037.13	2229.56	2412.04	2584.57	2753.77

Age: 56	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	225.61	245.52	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	388.18	424.68	457.86	474.45	494.35	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	481.08	580.62	620.43	646.97	676.83	733.23	753.14	776.37	792.95	n/a	n/a
$100,000	577.30	683.47	769.73	812.86	836.09	915.71	938.94	965.48	982.07	1005.29	1028.52
$125,000	603.84	763.09	865.95	945.57	985.39	1061.70	1098.19	1134.69	1174.50	1217.63	1257.45
$150,000	n/a	836.09	928.98	1048.42	1114.78	1220.95	1234.22	1267.40	1313.85	1353.66	1400.11
$175,000	n/a	869.26	1055.06	1111.46	1224.27	1333.76	1390.16	1403.43	1439.93	1486.37	1532.82
$200,000	n/a	879.22	1098.19	1181.14	1287.31	1443.24	1506.28	1552.73	1589.23	1625.72	1662.22
$225,000	n/a	n/a	1121.42	1320.48	1347.03	1526.19	1612.45	1668.85	1728.57	1771.71	1811.52
$250,000	n/a	n/a	1147.96	1353.66	1449.88	1622.40	1748.48	1831.43	1907.74	1974.09	2043.76
$375,000	n/a	n/a	n/a	n/a	1672.17	1980.73	2159.89	2219.61	2289.28	2428.63	2567.98
Unlimited	617.11	912.40	1207.68	1479.74	1725.26	2066.99	2292.60	2504.94	2710.64	2913.03	3102.14

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 57	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	245.52	265.42	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	418.04	457.86	491.03	510.94	530.85	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	520.89	623.75	666.88	700.06	729.92	789.64	809.54	832.77	855.99	n/a	n/a
$100,000	627.06	733.23	826.13	872.58	895.81	985.39	1011.93	1038.47	1058.38	1088.24	1101.51
$125,000	646.97	819.50	932.30	1015.25	1058.38	1141.32	1184.45	1220.95	1267.40	1317.17	1360.30
$150,000	n/a	902.44	998.66	1121.42	1197.73	1310.53	1323.80	1366.93	1410.07	1463.15	1516.23
$175,000	n/a	925.67	1134.69	1194.41	1313.85	1436.61	1489.69	1516.23	1556.05	1605.82	1652.26
$200,000	n/a	948.89	1181.14	1267.40	1386.84	1549.41	1612.45	1672.17	1711.98	1755.12	1798.25
$225,000	n/a	n/a	1211.00	1416.70	1446.56	1635.68	1735.21	1804.88	1864.60	1911.05	1960.82
$250,000	n/a	n/a	1230.90	1449.88	1559.37	1738.53	1874.56	1974.09	2057.04	2133.35	2206.34
$375,000	n/a	n/a	n/a	n/a	1794.93	2130.03	2325.78	2392.13	2468.44	2621.06	2780.32
Unlimited	660.24	975.43	1293.94	1585.91	1854.65	2219.61	2461.81	2697.37	2916.35	3135.32	3341.02

Age: 58	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	262.11	285.33	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	451.22	484.40	520.89	547.44	570.66	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	554.07	670.20	706.69	746.51	783.00	842.72	865.95	889.17	912.40	n/a	n/a
$100,000	666.88	783.00	885.85	932.30	962.16	1055.06	1084.92	1104.83	1134.69	1157.91	1184.45
$125,000	693.42	879.22	998.66	1088.24	1134.69	1224.27	1260.76	1303.90	1347.03	1393.48	1443.24
$150,000	n/a	962.16	1068.33	1201.04	1280.67	1403.43	1420.02	1456.51	1506.28	1559.37	1609.13
$175,000	n/a	995.34	1214.31	1280.67	1403.43	1536.14	1589.23	1619.09	1658.90	1711.98	1765.07
$200,000	n/a	1011.93	1260.76	1360.30	1479.74	1655.58	1725.26	1788.29	1824.79	1871.24	1917.69
$225,000	n/a	n/a	1290.62	1509.60	1546.09	1751.80	1848.01	1930.96	1987.36	2040.45	2090.21
$250,000	n/a	n/a	1317.17	1556.05	1662.22	1864.60	2000.63	2106.80	2196.38	2272.69	2349.00
$375,000	n/a	n/a	n/a	n/a	1914.37	2276.01	2485.03	2551.39	2631.02	2790.27	2959.48
Unlimited	706.69	1048.42	1386.84	1695.40	1984.04	2372.23	2634.33	2879.85	3118.73	3350.98	3566.64

Age: 59	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	298.60	321.83	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	507.62	550.75	590.57	613.79	637.02	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	630.38	749.82	802.91	846.04	879.22	948.89	975.43	1001.98	1025.20	n/a	n/a
$100,000	753.14	882.53	998.66	1048.42	1088.24	1187.77	1220.95	1250.81	1283.99	1313.85	1340.39
$125,000	779.68	988.70	1121.42	1227.59	1280.67	1380.20	1423.34	1469.79	1522.87	1575.96	1622.40
$150,000	n/a	1091.56	1201.04	1353.66	1443.24	1582.59	1599.18	1642.31	1698.71	1751.80	1814.84
$175,000	n/a	1121.42	1373.57	1443.24	1585.91	1738.53	1798.25	1821.47	1871.24	1930.96	1984.04
$200,000	n/a	1147.96	1423.34	1532.82	1665.54	1871.24	1947.55	2013.90	2057.04	2103.49	2153.25
$225,000	n/a	n/a	1459.83	1708.67	1745.16	1977.41	2093.53	2173.16	2242.83	2292.60	2345.68
$250,000	n/a	n/a	1486.37	1751.80	1877.87	2110.12	2259.42	2378.86	2471.76	2558.02	2640.97
$375,000	n/a	n/a	n/a	n/a	2169.84	2571.30	2806.86	2883.17	2969.43	3141.96	3324.44
Unlimited	799.59	1184.45	1562.68	1914.37	2246.15	2680.78	2972.75	3254.76	3520.19	3778.97	4027.81

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 60	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	331.78	358.32	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	564.03	617.11	656.92	683.47	710.01	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	696.74	839.40	895.81	938.94	978.75	1058.38	1088.24	1118.10	1141.32	n/a	n/a
$100,000	839.40	988.70	1111.46	1174.50	1204.36	1323.80	1360.30	1393.48	1426.65	1459.83	1489.69
$125,000	869.26	1104.83	1254.13	1366.93	1426.65	1539.46	1589.23	1638.99	1702.03	1761.75	1821.47
$150,000	n/a	1211.00	1343.71	1509.60	1605.82	1761.75	1788.29	1834.74	1894.46	1960.82	2030.49
$175,000	n/a	1250.81	1526.19	1605.82	1765.07	1934.28	2003.95	2037.13	2090.21	2156.57	2222.93
$200,000	n/a	1277.35	1585.91	1708.67	1861.29	2080.26	2169.84	2249.47	2295.92	2352.32	2415.36
$225,000	n/a	n/a	1629.04	1904.42	1947.55	2203.02	2329.10	2421.99	2501.62	2564.66	2627.70
$250,000	n/a	n/a	1655.58	1954.18	2093.53	2345.68	2521.53	2650.92	2760.41	2863.26	2956.16
$375,000	n/a	n/a	n/a	n/a	2415.36	2859.94	3122.05	3218.27	3314.48	3516.87	3719.25
Unlimited	885.85	1320.48	1741.85	2133.35	2494.99	2989.34	3311.16	3623.04	3928.28	4220.24	4498.94

Age: 61	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	358.32	381.55	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	607.16	663.56	706.69	736.55	769.73	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	753.14	909.08	962.16	1011.93	1058.38	1141.32	1167.87	1201.04	1230.90	n/a	n/a
$100,000	909.08	1058.38	1191.09	1260.76	1300.58	1426.65	1463.15	1502.96	1539.46	1575.96	1605.82
$125,000	935.62	1191.09	1347.03	1473.10	1532.82	1655.58	1708.67	1768.39	1828.11	1891.15	1957.50
$150,000	n/a	1307.21	1443.24	1625.72	1731.89	1897.78	1921.01	1974.09	2033.81	2113.44	2183.11
$175,000	n/a	1347.03	1648.95	1725.26	1904.42	2080.26	2159.89	2189.75	2252.79	2315.82	2388.82
$200,000	n/a	1370.25	1708.67	1841.38	2003.95	2242.83	2342.37	2421.99	2475.08	2534.80	2597.84
$225,000	n/a	n/a	1748.48	2050.40	2100.17	2375.54	2511.57	2607.79	2694.05	2760.41	2823.45
$250,000	n/a	n/a	1784.98	2103.49	2252.79	2528.16	2710.64	2853.31	2969.43	3078.92	3181.77
$375,000	n/a	n/a	n/a	n/a	2597.84	3082.24	3367.57	3460.47	3569.95	3782.29	4001.27
Unlimited	952.21	1420.02	1877.87	2299.24	2687.42	3218.27	3566.64	3901.73	4223.56	4535.43	4830.72

Age: 62	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	391.50	421.36	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	663.56	723.28	773.05	809.54	839.40	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	822.81	985.39	1051.74	1108.15	1154.59	1247.49	1283.99	1323.80	1353.66	n/a	n/a
$100,000	988.70	1161.23	1307.21	1380.20	1423.34	1559.37	1599.18	1645.63	1685.44	1718.62	1755.12
$125,000	1025.20	1307.21	1476.42	1615.77	1682.12	1814.84	1874.56	1934.28	2000.63	2073.63	2143.30
$150,000	n/a	1429.97	1579.27	1781.66	1897.78	2080.26	2106.80	2159.89	2229.56	2312.51	2385.50
$175,000	n/a	1473.10	1811.52	1894.46	2083.58	2282.65	2362.27	2398.77	2465.13	2534.80	2611.11
$200,000	n/a	1506.28	1874.56	2023.86	2196.38	2461.81	2561.34	2647.60	2707.32	2773.68	2846.67
$225,000	n/a	n/a	1917.69	2249.47	2299.24	2597.84	2747.14	2856.63	2949.52	3022.52	3092.19
$250,000	n/a	n/a	1957.50	2302.55	2468.44	2770.36	2976.07	3125.37	3248.13	3367.57	3480.37
$375,000	n/a	n/a	n/a	n/a	2846.67	3377.52	3686.08	3792.25	3911.69	4140.61	4382.81
Unlimited	1051.74	1552.73	2050.40	2518.21	2942.89	3526.82	3905.05	4273.33	4625.01	4963.43	5291.89

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 63	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	444.59	474.45	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	749.82	819.50	875.90	915.71	945.57	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	932.30	1121.42	1187.77	1254.13	1310.53	1413.38	1449.88	1489.69	1529.51	n/a	n/a
$100,000	1121.42	1310.53	1479.74	1556.05	1612.45	1768.39	1814.84	1861.29	1901.10	1947.55	1984.04
$125,000	1157.91	1473.10	1665.54	1821.47	1901.10	2053.72	2116.76	2179.79	2262.74	2339.05	2415.36
$150,000	n/a	1615.77	1784.98	2017.22	2139.98	2352.32	2378.86	2441.90	2514.89	2601.16	2690.74
$175,000	n/a	1665.54	2040.45	2143.30	2355.64	2574.61	2674.15	2713.96	2773.68	2859.94	2946.21
$200,000	n/a	1702.03	2113.44	2282.65	2485.03	2783.63	2893.12	2995.97	3059.01	3128.69	3204.99
$225,000	n/a	n/a	2169.84	2538.12	2597.84	2942.89	3108.78	3228.22	3331.07	3410.70	3487.01
$250,000	n/a	n/a	2209.65	2607.79	2790.27	3128.69	3360.93	3533.46	3672.80	3798.88	3924.96
$375,000	n/a	n/a	n/a	n/a	3218.27	3825.42	4160.52	4276.64	4412.67	4671.46	4943.52
Unlimited	1184.45	1755.12	2319.14	2840.04	3327.75	3984.68	4412.67	4827.40	5225.54	5607.08	5975.36

Age: 64	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	491.03	534.17	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	842.72	912.40	982.07	1021.88	1061.70	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1041.79	1250.81	1327.12	1396.79	1456.51	1575.96	1615.77	1658.90	1705.35	n/a	n/a
$100,000	1250.81	1466.47	1652.26	1745.16	1794.93	1967.46	2020.54	2073.63	2123.39	2173.16	2216.29
$125,000	1290.62	1642.31	1861.29	2037.13	2120.07	2292.60	2362.27	2441.90	2531.48	2617.74	2710.64
$150,000	n/a	1801.57	1994.00	2246.15	2392.13	2621.06	2657.56	2723.91	2813.49	2916.35	3019.20
$175,000	n/a	1861.29	2279.33	2388.82	2621.06	2873.21	2982.70	3025.83	3105.46	3204.99	3304.53
$200,000	n/a	1894.46	2355.64	2544.75	2767.05	3102.14	3228.22	3347.66	3417.33	3496.96	3593.18
$225,000	n/a	n/a	2415.36	2830.08	2896.44	3277.99	3467.10	3603.13	3722.57	3818.79	3908.37
$250,000	n/a	n/a	2465.13	2906.39	3112.10	3487.01	3749.11	3944.86	4104.12	4260.06	4399.40
$375,000	n/a	n/a	n/a	n/a	3589.86	4260.06	4648.24	4784.27	4936.89	5228.85	5534.09
Unlimited	1320.48	1957.50	2591.20	3171.82	3712.62	4442.53	4926.93	5384.79	5836.01	6264.01	6675.41

Age: 65	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	540.80	587.25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	922.35	1005.29	1081.60	1124.73	1171.18	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1147.96	1380.20	1469.79	1542.78	1609.13	1735.21	1788.29	1831.43	1877.87	n/a	n/a
$100,000	1373.57	1619.09	1824.79	1924.32	1984.04	2169.84	2229.56	2289.28	2335.73	2395.45	2441.90
$125,000	1423.34	1808.20	2050.40	2242.83	2335.73	2524.85	2604.47	2690.74	2786.95	2883.17	2979.38
$150,000	n/a	1984.04	2199.70	2475.08	2640.97	2893.12	2929.62	3002.61	3102.14	3214.95	3321.12
$175,000	n/a	2050.40	2511.57	2634.33	2899.76	3171.82	3287.94	3334.39	3423.97	3526.82	3636.31
$200,000	n/a	2093.53	2604.47	2806.86	3055.69	3427.29	3560.00	3686.08	3762.39	3855.28	3958.14
$225,000	n/a	n/a	2670.83	3125.37	3191.72	3616.40	3822.11	3971.41	4104.12	4203.65	4306.50
$250,000	n/a	n/a	2720.60	3208.31	3433.92	3851.97	4137.30	4349.64	4525.48	4691.37	4840.67
$375,000	n/a	n/a	n/a	n/a	3961.45	4701.32	5129.32	5271.98	5434.56	5763.02	6098.12
Unlimited	1463.15	2166.52	2856.63	3506.91	4094.17	4897.07	5434.56	5945.50	6443.17	6914.30	7368.83

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 66	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	600.52	650.29	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1028.52	1118.10	1197.73	1247.49	1297.26	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1274.04	1529.51	1629.04	1711.98	1781.66	1930.96	1980.73	2033.81	2080.26	n/a	n/a
$100,000	1529.51	1798.25	2020.54	2136.66	2199.70	2408.72	2475.08	2541.43	2597.84	2664.19	2713.96
$125,000	1575.96	2010.59	2279.33	2488.35	2601.16	2803.54	2893.12	2986.02	3088.87	3204.99	3311.16
$150,000	n/a	2206.34	2438.58	2750.46	2926.30	3208.31	3248.13	3334.39	3440.56	3569.95	3689.39
$175,000	n/a	2276.01	2783.63	2922.98	3218.27	3516.87	3649.58	3702.66	3802.20	3915.00	4037.76
$200,000	n/a	2325.78	2886.49	3115.41	3390.79	3795.56	3951.50	4090.85	4177.11	4283.28	4392.77
$225,000	n/a	n/a	2962.80	3463.78	3550.05	4014.54	4243.47	4409.36	4552.02	4668.14	4784.27
$250,000	n/a	n/a	3019.20	3556.68	3808.83	4276.64	4585.20	4827.40	5016.51	5208.95	5381.47
$375,000	n/a	n/a	n/a	n/a	4392.77	5212.26	5690.03	5845.96	6035.08	6393.40	6764.99
Unlimited	1619.09	2395.45	3168.50	3878.51	4545.39	5441.19	6028.44	6592.47	7139.91	7660.80	8165.11

Age: 67	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	656.92	713.33	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1131.37	1227.59	1320.48	1370.25	1426.65	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1403.43	1678.81	1788.29	1877.87	1960.82	2116.76	2176.48	2229.56	2292.60	n/a	n/a
$100,000	1678.81	1967.46	2216.29	2342.37	2418.68	2647.60	2720.60	2790.27	2856.63	2922.98	2979.38
$125,000	1731.89	2203.02	2504.94	2737.19	2849.99	3075.60	3175.13	3281.30	3390.79	3510.23	3632.99
$150,000	n/a	2421.99	2680.78	3019.20	3218.27	3523.50	3569.95	3659.53	3778.97	3915.00	4044.40
$175,000	n/a	2501.62	3062.33	3214.95	3533.46	3858.60	4007.90	4064.31	4170.47	4296.55	4429.26
$200,000	n/a	2544.75	3168.50	3427.29	3719.25	4170.47	4339.68	4492.30	4585.20	4698.00	4817.45
$225,000	n/a	n/a	3248.13	3808.83	3898.42	4406.04	4658.19	4837.35	4999.92	5122.68	5245.44
$250,000	n/a	n/a	3314.48	3915.00	4183.75	4694.69	5036.42	5298.53	5510.87	5713.25	5899.05
$375,000	n/a	n/a	n/a	n/a	4824.08	5729.84	6244.10	6419.94	6625.65	7017.15	7421.92
Unlimited	1778.34	2634.33	3483.69	4266.69	4993.29	5975.36	6625.65	7249.39	7853.23	8430.53	8981.28

Age: 68	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	726.60	786.32	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1244.18	1356.98	1446.56	1512.92	1572.64	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1542.78	1851.33	1974.09	2073.63	2159.89	2332.41	2398.77	2461.81	2524.85	n/a	n/a
$100,000	1848.01	2173.16	2445.22	2587.88	2664.19	2916.35	2995.97	3075.60	3145.27	3221.58	3281.30
$125,000	1914.37	2435.27	2760.41	3015.88	3145.27	3397.43	3500.28	3619.72	3749.11	3878.51	4014.54
$150,000	n/a	2670.83	2959.48	3327.75	3550.05	3885.14	3934.91	4037.76	4173.79	4323.09	4472.39
$175,000	n/a	2760.41	3377.52	3536.77	3898.42	4256.74	4422.63	4485.67	4598.47	4747.77	4890.44
$200,000	n/a	2810.18	3496.96	3775.66	4107.44	4598.47	4787.59	4956.79	5059.65	5185.72	5315.12
$225,000	n/a	n/a	3589.86	4197.02	4299.87	4860.58	5139.27	5341.66	5520.82	5653.53	5789.56
$250,000	n/a	n/a	3652.90	4313.14	4615.06	5175.77	5557.32	5845.96	6081.53	6307.14	6519.48
$375,000	n/a	n/a	n/a	n/a	5325.07	6310.46	6884.44	7083.50	7312.43	7743.75	8198.28
Unlimited	1957.50	2906.39	3842.01	4704.64	5504.23	6589.15	7305.80	7992.58	8649.50	9289.84	9897.00

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 69	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	812.86	879.22	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1386.84	1509.60	1615.77	1685.44	1755.12	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1725.26	2063.67	2199.70	2315.82	2412.04	2604.47	2680.78	2750.46	2816.81	n/a	n/a
$100,000	2063.67	2421.99	2733.87	2883.17	2972.75	3258.08	3347.66	3437.24	3513.55	3599.81	3669.49
$125,000	2136.66	2713.96	3078.92	3364.25	3513.55	3785.61	3911.69	4041.08	4187.06	4333.05	4485.67
$150,000	n/a	2986.02	3297.89	3715.94	3958.14	4336.36	4396.09	4512.21	4661.51	4830.72	4999.92
$175,000	n/a	3075.60	3769.02	3954.82	4349.64	4751.09	4936.89	5013.20	5142.59	5298.53	5471.05
$200,000	n/a	3138.64	3901.73	4213.61	4578.56	5139.27	5344.98	5534.09	5660.17	5792.88	5945.50
$225,000	n/a	n/a	4001.27	4691.37	4797.54	5424.60	5736.48	5962.09	6164.47	6320.41	6469.71
$250,000	n/a	n/a	4080.89	4810.81	5149.23	5776.29	6204.29	6526.11	6791.54	7047.01	7279.25
$375,000	n/a	n/a	n/a	n/a	5938.86	7043.69	7690.66	7909.64	8165.11	8656.14	9160.45
Unlimited	2186.43	3244.81	4283.28	5252.08	6147.88	7352.24	8155.15	8914.93	9658.12	10371.44	11048.27

Age: 70	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	895.81	972.12	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1532.82	1672.17	1788.29	1861.29	1937.60	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1904.42	2282.65	2431.95	2554.71	2664.19	2876.53	2959.48	3035.79	3108.78	n/a	n/a
$100,000	2279.33	2677.46	3015.88	3188.41	3284.62	3599.81	3696.03	3792.25	3885.14	3978.04	4054.35
$125,000	2358.96	2999.29	3400.75	3712.62	3875.19	4183.75	4323.09	4459.12	4621.70	4777.63	4943.52
$150,000	n/a	3294.58	3642.94	4104.12	4372.86	4787.59	4847.31	4983.34	5139.27	5325.07	5504.23
$175,000	n/a	3394.11	4157.20	4362.91	4800.86	5248.76	5451.15	5530.77	5673.44	5845.96	6028.44
$200,000	n/a	3467.10	4306.50	4648.24	5053.01	5666.80	5899.05	6108.07	6237.46	6386.77	6552.66
$225,000	n/a	n/a	4422.63	5172.45	5295.21	5988.63	6330.36	6579.20	6801.49	6970.70	7133.27
$250,000	n/a	n/a	4502.25	5311.80	5686.71	6383.45	6851.26	7202.94	7494.91	7773.61	8022.44
$375,000	n/a	n/a	n/a	n/a	6559.29	7783.56	8490.25	8732.45	9007.83	9541.99	10099.38
Unlimited	2412.04	3579.91	4731.18	5799.51	6784.90	8115.34	9001.19	9843.91	10656.77	11439.77	12189.60

Age: 71	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	998.66	1078.29	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1708.67	1861.29	1990.68	2076.94	2153.25	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2116.76	2541.43	2704.01	2846.67	2966.11	3204.99	3291.26	3377.52	3463.78	n/a	n/a
$100,000	2538.12	2979.38	3357.61	3543.41	3659.53	4007.90	4117.39	4223.56	4323.09	4425.95	4512.21
$125,000	2624.38	3334.39	3788.93	4137.30	4316.46	4658.19	4807.49	4966.75	5139.27	5318.43	5504.23
$150,000	n/a	3669.49	4051.03	4565.29	4870.53	5331.70	5398.06	5544.04	5723.21	5935.54	6131.29
$175,000	n/a	3782.29	4631.65	4860.58	5348.29	5842.65	6068.26	6151.20	6313.77	6509.52	6708.59
$200,000	n/a	3855.28	4797.54	5179.09	5623.67	6310.46	6569.24	6801.49	6947.47	7116.68	7295.84
$225,000	n/a	n/a	4916.98	5763.02	5889.10	6665.46	7050.33	7322.38	7571.22	7753.70	7936.18
$250,000	n/a	n/a	5016.51	5912.32	6327.04	7103.41	7624.30	8015.80	8340.95	8649.50	8934.84
$375,000	n/a	n/a	n/a	n/a	7305.80	8659.46	9452.41	9717.84	10029.71	10623.60	11244.02
Unlimited	2684.10	3988.00	5268.67	6456.44	7554.63	9037.69	10023.07	10962.01	11874.41	12753.62	13593.03

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 72	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1098.19	1191.09	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1877.87	2047.08	2193.07	2289.28	2375.54	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2335.73	2803.54	2982.70	3135.32	3268.03	3530.14	3629.67	3722.57	3808.83	n/a	n/a
$100,000	2796.91	3284.62	3699.35	3911.69	4027.81	4412.67	4528.80	4648.24	4757.73	4867.21	4963.43
$125,000	2893.12	3676.12	4173.79	4555.34	4757.73	5129.32	5298.53	5467.73	5660.17	5859.23	6058.30
$150,000	n/a	4041.08	4465.76	5029.78	5361.56	5875.82	5948.82	6108.07	6303.82	6529.43	6751.72
$175,000	n/a	4167.16	5102.78	5354.93	5889.10	6433.21	6682.05	6778.27	6954.11	7169.77	7388.74
$200,000	n/a	4250.10	5285.26	5699.98	6204.29	6950.79	7232.80	7491.59	7647.53	7830.01	8039.03
$225,000	n/a	n/a	5421.29	6346.95	6496.25	7342.29	7763.65	8068.89	8337.63	8543.34	8749.04
$250,000	n/a	n/a	5520.82	6512.84	6974.02	7816.74	8397.35	8835.30	9190.31	9535.36	9843.91
$375,000	n/a	n/a	n/a	n/a	8045.67	9545.31	10411.26	10706.54	11048.27	11705.20	12388.67
Unlimited	2959.48	4392.77	5806.15	7110.05	8317.72	9960.04	11038.32	12076.79	13078.77	14044.25	14969.91

Age: 73	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1227.59	1327.12	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2096.85	2282.65	2448.54	2554.71	2650.92	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2604.47	3122.05	3324.44	3493.64	3642.94	3938.23	4044.40	4150.57	4256.74	n/a	n/a
$100,000	3122.05	3662.85	4124.03	4359.59	4492.30	4920.30	5056.33	5185.72	5308.48	5431.24	5540.73
$125,000	3224.90	4100.80	4654.87	5079.55	5305.16	5723.21	5905.68	6098.12	6313.77	6536.07	6758.36
$150,000	n/a	4505.57	4983.34	5613.72	5975.36	6549.34	6635.60	6811.44	7030.42	7282.57	7531.41
$175,000	n/a	4651.56	5690.03	5975.36	6569.24	7183.04	7451.78	7561.27	7753.70	7995.90	8234.78
$200,000	n/a	4741.14	5899.05	6363.54	6920.93	7757.02	8068.89	8354.22	8533.38	8735.77	8961.38
$225,000	n/a	n/a	6045.03	7080.19	7239.44	8191.65	8656.14	9001.19	9306.43	9525.40	9751.01
$250,000	n/a	n/a	6161.15	7269.30	7780.24	8725.81	9369.47	9853.87	10248.68	10630.23	10975.28
$375,000	n/a	n/a	n/a	n/a	8974.65	10643.50	11615.62	11944.08	12315.67	13052.23	13812.00
Unlimited	3301.21	4900.39	6473.03	7932.86	9279.89	11104.68	12309.04	13466.95	14581.73	15660.02	16685.22

Age: 74	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1350.34	1469.79	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2312.51	2521.53	2697.37	2813.49	2922.98	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2869.90	3447.19	3669.49	3858.60	4021.17	4343.00	4465.76	4581.88	4694.69	n/a	n/a
$100,000	3443.88	4041.08	4552.02	4810.81	4956.79	5431.24	5573.90	5723.21	5855.92	5995.26	6114.71
$125,000	3556.68	4518.84	5132.64	5607.08	5855.92	6317.09	6522.79	6728.50	6970.70	7212.90	7458.41
$150,000	n/a	4970.06	5497.59	6194.33	6599.10	7232.80	7319.07	7518.13	7763.65	8042.35	8317.72
$175,000	n/a	5129.32	6280.60	6592.47	7249.39	7922.91	8228.14	8344.27	8556.61	8822.03	9097.41
$200,000	n/a	5225.54	6509.52	7023.78	7637.58	8559.92	8901.66	9220.17	9412.60	9641.53	9890.36
$225,000	n/a	n/a	6668.78	7810.10	7995.90	9041.01	9561.90	9926.86	10261.96	10514.11	10766.26
$250,000	n/a	n/a	6798.17	8019.12	8583.15	9624.94	10338.26	10872.43	11317.02	11731.74	12119.92
$375,000	n/a	n/a	n/a	n/a	9903.63	11745.01	12816.66	13181.62	13593.03	14409.21	15248.61
Unlimited	3642.94	5411.33	7139.91	8749.04	10238.73	12255.95	13589.71	14867.06	16094.65	17289.06	18420.43

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 75	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1519.55	1648.95	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2594.52	2833.40	3035.79	3158.55	3287.94	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3224.90	3878.51	4124.03	4333.05	4518.84	4883.80	5016.51	5149.23	5275.30	n/a	n/a
$100,000	3868.55	4542.07	5116.05	5404.70	5570.59	6101.43	6267.32	6429.90	6585.83	6735.13	6867.85
$125,000	4001.27	5089.51	5772.97	6300.50	6579.20	7100.09	7322.38	7564.58	7830.01	8098.75	8380.76
$150,000	n/a	5590.49	6177.74	6960.74	7411.97	8121.97	8228.14	8447.12	8722.50	9031.05	9339.61
$175,000	n/a	5763.02	7063.60	7408.65	8145.20	8908.29	9246.71	9376.10	9614.98	9913.59	10215.51
$200,000	n/a	5875.82	7305.80	7886.41	8579.83	9618.30	10006.48	10364.81	10583.78	10832.62	11111.31
$225,000	n/a	n/a	7494.91	8785.53	8977.97	10162.42	10739.72	11164.40	11535.99	11814.69	12096.70
$250,000	n/a	n/a	7640.89	9017.78	9651.48	10819.35	11618.94	12219.46	12717.13	13181.62	13616.25
$375,000	n/a	n/a	n/a	n/a	11124.58	13201.53	14402.57	14810.66	15278.47	16187.55	17129.80
Unlimited	4094.17	6074.89	8025.76	9837.28	11509.45	13775.51	15265.20	16701.81	18091.96	19422.40	20696.44

Age: 76	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1698.71	1838.06	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2909.71	3168.50	3390.79	3536.77	3669.49	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3606.45	4333.05	4611.74	4847.31	5053.01	5457.78	5607.08	5753.07	5899.05	n/a	n/a
$100,000	4323.09	5072.92	5716.57	6041.71	6227.51	6818.08	7007.19	7189.67	7355.56	7528.09	7680.71
$125,000	4472.39	5686.71	6449.80	7043.69	7352.24	7932.86	8188.33	8453.75	8758.99	9057.59	9366.15
$150,000	n/a	6244.10	6907.66	7783.56	8287.86	9084.14	9196.94	9442.46	9751.01	10102.70	10444.43
$175,000	n/a	6443.17	7886.41	8281.23	9110.68	9953.40	10334.95	10480.93	10756.31	11088.09	11426.50
$200,000	n/a	6569.24	8168.42	8818.71	9595.08	10752.99	11184.30	11582.44	11827.96	12109.97	12425.16
$225,000	n/a	n/a	8377.45	9814.05	10039.66	11360.15	12007.12	12478.25	12899.61	13208.16	13526.67
$250,000	n/a	n/a	8543.34	10076.16	10782.85	12096.70	12985.87	13662.70	14213.46	14734.35	15218.75
$375,000	n/a	n/a	n/a	n/a	12441.75	14754.26	16094.65	16559.14	17080.03	18101.92	19153.66
Unlimited	4578.56	6788.22	8971.33	10995.19	12863.11	15394.59	17066.76	18669.26	20218.67	21698.41	23125.07

Age: 77	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1921.01	2073.63	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3277.99	3566.64	3822.11	3988.00	4143.93	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4067.62	4883.80	5198.99	5467.73	5699.98	6154.52	6327.04	6489.62	6655.51	n/a	n/a
$100,000	4877.17	5723.21	6456.44	6814.76	7023.78	7693.98	7903.00	8105.39	8291.18	8490.25	8656.14
$125,000	5043.06	6419.94	7272.62	7939.50	8294.50	8944.79	9240.07	9538.68	9873.77	10215.51	10570.51
$150,000	n/a	7043.69	7790.19	8775.58	9346.24	10242.05	10374.76	10653.46	10995.19	11390.01	11781.51
$175,000	n/a	7265.98	8898.34	9339.61	10265.27	11230.75	11658.75	11821.32	12129.88	12504.79	12889.65
$200,000	n/a	7411.97	9216.85	9943.45	10816.03	12126.56	12617.59	13062.18	13344.19	13662.70	14014.39
$225,000	n/a	n/a	9452.41	11068.18	11323.65	12813.34	13539.94	14074.11	14545.24	14896.92	15251.93
$250,000	n/a	n/a	9628.26	11360.15	12159.74	13639.48	14648.09	15411.18	16031.61	16622.18	17169.62
$375,000	n/a	n/a	n/a	n/a	14030.98	16645.40	18158.32	18672.58	19266.46	20411.11	21595.56
Unlimited	5162.50	7660.80	10122.61	12401.94	14508.74	17368.68	19249.88	21061.39	22806.56	24482.05	26087.86

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 78	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2186.43	2368.91	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3735.84	4070.94	4366.22	4548.70	4724.55	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4638.28	5573.90	5928.91	6234.15	6499.57	7020.46	7219.53	7405.33	7591.13	n/a	n/a
$100,000	5567.27	6532.75	7358.88	7773.61	8015.80	8775.58	9014.46	9250.03	9462.37	9687.98	9873.77
$125,000	5753.07	7319.07	8297.82	9064.23	9459.05	10208.87	10530.70	10875.75	11263.93	11652.11	12053.57
$150,000	n/a	8035.71	8885.07	10009.80	10663.41	11685.29	11834.59	12149.78	12541.28	12992.50	13430.45
$175,000	n/a	8287.86	10149.15	10653.46	11711.83	12810.03	13294.42	13490.17	13831.91	14259.90	14697.85
$200,000	n/a	8457.07	10514.11	11350.19	12338.90	13835.23	14395.93	14903.56	15215.43	15583.71	15978.52
$225,000	n/a	n/a	10782.85	12627.55	12916.20	14614.91	15447.68	16051.52	16585.68	16987.14	17391.91
$250,000	n/a	n/a	10988.55	12965.96	13875.04	15563.80	16705.12	17577.70	18284.40	18957.91	19581.66
$375,000	n/a	n/a	n/a	n/a	16001.75	18984.45	20709.71	21303.59	21973.79	23281.00	24634.67
Unlimited	5889.10	8739.09	11545.94	14147.10	16552.50	19810.58	21960.52	24020.87	26011.55	27929.24	29754.03

Age: 79	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2478.40	2680.78	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4230.20	4611.74	4943.52	5152.54	5348.29	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5262.03	6310.46	6711.91	7063.60	7362.20	7949.45	8171.74	8384.08	8596.42	n/a	n/a
$100,000	6303.82	7395.38	8334.31	8805.44	9077.50	9936.81	10212.19	10474.29	10716.49	10965.33	11177.67
$125,000	6519.48	8287.86	9399.33	10261.96	10713.18	11555.90	11930.81	12318.99	12756.94	13201.53	13652.75
$150,000	n/a	9107.36	10066.21	11343.56	12080.11	13231.39	13403.91	13758.92	14206.82	14721.08	15215.43
$175,000	n/a	9389.37	11496.18	12066.84	13267.88	14505.42	15059.49	15278.47	15669.97	16154.37	16652.04
$200,000	n/a	9575.17	11907.58	12849.84	13971.26	15663.33	16297.03	16877.65	17235.97	17650.70	18105.23
$225,000	n/a	n/a	12209.50	14299.72	14631.50	16545.87	17494.76	18181.54	18788.70	19246.56	19704.41
$250,000	n/a	n/a	12441.75	14684.58	15713.10	17624.15	18924.73	19903.48	20709.71	21476.12	22182.81
$375,000	n/a	n/a	n/a	n/a	18125.14	21502.66	23460.16	24130.36	24890.14	26369.87	27912.65
Unlimited	6668.78	9900.32	13075.45	16024.97	18745.57	22434.96	24866.91	27205.96	29455.43	31615.32	33685.62

Age: 80	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2800.22	3029.15	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4780.95	5205.63	5573.90	5812.79	6041.71	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5935.54	7123.32	7584.49	7972.67	8311.09	8974.65	9230.12	9465.68	9704.57	n/a	n/a
$100,000	7116.68	8347.58	9405.96	9940.13	10242.05	11224.12	11526.04	11831.27	12103.33	12388.67	12627.55
$125,000	7352.24	9356.20	10616.96	11585.76	12093.38	13048.91	13473.59	13908.22	14399.25	14900.24	15404.55
$150,000	n/a	10278.54	11363.47	12800.07	13636.16	14936.74	15129.17	15530.62	16034.93	16612.22	17179.57
$175,000	n/a	10597.05	12985.87	13619.57	14976.55	16379.98	17003.73	17242.61	17687.19	18234.63	18801.97
$200,000	n/a	10806.07	13440.41	14505.42	15776.14	17690.51	18403.84	19054.13	19458.90	19923.39	20437.65
$225,000	n/a	n/a	13785.46	16141.10	16516.01	18685.85	19757.50	20523.91	21210.70	21724.95	22242.53
$250,000	n/a	n/a	14047.57	16569.09	17740.28	19896.85	21363.31	22471.46	23373.90	24239.85	25036.12
$375,000	n/a	n/a	n/a	n/a	20464.19	24279.66	26479.36	27242.46	28095.13	29767.30	31502.51
Unlimited	7531.41	11174.35	14764.21	18085.33	21167.56	25328.09	28078.54	30716.19	33264.26	35709.48	38051.85

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 81	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3185.09	3447.19	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5437.87	5925.59	6350.27	6615.69	6874.48	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6755.04	8108.70	8622.96	9074.18	9455.73	10215.51	10500.84	10769.58	11041.64	n/a	n/a
$100,000	8095.43	9498.86	10709.86	11307.06	11658.75	12770.21	13118.58	13463.63	13778.82	14100.65	14376.03
$125,000	8370.81	10643.50	12076.79	13181.62	13762.23	14847.16	15328.24	15829.22	16386.61	16953.96	17534.57
$150,000	n/a	11695.25	12929.47	14565.14	15514.03	17000.41	17219.38	17677.24	18244.58	18904.82	19551.80
$175,000	n/a	12053.57	14770.85	15500.76	17046.86	18632.76	19342.77	19618.15	20125.77	20749.52	21386.54
$200,000	n/a	12292.45	15295.06	16509.37	17949.30	20132.41	20945.27	21685.14	22146.32	22677.16	23257.78
$225,000	n/a	n/a	15686.56	18370.66	18792.02	21260.46	22478.10	23357.31	24137.00	24724.25	25311.50
$250,000	n/a	n/a	15988.48	18861.69	20185.50	22643.99	24306.20	25566.97	26605.44	27590.82	28493.27
$375,000	n/a	n/a	n/a	n/a	23290.96	27624.00	30142.21	30998.21	31973.64	33874.74	35845.51
Unlimited	8566.56	12717.13	16791.39	20580.31	24080.59	28821.73	31950.41	34949.71	37846.14	40629.78	43297.29

Age: 82	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3560.00	3855.28	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6084.85	6632.28	7103.41	7408.65	7690.66	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7557.95	9070.87	9651.48	10149.15	10583.78	11429.82	11751.65	12056.89	12358.81	n/a	n/a
$100,000	9057.59	10626.91	11977.26	12650.77	13045.59	14289.76	14677.95	15059.49	15407.86	15769.50	16074.74
$125,000	9366.15	11914.22	13513.40	14750.94	15401.23	16622.18	17149.71	17707.10	18334.16	18967.86	19611.52
$150,000	n/a	13082.09	14472.24	16300.35	17362.05	19020.95	19263.15	19777.41	20414.42	21150.98	21864.30
$175,000	n/a	13493.49	16525.96	17345.46	19074.03	20852.37	21648.65	21957.20	22521.23	23214.65	23927.97
$200,000	n/a	13758.92	17119.85	18473.51	20085.96	22524.54	23433.62	24266.39	24777.33	25367.90	26018.19
$225,000	n/a	n/a	17554.48	20553.77	21031.53	23791.94	25155.56	26130.99	27010.21	27663.82	28317.42
$250,000	n/a	n/a	17892.90	21104.53	22590.90	25338.04	27202.64	28612.71	29770.62	30868.81	31874.10
$375,000	n/a	n/a	n/a	n/a	26061.32	30915.26	33725.44	34680.96	35772.52	37895.91	40102.25
Unlimited	9588.44	14233.36	18795.34	23032.17	26947.17	32258.97	35749.30	39106.91	42351.72	45463.81	48443.20

Age: 83	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4007.90	4343.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6847.94	7461.73	7992.58	8334.31	8659.46	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	8500.20	10208.87	10865.80	11429.82	11910.90	12863.11	13224.75	13563.17	13908.22	n/a	n/a
$100,000	10188.96	11963.99	13483.54	14243.32	14677.95	16074.74	16516.01	16950.64	17348.78	17750.23	18098.60
$125,000	10543.97	13403.91	15208.80	16602.27	17332.19	18699.12	19299.64	19936.66	20636.72	21353.36	22079.96
$150,000	n/a	14727.71	16287.08	18344.12	19538.52	21403.13	21678.51	22262.44	22982.40	23808.53	24614.76
$175,000	n/a	15185.57	18599.59	19515.30	21466.17	23466.80	24362.61	24707.66	25347.99	26124.36	26933.90
$200,000	n/a	15487.49	19263.15	20786.02	22604.17	25341.36	26366.56	27305.49	27882.79	28556.30	29286.22
$225,000	n/a	n/a	19754.18	23131.70	23665.87	26771.33	28307.47	29405.66	30404.32	31130.92	31870.79
$250,000	n/a	n/a	20135.73	23748.81	25420.98	28513.17	30610.02	32192.61	33499.83	34744.00	35882.01
$375,000	n/a	n/a	n/a	n/a	29326.03	34787.13	37945.68	39030.60	40261.50	42656.95	45141.99
Unlimited	10789.49	16008.39	21150.98	25915.34	30324.69	36290.10	40231.64	44013.93	47660.20	51173.75	54528.04

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 84	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4492.30	4870.53	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7677.39	8364.17	8961.38	9349.56	9701.25	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	9535.36	11439.77	12182.96	12806.71	13350.83	14422.48	14823.93	15208.80	15583.71	n/a	n/a
$100,000	11429.82	13410.55	15112.58	15968.57	16456.29	18025.61	18519.96	18997.72	19445.63	19896.85	20288.35
$125,000	11818.00	15029.63	17053.49	18612.86	19429.04	20968.50	21635.37	22345.38	23135.02	23931.29	24750.79
$150,000	n/a	16506.06	18257.85	20560.41	21907.43	23997.65	24302.89	24953.17	25756.08	26688.38	27590.82
$175,000	n/a	17020.31	20852.37	21880.89	24064.00	26310.15	27312.13	27700.31	28416.96	29286.22	30195.30
$200,000	n/a	17362.05	21595.56	23307.55	25347.99	28420.27	29564.92	30613.34	31263.63	32006.82	32836.27
$225,000	n/a	n/a	22146.32	25931.92	26529.13	30019.45	31731.44	32968.98	34077.12	34903.26	35736.02
$250,000	n/a	n/a	22574.31	26625.35	28499.90	31963.69	34322.64	36094.35	37554.18	38944.34	40221.69
$375,000	n/a	n/a	n/a	n/a	32876.08	38997.42	42544.15	43758.46	45135.35	47819.45	50603.09
Unlimited	12096.70	17949.30	23715.63	29053.97	34000.81	40689.50	45102.17	49335.69	53426.53	57354.81	61103.92

Age: 85	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4767.68	5162.50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	8148.52	8878.43	9505.50	9913.59	10298.45	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	10112.65	12143.15	12926.15	13593.03	14163.69	15295.06	15729.69	16137.78	16539.23	n/a	n/a
$100,000	12126.56	14230.04	16034.93	16940.69	17461.58	19127.12	19644.69	20155.64	20630.08	21111.16	21529.20
$125,000	12537.97	15948.66	18091.96	19750.86	20616.81	22242.53	22959.18	23709.00	24545.08	25397.76	26260.39
$150,000	n/a	17517.98	19366.00	21817.85	23244.51	25457.48	25789.26	26476.04	27332.04	28317.42	29276.27
$175,000	n/a	18062.10	22126.41	23214.65	25530.47	27915.97	28977.67	29389.07	30152.17	31077.83	32036.68
$200,000	n/a	18423.74	22909.41	24727.56	26890.77	30145.53	31366.48	32474.63	33171.36	33961.00	34833.58
$225,000	n/a	n/a	23496.66	27511.20	28151.53	31847.56	33669.03	34982.88	36157.38	37029.97	37912.50
$250,000	n/a	n/a	23947.88	28251.07	30235.11	33917.87	36412.86	38294.05	39850.10	41319.88	42676.86
$375,000	n/a	n/a	n/a	n/a	34876.71	41379.60	45138.67	46429.29	47885.81	50739.12	53695.28
Unlimited	12833.25	19047.49	25158.88	30825.68	36071.12	43171.21	47855.95	52354.88	56691.25	60858.41	64853.04

Age: 86	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4993.29	5408.01	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	8530.06	9293.16	9953.40	10381.40	10779.53	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	10597.05	12717.13	13536.62	14233.36	14833.88	16021.66	16469.56	16897.56	17315.60	n/a	n/a
$100,000	12697.22	14903.56	16791.39	17743.59	18287.71	20029.56	20577.00	21104.53	21595.56	22103.18	22534.50
$125,000	13131.85	16698.49	18944.64	20683.17	21582.29	23294.27	24040.78	24823.78	25706.31	26592.17	27501.24
$150,000	n/a	18340.80	20285.03	22843.05	24336.06	26658.52	27000.26	27720.22	28616.03	29647.86	30653.15
$175,000	n/a	18914.78	23168.20	24309.52	26734.83	29229.82	30344.60	30775.91	31572.18	32540.98	33539.64
$200,000	n/a	19286.37	23997.65	25895.43	28154.85	31568.87	32846.22	34010.77	34734.05	35563.50	36475.89
$225,000	n/a	n/a	24608.12	28815.09	29475.34	33347.21	35254.94	36631.83	37859.42	38775.13	39697.48
$250,000	n/a	n/a	25075.93	29584.82	31658.45	35513.73	38121.52	40095.61	41727.97	43267.43	44690.77
$375,000	n/a	n/a	n/a	n/a	36525.66	43327.15	47262.06	48615.72	50148.55	53131.25	56230.07
Unlimited	13437.09	19943.30	26346.65	32278.88	37773.15	45205.03	50112.05	54816.69	59362.08	63721.67	67895.46

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 87	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5335.02	5776.29	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	9110.68	9926.86	10633.55	11094.72	11519.40	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	11317.02	13586.39	14462.29	15208.80	15849.13	17116.53	17597.61	18052.15	18506.69	n/a	n/a
$100,000	13566.48	15918.80	17942.66	18954.59	19538.52	21396.49	21983.74	22554.40	23075.30	23616.10	24073.96
$125,000	14030.98	17843.13	20235.26	22096.55	23058.71	24890.14	25686.41	26522.49	27461.43	28416.96	29382.44
$150,000	n/a	19591.61	21668.55	24409.05	26004.92	28486.63	28848.27	29618.00	30576.84	31681.67	32753.32
$175,000	n/a	20208.72	24754.11	25975.06	28562.94	31230.45	32421.54	32882.72	33732.07	34767.23	35842.19
$200,000	n/a	20610.17	25633.32	27663.82	30082.49	33728.75	35092.37	36336.55	37106.28	38002.08	38980.83
$225,000	n/a	n/a	26290.25	30785.87	31495.88	35629.85	37666.98	39140.09	40453.94	41436.00	42424.71
$250,000	n/a	n/a	26791.24	31608.68	33828.29	37942.36	40732.63	42846.07	44584.60	46233.54	47749.78
$375,000	n/a	n/a	n/a	n/a	39020.65	46293.26	50496.92	51943.48	53582.47	56764.24	60075.40
Unlimited	14356.12	21310.23	28148.22	34488.53	40357.72	48300.53	53536.02	58565.81	63423.06	68081.26	72537.06

Age: 88	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5676.76	6147.88	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	9697.93	10563.88	11317.02	11804.73	12259.27	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	12043.61	14455.65	15387.96	16180.91	16864.38	18211.40	18722.35	19206.74	19687.83	n/a	n/a
$100,000	14432.43	16937.37	19087.30	20165.59	20786.02	22770.06	23387.17	23994.33	24558.36	25129.02	25620.05
$125,000	14930.10	18984.45	21535.84	23506.61	24541.77	26479.36	27332.04	28224.52	29216.55	30231.79	31263.63
$150,000	n/a	20852.37	23055.39	25968.42	27667.13	30311.42	30699.60	31512.46	32534.35	33708.85	34850.17
$175,000	n/a	21502.66	26336.70	27633.96	30394.37	33231.08	34495.17	34982.88	35885.32	36996.79	38134.79
$200,000	n/a	21930.66	27272.32	29435.52	32010.13	35888.64	37338.52	38659.01	39485.14	40430.71	41469.18
$225,000	n/a	n/a	27969.05	32753.32	33513.10	37912.50	40079.02	41641.71	43041.82	44076.97	45132.03
$250,000	n/a	n/a	28509.86	33622.59	35991.49	40370.99	43340.42	45589.89	47434.59	49189.70	50805.47
$375,000	n/a	n/a	n/a	n/a	41515.63	49256.06	53735.09	55267.91	57006.44	60397.23	63917.42
Unlimited	15275.15	22673.85	29949.78	36694.87	42938.97	51389.40	56966.63	62318.24	67484.05	72440.85	77185.30

Age: 89	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6001.90	6499.57	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	10258.64	11174.35	11970.62	12488.20	12962.64	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	12737.03	15295.06	16273.81	17113.21	17839.81	19263.15	19803.95	20321.53	20825.83	n/a	n/a
$100,000	15265.20	17916.12	20195.45	21333.45	21983.74	24087.23	24744.15	25377.85	25971.74	26578.90	27096.47
$125,000	15789.41	20076.01	22776.70	24866.91	25955.15	28008.87	28911.31	29856.88	30908.62	31986.91	33078.47
$150,000	n/a	22050.10	24389.15	27474.70	29266.31	32063.22	32474.63	33337.25	34415.54	35663.03	36874.03
$175,000	n/a	22743.52	27859.57	29226.50	32146.16	35145.46	36489.16	37010.06	37965.59	39140.09	40344.45
$200,000	n/a	23194.74	28848.27	31137.55	33858.15	37958.95	39498.41	40898.52	41771.10	42769.76	43871.27
$225,000	n/a	n/a	29591.46	34644.47	35447.38	40098.93	42398.17	44047.11	45530.17	46635.00	47746.46
$250,000	n/a	n/a	30155.48	35570.13	38075.07	42710.04	45845.36	48230.86	50181.73	52036.38	53748.36
$375,000	n/a	n/a	n/a	n/a	43921.04	52102.73	56833.91	58459.64	60307.65	63897.51	67620.08
Unlimited	16154.37	23984.38	31678.35	38814.94	45424.00	54355.52	60257.88	65921.37	71382.47	76631.23	81661.01

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 90	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6337.00	6864.53	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	10825.98	11794.78	12634.18	13178.30	13682.61	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	13443.73	16137.78	17176.25	18062.10	18828.52	20334.80	20902.14	21442.94	21980.43	n/a	n/a
$100,000	16117.87	18911.46	21306.91	22514.59	23204.69	25420.98	26107.77	26787.92	27414.98	28058.63	28606.07
$125,000	16661.99	21190.79	24037.46	26247.12	27395.07	29561.60	30510.49	31509.15	32620.61	33755.30	34906.57
$150,000	n/a	23274.37	25742.81	28994.25	30888.72	33841.56	34272.87	35185.27	36319.96	37633.81	38911.16
$175,000	n/a	24004.28	29408.98	30855.54	33934.46	37096.32	38513.02	39057.14	40072.39	41303.29	42570.69
$200,000	n/a	24475.41	30454.09	32862.81	35732.71	40065.75	41688.16	43164.58	44083.61	45135.35	46293.26
$225,000	n/a	n/a	31230.45	36568.79	37408.20	42325.17	44743.85	46489.01	48051.70	49216.25	50387.43
$250,000	n/a	n/a	31827.66	37544.22	40181.88	45072.31	48393.43	50895.05	52955.41	54912.91	56717.79
$375,000	n/a	n/a	n/a	n/a	46352.98	54989.22	59989.14	61701.13	63642.04	67437.60	71359.24
Unlimited	17053.49	25311.50	33436.79	40968.19	47938.89	57371.40	63592.27	69567.63	75337.28	80864.74	86169.90

Age: 91	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6665.46	7219.53	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	11396.64	12411.89	13297.74	13865.09	14402.57	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	14147.10	16980.50	18078.69	19010.99	19820.54	21396.49	22000.33	22570.99	23131.70	n/a	n/a
$100,000	16957.28	19906.80	22431.65	23695.73	24425.64	26751.42	27484.66	28191.35	28854.91	29528.42	30105.72
$125,000	17541.21	22305.57	25298.23	27624.00	28831.68	31107.69	32112.99	33161.41	34332.59	35520.37	36738.00
$150,000	n/a	24498.64	27089.84	30520.44	32507.80	35613.27	36071.12	37029.97	38227.69	39611.21	40954.92
$175,000	n/a	25268.36	30951.76	32474.63	35712.80	39040.55	40530.24	41110.86	42175.87	43479.77	44810.21
$200,000	n/a	25762.72	32046.63	34588.07	37607.26	42162.60	43874.59	45430.64	46402.75	47507.58	48731.85
$225,000	n/a	n/a	32872.76	38489.80	39372.33	44544.78	47096.17	48927.60	50573.23	51800.81	53038.35
$250,000	n/a	n/a	33493.19	39511.68	42288.68	47437.90	50928.23	53569.20	55742.36	57799.39	59700.49
$375,000	n/a	n/a	n/a	n/a	48784.93	57875.70	63137.73	64935.98	66989.70	70977.70	75105.04
Unlimited	17945.98	26638.62	35195.22	43118.13	50457.10	60380.64	66929.98	73220.53	79292.10	85118.16	90695.38

Age: 92	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	7003.88	7587.81	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	11973.94	13042.27	13971.26	14565.14	15129.17	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	14863.74	17843.13	18994.41	19969.84	20815.88	22478.10	23111.79	23712.32	24309.52	n/a	n/a
$100,000	17816.59	20908.78	23566.33	24893.45	25659.87	28108.40	28874.81	29624.64	30311.42	31021.43	31625.27
$125,000	18423.74	23430.30	26585.53	29017.48	30291.51	32683.65	33735.39	34836.90	36064.49	37325.25	38599.29
$150,000	n/a	25736.17	28463.41	32056.58	34156.75	37411.51	37892.59	38897.89	40155.33	41608.53	43028.55
$175,000	n/a	26542.40	32511.12	34110.30	37517.68	41014.64	42577.33	43181.17	44302.58	45669.52	47072.95
$200,000	n/a	27066.61	33665.72	36339.86	39511.68	44292.63	46090.88	47719.92	48741.80	49906.35	51196.97
$225,000	n/a	n/a	34531.66	40434.03	41359.69	46790.93	49471.72	51402.68	53127.93	54411.92	55712.50
$250,000	n/a	n/a	35188.59	41512.31	44428.66	49836.67	53502.84	56276.52	58559.17	60719.06	62713.06
$375,000	n/a	n/a	n/a	n/a	51250.06	60798.69	66326.14	68217.29	70370.54	74557.60	78907.24
Unlimited	18851.74	27988.96	36970.25	45294.61	53005.17	63436.34	70314.14	76923.19	83303.32	89427.98	95283.90

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Proposed Rates
92% Increase

Age: 93	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	7352.24	7962.72	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	12564.51	13685.93	14664.68	15288.42	15878.99	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	15596.98	18722.35	19926.71	20958.54	21847.71	23589.56	24256.44	24880.18	25500.61	n/a	n/a
$100,000	18702.44	21940.61	24724.25	26124.36	26923.95	29491.92	30294.83	31084.47	31807.75	32554.25	33184.64
$125,000	19336.14	24584.90	27889.43	30454.09	31787.84	34302.73	35400.93	36558.84	37846.14	39159.99	40497.07
$150,000	n/a	27006.89	29863.52	33642.49	35838.88	39259.53	39763.83	40822.21	42139.38	43662.25	45141.99
$175,000	n/a	27852.93	34116.94	35795.74	39372.33	43041.82	44684.13	45317.83	46489.01	47922.30	49392.09
$200,000	n/a	28403.69	35327.93	38128.16	41462.55	46489.01	48363.57	50078.87	51143.89	52368.16	53715.18
$225,000	n/a	n/a	36230.38	42431.34	43403.46	49106.76	51910.30	53937.47	55752.31	57092.70	58456.32
$250,000	n/a	n/a	36927.11	43556.08	46621.73	52295.16	56143.81	59050.20	61442.34	63711.71	65801.93
$375,000	n/a	n/a	n/a	n/a	53778.22	63801.29	69600.81	71581.54	73840.96	78233.72	82789.06
Unlimited	19780.72	29372.48	38795.04	47534.12	55622.92	66565.02	73784.55	80715.44	87410.76	93834.02	99981.90

Age: 94	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	7700.61	8340.95	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	13158.39	14339.53	15358.10	16018.34	16635.45	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	16343.48	19618.15	20882.23	21957.20	22882.87	24717.61	25414.35	26067.95	26721.56	n/a	n/a
$100,000	19591.61	22982.40	25908.70	27368.53	28211.25	30898.67	31741.39	32560.89	33320.67	34103.67	34763.91
$125,000	20255.17	25759.40	29223.18	31907.28	33300.76	35935.09	37089.69	38300.68	39651.03	41027.91	42428.03
$150,000	n/a	28294.20	31290.17	35248.31	37547.54	41130.77	41658.30	42769.76	44153.28	45742.51	47298.56
$175,000	n/a	29183.37	35742.66	37504.41	41246.89	45092.22	46814.16	47477.72	48711.94	50204.95	51747.73
$200,000	n/a	29757.35	37013.38	39946.31	43439.96	48705.30	50672.76	52471.01	53585.79	54866.46	56283.16
$225,000	n/a	n/a	37962.27	44451.88	45473.77	51449.12	54388.70	56508.77	58409.87	59826.57	61253.22
$250,000	n/a	n/a	38685.55	45636.34	48854.61	54790.15	58821.28	61867.02	64375.27	66757.45	68947.20
$375,000	n/a	n/a	n/a	n/a	56349.52	66843.72	72918.61	75002.19	77367.78	81969.57	86747.20
Unlimited	20729.61	30765.96	40646.37	49800.18	58270.52	69740.16	77304.74	84567.40	91577.92	98313.05	104756.22

Age: 95+	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	8785.53	9512.13	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	15013.05	16353.44	17514.67	18271.12	18974.50	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	18642.72	22378.56	23818.49	25042.75	26104.45	28188.03	28980.98	29730.81	30477.31	n/a	n/a
$100,000	22345.38	26217.26	29548.33	31213.86	32172.71	35244.99	36207.15	37149.41	38015.35	38907.84	39664.30
$125,000	23111.79	29382.44	33327.30	36392.95	37982.17	40988.10	42305.27	43688.79	45234.89	46804.20	48406.70
$150,000	n/a	32272.24	35686.26	40201.78	42826.16	46913.69	47517.53	48784.93	50364.20	52185.68	53954.06
$175,000	n/a	33284.17	40765.81	42776.40	47046.40	51435.85	53399.99	54156.45	55563.20	57271.86	59036.93
$200,000	n/a	33944.41	42219.01	45563.35	49541.39	55546.61	57792.76	59849.79	61120.51	62590.30	64202.75
$225,000	n/a	n/a	43300.61	50699.30	51870.49	58678.61	62036.22	64461.54	66631.38	68240.51	69872.87
$250,000	n/a	n/a	44130.06	52049.65	55712.50	62490.76	67092.55	70576.24	73432.87	76150.15	78651.77
$375,000	n/a	n/a	n/a	n/a	64269.10	76239.73	83177.25	85549.47	88250.16	93505.56	98956.70
Unlimited	23639.33	35099.01	46359.62	56804.05	66465.49	79544.26	88173.85	96458.40	104450.98	112128.37	119477.30

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TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES

2O YEAR PAY FACTORS

ISSUE AGE	FACTOR
18-44	1.81
45-49	1.70
50	1.63
51	1.60
52	1.57
53	1.54
54	1.50
55	1.47
56	1.44
57	1.40
58	1.37
59	1.35
60	1.32
61	1.29
62	1.26
63	1.24
64	1.21
65	1.18
66	1.16
67	1.14
68	1.13
69	1.12
70	1.11
71	1.10
72	1.09
73	1.08
74	1.07
75	1.05
76	1.04
77	1.03
78	1.02
79	1.02
80	1.00
81	1.00
82	1.00
83	1.00
84	1.00
85	1.00
86	1.00
87	1.00
88	1.00
89	1.00
90	1.00
91	1.00
92	1.00
93	1.00
94	1.00
95+	1.00

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES

NONFORFEITURE

ISSUE AGE	FACTOR
All Ages	12%

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES

BIO FACTORS

ISSUE AGE	BIO SIMPLE
18-44	70%
45-49	70%
50	70%
51	70%
52	70%
53	70%
54	70%
55	70%
56	70%
57	69%
58	68%
59	67%
60	65%
61	63%
62	61%
63	59%
64	58%
65	56%
66	55%
67	54%
68	52%
69	50%
70	49%
71	46%
72	44%
73	42%
74	39%
75	36%
76	35%
77	33%
78	33%
79	33%
80	32%
81	32%
82	31%
83	31%
84	29%
85	27%
86	25%
87	23%
88	21%
89	20%
90	19%
91	17%
92	16%
93	15%
94	15%
95+	14%

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML LTC5TQ SERIES
Nursing Home

Annual Premium Per $10 Daily Benefit
Preferred Rates

Proposed Rates
92% Increase

	Benefit Period - 365 Days					Benefit Period - 730 Days					Benefit Period - 1095 Days				
Issue	Elimination (Days)					Elimination (Days)					Elimination (Days)				
Age	0	20	60	90	180	0	20	60	90	180	0	20	60	90	180
0 to 44	19.91	16.59	16.59	13.27	9.95	33.18	29.86	23.22	19.91	16.59	43.13	36.50	29.86	26.54	23.22
45 to 49	26.54	23.22	19.91	16.59	16.59	43.13	39.81	29.86	26.54	23.22	56.40	49.77	39.81	36.50	29.86
50	29.86	26.54	23.22	19.91	16.59	49.77	46.45	36.50	33.18	29.86	69.67	59.72	46.45	46.45	36.50
51	33.18	29.86	23.22	19.91	16.59	53.08	46.45	39.81	36.50	29.86	72.99	63.04	53.08	49.77	39.81
52	36.50	33.18	26.54	23.22	19.91	56.40	49.77	43.13	39.81	33.18	76.31	69.67	56.40	49.77	43.13
53	39.81	36.50	29.86	26.54	19.91	63.04	53.08	46.45	43.13	36.50	82.95	76.31	59.72	53.08	46.45
54	43.13	39.81	33.18	26.54	23.22	69.67	59.72	46.45	46.45	39.81	89.58	79.63	66.36	59.72	46.45
55	46.45	43.13	36.50	29.86	26.54	76.31	66.36	53.08	49.77	39.81	96.22	86.26	69.67	63.04	53.08
56	46.45	43.13	39.81	33.18	26.54	79.63	72.99	56.40	49.77	46.45	106.17	92.90	76.31	69.67	56.40
57	53.08	46.45	43.13	36.50	29.86	89.58	79.63	63.04	56.40	46.45	112.81	102.85	79.63	76.31	63.04
58	59.72	53.08	46.45	39.81	33.18	96.22	89.58	69.67	63.04	53.08	122.76	109.49	89.58	82.95	69.67
59	63.04	56.40	49.77	43.13	36.50	106.17	99.53	76.31	69.67	59.72	136.03	122.76	99.53	89.58	76.31
60	72.99	66.36	53.08	49.77	39.81	116.12	106.17	82.95	79.63	66.36	149.30	136.03	109.49	99.53	82.95
61	76.31	69.67	59.72	49.77	43.13	129.39	119.44	92.90	86.26	72.99	165.89	152.62	122.76	112.81	96.22
62	82.95	76.31	66.36	56.40	46.45	142.67	132.71	106.17	96.22	79.63	185.80	165.89	136.03	122.76	106.17
63	96.22	82.95	72.99	63.04	53.08	159.25	145.98	116.12	106.17	89.58	205.70	185.80	149.30	136.03	116.12
64	106.17	96.22	79.63	69.67	59.72	175.84	162.57	129.39	116.12	99.53	225.61	202.39	165.89	149.30	129.39
65	119.44	106.17	89.58	79.63	66.36	195.75	175.84	142.67	129.39	109.49	252.15	225.61	179.16	165.89	139.35
66	132.71	119.44	99.53	86.26	72.99	215.66	195.75	159.25	145.98	122.76	278.70	248.84	199.07	182.48	155.94
67	149.30	132.71	109.49	96.22	79.63	238.88	218.97	175.84	159.25	136.03	308.56	275.38	222.29	205.70	172.53
68	165.89	145.98	122.76	106.17	89.58	265.42	238.88	195.75	179.16	149.30	341.73	305.24	245.52	225.61	192.43
69	179.16	162.57	136.03	116.12	99.53	291.97	265.42	215.66	195.75	165.89	374.91	338.42	272.06	248.84	212.34
70	195.75	179.16	149.30	129.39	106.17	325.14	291.97	235.56	215.66	182.48	414.73	374.91	298.60	278.70	232.25
71	218.97	195.75	165.89	145.98	119.44	358.32	325.14	258.79	238.88	199.07	461.17	414.73	331.78	308.56	255.47
72	242.20	218.97	185.80	159.25	136.03	401.45	361.64	288.65	265.42	225.61	514.26	464.49	371.59	341.73	285.33
73	268.74	242.20	205.70	179.16	149.30	441.27	404.77	318.51	291.97	248.84	567.34	514.26	408.09	378.23	315.19
74	298.60	265.42	225.61	195.75	165.89	484.40	441.27	351.69	321.83	272.06	630.38	564.03	451.22	414.73	348.37
75	331.78	295.28	252.15	215.66	185.80	537.48	487.72	391.50	355.00	301.92	693.42	627.06	494.35	457.86	388.18
76	368.28	328.46	282.01	242.20	205.70	597.20	547.44	434.63	398.14	335.10	773.05	700.06	554.07	510.94	434.63
77	411.41	371.59	315.19	272.06	228.93	676.83	613.79	494.35	447.90	378.23	872.58	789.64	623.75	577.30	487.72
78	464.49	414.73	351.69	305.24	255.47	779.68	706.69	567.34	514.26	434.63	998.66	899.12	713.33	656.92	554.07
79	520.89	464.49	394.82	341.73	288.65	899.12	816.18	653.61	597.20	500.99	1141.32	1028.52	819.50	753.14	637.02
80	583.93	524.21	441.27	381.55	321.83	1028.52	938.94	746.51	680.15	577.30	1300.58	1167.87	932.30	859.31	726.60
81	650.29	583.93	494.35	424.68	358.32	1157.91	1058.38	846.04	773.05	650.29	1456.51	1310.53	1048.42	968.80	816.18
82	719.96	646.97	547.44	471.13	398.14	1287.31	1174.50	938.94	855.99	723.28	1609.13	1449.88	1161.23	1071.65	902.44
83	796.27	716.64	607.16	520.89	441.27	1413.38	1287.31	1028.52	938.94	792.95	1758.43	1582.59	1270.72	1171.18	985.39
84	882.53	792.95	673.51	580.62	491.03	1539.46	1400.11	1121.42	1021.88	862.63	1914.37	1721.94	1380.20	1274.04	1071.65
85	972.12	875.90	743.19	640.34	540.80	1665.54	1516.23	1211.00	1108.15	932.30	2073.63	1867.92	1489.69	1373.57	1154.59
86	1061.70	955.53	816.18	700.06	587.25	1788.29	1629.04	1300.58	1191.09	1001.98	2226.24	2007.27	1599.18	1476.42	1240.86
87	1151.28	1031.84	879.22	753.14	637.02	1914.37	1741.85	1390.16	1274.04	1071.65	2382.18	2143.30	1708.67	1572.64	1327.12
88	1224.27	1101.51	938.94	802.91	676.83	2030.49	1848.01	1479.74	1350.34	1138.01	2528.16	2279.33	1811.52	1672.17	1406.75
89	1293.94	1164.55	992.02	849.36	716.64	2143.30	1950.87	1562.68	1429.97	1204.36	2667.51	2405.41	1914.37	1765.07	1483.06
90	1363.62	1230.90	1045.11	895.81	756.46	2256.10	2050.40	1648.95	1509.60	1270.72	2810.18	2528.16	2017.22	1857.97	1566.00
91	1439.93	1297.26	1104.83	945.57	792.95	2375.54	2163.21	1735.21	1589.23	1337.07	2959.48	2664.19	2120.07	1954.18	1648.95
92	1522.87	1370.25	1167.87	995.34	839.40	2504.94	2279.33	1834.74	1675.49	1413.38	3118.73	2806.86	2236.20	2063.67	1738.53
93	1615.77	1453.20	1240.86	1055.06	889.17	2654.24	2412.04	1944.23	1778.34	1499.65	3301.21	2972.75	2368.91	2186.43	1841.38
94	1718.62	1546.09	1320.48	1121.42	945.57	2816.81	2561.34	2066.99	1891.15	1592.54	3506.91	3151.91	2514.89	2319.14	1957.50
95+	1824.79	1638.99	1396.79	1191.09	1001.98	2982.70	2710.64	2193.07	2003.95	1688.76	3712.62	3341.02	2664.19	2458.49	2073.63

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums.
Couples Premiums are 100% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [Preferred Risk Annual Premium NH x NH units + Preferred Risk Annual Premium HH x HH units] x [Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML LTC5TQ SERIES
Nursing Home

Annual Premium Per $10 Daily Benefit
Preferred Rates

Proposed Rates
92% Increase

	Benefit Period - 1460 Days					Benefit Period - 1825 Days					Benefit Period - Unlimited				
Issue	Elimination (Days)					Elimination (Days)					Elimination (Days)				
Age	0	20	60	90	180	0	20	60	90	180	0	20	60	90	180
0 to 44	43.13	39.81	33.18	29.86	26.54	53.08	46.45	39.81	36.50	29.86	76.31	69.67	59.72	53.08	46.45
45 to 49	56.40	49.77	43.13	39.81	33.18	69.67	63.04	53.08	49.77	43.13	92.90	82.95	69.67	63.04	53.08
50	69.67	63.04	49.77	49.77	43.13	79.63	76.31	59.72	53.08	46.45	106.17	96.22	79.63	72.99	59.72
51	76.31	66.36	53.08	49.77	46.45	86.26	79.63	63.04	59.72	49.77	109.49	102.85	82.95	76.31	66.36
52	79.63	72.99	59.72	53.08	46.45	92.90	86.26	69.67	63.04	53.08	116.12	106.17	89.58	82.95	69.67
53	86.26	76.31	66.36	56.40	49.77	99.53	92.90	76.31	69.67	59.72	126.08	112.81	96.22	86.26	76.31
54	92.90	82.95	69.67	63.04	53.08	106.17	102.85	79.63	76.31	66.36	136.03	119.44	102.85	92.90	79.63
55	102.85	92.90	76.31	69.67	56.40	116.12	106.17	89.58	82.95	72.99	139.35	129.39	109.49	99.53	86.26
56	109.49	102.85	79.63	76.31	63.04	129.39	116.12	99.53	89.58	76.31	152.62	139.35	119.44	109.49	92.90
57	119.44	106.17	89.58	82.95	69.67	139.35	129.39	106.17	99.53	86.26	165.89	152.62	129.39	116.12	102.85
58	132.71	119.44	99.53	89.58	76.31	155.94	139.35	119.44	109.49	96.22	179.16	165.89	139.35	126.08	109.49
59	145.98	132.71	109.49	99.53	82.95	169.21	159.25	132.71	119.44	106.17	199.07	182.48	152.62	139.35	119.44
60	162.57	145.98	122.76	112.81	96.22	192.43	172.53	142.67	132.71	116.12	215.66	195.75	165.89	149.30	132.71
61	179.16	165.89	136.03	122.76	106.17	209.02	189.11	159.25	149.30	129.39	238.88	215.66	182.48	165.89	142.67
62	199.07	179.16	149.30	136.03	116.12	232.25	209.02	175.84	162.57	139.35	262.11	238.88	199.07	182.48	159.25
63	218.97	199.07	165.89	149.30	129.39	255.47	228.93	195.75	182.48	155.94	291.97	265.42	222.29	202.39	172.53
64	242.20	222.29	179.16	165.89	139.35	285.33	255.47	215.66	199.07	169.21	321.83	288.65	245.52	225.61	192.43
65	265.42	242.20	195.75	182.48	155.94	315.19	285.33	238.88	218.97	189.11	355.00	321.83	268.74	248.84	212.34
66	295.28	268.74	218.97	202.39	172.53	345.05	315.19	262.11	242.20	205.70	391.50	355.00	298.60	275.38	235.56
67	328.46	298.60	242.20	222.29	192.43	381.55	345.05	291.97	268.74	228.93	434.63	394.82	331.78	305.24	258.79
68	364.96	331.78	268.74	248.84	212.34	421.36	384.86	325.14	298.60	255.47	477.76	434.63	368.28	338.42	285.33
69	401.45	361.64	295.28	275.38	232.25	464.49	421.36	358.32	328.46	282.01	524.21	477.76	404.77	371.59	315.19
70	437.95	398.14	328.46	301.92	258.79	510.94	464.49	394.82	361.64	311.87	577.30	524.21	444.59	408.09	348.37
71	487.72	437.95	364.96	335.10	285.33	570.66	517.58	437.95	401.45	345.05	637.02	577.30	491.03	447.90	384.86
72	547.44	494.35	404.77	374.91	318.51	633.70	573.98	487.72	447.90	381.55	703.37	643.65	544.12	497.67	428.00
73	603.84	547.44	451.22	414.73	355.00	700.06	637.02	540.80	494.35	424.68	776.37	706.69	600.52	547.44	471.13
74	666.88	603.84	494.35	454.54	388.18	773.05	703.37	597.20	547.44	467.81	852.67	776.37	656.92	600.52	514.26
75	733.23	663.56	547.44	500.99	431.31	852.67	776.37	660.24	607.16	520.89	938.94	852.67	719.96	660.24	567.34
76	819.50	739.87	610.48	560.71	481.08	952.21	865.95	733.23	676.83	580.62	1041.79	945.57	799.59	733.23	630.38
77	925.67	839.40	690.10	633.70	544.12	1071.65	972.12	822.81	756.46	646.97	1174.50	1065.01	905.76	829.45	710.01
78	1061.70	962.16	792.95	726.60	623.75	1214.31	1104.83	932.30	855.99	733.23	1353.66	1227.59	1038.47	952.21	816.18
79	1227.59	1108.15	912.40	839.40	719.96	1376.89	1250.81	1055.06	968.80	826.13	1562.68	1420.02	1197.73	1101.51	942.26
80	1400.11	1270.72	1045.11	958.84	822.81	1539.46	1396.79	1187.77	1088.24	932.30	1778.34	1615.77	1373.57	1260.76	1081.60
81	1579.27	1429.97	1181.14	1081.60	928.98	1728.57	1569.32	1327.12	1214.31	1041.79	1997.32	1814.84	1546.09	1420.02	1217.63
82	1761.75	1595.86	1310.53	1204.36	1031.84	1907.74	1731.89	1463.15	1343.71	1151.28	2209.65	2007.27	1715.30	1572.64	1350.34
83	1930.96	1748.48	1436.61	1320.48	1128.05	2093.53	1897.78	1602.50	1469.79	1260.76	2412.04	2193.07	1867.92	1715.30	1473.10
84	2103.49	1901.10	1566.00	1436.61	1230.90	2279.33	2066.99	1748.48	1602.50	1373.57	2614.43	2375.54	2020.54	1857.97	1592.54
85	2276.01	2057.04	1692.08	1552.73	1330.44	2465.13	2239.52	1894.46	1738.53	1489.69	2816.81	2554.71	2173.16	1997.32	1711.98
86	2445.22	2212.97	1818.15	1672.17	1433.29	2664.19	2418.68	2043.76	1871.24	1605.82	3015.88	2740.50	2322.46	2133.35	1831.43
87	2614.43	2365.59	1944.23	1784.98	1532.82	2849.99	2584.57	2186.43	2003.95	1718.62	3211.63	2916.35	2471.76	2269.38	1947.55
88	2773.68	2514.89	2063.67	1894.46	1625.72	3025.83	2743.82	2322.46	2133.35	1831.43	3404.06	3092.19	2617.74	2402.09	2060.35
89	2929.62	2650.92	2179.79	2000.63	1718.62	3208.31	2913.03	2458.49	2256.10	1934.28	3586.54	3258.08	2760.41	2534.80	2173.16
90	3088.87	2793.59	2292.60	2103.49	1808.20	3387.47	3075.60	2591.20	2378.86	2043.76	3772.34	3423.97	2903.08	2664.19	2285.96
91	3248.13	2942.89	2415.36	2216.29	1897.78	3569.95	3241.49	2733.87	2511.57	2153.25	3964.77	3599.81	3052.38	2800.22	2402.09
92	3427.29	3102.14	2548.07	2335.73	2003.95	3778.97	3433.92	2889.80	2654.24	2276.01	4173.79	3788.93	3211.63	2949.52	2528.16
93	3629.67	3287.94	2700.69	2475.08	2123.39	4014.54	3642.94	3065.65	2816.81	2415.36	4412.67	4007.90	3397.43	3118.73	2674.15
94	3858.60	3493.64	2863.26	2627.70	2252.79	4256.74	3868.55	3264.72	2999.29	2571.30	4674.78	4246.78	3599.81	3304.53	2833.40
95+	4087.53	3699.35	3032.47	2783.63	2382.18	4508.89	4094.17	3463.78	3181.77	2730.55	4943.52	4488.98	3808.83	3493.64	2995.97

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums.
Couples Premiums are 100% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [Preferred Risk Annual Premium NH x NH units + Preferred Risk Annual Premium HH x HH units] x [Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML LTC5TQ SERIES
Home Health and Community Care

Annual Premium Per $10 Daily Benefit
2 of 6 ADL's
10 Day Elimination
Preferred Rates

Proposed Rates
92% Increase

Issue Age	Benefit Period (Days)						
	365	548	730	913	1095	1460	Unlimited
0 to 44	19.91	26.54	33.18	39.81	46.45	49.77	63.04
45 to 49	26.54	36.50	43.13	46.45	49.77	56.40	69.67
50	29.86	43.13	46.45	53.08	56.40	63.04	76.31
51	33.18	46.45	49.77	56.40	59.72	69.67	79.63
52	36.50	46.45	53.08	59.72	63.04	72.99	82.95
53	39.81	49.77	56.40	63.04	69.67	76.31	89.58
54	43.13	53.08	63.04	69.67	76.31	82.95	96.22
55	46.45	59.72	69.67	76.31	79.63	92.90	102.85
56	46.45	63.04	72.99	79.63	86.26	96.22	109.49
57	53.08	69.67	79.63	89.58	96.22	106.17	122.76
58	59.72	76.31	89.58	102.85	106.17	119.44	132.71
59	63.04	82.95	99.53	109.49	116.12	132.71	142.67
60	66.36	89.58	106.17	119.44	129.39	142.67	159.25
61	76.31	102.85	119.44	136.03	142.67	162.57	172.53
62	82.95	112.81	132.71	145.98	155.94	175.84	192.43
63	92.90	126.08	145.98	162.57	172.53	195.75	212.34
64	106.17	136.03	162.57	179.16	192.43	215.66	232.25
65	116.12	152.62	175.84	195.75	209.02	235.56	255.47
66	132.71	169.21	195.75	222.29	235.56	262.11	285.33
67	145.98	189.11	218.97	242.20	258.79	291.97	315.19
68	162.57	209.02	242.20	268.74	285.33	325.14	345.05
69	175.84	228.93	265.42	295.28	315.19	355.00	378.23
70	195.75	255.47	295.28	328.46	351.69	398.14	421.36
71	215.66	282.01	325.14	364.96	388.18	434.63	467.81
72	238.88	315.19	364.96	404.77	434.63	487.72	524.21
73	265.42	348.37	404.77	451.22	481.08	540.80	593.89
74	291.97	381.55	441.27	494.35	524.21	590.57	660.24
75	318.51	418.04	484.40	540.80	577.30	646.97	739.87
76	355.00	464.49	537.48	597.20	640.34	719.96	832.77
77	394.82	524.21	607.16	673.51	723.28	812.86	938.94
78	447.90	597.20	700.06	776.37	829.45	938.94	1065.01
79	504.31	686.78	809.54	902.44	962.16	1084.92	1217.63
80	567.34	783.00	925.67	1031.84	1101.51	1240.86	1373.57
81	630.38	879.22	1045.11	1164.55	1244.18	1400.11	1519.55
82	700.06	975.43	1161.23	1293.94	1383.52	1556.05	1648.95
83	773.05	1074.97	1274.04	1420.02	1516.23	1708.67	1798.25
84	859.31	1177.82	1390.16	1546.09	1652.26	1861.29	1947.55
85	942.26	1277.35	1502.96	1675.49	1788.29	2013.90	2100.17
86	1028.52	1380.20	1612.45	1798.25	1921.01	2163.21	2249.47
87	1104.83	1479.74	1725.26	1924.32	2053.72	2315.82	2441.90
88	1177.82	1569.32	1831.43	2040.45	2176.48	2451.85	2594.52
89	1240.86	1655.58	1930.96	2153.25	2299.24	2587.88	2737.19
90	1300.58	1741.85	2033.81	2262.74	2418.68	2727.23	2883.17
91	1366.93	1831.43	2139.98	2385.50	2548.07	2869.90	3035.79
92	1439.93	1927.64	2256.10	2514.89	2687.42	3025.83	3198.36
93	1522.87	2047.08	2392.13	2664.19	2846.67	3204.99	3384.16
94	1615.77	2166.52	2538.12	2826.77	3022.52	3400.75	3593.18
95+	1708.67	2295.92	2687.42	2995.97	3198.36	3599.81	3805.52

Risk Class Rating Fac Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums.
Couples Premiums are 100% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [Preferred Risk Annual Premium NH x NH units + Preferred Risk Annual Premium HH x HH units] x [Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML LTC5TQ SERIES

2O YEAR PAY FACTORS

ISSUE AGE	FACTOR
18-44	1.81
45-49	1.70
50	1.63
51	1.60
52	1.57
53	1.54
54	1.50
55	1.47
56	1.44
57	1.40
58	1.37
59	1.35
60	1.32
61	1.29
62	1.26
63	1.24
64	1.21
65	1.18
66	1.16
67	1.14
68	1.13
69	1.12
70	1.11
71	1.10
72	1.09
73	1.08
74	1.07
75	1.05
76	1.04
77	1.03
78	1.02
79	1.02
80	1.00
81	1.00
82	1.00
83	1.00
84	1.00
85	1.00
86	1.00
87	1.00
88	1.00
89	1.00
90	1.00
91	1.00
92	1.00
93	1.00
94	1.00
95+	1.00

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML LTC5TQ SERIES

BIO FACTORS

ISSUE AGE	BIO	
	SIMPLE	COMPOUND
18-44	70%	128%
45-49	70%	128%
50	70%	128%
51	70%	128%
52	70%	128%
53	70%	128%
54	70%	128%
55	70%	125%
56	70%	123%
57	69%	119%
58	68%	116%
59	67%	111%
60	65%	106%
61	63%	103%
62	61%	99%
63	59%	94%
64	58%	89%
65	56%	85%
66	55%	81%
67	54%	78%
68	52%	75%
69	50%	71%
70	49%	67%
71	46%	63%
72	44%	60%
73	42%	58%
74	39%	55%
75	36%	53%
76	35%	50%
77	33%	47%
78	33%	45%
79	33%	42%
80	32%	39%
81	32%	37%
82	31%	35%
83	31%	34%
84	29%	32%
85	27%	30%
86	25%	28%
87	23%	26%
88	21%	24%
89	20%	22%
90	19%	21%
91	17%	19%
92	16%	18%
93	15%	17%
94	15%	16%
95+	14%	15%

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML LTC5TQ SERIES

NONFORFEITURE

ISSUE AGE	FACTOR
All Ages	12%

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
1 Year Nursing Home Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Maximum Daily Benefit

Proposed Rates
92% Increase

Issue	No BIO				Simple BIO				Compound BIO			
Ages	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day
18-22	13.27	9.95	6.64	6.64	26.54	23.22	16.59	13.27	46.45	39.81	29.86	26.54
23	13.27	9.95	9.95	6.64	26.54	23.22	16.59	13.27	46.45	39.81	29.86	26.54
24	13.27	13.27	9.95	6.64	26.54	26.54	19.91	16.59	46.45	39.81	29.86	26.54
25	13.27	13.27	9.95	6.64	29.86	26.54	19.91	16.59	46.45	43.13	29.86	26.54
26	13.27	13.27	9.95	6.64	29.86	26.54	19.91	16.59	46.45	43.13	29.86	26.54
27	13.27	13.27	9.95	6.64	29.86	26.54	19.91	16.59	46.45	43.13	29.86	26.54
28	16.59	13.27	9.95	9.95	33.18	29.86	19.91	16.59	46.45	43.13	33.18	26.54
29	16.59	13.27	9.95	9.95	33.18	29.86	23.22	16.59	46.45	43.13	33.18	26.54
30	16.59	16.59	9.95	9.95	33.18	29.86	23.22	19.91	49.77	43.13	33.18	26.54
31	16.59	16.59	13.27	9.95	36.50	33.18	23.22	19.91	49.77	43.13	33.18	26.54
32	19.91	16.59	13.27	9.95	36.50	33.18	23.22	19.91	49.77	46.45	33.18	26.54
33	19.91	16.59	13.27	9.95	39.81	33.18	26.54	19.91	53.08	46.45	33.18	29.86
34	19.91	19.91	13.27	13.27	39.81	36.50	26.54	23.22	53.08	46.45	36.50	29.86
35	23.22	19.91	13.27	13.27	43.13	36.50	26.54	23.22	53.08	49.77	36.50	29.86
36	23.22	19.91	16.59	13.27	43.13	39.81	29.86	23.22	56.40	49.77	36.50	29.86
37	23.22	23.22	16.59	13.27	43.13	39.81	29.86	23.22	56.40	49.77	39.81	33.18
38	23.22	23.22	16.59	13.27	43.13	39.81	29.86	26.54	56.40	49.77	39.81	33.18
39	26.54	23.22	16.59	13.27	43.13	39.81	29.86	29.86	56.40	49.77	39.81	33.18
40	26.54	23.22	16.59	16.59	49.77	43.13	33.18	29.86	59.72	53.08	43.13	36.50
41	26.54	26.54	19.91	16.59	49.77	46.45	36.50	29.86	59.72	53.08	43.13	36.50
42	29.86	26.54	19.91	16.59	49.77	46.45	36.50	29.86	63.04	56.40	43.13	36.50
43	29.86	26.54	19.91	16.59	49.77	46.45	36.50	29.86	63.04	56.40	43.13	36.50
44	29.86	26.54	19.91	16.59	49.77	46.45	36.50	29.86	63.04	56.40	43.13	36.50
45	29.86	26.54	19.91	16.59	49.77	46.45	36.50	29.86	66.36	59.72	46.45	36.50
46	29.86	26.54	19.91	16.59	53.08	46.45	39.81	33.18	66.36	59.72	46.45	36.50
47	29.86	26.54	19.91	16.59	53.08	46.45	39.81	33.18	66.36	59.72	46.45	39.81
48	29.86	26.54	19.91	16.59	53.08	46.45	39.81	33.18	66.36	59.72	49.77	39.81
49	29.86	26.54	23.22	19.91	53.08	46.45	39.81	33.18	69.67	63.04	49.77	43.13
50	29.86	26.54	23.22	19.91	53.08	49.77	39.81	33.18	69.67	63.04	53.08	43.13
51	33.18	29.86	23.22	19.91	56.40	49.77	43.13	33.18	69.67	63.04	56.40	46.45
52	33.18	29.86	26.54	19.91	56.40	49.77	43.13	36.50	72.99	66.36	59.72	49.77
53	36.50	33.18	26.54	23.22	59.72	53.08	46.45	39.81	76.31	69.67	63.04	53.08
54	39.81	36.50	29.86	23.22	63.04	56.40	49.77	39.81	82.95	72.99	66.36	53.08
55	43.13	39.81	33.18	26.54	66.36	59.72	53.08	43.13	89.58	79.63	69.67	56.40
56	46.45	43.13	36.50	29.86	72.99	66.36	56.40	46.45	96.22	86.26	72.99	59.72
57	53.08	46.45	39.81	33.18	79.63	72.99	63.04	53.08	106.17	96.22	79.63	66.36
58	59.72	53.08	43.13	36.50	89.58	79.63	69.67	56.40	119.44	106.17	86.26	72.99
59	66.36	59.72	49.77	39.81	102.85	92.90	76.31	63.04	132.71	119.44	96.22	79.63
60	72.99	66.36	53.08	46.45	112.81	102.85	86.26	72.99	149.30	132.71	106.17	86.26
61	82.95	72.99	59.72	49.77	129.39	116.12	96.22	79.63	165.89	149.30	116.12	96.22
62	92.90	82.95	66.36	56.40	145.98	129.39	106.17	89.58	185.80	165.89	129.39	109.49
63	102.85	92.90	76.31	63.04	162.57	145.98	119.44	99.53	209.02	185.80	145.98	119.44
64	116.12	106.17	82.95	69.67	182.48	162.57	132.71	109.49	232.25	209.02	165.89	136.03
65	132.71	119.44	92.90	76.31	202.39	182.48	145.98	119.44	258.79	232.25	182.48	152.62
66	145.98	132.71	102.85	86.26	225.61	202.39	159.25	132.71	282.01	255.47	202.39	169.21
67	162.57	145.98	116.12	96.22	245.52	222.29	175.84	145.98	308.56	278.70	222.29	182.48
68	179.16	162.57	126.08	102.85	265.42	238.88	189.11	155.94	335.10	301.92	238.88	195.75
69	195.75	175.84	136.03	112.81	285.33	258.79	205.70	169.21	358.32	321.83	252.15	209.02
70	212.34	192.43	149.30	122.76	308.56	278.70	218.97	182.48	384.86	345.05	268.74	222.29
71	232.25	209.02	162.57	136.03	331.78	298.60	238.88	195.75	411.41	368.28	285.33	235.56
72	255.47	228.93	179.16	149.30	361.64	325.14	258.79	212.34	441.27	398.14	305.24	252.15
73	278.70	252.15	199.07	162.57	391.50	351.69	278.70	232.25	474.45	428.00	328.46	272.06
74	305.24	275.38	218.97	179.16	428.00	384.86	301.92	248.84	510.94	461.17	348.37	288.65
75	335.10	301.92	238.88	199.07	464.49	418.04	325.14	268.74	550.75	494.35	374.91	308.56
76	371.59	331.78	265.42	218.97	510.94	457.86	355.00	291.97	593.89	534.17	404.77	335.10
77	411.41	371.59	291.97	242.20	557.39	504.31	391.50	321.83	643.65	580.62	441.27	364.96
78	461.17	418.04	325.14	268.74	617.11	554.07	434.63	358.32	703.37	633.70	487.72	404.77
79	520.89	467.81	361.64	298.60	680.15	613.79	487.72	401.45	769.73	693.42	544.12	451.22
80				328.46				447.90				497.67
81				361.64				494.35				547.44
82				398.14				540.80				593.89
83				431.31				583.93				640.34
84				471.13				627.06				690.10
85				587.25				759.78				829.45
86				620.43				776.37				839.40
87				653.61				796.27				849.36
88				693.42				816.18				872.58
89				756.46				885.85				935.62
90				826.13				955.53				985.39
91				889.17				1,025.20				1,038.47
92				945.57				1,081.60				1,094.87
93				992.02				1,124.73				1,138.01
94				1,031.84				1,161.23				1,171.18
95				1,065.01				1,191.09				1,201.04
96				1,094.87				1,217.63				1,224.27
97				1,124.73				1,240.86				1,247.49
98				1,151.28				1,260.76				1,267.40
99+				1,177.82				1,280.67				1,283.99

Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%. For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
2 Year Nursing Home Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Maximum Daily Benefit

Proposed Rates
92% Increase

Issue	No BIO				Simple BIO				Compound BIO			
Ages	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day
18-22	16.59	16.59	13.27	9.95	39.81	36.50	26.54	23.22	66.36	59.72	46.45	39.81
23	19.91	16.59	13.27	9.95	39.81	36.50	29.86	23.22	69.67	59.72	49.77	43.13
24	19.91	16.59	13.27	13.27	43.13	36.50	29.86	26.54	69.67	63.04	49.77	43.13
25	19.91	16.59	13.27	13.27	43.13	39.81	29.86	26.54	69.67	63.04	49.77	43.13
26	19.91	19.91	16.59	13.27	43.13	39.81	33.18	26.54	69.67	63.04	49.77	43.13
27	23.22	19.91	16.59	13.27	46.45	39.81	33.18	26.54	69.67	63.04	49.77	43.13
28	23.22	19.91	16.59	13.27	46.45	43.13	33.18	29.86	69.67	63.04	49.77	43.13
29	23.22	23.22	16.59	13.27	49.77	43.13	36.50	29.86	72.99	66.36	49.77	43.13
30	26.54	23.22	16.59	16.59	49.77	46.45	36.50	29.86	72.99	66.36	53.08	43.13
31	26.54	23.22	19.91	16.59	53.08	46.45	36.50	33.18	72.99	66.36	53.08	46.45
32	26.54	26.54	19.91	16.59	56.40	49.77	39.81	33.18	76.31	66.36	53.08	46.45
33	29.86	26.54	19.91	16.59	56.40	49.77	39.81	36.50	76.31	69.67	56.40	46.45
34	33.18	29.86	23.22	19.91	59.72	53.08	43.13	36.50	79.63	72.99	56.40	49.77
35	33.18	29.86	23.22	19.91	63.04	56.40	43.13	36.50	79.63	72.99	59.72	49.77
36	36.50	33.18	23.22	19.91	63.04	59.72	46.45	39.81	82.95	72.99	59.72	49.77
37	36.50	33.18	23.22	23.22	66.36	59.72	46.45	39.81	82.95	76.31	63.04	53.08
38	36.50	33.18	26.54	23.22	66.36	59.72	46.45	43.13	82.95	76.31	63.04	53.08
39	36.50	33.18	26.54	23.22	69.67	63.04	46.45	46.45	86.26	76.31	66.36	56.40
40	39.81	36.50	29.86	23.22	72.99	66.36	53.08	46.45	89.58	79.63	66.36	59.72
41	43.13	36.50	29.86	26.54	76.31	66.36	56.40	49.77	89.58	82.95	69.67	59.72
42	43.13	39.81	29.86	26.54	76.31	69.67	56.40	49.77	92.90	82.95	69.67	59.72
43	43.13	39.81	29.86	26.54	76.31	69.67	59.72	49.77	92.90	82.95	69.67	59.72
44	43.13	39.81	29.86	26.54	76.31	69.67	59.72	49.77	96.22	86.26	69.67	59.72
45	43.13	39.81	33.18	26.54	76.31	69.67	59.72	53.08	96.22	86.26	72.99	63.04
46	43.13	39.81	33.18	26.54	76.31	69.67	59.72	53.08	99.53	89.58	72.99	63.04
47	43.13	39.81	33.18	29.86	76.31	69.67	63.04	53.08	99.53	89.58	76.31	66.36
48	46.45	39.81	33.18	29.86	76.31	69.67	63.04	53.08	99.53	89.58	79.63	66.36
49	46.45	39.81	36.50	29.86	79.63	69.67	63.04	56.40	102.85	92.90	82.95	69.67
50	46.45	43.13	36.50	33.18	79.63	72.99	66.36	56.40	102.85	92.90	86.26	72.99
51	46.45	43.13	39.81	33.18	82.95	72.99	66.36	56.40	106.17	96.22	89.58	76.31
52	49.77	46.45	39.81	36.50	82.95	76.31	69.67	59.72	109.49	96.22	96.22	82.95
53	53.08	49.77	43.13	39.81	89.58	79.63	72.99	63.04	116.12	102.85	99.53	86.26
54	59.72	53.08	46.45	39.81	92.90	82.95	79.63	66.36	122.76	109.49	106.17	89.58
55	66.36	59.72	53.08	43.13	99.53	89.58	82.95	72.99	132.71	119.44	109.49	96.22
56	72.99	63.04	56.40	49.77	109.49	96.22	92.90	79.63	145.98	129.39	116.12	99.53
57	79.63	72.99	63.04	53.08	119.44	109.49	99.53	86.26	159.25	145.98	126.08	109.49
58	89.58	79.63	69.67	59.72	136.03	122.76	112.81	96.22	179.16	162.57	139.35	119.44
59	99.53	89.58	76.31	66.36	152.62	136.03	122.76	106.17	199.07	179.16	152.62	132.71
60	109.49	99.53	86.26	76.31	172.53	152.62	139.35	119.44	222.29	202.39	169.21	145.98
61	122.76	109.49	96.22	82.95	192.43	172.53	152.62	132.71	248.84	225.61	185.80	162.57
62	139.35	126.08	109.49	92.90	215.66	195.75	169.21	145.98	278.70	248.84	209.02	179.16
63	155.94	139.35	119.44	102.85	242.20	218.97	189.11	162.57	311.87	278.70	232.25	202.39
64	175.84	159.25	136.03	116.12	272.06	245.52	209.02	179.16	345.05	311.87	262.11	225.61
65	195.75	175.84	149.30	129.39	301.92	272.06	232.25	199.07	384.86	345.05	291.97	252.15
66	218.97	199.07	165.89	142.67	335.10	301.92	255.47	218.97	424.68	381.55	325.14	278.70
67	242.20	218.97	182.48	155.94	368.28	331.78	278.70	238.88	464.49	418.04	351.69	305.24
68	268.74	242.20	199.07	172.53	398.14	358.32	301.92	258.79	500.99	451.22	378.23	325.14
69	291.97	262.11	218.97	189.11	428.00	384.86	325.14	282.01	537.48	481.08	404.77	348.37
70	318.51	285.33	238.88	205.70	461.17	414.73	351.69	301.92	573.98	517.58	428.00	368.28
71	345.05	311.87	258.79	222.29	497.67	447.90	378.23	325.14	613.79	554.07	454.54	391.50
72	381.55	341.73	285.33	245.52	537.48	484.40	411.41	355.00	660.24	593.89	487.72	421.36
73	418.04	374.91	315.19	272.06	587.25	527.53	444.59	381.55	710.01	640.34	520.89	447.90
74	457.86	411.41	348.37	298.60	640.34	573.98	481.08	411.41	763.09	686.78	557.39	481.08
75	500.99	451.22	381.55	328.46	696.74	627.06	517.58	447.90	822.81	739.87	597.20	514.26
76	554.07	497.67	421.36	364.96	763.09	686.78	564.03	487.72	889.17	799.59	646.97	554.07
77	617.11	554.07	467.81	401.45	836.09	753.14	623.75	534.17	965.48	869.26	703.37	607.16
78	693.42	623.75	517.58	447.90	922.35	829.45	693.42	597.20	1,051.74	948.89	779.68	670.20
79	779.68	700.06	573.98	494.35	1,018.56	915.71	776.37	666.88	1,151.28	1,038.47	865.95	746.51
80				547.44				743.19				826.13
81				600.52				822.81				909.08
82				656.92				895.81				988.70
83				716.64				968.80				1,065.01
84				779.68				1,041.79				1,144.64
85				972.12				1,260.76				1,366.93
86				1,028.52				1,290.62				1,390.16
87				1,084.92				1,320.48				1,400.11
88				1,147.96				1,376.89				1,443.24
89				1,254.13				1,486.37				1,539.46
90				1,366.93				1,609.13				1,632.36
91				1,476.42				1,721.94				1,745.16
92				1,569.32				1,814.84				1,838.06
93				1,645.63				1,887.83				1,907.74
94				1,708.67				1,944.23				1,964.14
95				1,765.07				1,994.00				2,013.90
96				1,818.15				2,037.13				2,053.72
97				1,864.60				2,076.94				2,090.21
98				1,911.05				2,113.44				2,123.39
99+				1,950.87				2,139.98				2,149.93

Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%. For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
3 Year Nursing Home Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Maximum Daily Benefit

Proposed Rates
92% Increase

Issue	No BIO				Simple BIO				Compound BIO			
Ages	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day
18-22	23.22	19.91	16.59	13.27	46.45	43.13	36.50	29.86	82.95	72.99	59.72	53.08
23	23.22	19.91	16.59	13.27	49.77	43.13	36.50	33.18	82.95	76.31	59.72	53.08
24	23.22	19.91	16.59	16.59	49.77	46.45	36.50	33.18	82.95	76.31	59.72	53.08
25	23.22	23.22	16.59	16.59	53.08	46.45	39.81	33.18	82.95	76.31	63.04	53.08
26	26.54	23.22	19.91	16.59	53.08	49.77	39.81	33.18	86.26	76.31	63.04	53.08
27	26.54	23.22	19.91	16.59	56.40	49.77	39.81	36.50	86.26	76.31	63.04	56.40
28	29.86	26.54	19.91	16.59	59.72	53.08	43.13	36.50	86.26	79.63	63.04	56.40
29	29.86	26.54	23.22	19.91	59.72	53.08	43.13	39.81	89.58	79.63	63.04	56.40
30	29.86	26.54	23.22	19.91	63.04	56.40	46.45	39.81	89.58	79.63	66.36	56.40
31	33.18	29.86	23.22	19.91	63.04	59.72	46.45	39.81	89.58	82.95	66.36	56.40
32	33.18	29.86	26.54	23.22	66.36	59.72	49.77	43.13	92.90	82.95	66.36	59.72
33	36.50	33.18	26.54	23.22	69.67	63.04	49.77	43.13	96.22	86.26	69.67	59.72
34	39.81	33.18	26.54	23.22	72.99	66.36	53.08	46.45	96.22	86.26	69.67	63.04
35	39.81	36.50	29.86	26.54	76.31	69.67	53.08	49.77	96.22	86.26	72.99	63.04
36	43.13	36.50	29.86	26.54	79.63	69.67	53.08	49.77	96.22	86.26	72.99	63.04
37	43.13	39.81	29.86	26.54	79.63	72.99	56.40	53.08	96.22	86.26	72.99	66.36
38	43.13	39.81	29.86	26.54	79.63	72.99	56.40	53.08	96.22	86.26	76.31	66.36
39	43.13	39.81	29.86	29.86	82.95	72.99	56.40	53.08	96.22	86.26	76.31	66.36
40	46.45	43.13	33.18	29.86	86.26	76.31	63.04	56.40	102.85	92.90	79.63	69.67
41	46.45	43.13	33.18	29.86	86.26	76.31	66.36	56.40	102.85	92.90	79.63	69.67
42	49.77	43.13	36.50	29.86	86.26	79.63	66.36	59.72	106.17	96.22	82.95	72.99
43	49.77	43.13	36.50	33.18	86.26	79.63	69.67	59.72	106.17	96.22	82.95	72.99
44	49.77	43.13	36.50	33.18	86.26	79.63	69.67	59.72	109.49	99.53	82.95	72.99
45	49.77	46.45	36.50	33.18	89.58	79.63	69.67	63.04	109.49	99.53	86.26	76.31
46	49.77	46.45	39.81	33.18	89.58	79.63	72.99	63.04	112.81	102.85	86.26	76.31
47	49.77	46.45	39.81	33.18	89.58	79.63	72.99	63.04	116.12	102.85	89.58	79.63
48	53.08	46.45	39.81	36.50	89.58	82.95	72.99	66.36	119.44	106.17	92.90	79.63
49	53.08	49.77	39.81	36.50	92.90	82.95	76.31	66.36	119.44	106.17	96.22	82.95
50	56.40	49.77	43.13	36.50	96.22	86.26	76.31	66.36	122.76	109.49	99.53	86.26
51	56.40	53.08	43.13	39.81	99.53	89.58	76.31	69.67	126.08	112.81	102.85	89.58
52	63.04	56.40	46.45	39.81	102.85	92.90	79.63	69.67	132.71	119.44	109.49	96.22
53	66.36	59.72	49.77	43.13	109.49	96.22	82.95	72.99	139.35	126.08	116.12	99.53
54	72.99	66.36	56.40	49.77	116.12	102.85	89.58	79.63	149.30	136.03	122.76	106.17
55	79.63	72.99	59.72	53.08	122.76	109.49	99.53	86.26	162.57	145.98	129.39	112.81
56	86.26	79.63	66.36	59.72	132.71	119.44	109.49	96.22	175.84	159.25	139.35	122.76
57	96.22	86.26	76.31	66.36	145.98	132.71	119.44	106.17	195.75	175.84	152.62	132.71
58	106.17	96.22	82.95	72.99	162.57	145.98	132.71	116.12	215.66	192.43	165.89	145.98
59	116.12	106.17	92.90	82.95	179.16	162.57	149.30	129.39	235.56	212.34	182.48	159.25
60	129.39	116.12	102.85	89.58	199.07	179.16	165.89	142.67	262.11	235.56	202.39	175.84
61	142.67	129.39	116.12	102.85	222.29	202.39	182.48	159.25	288.65	262.11	222.29	195.75
62	159.25	142.67	129.39	112.81	248.84	225.61	202.39	179.16	321.83	288.65	248.84	218.97
63	179.16	159.25	145.98	126.08	278.70	248.84	225.61	199.07	355.00	318.51	278.70	245.52
64	199.07	179.16	159.25	139.35	308.56	278.70	248.84	218.97	391.50	355.00	311.87	275.38
65	222.29	199.07	179.16	155.94	341.73	308.56	275.38	242.20	434.63	391.50	348.37	305.24
66	245.52	222.29	199.07	172.53	378.23	338.42	305.24	268.74	477.76	428.00	388.18	338.42
67	275.38	248.84	222.29	192.43	414.73	374.91	335.10	295.28	520.89	471.13	424.68	371.59
68	305.24	275.38	245.52	215.66	454.54	408.09	371.59	325.14	567.34	510.94	464.49	404.77
69	335.10	301.92	272.06	238.88	491.03	444.59	404.77	355.00	613.79	554.07	500.99	437.95
70	368.28	331.78	298.60	262.11	534.17	481.08	441.27	388.18	666.88	600.52	540.80	471.13
71	408.09	364.96	331.78	291.97	583.93	524.21	484.40	424.68	719.96	650.29	583.93	510.94
72	451.22	408.09	371.59	325.14	640.34	573.98	530.85	464.49	783.00	706.69	633.70	554.07
73	500.99	451.22	414.73	361.64	703.37	633.70	583.93	510.94	852.67	769.73	686.78	600.52
74	557.39	500.99	464.49	404.77	776.37	700.06	640.34	560.71	928.98	836.09	743.19	650.29
75	617.11	554.07	517.58	454.54	855.99	769.73	703.37	613.79	1,011.93	909.08	806.23	706.69
76	686.78	617.11	573.98	504.31	942.26	849.36	769.73	673.51	1,101.51	988.70	875.90	766.41
77	766.41	690.10	633.70	554.07	1,038.47	935.62	842.72	736.55	1,197.73	1,078.29	952.21	832.77
78	859.31	773.05	690.10	603.84	1,147.96	1,031.84	922.35	809.54	1,310.53	1,177.82	1,038.47	909.08
79	965.48	869.26	749.82	656.92	1,264.08	1,138.01	1,011.93	885.85	1,429.97	1,287.31	1,131.37	988.70
80				816.18				1,084.92				1,191.09
81				859.31				1,131.37				1,224.27
82				915.71				1,197.73				1,257.45
83				985.39				1,270.72				1,323.80
84				1,061.70				1,350.34				1,396.79
85												
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99+												

Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%. For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
4 Year Nursing Home Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Maximum Daily Benefit

Proposed Rates
92% Increase

Issue	No BIO				Simple BIO				Compound BIO			
Ages	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day
18-22	23.22	23.22	19.91	16.59	53.08	49.77	39.81	36.50	92.90	82.95	69.67	63.04
23	26.54	23.22	19.91	16.59	56.40	49.77	43.13	36.50	92.90	86.26	69.67	63.04
24	26.54	23.22	19.91	16.59	56.40	53.08	43.13	36.50	96.22	86.26	69.67	63.04
25	26.54	26.54	19.91	19.91	59.72	53.08	43.13	39.81	96.22	86.26	69.67	63.04
26	29.86	26.54	23.22	19.91	63.04	56.40	46.45	39.81	96.22	86.26	72.99	63.04
27	29.86	26.54	23.22	19.91	63.04	56.40	46.45	43.13	96.22	86.26	72.99	63.04
28	33.18	29.86	23.22	19.91	66.36	59.72	49.77	43.13	99.53	89.58	72.99	66.36
29	33.18	29.86	26.54	23.22	69.67	63.04	49.77	46.45	99.53	89.58	72.99	66.36
30	36.50	33.18	26.54	23.22	69.67	63.04	53.08	46.45	99.53	89.58	76.31	66.36
31	36.50	33.18	26.54	23.22	72.99	66.36	53.08	49.77	102.85	92.90	76.31	66.36
32	39.81	36.50	29.86	26.54	76.31	69.67	56.40	49.77	106.17	92.90	76.31	69.67
33	39.81	36.50	29.86	26.54	79.63	69.67	56.40	53.08	106.17	96.22	79.63	69.67
34	43.13	39.81	29.86	29.86	82.95	72.99	59.72	53.08	106.17	96.22	79.63	72.99
35	46.45	43.13	33.18	29.86	86.26	76.31	59.72	56.40	109.49	99.53	82.95	72.99
36	46.45	43.13	33.18	29.86	89.58	79.63	59.72	56.40	109.49	99.53	82.95	72.99
37	49.77	43.13	33.18	29.86	89.58	79.63	59.72	56.40	112.81	99.53	82.95	72.99
38	49.77	43.13	33.18	29.86	89.58	79.63	63.04	56.40	112.81	99.53	82.95	76.31
39	49.77	46.45	33.18	29.86	89.58	82.95	63.04	56.40	112.81	102.85	86.26	76.31
40	53.08	46.45	36.50	33.18	96.22	86.26	69.67	59.72	116.12	102.85	86.26	76.31
41	53.08	49.77	36.50	33.18	96.22	86.26	69.67	63.04	116.12	106.17	86.26	76.31
42	56.40	49.77	39.81	33.18	99.53	89.58	72.99	63.04	119.44	106.17	89.58	79.63
43	56.40	49.77	39.81	36.50	99.53	89.58	72.99	66.36	122.76	109.49	89.58	79.63
44	56.40	53.08	39.81	36.50	102.85	92.90	76.31	66.36	126.08	112.81	92.90	79.63
45	59.72	53.08	39.81	36.50	102.85	92.90	76.31	69.67	129.39	116.12	92.90	82.95
46	59.72	53.08	43.13	36.50	106.17	96.22	79.63	69.67	136.03	122.76	96.22	86.26
47	63.04	56.40	43.13	39.81	106.17	96.22	79.63	72.99	139.35	126.08	99.53	86.26
48	63.04	56.40	43.13	39.81	109.49	96.22	79.63	72.99	139.35	126.08	99.53	89.58
49	63.04	56.40	43.13	39.81	109.49	99.53	82.95	72.99	142.67	129.39	102.85	92.90
50	63.04	59.72	46.45	39.81	112.81	99.53	82.95	72.99	145.98	129.39	106.17	92.90
51	66.36	59.72	46.45	43.13	112.81	102.85	82.95	72.99	145.98	132.71	109.49	96.22
52	69.67	63.04	49.77	43.13	116.12	106.17	82.95	72.99	149.30	136.03	116.12	102.85
53	72.99	66.36	53.08	46.45	122.76	109.49	89.58	79.63	155.94	142.67	119.44	106.17
54	79.63	72.99	59.72	53.08	126.08	112.81	96.22	86.26	165.89	149.30	126.08	112.81
55	86.26	79.63	63.04	56.40	132.71	119.44	102.85	92.90	175.84	159.25	136.03	119.44
56	96.22	86.26	69.67	63.04	142.67	129.39	112.81	99.53	192.43	172.53	145.98	129.39
57	102.85	92.90	79.63	69.67	155.94	142.67	126.08	109.49	209.02	189.11	159.25	139.35
58	116.12	102.85	86.26	76.31	175.84	155.94	139.35	122.76	232.25	209.02	172.53	152.62
59	126.08	112.81	96.22	86.26	195.75	175.84	152.62	136.03	255.47	232.25	189.11	169.21
60	139.35	126.08	106.17	96.22	218.97	195.75	169.21	149.30	285.33	255.47	209.02	185.80
61	155.94	139.35	119.44	106.17	245.52	218.97	189.11	169.21	315.19	285.33	232.25	205.70
62	175.84	159.25	136.03	119.44	275.38	245.52	212.34	189.11	351.69	318.51	258.79	228.93
63	199.07	179.16	152.62	136.03	308.56	275.38	238.88	209.02	394.82	355.00	291.97	258.79
64	222.29	199.07	172.53	152.62	345.05	308.56	265.42	235.56	437.95	394.82	331.78	295.28
65	248.84	225.61	192.43	169.21	384.86	345.05	298.60	265.42	487.72	437.95	378.23	335.10
66	278.70	252.15	215.66	192.43	428.00	384.86	331.78	295.28	537.48	484.40	421.36	374.91
67	311.87	282.01	242.20	212.34	471.13	424.68	368.28	325.14	590.57	534.17	464.49	411.41
68	345.05	311.87	265.42	235.56	514.26	464.49	401.45	355.00	643.65	580.62	504.31	444.59
69	378.23	341.73	291.97	258.79	560.71	504.31	437.95	388.18	700.06	627.06	540.80	477.76
70	418.04	374.91	321.83	285.33	607.16	547.44	474.45	421.36	756.46	680.15	577.30	510.94
71	461.17	414.73	351.69	311.87	660.24	593.89	514.26	457.86	819.50	736.55	620.43	550.75
72	510.94	461.17	391.50	345.05	726.60	653.61	564.03	497.67	889.17	799.59	666.88	590.57
73	570.66	510.94	434.63	384.86	799.59	719.96	610.48	540.80	968.80	872.58	719.96	637.02
74	630.38	567.34	481.08	424.68	882.53	792.95	663.56	587.25	1,055.06	948.89	769.73	683.47
75	700.06	630.38	530.85	471.13	972.12	872.58	719.96	637.02	1,144.64	1,031.84	829.45	733.23
76	776.37	700.06	590.57	520.89	1,071.65	962.16	786.32	696.74	1,247.49	1,121.42	899.12	796.27
77	869.26	783.00	656.92	580.62	1,177.82	1,061.70	872.58	773.05	1,360.30	1,224.27	988.70	875.90
78	975.43	879.22	733.23	650.29	1,300.58	1,171.18	978.75	869.26	1,483.06	1,337.07	1,101.51	975.43
79	1,094.87	985.39	819.50	726.60	1,433.29	1,290.62	1,108.15	982.07	1,622.40	1,459.83	1,237.54	1,094.87
80				909.08				1,204.36				1,333.76
81				992.02				1,307.21				1,403.43
82				1,071.65				1,403.43				1,473.10
83				1,157.91				1,496.33				1,559.37
84				1,247.49				1,585.91				1,645.63
85												
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99+												

Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%. For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
5 Year Nursing Home Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Maximum Daily Benefit

Proposed Rates
92% Increase

Issue	No BIO				Simple BIO				Compound BIO			
Ages	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day
18-22	26.54	23.22	19.91	19.91	59.72	53.08	46.45	39.81	102.85	92.90	76.31	69.67
23	29.86	26.54	19.91	19.91	63.04	56.40	46.45	43.13	102.85	92.90	79.63	69.67
24	29.86	26.54	23.22	19.91	63.04	56.40	46.45	43.13	106.17	92.90	79.63	69.67
25	29.86	26.54	23.22	19.91	66.36	59.72	49.77	43.13	106.17	96.22	79.63	69.67
26	33.18	29.86	23.22	23.22	66.36	59.72	49.77	46.45	106.17	96.22	79.63	72.99
27	33.18	29.86	26.54	23.22	69.67	63.04	53.08	46.45	106.17	96.22	79.63	72.99
28	36.50	33.18	26.54	23.22	72.99	66.36	53.08	49.77	109.49	96.22	82.95	72.99
29	36.50	33.18	26.54	23.22	76.31	66.36	56.40	49.77	109.49	99.53	82.95	72.99
30	39.81	36.50	29.86	26.54	76.31	69.67	59.72	53.08	112.81	99.53	82.95	76.31
31	39.81	36.50	29.86	26.54	79.63	72.99	59.72	53.08	112.81	102.85	86.26	76.31
32	43.13	39.81	33.18	29.86	82.95	76.31	63.04	56.40	116.12	102.85	86.26	76.31
33	46.45	39.81	33.18	29.86	86.26	79.63	66.36	56.40	119.44	106.17	89.58	79.63
34	46.45	43.13	36.50	33.18	89.58	79.63	66.36	59.72	119.44	106.17	89.58	79.63
35	46.45	43.13	36.50	33.18	92.90	82.95	69.67	59.72	119.44	109.49	89.58	79.63
36	49.77	43.13	36.50	33.18	92.90	86.26	69.67	63.04	122.76	109.49	92.90	82.95
37	49.77	46.45	39.81	33.18	96.22	86.26	72.99	63.04	122.76	109.49	92.90	82.95
38	53.08	46.45	39.81	33.18	96.22	86.26	72.99	63.04	122.76	109.49	92.90	82.95
39	53.08	46.45	39.81	36.50	96.22	86.26	72.99	66.36	122.76	112.81	92.90	82.95
40	56.40	53.08	43.13	39.81	102.85	92.90	79.63	69.67	126.08	112.81	96.22	86.26
41	59.72	53.08	43.13	39.81	106.17	96.22	79.63	72.99	129.39	116.12	96.22	86.26
42	59.72	56.40	46.45	39.81	109.49	99.53	82.95	72.99	132.71	119.44	99.53	89.58
43	63.04	56.40	46.45	43.13	109.49	99.53	82.95	72.99	136.03	122.76	102.85	89.58
44	63.04	56.40	46.45	43.13	112.81	102.85	86.26	76.31	139.35	126.08	106.17	92.90
45	66.36	59.72	49.77	43.13	112.81	102.85	86.26	76.31	142.67	129.39	109.49	96.22
46	66.36	59.72	49.77	43.13	116.12	102.85	86.26	79.63	149.30	132.71	112.81	99.53
47	66.36	59.72	49.77	46.45	119.44	106.17	89.58	79.63	152.62	136.03	116.12	102.85
48	69.67	63.04	53.08	46.45	119.44	106.17	89.58	79.63	152.62	139.35	116.12	102.85
49	69.67	63.04	53.08	46.45	119.44	109.49	89.58	82.95	155.94	139.35	116.12	106.17
50	69.67	63.04	53.08	46.45	122.76	109.49	92.90	82.95	159.25	142.67	119.44	106.17
51	72.99	66.36	56.40	49.77	126.08	112.81	92.90	82.95	159.25	145.98	119.44	109.49
52	76.31	69.67	56.40	53.08	129.39	116.12	96.22	86.26	165.89	149.30	122.76	109.49
53	82.95	72.99	63.04	56.40	132.71	119.44	99.53	89.58	172.53	155.94	129.39	116.12
54	89.58	79.63	66.36	59.72	139.35	126.08	106.17	92.90	182.48	165.89	136.03	122.76
55	96.22	86.26	72.99	63.04	145.98	132.71	109.49	99.53	195.75	175.84	145.98	132.71
56	102.85	92.90	79.63	69.67	159.25	142.67	119.44	106.17	212.34	189.11	159.25	142.67
57	116.12	102.85	86.26	76.31	172.53	155.94	129.39	116.12	232.25	209.02	172.53	155.94
58	126.08	112.81	96.22	86.26	192.43	172.53	142.67	129.39	255.47	228.93	192.43	172.53
59	139.35	126.08	106.17	92.90	215.66	192.43	162.57	142.67	282.01	252.15	212.34	189.11
60	155.94	139.35	116.12	102.85	238.88	215.66	179.16	162.57	311.87	282.01	235.56	209.02
61	172.53	155.94	129.39	116.12	268.74	242.20	202.39	179.16	348.37	311.87	262.11	235.56
62	192.43	172.53	145.98	129.39	301.92	272.06	225.61	202.39	388.18	348.37	291.97	262.11
63	215.66	195.75	162.57	145.98	338.42	305.24	255.47	228.93	431.31	388.18	325.14	291.97
64	245.52	218.97	182.48	165.89	378.23	341.73	285.33	255.47	481.08	434.63	361.64	325.14
65	275.38	245.52	205.70	185.80	421.36	381.55	318.51	285.33	537.48	481.08	404.77	361.64
66	308.56	275.38	232.25	205.70	471.13	421.36	351.69	315.19	593.89	534.17	444.59	398.14
67	341.73	308.56	258.79	232.25	517.58	467.81	391.50	348.37	650.29	587.25	491.03	437.95
68	378.23	341.73	285.33	255.47	567.34	510.94	424.68	381.55	710.01	637.02	534.17	477.76
69	418.04	374.91	315.19	282.01	613.79	554.07	461.17	414.73	769.73	690.10	577.30	517.58
70	461.17	414.73	345.05	308.56	666.88	600.52	500.99	447.90	829.45	746.51	623.75	557.39
71	507.62	457.86	381.55	341.73	726.60	653.61	547.44	487.72	899.12	809.54	676.83	603.84
72	564.03	507.62	424.68	378.23	796.27	716.64	600.52	537.48	978.75	879.22	736.55	656.92
73	627.06	564.03	471.13	421.36	879.22	792.95	660.24	590.57	1,065.01	958.84	802.91	716.64
74	693.42	623.75	520.89	467.81	968.80	872.58	729.92	653.61	1,157.91	1,041.79	872.58	779.68
75	769.73	693.42	577.30	517.58	1,068.33	962.16	802.91	719.96	1,260.76	1,134.69	948.89	849.36
76	855.99	769.73	643.65	573.98	1,177.82	1,058.38	885.85	792.95	1,373.57	1,234.22	1,031.84	922.35
77	955.53	859.31	719.96	643.65	1,297.26	1,167.87	975.43	872.58	1,496.33	1,347.03	1,124.73	1,005.29
78	1,071.65	965.48	806.23	723.28	1,429.97	1,287.31	1,074.97	962.16	1,632.36	1,469.79	1,227.59	1,098.19
79	1,204.36	1,084.92	905.76	809.54	1,575.96	1,416.70	1,184.45	1,058.38	1,784.98	1,605.82	1,340.39	1,201.04
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Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%. For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
6 Year Nursing Home Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Maximum Daily Benefit

Proposed Rates
92% Increase

Issue	No BIO				Simple BIO				Compound BIO			
Ages	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day
18-22	29.86	26.54	23.22	19.91	63.04	56.40	49.77	43.13	109.49	99.53	82.95	76.31
23	29.86	26.54	23.22	19.91	66.36	59.72	49.77	46.45	112.81	99.53	86.26	76.31
24	33.18	29.86	23.22	23.22	69.67	63.04	53.08	46.45	112.81	102.85	86.26	76.31
25	33.18	29.86	26.54	23.22	69.67	63.04	53.08	49.77	112.81	102.85	86.26	76.31
26	33.18	29.86	26.54	23.22	72.99	66.36	56.40	49.77	112.81	102.85	86.26	79.63
27	36.50	33.18	26.54	23.22	76.31	66.36	56.40	53.08	116.12	102.85	86.26	79.63
28	36.50	33.18	29.86	26.54	79.63	69.67	59.72	53.08	116.12	106.17	89.58	79.63
29	39.81	36.50	29.86	26.54	79.63	72.99	63.04	56.40	119.44	106.17	89.58	79.63
30	43.13	36.50	33.18	29.86	82.95	76.31	63.04	56.40	119.44	106.17	89.58	82.95
31	43.13	39.81	33.18	29.86	86.26	79.63	66.36	59.72	122.76	109.49	92.90	82.95
32	46.45	43.13	36.50	29.86	89.58	79.63	69.67	63.04	122.76	112.81	92.90	86.26
33	46.45	43.13	36.50	33.18	92.90	82.95	69.67	63.04	126.08	112.81	96.22	86.26
34	49.77	46.45	36.50	33.18	96.22	86.26	72.99	66.36	129.39	116.12	96.22	86.26
35	53.08	46.45	39.81	36.50	99.53	89.58	76.31	66.36	129.39	116.12	99.53	89.58
36	53.08	49.77	39.81	36.50	99.53	89.58	76.31	69.67	132.71	119.44	99.53	89.58
37	56.40	49.77	43.13	36.50	102.85	92.90	79.63	69.67	132.71	119.44	99.53	89.58
38	56.40	49.77	43.13	39.81	102.85	92.90	79.63	69.67	132.71	119.44	99.53	89.58
39	56.40	53.08	43.13	39.81	106.17	92.90	79.63	72.99	132.71	119.44	102.85	92.90
40	63.04	56.40	46.45	43.13	112.81	99.53	86.26	76.31	136.03	122.76	102.85	92.90
41	63.04	56.40	49.77	43.13	116.12	102.85	86.26	79.63	139.35	126.08	106.17	96.22
42	66.36	59.72	49.77	43.13	116.12	106.17	89.58	79.63	142.67	126.08	106.17	96.22
43	66.36	59.72	49.77	46.45	119.44	106.17	89.58	82.95	145.98	129.39	109.49	99.53
44	69.67	63.04	53.08	46.45	122.76	109.49	92.90	82.95	149.30	136.03	112.81	102.85
45	69.67	63.04	53.08	46.45	122.76	109.49	92.90	82.95	155.94	139.35	116.12	106.17
46	69.67	63.04	53.08	49.77	126.08	112.81	96.22	86.26	159.25	142.67	122.76	109.49
47	72.99	66.36	56.40	49.77	126.08	112.81	96.22	86.26	162.57	145.98	126.08	112.81
48	72.99	66.36	56.40	49.77	129.39	116.12	96.22	86.26	165.89	149.30	126.08	112.81
49	76.31	66.36	56.40	49.77	129.39	116.12	99.53	89.58	169.21	152.62	126.08	116.12
50	76.31	69.67	59.72	53.08	132.71	119.44	99.53	89.58	169.21	152.62	129.39	116.12
51	79.63	69.67	59.72	53.08	136.03	122.76	102.85	92.90	172.53	155.94	132.71	119.44
52	82.95	72.99	63.04	56.40	139.35	122.76	106.17	92.90	175.84	159.25	136.03	119.44
53	89.58	79.63	66.36	59.72	142.67	129.39	109.49	99.53	185.80	169.21	142.67	126.08
54	96.22	86.26	72.99	66.36	149.30	136.03	112.81	102.85	195.75	175.84	149.30	136.03
55	102.85	92.90	79.63	69.67	159.25	142.67	119.44	109.49	209.02	189.11	159.25	142.67
56	112.81	99.53	86.26	76.31	169.21	152.62	129.39	116.12	225.61	205.70	172.53	155.94
57	122.76	112.81	92.90	82.95	185.80	165.89	142.67	126.08	248.84	222.29	189.11	169.21
58	136.03	122.76	102.85	92.90	205.70	185.80	155.94	139.35	275.38	245.52	209.02	185.80
59	149.30	136.03	112.81	102.85	228.93	205.70	175.84	155.94	301.92	272.06	228.93	205.70
60	165.89	149.30	126.08	112.81	258.79	232.25	195.75	175.84	338.42	301.92	255.47	228.93
61	185.80	165.89	139.35	126.08	288.65	258.79	218.97	199.07	374.91	338.42	285.33	255.47
62	209.02	185.80	159.25	142.67	325.14	291.97	245.52	222.29	418.04	374.91	318.51	285.33
63	235.56	209.02	179.16	159.25	364.96	328.46	275.38	248.84	464.49	418.04	355.00	318.51
64	262.11	235.56	199.07	179.16	408.09	368.28	308.56	278.70	520.89	467.81	394.82	355.00
65	295.28	265.42	225.61	202.39	454.54	408.09	345.05	311.87	577.30	520.89	437.95	394.82
66	331.78	298.60	252.15	225.61	504.31	454.54	384.86	345.05	637.02	573.98	484.40	434.63
67	368.28	331.78	278.70	252.15	557.39	500.99	424.68	381.55	700.06	630.38	530.85	477.76
68	408.09	368.28	311.87	278.70	610.48	547.44	464.49	418.04	763.09	686.78	580.62	520.89
69	451.22	404.77	341.73	308.56	663.56	597.20	504.31	451.22	826.13	743.19	627.06	564.03
70	494.35	444.59	374.91	338.42	716.64	646.97	544.12	491.03	895.81	806.23	680.15	610.48
71	547.44	491.03	414.73	371.59	783.00	703.37	593.89	534.17	968.80	872.58	736.55	660.24
72	607.16	547.44	461.17	414.73	859.31	773.05	653.61	587.25	1,051.74	948.89	799.59	719.96
73	673.51	607.16	510.94	461.17	945.57	852.67	719.96	646.97	1,147.96	1,031.84	869.26	783.00
74	746.51	673.51	567.34	510.94	1,045.11	938.94	792.95	713.33	1,247.49	1,121.42	945.57	852.67
75	829.45	746.51	627.06	564.03	1,151.28	1,035.15	872.58	786.32	1,356.98	1,220.95	1,031.84	925.67
76	922.35	829.45	700.06	630.38	1,267.40	1,141.32	962.16	865.95	1,476.42	1,330.44	1,121.42	1,008.61
77	1,028.52	925.67	779.68	703.37	1,396.79	1,257.45	1,058.38	952.21	1,609.13	1,449.88	1,220.95	1,098.19
78	1,154.59	1,038.47	875.90	789.64	1,539.46	1,383.52	1,167.87	1,051.74	1,758.43	1,582.59	1,333.76	1,201.04
79	1,297.26	1,167.87	985.39	885.85	1,695.40	1,526.19	1,287.31	1,157.91	1,921.01	1,728.57	1,456.51	1,310.53
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Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%. For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
Lifetime Nursing Home Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Maximum Daily Benefit

Proposed Rates
92% Increase

Issue	No BIO				Simple BIO				Compound BIO			
Ages	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day
18-22	33.18	29.86	26.54	23.22	76.31	66.36	59.72	53.08	129.39	116.12	102.85	92.90
23	36.50	33.18	26.54	26.54	76.31	69.67	59.72	56.40	129.39	116.12	102.85	92.90
24	36.50	33.18	29.86	26.54	79.63	72.99	63.04	56.40	132.71	119.44	102.85	92.90
25	39.81	33.18	29.86	26.54	82.95	72.99	63.04	59.72	132.71	119.44	102.85	92.90
26	39.81	36.50	29.86	29.86	86.26	76.31	66.36	59.72	132.71	119.44	102.85	92.90
27	43.13	36.50	33.18	29.86	86.26	79.63	69.67	63.04	132.71	119.44	102.85	96.22
28	43.13	39.81	33.18	29.86	89.58	82.95	69.67	63.04	136.03	122.76	106.17	96.22
29	46.45	39.81	36.50	33.18	92.90	82.95	72.99	66.36	136.03	122.76	106.17	96.22
30	49.77	43.13	36.50	33.18	96.22	86.26	76.31	69.67	139.35	126.08	106.17	99.53
31	49.77	46.45	39.81	36.50	99.53	89.58	79.63	69.67	139.35	126.08	109.49	99.53
32	53.08	46.45	39.81	36.50	102.85	92.90	79.63	72.99	142.67	129.39	109.49	99.53
33	53.08	49.77	43.13	36.50	106.17	92.90	82.95	72.99	142.67	129.39	112.81	99.53
34	56.40	49.77	43.13	39.81	106.17	96.22	82.95	72.99	145.98	129.39	112.81	99.53
35	56.40	53.08	43.13	39.81	109.49	99.53	86.26	76.31	145.98	132.71	112.81	99.53
36	59.72	53.08	46.45	39.81	112.81	99.53	86.26	76.31	149.30	132.71	112.81	99.53
37	59.72	56.40	46.45	39.81	116.12	102.85	89.58	79.63	149.30	132.71	116.12	99.53
38	63.04	56.40	46.45	43.13	116.12	106.17	89.58	79.63	149.30	136.03	116.12	102.85
39	63.04	56.40	46.45	43.13	119.44	106.17	89.58	82.95	149.30	136.03	116.12	102.85
40	66.36	59.72	49.77	43.13	126.08	116.12	99.53	86.26	155.94	139.35	122.76	106.17
41	66.36	59.72	53.08	43.13	129.39	119.44	102.85	86.26	159.25	142.67	126.08	106.17
42	69.67	63.04	53.08	46.45	132.71	119.44	106.17	89.58	159.25	145.98	132.71	109.49
43	69.67	63.04	56.40	46.45	132.71	119.44	109.49	89.58	162.57	145.98	136.03	112.81
44	69.67	63.04	56.40	46.45	136.03	122.76	109.49	89.58	165.89	149.30	139.35	112.81
45	72.99	66.36	56.40	49.77	136.03	122.76	112.81	89.58	169.21	152.62	142.67	116.12
46	72.99	66.36	56.40	49.77	136.03	122.76	112.81	89.58	172.53	155.94	149.30	119.44
47	76.31	66.36	59.72	53.08	139.35	122.76	116.12	92.90	175.84	159.25	152.62	119.44
48	76.31	69.67	59.72	53.08	139.35	126.08	116.12	92.90	179.16	162.57	152.62	122.76
49	79.63	72.99	63.04	56.40	142.67	129.39	119.44	96.22	182.48	165.89	155.94	126.08
50	82.95	72.99	63.04	56.40	145.98	129.39	119.44	96.22	185.80	169.21	159.25	126.08
51	86.26	76.31	66.36	56.40	149.30	136.03	122.76	99.53	192.43	172.53	162.57	132.71
52	92.90	82.95	72.99	59.72	155.94	142.67	126.08	106.17	202.39	182.48	165.89	139.35
53	96.22	86.26	76.31	63.04	165.89	149.30	136.03	112.81	215.66	192.43	175.84	145.98
54	106.17	92.90	82.95	69.67	179.16	159.25	142.67	122.76	228.93	205.70	185.80	155.94
55	112.81	102.85	86.26	76.31	192.43	172.53	155.94	132.71	248.84	222.29	199.07	169.21
56	122.76	109.49	96.22	82.95	209.02	185.80	165.89	145.98	268.74	242.20	215.66	185.80
57	136.03	122.76	106.17	92.90	228.93	205.70	182.48	159.25	295.28	265.42	232.25	205.70
58	149.30	136.03	116.12	102.85	252.15	225.61	199.07	175.84	328.46	295.28	252.15	225.61
59	165.89	149.30	126.08	116.12	278.70	252.15	215.66	195.75	361.64	325.14	275.38	248.84
60	182.48	165.89	142.67	129.39	308.56	278.70	235.56	215.66	398.14	358.32	298.60	275.38
61	202.39	182.48	155.94	145.98	345.05	308.56	258.79	238.88	441.27	398.14	328.46	305.24
62	228.93	205.70	175.84	162.57	381.55	341.73	285.33	265.42	487.72	437.95	364.96	338.42
63	255.47	232.25	199.07	182.48	421.36	381.55	321.83	295.28	537.48	484.40	408.09	378.23
64	288.65	258.79	222.29	205.70	467.81	421.36	361.64	331.78	590.57	534.17	457.86	421.36
65	321.83	291.97	248.84	228.93	514.26	464.49	404.77	371.59	650.29	583.93	514.26	471.13
66	361.64	325.14	278.70	255.47	567.34	510.94	447.90	411.41	713.33	640.34	567.34	520.89
67	401.45	361.64	308.56	285.33	627.06	564.03	494.35	454.54	779.68	700.06	620.43	570.66
68	444.59	398.14	341.73	315.19	686.78	617.11	537.48	497.67	849.36	766.41	666.88	617.11
69	487.72	437.95	371.59	348.37	749.82	673.51	577.30	540.80	925.67	832.77	713.33	663.56
70	534.17	477.76	408.09	384.86	816.18	733.23	623.75	587.25	1,005.29	905.76	756.46	713.33
71	587.25	527.53	447.90	424.68	892.49	802.91	673.51	637.02	1,091.56	982.07	809.54	766.41
72	650.29	583.93	497.67	474.45	982.07	882.53	736.55	700.06	1,184.45	1,065.01	869.26	829.45
73	723.28	650.29	554.07	527.53	1,081.60	975.43	809.54	773.05	1,280.67	1,151.28	945.57	902.44
74	802.91	723.28	613.79	583.93	1,194.41	1,074.97	892.49	849.36	1,380.20	1,240.86	1,028.52	982.07
75	892.49	802.91	680.15	650.29	1,313.85	1,184.45	982.07	935.62	1,486.37	1,337.07	1,118.10	1,068.33
76	992.02	892.49	756.46	719.96	1,446.56	1,300.58	1,078.29	1,028.52	1,602.50	1,439.93	1,214.31	1,157.91
77	1,101.51	992.02	839.40	799.59	1,585.91	1,426.65	1,184.45	1,131.37	1,728.57	1,556.05	1,320.48	1,257.45
78	1,227.59	1,104.83	935.62	892.49	1,735.21	1,562.68	1,300.58	1,240.86	1,871.24	1,685.44	1,429.97	1,363.62
79	1,366.93	1,227.59	1,038.47	992.02	1,897.78	1,708.67	1,426.65	1,360.30	2,027.18	1,824.79	1,549.41	1,476.42
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These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%. For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML1 SERIES
Shortened Benefit Period Rider

Percentage Increase to Total Rate for Policy & Riders

Issue Ages	Premium Rate as a % To Apply to Policy and All Riders
All	13%

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML1 SERIES
Guaranteed Purchase Option Rider

Percentage Increase to Total Rate for Policy & Riders

Issue Ages	Premium Rate as a % To Apply to Policy and All Riders
All	16%

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
1 Year Home & Community Care Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Covered Care Daily Maximum Secondary Services Benefit

Proposed Rates
92% Increase

Issue	No BIO			Simple BIO			Compound BIO		
Ages	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day
18-22	16.59	16.59	13.27	43.13	33.18	23.22	72.99	56.40	43.13
23	19.91	16.59	13.27	43.13	33.18	23.22	72.99	56.40	43.13
24	19.91	16.59	13.27	46.45	36.50	26.54	72.99	56.40	43.13
25	19.91	16.59	13.27	46.45	36.50	26.54	72.99	56.40	43.13
26	23.22	16.59	13.27	46.45	39.81	26.54	76.31	59.72	43.13
27	23.22	16.59	16.59	46.45	39.81	29.86	76.31	59.72	46.45
28	23.22	19.91	16.59	49.77	39.81	29.86	76.31	59.72	46.45
29	26.54	19.91	16.59	49.77	43.13	29.86	76.31	59.72	46.45
30	26.54	19.91	16.59	53.08	43.13	33.18	76.31	63.04	46.45
31	26.54	23.22	16.59	56.40	46.45	33.18	76.31	63.04	46.45
32	29.86	23.22	16.59	56.40	46.45	33.18	79.63	63.04	46.45
33	33.18	23.22	16.59	59.72	46.45	36.50	79.63	66.36	46.45
34	33.18	26.54	19.91	63.04	49.77	36.50	82.95	66.36	49.77
35	36.50	26.54	19.91	66.36	53.08	39.81	86.26	69.67	49.77
36	39.81	29.86	19.91	69.67	53.08	39.81	89.58	69.67	53.08
37	39.81	29.86	23.22	69.67	53.08	43.13	89.58	69.67	53.08
38	39.81	29.86	23.22	72.99	53.08	43.13	89.58	72.99	53.08
39	39.81	33.18	23.22	72.99	53.08	46.45	89.58	72.99	53.08
40	43.13	33.18	23.22	76.31	59.72	46.45	96.22	76.31	59.72
41	46.45	36.50	26.54	79.63	63.04	46.45	96.22	76.31	59.72
42	46.45	36.50	26.54	79.63	66.36	49.77	99.53	76.31	59.72
43	46.45	36.50	26.54	79.63	66.36	49.77	99.53	76.31	63.04
44	46.45	36.50	26.54	79.63	66.36	49.77	102.85	79.63	63.04
45	46.45	36.50	26.54	79.63	66.36	53.08	102.85	79.63	63.04
46	46.45	36.50	29.86	79.63	66.36	53.08	106.17	82.95	66.36
47	46.45	39.81	29.86	79.63	66.36	53.08	106.17	82.95	66.36
48	46.45	39.81	29.86	82.95	66.36	53.08	106.17	82.95	69.67
49	46.45	39.81	29.86	82.95	66.36	53.08	106.17	82.95	72.99
50	46.45	39.81	33.18	82.95	66.36	56.40	106.17	86.26	76.31
51	46.45	39.81	33.18	82.95	69.67	56.40	109.49	86.26	76.31
52	49.77	43.13	36.50	86.26	69.67	59.72	109.49	86.26	79.63
53	53.08	46.45	36.50	89.58	72.99	63.04	116.12	92.90	82.95
54	59.72	46.45	39.81	92.90	76.31	66.36	122.76	99.53	86.26
55	63.04	49.77	43.13	99.53	76.31	69.67	132.71	106.17	89.58
56	69.67	53.08	46.45	106.17	82.95	72.99	139.35	109.49	92.90
57	76.31	59.72	46.45	109.49	89.58	76.31	149.30	119.44	99.53
58	79.63	63.04	49.77	119.44	96.22	82.95	159.25	126.08	102.85
59	82.95	66.36	53.08	129.39	102.85	86.26	169.21	136.03	106.17
60	86.26	69.67	56.40	136.03	106.17	89.58	179.16	139.35	109.49
61	92.90	72.99	59.72	142.67	112.81	96.22	185.80	145.98	116.12
62	99.53	76.31	63.04	152.62	122.76	99.53	195.75	155.94	122.76
63	106.17	82.95	69.67	165.89	132.71	106.17	209.02	165.89	132.71
64	112.81	89.58	72.99	175.84	136.03	109.49	225.61	175.84	139.35
65	122.76	96.22	76.31	189.11	149.30	119.44	235.56	189.11	149.30
66	132.71	106.17	79.63	195.75	159.25	126.08	252.15	199.07	159.25
67	139.35	109.49	86.26	212.34	169.21	136.03	268.74	212.34	169.21
68	155.94	122.76	96.22	228.93	182.48	142.67	288.65	228.93	182.48
69	165.89	136.03	106.17	248.84	195.75	155.94	311.87	245.52	195.75
70	182.48	145.98	112.81	265.42	212.34	165.89	331.78	262.11	205.70
71	199.07	159.25	126.08	285.33	225.61	182.48	355.00	282.01	218.97
72	222.29	172.53	136.03	311.87	248.84	195.75	381.55	305.24	232.25
73	242.20	192.43	149.30	341.73	268.74	212.34	411.41	325.14	252.15
74	265.42	209.02	165.89	371.59	291.97	228.93	441.27	348.37	265.42
75	288.65	228.93	182.48	404.77	318.51	248.84	474.45	374.91	285.33
76	318.51	255.47	202.39	437.95	348.37	272.06	514.26	404.77	308.56
77	355.00	285.33	225.61	484.40	381.55	298.60	557.39	441.27	338.42
78	401.45	315.19	248.84	530.85	424.68	331.78	610.48	484.40	374.91
79	451.22	358.32	275.38	587.25	464.49	371.59	666.88	527.53	414.73
80		401.45			514.26			577.30	
81		444.59			564.03			627.06	
82		494.35			613.79			676.83	
83		537.48			660.24			729.92	
84		587.25			710.01			783.00	
85		623.75			756.46			826.13	
86		656.92			799.59			865.95	
87		693.42			842.72			899.12	
88		733.23			865.95			925.67	
89		799.59			938.94			992.02	
90		875.90			1,011.93			1,045.11	
91		942.26			1,088.24			1,098.19	
92		1,001.98			1,147.96			1,157.91	
93		1,051.74			1,191.09			1,207.68	
94		1,091.56			1,230.90			1,240.86	
95		1,128.05			1,264.08			1,270.72	
96		1,157.91			1,290.62			1,297.26	
97		1,191.09			1,313.85			1,323.80	
98		1,217.63			1,333.76			1,343.71	
99+		1,247.49			1,356.98			1,360.30	

Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%.
For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
2 Year Home & Community Care Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Covered Care Daily Maximum Secondary Services Benefit

Proposed Rates
92% Increase

Issue	No BIO			Simple BIO			Compound BIO		
Ages	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day
18-22	26.54	23.22	16.59	59.72	46.45	39.81	102.85	86.26	66.36
23	26.54	23.22	16.59	63.04	49.77	39.81	106.17	86.26	69.67
24	29.86	23.22	16.59	63.04	53.08	43.13	106.17	86.26	69.67
25	29.86	26.54	19.91	66.36	53.08	43.13	106.17	86.26	69.67
26	33.18	26.54	19.91	69.67	56.40	46.45	106.17	86.26	69.67
27	33.18	26.54	19.91	69.67	56.40	46.45	106.17	89.58	69.67
28	36.50	29.86	23.22	72.99	59.72	46.45	106.17	89.58	72.99
29	36.50	29.86	23.22	76.31	63.04	46.45	106.17	89.58	72.99
30	39.81	33.18	23.22	76.31	63.04	49.77	109.49	92.90	72.99
31	43.13	33.18	26.54	79.63	66.36	53.08	112.81	92.90	76.31
32	43.13	36.50	26.54	82.95	69.67	53.08	112.81	96.22	76.31
33	46.45	39.81	29.86	86.26	72.99	56.40	116.12	99.53	76.31
34	46.45	39.81	29.86	89.58	76.31	59.72	119.44	99.53	76.31
35	49.77	43.13	33.18	96.22	76.31	63.04	122.76	102.85	79.63
36	53.08	46.45	33.18	99.53	79.63	63.04	126.08	106.17	82.95
37	53.08	46.45	36.50	102.85	82.95	66.36	126.08	106.17	86.26
38	53.08	46.45	36.50	102.85	86.26	66.36	129.39	106.17	86.26
39	53.08	46.45	36.50	102.85	86.26	66.36	132.71	106.17	89.58
40	59.72	49.77	39.81	109.49	92.90	76.31	136.03	109.49	96.22
41	63.04	53.08	43.13	112.81	96.22	76.31	136.03	112.81	96.22
42	66.36	53.08	43.13	116.12	96.22	79.63	139.35	116.12	99.53
43	66.36	53.08	46.45	116.12	96.22	79.63	142.67	119.44	99.53
44	66.36	53.08	46.45	116.12	96.22	82.95	142.67	119.44	99.53
45	66.36	53.08	46.45	116.12	96.22	82.95	145.98	122.76	102.85
46	66.36	56.40	46.45	116.12	96.22	86.26	149.30	122.76	102.85
47	69.67	56.40	46.45	116.12	99.53	86.26	152.62	126.08	106.17
48	69.67	56.40	46.45	116.12	99.53	86.26	152.62	126.08	109.49
49	69.67	56.40	46.45	119.44	99.53	86.26	152.62	129.39	112.81
50	69.67	56.40	49.77	119.44	99.53	89.58	155.94	129.39	119.44
51	72.99	59.72	53.08	122.76	102.85	89.58	155.94	132.71	122.76
52	76.31	63.04	56.40	122.76	102.85	96.22	159.25	132.71	129.39
53	76.31	66.36	59.72	129.39	106.17	99.53	165.89	136.03	136.03
54	82.95	72.99	63.04	136.03	109.49	106.17	175.84	145.98	136.03
55	92.90	76.31	69.67	139.35	116.12	109.49	185.80	155.94	142.67
56	99.53	79.63	72.99	149.30	122.76	116.12	195.75	165.89	149.30
57	106.17	89.58	76.31	162.57	136.03	122.76	215.66	175.84	155.94
58	112.81	96.22	82.95	172.53	142.67	132.71	225.61	189.11	165.89
59	119.44	99.53	86.26	185.80	152.62	136.03	242.20	199.07	169.21
60	126.08	106.17	92.90	195.75	162.57	142.67	255.47	212.34	175.84
61	132.71	109.49	96.22	205.70	169.21	149.30	265.42	222.29	185.80
62	139.35	116.12	102.85	218.97	182.48	159.25	282.01	232.25	195.75
63	149.30	126.08	106.17	232.25	195.75	165.89	298.60	248.84	209.02
64	162.57	136.03	112.81	252.15	205.70	179.16	318.51	262.11	222.29
65	172.53	142.67	122.76	268.74	222.29	189.11	341.73	282.01	238.88
66	185.80	155.94	129.39	285.33	235.56	199.07	358.32	298.60	252.15
67	199.07	165.89	139.35	305.24	255.47	212.34	381.55	315.19	268.74
68	222.29	182.48	152.62	328.46	275.38	228.93	411.41	345.05	288.65
69	242.20	199.07	165.89	355.00	295.28	248.84	441.27	368.28	308.56
70	262.11	218.97	182.48	378.23	315.19	268.74	474.45	394.82	325.14
71	285.33	238.88	195.75	408.09	341.73	288.65	507.62	421.36	345.05
72	315.19	258.79	218.97	444.59	371.59	315.19	547.44	454.54	374.91
73	345.05	285.33	238.88	484.40	404.77	341.73	587.25	487.72	398.14
74	378.23	315.19	265.42	527.53	437.95	364.96	633.70	524.21	424.68
75	414.73	345.05	291.97	577.30	477.76	398.14	680.15	564.03	457.86
76	457.86	378.23	321.83	630.38	524.21	431.31	733.23	610.48	494.35
77	510.94	424.68	355.00	690.10	573.98	474.45	796.27	663.56	537.48
78	573.98	474.45	394.82	763.09	633.70	527.53	869.26	723.28	593.89
79	643.65	534.17	437.95	842.72	700.06	590.57	952.21	792.95	660.24
80		600.52			769.73			862.63	
81		670.20			842.72			942.26	
82		733.23			912.40			1,015.25	
83		806.23			988.70			1,091.56	
84		879.22			1,065.01			1,171.18	
85		928.98			1,111.46			1,227.59	
86		982.07			1,187.77			1,280.67	
87		1,035.15			1,260.76			1,337.07	
88		1,094.87			1,317.17			1,380.20	
89		1,197.73			1,420.02			1,473.10	
90		1,303.90			1,539.46			1,559.37	
91		1,410.07			1,645.63			1,665.54	
92		1,499.65			1,735.21			1,755.12	
93		1,569.32			1,804.88			1,821.47	
94		1,632.36			1,857.97			1,874.56	
95		1,688.76			1,904.42			1,924.32	
96		1,738.53			1,947.55			1,960.82	
97		1,781.66			1,984.04			1,997.32	
98		1,824.79			2,017.22			2,027.18	
99+		1,864.60			2,047.08			2,053.72	

Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%.
For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
3 Year Home & Community Care Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Covered Care Daily Maximum Secondary Services Benefit

Proposed Rates
92% Increase

Issue	No BIO			Simple BIO			Compound BIO		
Ages	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day
18-22	33.18	26.54	19.91	72.99	59.72	46.45	122.76	106.17	82.95
23	33.18	29.86	23.22	76.31	63.04	49.77	122.76	106.17	82.95
24	36.50	29.86	23.22	76.31	66.36	49.77	126.08	106.17	86.26
25	36.50	29.86	23.22	76.31	66.36	53.08	126.08	106.17	86.26
26	39.81	33.18	26.54	79.63	69.67	56.40	126.08	106.17	86.26
27	39.81	33.18	26.54	82.95	72.99	56.40	129.39	106.17	86.26
28	43.13	36.50	29.86	86.26	76.31	59.72	129.39	109.49	89.58
29	46.45	36.50	29.86	89.58	76.31	63.04	132.71	109.49	89.58
30	46.45	39.81	33.18	92.90	76.31	63.04	132.71	112.81	89.58
31	46.45	43.13	33.18	96.22	79.63	66.36	136.03	112.81	92.90
32	49.77	43.13	36.50	99.53	82.95	69.67	136.03	116.12	92.90
33	53.08	46.45	36.50	106.17	86.26	72.99	139.35	119.44	96.22
34	56.40	46.45	39.81	106.17	92.90	76.31	142.67	119.44	99.53
35	59.72	49.77	43.13	109.49	96.22	76.31	142.67	119.44	102.85
36	63.04	53.08	43.13	112.81	99.53	76.31	142.67	122.76	102.85
37	63.04	53.08	43.13	112.81	102.85	76.31	142.67	122.76	106.17
38	63.04	53.08	43.13	112.81	102.85	76.31	145.98	122.76	106.17
39	63.04	53.08	46.45	112.81	102.85	76.31	145.98	122.76	106.17
40	69.67	59.72	46.45	122.76	106.17	86.26	152.62	129.39	109.49
41	72.99	59.72	46.45	129.39	106.17	89.58	155.94	132.71	112.81
42	72.99	63.04	49.77	129.39	109.49	92.90	155.94	132.71	112.81
43	76.31	63.04	49.77	132.71	109.49	96.22	159.25	136.03	116.12
44	76.31	63.04	49.77	132.71	109.49	99.53	162.57	136.03	116.12
45	76.31	63.04	53.08	132.71	109.49	99.53	165.89	139.35	119.44
46	76.31	63.04	53.08	132.71	109.49	102.85	165.89	142.67	122.76
47	76.31	66.36	56.40	136.03	112.81	102.85	172.53	145.98	126.08
48	76.31	66.36	56.40	136.03	112.81	106.17	172.53	145.98	129.39
49	76.31	66.36	56.40	136.03	116.12	106.17	175.84	149.30	132.71
50	79.63	69.67	59.72	136.03	116.12	106.17	179.16	149.30	136.03
51	82.95	72.99	59.72	142.67	119.44	106.17	182.48	155.94	139.35
52	89.58	76.31	63.04	149.30	126.08	106.17	192.43	162.57	145.98
53	96.22	79.63	69.67	155.94	132.71	112.81	199.07	169.21	152.62
54	102.85	86.26	76.31	162.57	136.03	119.44	212.34	179.16	162.57
55	109.49	92.90	76.31	169.21	142.67	129.39	225.61	192.43	165.89
56	116.12	99.53	82.95	179.16	152.62	136.03	238.88	199.07	175.84
57	126.08	106.17	92.90	192.43	162.57	145.98	255.47	215.66	185.80
58	136.03	112.81	99.53	202.39	169.21	155.94	268.74	225.61	195.75
59	139.35	119.44	106.17	215.66	182.48	165.89	282.01	238.88	202.39
60	142.67	122.76	106.17	225.61	189.11	172.53	291.97	248.84	212.34
61	149.30	126.08	112.81	232.25	195.75	179.16	301.92	255.47	222.29
62	159.25	136.03	119.44	248.84	209.02	192.43	315.19	268.74	232.25
63	165.89	142.67	129.39	262.11	222.29	199.07	335.10	285.33	248.84
64	179.16	152.62	136.03	278.70	235.56	212.34	355.00	298.60	265.42
65	192.43	162.57	145.98	295.28	252.15	225.61	374.91	315.19	285.33
66	205.70	172.53	155.94	315.19	265.42	238.88	394.82	335.10	301.92
67	225.61	189.11	165.89	338.42	285.33	255.47	424.68	358.32	325.14
68	248.84	209.02	189.11	368.28	311.87	282.01	461.17	391.50	351.69
69	272.06	228.93	205.70	401.45	338.42	308.56	497.67	421.36	381.55
70	298.60	255.47	225.61	434.63	368.28	338.42	540.80	457.86	411.41
71	328.46	278.70	255.47	471.13	401.45	371.59	583.93	494.35	444.59
72	368.28	311.87	282.01	520.89	437.95	404.77	637.02	537.48	481.08
73	404.77	345.05	315.19	570.66	484.40	444.59	693.42	583.93	524.21
74	451.22	381.55	351.69	630.38	534.17	491.03	753.14	637.02	567.34
75	497.67	424.68	394.82	693.42	587.25	534.17	819.50	693.42	613.79
76	554.07	471.13	437.95	763.09	646.97	583.93	892.49	756.46	670.20
77	620.43	524.21	484.40	842.72	713.33	643.65	972.12	822.81	726.60
78	696.74	590.57	524.21	928.98	786.32	703.37	1,061.70	899.12	792.95
79	783.00	663.56	573.98	1,025.20	865.95	769.73	1,157.91	982.07	862.63
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99+									

Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%.
For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
4 Year Home & Community Care Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Covered Care Daily Maximum Secondary Services Benefit

Proposed Rates
92% Increase

Issue	No BIO			Simple BIO			Compound BIO		
Ages	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day
18-22	36.50	29.86	26.54	79.63	69.67	56.40	136.03	119.44	99.53
23	39.81	33.18	26.54	82.95	72.99	56.40	136.03	119.44	99.53
24	39.81	33.18	26.54	82.95	72.99	59.72	139.35	119.44	99.53
25	43.13	36.50	29.86	86.26	76.31	63.04	139.35	119.44	99.53
26	43.13	36.50	29.86	89.58	76.31	63.04	139.35	122.76	102.85
27	46.45	39.81	33.18	92.90	79.63	66.36	142.67	122.76	102.85
28	46.45	43.13	33.18	96.22	82.95	69.67	142.67	126.08	102.85
29	49.77	43.13	36.50	102.85	86.26	72.99	145.98	126.08	106.17
30	49.77	46.45	36.50	106.17	89.58	76.31	149.30	129.39	106.17
31	53.08	46.45	39.81	106.17	92.90	76.31	149.30	129.39	106.17
32	56.40	46.45	43.13	109.49	96.22	76.31	152.62	132.71	106.17
33	59.72	49.77	43.13	116.12	99.53	79.63	159.25	136.03	109.49
34	66.36	53.08	46.45	122.76	106.17	79.63	159.25	136.03	112.81
35	66.36	59.72	46.45	126.08	106.17	82.95	162.57	136.03	112.81
36	69.67	59.72	46.45	126.08	109.49	86.26	162.57	139.35	116.12
37	69.67	63.04	46.45	129.39	112.81	86.26	165.89	139.35	116.12
38	72.99	63.04	46.45	129.39	112.81	86.26	165.89	139.35	116.12
39	72.99	63.04	46.45	132.71	112.81	86.26	165.89	142.67	119.44
40	76.31	66.36	49.77	136.03	119.44	96.22	169.21	145.98	119.44
41	76.31	69.67	53.08	142.67	122.76	99.53	172.53	145.98	122.76
42	79.63	69.67	53.08	145.98	126.08	102.85	175.84	149.30	122.76
43	82.95	72.99	53.08	145.98	126.08	106.17	179.16	155.94	126.08
44	82.95	72.99	56.40	149.30	129.39	106.17	185.80	159.25	129.39
45	86.26	76.31	56.40	152.62	132.71	106.17	192.43	165.89	132.71
46	89.58	76.31	59.72	155.94	132.71	109.49	195.75	169.21	136.03
47	89.58	76.31	59.72	159.25	136.03	112.81	202.39	172.53	136.03
48	92.90	76.31	63.04	159.25	136.03	112.81	202.39	175.84	139.35
49	92.90	76.31	63.04	159.25	136.03	112.81	205.70	175.84	142.67
50	92.90	79.63	63.04	162.57	136.03	112.81	205.70	179.16	145.98
51	96.22	79.63	63.04	165.89	139.35	112.81	209.02	182.48	149.30
52	99.53	86.26	69.67	165.89	142.67	112.81	212.34	182.48	155.94
53	106.17	89.58	72.99	169.21	145.98	119.44	222.29	189.11	162.57
54	109.49	96.22	76.31	175.84	152.62	126.08	228.93	195.75	169.21
55	119.44	102.85	82.95	182.48	155.94	136.03	242.20	205.70	175.84
56	126.08	106.17	89.58	192.43	165.89	142.67	255.47	218.97	185.80
57	136.03	116.12	96.22	202.39	172.53	155.94	272.06	232.25	195.75
58	142.67	122.76	102.85	215.66	185.80	165.89	285.33	245.52	202.39
59	149.30	129.39	106.17	225.61	195.75	169.21	301.92	255.47	212.34
60	155.94	136.03	112.81	238.88	205.70	179.16	315.19	268.74	218.97
61	162.57	136.03	116.12	252.15	215.66	185.80	325.14	282.01	225.61
62	169.21	145.98	126.08	268.74	228.93	195.75	345.05	295.28	242.20
63	185.80	159.25	136.03	285.33	245.52	212.34	368.28	315.19	258.79
64	195.75	169.21	145.98	308.56	262.11	225.61	391.50	335.10	285.33
65	212.34	182.48	155.94	328.46	282.01	242.20	414.73	355.00	308.56
66	228.93	195.75	165.89	348.37	298.60	258.79	441.27	378.23	328.46
67	252.15	215.66	182.48	374.91	321.83	282.01	474.45	404.77	355.00
68	275.38	235.56	202.39	411.41	351.69	308.56	517.58	441.27	384.86
69	305.24	258.79	225.61	447.90	381.55	331.78	557.39	481.08	411.41
70	335.10	285.33	245.52	487.72	414.73	361.64	603.84	520.89	441.27
71	371.59	315.19	268.74	527.53	454.54	394.82	653.61	560.71	471.13
72	408.09	351.69	298.60	580.62	497.67	431.31	710.01	610.48	510.94
73	457.86	391.50	331.78	640.34	550.75	464.49	773.05	666.88	550.75
74	504.31	434.63	364.96	703.37	607.16	504.31	842.72	723.28	587.25
75	557.39	481.08	404.77	776.37	666.88	550.75	915.71	786.32	633.70
76	620.43	534.17	447.90	855.99	733.23	600.52	998.66	855.99	686.78
77	696.74	597.20	497.67	942.26	809.54	666.88	1,088.24	932.30	753.14
78	779.68	670.20	557.39	1,038.47	892.49	746.51	1,187.77	1,018.56	839.40
79	879.22	753.14	623.75	1,147.96	982.07	846.04	1,297.26	1,114.78	942.26
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Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%.
For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
5 Year Home & Community Care Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Covered Care Daily Maximum Secondary Services Benefit

Proposed Rates
92% Increase

Issue	No BIO			Simple BIO			Compound BIO		
Ages	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day
18-22	39.81	33.18	29.86	86.26	76.31	63.04	149.30	129.39	106.17
23	43.13	36.50	29.86	89.58	76.31	66.36	152.62	132.71	109.49
24	43.13	36.50	29.86	92.90	79.63	66.36	152.62	132.71	109.49
25	46.45	39.81	33.18	96.22	82.95	69.67	152.62	132.71	109.49
26	46.45	43.13	33.18	99.53	86.26	72.99	155.94	136.03	109.49
27	46.45	43.13	36.50	102.85	89.58	76.31	155.94	136.03	112.81
28	49.77	46.45	36.50	106.17	92.90	76.31	159.25	136.03	112.81
29	53.08	46.45	39.81	109.49	96.22	76.31	159.25	136.03	116.12
30	56.40	46.45	43.13	112.81	99.53	79.63	162.57	139.35	116.12
31	59.72	49.77	43.13	116.12	102.85	82.95	165.89	142.67	119.44
32	63.04	53.08	46.45	122.76	106.17	86.26	165.89	145.98	122.76
33	66.36	56.40	46.45	126.08	109.49	92.90	169.21	149.30	126.08
34	69.67	59.72	49.77	132.71	112.81	96.22	172.53	149.30	126.08
35	72.99	59.72	49.77	136.03	116.12	96.22	175.84	152.62	126.08
36	76.31	63.04	53.08	136.03	119.44	99.53	175.84	152.62	129.39
37	76.31	63.04	53.08	139.35	119.44	102.85	179.16	155.94	129.39
38	76.31	66.36	53.08	139.35	122.76	102.85	179.16	155.94	129.39
39	76.31	66.36	56.40	139.35	122.76	102.85	179.16	155.94	132.71
40	82.95	72.99	59.72	152.62	132.71	109.49	185.80	162.57	136.03
41	86.26	76.31	63.04	155.94	136.03	109.49	189.11	162.57	136.03
42	89.58	76.31	63.04	159.25	136.03	112.81	192.43	165.89	136.03
43	89.58	76.31	66.36	162.57	139.35	116.12	195.75	169.21	139.35
44	92.90	79.63	66.36	165.89	139.35	119.44	202.39	175.84	145.98
45	96.22	79.63	69.67	165.89	142.67	119.44	209.02	182.48	152.62
46	96.22	82.95	69.67	165.89	145.98	122.76	215.66	189.11	155.94
47	99.53	86.26	72.99	169.21	149.30	126.08	222.29	192.43	162.57
48	99.53	86.26	72.99	172.53	149.30	126.08	225.61	195.75	162.57
49	102.85	86.26	72.99	172.53	149.30	126.08	225.61	195.75	162.57
50	102.85	86.26	76.31	175.84	152.62	129.39	225.61	195.75	165.89
51	106.17	89.58	76.31	179.16	155.94	129.39	225.61	195.75	165.89
52	106.17	92.90	76.31	182.48	155.94	132.71	232.25	199.07	165.89
53	112.81	99.53	82.95	185.80	162.57	136.03	242.20	209.02	172.53
54	122.76	106.17	86.26	192.43	165.89	136.03	252.15	218.97	182.48
55	129.39	109.49	92.90	195.75	172.53	142.67	262.11	225.61	192.43
56	136.03	119.44	99.53	205.70	179.16	149.30	278.70	238.88	199.07
57	145.98	129.39	106.17	222.29	192.43	159.25	295.28	255.47	212.34
58	155.94	136.03	112.81	235.56	202.39	169.21	311.87	268.74	225.61
59	162.57	139.35	116.12	248.84	215.66	179.16	328.46	285.33	235.56
60	169.21	145.98	122.76	262.11	225.61	189.11	341.73	295.28	248.84
61	175.84	152.62	129.39	275.38	238.88	199.07	355.00	308.56	255.47
62	189.11	162.57	136.03	291.97	255.47	212.34	374.91	325.14	272.06
63	199.07	172.53	145.98	315.19	272.06	225.61	401.45	345.05	288.65
64	215.66	185.80	155.94	335.10	288.65	242.20	424.68	368.28	308.56
65	232.25	199.07	165.89	358.32	311.87	258.79	454.54	391.50	328.46
66	248.84	215.66	179.16	378.23	328.46	275.38	481.08	414.73	345.05
67	272.06	235.56	195.75	411.41	355.00	298.60	517.58	447.90	374.91
68	301.92	258.79	218.97	447.90	388.18	325.14	560.71	487.72	404.77
69	331.78	285.33	238.88	487.72	421.36	351.69	610.48	527.53	441.27
70	364.96	315.19	262.11	527.53	457.86	381.55	656.92	570.66	477.76
71	404.77	348.37	288.65	577.30	497.67	418.04	713.33	617.11	517.58
72	447.90	384.86	321.83	633.70	547.44	457.86	776.37	673.51	560.71
73	494.35	431.31	358.32	696.74	603.84	504.31	846.04	733.23	613.79
74	550.75	474.45	398.14	766.41	666.88	554.07	919.03	792.95	666.88
75	610.48	527.53	441.27	849.36	733.23	613.79	1,001.98	865.95	723.28
76	676.83	587.25	491.03	932.30	809.54	673.51	1,088.24	942.26	789.64
77	759.78	656.92	550.75	1,028.52	889.17	743.19	1,184.45	1,028.52	855.99
78	852.67	736.55	613.79	1,131.37	978.75	822.81	1,293.94	1,121.42	938.94
79	955.53	826.13	690.10	1,247.49	1,081.60	905.76	1,413.38	1,224.27	1,021.88
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Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%.
For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
6 Year Home & Community Care Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Covered Care Daily Maximum Secondary Services Benefit

Proposed Rates
92% Increase

Issue	No BIO			Simple BIO			Compound BIO		
Ages	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day
18-22	43.13	36.50	29.86	92.90	79.63	69.67	162.57	139.35	116.12
23	46.45	39.81	33.18	96.22	82.95	72.99	162.57	139.35	119.44
24	46.45	39.81	33.18	99.53	86.26	72.99	162.57	139.35	119.44
25	46.45	43.13	36.50	102.85	89.58	76.31	165.89	142.67	119.44
26	49.77	46.45	36.50	106.17	92.90	76.31	165.89	142.67	122.76
27	53.08	46.45	39.81	109.49	96.22	79.63	165.89	145.98	122.76
28	53.08	46.45	43.13	112.81	99.53	82.95	165.89	145.98	122.76
29	56.40	49.77	43.13	116.12	102.85	86.26	169.21	149.30	126.08
30	59.72	53.08	46.45	119.44	106.17	89.58	172.53	149.30	129.39
31	63.04	53.08	46.45	126.08	109.49	92.90	175.84	152.62	129.39
32	66.36	56.40	46.45	132.71	112.81	96.22	179.16	155.94	132.71
33	69.67	59.72	49.77	136.03	116.12	99.53	182.48	159.25	136.03
34	72.99	63.04	53.08	136.03	119.44	102.85	185.80	162.57	136.03
35	76.31	66.36	53.08	139.35	126.08	106.17	189.11	165.89	136.03
36	76.31	69.67	56.40	145.98	129.39	106.17	189.11	165.89	139.35
37	79.63	69.67	59.72	149.30	129.39	109.49	192.43	165.89	139.35
38	82.95	72.99	59.72	149.30	132.71	109.49	192.43	165.89	139.35
39	82.95	72.99	59.72	152.62	132.71	109.49	195.75	165.89	142.67
40	89.58	76.31	66.36	162.57	139.35	119.44	195.75	172.53	145.98
41	92.90	79.63	69.67	165.89	142.67	122.76	199.07	172.53	145.98
42	96.22	82.95	69.67	169.21	145.98	126.08	202.39	179.16	149.30
43	96.22	82.95	72.99	172.53	149.30	126.08	209.02	182.48	155.94
44	99.53	86.26	72.99	175.84	152.62	129.39	215.66	189.11	159.25
45	102.85	86.26	76.31	175.84	155.94	132.71	225.61	195.75	165.89
46	102.85	89.58	76.31	179.16	159.25	132.71	228.93	199.07	169.21
47	106.17	92.90	76.31	182.48	159.25	136.03	235.56	205.70	172.53
48	106.17	92.90	76.31	185.80	162.57	136.03	238.88	205.70	175.84
49	106.17	92.90	76.31	185.80	162.57	136.03	238.88	209.02	175.84
50	106.17	96.22	79.63	189.11	165.89	136.03	242.20	209.02	175.84
51	109.49	96.22	79.63	192.43	165.89	139.35	245.52	212.34	179.16
52	116.12	102.85	86.26	195.75	165.89	142.67	248.84	215.66	182.48
53	122.76	106.17	89.58	199.07	172.53	145.98	255.47	225.61	189.11
54	129.39	112.81	96.22	205.70	179.16	149.30	268.74	232.25	195.75
55	136.03	119.44	102.85	212.34	185.80	155.94	282.01	245.52	205.70
56	145.98	129.39	106.17	222.29	195.75	165.89	295.28	255.47	218.97
57	159.25	136.03	116.12	235.56	205.70	172.53	315.19	275.38	232.25
58	165.89	142.67	122.76	252.15	218.97	185.80	335.10	288.65	245.52
59	172.53	152.62	129.39	265.42	232.25	195.75	348.37	305.24	255.47
60	179.16	159.25	132.71	282.01	245.52	205.70	364.96	318.51	268.74
61	189.11	165.89	136.03	291.97	255.47	215.66	378.23	331.78	282.01
62	199.07	172.53	145.98	315.19	272.06	228.93	404.77	348.37	295.28
63	215.66	189.11	159.25	335.10	291.97	245.52	428.00	374.91	315.19
64	228.93	199.07	169.21	355.00	311.87	262.11	454.54	398.14	335.10
65	248.84	215.66	182.48	381.55	335.10	282.01	484.40	421.36	355.00
66	265.42	232.25	195.75	404.77	355.00	298.60	514.26	447.90	374.91
67	288.65	255.47	215.66	437.95	381.55	321.83	554.07	481.08	404.77
68	321.83	282.01	235.56	481.08	418.04	351.69	600.52	524.21	441.27
69	355.00	308.56	258.79	524.21	454.54	381.55	650.29	567.34	477.76
70	388.18	341.73	285.33	564.03	494.35	414.73	703.37	613.79	517.58
71	431.31	374.91	315.19	613.79	537.48	454.54	763.09	666.88	560.71
72	477.76	414.73	351.69	673.51	587.25	494.35	829.45	723.28	610.48
73	530.85	464.49	391.50	746.51	650.29	550.75	902.44	786.32	663.56
74	587.25	514.26	434.63	822.81	716.64	603.84	982.07	855.99	723.28
75	650.29	567.34	481.08	905.76	789.64	666.88	1,068.33	932.30	786.32
76	726.60	633.70	534.17	998.66	869.26	733.23	1,161.23	1,011.93	852.67
77	809.54	703.37	593.89	1,098.19	958.84	809.54	1,267.40	1,104.83	932.30
78	909.08	792.95	670.20	1,211.00	1,058.38	889.17	1,383.52	1,207.68	1,018.56
79	1,021.88	889.17	753.14	1,333.76	1,164.55	982.07	1,509.60	1,317.17	1,111.46
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Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%.
For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
Lifetime Home & Community Care Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Covered Care Daily Maximum Secondary Services Benefit

Proposed Rates
92% Increase

Issue	No BIO			Simple BIO			Compound BIO		
Ages	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day
18-22	46.45	43.13	39.81	106.17	96.22	79.63	182.48	165.89	139.35
23	49.77	46.45	39.81	109.49	99.53	82.95	185.80	165.89	142.67
24	53.08	46.45	43.13	112.81	102.85	86.26	185.80	165.89	142.67
25	53.08	46.45	43.13	116.12	106.17	89.58	185.80	165.89	142.67
26	56.40	49.77	46.45	119.44	106.17	92.90	189.11	165.89	142.67
27	59.72	53.08	46.45	122.76	109.49	96.22	189.11	165.89	145.98
28	63.04	56.40	46.45	129.39	112.81	99.53	192.43	169.21	145.98
29	66.36	56.40	49.77	132.71	116.12	102.85	195.75	172.53	149.30
30	69.67	59.72	53.08	136.03	122.76	106.17	195.75	172.53	149.30
31	72.99	63.04	53.08	142.67	126.08	109.49	195.75	175.84	152.62
32	76.31	66.36	56.40	142.67	129.39	109.49	199.07	179.16	155.94
33	76.31	69.67	59.72	145.98	132.71	112.81	202.39	182.48	155.94
34	76.31	72.99	59.72	149.30	136.03	116.12	205.70	182.48	159.25
35	79.63	72.99	63.04	149.30	136.03	119.44	205.70	185.80	159.25
36	82.95	76.31	66.36	152.62	139.35	122.76	209.02	185.80	159.25
37	86.26	76.31	66.36	159.25	142.67	122.76	212.34	189.11	162.57
38	86.26	76.31	66.36	162.57	149.30	126.08	212.34	189.11	162.57
39	86.26	76.31	66.36	165.89	149.30	129.39	212.34	189.11	162.57
40	92.90	82.95	72.99	179.16	162.57	136.03	222.29	195.75	172.53
41	96.22	82.95	76.31	185.80	165.89	142.67	225.61	199.07	179.16
42	99.53	86.26	76.31	189.11	165.89	149.30	225.61	202.39	182.48
43	99.53	89.58	76.31	189.11	165.89	152.62	228.93	205.70	189.11
44	102.85	89.58	76.31	189.11	169.21	155.94	235.56	209.02	195.75
45	102.85	89.58	79.63	192.43	169.21	155.94	238.88	215.66	199.07
46	106.17	92.90	79.63	192.43	169.21	159.25	245.52	218.97	205.70
47	106.17	96.22	82.95	195.75	172.53	162.57	252.15	225.61	212.34
48	106.17	96.22	82.95	195.75	175.84	162.57	255.47	225.61	215.66
49	109.49	99.53	86.26	195.75	175.84	165.89	255.47	225.61	215.66
50	112.81	102.85	89.58	199.07	179.16	165.89	255.47	228.93	218.97
51	119.44	106.17	92.90	205.70	185.80	165.89	265.42	235.56	222.29
52	126.08	109.49	96.22	215.66	192.43	172.53	275.38	248.84	225.61
53	132.71	116.12	102.85	225.61	199.07	179.16	288.65	258.79	232.25
54	139.35	126.08	106.17	238.88	212.34	192.43	308.56	275.38	245.52
55	149.30	132.71	112.81	252.15	225.61	199.07	328.46	288.65	255.47
56	159.25	139.35	119.44	265.42	235.56	212.34	348.37	308.56	272.06
57	165.89	149.30	129.39	285.33	255.47	225.61	374.91	328.46	285.33
58	179.16	159.25	136.03	301.92	268.74	232.25	394.82	345.05	298.60
59	189.11	165.89	142.67	315.19	282.01	242.20	411.41	364.96	308.56
60	195.75	172.53	149.30	331.78	291.97	248.84	431.31	378.23	315.19
61	202.39	179.16	155.94	345.05	305.24	255.47	441.27	391.50	325.14
62	215.66	192.43	165.89	361.64	318.51	265.42	464.49	408.09	341.73
63	232.25	205.70	175.84	381.55	338.42	285.33	487.72	431.31	364.96
64	248.84	222.29	189.11	404.77	355.00	305.24	510.94	451.22	388.18
65	268.74	235.56	202.39	428.00	374.91	328.46	540.80	474.45	418.04
66	285.33	255.47	218.97	454.54	401.45	348.37	567.34	497.67	441.27
67	315.19	275.38	235.56	487.72	431.31	374.91	607.16	534.17	474.45
68	345.05	305.24	258.79	534.17	471.13	408.09	663.56	583.93	510.94
69	378.23	335.10	285.33	583.93	514.26	441.27	723.28	637.02	544.12
70	414.73	364.96	311.87	637.02	560.71	474.45	786.32	690.10	577.30
71	457.86	404.77	345.05	696.74	613.79	514.26	852.67	749.82	613.79
72	507.62	444.59	378.23	766.41	673.51	560.71	925.67	812.86	663.56
73	564.03	494.35	421.36	846.04	743.19	617.11	1,001.98	879.22	719.96
74	630.38	554.07	467.81	935.62	819.50	680.15	1,078.29	945.57	783.00
75	700.06	613.79	520.89	1,031.84	902.44	749.82	1,161.23	1,018.56	852.67
76	776.37	680.15	577.30	1,131.37	992.02	822.81	1,254.13	1,098.19	925.67
77	862.63	756.46	643.65	1,240.86	1,088.24	905.76	1,353.66	1,184.45	1,005.29
78	962.16	842.72	713.33	1,360.30	1,191.09	992.02	1,466.47	1,283.99	1,091.56
79	1,071.65	938.94	792.95	1,489.69	1,300.58	1,088.24	1,589.23	1,390.16	1,181.14
80									
81									
82									
83									
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87									
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89									
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92									
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96									
97									
98									
99+									

Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%.
For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML1 SERIES
Shortened Benefit Period Rider

Percentage Increase to Total Rate for Policy & Riders

Issue Ages	Premium Rate as a % To Apply to Policy and All Riders
All	13%

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML1 SERIES
Guaranteed Purchase Option Rider

Percentage Increase to Total Rate for Policy & Riders

Issue Ages	Premium Rate as a % To Apply to Policy and All Riders
All	16%

Transamerica Premier Life Insurance Company

MLPool TQ Series
Annual Standard Premium Rates Per $10 of Daily Benefit
Virginia

Proposed Rates
92% Increase

A

Benefit	Base NH Rates								
Period	0	20	30	60	90	100	180	365	730
1	27.21	24.48	22.39	18.11	15.59	14.96	11.62	8.20	4.88
2	40.70	36.63	34.14	28.90	25.65	24.84	20.18	14.80	9.62
3	46.77	42.11	39.55	34.10	30.68	29.86	24.83	18.91	13.08
4	52.92	47.64	44.95	39.28	35.73	34.83	29.49	23.06	16.45
5	57.50	51.76	49.04	43.26	39.59	38.69	33.14	26.34	19.18
6	61.88	55.70	52.92	46.98	43.24	42.26	36.54	29.36	21.60
LT	66.12	59.52	56.04	51.32	44.79	43.53	38.25	30.53	22.23

B

Benefit	Base H&CC Rates								
Period	0	20	30	60	90	100	180	365	730
1	27.48	21.83	19.95	16.13	13.90	13.34	10.35	7.30	4.34
2	39.32	32.64	30.43	25.75	22.87	22.14	17.99	13.17	8.56
3	44.29	37.52	35.23	30.39	27.34	26.61	22.10	16.86	11.65
4	49.46	42.43	40.05	35.00	31.85	31.05	26.28	20.54	14.67
5	53.24	46.12	43.70	38.55	35.27	34.46	29.53	23.46	17.09
6	56.93	49.63	47.14	41.88	38.52	37.65	32.54	26.17	19.24
LT	62.11	53.01	49.94	45.72	39.92	38.78	34.08	27.21	19.81

Pooled Benefits
Use these factors when you add H&CC or ALF or HC
AND you want to pool the Maximum Lifetime Benefit.

	G	H	I	J
Benefit	NH-Base		H&CC-Base	
Period	NH	ALF	H&CC	HC-only
1	0.70	0.55	0.70	0.47
2	0.80	0.46	0.80	0.56
3	0.85	0.42	0.85	0.60
4	0.90	0.40	0.90	0.62
5	0.95	0.39	0.95	0.63
6	0.98	0.39	0.98	0.64
LT	1.00	0.40	1.00	0.65

	K
MDB as a % of NH DB	Factor for H, I or J
50%	0.72
60%	0.76
70%	0.84
75%	0.86
80%	0.88
90%	0.92
100%	1.00

Non-Pooled Benefits
Use these factors when you add ALF or HC
Without pooling the Maximum Lifetime Benefit.

	L		M	
Benefit	NH-Base		HCC-Base	
Period	NH	ALF	H&CC	HC
1	1.00	0.79	1.00	0.67
2	1.00	0.58	1.00	0.70
3	1.00	0.49	1.00	0.71
4	1.00	0.44	1.00	0.69
5	1.00	0.41	1.00	0.66
6	1.00	0.40	1.00	0.65
LT	1.00	0.40	1.00	0.65

Mode Factors

Annual:	1.00
SemiAnnual:	0.51
Quarterly:	0.26
Monthly EFT:	0.08333

Premium rates for the Shortened Benefit Period (SBP) are 13% of NH, H&CC, ALF and HC.
Premium rates for the 100% GPO (issue ages under 50 only) are 16% of NH, H&CC, ALF, HC and SBP.

Premiums are intended to remain level by issue age but may be changed on a class basis.
These rates do not include the $25 application fee.

An applicant is considered Preferred if husband/wife apply together and
both meet the underwriting guidelines.
Rates here are for Standard insureds. For Preferred rates, multiply by 90%.
Additional discounts may apply.

	C	D	E	F
Issue	Issue	Lifetime	Inflation Protection	
Age	Age	Ben. Per.	Simple	Compound
18	0.46	1.17	2.24	3.88
19	0.46	1.17	2.24	3.88
20	0.46	1.17	2.24	3.88
21	0.46	1.17	2.24	3.88
22	0.46	1.17	2.24	3.88
23	0.48	1.17	2.22	3.72
24	0.50	1.17	2.20	3.59
25	0.53	1.16	2.18	3.47
26	0.55	1.16	2.15	3.35
27	0.57	1.16	2.13	3.25
28	0.60	1.16	2.11	3.15
29	0.63	1.16	2.09	3.06
30	0.66	1.16	2.07	2.98
31	0.69	1.15	2.05	2.91
32	0.71	1.15	2.03	2.84
33	0.75	1.15	2.01	2.76
34	0.78	1.15	2.00	2.69
35	0.81	1.15	1.98	2.63
36	0.84	1.15	1.96	2.57
37	0.87	1.14	1.94	2.52
38	0.91	1.14	1.93	2.47
39	0.95	1.14	1.91	2.44
40	0.99	1.14	1.89	2.41
41	1.03	1.14	1.88	2.39
42	1.08	1.13	1.87	2.37
43	1.12	1.13	1.85	2.35
44	1.16	1.13	1.83	2.33
45	1.20	1.13	1.82	2.31
46	1.25	1.13	1.81	2.30
47	1.30	1.13	1.79	2.28
48	1.37	1.13	1.78	2.27
49	1.44	1.13	1.77	2.25
50	1.51	1.13	1.75	2.24
51	1.60	1.12	1.74	2.23
52	1.70	1.12	1.72	2.22
53	1.80	1.12	1.71	2.21
54	1.91	1.12	1.68	2.19
55	2.03	1.12	1.66	2.18
56	2.18	1.11	1.64	2.17
57	2.36	1.11	1.61	2.16
58	2.57	1.11	1.59	2.14
59	2.80	1.11	1.57	2.12
60	3.06	1.11	1.55	2.10
61	3.36	1.11	1.53	2.07
62	3.72	1.11	1.51	2.05
63	4.15	1.10	1.50	2.02
64	4.62	1.10	1.50	1.99
65	5.15	1.10	1.50	1.96
66	5.71	1.10	1.50	1.93
67	6.32	1.10	1.50	1.90
68	6.94	1.10	1.50	1.86
69	7.58	1.09	1.49	1.82
70	8.27	1.09	1.49	1.78
71	9.07	1.09	1.48	1.74
72	10.02	1.09	1.47	1.70
73	11.07	1.09	1.46	1.66
74	12.17	1.09	1.45	1.63
75	13.42	1.08	1.44	1.59
76	14.94	1.08	1.43	1.56
77	16.82	1.08	1.42	1.53
78	19.15	1.08	1.41	1.49
79	21.84	1.08	1.40	1.46
80	24.80	1.08	1.38	1.43
81	27.89	1.08	1.37	1.40
82	31.02	1.07	1.35	1.38
83	34.22	1.07	1.34	1.35
84	37.55	1.07	1.32	1.33
85	40.97	1.07	1.30	1.31
86	44.44	1.07	1.28	1.29
87	47.92	1.07	1.26	1.27
88	51.42	1.06	1.25	1.25
89	54.96	1.06	1.23	1.23
90	58.53	1.06	1.21	1.21
91	62.12	1.06	1.19	1.19
92	65.72	1.06	1.17	1.17
93	69.35	1.06	1.16	1.16
94	73.00	1.05	1.14	1.16
95	76.67	1.05	1.13	1.15
96	80.35	1.05	1.12	1.14
97	84.02	1.05	1.11	1.13
98	87.68	1.05	1.10	1.12
99	91.33	1.05	1.09	1.11
100 +	91.33	1.05	1.09	1.11

Premium Calculations: Virginia

These Premium Factors provide the ability to calculate Premium Rates for the Nursing Home policy, the Home and Community Care rider, the Assisted Living Facility rider, the Home Care rider, and the Return-of-Premium Options.
Please note: BP = Benefit Period. If any rates are 0, that option is not available.

Nursing Home (NH) Benefit Premium
To calculate the premium for the NH, start by selecting the Base NH Rate (Box A) for the BP and Elimination Period that you want. Next, select the appropriate Issue Age Factor (column C). If you want a Lifetime BP, select the factor for the appropriate issue age from column D (if you do not want Lifetime, use a factor of 1.00). If you want Inflation Protection, for the appropriate issue age select the Simple Option (column E) or the Compound Option (column F), or use 1.00 for No Inflation Protection. If you want to pool the NH BP with the H&CC BP or the ALF BP or the HC BP, then, for the appropriate BP, select the NH Pooling Factor (column G).
Multiply the factors from A, C, D, E or F, and (if pooling) G.
Round this number to the nearest dollar for the premium per $10 unit.
Multiply by the number of units to get the premium for NH.

Home & Community Care (H&CC) Benefit Premium
For the Base Rate use Box B (if you pool: the H&CC BP must equal the NH BP; Elimination Periods do not have to be equal.)
Select the appropriate factors from columns C, D, and E or F.
If you want to pool the H&CC BP with the NH BP, select the pooling factor from column I (again, the H&CC BP must equal the NH BP). When pooling, you select the H&CC Maximum Daily Benefit as a percentage of the NH Daily Benefit. Select this factor from column K. (If you do not want to pool the H&CC BP and the NH BP use a factor of 1 instead of columns I and K.)
Multiply the factors from B, C, D, E or F, and (if pooling) I and K.
Round this number to the nearest dollar for the premium per $10 unit.
Multiply by the number of units (if pooling use the same number of units as NH) to get the H&CC premium.

Assisted Living Facility (ALF) Benefit Premium
For the Base Rate use Box A (if you pool: the ALF BP must equal the NH BP; Elimination Periods do not have to be equal.)
Select the appropriate factors from columns C, D, and E or F.
If you want to pool the ALF BP with the NH BP, select the pooling factor from column H (again, the ALF BP must equal the NH BP). When pooling, you select the ALF Maximum Daily Benefit as a percentage of the NH Daily Benefit. Select this factor from column K. (If you do not want to pool the ALF BP and the NH BP use column L instead of columns H and K.)
If pooling, multiply factors: A, C, D, E or F, H and K. If not pooling, use factors: A, C, D, E or F, and L.
Round this number to the nearest dollar for the premium per $10 unit.
Multiply by the number of units (if pooling use the same number of units as NH) to get the ALF premium.

Home Care (HC) Benefit Premium
For the Base Rate use Box B (if you pool: the HC BP must equal the NH BP; Elimination Periods do not have to be equal.)
Select the appropriate factors from columns C, D, and E or F.
If you want to pool the HC BP with the NH BP, select the pooling factor from column J (again, the HC BP must equal the NH BP). When pooling, you select the HC Maximum Daily Benefit as a percentage of the NH Daily Benefit. Select this factor from column K. (If you do not want to pool the HC BP and the NH BP use column M instead of columns J and K.)
If pooling, multiply factors: B, C, D, E or F, J and K. If not pooling, use factors: B, C, D, E or F, and M.
Round this number to the nearest dollar for the premium per $10 unit.
Multiply by the number of units (if pooling use the same number of units as NH) to get the HC premium.

Shortened Benefit Period (SBP) Benefit Premium
The premium for the SBP is 13% of the premium for the all the above benefits.
Round the premium for the SBP to the nearest cent.

100% Guaranteed Purchase Option (100% GPO) Benefit Premium (issue age must be 49 or younger)
The premium for the GPO is 16% of the premium for the all the above benefits.
Round the premium for the GPO to the nearest cent.

Final Steps:

1. Add the premiums from the NH, H&CC, ALF, and HC.
2. The SBP is 13% of (1).
3. Add (1) and (2).
4. The 100% GPO premium is 16% of (3).
5. Add (3) and (4).
6. Choose Mode Factor.
7. Multiply (5) by (6). This is the Renewal Premium.
8. If Monthly Mode: Multiply (7) times 2 and add the Policy Fee (if any). This is the Initial Premium.
   Any Other Mode: Add (7) and the Policy Fee (if any). This is the Initial Premium.

State: Virginia
Filing Company: Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Supporting Document Schedules

Bypassed - Item:	Certification of Compliance
Bypass Reason:	There are no forms included in this filing
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	06/18/2020

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA TPLIC RINC Pro checklist.pdf
Item Status:	Received & Acknowledged
Status Date:	12/06/2017

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA TPLIC Legacy Act Memo & Exhibits 20171115.pdf
Item Status:	Received & Acknowledged
Status Date:	06/18/2020

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA TPLIC Legacy rate request summary.pdf
Item Status:	Received & Acknowledged
Status Date:	06/18/2020

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	VA TPLIC Legacy Cvr Ltr 20171115.pdf
Item Status:	Received & Acknowledged
Status Date:	12/06/2017

Satisfied - Item:	Current Rates
Comments:	

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Attachment(s):	VA 2017 FLEX2TQ - CBIOR 196 Current.pdf VA 2017 FLEX2TQ - FHCCRTQ (VA) 197 Current.pdf VA 2017 FLEX2TQ - FTQ (VA) 197 Current.pdf VA 2017 FLEX2TQ - SBIOR 196 Current.pdf VA 2017 LTC5TQ - LTC 5 TQ (VA) 600 Current.pdf VA 2017 ML1 - ML-LTCP TQ (VA) 197 Current.pdf VA 2017 ML1 - ML-LTCR TQ 197 Current.pdf VA 2017 MLPool - ML-LTCP COM TQ (VA) 898 Current.pdf
Item Status:	Received & Acknowledged
Status Date:	12/06/2017

Satisfied - Item:	Response to 12/06/2017 Objection
Comments:	
Attachment(s):	VA TPLIC Legacy RINC Response Letter 20171206.pdf VA TPLIC Legacy Obj 3-5 A2E Exhibits Current Assumptions.pdf TPLIC A2E Morbidity Original Assumptions.pdf TPLIC A2E Decrement Original Assumptions.pdf Exh III Pre & Post RS Obj 3-2.xlsx
Item Status:	Received & Acknowledged
Status Date:	06/18/2020

Satisfied - Item:	objection 02282019
Comments:	
Attachment(s):	VA TPLIC Legacy RINC Response Letter 20190228.pdf VA TPLIC Legacy Response 20190228 - Current Rinc Lapse and Mort Assmpts.pdf VA TPLIC Legacy Response 20190228 Exhibit IV.xlsx VA TPLIC Legacy Response 20190228 NW Rinc Filing History.xlsx
Item Status:	Received & Acknowledged
Status Date:	06/18/2020

Satisfied - Item:	response to 04/16/2019 objection
Comments:	
Attachment(s):	VA TPLIC Legacy RINC Response Letter 20190416.pdf VA TPLIC Exh VI Pricing Loss Ratios by Form Series and Cal Yr.xlsx
Item Status:	Received & Acknowledged
Status Date:	06/18/2020

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV-TPLIC RINC 2017 CORR.pdf

State: Virginia
Filing Company: Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Item Status:	Received & Acknowledged
Status Date:	06/18/2020

Satisfied - Item:	Sample RINC Correspondence
Comments:	
Attachment(s):	RINC 2018 QR VA John Doe TPLIC.pdf RINC 2018 QS VA_Legacy JD_033020.pdf RINC 2018 LTR VA TPLIC Legacy JD 061220.pdf
Item Status:	Received & Acknowledged
Status Date:	06/18/2020

State: Virginia
Filing Company: Transamerica Premier Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: TPLIC RINC 2017 LEGACY
Project Name/Number: TPLIC RINC 2017 LEGACY/H2015RINC

Attachment Exh III Pre & Post RS Obj 3-2.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA TPLIC Legacy Response 20190228 Exhibit IV.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA TPLIC Legacy Response 20190228 NW Rinc Filing History.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA TPLIC Exh VI Pricing Loss Ratios by Form Series and Cal Yr.xlsx is not a PDF document and cannot be reproduced here.

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.

Dianna Whitney
DN: C=US, O=Transam
CN=Dianna Whitney, E=
Reason: I am the autho
Location:
Date: 2017-11-14 19:00

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 dual long-term care checklist.

Signed: _____

Name (please print): Dianna Whitney

Company Name: Transamerica Premier Life Insurance Company

Date: 11/14/17 Phone No: ( ) 972 881-6309 FAX No: ( )_____

E-Mail Address: dianna.whitney@transamerica.com

TRANSAMERICA®
PREMIER LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
Long Term Care Administrative Services
P.O. Box 869090
Plano, TX 75086–9090

Actuarial Memorandum

Policy Forms:
ML-LTCP TQ (VA) 197 as ML1,
ML-LTCP COM TQ (VA) 898 as MLPool,
FTQ (VA) 197 as Flex 2 TQ,
LTC 5 TQ (VA) 600 as LTC 5 TQ

Long Term Care Coverage

1) Scope and Purpose

This rate filing is a request for a 92% increase in premium, effective upon approval by the state, on the base policy and all associated riders for all insureds covered under the above-captioned policy forms. The requested premium rate increase is needed due to claim levels that produce unacceptable lifetime loss ratios exceeding the statutorily required minimum loss ratio. The purpose of this memorandum is to file revised premium rates in this state and demonstrate that the anticipated loss ratio meets the minimum requirements of this state. This memorandum is not to be used for other purposes.

We believe the requested increase is appropriate under our current expectation of future experience. If the requested rate increase is approved and implemented as proposed, the company does not expect to request additional rate increases based on current expectations of future experience. If actual future experience were to deteriorate further, additional rate action may become necessary even if the requested rate increase is approved and implemented as proposed.

The requested rate increase will be implemented upon approval but would not become effective for any given policyholder until all statutory requirements are satisfied, and if applicable, a period of one year has elapsed since the effective date of the previously approved rate increase.

This filing is also a request to allow the company to make available to eligible policyholders with a benefit increase option (BIO) the means to offset the rate increase request indicated above in return for agreeing to reduce the BIO growth factor applicable to their policy. If elected, the reduced BIO growth factor would begin to apply at the same time the indicated rate increase would otherwise have become effective, if a policy anniversary, or the next policy anniversary thereafter if not a policy anniversary. Once applicable, the reduced BIO factor would remain in effect in all future years the policy remains inforce. The growth in policy benefits accumulated from issue-to-date would not be lost for policyholders electing this downgrade option. Policyholders eligible for this downgrade option would be limited only to those who currently have BIO included on their policy where benefit growth is unlimited. The reduced future BIO growth factors to which policyholders would need to agree to offset the requested rate increase are as follows:

BIO Type	Current BIO Growth Factor	Reduced Future BIO Growth Factor	Rate Increase If Elected
Simple Unlimited	5.0%/year	0%/year	23.6%
Compound	5.0%/year	2.05%/year	0%

This BIO downgrade offer would only offset the rate increase request of this filing. Policyholders who elect this BIO downgrade offer may still be subject to additional future rate action were it to become justified due to further deterioration of experience not currently anticipated as mentioned above.

The requested rate increase percentage will not vary by issue age, benefit period, benefit increase option, or any other component of the coverage.

2) Benefits *

ML1 Series

A. *Nursing Home*
Pays the Nursing Home Daily Benefit for all levels of care for each day benefits are payable. Benefits are payable until the end of the Benefit Period has been reached.

B. *Home and Community Care – Rider Form: ML-LTCR TQ 197*
Pays actual charges up to the Home Health Care Maximum Daily Benefit that varies by type of service provided (professional, secondary, respite care, or non-professional). Benefits include Home Health, Adult Day Care, Respite Care, Equipment Purchases and Rentals, Assisted Living Facility, Bed Reservation, and Non-Professional. Some benefits under this rider are mutually exclusive with other policy benefits.

C. *Simple Benefit Increase Option (BIO)*
Increases benefits by 5% of the original amount on each anniversary of the policy.

D. *Compound Benefit Increase Option (BIO)*
Increases benefits by 5% of the current amount on each policy anniversary.

MLPool Series

A. *Nursing Home Benefit*
Pays the Nursing Home Daily Benefit for all levels of care for each day benefits are payable. Benefits are payable until the Maximum Benefit is exhausted.

B. *Home and Community Care – Rider Form: ML-LTCP COM TQ (VA) 898*
Pays actual charges up to the Home Health Care Maximum Daily Benefit that varies by type of service provided (professional, secondary, respite care, or non-professional). Benefits include Home Health Care, Adult Day Care, Respite Care, Caregiver Training, Medical Alert System, Home Modification and Equipment, Assisted Living Facility, Bed Reservation, and Non-Professional.

* This is not intended to be a comprehensive listing of all benefits available.

C. *Assisted Living Facility*
Pays actual charges up to the Assisted Living Facility Daily Benefit for all levels of care for each day benefits are payable. Benefits are payable until the Maximum Benefit is exhausted.

D. *Simple Benefit Increase Option (BIO)*
Increases benefits by 5% of the original amount on each anniversary of the policy.

E. *Compound Benefit Increase Option (BIO)*
Increases benefits by 5% of the current amount on each policy anniversary.

Flex 2 TQ Series

A. *Nursing Home Benefit*
After satisfaction of the Nursing Home Elimination Period, the company will pay actual charges up to the Nursing Home Maximum Daily Benefit for each day during a Period of Confinement that an Insured Person requires Nursing Home Confinement. Benefits are payable up to the Nursing Home Lifetime Maximum Benefit. The confinement must be due to being Chronically Ill.

B. *Home Health Care Benefit –Rider Form: FHCCRTQ (VA) 197*
The company will pay charges up to the Home Health Care Maximum Daily Benefit for each day Home Health Care, Adult Day Care, Alternative Care Facility, Hospice Care or Care Coordination services are provided. Benefits are payable up to the Home Health Care Lifetime Maximum Benefit amount.

C. *Benefit Increase Option (BIO):*

Compound Benefit Increase Option – Rider Form: CBIOR 196
This rider will increase the Nursing Home Benefit and the Maximum Skilled Home Health Care and Home Health Care Benefits by 5% of the current amount on each policy anniversary.

Simple Benefit Increase Option – Rider Form: SBIOR 196
This rider will increase the Nursing Home Benefit and Maximum Skilled Home Health Care and Home Health Care Benefits by 5% of the original amount on each policy anniversary.

LTC 5 TQ Series

A. *Nursing Home Benefit*
Pays the daily Nursing Home benefit for each day of confinement in a Nursing Home up the Lifetime Maximum Benefit.

B. *Home and Community Care*
Pays expenses incurred up to the maximum daily benefit for each day Home Health Care, Assisted Living Facility, Adult Day Care, or Hospice services are provided up the Lifetime Maximum Benefit Amount.

C. *Simple Benefit Increase Option (BIO)*
Increases the benefit by 5% of the original amount on each anniversary.

D. *Compound Benefit Increase Option (BIO)*
Increases the benefit by 5% of the current amount on each policy anniversary.

3) Renewability

These policy forms are guaranteed renewable for life, subject to the company's right to change premium rates.

4) Applicability

This filing applies to inforce insureds only, as these forms are no longer actively being sold. The premium change will be applicable to the base forms and to all riders associated with the base forms.

5) Morbidity

The underlying claim costs are based on internal data derived from company experience. The confinement length of stay and incidence rates were originally based on unpublished industry data and the 1985 national nursing home survey as reported in the Society of Actuaries transactions of 1988-1989-1990 Reports. The claim costs were also based on data from the 1984 National Long Term Care Survey. The claim costs represent best estimate values and do not include an explicit provision for moderately adverse conditions.

6) Mortality

The 1983 GAM mortality table, with select factors based on company experience, was used for projecting future mortality.

7) Persistency

Voluntary lapse rates are based on company experience and vary by duration and issue age. Different lapse rates are assumed based on inflation option, marital discount, and issue era.

8) Expenses

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

9) Marketing

These policy forms were marketed by agents to individuals in age ranges that vary by policy form.

10) Policy Design

Policy design features have been taken into consideration. Benefit provisions, exclusions, elimination periods, benefit periods, number of units, benefit growth, etc. have been accounted for either in the development of claim costs or projection model formulas.

11) Underwriting

These policy forms were fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment. The effect of the underwriting has been incorporated into the projection.

12) Claims Adjudication Practice

No significant changes to the standard operating practices of the Claims Department have been necessary to date nor are any changes expected to be necessary in the future. The claims adjudication staff has maintained a consistently high degree of expertise, experience, and performance over the life of these policy forms and this is expected to continue in the future. Therefore, special adjustments due to claims adjudication practice have not been incorporated into the projection.

13) Premiums

Premiums vary based on original issue age, rate class, and benefit options selected.

14) Issue Age Range

For the ML1 Series, applicants age 18–79 were eligible for all elimination periods and benefit periods. Applicants age 80-84 were eligible for the 100-day elimination period only and the 1-year, 2-year, 3-year and 4-year benefit periods only. Applicants age 85-99 were eligible for the 100-day elimination period and the 1-year and 2-year benefit periods only.

For the MLPool Series, applicants age 18-79 were eligible for all elimination periods and benefit periods. Applicants age 80-84 were eligible for all elimination periods except for 0-day, and eligible for all benefit periods. Applicants age 85 and older were eligible for all elimination periods except for 0-day, and eligible for the 1-year and 2-year benefit periods only.

For the FLEX 2 TQ Series, applicants age 18 - 89 were eligible for all elimination periods and benefit periods.

For the LTC 5 TQ Series, applicants age 18 – 79 were eligible for all elimination periods and benefit periods. Applicants age 80 – 89 were eligible for all elimination periods except for 0-day and were eligible for all benefit periods except for Lifetime.

15) Area Factors

Area factors are not used for these products.

16) Average Annual Premium

<u>ML1 Series</u>	
Before Increase:	$1,777
After Increase:	$3,412
<u>MLPool TQ Series</u>	
Before Increase:	$1,502
After Increase:	$2,884
<u>Flex 2 TQ Series</u>	
Before Increase:	$1,940
After Increase:	$3,725
<u>LTC 5 TQ Series</u>	
Before Increase:	$1,977
After Increase:	$3,796

17) Premium Modalization Rules

Modal factors, which are applied to the annual premium, are no greater than the following:

Premium Mode	Annual	Semi-annual	Quarterly	Monthly
ML1 Series	1.000	0.510	0.260	0.09
MLPool Series	1.000	0.510	0.260	0.09
Flex 2 TQ Series	1.000	0.520	0.270	0.085
LTC 5 TQ Series	1.000	0.520	0.270	0.085

18) Claim Liability and Reserve

The present value of amounts not yet due (Exhibit 6) is calculated for all open claims using termination rates derived from company experience. The resulting reserve is adjusted by factors based on age at incurral, sex, and benefit period developed from company experience. The interest rate varies by year of incurral. The incurred but not reported and in course of settlement reserves (Exhibit 8) are calculated based on the development of incurred claims by month of incurral, based on internal Company data. The claim reserves underlying the incurred claims in the projection are consistent with the reserves reported in Exhibits 6 and 8 of the Company's financial statement.

19) Active Life Reserve

Active life reserves may have been used in the original pricing of the captioned forms to demonstrate compliance with the minimum 60% loss ratio. However, active life reserves have not been used in this premium rate increase filing to demonstrate compliance with the 60% loss ratio requirement. As a result, we are requesting a lesser increase than would have been necessary had we included the cost of the active life reserves.

20) Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

21) Minimum Required Loss Ratio

The Statutorily Required Minimum Loss Ratio for these forms is 60%.

22) Anticipated Loss Ratio

The anticipated lifetime loss ratio for this book of business is shown in Exhibit I.

23) Distribution of Business

See Attachment A.

24) Contingency and Risk Margins

Contingency and risk margins have not been included in the justification for this rate increase.

25) Experience on the Form

In order to enhance credibility of the experience used to justify the rate increase request of this filing, in accordance with ASOP 25, Exhibits I and II include the experience of the policy forms of an affiliated company from which the captioned Transamerica Premier Life (the Company) policy forms of this filing were cloned in addition to the experience of the Company's captioned policy form series of this filing. The experience of the commingled policy forms is expected to be substantially similar over the lifetime of the block since they were subject to the same underwriting standards, have identical benefit design, and identical assumptions. Experience included in Exhibit III is limited to the Company's experience, i.e. no affiliate experience is included. All of the experience used in all exhibits mentioned above has been adjusted to reflect the Virginia rate history of the Company's policy form series of this filing.

See Exhibit I for calendar year historical experience through September 30, 2016, as well as projected experience thereafter both with and without the proposed rate increase where all policyholders are assumed to pay the increase under the 'with proposed rate increase' scenario.

See Exhibit II for actual-to-expected experience by duration where 'actual' experience includes historical experience through September 30, 2016. Historical Incurred Claims reflect claim payment runoff through January 31, 2017, plus the claim reserve estimate as of January 31, 2017 (as described in Section 18 above).

See Exhibit III for calendar year historical experience through September 30, 2016, for the above captioned form series experience of the Company only.

26) History of Rate Adjustments

The magnitude of rate increases approved for each product discussed herein is displayed in Attachment B.

27) Number of Insureds

As of September 2016, the number of insureds that will be affected by this increase is:

	Insureds	Annualized Premium
Virginia:	497	$1,000,011
Nationwide:	19,860	$37,823,823

28) Proposed Effective Date

The proposed rate increase will be implemented within 3 months following approval, after fulfillment of all statutory and contractual requirements. The increase for any policyholder will not become effective until a period of one year has elapsed since the previously approved rate increase effective date, if applicable.

29) Actuarial Certification

I certify that to the best of my knowledge and judgment, the entire rate filing is in compliance with the applicable laws of this state and with the rules of the Department of Insurance, and complies with Actuarial Standard of Practice No 8. I certify that benefits are reasonable in relation to premium at the requested rate schedule. If the requested premium rate schedule increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated.

Brad Rokosh, ASA, MAAA
Director, Actuarial, LTC Margin Analytics

November 15, 2017

Attachment A

Transamerica Premier Life Insurance Company

Distribution of Business

By Issue Age

0 to 59	65.0%
60 to 64	19.4%
65 to 69	10.3%
70 to 74	4.0%
75 to 79	1.2%
80 to 84	0.1%
85 +	0.0%

By Elimination Period

0 day	20 day	30 day	60 day	90 day	> 90 days
3.4%	4.0%	0.1%	16.2%	76.2%	0.1%

By Maximum Benefit Option

≤2 Yr	3 Yr	4 Yr	≥5 Yr*	Unlimited
8.3%	22.1%	10.0%	8.0%	51.6%

* **Not including Unlimited.**

Attachment B

Transamerica Premier Life Insurance Company

Rate Increase History

Policy Form	First Increase (Approved, Implemented)	Second Increase (Approved, Implemented)	Third Increase (Approved, Implemented)
ML1	20% (2007,2007)	20% (2007,2008)	20% (2007,2009)
MLPool	20% (2007,2007)	20% (2007,2008)	20% (2007,2009)
Flex 2 TQ	20% (2007,2007)	20% (2007,2008)	20% (2007,2009)
LTC 5 TQ	20% (2007,2007)	20% (2007,2008)	20% (2007,2009)

Exhibit I

Transamerica Premier Life Insurance Company

Flex 2 TQ, LTC 5 TQ, ML1, and MLPOOL of Transamerica Premier Life
Flex 2 TQ, LTC 5 TQ, Future Care 2 TQ, and Future Care Pool TQ of Transamerica Life
Nationwide Experience Adjusted to Virginia-Specific Rate History
All Policyholders Pay the Requested Increase

	Earned Premium		Incurred Claims	Loss Ratios Excluding Change in ALR			
Year	Actual Past & Projected Future w/o Proposed Rate Increase	Actual Past & Projected Future w/ Proposed Rate Increase	Actual Past & Projected Future	Actual w/o Rate Increase	Actual w/ Rate Increase	PV Actual Cumulative w/o Rate Increase	PV Actual Cumulative w/ Rate Increase
1988-1999	39,606,649	39,606,649	2,853,797	7.2%	7.2%	7.1%	7.1%
2000	38,767,251	38,767,251	3,058,336	7.9%	7.9%	7.5%	7.5%
2001	51,783,581	51,783,581	6,601,186	12.7%	12.7%	9.5%	9.5%
2002	68,298,026	68,298,026	8,521,333	12.5%	12.5%	10.4%	10.4%
2003	81,661,931	81,661,931	11,241,284	13.8%	13.8%	11.3%	11.3%
2004	86,347,447	86,347,447	16,911,300	19.6%	19.6%	13.1%	13.1%
2005	85,586,315	85,586,315	19,165,208	22.4%	22.4%	14.7%	14.7%
2006	82,608,417	82,608,417	25,645,343	31.0%	31.0%	16.9%	16.9%
2007	85,399,773	85,399,773	32,315,824	37.8%	37.8%	19.4%	19.4%
2008	95,318,492	95,318,492	29,730,857	31.2%	31.2%	20.7%	20.7%
2009	110,686,607	110,686,607	39,546,100	35.7%	35.7%	22.4%	22.4%
2010	116,828,907	116,828,907	53,314,056	45.6%	45.6%	24.7%	24.7%
2011	111,973,556	111,973,556	54,874,411	49.0%	49.0%	26.7%	26.7%
2012	108,019,555	108,019,555	63,454,835	58.7%	58.7%	29.1%	29.1%
2013	103,186,530	103,186,530	70,717,318	68.5%	68.5%	31.5%	31.5%
2014	98,799,340	98,799,340	72,570,075	73.5%	73.5%	33.8%	33.8%
2015	94,499,830	94,499,830	83,751,313	88.6%	88.6%	36.3%	36.3%
2016Q123	68,199,871	68,199,871	74,807,798	109.7%	109.7%	38.6%	38.6%
2016Q4	22,314,040	22,314,040	25,966,783	116.4%	116.4%	39.4%	39.4%
2017	86,454,382	103,203,991	107,759,027	124.6%	104.4%	42.5%	42.2%
2018	82,029,096	152,096,480	116,452,956	142.0%	76.6%	45.7%	44.2%
2019	77,611,783	149,014,623	126,505,385	163.0%	84.9%	49.0%	46.3%
2020	73,144,429	140,437,303	136,213,353	186.2%	97.0%	52.4%	48.5%
2021	68,707,861	131,919,094	145,404,778	211.6%	110.2%	55.8%	50.8%
2022	64,167,997	123,202,554	154,202,638	240.3%	125.2%	59.3%	53.3%
2023	59,771,662	114,761,591	162,608,625	272.0%	141.7%	62.9%	55.8%
2024	55,625,448	106,800,860	170,412,096	306.4%	159.6%	66.5%	58.3%
2025	51,928,589	99,702,892	177,609,723	342.0%	178.1%	70.0%	60.9%
2026	48,366,864	92,864,378	184,286,551	381.0%	198.4%	73.5%	63.5%
2027	44,907,875	86,223,121	190,521,406	424.2%	221.0%	77.1%	66.1%
2028	41,559,234	79,793,728	195,757,120	471.0%	245.3%	80.5%	68.7%
2029	38,328,154	73,590,056	199,681,047	521.0%	271.3%	83.9%	71.2%
2030	35,220,420	67,623,206	202,252,587	574.2%	299.1%	87.2%	73.7%
2031	32,242,203	61,905,029	203,695,003	631.8%	329.0%	90.4%	76.1%
2032	29,396,340	56,440,973	206,669,369	703.0%	366.2%	93.5%	78.5%
2033	26,681,067	51,227,648	208,133,509	780.1%	406.3%	96.5%	80.8%
2034	24,100,640	46,273,230	207,889,487	862.6%	449.3%	99.4%	83.0%
2035	21,659,972	41,587,147	205,781,828	950.1%	494.8%	102.2%	85.2%
2036	19,363,188	37,177,321	201,966,878	1043.0%	543.3%	104.8%	87.2%
2037	17,213,786	33,050,468	196,701,125	1142.7%	595.2%	107.2%	89.1%
2038	15,214,590	29,212,014	190,058,183	1249.2%	650.6%	109.5%	90.9%
2039	13,367,325	25,665,264	181,989,778	1361.5%	709.1%	111.5%	92.5%
2040	11,672,170	22,410,566	172,469,859	1477.6%	769.6%	113.4%	94.0%
2041	10,128,002	19,445,764	161,850,860	1598.1%	832.3%	115.1%	95.4%
2042	8,732,301	16,766,017	150,625,278	1724.9%	898.4%	116.7%	96.6%
2043	7,480,953	14,363,429	139,145,903	1860.0%	968.8%	118.0%	97.7%
2044	6,367,917	12,226,401	127,468,384	2001.7%	1042.6%	119.2%	98.6%
2045	5,385,799	10,340,734	115,687,170	2148.0%	1118.8%	120.2%	99.4%
2046	4,526,397	8,690,683	104,070,450	2299.2%	1197.5%	121.1%	100.1%
2047	3,780,628	7,258,807	93,032,732	2460.8%	1281.7%	121.9%	100.8%
2048	3,138,831	6,026,556	82,666,825	2633.7%	1371.7%	122.6%	101.3%
2049	2,590,977	4,974,675	72,962,350	2816.0%	1466.7%	123.1%	101.7%
2050	2,127,014	4,083,866	63,906,359	3004.5%	1564.8%	123.6%	102.1%
2051	1,737,131	3,335,292	55,609,229	3201.2%	1667.3%	124.0%	102.4%
2052	1,411,957	2,710,957	48,138,662	3409.4%	1775.7%	124.3%	102.7%
2053	1,142,560	2,193,716	41,452,743	3628.1%	1889.6%	124.6%	102.9%
2054	920,746	1,767,832	35,509,616	3856.6%	2008.7%	124.8%	103.1%
2055	739,142	1,419,152	30,239,333	4091.1%	2130.8%	125.0%	103.2%
2056	591,349	1,135,391	25,593,464	4328.0%	2254.2%	125.1%	103.3%
2057	471,606	905,484	21,542,255	4567.8%	2379.1%	125.2%	103.4%
2058	374,911	719,829	18,046,051	4813.4%	2507.0%	125.3%	103.5%
2059	297,150	570,529	15,037,957	5060.7%	2635.8%	125.4%	103.6%
2060	234,808	450,832	12,462,106	5307.4%	2764.2%	125.5%	103.6%
2061	184,959	355,121	10,266,638	5550.8%	2891.0%	125.5%	103.7%
2062	145,224	278,829	8,395,679	5781.2%	3011.0%	125.5%	103.7%
2063	113,610	218,131	6,822,089	6004.8%	3127.5%	125.6%	103.7%
2064	88,539	169,994	5,507,115	6220.0%	3239.6%	125.6%	103.7%
PV Past	607,150,022	607,150,022	234,665,943	38.7%	38.7%		
PV Future	213,984,510	386,978,318	796,619,212	372.3%	205.9%		
PV Lifetime	821,134,532	994,128,340	1,031,285,155	125.6%	103.7%		

Exhibit II
Transamerica Premier Life Insurance Company

Flex 2 TQ, LTC 5 TQ, ML1, and MLPOOL of Transamerica Premier Life
Flex 2 TQ, LTC 5 TQ, Future Care 2 TQ, and Future Care Pool TQ of Transamerica Life
Nationwide Experience Adjusted to Virginia-Specific Rate History
Actual To Expected Lifetime Experience

Actual Nationwide Experience Through 09/30/2016 and Projected Thereafter

	Actual				Expected			Actual to Expected		
	A	B	C	D	E	F	G	H=A/E	I=C/F	J=D/G
Duration	Earned Premium @ Original Rate Level	Earned Premium Adjusted To Approved Virginia Rate History	Incurred Claims Excluding ALR Increase	Cumulative Loss Ratio Excluding ALR Increase	Earned Premium @ Original Rate Level	Incurred Claims Excluding ALR Increase	Cumulative Loss Ratio Excluding ALR Increase	Actual to Expected Earned Premium	Actual to Expected Incurred Claims Excluding ALR Increase	Cumulative Loss Ratio Excluding ALR Increase
1	97,071,076	97,071,076	3,635,835	3.7%	97,072,647	3,501,453	3.6%	100.0%	103.8%	103.8%
2	91,100,088	91,100,088	7,741,699	6.0%	86,438,367	5,444,400	4.8%	105.4%	142.2%	123.7%
3	88,385,792	88,519,014	11,843,428	8.3%	79,789,457	7,803,505	6.3%	110.8%	151.8%	131.6%
4	86,864,847	87,823,387	15,591,061	10.4%	73,668,057	10,064,762	7.8%	117.9%	154.9%	133.6%
5	84,827,104	88,402,989	18,020,613	12.2%	67,868,160	11,595,283	9.2%	125.0%	155.4%	132.4%
6	82,118,397	91,012,995	19,042,000	13.5%	62,324,038	13,277,858	10.6%	131.8%	143.4%	126.9%
7	79,397,895	95,842,537	25,118,478	15.1%	57,016,683	14,889,090	12.1%	139.3%	168.7%	125.4%
8	76,513,265	101,151,229	28,057,653	16.6%	51,931,627	16,491,373	13.6%	147.3%	170.1%	122.6%
9	73,578,269	105,493,730	39,449,661	18.8%	47,215,644	17,692,941	15.0%	155.8%	223.0%	125.0%
10	70,700,272	108,436,718	49,100,261	21.2%	42,921,087	18,790,048	16.5%	164.7%	261.3%	128.8%
11	67,165,198	108,728,254	54,175,263	23.6%	38,946,060	19,642,070	17.9%	172.5%	275.8%	131.6%
12	64,094,546	107,648,819	56,160,870	25.6%	35,317,755	21,299,085	19.4%	181.5%	263.7%	132.0%
13	61,597,981	105,502,269	67,276,187	28.1%	32,013,761	22,621,014	20.9%	192.4%	297.4%	133.9%
14	58,954,974	101,668,216	75,858,730	30.6%	28,963,098	24,112,753	22.5%	203.6%	314.6%	136.0%
15	56,341,933	97,267,255	91,765,348	33.7%	26,136,148	25,192,541	24.1%	215.6%	364.3%	139.9%
16	53,842,757	92,997,901	105,387,874	37.0%	23,534,396	26,528,324	25.7%	228.8%	397.3%	144.3%
17	51,338,402	88,688,404	107,952,411	40.2%	21,146,891	27,655,655	27.3%	242.8%	390.3%	147.3%
18	48,710,761	84,157,616	125,894,955	43.7%	18,950,589	28,634,663	28.9%	257.0%	439.7%	151.5%
19	46,070,647	79,603,684	135,561,959	47.3%	16,928,392	29,353,342	30.4%	272.2%	461.8%	155.5%
20	43,203,044	74,652,484	144,352,799	51.0%	15,066,960	29,917,431	32.0%	286.7%	482.5%	159.4%
21	39,524,393	68,297,662	155,880,481	54.8%	13,119,892	29,801,014	33.5%	301.3%	523.1%	163.7%
22	37,005,366	63,945,179	165,090,209	58.6%	11,587,378	30,962,913	35.0%	319.4%	533.2%	167.7%
23	34,649,640	59,874,545	173,502,127	62.5%	10,190,463	31,597,217	36.4%	340.0%	549.1%	171.5%
24	32,345,147	55,892,413	181,264,411	66.3%	8,919,071	32,694,348	37.9%	362.7%	554.4%	174.9%
25	30,102,508	52,017,134	188,812,795	70.1%	7,777,278	32,704,804	39.3%	387.1%	577.3%	178.3%
26	27,919,331	48,244,604	197,388,055	73.9%	6,749,342	32,879,028	40.7%	413.7%	600.3%	181.7%
27	25,798,816	44,580,354	203,837,579	77.7%	5,828,654	32,193,898	42.0%	442.6%	633.2%	185.1%
28	23,747,559	41,035,782	208,147,915	81.4%	5,008,347	31,346,736	43.2%	474.2%	664.0%	188.5%
29	21,772,317	37,622,564	210,847,410	85.0%	4,280,901	30,274,067	44.3%	508.6%	696.5%	191.8%
30	19,877,622	34,348,531	213,212,538	88.5%	3,639,726	29,115,001	45.4%	546.1%	732.3%	195.1%
31	18,067,026	31,219,822	216,605,519	91.9%	3,078,537	27,386,302	46.3%	586.9%	790.9%	198.5%
32	16,342,956	28,240,627	218,252,257	95.2%	2,590,659	26,198,649	47.2%	630.8%	833.1%	201.9%
33	14,708,328	25,415,990	217,279,354	98.4%	2,169,218	24,663,002	47.9%	678.0%	881.0%	205.2%
34	13,166,448	22,751,622	214,064,097	101.4%	1,804,091	23,717,167	48.7%	729.8%	902.6%	208.3%
35	11,720,556	20,253,121	209,472,670	104.2%	1,500,301	22,075,583	49.3%	781.2%	948.9%	211.3%
36	10,373,145	17,924,795	204,902,957	106.8%	1,241,714	20,631,327	49.9%	835.4%	993.2%	214.1%
37	9,125,380	15,768,657	198,343,546	109.3%	1,022,841	18,609,690	50.4%	892.2%	1065.8%	216.9%
38	7,977,833	13,785,696	189,414,452	111.6%	838,525	16,734,963	50.8%	951.4%	1131.8%	219.5%
39	6,930,253	11,975,477	178,713,314	113.6%	683,807	14,986,529	51.2%	1013.5%	1192.5%	221.9%
40	5,981,424	10,335,900	166,976,875	115.4%	554,552	13,390,651	51.5%	1078.6%	1247.0%	224.1%
41	5,129,013	8,862,935	155,664,282	117.1%	447,250	11,831,088	51.8%	1146.8%	1315.7%	226.1%
42	4,369,253	7,550,069	143,607,842	118.6%	358,686	10,541,784	52.0%	1218.1%	1362.3%	227.9%
43	3,697,565	6,389,392	130,895,113	119.8%	285,994	9,293,338	52.2%	1292.9%	1408.5%	229.5%
44	3,108,687	5,371,811	118,213,633	120.9%	224,922	8,347,523	52.4%	1382.1%	1416.2%	230.9%
45	2,596,918	4,487,474	105,801,703	121.9%	179,789	7,468,181	52.5%	1444.4%	1416.7%	232.1%
46	2,156,021	3,725,605	94,512,911	122.7%	143,076	6,653,886	52.6%	1506.9%	1420.4%	233.1%
47	1,779,263	3,074,566	83,658,429	123.4%	113,346	5,691,549	52.7%	1569.8%	1469.9%	234.0%
48	1,459,957	2,522,805	73,352,997	124.0%	89,370	4,858,233	52.8%	1633.6%	1509.9%	234.7%
49	1,191,482	2,058,882	63,900,817	124.5%	70,060	4,133,822	52.9%	1700.7%	1545.8%	235.4%
50	967,524	1,671,881	55,209,611	124.9%	54,526	3,505,351	52.9%	1774.4%	1575.0%	235.9%
51	782,073	1,351,422	47,631,863	125.2%	42,032	2,939,460	53.0%	1860.6%	1620.4%	236.3%
52	629,523	1,087,816	40,805,979	125.5%	31,993	2,434,451	53.0%	1967.7%	1676.2%	236.7%
53	504,803	872,300	34,666,862	125.7%	23,947	1,944,445	53.0%	2108.0%	1782.9%	237.0%
54	403,391	697,061	29,322,417	125.9%	16,821	1,595,441	53.1%	2398.1%	1837.9%	237.2%
55	321,380	555,344	24,622,797	126.0%	13,005	1,374,941	53.1%	2471.1%	1790.8%	237.4%
56	255,334	441,217	20,647,309	126.1%	9,937	1,167,841	53.1%	2569.5%	1768.0%	237.6%
57	202,313	349,597	17,204,916	126.2%	7,488	928,698	53.1%	2701.7%	1852.6%	237.7%
58	159,903	276,312	14,223,683	126.3%	5,555	724,239	53.1%	2878.4%	1963.9%	237.8%
59	126,039	217,795	11,720,378	126.4%	4,042	551,461	53.1%	3118.0%	2125.3%	237.9%
60	99,091	171,229	9,571,833	126.4%	2,868	406,405	53.1%	3454.5%	2355.2%	238.0%
61	73,992	127,859	7,263,293	126.4%	1,963	285,290	53.1%	3769.0%	2545.9%	238.0%
62	49,882	86,197	4,869,525	126.5%	1,271	184,295	53.1%	3925.6%	2642.2%	238.0%
63	28,404	49,082	2,754,867	126.5%	747	90,968	53.1%	3802.1%	3028.4%	238.1%
64	13,019	22,497	1,226,909	126.5%	250	35,335	53.1%	5210.3%	3472.2%	238.1%
65+	7,763	13,415	763,099	126.5%	381	59,260	53.1%	2038.1%	1287.7%	238.1%
PV Lifetime	1,078,664,173	1,458,592,997	1,844,950,296	126.5%	710,061,015	377,249,423	53.1%	151.9%	489.1%	238.1%

Exhibit III

Transamerica Premier Life Insurance Company

Flex 2 TQ, LTC 5 TQ, ML1, and MLPOOL

Nationwide Experience Adjusted to Virginia-Specific Rate History

All Policyholders Pay the Requested Increase

	Earned Premium	Incurred Claims	Loss Ratios Excluding Change in ALR	
Year	Actual	Actual	Actual	PV Actual Cumulative
1998-2002	57,603,153	2,793,175	4.8%	4.8%
2003	32,106,328	1,963,666	6.1%	4.8%
2004	37,615,904	3,116,442	8.3%	6.1%
2005	37,601,083	6,253,181	16.6%	8.9%
2006	36,706,508	6,091,141	16.6%	10.5%
2007	38,472,124	9,117,845	23.7%	12.7%
2008	43,426,818	6,775,041	15.6%	13.1%
2009	50,203,807	6,518,700	13.0%	13.1%
2010	53,343,455	17,353,152	32.5%	15.6%
2011	51,889,672	14,936,650	28.8%	17.0%
2012	50,536,588	16,503,095	32.7%	18.4%
2013	48,855,324	17,296,923	35.4%	19.7%
2014	47,458,591	21,892,565	46.1%	21.5%
2015	46,124,191	24,935,890	54.1%	23.4%
2016Q123	33,726,842	22,792,269	67.6%	25.1%
PV Past	371,906,573	93,452,530	25.1%	

Reset Form

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

Company Name and NAIC Number: Transamerica Premier Life Insurance Co 66281

SERFF Tracking Number: AEGB-131269061

Effective Date: Upon Approval

Revised Rates

Average Annual Premium Per Member: $2,012

Average Requested Percentage Rate Change Per Member: 92%

Minimum Requested Percentage Rate Change Per Member: 92%

Maximum Requested Percentage Rate Change Per Member: 92%

Number of Policy Holders Affected : 497

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

Form#	"Product Name"(if applicable)
ML-LTCP TQ (VA) 197	ML1
ML-LTCP COM TQ (VA) 898	MLPool
FTQ (VA) 197	FLEX 2 TQ
LTC 5 TQ (VA) 600	LTC5 TQ

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

This rate filing is a request for a 92% increase in premium, effective upon approval by the state, on the base policy and all associated riders for all insureds covered under the above-captioned policy forms. The requested premium rate increase is needed due to claim levels that produce unacceptable lifetime loss ratios exceeding the statutorily required minimum loss ratio.

TRANSAMERICA®
PREMIER LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
Long Term Care Administrative Services
P.O. Box 869090
Plano, TX 75086–9090

November 15, 2017

Re: Rate Increase Filing
Virginia Department of Insurance
Policy Forms: ML-LTCP TQ (VA) 197 As ML1, ML-LTCP COM TQ (VA) 898 As MLPool, FTQ (VA) 197 As Flex 2 TQ and LTC 5 TQ (VA) 600 As LTC 5 TQ

Attached is an actuarial memorandum and accompanying rates for Transamerica Premier Life Insurance Company's (the Company) proposed premium rate increase filing on the above captioned forms and all associated riders. This increase is needed due to claim levels that produce unacceptable lifetime loss ratios exceeding the statutorily required minimum loss ratio.

The policy forms listed above were previously filed under Monumental Life Insurance Company. In 2014, the name of Monumental Life was changed to Transamerica Premier Life Insurance Company. Therefore, all policy forms shown above are being filed on Transamerica Premier Life letterhead.

Active life reserves may have been used in the original pricing of these forms to demonstrate compliance with the minimum 60% loss ratio. However, active life reserves have not been used in this rate increase filing to demonstrate compliance with the minimum 60% loss ratio requirement.

At this time, the Company is requesting a premium rate increase of 92% on the above-captioned policy forms and all associated riders. The rate increase will be implemented upon approval but would not become effective for any given policyholder until all statutory requirements are satisfied, and if applicable, a period of one year has elapsed since the effective date of the previously approved rate increase. If the requested rate increase is approved and implemented as proposed, the Company does not expect to request additional rate increases based on current expectations of future experience. However, if actual future experience were to deteriorate further, additional rate action may become necessary even if the requested rate increase is approved and implemented as proposed.

Standing alone, the experience for these policy forms is less than fully credible with only 1,544 claims nationwide through September 30, 2016. However, the captioned policy forms and the associated rates and rating classifications are identical to policy forms of an affiliated company and therefore we believe that the experience of both sets of policy form series will prove to be substantially similar over the lifetime of the block. In accordance to Actuarial Standards of Practice No. 25, "Credibility Procedures", experience data for this filing includes this type of "normative data." The normative data includes actual historical and projected experience for the affiliated company forms that are virtually identical to these forms. The normative data is for policy forms that were issued for more issue years, and have more actual durations of experience than the captioned forms alone. The normative data includes policy forms for which Virginia has previously approved premium rate increases. The normative data is included in the actual and projected experience for this filing using the premium rate history corresponding to the Company's referenced policy form series in Virginia. In addition to projections including the normative data, actual historical experience for the referenced policy form series only is included as well.

The attached actuarial memorandum includes the following experience exhibits that, aside from Exhibit III, include the above mentioned "normative data:"

Exhibit I	Displays nationwide lifetime loss ratio experience by calendar year adjusted to the Company rate history of this state in terms of timing and magnitude before and after application of the proposed rate increase assuming all policyholders subject to the filing pay the requested rate increase
Exhibit II	Displays nationwide actual-to-expected ("A/E") lifetime loss ratio experience by policy duration adjusted to the Company rate history of this state in terms of timing and magnitude before application of the proposed rate increase assuming all policyholders subject to the filing pay the requested rate increase

Exhibit III	Displays nationwide historical loss ratio experience by year of the Company's captioned policy forms adjusted to the Company rate history of this state in terms of timing and magnitude. Unlike the exhibits listed above, this exhibit does not include normative data

The purpose of Exhibit I is to demonstrate compliance with the minimum loss ratio of this state as applicable. Exhibit II demonstrates how actual lifetime experience compares to expected experience per original pricing assumptions by duration, where actual experience consists of historical experience from inception to date combined with projected experience thereafter per current assumptions. In order to see a complete picture of how adverse experience impacts A/E loss ratios by duration for all factors combined, A/E cumulative loss ratios by duration are displayed in the last column of Exhibit II. The A/E cumulative loss ratios in the last column of Exhibit II capture the full impact of all factors, including lapse experience, and hence reveal a complete picture of the lifetime experience of this block by duration.

A Contingent Nonforfeiture Benefit, more generous than that required by NAIC Long-Term Care Insurance Model Regulation, will be offered to all insureds affected by the premium rate increase who allow their coverage to lapse within 120 days following the increase. Also, the Company will provide insureds with various downgrade options to maintain existing premium levels as the proposed premium rate increase becomes effective. In addition to the traditional downgrade options the Company has made available to policyholders subject to prior rate increase filings, such as changes in elimination period, benefit period, benefit amounts or a combination thereof, the Company intends to also make available to eligible policyholders with a benefit increase option the means to offset the premium rate increase of this filing entirely. For eligible policyholders whose coverage includes a Benefit Increase Option ("BIO"), the company will allow these policyholders to offset the requested rate increase of this filing in return for agreeing to reduce the BIO growth factor applicable to their policy going forward. Furthermore, the Company has set up a customer service unit with a toll-free line that is dedicated to answering rate increase related questions policyholders may have and to facilitating changes in coverage if they so choose.

I look forward to your review of the proposed premium rate increase. Please do not hesitate to contact me with questions or concerns.

Sincerely,

Brad Rokosh, ASA, MAAA
Director, Actuarial, LTC Margin Analytics

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES

BIO FACTORS

ISSUE AGE	COMPOUND BIO
18-44	128%
45-49	128%
50	128%
51	128%
52	128%
53	128%
54	128%
55	125%
56	123%
57	119%
58	116%
59	111%
60	106%
61	103%
62	99%
63	94%
64	89%
65	85%
66	81%
67	78%
68	75%
69	71%
70	67%
71	63%
72	60%
73	58%
74	55%
75	53%
76	50%
77	47%
78	45%
79	42%
80	39%
81	37%
82	35%
83	34%
84	32%
85	30%
86	28%
87	26%
88	24%
89	22%
90	21%
91	19%
92	18%
93	17%
94	16%
95+	15%

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 18-44	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	25.92	31.10	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	39.74	46.66	53.57	57.02	62.21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	44.93	57.02	67.39	74.30	81.22	84.67	88.13	93.31	100.22	101.95	105.41	117.50	127.87	n/a	n/a	n/a	n/a
$50,000	50.11	63.94	76.03	86.40	93.31	101.95	107.14	108.86	115.78	119.23	122.69	133.06	145.15	158.98	172.80	188.35	n/a
$62,500	51.84	69.12	82.94	95.04	105.41	114.05	119.23	127.87	131.33	134.78	139.97	148.61	158.98	169.34	181.44	193.54	207.36
$75,000	n/a	72.58	86.40	101.95	114.05	124.42	133.06	139.97	148.61	152.06	157.25	164.16	174.53	184.90	196.99	209.09	222.91
$87,500	n/a	76.03	91.58	107.14	119.23	131.33	145.15	150.34	158.98	165.89	174.53	183.17	190.08	196.99	203.90	210.82	219.46
$100,000	n/a	n/a	95.04	112.32	122.69	134.78	148.61	158.98	167.62	174.53	181.44	196.99	203.90	210.82	217.73	224.64	233.28
$112,500	n/a	n/a	n/a	114.05	126.14	138.24	150.34	162.43	174.53	181.44	190.08	203.90	216.00	228.10	241.92	255.74	271.30
$125,000	n/a	n/a	n/a	117.50	127.87	141.70	152.06	164.16	177.98	188.35	196.99	210.82	226.37	243.65	260.93	279.94	300.67
$187,500	n/a	n/a	n/a	n/a	n/a	160.70	177.98	190.08	202.18	214.27	226.37	250.56	274.75	300.67	330.05	361.15	395.71
Unlimited	55.30	77.76	98.50	119.23	145.15	167.62	188.35	207.36	222.91	238.46	250.56	276.48	300.67	326.59	355.97	387.07	421.63

Age: 45-49	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	38.02	41.47	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	53.57	65.66	72.58	77.76	86.40	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	60.48	79.49	93.31	101.95	108.86	115.78	120.96	126.14	133.06	141.70	146.88	162.43	176.26	n/a	n/a	n/a	n/a
$50,000	67.39	86.40	103.68	117.50	129.60	138.24	146.88	148.61	157.25	162.43	167.62	181.44	195.26	210.82	226.37	243.65	n/a
$62,500	70.85	95.04	114.05	129.60	145.15	153.79	164.16	174.53	179.71	184.90	190.08	202.18	214.27	226.37	240.19	254.02	269.57
$75,000	n/a	100.22	119.23	136.51	152.06	171.07	179.71	190.08	200.45	207.36	214.27	224.64	236.74	248.83	262.66	276.48	292.03
$87,500	n/a	101.95	126.14	146.88	164.16	179.71	196.99	205.63	217.73	226.37	238.46	250.56	257.47	264.38	271.30	278.21	285.12
$100,000	n/a	n/a	129.60	152.06	167.62	184.90	200.45	217.73	226.37	238.46	248.83	267.84	279.94	292.03	305.86	319.68	333.50
$112,500	n/a	n/a	n/a	153.79	172.80	188.35	207.36	221.18	236.74	248.83	257.47	278.21	295.49	314.50	333.50	354.24	376.70
$125,000	n/a	n/a	n/a	160.70	176.26	191.81	210.82	226.37	241.92	255.74	267.84	286.85	305.86	326.59	349.06	371.52	395.71
$187,500	n/a	n/a	n/a	n/a	n/a	219.46	241.92	259.20	276.48	293.76	311.04	343.87	374.98	409.54	445.82	485.57	528.77
Unlimited	74.30	107.14	133.06	164.16	195.26	228.10	255.74	279.94	304.13	323.14	342.14	376.70	409.54	445.82	483.84	525.31	570.24

Age: 50	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	39.74	48.38	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	58.75	72.58	82.94	88.13	96.77	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	70.85	89.86	103.68	117.50	122.69	129.60	136.51	145.15	150.34	160.70	164.16	181.44	198.72	n/a	n/a	n/a	n/a
$50,000	77.76	100.22	117.50	133.06	146.88	157.25	164.16	169.34	177.98	184.90	191.81	207.36	222.91	240.19	257.47	276.48	n/a
$62,500	81.22	107.14	127.87	146.88	164.16	174.53	186.62	196.99	202.18	209.09	214.27	229.82	243.65	257.47	273.02	290.30	307.58
$75,000	n/a	114.05	134.78	153.79	174.53	193.54	203.90	216.00	226.37	235.01	241.92	255.74	269.57	283.39	298.94	314.50	331.78
$87,500	n/a	117.50	145.15	164.16	184.90	202.18	224.64	233.28	245.38	257.47	269.57	283.39	293.76	304.13	314.50	326.59	338.69
$100,000	n/a	n/a	148.61	174.53	190.08	210.82	226.37	247.10	257.47	269.57	281.66	304.13	316.22	328.32	342.14	355.97	369.79
$112,500	n/a	n/a	n/a	176.26	195.26	214.27	235.01	250.56	269.57	279.94	292.03	314.50	335.23	357.70	381.89	407.81	435.46
$125,000	n/a	n/a	n/a	181.44	198.72	217.73	236.74	255.74	274.75	288.58	304.13	324.86	347.33	371.52	397.44	425.09	454.46
$187,500	n/a	n/a	n/a	n/a	n/a	247.10	273.02	293.76	314.50	333.50	350.78	388.80	425.09	464.83	508.03	554.69	606.53
Unlimited	86.40	119.23	150.34	184.90	222.91	257.47	288.58	317.95	345.60	366.34	387.07	426.82	463.10	502.85	546.05	592.70	642.82

Age: 51	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	43.20	51.84	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	63.94	77.76	88.13	95.04	101.95	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	74.30	93.31	110.59	122.69	131.33	136.51	146.88	152.06	160.70	167.62	176.26	193.54	210.82	n/a	n/a	n/a	n/a
$50,000	82.94	105.41	124.42	143.42	153.79	165.89	174.53	179.71	188.35	195.26	202.18	217.73	235.01	254.02	274.75	297.22	n/a
$62,500	84.67	114.05	134.78	153.79	174.53	184.90	196.99	209.09	216.00	221.18	228.10	241.92	257.47	274.75	292.03	311.04	331.78
$75,000	n/a	119.23	145.15	164.16	183.17	203.90	216.00	228.10	241.92	250.56	257.47	269.57	283.39	297.22	312.77	328.32	345.60
$87,500	n/a	122.69	152.06	176.26	196.99	214.27	235.01	248.83	259.20	273.02	285.12	300.67	311.04	321.41	331.78	343.87	355.97
$100,000	n/a	n/a	155.52	181.44	202.18	222.91	241.92	259.20	273.02	285.12	297.22	319.68	335.23	350.78	368.06	385.34	404.35
$112,500	n/a	n/a	n/a	184.90	207.36	226.37	247.10	264.38	283.39	298.94	309.31	335.23	354.24	374.98	395.71	418.18	442.37
$125,000	n/a	n/a	n/a	193.54	210.82	229.82	250.56	273.02	290.30	305.86	319.68	343.87	366.34	390.53	416.45	444.10	473.47
$187,500	n/a	n/a	n/a	n/a	n/a	262.66	288.58	312.77	333.50	350.78	373.25	412.99	449.28	489.02	532.22	578.88	628.99
Unlimited	89.86	127.87	160.70	195.26	235.01	274.75	307.58	336.96	364.61	387.07	411.26	451.01	490.75	533.95	580.61	632.45	687.74

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 52	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	44.93	55.30	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	67.39	82.94	93.31	101.95	107.14	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	77.76	100.22	117.50	129.60	138.24	146.88	152.06	162.43	169.34	179.71	184.90	202.18	221.18	n/a	n/a	n/a	n/a
$50,000	86.40	110.59	133.06	148.61	164.16	174.53	183.17	190.08	196.99	207.36	212.54	229.82	248.83	269.57	292.03	316.22	n/a
$62,500	88.13	117.50	143.42	164.16	181.44	195.26	209.09	221.18	226.37	233.28	241.92	257.47	273.02	290.30	307.58	326.59	345.60
$75,000	n/a	126.14	150.34	174.53	195.26	214.27	226.37	241.92	254.02	262.66	273.02	283.39	300.67	319.68	338.69	359.42	381.89
$87,500	n/a	131.33	160.70	183.17	209.09	226.37	250.56	260.93	274.75	288.58	302.40	316.22	328.32	340.42	354.24	368.06	381.89
$100,000	n/a	n/a	164.16	193.54	214.27	235.01	254.02	274.75	288.58	302.40	314.50	338.69	354.24	369.79	387.07	404.35	423.36
$112,500	n/a	n/a	n/a	195.26	216.00	240.19	260.93	279.94	302.40	314.50	328.32	352.51	374.98	399.17	425.09	452.74	482.11
$125,000	n/a	n/a	n/a	203.90	221.18	243.65	266.11	286.85	305.86	323.14	338.69	362.88	387.07	412.99	440.64	470.02	501.12
$187,500	n/a	n/a	n/a	n/a	n/a	278.21	304.13	328.32	350.78	371.52	392.26	433.73	475.20	520.13	570.24	625.54	686.02
Unlimited	96.77	134.78	169.34	207.36	247.10	288.58	323.14	355.97	383.62	411.26	433.73	476.93	518.40	563.33	611.71	665.28	722.30

Age: 53	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	48.38	55.30	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	70.85	86.40	96.77	103.68	114.05	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	82.94	103.68	120.96	136.51	146.88	152.06	162.43	169.34	179.71	188.35	195.26	214.27	233.28	n/a	n/a	n/a	n/a
$50,000	89.86	115.78	138.24	158.98	172.80	184.90	195.26	198.72	209.09	216.00	226.37	241.92	260.93	281.66	304.13	328.32	n/a
$62,500	93.31	126.14	148.61	172.80	193.54	205.63	221.18	229.82	240.19	245.38	255.74	271.30	288.58	307.58	326.59	347.33	369.79
$75,000	n/a	133.06	158.98	181.44	203.90	226.37	240.19	254.02	267.84	278.21	285.12	300.67	316.22	331.78	349.06	366.34	385.34
$87,500	n/a	138.24	169.34	195.26	217.73	240.19	260.93	276.48	288.58	304.13	317.95	335.23	347.33	359.42	373.25	387.07	400.90
$100,000	n/a	n/a	174.53	203.90	224.64	247.10	267.84	288.58	304.13	317.95	331.78	355.97	371.52	387.07	404.35	421.63	440.64
$112,500	n/a	n/a	n/a	207.36	228.10	252.29	274.75	293.76	316.22	331.78	343.87	369.79	393.98	419.90	447.55	476.93	508.03
$125,000	n/a	n/a	n/a	214.27	233.28	257.47	279.94	302.40	321.41	340.42	357.70	381.89	409.54	438.91	470.02	504.58	540.86
$187,500	n/a	n/a	n/a	n/a	n/a	292.03	319.68	347.33	368.06	392.26	412.99	457.92	501.12	547.78	599.62	656.64	718.85
Unlimited	101.95	141.70	179.71	217.73	260.93	304.13	342.14	374.98	406.08	432.00	456.19	501.12	544.32	590.98	641.09	696.38	756.86

Age: 54	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	55.30	65.66	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	81.22	100.22	112.32	120.96	129.60	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	93.31	119.23	141.70	157.25	167.62	176.26	186.62	195.26	205.63	214.27	224.64	245.38	267.84	n/a	n/a	n/a	n/a
$50,000	103.68	133.06	160.70	179.71	196.99	212.54	222.91	229.82	240.19	248.83	257.47	278.21	302.40	328.32	357.70	388.80	n/a
$62,500	108.86	145.15	172.80	196.99	222.91	236.74	254.02	266.11	274.75	281.66	292.03	311.04	330.05	350.78	371.52	393.98	418.18
$75,000	n/a	152.06	181.44	210.82	235.01	259.20	276.48	292.03	307.58	319.68	330.05	345.60	364.61	385.34	406.08	428.54	452.74
$87,500	n/a	157.25	195.26	224.64	250.56	274.75	302.40	317.95	333.50	349.06	364.61	383.62	397.44	411.26	426.82	442.37	457.92
$100,000	n/a	n/a	200.45	235.01	257.47	285.12	307.58	335.23	350.78	366.34	381.89	411.26	428.54	445.82	464.83	483.84	504.58
$112,500	n/a	n/a	n/a	236.74	264.38	288.58	316.22	336.96	362.88	381.89	397.44	426.82	452.74	480.38	509.76	540.86	573.70
$125,000	n/a	n/a	n/a	247.10	267.84	293.76	319.68	347.33	371.52	392.26	411.26	440.64	468.29	497.66	528.77	561.60	596.16
$187,500	n/a	n/a	n/a	n/a	n/a	335.23	368.06	397.44	425.09	449.28	475.20	525.31	575.42	630.72	691.20	756.86	829.44
Unlimited	115.78	164.16	205.63	250.56	300.67	350.78	392.26	430.27	466.56	495.94	523.58	577.15	627.26	682.56	741.31	805.25	874.37

Age: 55	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	58.75	69.12	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	84.67	101.95	117.50	124.42	134.78	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	98.50	124.42	148.61	164.16	174.53	183.17	193.54	203.90	212.54	226.37	235.01	257.47	279.94	n/a	n/a	n/a	n/a
$50,000	108.86	139.97	165.89	190.08	205.63	222.91	231.55	240.19	250.56	259.20	269.57	290.30	314.50	340.42	368.06	399.17	n/a
$62,500	114.05	148.61	179.71	205.63	229.82	247.10	262.66	278.21	288.58	293.76	304.13	324.86	345.60	368.06	392.26	416.45	442.37
$75,000	n/a	158.98	191.81	217.73	245.38	273.02	288.58	304.13	321.41	333.50	342.14	359.42	380.16	402.62	425.09	449.28	475.20
$87,500	n/a	164.16	202.18	233.28	260.93	286.85	314.50	331.78	347.33	362.88	380.16	399.17	414.72	430.27	447.55	464.83	482.11
$100,000	n/a	n/a	209.09	243.65	269.57	297.22	319.68	349.06	366.34	381.89	397.44	428.54	445.82	463.10	482.11	501.12	521.86
$112,500	n/a	n/a	n/a	247.10	274.75	304.13	330.05	352.51	380.16	397.44	412.99	444.10	473.47	504.58	537.41	573.70	611.71
$125,000	n/a	n/a	n/a	257.47	279.94	307.58	335.23	361.15	387.07	409.54	428.54	459.65	490.75	523.58	559.87	597.89	637.63
$187,500	n/a	n/a	n/a	n/a	n/a	350.78	383.62	412.99	444.10	470.02	495.94	547.78	599.62	656.64	718.85	786.24	860.54
Unlimited	120.96	171.07	214.27	260.93	314.50	366.34	411.26	449.28	487.30	516.67	546.05	601.34	653.18	710.21	770.69	836.35	908.93

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 56	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	67.39	77.76	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	93.31	117.50	131.33	141.70	152.06	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	110.59	141.70	165.89	184.90	196.99	207.36	217.73	228.10	240.19	254.02	262.66	288.58	314.50	n/a	n/a	n/a	n/a
$50,000	120.96	157.25	186.62	212.54	231.55	250.56	260.93	269.57	279.94	292.03	304.13	326.59	352.51	380.16	409.54	442.37	n/a
$62,500	127.87	169.34	202.18	231.55	259.20	278.21	297.22	311.04	323.14	331.78	342.14	366.34	388.80	412.99	438.91	466.56	495.94
$75,000	n/a	179.71	214.27	247.10	276.48	305.86	324.86	342.14	361.15	374.98	385.34	404.35	426.82	451.01	476.93	502.85	530.50
$87,500	n/a	184.90	226.37	262.66	295.49	323.14	354.24	371.52	390.53	409.54	428.54	449.28	466.56	483.84	502.85	521.86	542.59
$100,000	n/a	n/a	235.01	274.75	302.40	335.23	361.15	390.53	411.26	428.54	445.82	482.11	502.85	525.31	547.78	571.97	596.16
$112,500	n/a	n/a	n/a	278.21	309.31	340.42	371.52	397.44	426.82	445.82	466.56	501.12	532.22	565.06	599.62	637.63	677.38
$125,000	n/a	n/a	n/a	288.58	314.50	347.33	376.70	406.08	435.46	459.65	482.11	516.67	551.23	587.52	627.26	668.74	713.66
$187,500	n/a	n/a	n/a	n/a	n/a	395.71	432.00	466.56	497.66	528.77	558.14	615.17	675.65	741.31	813.89	893.38	981.50
Unlimited	136.51	191.81	241.92	293.76	352.51	412.99	459.65	506.30	546.05	582.34	615.17	677.38	736.13	800.06	869.18	945.22	1026.43

Age: 57	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	70.85	82.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	101.95	124.42	141.70	150.34	164.16	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	117.50	150.34	177.98	198.72	210.82	221.18	235.01	245.38	257.47	273.02	283.39	311.04	336.96	n/a	n/a	n/a	n/a
$50,000	131.33	167.62	200.45	228.10	248.83	269.57	279.94	288.58	302.40	314.50	324.86	350.78	378.43	407.81	440.64	475.20	n/a
$62,500	136.51	181.44	217.73	250.56	279.94	298.94	319.68	335.23	347.33	355.97	368.06	392.26	414.72	438.91	464.83	490.75	518.40
$75,000	n/a	193.54	231.55	264.38	297.22	330.05	349.06	366.34	387.07	402.62	412.99	433.73	459.65	487.30	516.67	547.78	580.61
$87,500	n/a	198.72	245.38	281.66	316.22	347.33	380.16	399.17	418.18	440.64	459.65	483.84	502.85	521.86	542.59	563.33	585.79
$100,000	n/a	n/a	252.29	295.49	324.86	357.70	387.07	419.90	442.37	459.65	480.38	518.40	539.14	559.87	582.34	604.80	628.99
$112,500	n/a	n/a	n/a	298.94	333.50	366.34	399.17	426.82	459.65	480.38	499.39	537.41	571.97	608.26	648.00	689.47	734.40
$125,000	n/a	n/a	n/a	311.04	338.69	371.52	404.35	437.18	468.29	494.21	518.40	552.96	592.70	635.90	680.83	729.22	781.06
$187,500	n/a	n/a	n/a	n/a	n/a	425.09	464.83	502.85	535.68	568.51	599.62	661.82	724.03	791.42	865.73	946.94	1036.80
Unlimited	146.88	207.36	259.20	316.22	380.16	442.37	494.21	544.32	587.52	625.54	661.82	725.76	789.70	858.82	934.85	1017.79	1107.65

Age: 58	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	74.30	88.13	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	107.14	133.06	150.34	164.16	176.26	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	126.14	162.43	190.08	210.82	226.37	236.74	250.56	262.66	276.48	290.30	304.13	333.50	361.15	n/a	n/a	n/a	n/a
$50,000	139.97	179.71	216.00	243.65	266.11	286.85	300.67	309.31	323.14	335.23	349.06	374.98	406.08	438.91	475.20	514.94	n/a
$62,500	146.88	195.26	233.28	266.11	297.22	319.68	340.42	359.42	371.52	381.89	392.26	418.18	444.10	471.74	501.12	532.22	565.06
$75,000	n/a	207.36	247.10	281.66	317.95	350.78	371.52	393.98	412.99	430.27	442.37	463.10	490.75	520.13	551.23	584.06	618.62
$87,500	n/a	212.54	260.93	302.40	338.69	369.79	406.08	428.54	447.55	470.02	490.75	516.67	537.41	558.14	580.61	603.07	627.26
$100,000	n/a	n/a	269.57	314.50	347.33	381.89	412.99	449.28	471.74	492.48	513.22	552.96	577.15	603.07	628.99	656.64	686.02
$112,500	n/a	n/a	n/a	319.68	354.24	390.53	426.82	456.19	490.75	514.94	533.95	573.70	611.71	651.46	694.66	741.31	789.70
$125,000	n/a	n/a	n/a	333.50	361.15	397.44	432.00	466.56	501.12	527.04	552.96	592.70	632.45	675.65	720.58	768.96	820.80
$187,500	n/a	n/a	n/a	n/a	n/a	452.74	497.66	537.41	571.97	606.53	641.09	708.48	775.87	850.18	931.39	1019.52	1116.29
Unlimited	155.52	219.46	278.21	338.69	406.08	473.47	528.77	580.61	628.99	670.46	706.75	775.87	844.99	921.02	1002.24	1092.10	1188.86

Age: 59	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	86.40	100.22	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	120.96	150.34	171.07	183.17	196.99	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	143.42	183.17	214.27	240.19	255.74	267.84	281.66	298.94	311.04	328.32	340.42	374.98	407.81	n/a	n/a	n/a	n/a
$50,000	157.25	203.90	241.92	276.48	302.40	323.14	336.96	349.06	366.34	378.43	393.98	425.09	459.65	497.66	537.41	580.61	n/a
$62,500	164.16	219.46	262.66	302.40	335.23	361.15	385.34	404.35	418.18	428.54	444.10	473.47	504.58	537.41	571.97	609.98	649.73
$75,000	n/a	233.28	279.94	319.68	359.42	397.44	419.90	444.10	468.29	487.30	499.39	523.58	552.96	584.06	616.90	651.46	687.74
$87,500	n/a	241.92	295.49	340.42	381.89	418.18	459.65	482.11	506.30	530.50	552.96	584.06	604.80	625.54	648.00	670.46	694.66
$100,000	n/a	n/a	304.13	355.97	392.26	433.73	468.29	506.30	532.22	554.69	578.88	623.81	651.46	680.83	710.21	741.31	774.14
$112,500	n/a	n/a	n/a	359.42	400.90	442.37	480.38	514.94	552.96	580.61	601.34	649.73	689.47	730.94	775.87	822.53	872.64
$125,000	n/a	n/a	n/a	374.98	409.54	447.55	489.02	527.04	565.06	597.89	625.54	670.46	713.66	760.32	808.70	860.54	915.84
$187,500	n/a	n/a	n/a	n/a	n/a	511.49	561.60	604.80	646.27	684.29	724.03	801.79	874.37	953.86	1040.26	1133.57	1235.52
Unlimited	177.98	247.10	314.50	381.89	459.65	533.95	597.89	656.64	708.48	755.14	798.34	876.10	953.86	1038.53	1130.11	1230.34	1339.20

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 60	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	95.04	110.59	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	136.51	169.34	190.08	203.90	221.18	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	158.98	203.90	240.19	266.11	285.12	298.94	314.50	331.78	347.33	366.34	381.89	416.45	454.46	n/a	n/a	n/a	n/a
$50,000	176.26	226.37	271.30	307.58	335.23	361.15	378.43	390.53	406.08	421.63	437.18	473.47	509.76	549.50	590.98	635.90	n/a
$62,500	181.44	245.38	292.03	335.23	374.98	400.90	428.54	451.01	468.29	478.66	494.21	525.31	559.87	596.16	635.90	677.38	722.30
$75,000	n/a	259.20	311.04	354.24	399.17	442.37	468.29	494.21	521.86	540.86	556.42	584.06	615.17	648.00	682.56	718.85	756.86
$87,500	n/a	269.57	330.05	380.16	426.82	466.56	509.76	537.41	565.06	590.98	616.90	649.73	675.65	703.30	730.94	760.32	791.42
$100,000	n/a	n/a	338.69	397.44	437.18	482.11	521.86	566.78	594.43	618.62	646.27	694.66	725.76	758.59	793.15	829.44	865.73
$112,500	n/a	n/a	n/a	400.90	445.82	490.75	537.41	573.70	615.17	646.27	672.19	724.03	768.96	817.34	867.46	921.02	978.05
$125,000	n/a	n/a	n/a	416.45	454.46	501.12	544.32	585.79	630.72	663.55	696.38	744.77	796.61	851.90	910.66	974.59	1041.98
$187,500	n/a	n/a	n/a	n/a	n/a	570.24	625.54	675.65	718.85	763.78	806.98	891.65	972.86	1060.99	1157.76	1263.17	1378.94
Unlimited	195.26	276.48	349.06	425.09	511.49	594.43	665.28	730.94	789.70	841.54	888.19	976.32	1064.45	1161.22	1266.62	1380.67	1505.09

Age: 61	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	101.95	119.23	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	148.61	181.44	203.90	219.46	236.74	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	171.07	219.46	257.47	286.85	307.58	319.68	338.69	355.97	374.98	393.98	411.26	451.01	490.75	n/a	n/a	n/a	n/a
$50,000	188.35	243.65	290.30	331.78	361.15	387.07	406.08	418.18	437.18	456.19	473.47	508.03	547.78	590.98	637.63	687.74	n/a
$62,500	196.99	264.38	314.50	361.15	404.35	432.00	461.38	487.30	502.85	514.94	532.22	568.51	603.07	639.36	677.38	718.85	762.05
$75,000	n/a	279.94	335.23	381.89	430.27	475.20	504.58	533.95	563.33	584.06	599.62	628.99	661.82	696.38	732.67	770.69	810.43
$87,500	n/a	288.58	354.24	409.54	459.65	502.85	549.50	578.88	606.53	635.90	665.28	699.84	727.49	756.86	786.24	817.34	850.18
$100,000	n/a	n/a	366.34	428.54	471.74	520.13	561.60	608.26	637.63	665.28	694.66	748.22	782.78	819.07	857.09	896.83	938.30
$112,500	n/a	n/a	n/a	432.00	480.38	528.77	577.15	616.90	663.55	696.38	724.03	779.33	827.71	879.55	934.85	993.60	1055.81
$125,000	n/a	n/a	n/a	449.28	490.75	537.41	584.06	632.45	677.38	715.39	749.95	801.79	857.09	915.84	979.78	1047.17	1119.74
$187,500	n/a	n/a	n/a	n/a	n/a	613.44	673.92	725.76	775.87	820.80	869.18	959.04	1050.62	1150.85	1261.44	1382.40	1513.73
Unlimited	210.82	298.94	376.70	459.65	549.50	641.09	715.39	786.24	850.18	907.20	957.31	1052.35	1143.94	1244.16	1353.02	1470.53	1598.40

Age: 62	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	112.32	129.60	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	160.70	198.72	224.64	241.92	259.20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	186.62	241.92	281.66	314.50	335.23	350.78	369.79	392.26	411.26	432.00	449.28	492.48	535.68	n/a	n/a	n/a	n/a
$50,000	209.09	267.84	319.68	362.88	395.71	426.82	444.10	459.65	478.66	497.66	518.40	556.42	599.62	646.27	696.38	749.95	n/a
$62,500	214.27	288.58	345.60	395.71	442.37	473.47	506.30	532.22	551.23	565.06	584.06	620.35	660.10	701.57	746.50	794.88	844.99
$75,000	n/a	305.86	366.34	418.18	471.74	521.86	552.96	584.06	615.17	637.63	656.64	687.74	727.49	768.96	813.89	860.54	910.66
$87,500	n/a	316.22	388.80	445.82	502.85	549.50	601.34	632.45	663.55	696.38	729.22	765.50	796.61	829.44	864.00	898.56	934.85
$100,000	n/a	n/a	399.17	468.29	514.94	568.51	615.17	665.28	699.84	730.94	762.05	819.07	857.09	896.83	938.30	981.50	1026.43
$112,500	n/a	n/a	n/a	473.47	527.04	578.88	632.45	677.38	727.49	762.05	791.42	851.90	907.20	965.95	1028.16	1095.55	1166.40
$125,000	n/a	n/a	n/a	492.48	537.41	589.25	642.82	692.93	743.04	784.51	820.80	879.55	940.03	1003.97	1073.09	1147.39	1226.88
$187,500	n/a	n/a	n/a	n/a	n/a	673.92	739.58	794.88	848.45	900.29	950.40	1050.62	1149.12	1256.26	1373.76	1503.36	1645.06
Unlimited	231.55	326.59	412.99	502.85	601.34	699.84	784.51	862.27	933.12	991.87	1048.90	1152.58	1252.80	1361.66	1480.90	1610.50	1750.46

Age: 63	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	126.14	146.88	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	181.44	226.37	254.02	273.02	295.49	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	212.54	273.02	319.68	355.97	380.16	397.44	418.18	440.64	463.10	489.02	508.03	556.42	604.80	n/a	n/a	n/a	n/a
$50,000	235.01	304.13	361.15	411.26	445.82	480.38	502.85	520.13	540.86	563.33	584.06	630.72	679.10	730.94	786.24	846.72	n/a
$62,500	243.65	326.59	390.53	445.82	499.39	535.68	571.97	601.34	623.81	637.63	660.10	703.30	748.22	796.61	846.72	900.29	957.31
$75,000	n/a	347.33	412.99	475.20	533.95	589.25	625.54	660.10	694.66	722.30	741.31	777.60	820.80	865.73	914.11	964.22	1017.79
$87,500	n/a	355.97	440.64	506.30	568.51	622.08	680.83	715.39	753.41	787.97	822.53	865.73	900.29	936.58	974.59	1014.34	1054.08
$100,000	n/a	n/a	451.01	530.50	582.34	644.54	694.66	753.41	789.70	825.98	862.27	926.21	969.41	1014.34	1060.99	1111.10	1162.94
$112,500	n/a	n/a	n/a	535.68	596.16	656.64	715.39	763.78	820.80	862.27	895.10	964.22	1024.70	1088.64	1157.76	1230.34	1308.10
$125,000	n/a	n/a	n/a	556.42	606.53	667.01	724.03	782.78	839.81	886.46	927.94	995.33	1060.99	1131.84	1206.14	1285.63	1370.30
$187,500	n/a	n/a	n/a	n/a	n/a	760.32	834.62	898.56	959.04	1017.79	1074.82	1188.86	1299.46	1420.42	1551.74	1696.90	1854.14
Unlimited	260.93	368.06	464.83	568.51	679.10	791.42	886.46	972.86	1054.08	1123.20	1185.41	1302.91	1416.96	1541.38	1676.16	1823.04	1982.02

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 64	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	141.70	164.16	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	202.18	250.56	281.66	304.13	328.32	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	236.74	304.13	355.97	397.44	423.36	444.10	468.29	492.48	516.67	544.32	566.78	622.08	677.38	n/a	n/a	n/a	n/a
$50,000	260.93	336.96	402.62	457.92	497.66	537.41	559.87	578.88	603.07	628.99	651.46	703.30	756.86	813.89	876.10	943.49	n/a
$62,500	273.02	364.61	435.46	497.66	556.42	597.89	637.63	670.46	694.66	710.21	736.13	784.51	832.90	884.74	940.03	998.78	1060.99
$75,000	n/a	385.34	463.10	528.77	594.43	656.64	696.38	736.13	775.87	803.52	829.44	867.46	915.84	967.68	1021.25	1078.27	1138.75
$87,500	n/a	397.44	490.75	563.33	634.18	692.93	760.32	800.06	838.08	879.55	919.30	965.95	1003.97	1043.71	1085.18	1128.38	1173.31
$100,000	n/a	n/a	504.58	590.98	648.00	717.12	775.87	841.54	881.28	921.02	959.04	1035.07	1081.73	1130.11	1180.22	1233.79	1289.09
$112,500	n/a	n/a	n/a	596.16	663.55	732.67	798.34	853.63	917.57	960.77	1000.51	1076.54	1143.94	1214.78	1290.82	1372.03	1458.43
$125,000	n/a	n/a	n/a	620.35	677.38	743.04	808.70	874.37	936.58	988.42	1035.07	1109.38	1185.41	1266.62	1353.02	1446.34	1544.83
$187,500	n/a	n/a	n/a	n/a	n/a	848.45	929.66	1003.97	1069.63	1135.30	1199.23	1325.38	1449.79	1586.30	1734.91	1897.34	2075.33
Unlimited	292.03	412.99	518.40	632.45	758.59	881.28	988.42	1086.91	1175.04	1252.80	1321.92	1454.98	1581.12	1717.63	1866.24	2028.67	2204.93

Age: 65	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	155.52	181.44	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	224.64	276.48	311.04	335.23	362.88	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	260.93	335.23	392.26	438.91	468.29	489.02	516.67	544.32	570.24	599.62	623.81	686.02	744.77	n/a	n/a	n/a	n/a
$50,000	288.58	373.25	444.10	506.30	549.50	592.70	618.62	639.36	665.28	692.93	720.58	774.14	836.35	903.74	976.32	1054.08	n/a
$62,500	300.67	400.90	478.66	549.50	615.17	658.37	705.02	739.58	767.23	786.24	812.16	864.00	919.30	978.05	1040.26	1107.65	1178.50
$75,000	n/a	426.82	511.49	584.06	654.91	724.03	768.96	813.89	857.09	888.19	914.11	957.31	1010.88	1067.90	1128.38	1192.32	1259.71
$87,500	n/a	440.64	540.86	622.08	699.84	765.50	838.08	881.28	926.21	971.14	1012.61	1066.18	1107.65	1150.85	1195.78	1242.43	1290.82
$100,000	n/a	n/a	554.69	651.46	717.12	791.42	855.36	926.21	972.86	1016.06	1059.26	1140.48	1190.59	1242.43	1297.73	1354.75	1413.50
$112,500	n/a	n/a	n/a	658.37	734.40	806.98	879.55	941.76	1010.88	1059.26	1102.46	1187.14	1261.44	1340.93	1425.60	1515.46	1610.50
$125,000	n/a	n/a	n/a	684.29	744.77	819.07	893.38	964.22	1033.34	1090.37	1142.21	1223.42	1306.37	1394.50	1489.54	1589.76	1696.90
$187,500	n/a	n/a	n/a	n/a	n/a	936.58	1026.43	1105.92	1180.22	1252.80	1323.65	1463.62	1600.13	1748.74	1911.17	2089.15	2284.42
Unlimited	321.41	454.46	573.70	698.11	838.08	972.86	1092.10	1199.23	1299.46	1380.67	1458.43	1603.58	1745.28	1899.07	2066.69	2249.86	2448.58

Age: 66	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	174.53	200.45	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	248.83	307.58	345.60	371.52	402.62	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	288.58	371.52	435.46	485.57	518.40	542.59	571.97	603.07	632.45	665.28	692.93	758.59	827.71	n/a	n/a	n/a	n/a
$50,000	319.68	412.99	492.48	559.87	609.98	656.64	686.02	708.48	739.58	768.96	798.34	860.54	927.94	1000.51	1078.27	1162.94	n/a
$62,500	333.50	445.82	533.95	609.98	680.83	730.94	781.06	820.80	850.18	870.91	900.29	959.04	1019.52	1083.46	1152.58	1225.15	1302.91
$75,000	n/a	473.47	568.51	646.27	727.49	803.52	851.90	900.29	948.67	984.96	1014.34	1062.72	1121.47	1183.68	1249.34	1318.46	1391.04
$87,500	n/a	487.30	599.62	691.20	775.87	848.45	929.66	976.32	1026.43	1076.54	1124.93	1183.68	1228.61	1275.26	1323.65	1373.76	1425.60
$100,000	n/a	n/a	615.17	724.03	796.61	879.55	948.67	1029.89	1081.73	1128.38	1175.04	1266.62	1323.65	1382.40	1444.61	1510.27	1577.66
$112,500	n/a	n/a	n/a	729.22	813.89	895.10	974.59	1043.71	1121.47	1175.04	1221.70	1315.01	1399.68	1489.54	1586.30	1688.26	1797.12
$125,000	n/a	n/a	n/a	760.32	827.71	910.66	990.14	1067.90	1143.94	1209.60	1268.35	1358.21	1449.79	1548.29	1651.97	1762.56	1881.79
$187,500	n/a	n/a	n/a	n/a	n/a	1038.53	1138.75	1226.88	1309.82	1389.31	1468.80	1622.59	1774.66	1940.54	2121.98	2320.70	2538.43
Unlimited	357.70	504.58	635.90	774.14	927.94	1081.73	1209.60	1330.56	1439.42	1532.74	1617.41	1779.84	1935.36	2104.70	2287.87	2488.32	2706.05

Age: 67	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	190.08	221.18	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	273.02	335.23	380.16	409.54	440.64	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	317.95	409.54	476.93	533.95	568.51	596.16	628.99	661.82	694.66	730.94	760.32	834.62	910.66	n/a	n/a	n/a	n/a
$50,000	350.78	452.74	540.86	615.17	670.46	722.30	755.14	777.60	812.16	844.99	877.82	945.22	1019.52	1099.01	1185.41	1278.72	n/a
$62,500	366.34	490.75	584.06	670.46	749.95	801.79	857.09	902.02	934.85	957.31	988.42	1054.08	1119.74	1188.86	1263.17	1342.66	1425.60
$75,000	n/a	520.13	622.08	708.48	800.06	883.01	936.58	990.14	1043.71	1081.73	1112.83	1166.40	1232.06	1301.18	1373.76	1451.52	1532.74
$87,500	n/a	537.41	660.10	758.59	851.90	933.12	1021.25	1074.82	1128.38	1181.95	1237.25	1299.46	1351.30	1404.86	1460.16	1518.91	1579.39
$100,000	n/a	n/a	677.38	794.88	874.37	965.95	1041.98	1130.11	1187.14	1238.98	1290.82	1391.04	1454.98	1522.37	1591.49	1664.06	1740.10
$112,500	n/a	n/a	n/a	801.79	893.38	983.23	1073.09	1145.66	1232.06	1292.54	1344.38	1444.61	1536.19	1632.96	1736.64	1847.23	1964.74
$125,000	n/a	n/a	n/a	834.62	908.93	1000.51	1086.91	1173.31	1259.71	1328.83	1392.77	1491.26	1591.49	1698.62	1812.67	1935.36	2064.96
$187,500	n/a	n/a	n/a	n/a	n/a	1140.48	1251.07	1347.84	1437.70	1525.82	1612.22	1781.57	1950.91	2135.81	2337.98	2560.90	2804.54
Unlimited	393.98	552.96	698.11	850.18	1019.52	1188.86	1330.56	1461.89	1581.12	1683.07	1778.11	1954.37	2127.17	2315.52	2519.42	2742.34	2984.26

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 68	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	209.09	241.92	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	300.67	371.52	416.45	451.01	487.30	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	350.78	449.28	527.04	587.52	628.99	658.37	692.93	729.22	767.23	806.98	838.08	921.02	1003.97	n/a	n/a	n/a	n/a
$50,000	387.07	499.39	597.89	679.10	739.58	794.88	832.90	858.82	895.10	929.66	967.68	1040.26	1124.93	1216.51	1315.01	1422.14	n/a
$62,500	404.35	539.14	646.27	739.58	825.98	886.46	945.22	995.33	1029.89	1054.08	1090.37	1162.94	1235.52	1313.28	1394.50	1480.90	1572.48
$75,000	n/a	571.97	686.02	782.78	881.28	974.59	1031.62	1092.10	1150.85	1192.32	1228.61	1285.63	1358.21	1434.24	1515.46	1601.86	1691.71
$87,500	n/a	590.98	725.76	836.35	941.76	1029.89	1126.66	1185.41	1242.43	1301.18	1361.66	1432.51	1487.81	1544.83	1605.31	1667.52	1731.46
$100,000	n/a	n/a	746.50	876.10	964.22	1066.18	1149.12	1245.89	1308.10	1365.12	1423.87	1532.74	1601.86	1674.43	1750.46	1829.95	1912.90
$112,500	n/a	n/a	n/a	883.01	984.96	1083.46	1181.95	1264.90	1358.21	1425.60	1482.62	1593.22	1695.17	1804.03	1919.81	2042.50	2173.82
$125,000	n/a	n/a	n/a	921.02	1003.97	1102.46	1200.96	1296.00	1387.58	1465.34	1536.19	1643.33	1755.65	1874.88	2002.75	2139.26	2286.14
$187,500	n/a	n/a	n/a	n/a	n/a	1256.26	1377.22	1486.08	1586.30	1683.07	1778.11	1964.74	2149.63	2351.81	2572.99	2814.91	3079.30
Unlimited	432.00	611.71	770.69	938.30	1126.66	1308.10	1467.07	1610.50	1743.55	1855.87	1959.55	2154.82	2344.90	2552.26	2776.90	3022.27	3288.38

Age: 69	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	233.28	273.02	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	335.23	412.99	468.29	504.58	544.32	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	392.26	502.85	589.25	654.91	701.57	732.67	772.42	817.34	857.09	902.02	936.58	1026.43	1118.02	n/a	n/a	n/a	n/a
$50,000	432.00	558.14	665.28	756.86	824.26	888.19	926.21	957.31	998.78	1040.26	1080.00	1162.94	1254.53	1353.02	1460.16	1575.94	n/a
$62,500	451.01	601.34	720.58	824.26	922.75	988.42	1055.81	1111.10	1150.85	1176.77	1218.24	1299.46	1377.22	1460.16	1548.29	1641.60	1740.10
$75,000	n/a	641.09	767.23	874.37	984.96	1086.91	1152.58	1218.24	1283.90	1330.56	1372.03	1437.70	1517.18	1601.86	1689.98	1783.30	1881.79
$87,500	n/a	660.10	810.43	933.12	1048.90	1147.39	1257.98	1323.65	1389.31	1454.98	1518.91	1598.40	1662.34	1728.00	1797.12	1869.70	1944.00
$100,000	n/a	n/a	832.90	976.32	1074.82	1188.86	1283.90	1391.04	1458.43	1524.10	1589.76	1710.72	1788.48	1869.70	1954.37	2042.50	2135.81
$112,500	n/a	n/a	n/a	986.69	1099.01	1209.60	1320.19	1410.05	1517.18	1589.76	1653.70	1779.84	1890.43	2007.94	2132.35	2265.41	2405.38
$125,000	n/a	n/a	n/a	1028.16	1119.74	1230.34	1337.47	1444.61	1548.29	1636.42	1714.18	1835.14	1961.28	2096.06	2239.49	2393.28	2557.44
$187,500	n/a	n/a	n/a	n/a	n/a	1403.14	1539.65	1658.88	1769.47	1878.34	1983.74	2194.56	2398.46	2621.38	2865.02	3131.14	3421.44
Unlimited	483.84	680.83	858.82	1047.17	1256.26	1461.89	1636.42	1798.85	1945.73	2071.87	2187.65	2405.38	2617.92	2849.47	3101.76	3376.51	3675.46

Age: 70	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	257.47	300.67	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	369.79	459.65	516.67	554.69	599.62	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	432.00	554.69	649.73	724.03	772.42	810.43	855.36	900.29	945.22	995.33	1035.07	1135.30	1235.52	n/a	n/a	n/a	n/a
$50,000	478.66	615.17	736.13	836.35	910.66	979.78	1024.70	1059.26	1102.46	1147.39	1192.32	1283.90	1385.86	1496.45	1615.68	1743.55	n/a
$62,500	497.66	665.28	796.61	910.66	1019.52	1090.37	1164.67	1225.15	1268.35	1299.46	1344.38	1432.51	1522.37	1617.41	1719.36	1826.50	1940.54
$75,000	n/a	706.75	846.72	965.95	1085.18	1200.96	1271.81	1346.11	1418.69	1470.53	1513.73	1586.30	1672.70	1764.29	1861.06	1963.01	2070.14
$87,500	n/a	727.49	895.10	1031.62	1159.49	1268.35	1389.31	1460.16	1532.74	1605.31	1677.89	1766.02	1835.14	1907.71	1982.02	2059.78	2140.99
$100,000	n/a	n/a	921.02	1080.00	1188.86	1311.55	1416.96	1536.19	1612.22	1683.07	1753.92	1888.70	1975.10	2064.96	2160.00	2258.50	2362.18
$112,500	n/a	n/a	n/a	1090.37	1214.78	1337.47	1458.43	1560.38	1674.43	1755.65	1826.50	1964.74	2089.15	2222.21	2362.18	2512.51	2671.49
$125,000	n/a	n/a	n/a	1135.30	1237.25	1359.94	1477.44	1594.94	1708.99	1805.76	1892.16	2026.94	2163.46	2308.61	2464.13	2630.02	2808.00
$187,500	n/a	n/a	n/a	n/a	n/a	1548.29	1700.35	1831.68	1954.37	2073.60	2192.83	2422.66	2650.75	2899.58	3172.61	3471.55	3798.14
Unlimited	533.95	753.41	948.67	1156.03	1387.58	1612.22	1807.49	1987.20	2149.63	2287.87	2417.47	2655.94	2887.49	3139.78	3412.80	3710.02	4033.15

Age: 71	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	286.85	335.23	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	412.99	509.76	573.70	616.90	667.01	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	480.38	618.62	724.03	806.98	862.27	902.02	950.40	1002.24	1050.62	1107.65	1152.58	1263.17	1375.49	n/a	n/a	n/a	n/a
$50,000	532.22	686.02	817.34	931.39	1014.34	1090.37	1140.48	1176.77	1226.88	1278.72	1328.83	1429.06	1543.10	1665.79	1798.85	1942.27	n/a
$62,500	552.96	741.31	886.46	1014.34	1135.30	1216.51	1296.00	1363.39	1413.50	1446.34	1496.45	1594.94	1693.44	1798.85	1909.44	2026.94	2151.36
$75,000	n/a	786.24	941.76	1074.82	1209.60	1335.74	1416.96	1498.18	1579.39	1638.14	1686.53	1766.02	1862.78	1964.74	2071.87	2185.92	2305.15
$87,500	n/a	810.43	997.06	1145.66	1289.09	1410.05	1544.83	1626.05	1705.54	1786.75	1869.70	1966.46	2044.22	2125.44	2210.11	2298.24	2389.82
$100,000	n/a	n/a	1024.70	1202.69	1321.92	1460.16	1577.66	1708.99	1795.39	1874.88	1952.64	2102.98	2199.74	2301.70	2407.10	2517.70	2633.47
$112,500	n/a	n/a	n/a	1211.33	1351.30	1487.81	1624.32	1734.91	1864.51	1954.37	2030.40	2185.92	2325.89	2474.50	2633.47	2802.82	2982.53
$125,000	n/a	n/a	n/a	1264.90	1375.49	1513.73	1645.06	1776.38	1904.26	2011.39	2106.43	2256.77	2408.83	2571.26	2744.06	2928.96	3125.95
$187,500	n/a	n/a	n/a	n/a	n/a	1724.54	1892.16	2039.04	2175.55	2308.61	2439.94	2695.68	2949.70	3227.90	3532.03	3865.54	4230.14
Unlimited	594.43	838.08	1055.81	1287.36	1544.83	1797.12	2013.12	2211.84	2393.28	2545.34	2688.77	2956.61	3217.54	3500.93	3810.24	4147.20	4513.54

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 72	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	316.22	368.06	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	454.46	561.60	630.72	680.83	736.13	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	530.50	680.83	796.61	889.92	948.67	993.60	1048.90	1104.19	1159.49	1219.97	1268.35	1392.77	1515.46	n/a	n/a	n/a	n/a
$50,000	584.06	755.14	902.02	1026.43	1116.29	1202.69	1256.26	1297.73	1353.02	1408.32	1461.89	1575.94	1700.35	1835.14	1980.29	2135.81	n/a
$62,500	611.71	815.62	974.59	1118.02	1249.34	1339.20	1429.06	1503.36	1558.66	1594.94	1648.51	1755.65	1867.97	1987.20	2115.07	2249.86	2393.28
$75,000	n/a	865.73	1038.53	1185.41	1332.29	1472.26	1562.11	1650.24	1740.10	1804.03	1857.60	1945.73	2051.14	2161.73	2279.23	2401.92	2531.52
$87,500	n/a	893.38	1097.28	1264.90	1420.42	1555.20	1703.81	1790.21	1880.06	1968.19	2059.78	2166.91	2249.86	2336.26	2426.11	2519.42	2616.19
$100,000	n/a	n/a	1128.38	1323.65	1456.70	1608.77	1736.64	1883.52	1976.83	2063.23	2151.36	2317.25	2420.93	2529.79	2643.84	2761.34	2884.03
$112,500	n/a	n/a	n/a	1335.74	1489.54	1639.87	1788.48	1911.17	2054.59	2153.09	2237.76	2408.83	2560.90	2723.33	2894.40	3077.57	3271.10
$125,000	n/a	n/a	n/a	1392.77	1517.18	1667.52	1812.67	1957.82	2096.06	2215.30	2320.70	2484.86	2652.48	2832.19	3024.00	3227.90	3445.63
$187,500	n/a	n/a	n/a	n/a	n/a	1899.07	2083.97	2248.13	2396.74	2543.62	2688.77	2970.43	3250.37	3556.22	3891.46	4257.79	4658.69
Unlimited	654.91	922.75	1162.94	1416.96	1700.35	1978.56	2217.02	2434.75	2635.20	2804.54	2963.52	3257.28	3544.13	3856.90	4197.31	4567.10	4969.73

Age: 73	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	352.51	411.26	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	506.30	627.26	706.75	758.59	819.07	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	590.98	758.59	889.92	990.14	1057.54	1107.65	1169.86	1230.34	1292.54	1361.66	1413.50	1551.74	1688.26	n/a	n/a	n/a	n/a
$50,000	653.18	843.26	1003.97	1143.94	1244.16	1342.66	1403.14	1446.34	1508.54	1569.02	1629.50	1755.65	1893.89	2042.50	2203.20	2376.00	n/a
$62,500	680.83	910.66	1088.64	1245.89	1392.77	1492.99	1593.22	1676.16	1736.64	1779.84	1840.32	1959.55	2082.24	2211.84	2350.08	2496.96	2652.48
$75,000	n/a	965.95	1159.49	1320.19	1486.08	1641.60	1740.10	1840.32	1940.54	2013.12	2071.87	2170.37	2289.60	2415.74	2548.80	2688.77	2835.65
$87,500	n/a	997.06	1223.42	1408.32	1584.58	1734.91	1899.07	1997.57	2097.79	2198.02	2296.51	2417.47	2510.78	2607.55	2707.78	2811.46	2920.32
$100,000	n/a	n/a	1259.71	1475.71	1626.05	1795.39	1937.09	2099.52	2204.93	2301.70	2400.19	2583.36	2700.86	2823.55	2951.42	3086.21	3226.18
$112,500	n/a	n/a	n/a	1489.54	1660.61	1828.22	1995.84	2132.35	2291.33	2403.65	2496.96	2685.31	2856.38	3037.82	3231.36	3436.99	3656.45
$125,000	n/a	n/a	n/a	1551.74	1689.98	1859.33	2021.76	2184.19	2339.71	2471.04	2588.54	2773.44	2960.06	3158.78	3371.33	3597.70	3839.62
$187,500	n/a	n/a	n/a	n/a	n/a	2120.26	2325.89	2507.33	2673.22	2837.38	2996.35	3314.30	3623.62	3962.30	4332.10	4736.45	5178.82
Unlimited	729.22	1029.89	1299.46	1581.12	1897.34	2206.66	2472.77	2716.42	2939.33	3127.68	3303.94	3632.26	3951.94	4299.26	4677.70	5088.96	5536.51

Age: 74	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	388.80	452.74	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	558.14	692.93	779.33	838.08	907.20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	651.46	838.08	979.78	1093.82	1166.40	1221.70	1289.09	1358.21	1425.60	1501.63	1562.11	1714.18	1864.51	n/a	n/a	n/a	n/a
$50,000	720.58	929.66	1109.38	1263.17	1375.49	1480.90	1546.56	1598.40	1664.06	1733.18	1800.58	1937.09	2092.61	2260.22	2441.66	2636.93	n/a
$62,500	751.68	1003.97	1202.69	1377.22	1536.19	1646.78	1757.38	1850.69	1916.35	1963.01	2028.67	2161.73	2296.51	2439.94	2592.00	2754.43	2925.50
$75,000	n/a	1066.18	1276.99	1456.70	1641.60	1812.67	1921.54	2030.40	2140.99	2218.75	2284.42	2393.28	2526.34	2666.30	2814.91	2972.16	3138.05
$87,500	n/a	1099.01	1349.57	1555.20	1748.74	1912.90	2096.06	2203.20	2312.06	2422.66	2533.25	2666.30	2769.98	2877.12	2989.44	3105.22	3226.18
$100,000	n/a	n/a	1389.31	1629.50	1793.66	1980.29	2139.26	2317.25	2434.75	2540.16	2649.02	2851.20	2979.07	3112.13	3252.10	3397.25	3549.31
$112,500	n/a	n/a	n/a	1643.33	1831.68	2018.30	2201.47	2353.54	2528.06	2652.48	2754.43	2965.25	3151.87	3350.59	3561.41	3786.05	4024.51
$125,000	n/a	n/a	n/a	1714.18	1864.51	2051.14	2230.85	2408.83	2581.63	2726.78	2856.38	3058.56	3265.92	3487.10	3723.84	3976.13	4245.70
$187,500	n/a	n/a	n/a	n/a	n/a	2337.98	2564.35	2764.80	2951.42	3129.41	3307.39	3656.45	3998.59	4373.57	4783.10	5230.66	5719.68
Unlimited	805.25	1137.02	1432.51	1745.28	2094.34	2434.75	2728.51	2998.08	3243.46	3450.82	3647.81	4008.96	4363.20	4748.54	5168.45	5624.64	6122.30

Age: 75	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	437.18	508.03	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	628.99	777.60	874.37	941.76	1019.52	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	734.40	941.76	1102.46	1230.34	1313.28	1375.49	1449.79	1527.55	1603.58	1688.26	1755.65	1924.99	2094.34	n/a	n/a	n/a	n/a
$50,000	810.43	1045.44	1245.89	1418.69	1544.83	1664.06	1736.64	1795.39	1869.70	1945.73	2023.49	2179.01	2350.08	2534.98	2733.70	2947.97	n/a
$62,500	844.99	1128.38	1349.57	1546.56	1728.00	1850.69	1975.10	2078.78	2154.82	2204.93	2279.23	2431.30	2581.63	2740.61	2909.95	3089.66	3281.47
$75,000	n/a	1197.50	1435.97	1638.14	1843.78	2037.31	2158.27	2282.69	2405.38	2495.23	2569.54	2690.50	2839.10	2996.35	3162.24	3336.77	3521.66
$87,500	n/a	1237.25	1517.18	1748.74	1964.74	2151.36	2356.99	2476.22	2600.64	2723.33	2847.74	2996.35	3112.13	3233.09	3357.50	3487.10	3621.89
$100,000	n/a	n/a	1562.11	1831.68	2014.85	2225.66	2403.65	2605.82	2735.42	2854.66	2975.62	3203.71	3350.59	3504.38	3665.09	3832.70	4008.96
$112,500	n/a	n/a	n/a	1847.23	2061.50	2267.14	2472.77	2643.84	2840.83	2979.07	3094.85	3333.31	3540.67	3760.13	3993.41	4242.24	4506.62
$125,000	n/a	n/a	n/a	1924.99	2096.06	2305.15	2507.33	2706.05	2901.31	3062.02	3210.62	3438.72	3670.27	3917.38	4181.76	4463.42	4764.10
$187,500	n/a	n/a	n/a	n/a	n/a	2628.29	2884.03	3106.94	3317.76	3516.48	3716.93	4109.18	4494.53	4916.16	5377.54	5882.11	6433.34
Unlimited	905.47	1275.26	1608.77	1961.28	2353.54	2737.15	3067.20	3367.87	3646.08	3879.36	4098.82	4504.90	4902.34	5334.34	5804.35	6315.84	6872.26

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 76	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	490.75	568.51	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	701.57	867.46	976.32	1050.62	1137.02	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	819.07	1052.35	1233.79	1375.49	1467.07	1534.46	1622.59	1707.26	1791.94	1886.98	1963.01	2153.09	2341.44	n/a	n/a	n/a	n/a
$50,000	907.20	1169.86	1394.50	1586.30	1726.27	1859.33	1942.27	2006.21	2092.61	2175.55	2260.22	2434.75	2626.56	2833.92	3056.83	3297.02	n/a
$62,500	943.49	1263.17	1508.54	1728.00	1933.63	2070.14	2208.38	2325.89	2407.10	2465.86	2548.80	2718.14	2885.76	3063.74	3252.10	3452.54	3665.09
$75,000	n/a	1337.47	1605.31	1831.68	2061.50	2277.50	2414.02	2552.26	2688.77	2788.99	2871.94	3008.45	3172.61	3345.41	3528.58	3720.38	3922.56
$87,500	n/a	1380.67	1698.62	1952.64	2196.29	2403.65	2633.47	2768.26	2904.77	3044.74	3182.98	3350.59	3478.46	3611.52	3749.76	3893.18	4041.79
$100,000	n/a	n/a	1745.28	2045.95	2251.58	2488.32	2685.31	2913.41	3056.83	3191.62	3326.40	3583.87	3744.58	3912.19	4088.45	4271.62	4463.42
$112,500	n/a	n/a	n/a	2064.96	2301.70	2534.98	2763.07	2954.88	3176.06	3329.86	3461.18	3725.57	3960.58	4211.14	4477.25	4758.91	5059.58
$125,000	n/a	n/a	n/a	2153.09	2341.44	2576.45	2802.82	3025.73	3243.46	3424.90	3587.33	3843.07	4102.27	4378.75	4674.24	4988.74	5325.70
$187,500	n/a	n/a	n/a	n/a	n/a	2937.60	3222.72	3475.01	3708.29	3931.20	4155.84	4594.75	5023.30	5491.58	6003.07	6562.94	7174.66
Unlimited	1012.61	1427.33	1798.85	2192.83	2630.02	3058.56	3428.35	3767.04	4074.62	4337.28	4580.93	5037.12	5479.49	5959.87	6483.46	7053.70	7672.32

Age: 77	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	551.23	641.09	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	789.70	979.78	1102.46	1187.14	1283.90	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	926.21	1188.86	1391.04	1548.29	1653.70	1733.18	1828.22	1924.99	2021.76	2127.17	2213.57	2426.11	2640.38	n/a	n/a	n/a	n/a
$50,000	1021.25	1316.74	1572.48	1788.48	1945.73	2097.79	2191.10	2263.68	2356.99	2453.76	2548.80	2745.79	2963.52	3198.53	3452.54	3725.57	n/a
$62,500	1066.18	1423.87	1702.08	1949.18	2177.28	2334.53	2491.78	2621.38	2714.69	2780.35	2873.66	3063.74	3255.55	3459.46	3675.46	3905.28	4148.93
$75,000	n/a	1508.54	1810.94	2064.96	2324.16	2567.81	2721.60	2877.12	3034.37	3144.96	3240.00	3390.34	3578.69	3777.41	3986.50	4207.68	4440.96
$87,500	n/a	1558.66	1914.62	2203.20	2477.95	2711.23	2968.70	3122.50	3276.29	3433.54	3590.78	3777.41	3926.02	4079.81	4240.51	4408.13	4580.93
$100,000	n/a	n/a	1968.19	2308.61	2540.16	2806.27	3030.91	3284.93	3447.36	3599.42	3753.22	4040.06	4223.23	4415.04	4615.49	4824.58	5044.03
$112,500	n/a	n/a	n/a	2329.34	2595.46	2858.11	3119.04	3333.31	3582.14	3756.67	3903.55	4202.50	4466.88	4748.54	5047.49	5365.44	5702.40
$125,000	n/a	n/a	n/a	2426.11	2643.84	2906.50	3160.51	3414.53	3658.18	3862.08	4046.98	4335.55	4627.58	4938.62	5272.13	5628.10	6006.53
$187,500	n/a	n/a	n/a	n/a	n/a	3314.30	3635.71	3917.38	4180.03	4435.78	4688.06	5180.54	5666.11	6196.61	6777.22	7413.12	8107.78
Unlimited	1142.21	1608.77	2030.40	2471.04	2965.25	3449.09	3865.54	4247.42	4596.48	4891.97	5164.99	5681.66	6181.06	6723.65	7314.62	7957.44	8657.28

Age: 78	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	628.99	730.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	902.02	1118.02	1257.98	1353.02	1465.34	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	1054.08	1353.02	1586.30	1767.74	1886.98	1976.83	2085.70	2196.29	2306.88	2427.84	2524.61	2769.98	3013.63	n/a	n/a	n/a	n/a
$50,000	1164.67	1501.63	1793.66	2042.50	2220.48	2391.55	2498.69	2581.63	2690.50	2799.36	2908.22	3132.86	3379.97	3646.08	3932.93	4243.97	n/a
$62,500	1214.78	1624.32	1940.54	2223.94	2484.86	2662.85	2842.56	2991.17	3098.30	3172.61	3279.74	3495.74	3713.47	3945.02	4190.40	4451.33	4727.81
$75,000	n/a	1722.82	2064.96	2356.99	2652.48	2928.96	3103.49	3281.47	3461.18	3587.33	3694.46	3868.99	4083.26	4309.63	4548.10	4800.38	5066.50
$87,500	n/a	1776.38	2184.19	2514.24	2823.55	3091.39	3386.88	3563.14	3739.39	3917.38	4097.09	4309.63	4477.25	4651.78	4833.22	5021.57	5216.83
$100,000	n/a	n/a	2246.40	2633.47	2897.86	3200.26	3457.73	3748.03	3934.66	4105.73	4280.26	4610.30	4817.66	5033.66	5260.03	5496.77	5743.87
$112,500	n/a	n/a	n/a	2655.94	2963.52	3260.74	3556.22	3803.33	4086.72	4285.44	4453.06	4795.20	5094.14	5412.10	5749.06	6106.75	6486.91
$125,000	n/a	n/a	n/a	2769.98	3015.36	3316.03	3606.34	3893.18	4174.85	4406.40	4615.49	4945.54	5279.04	5635.01	6015.17	6421.25	6854.98
$187,500	n/a	n/a	n/a	n/a	n/a	3779.14	4145.47	4472.06	4769.28	5059.58	5346.43	5909.76	6462.72	7067.52	7729.34	8453.38	9244.80
Unlimited	1301.18	1835.14	2313.79	2821.82	3383.42	3938.11	4409.86	4845.31	5242.75	5579.71	5892.48	6481.73	7050.24	7668.86	8341.06	9072.00	9866.88

Age: 79	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	711.94	829.44	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	1022.98	1266.62	1425.60	1532.74	1657.15	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	1194.05	1532.74	1797.12	2001.02	2137.54	2237.76	2360.45	2486.59	2611.01	2747.52	2858.11	3136.32	3412.80	n/a	n/a	n/a	n/a
$50,000	1318.46	1702.08	2030.40	2310.34	2514.24	2709.50	2830.46	2923.78	3046.46	3169.15	3293.57	3545.86	3827.52	4131.65	4459.97	4814.21	n/a
$62,500	1375.49	1838.59	2198.02	2517.70	2814.91	3015.36	3219.26	3385.15	3507.84	3592.51	3713.47	3958.85	4205.95	4468.61	4746.82	5042.30	5356.80
$75,000	n/a	1950.91	2339.71	2668.03	3003.26	3317.76	3514.75	3716.93	3919.10	4064.26	4183.49	4380.48	4624.13	4881.60	5152.90	5439.74	5742.14
$87,500	n/a	2013.12	2472.77	2847.74	3198.53	3500.93	3834.43	4034.88	4235.33	4435.78	4637.95	4879.87	5068.22	5263.49	5467.39	5678.21	5897.66
$100,000	n/a	n/a	2543.62	2982.53	3281.47	3623.62	3913.92	4242.24	4454.78	4650.05	4847.04	5220.29	5455.30	5700.67	5958.14	6225.98	6505.92
$112,500	n/a	n/a	n/a	3010.18	3354.05	3694.46	4027.97	4306.18	4627.58	4852.22	5042.30	5429.38	5769.79	6130.94	6514.56	6922.37	7356.10
$125,000	n/a	n/a	n/a	3136.32	3414.53	3754.94	4083.26	4408.13	4726.08	4988.74	5227.20	5600.45	5978.88	6383.23	6815.23	7276.61	7769.09
$187,500	n/a	n/a	n/a	n/a	n/a	4280.26	4696.70	5063.04	5400.00	5730.05	6056.64	6692.54	7318.08	8002.37	8750.59	9567.94	10463.04
Unlimited	1475.71	2077.06	2621.38	3193.34	3834.43	4458.24	4995.65	5488.13	5937.41	6321.02	6675.26	7340.54	7983.36	8683.20	9443.52	10271.23	11171.52

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 80	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	803.52	934.85	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	1154.30	1429.06	1608.77	1733.18	1871.42	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	1347.84	1731.46	2026.94	2260.22	2414.02	2526.34	2666.30	2808.00	2947.97	3103.49	3227.90	3538.94	3851.71	n/a	n/a	n/a	n/a
$50,000	1489.54	1921.54	2293.06	2609.28	2839.10	3058.56	3196.80	3300.48	3438.72	3578.69	3718.66	4005.50	4321.73	4662.14	5030.21	5427.65	n/a
$62,500	1553.47	2075.33	2483.14	2842.56	3177.79	3404.16	3633.98	3824.06	3960.58	4055.62	4193.86	4470.34	4748.54	5044.03	5358.53	5692.03	6046.27
$75,000	n/a	2201.47	2640.38	3011.90	3388.61	3744.58	3969.22	4195.58	4425.41	4586.11	4722.62	4947.26	5220.29	5508.86	5812.99	6134.40	6473.09
$87,500	n/a	2270.59	2790.72	3214.08	3613.25	3953.66	4332.10	4555.01	4781.38	5009.47	5237.57	5510.59	5723.14	5944.32	6174.14	6412.61	6659.71
$100,000	n/a	n/a	2870.21	3367.87	3704.83	4093.63	4420.22	4791.74	5030.21	5249.66	5470.85	5892.48	6160.32	6440.26	6732.29	7038.14	7357.82
$112,500	n/a	n/a	n/a	3398.98	3787.78	4171.39	4548.10	4860.86	5223.74	5479.49	5693.76	6129.22	6514.56	6924.10	7359.55	7822.66	8315.14
$125,000	n/a	n/a	n/a	3540.67	3853.44	4238.78	4612.03	4976.64	5334.34	5635.01	5902.85	6322.75	6749.57	7205.76	7691.33	8209.73	8764.42
$187,500	n/a	n/a	n/a	n/a	n/a	4833.22	5301.50	5716.22	6096.38	6467.90	6835.97	7556.54	8265.02	9039.17	9885.89	10812.10	11826.43
Unlimited	1665.79	2346.62	2958.34	3606.34	4326.91	5031.94	5638.46	6196.61	6702.91	7134.91	7535.81	8285.76	9013.25	9804.67	10665.22	11601.79	12619.58

Age: 81	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	915.84	1064.45	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	1315.01	1626.05	1829.95	1968.19	2130.62	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	1534.46	1968.19	2308.61	2572.99	2745.79	2873.66	3034.37	3193.34	3354.05	3530.30	3673.73	4029.70	4382.21	n/a	n/a	n/a	n/a
$50,000	1695.17	2187.65	2609.28	2970.43	3231.36	3478.46	3637.44	3756.67	3912.19	4071.17	4231.87	4556.74	4917.89	5308.42	5728.32	6182.78	n/a
$62,500	1766.02	2360.45	2823.55	3234.82	3616.70	3874.18	4135.10	4349.38	4506.62	4615.49	4772.74	5087.23	5403.46	5738.69	6094.66	6473.09	6875.71
$75,000	n/a	2505.60	3004.99	3428.35	3858.62	4262.98	4516.99	4774.46	5037.12	5218.56	5374.08	5628.10	5939.14	6267.46	6613.06	6979.39	7364.74
$87,500	n/a	2585.09	3177.79	3658.18	4110.91	4499.71	4929.98	5182.27	5438.02	5700.67	5959.87	6269.18	6512.83	6765.12	7027.78	7300.80	7584.19
$100,000	n/a	n/a	3267.65	3830.98	4214.59	4656.96	5030.21	5451.84	5723.14	5973.70	6227.71	6706.37	7010.50	7328.45	7660.22	8007.55	8370.43
$112,500	n/a	n/a	n/a	3865.54	4309.63	4745.09	5173.63	5531.33	5946.05	6234.62	6478.27	6974.21	7413.12	7879.68	8375.62	8902.66	9462.53
$125,000	n/a	n/a	n/a	4029.70	4385.66	4824.58	5247.94	5664.38	6070.46	6410.88	6716.74	7195.39	7680.96	8199.36	8752.32	9343.30	9974.02
$187,500	n/a	n/a	n/a	n/a	n/a	5498.50	6032.45	6502.46	6939.65	7361.28	7779.46	8596.80	9402.05	10283.33	11245.82	12299.90	13452.48
Unlimited	1893.89	2669.76	3367.87	4104.00	4923.07	5726.59	6416.06	7050.24	7629.12	8118.14	8574.34	9429.70	10257.41	11157.70	12137.47	13203.65	14363.14

Age: 82	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	1024.70	1190.59	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	1470.53	1819.58	2047.68	2203.20	2382.91	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	1717.63	2204.93	2579.90	2878.85	3072.38	3215.81	3395.52	3573.50	3754.94	3950.21	4110.91	4508.35	4905.79	n/a	n/a	n/a	n/a
$50,000	1897.34	2448.58	2920.32	3322.94	3616.70	3893.18	4069.44	4202.50	4378.75	4556.74	4736.45	5099.33	5503.68	5940.86	6412.61	6920.64	n/a
$62,500	1978.56	2642.11	3160.51	3618.43	4046.98	4335.55	4627.58	4869.50	5044.03	5164.99	5339.52	5693.76	6046.27	6421.25	6818.69	7240.32	7687.87
$75,000	n/a	2804.54	3362.69	3836.16	4316.54	4769.28	5054.40	5342.98	5635.01	5840.64	6015.17	6298.56	6649.34	7019.14	7409.66	7822.66	8258.11
$87,500	n/a	2890.94	3554.50	4093.63	4599.94	5033.66	5515.78	5799.17	6087.74	6378.05	6668.35	7015.68	7286.98	7568.64	7860.67	8164.80	8481.02
$100,000	n/a	n/a	3656.45	4287.17	4717.44	5209.92	5626.37	6101.57	6402.24	6685.63	6967.30	7504.70	7843.39	8197.63	8567.42	8954.50	9358.85
$112,500	n/a	n/a	n/a	4328.64	4822.85	5311.87	5792.26	6191.42	6652.80	6975.94	7250.69	7803.65	8297.86	8823.17	9381.31	9975.74	10608.19
$125,000	n/a	n/a	n/a	4508.35	4907.52	5398.27	5871.74	6338.30	6792.77	7174.66	7516.80	8052.48	8593.34	9170.50	9785.66	10442.30	11143.87
$187,500	n/a	n/a	n/a	n/a	n/a	6155.14	6751.30	7278.34	7763.90	8235.65	8703.94	9619.78	10521.79	11508.48	12586.75	13766.98	15057.79
Unlimited	2121.98	2987.71	3768.77	4591.30	5510.59	6409.15	7179.84	7890.05	8534.59	9085.82	9593.86	10552.90	11477.38	12483.07	13576.90	14765.76	16060.03

Age: 83	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	1152.58	1340.93	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	1653.70	2045.95	2305.15	2479.68	2681.86	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	1931.90	2481.41	2903.04	3240.00	3457.73	3618.43	3818.88	4021.06	4223.23	4446.14	4625.86	5073.41	5519.23	n/a	n/a	n/a	n/a
$50,000	2134.08	2754.43	3286.66	3739.39	4067.71	4380.48	4580.93	4729.54	4928.26	5128.70	5329.15	5738.69	6193.15	6683.90	7212.67	7784.64	n/a
$62,500	2227.39	2973.89	3556.22	4072.90	4553.28	4876.42	5206.46	5479.49	5676.48	5811.26	6008.26	6405.70	6803.14	7224.77	7672.32	8147.52	8653.82
$75,000	n/a	3153.60	3782.59	4316.54	4857.41	5367.17	5686.85	6011.71	6341.76	6573.31	6770.30	7086.53	7480.51	7896.96	8335.87	8798.98	9288.00
$87,500	n/a	3255.55	4000.32	4605.12	5175.36	5664.38	6206.98	6524.93	6851.52	7176.38	7504.70	7895.23	8201.09	8519.04	8849.09	9191.23	9547.20
$100,000	n/a	n/a	4114.37	4824.58	5308.42	5863.10	6333.12	6865.34	7205.76	7521.98	7841.66	8443.01	8826.62	9227.52	9647.42	10086.34	10544.26
$112,500	n/a	n/a	n/a	4867.78	5427.65	5975.42	6516.29	6965.57	7487.42	7848.58	8157.89	8779.97	9336.38	9927.36	10556.35	11225.09	11937.02
$125,000	n/a	n/a	n/a	5073.41	5524.42	6073.92	6607.87	7131.46	7644.67	8073.22	8456.83	9059.90	9671.62	10324.80	11021.18	11765.95	12560.83
$187,500	n/a	n/a	n/a	n/a	n/a	6925.82	7598.02	8188.99	8735.04	9267.26	9794.30	10827.65	11841.98	12951.36	14164.42	15491.52	16943.04
Unlimited	2386.37	3362.69	4238.78	5166.72	6198.34	7210.94	8080.13	8878.46	9604.22	10222.85	10796.54	11873.09	12916.80	14052.10	15287.62	16632.00	18093.89

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 84	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	1292.54	1503.36	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	1855.87	2294.78	2583.36	2780.35	3006.72	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	2166.91	2780.35	3257.28	3630.53	3875.90	4059.07	4285.44	4508.35	4736.45	4985.28	5185.73	5686.85	6187.97	n/a	n/a	n/a	n/a
$50,000	2393.28	3087.94	3684.10	4192.13	4561.92	4912.70	5135.62	5301.50	5526.14	5749.06	5973.70	6431.62	6943.10	7496.06	8092.22	8735.04	n/a
$62,500	2495.23	3335.04	3988.22	4565.38	5104.51	5467.39	5838.91	6143.04	6364.22	6516.29	6737.47	7179.84	7627.39	8102.59	8607.17	9142.85	9713.09
$75,000	n/a	3538.94	4240.51	4838.40	5444.93	6016.90	6376.32	6742.66	7110.72	7368.19	7589.38	7947.07	8385.98	8849.09	9338.11	9853.06	10397.38
$87,500	n/a	3647.81	4485.89	5164.99	5804.35	6350.40	6958.66	7316.35	7679.23	8047.30	8411.90	8850.82	9194.69	9552.38	9923.90	10309.25	10710.14
$100,000	n/a	n/a	4612.03	5408.64	5951.23	6573.31	7100.35	7696.51	8080.13	8432.64	8790.34	9465.98	9896.26	10345.54	10815.55	11308.03	11821.25
$112,500	n/a	n/a	n/a	5458.75	6086.02	6699.46	7305.98	7810.56	8392.90	8802.43	9146.30	9846.14	10464.77	11121.41	11819.52	12562.56	13352.26
$125,000	n/a	n/a	n/a	5688.58	6191.42	6810.05	7409.66	7997.18	8570.88	9049.54	9481.54	10158.91	10843.20	11574.14	12353.47	13186.37	14074.56
$187,500	n/a	n/a	n/a	n/a	n/a	7765.63	8517.31	9180.86	9794.30	10390.46	10981.44	12139.20	13274.50	14515.20	15873.41	17357.76	18980.35
Unlimited	2674.94	3770.50	4752.00	5793.98	6950.02	8085.31	9059.90	9953.28	10770.62	11461.82	12104.64	13312.51	14478.91	15747.26	17126.21	18626.11	20257.34

Age: 85	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	1372.03	1594.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	1966.46	2434.75	2740.61	2949.70	3188.16	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	2296.51	2951.42	3456.00	3851.71	4112.64	4306.18	4544.64	4783.10	5025.02	5289.41	5500.22	6034.18	6566.40	n/a	n/a	n/a	n/a
$50,000	2540.16	3276.29	3910.46	4447.87	4840.13	5211.65	5448.38	5626.37	5863.10	6099.84	6338.30	6827.33	7366.46	7948.80	8576.06	9253.44	n/a
$62,500	2647.30	3538.94	4231.87	4845.31	5417.28	5802.62	6193.15	6516.29	6751.30	6913.73	7147.01	7617.02	8092.22	8596.80	9132.48	9702.72	10307.52
$75,000	n/a	3753.22	4501.44	5133.89	5778.43	6383.23	6765.12	7152.19	7544.45	7817.47	8052.48	8430.91	8897.47	9389.95	9910.08	10457.86	11036.74
$87,500	n/a	3872.45	4758.91	5477.76	6156.86	6739.20	7382.02	7762.18	8147.52	8538.05	8926.85	9391.68	9756.29	10134.72	10528.70	10938.24	11363.33
$100,000	n/a	n/a	4893.70	5738.69	6314.11	6975.94	7534.08	8164.80	8570.88	8947.58	9326.02	10043.14	10499.33	10976.26	11475.65	11997.50	12541.82
$112,500	n/a	n/a	n/a	5793.98	6455.81	7108.99	7750.08	8287.49	8904.38	9339.84	9704.45	10444.03	11102.40	11802.24	12547.01	13338.43	14179.97
$125,000	n/a	n/a	n/a	6035.90	6571.58	7224.77	7860.67	8484.48	9092.74	9604.22	10060.42	10777.54	11503.30	12277.44	13103.42	13986.43	14928.19
$187,500	n/a	n/a	n/a	n/a	n/a	8237.38	9037.44	9740.74	10392.19	11024.64	11653.63	12880.51	14084.93	15401.66	16841.09	18415.30	20138.11
Unlimited	2839.10	4000.32	5042.30	6146.50	7376.83	8577.79	9611.14	10561.54	11425.54	12161.66	12842.50	14124.67	15363.65	16711.49	18176.83	19771.78	21506.69

Age: 86	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	1435.97	1669.25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	2061.50	2550.53	2870.21	3087.94	3340.22	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	2405.38	3087.94	3618.43	4034.88	4306.18	4508.35	4758.91	5009.47	5263.49	5536.51	5761.15	6321.02	6875.71	n/a	n/a	n/a	n/a
$50,000	2657.66	3430.08	4093.63	4658.69	5066.50	5458.75	5704.13	5890.75	6139.58	6386.69	6635.52	7147.01	7712.06	8322.05	8980.42	9690.62	n/a
$62,500	2771.71	3704.83	4430.59	5071.68	5671.30	6075.65	6485.18	6825.60	7069.25	7238.59	7483.97	7976.45	8472.38	8999.42	9559.30	10153.73	10784.45
$75,000	n/a	3929.47	4712.26	5375.81	6049.73	6683.90	7084.80	7489.15	7898.69	8188.99	8430.91	8826.62	9317.38	9835.78	10381.82	10958.98	11568.96
$87,500	n/a	4053.89	4983.55	5735.23	6447.17	7055.42	7731.07	8128.51	8532.86	8938.94	9346.75	9834.05	10214.21	10609.92	11019.46	11446.27	11888.64
$100,000	n/a	n/a	5125.25	6009.98	6613.06	7304.26	7890.05	8550.14	8976.96	9369.22	9766.66	10518.34	10993.54	11489.47	12007.87	12550.46	13117.25
$112,500	n/a	n/a	n/a	6065.28	6759.94	7442.50	8114.69	8676.29	9324.29	9777.02	10162.37	10938.24	11625.98	12356.93	13134.53	13960.51	14838.34
$125,000	n/a	n/a	n/a	6321.02	6880.90	7566.91	8230.46	8885.38	9523.01	10055.23	10535.62	11285.57	12045.89	12858.05	13723.78	14648.26	15634.94
$187,500	n/a	n/a	n/a	n/a	n/a	8626.18	9464.26	10200.38	10881.22	11544.77	12201.41	13485.31	14748.48	16129.15	17639.42	19291.39	21098.88
Unlimited	2972.16	4188.67	5280.77	6435.07	7722.43	8982.14	10063.87	11057.47	11964.67	12731.90	13449.02	14789.95	16087.68	17499.46	19035.65	20706.62	22522.75

Age: 87	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	1534.46	1783.30	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	2201.47	2725.06	3067.20	3300.48	3568.32	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	2571.26	3300.48	3865.54	4311.36	4599.94	4817.66	5085.50	5353.34	5622.91	5918.40	6153.41	6751.30	7347.46	n/a	n/a	n/a	n/a
$50,000	2840.83	3665.09	4373.57	4976.64	5413.82	5832.00	6094.66	6293.38	6557.76	6823.87	7091.71	7637.76	8240.83	8892.29	9593.86	10350.72	n/a
$62,500	2961.79	3957.12	4734.72	5420.74	6058.37	6492.10	6929.28	7290.43	7553.09	7734.53	7997.18	8524.22	9052.99	9614.59	10210.75	10844.93	11517.12
$75,000	n/a	4199.04	5033.66	5743.87	6462.72	7141.82	7568.64	8002.37	8437.82	8748.86	9008.06	9431.42	9955.01	10507.97	11092.03	11707.20	12356.93
$87,500	n/a	4332.10	5323.97	6129.22	6887.81	7537.54	8258.11	8684.93	9116.93	9550.66	9986.11	10506.24	10914.05	11337.41	11778.05	12235.97	12711.17
$100,000	n/a	n/a	5474.30	6419.52	7064.06	7803.65	8427.46	9135.94	9588.67	10008.58	10435.39	11237.18	11745.22	12275.71	12830.40	13411.01	14017.54
$112,500	n/a	n/a	n/a	6480.00	7221.31	7952.26	8671.10	9270.72	9961.92	10445.76	10857.02	11686.46	12422.59	13205.38	14036.54	14921.28	15861.31
$125,000	n/a	n/a	n/a	6751.30	7349.18	8083.58	8793.79	9490.18	10174.46	10742.98	11254.46	12057.98	12870.14	13737.60	14662.08	15650.50	16704.58
$187,500	n/a	n/a	n/a	n/a	n/a	9215.42	10112.26	10896.77	11625.98	12334.46	13036.03	14408.06	15759.36	17236.80	18854.21	20621.95	22555.58
Unlimited	3176.06	4473.79	5641.92	6875.71	8251.20	9597.31	10753.34	11814.34	12782.02	13604.54	14368.32	15800.83	17186.69	18693.50	20333.38	22116.67	24057.22

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 88	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	1631.23	1899.07	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	2341.44	2899.58	3264.19	3511.30	3796.42	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	2735.42	3513.02	4114.37	4584.38	4895.42	5125.25	5410.37	5695.49	5982.34	6296.83	6549.12	7183.30	7815.74	n/a	n/a	n/a	n/a
$50,000	3022.27	3900.10	4653.50	5296.32	5761.15	6205.25	6485.18	6696.00	6977.66	7261.06	7546.18	8126.78	8767.87	9459.07	10205.57	11010.82	n/a
$62,500	3151.87	4209.41	5035.39	5766.34	6447.17	6906.82	7373.38	7758.72	8035.20	8230.46	8508.67	9070.27	9631.87	10228.03	10860.48	11532.67	12246.34
$75,000	n/a	4468.61	5358.53	6111.94	6879.17	7598.02	8054.21	8513.86	8978.69	9308.74	9585.22	10036.22	10592.64	11180.16	11800.51	12455.42	13146.62
$87,500	n/a	4608.58	5662.66	6521.47	7330.18	8021.38	8788.61	9241.34	9699.26	10164.10	10625.47	11178.43	11612.16	12063.17	12531.46	13017.02	13521.60
$100,000	n/a	n/a	5825.09	6830.78	7516.80	8301.31	8966.59	9720.00	10203.84	10649.66	11102.40	11956.03	12496.90	13061.95	13652.93	14269.82	14916.10
$112,500	n/a	n/a	n/a	6894.72	7684.42	8462.02	9225.79	9865.15	10599.55	11114.50	11551.68	12434.69	13217.47	14050.37	14935.10	15875.14	16873.92
$125,000	n/a	n/a	n/a	7183.30	7820.93	8600.26	9355.39	10100.16	10824.19	11428.99	11976.77	12830.40	13694.40	14617.15	15602.11	16652.74	17774.21
$187,500	n/a	n/a	n/a	n/a	n/a	9806.40	10756.80	11594.88	12370.75	13122.43	13870.66	15330.82	16766.78	18337.54	20055.17	21933.50	23988.10
Unlimited	3378.24	4762.37	6003.07	7316.35	8779.97	10212.48	11439.36	12571.20	13601.09	14475.46	15287.62	16813.44	18287.42	19891.01	21634.56	23531.90	25595.14

Age: 89	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	1726.27	2007.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	2476.22	3067.20	3452.54	3713.47	4015.87	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	2894.40	3715.20	4349.38	4850.50	5177.09	5420.74	5721.41	6025.54	6327.94	6659.71	6927.55	7598.02	8268.48	n/a	n/a	n/a	n/a
$50,000	3196.80	4126.46	4923.07	5600.45	6092.93	6561.22	6860.16	7083.07	7382.02	7680.96	7981.63	8595.07	9274.18	10006.85	10798.27	11651.90	n/a
$62,500	3333.31	4454.78	5327.42	6101.57	6820.42	7305.98	7800.19	8206.27	8501.76	8705.66	9001.15	9593.86	10190.02	10822.46	11494.66	12208.32	12966.91
$75,000	n/a	4726.08	5666.11	6464.45	7274.88	8036.93	8517.31	9006.34	9498.82	9846.14	10138.18	10615.10	11204.35	11826.43	12483.07	13176.00	13906.94
$87,500	n/a	4874.69	5990.98	6898.18	7753.54	8484.48	9294.91	9775.30	10259.14	10749.89	11238.91	11824.70	12284.35	12761.28	13257.22	13772.16	14307.84
$100,000	n/a	n/a	6162.05	7224.77	7950.53	8783.42	9486.72	10283.33	10793.09	11266.56	11743.49	12648.96	13219.20	13815.36	14437.44	15088.90	15769.73
$112,500	n/a	n/a	n/a	7292.16	8128.51	8951.04	9759.74	10435.39	11212.99	11759.04	12218.69	13153.54	13982.98	14864.26	15800.83	16797.89	17857.15
$125,000	n/a	n/a	n/a	7598.02	8271.94	9097.92	9896.26	10680.77	11449.73	12092.54	12667.97	13569.98	14487.55	15467.33	16512.77	17629.06	18821.38
$187,500	n/a	n/a	n/a	n/a	n/a	10373.18	11378.88	12265.34	13087.87	13881.02	14672.45	16217.28	17737.92	19401.98	21221.57	23212.22	25389.50
Unlimited	3573.50	5035.39	6350.40	7737.98	9288.00	10801.73	12102.91	13296.96	14387.33	15311.81	16170.62	17784.58	19344.96	21041.86	22887.36	24895.30	27079.49

Age: 90	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	1823.04	2120.26	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	2614.46	3236.54	3644.35	3920.83	4238.78	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	3055.10	3920.83	4591.30	5120.06	5465.66	5721.41	6039.36	6357.31	6678.72	7029.50	7309.44	8019.65	8726.40	n/a	n/a	n/a	n/a
$50,000	3374.78	4354.56	5196.10	5911.49	6431.62	6927.55	7240.32	7477.06	7791.55	8107.78	8422.27	9072.00	9789.12	10563.26	11397.89	12298.18	n/a
$62,500	3518.21	4701.89	5622.91	6438.53	7198.85	7710.34	8232.19	8660.74	8971.78	9186.05	9498.82	10124.35	10755.07	11425.54	12137.47	12894.34	13697.86
$75,000	n/a	4987.01	5980.61	6822.14	7677.50	8484.48	8992.51	9505.73	10024.13	10390.46	10701.50	11204.35	11824.70	12479.62	13170.82	13900.03	14668.99
$87,500	n/a	5144.26	6322.75	7280.06	8183.81	8954.50	9809.86	10316.16	10829.38	11346.05	11862.72	12481.34	12963.46	13464.58	13984.70	14525.57	15087.17
$100,000	n/a	n/a	6504.19	7627.39	8391.17	9268.99	10010.30	10851.84	11392.70	11890.37	12393.22	13348.80	13953.60	14586.05	15246.14	15937.34	16659.65
$112,500	n/a	n/a	n/a	7696.51	8577.79	9446.98	10300.61	11012.54	11833.34	12410.50	12896.06	13881.02	14757.12	15688.51	16678.66	17731.01	18850.75
$125,000	n/a	n/a	n/a	8019.65	8731.58	9602.50	10445.76	11273.47	12085.63	12761.28	13369.54	14323.39	15289.34	16320.96	17421.70	18596.74	19851.26
$187,500	n/a	n/a	n/a	n/a	n/a	10946.88	12011.33	12946.18	13811.90	14651.71	15484.61	17115.84	18717.70	20469.89	22386.24	24480.58	26771.90
Unlimited	3772.22	5315.33	6701.18	8168.26	9801.22	11401.34	12773.38	14036.54	15185.66	16160.26	17067.46	18769.54	20414.59	22203.07	24148.80	26265.60	28567.30

Age: 91	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	1918.08	2230.85	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	2750.98	3405.89	3834.43	4128.19	4461.70	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	3215.81	4128.19	4833.22	5387.90	5752.51	6023.81	6355.58	6692.54	7029.50	7395.84	7693.06	8439.55	9184.32	n/a	n/a	n/a	n/a
$50,000	3551.04	4582.66	5467.39	6220.80	6770.30	7288.70	7620.48	7867.58	8199.36	8532.86	8866.37	9547.20	10302.34	11117.95	11997.50	12946.18	n/a
$62,500	3703.10	4947.26	5918.40	6773.76	7575.55	8114.69	8664.19	9115.20	9443.52	9669.89	9996.48	10656.58	11318.40	12021.70	12768.19	13561.34	14402.88
$75,000	n/a	5249.66	6293.38	7179.84	8080.13	8928.58	9464.26	10005.12	10551.17	10936.51	11263.10	11793.60	12446.78	13136.26	13863.74	14630.98	15441.41
$87,500	n/a	5415.55	6654.53	7661.95	8612.35	9424.51	10326.53	10858.75	11396.16	11940.48	12484.80	13134.53	13646.02	14178.24	14731.20	15304.90	15901.06
$100,000	n/a	n/a	6844.61	8026.56	8830.08	9756.29	10537.34	11422.08	11988.86	12514.18	13044.67	14048.64	14684.54	15349.82	16044.48	16770.24	17528.83
$112,500	n/a	n/a	n/a	8100.86	9028.80	9942.91	10841.47	11591.42	12455.42	13060.22	13573.44	14610.24	15531.26	16511.04	17551.30	18657.22	19833.98
$125,000	n/a	n/a	n/a	8439.55	9189.50	10107.07	10991.81	11866.18	12719.81	13430.02	14071.10	15075.07	16091.14	17176.32	18334.08	19569.60	20888.06
$187,500	n/a	n/a	n/a	n/a	n/a	11522.30	12640.32	13623.55	14535.94	15420.67	16296.77	18012.67	19700.93	21548.16	23568.19	25776.58	28192.32
Unlimited	3969.22	5593.54	7053.70	8596.80	10314.43	11999.23	13443.84	14770.94	15980.54	17008.70	17964.29	19754.50	21485.95	23369.47	25417.15	27644.54	30067.20

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Home and Community Care Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 92	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	2014.85	2343.17	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	2889.22	3578.69	4027.97	4333.82	4688.06	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	3378.24	4335.55	5076.86	5660.93	6042.82	6326.21	6678.72	7031.23	7383.74	7770.82	8081.86	8868.10	9649.15	n/a	n/a	n/a	n/a
$50,000	3730.75	4814.21	5743.87	6535.30	7112.45	7658.50	8004.10	8266.75	8614.08	8963.14	9313.92	10031.04	10822.46	11676.10	12597.12	13590.72	n/a
$62,500	3889.73	5197.82	6217.34	7117.63	7957.44	8525.95	9101.38	9576.58	9920.45	10158.91	10504.51	11195.71	11890.37	12628.22	13411.01	14243.90	15126.91
$75,000	n/a	5514.05	6614.78	7544.45	8487.94	9379.58	9941.18	10509.70	11081.66	11487.74	11829.89	12388.03	13075.78	13801.54	14567.04	15375.74	16229.38
$87,500	n/a	5688.58	6991.49	8049.02	9047.81	9899.71	10848.38	11406.53	11973.31	12543.55	13117.25	13799.81	14333.76	14888.45	15463.87	16061.76	16683.84
$100,000	n/a	n/a	7190.21	8432.64	9277.63	10248.77	11069.57	11999.23	12595.39	13148.35	13704.77	14758.85	15427.58	16127.42	16858.37	17622.14	18420.48
$112,500	n/a	n/a	n/a	8510.40	9484.99	10444.03	11389.25	12175.49	13084.42	13722.05	14257.73	15349.82	16315.78	17342.21	18434.30	19593.79	20827.58
$125,000	n/a	n/a	n/a	8868.10	9654.34	10615.10	11548.22	12465.79	13362.62	14110.85	14783.04	15835.39	16903.30	18043.78	19260.29	20559.74	21945.60
$187,500	n/a	n/a	n/a	n/a	n/a	12104.64	13279.68	14313.02	15268.61	16198.27	17121.02	18925.06	20696.26	22633.34	24751.87	27069.12	29602.37
Unlimited	4171.39	5876.93	7409.66	9028.80	10836.29	12605.76	14122.94	15517.44	16789.25	17869.25	18871.49	20753.28	22574.59	24554.88	26709.70	29054.59	31605.12

Age: 93	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	2113.34	2458.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	3032.64	3754.94	4228.42	4549.82	4917.89	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	3545.86	4549.82	5327.42	5940.86	6340.03	6638.98	7007.04	7376.83	7750.08	8154.43	8482.75	9305.28	10124.35	n/a	n/a	n/a	n/a
$50,000	3913.92	5050.94	6027.26	6858.43	7461.50	8035.20	8401.54	8672.83	9040.90	9407.23	9773.57	10525.25	11358.14	12256.70	13226.11	14273.28	n/a
$62,500	4081.54	5453.57	6524.93	7468.42	8351.42	8947.58	9550.66	10050.05	10411.20	10660.03	11021.18	11748.67	12477.89	13252.03	14074.56	14948.93	15876.86
$75,000	n/a	5787.07	6939.65	7915.97	8907.84	9844.42	10431.94	11028.10	11631.17	12056.26	12415.68	12999.74	13720.32	14480.64	15284.16	16130.88	17024.26
$87,500	n/a	5968.51	7337.09	8446.46	9495.36	10388.74	11382.34	11969.86	12564.29	13163.90	13763.52	14480.64	15043.97	15629.76	16238.02	16870.46	17527.10
$100,000	n/a	n/a	7544.45	8849.09	9735.55	10755.07	11615.62	12590.21	13215.74	13796.35	14380.42	15486.34	16187.90	16920.58	17687.81	18489.60	19327.68
$112,500	n/a	n/a	n/a	8930.30	9953.28	10958.98	11952.58	12776.83	13730.69	14397.70	14962.75	16104.96	17121.02	18201.02	19350.14	20570.11	21867.84
$125,000	n/a	n/a	n/a	9307.01	10131.26	11140.42	12118.46	13082.69	14020.99	14807.23	15512.26	16618.18	17737.92	18933.70	20208.96	21570.62	23023.87
$187,500	n/a	n/a	n/a	n/a	n/a	12702.53	13936.32	15019.78	16023.74	17000.06	17967.74	19858.18	21719.23	23754.82	25980.48	28415.23	31078.08
Unlimited	4377.02	6167.23	7774.27	9476.35	11371.97	13227.84	14819.33	16284.67	17616.96	18750.53	19802.88	21777.98	23687.42	25764.48	28022.98	30480.19	33153.41

Age: 94	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	2215.30	2576.45	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	3177.79	3934.66	4428.86	4765.82	5152.90	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	3713.47	4767.55	5581.44	6224.26	6642.43	6955.20	7342.27	7729.34	8118.14	8544.96	8887.10	9749.38	10608.19	n/a	n/a	n/a	n/a
$50,000	4102.27	5294.59	6315.84	7185.02	7817.47	8420.54	8800.70	9089.28	9471.17	9853.06	10240.13	11028.10	11899.01	12839.04	13853.38	14947.20	n/a
$62,500	4275.07	5716.22	6835.97	7826.11	8748.86	9372.67	10006.85	10528.70	10907.14	11168.06	11548.22	12308.54	13072.32	13882.75	14745.02	15659.14	16630.27
$75,000	n/a	6061.82	7271.42	8296.13	9334.66	10310.98	10927.87	11555.14	12185.86	12629.95	13006.66	13618.37	14375.23	15173.57	16016.83	16906.75	17846.78
$87,500	n/a	6255.36	7686.14	8850.82	9948.10	10886.40	11926.66	12541.82	13162.18	13791.17	14420.16	15170.11	15761.09	16374.53	17012.16	17675.71	18363.46
$100,000	n/a	n/a	7905.60	9268.99	10200.38	11268.29	12170.30	13191.55	13848.19	14454.72	15066.43	16227.65	16960.32	17725.82	18525.89	19362.24	20236.61
$112,500	n/a	n/a	n/a	9355.39	10428.48	11482.56	12521.09	13386.82	14387.33	15083.71	15676.42	16873.92	17938.37	19070.21	20272.90	21551.62	22911.55
$125,000	n/a	n/a	n/a	9751.10	10615.10	11672.64	12697.34	13706.50	14689.73	15512.26	16253.57	17411.33	18584.64	19837.44	21174.91	22602.24	24124.61
$187,500	n/a	n/a	n/a	n/a	n/a	13307.33	14599.87	15735.17	16789.25	17810.50	18824.83	20805.12	22754.30	24886.66	27217.73	29768.26	32557.25
Unlimited	4584.38	6460.99	8145.79	9929.09	11914.56	13858.56	15527.81	17060.54	18458.50	19645.63	20746.37	22816.51	24817.54	26994.82	29362.18	31936.90	34737.98

Age: 95+	10 Day Elimination Period																
	Daily Benefit																
Maximum	$20	$30	$40	$50	$60	$70	$80	$90	$100	$110	$120	$140	$160	$180	$200	$220	$240
$12,500	2526.34	2939.33	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$25,000	3623.62	4487.62	5050.94	5436.29	5876.93	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$37,500	4237.06	5436.29	6367.68	7098.62	7577.28	7933.25	8373.89	8816.26	9260.35	9744.19	10134.72	11117.95	12099.46	n/a	n/a	n/a	n/a
$50,000	4677.70	6037.63	7202.30	8195.90	8918.21	9604.22	10037.95	10366.27	10801.73	11240.64	11679.55	12578.11	13571.71	14643.07	15799.10	17046.72	n/a
$62,500	4876.42	6518.02	7798.46	8926.85	9979.20	10692.86	11411.71	12009.60	12439.87	12738.82	13169.09	14036.54	14909.18	15835.39	16820.35	17865.79	18976.90
$75,000	n/a	6913.73	8294.40	9460.80	10646.21	11762.50	12465.79	13179.46	13898.30	14408.06	14836.61	15534.72	16396.99	17307.65	18268.42	19282.75	20352.38
$87,500	n/a	7133.18	8766.14	10094.98	11346.05	12415.68	13601.09	14304.38	15014.59	15729.98	16447.10	17302.46	17974.66	18672.77	19398.53	20151.94	20934.72
$100,000	n/a	n/a	9016.70	10575.36	11634.62	12854.59	13881.02	15047.42	15793.92	16486.85	17184.96	18506.88	19346.69	20224.51	21142.08	22101.12	23103.36
$112,500	n/a	n/a	n/a	10672.13	11895.55	13096.51	14281.92	15270.34	16409.09	17207.42	17879.62	19246.46	20459.52	21748.61	23118.91	24575.62	26123.90
$125,000	n/a	n/a	n/a	11119.68	12106.37	13314.24	14482.37	15631.49	16756.42	17692.99	18536.26	19858.18	21199.10	22629.89	24157.44	25788.67	27530.50
$187,500	n/a	n/a	n/a	n/a	n/a	15178.75	16651.01	17948.74	19149.70	20314.37	21470.40	23730.62	25952.83	28382.40	31040.06	33946.56	37126.08
Unlimited	5230.66	7369.92	9291.46	11325.31	13588.99	15807.74	17708.54	19459.01	21052.22	22406.98	23663.23	26025.41	28306.37	30787.78	33486.91	36421.06	39612.67

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 18-44	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	57.02	67.39	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	82.94	101.95	114.05	124.42	133.06	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	95.04	122.69	143.42	160.70	171.07	179.71	191.81	200.45	210.82	n/a	n/a
$100,000	105.41	134.78	164.16	186.62	202.18	217.73	228.10	238.46	248.83	257.47	267.84
$125,000	110.59	148.61	177.98	205.63	228.10	245.38	260.93	274.75	285.12	295.49	304.13
$150,000	n/a	157.25	190.08	216.00	245.38	271.30	288.58	304.13	319.68	333.50	342.14
$175,000	n/a	164.16	200.45	229.82	259.20	286.85	314.50	330.05	347.33	362.88	380.16
$200,000	n/a	167.62	210.82	241.92	273.02	300.67	326.59	354.24	371.52	388.80	406.08
$225,000	n/a	n/a	216.00	254.02	285.12	312.77	340.42	368.06	395.71	414.72	430.27
$250,000	n/a	n/a	221.18	262.66	295.49	324.86	352.51	381.89	409.54	437.18	457.92
$375,000	n/a	n/a	n/a	n/a	331.78	374.98	412.99	444.10	473.47	502.85	530.50
Unlimited	114.05	169.34	226.37	283.39	338.69	395.71	444.10	487.30	525.31	559.87	590.98

Age: 45-49	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	77.76	91.58	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	112.32	138.24	155.52	169.34	183.17	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	129.60	167.62	195.26	219.46	233.28	247.10	260.93	273.02	288.58	n/a	n/a
$100,000	143.42	184.90	224.64	254.02	276.48	297.22	311.04	324.86	338.69	350.78	366.34
$125,000	150.34	202.18	241.92	278.21	312.77	335.23	355.97	374.98	388.80	402.62	414.72
$150,000	n/a	214.27	257.47	293.76	335.23	369.79	392.26	412.99	437.18	452.74	466.56
$175,000	n/a	224.64	273.02	314.50	352.51	390.53	428.54	449.28	473.47	494.21	518.40
$200,000	n/a	228.10	286.85	331.78	369.79	409.54	445.82	483.84	508.03	530.50	552.96
$225,000	n/a	n/a	295.49	345.60	387.07	426.82	464.83	502.85	539.14	566.78	587.52
$250,000	n/a	n/a	302.40	359.42	402.62	444.10	482.11	521.86	558.14	596.16	623.81
$375,000	n/a	n/a	n/a	n/a	452.74	511.49	561.60	604.80	646.27	684.29	724.03
Unlimited	153.79	231.55	307.58	385.34	463.10	537.41	603.07	661.82	717.12	763.78	805.25

Age: 50	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	88.13	103.68	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	126.14	157.25	176.26	191.81	207.36	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	146.88	190.08	222.91	247.10	264.38	279.94	295.49	311.04	326.59	n/a	n/a
$100,000	164.16	210.82	254.02	288.58	312.77	336.96	352.51	368.06	383.62	399.17	414.72
$125,000	171.07	228.10	273.02	316.22	352.51	380.16	404.35	426.82	440.64	456.19	471.74
$150,000	n/a	243.65	292.03	335.23	380.16	419.90	444.10	470.02	495.94	513.22	528.77
$175,000	n/a	254.02	311.04	355.97	399.17	444.10	485.57	509.76	535.68	561.60	585.79
$200,000	n/a	259.20	324.86	374.98	419.90	463.10	506.30	549.50	575.42	599.62	627.26
$225,000	n/a	n/a	335.23	392.26	438.91	483.84	527.04	568.51	611.71	641.09	667.01
$250,000	n/a	n/a	342.14	406.08	457.92	502.85	546.05	589.25	632.45	675.65	708.48
$375,000	n/a	n/a	n/a	n/a	513.22	580.61	635.90	686.02	730.94	775.87	819.07
Unlimited	174.53	262.66	350.78	437.18	523.58	609.98	684.29	751.68	813.89	864.00	914.11

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
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Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 51	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	93.31	110.59	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	133.06	165.89	186.62	203.90	219.46	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	155.52	200.45	235.01	262.66	279.94	295.49	312.77	330.05	345.60	n/a	n/a
$100,000	172.80	222.91	267.84	304.13	331.78	357.70	373.25	388.80	406.08	423.36	438.91
$125,000	179.71	241.92	288.58	335.23	374.98	400.90	428.54	451.01	466.56	482.11	499.39
$150,000	n/a	257.47	309.31	352.51	400.90	444.10	470.02	497.66	523.58	544.32	559.87
$175,000	n/a	269.57	330.05	376.70	425.09	468.29	513.22	539.14	566.78	594.43	620.35
$200,000	n/a	274.75	343.87	397.44	444.10	490.75	535.68	580.61	609.98	635.90	661.82
$225,000	n/a	n/a	354.24	414.72	464.83	511.49	558.14	601.34	646.27	679.10	706.75
$250,000	n/a	n/a	362.88	430.27	483.84	532.22	578.88	625.54	670.46	713.66	748.22
$375,000	n/a	n/a	n/a	n/a	542.59	615.17	673.92	725.76	774.14	820.80	867.46
Unlimited	184.90	278.21	369.79	463.10	554.69	646.27	724.03	796.61	860.54	915.84	967.68

Age: 52	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	98.50	115.78	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	141.70	176.26	196.99	214.27	231.55	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	164.16	210.82	248.83	276.48	295.49	312.77	330.05	347.33	366.34	n/a	n/a
$100,000	181.44	235.01	283.39	321.41	350.78	376.70	393.98	411.26	428.54	445.82	463.10
$125,000	191.81	255.74	304.13	352.51	395.71	423.36	452.74	475.20	492.48	509.76	527.04
$150,000	n/a	273.02	326.59	373.25	425.09	468.29	495.94	525.31	552.96	573.70	590.98
$175,000	n/a	283.39	347.33	397.44	447.55	494.21	542.59	568.51	599.62	627.26	654.91
$200,000	n/a	288.58	364.61	418.18	470.02	518.40	566.78	613.44	644.54	672.19	699.84
$225,000	n/a	n/a	374.98	438.91	490.75	539.14	589.25	635.90	684.29	717.12	744.77
$250,000	n/a	n/a	381.89	454.46	509.76	561.60	611.71	660.10	706.75	755.14	789.70
$375,000	n/a	n/a	n/a	n/a	573.70	648.00	710.21	767.23	817.34	865.73	915.84
Unlimited	195.26	293.76	390.53	489.02	585.79	682.56	763.78	839.81	908.93	967.68	1021.25

Age: 53	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	103.68	120.96	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	148.61	183.17	207.36	226.37	243.65	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	172.80	224.64	260.93	290.30	311.04	330.05	347.33	366.34	383.62	n/a	n/a
$100,000	191.81	247.10	297.22	338.69	368.06	397.44	414.72	432.00	451.01	470.02	489.02
$125,000	200.45	269.57	321.41	371.52	414.72	444.10	475.20	501.12	518.40	537.41	554.69
$150,000	n/a	286.85	343.87	392.26	445.82	492.48	521.86	552.96	584.06	603.07	622.08
$175,000	n/a	298.94	366.34	418.18	471.74	521.86	570.24	599.62	630.72	660.10	691.20
$200,000	n/a	304.13	381.89	440.64	492.48	546.05	596.16	646.27	677.38	708.48	737.86
$225,000	n/a	n/a	393.98	461.38	516.67	568.51	618.62	670.46	720.58	755.14	784.51
$250,000	n/a	n/a	402.62	476.93	537.41	590.98	642.82	692.93	743.04	793.15	832.90
$375,000	n/a	n/a	n/a	n/a	603.07	680.83	748.22	805.25	860.54	912.38	964.22
Unlimited	205.63	307.58	412.99	514.94	616.90	718.85	803.52	883.01	957.31	1019.52	1074.82

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
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Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 54	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	119.23	139.97	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	171.07	210.82	238.46	259.20	279.94	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	196.99	257.47	300.67	335.23	357.70	378.43	399.17	419.90	442.37	n/a	n/a
$100,000	219.46	283.39	342.14	388.80	423.36	456.19	476.93	497.66	520.13	539.14	561.60
$125,000	231.55	309.31	369.79	428.54	478.66	511.49	547.78	575.42	596.16	616.90	637.63
$150,000	n/a	330.05	395.71	451.01	513.22	568.51	601.34	635.90	670.46	694.66	715.39
$175,000	n/a	342.14	419.90	482.11	540.86	599.62	656.64	691.20	724.03	758.59	793.15
$200,000	n/a	350.78	440.64	506.30	568.51	627.26	684.29	741.31	779.33	813.89	848.45
$225,000	n/a	n/a	452.74	530.50	594.43	653.18	711.94	770.69	827.71	867.46	902.02
$250,000	n/a	n/a	461.38	551.23	616.90	679.10	739.58	798.34	855.36	912.38	957.31
$375,000	n/a	n/a	n/a	n/a	692.93	784.51	860.54	926.21	988.42	1050.62	1109.38
Unlimited	236.74	354.24	473.47	590.98	708.48	825.98	926.21	1017.79	1099.01	1171.58	1237.25

Age: 55	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	124.42	146.88	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	179.71	221.18	248.83	271.30	292.03	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	207.36	267.84	314.50	350.78	373.25	395.71	416.45	438.91	459.65	n/a	n/a
$100,000	229.82	295.49	357.70	406.08	442.37	475.20	497.66	520.13	540.86	563.33	584.06
$125,000	241.92	321.41	385.34	445.82	499.39	535.68	570.24	599.62	622.08	644.54	665.28
$150,000	n/a	343.87	412.99	471.74	535.68	592.70	627.26	661.82	699.84	724.03	746.50
$175,000	n/a	357.70	438.91	502.85	565.06	625.54	684.29	720.58	755.14	791.42	827.71
$200,000	n/a	366.34	459.65	528.77	592.70	654.91	713.66	774.14	813.89	848.45	884.74
$225,000	n/a	n/a	473.47	552.96	618.62	680.83	743.04	803.52	864.00	905.47	941.76
$250,000	n/a	n/a	482.11	573.70	646.27	708.48	770.69	832.90	893.38	953.86	998.78
$375,000	n/a	n/a	n/a	n/a	724.03	817.34	896.83	967.68	1033.34	1095.55	1157.76
Unlimited	247.10	369.79	494.21	616.90	739.58	862.27	965.95	1060.99	1147.39	1221.70	1289.09

Age: 56	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	139.97	164.16	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	200.45	248.83	279.94	304.13	330.05	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	231.55	302.40	352.51	393.98	419.90	444.10	470.02	492.48	518.40	n/a	n/a
$100,000	257.47	333.50	400.90	457.92	497.66	535.68	559.87	584.06	609.98	632.45	658.37
$125,000	273.02	362.88	433.73	502.85	561.60	601.34	642.82	675.65	699.84	724.03	748.22
$150,000	n/a	387.07	464.83	530.50	601.34	665.28	706.75	746.50	786.24	815.62	839.81
$175,000	n/a	402.62	492.48	566.78	635.90	703.30	770.69	810.43	850.18	891.65	931.39
$200,000	n/a	412.99	516.67	596.16	665.28	736.13	803.52	870.91	914.11	955.58	995.33
$225,000	n/a	n/a	532.22	622.08	696.38	767.23	836.35	903.74	972.86	1019.52	1059.26
$250,000	n/a	n/a	542.59	646.27	725.76	798.34	867.46	936.58	1003.97	1071.36	1123.20
$375,000	n/a	n/a	n/a	n/a	815.62	921.02	1009.15	1088.64	1161.22	1232.06	1301.18
Unlimited	278.21	416.45	554.69	694.66	832.90	969.41	1085.18	1192.32	1290.82	1375.49	1451.52

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
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Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 57	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	150.34	177.98	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	216.00	267.84	300.67	326.59	352.51	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	248.83	323.14	380.16	423.36	451.01	476.93	504.58	530.50	556.42	n/a	n/a
$100,000	276.48	357.70	430.27	490.75	533.95	575.42	601.34	628.99	654.91	680.83	708.48
$125,000	292.03	390.53	466.56	539.14	603.07	646.27	689.47	725.76	751.68	777.60	803.52
$150,000	n/a	416.45	499.39	568.51	646.27	715.39	756.86	801.79	844.99	876.10	902.02
$175,000	n/a	432.00	530.50	608.26	682.56	755.14	827.71	869.18	912.38	957.31	1000.51
$200,000	n/a	442.37	554.69	639.36	715.39	789.70	864.00	934.85	981.50	1024.70	1067.90
$225,000	n/a	n/a	570.24	668.74	748.22	824.26	898.56	971.14	1043.71	1093.82	1137.02
$250,000	n/a	n/a	584.06	692.93	779.33	857.09	931.39	1005.70	1080.00	1150.85	1206.14
$375,000	n/a	n/a	n/a	n/a	876.10	988.42	1083.46	1169.86	1247.62	1323.65	1397.95
Unlimited	298.94	447.55	597.89	746.50	895.10	1041.98	1166.40	1282.18	1387.58	1475.71	1558.66

Age: 58	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	160.70	190.08	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	229.82	286.85	321.41	350.78	378.43	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	266.11	345.60	404.35	451.01	482.11	509.76	537.41	568.51	596.16	n/a	n/a
$100,000	297.22	381.89	461.38	523.58	570.24	615.17	642.82	670.46	699.84	727.49	755.14
$125,000	311.04	416.45	497.66	577.15	644.54	691.20	737.86	775.87	803.52	832.90	860.54
$150,000	n/a	444.10	533.95	608.26	692.93	765.50	810.43	857.09	903.74	936.58	964.22
$175,000	n/a	461.38	566.78	649.73	729.22	806.98	884.74	929.66	976.32	1022.98	1069.63
$200,000	n/a	473.47	592.70	682.56	765.50	844.99	922.75	1000.51	1050.62	1095.55	1142.21
$225,000	n/a	n/a	611.71	715.39	800.06	879.55	960.77	1036.80	1114.56	1169.86	1214.78
$250,000	n/a	n/a	623.81	741.31	832.90	915.84	997.06	1076.54	1152.58	1230.34	1289.09
$375,000	n/a	n/a	n/a	n/a	934.85	1057.54	1159.49	1251.07	1332.29	1413.50	1494.72
Unlimited	319.68	478.66	637.63	798.34	957.31	1112.83	1247.62	1370.30	1482.62	1579.39	1665.79

Age: 59	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	181.44	212.54	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	259.20	321.41	362.88	395.71	426.82	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	302.40	390.53	457.92	509.76	544.32	575.42	608.26	641.09	672.19	n/a	n/a
$100,000	335.23	432.00	521.86	592.70	646.27	692.93	725.76	756.86	789.70	820.80	853.63
$125,000	350.78	470.02	563.33	651.46	727.49	779.33	832.90	876.10	907.20	940.03	971.14
$150,000	n/a	502.85	601.34	687.74	781.06	864.00	914.11	967.68	1019.52	1057.54	1088.64
$175,000	n/a	521.86	639.36	732.67	824.26	910.66	998.78	1050.62	1102.46	1154.30	1206.14
$200,000	n/a	533.95	668.74	770.69	864.00	955.58	1041.98	1128.38	1185.41	1237.25	1289.09
$225,000	n/a	n/a	689.47	806.98	903.74	993.60	1083.46	1171.58	1259.71	1320.19	1372.03
$250,000	n/a	n/a	705.02	836.35	941.76	1035.07	1126.66	1214.78	1301.18	1389.31	1454.98
$375,000	n/a	n/a	n/a	n/a	1055.81	1192.32	1309.82	1410.05	1505.09	1596.67	1688.26
Unlimited	361.15	539.14	720.58	900.29	1081.73	1256.26	1408.32	1548.29	1672.70	1781.57	1881.79

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

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Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 60	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	202.18	238.46	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	290.30	359.42	404.35	440.64	475.20	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	335.23	435.46	509.76	568.51	606.53	642.82	677.38	713.66	749.95	n/a	n/a
$100,000	373.25	480.38	580.61	661.82	718.85	772.42	808.70	844.99	879.55	914.11	950.40
$125,000	392.26	523.58	627.26	724.03	810.43	869.18	926.21	974.59	1010.88	1047.17	1081.73
$150,000	n/a	559.87	670.46	765.50	870.91	960.77	1019.52	1078.27	1137.02	1176.77	1213.06
$175,000	n/a	582.34	711.94	817.34	917.57	1016.06	1112.83	1169.86	1228.61	1285.63	1346.11
$200,000	n/a	594.43	746.50	860.54	962.50	1064.45	1159.49	1257.98	1320.19	1377.22	1437.70
$225,000	n/a	n/a	768.96	898.56	1005.70	1109.38	1207.87	1306.37	1403.14	1470.53	1529.28
$250,000	n/a	n/a	784.51	933.12	1048.90	1152.58	1252.80	1353.02	1451.52	1548.29	1622.59
$375,000	n/a	n/a	n/a	n/a	1176.77	1330.56	1458.43	1572.48	1677.89	1779.84	1880.06
Unlimited	400.90	601.34	801.79	1003.97	1204.42	1399.68	1569.02	1722.82	1864.51	1983.74	2096.06

Age: 61	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	217.73	257.47	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	312.77	387.07	435.46	475.20	511.49	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	361.15	468.29	549.50	611.71	653.18	691.20	729.22	768.96	806.98	n/a	n/a
$100,000	400.90	518.40	625.54	710.21	772.42	832.90	870.91	908.93	946.94	986.69	1024.70
$125,000	423.36	565.06	675.65	781.06	874.37	936.58	998.78	1050.62	1088.64	1126.66	1164.67
$150,000	n/a	601.34	724.03	824.26	938.30	1035.07	1097.28	1159.49	1223.42	1268.35	1306.37
$175,000	n/a	627.26	768.96	879.55	988.42	1093.82	1197.50	1259.71	1321.92	1385.86	1449.79
$200,000	n/a	641.09	803.52	926.21	1036.80	1143.94	1251.07	1354.75	1422.14	1484.35	1548.29
$225,000	n/a	n/a	827.71	969.41	1083.46	1192.32	1301.18	1406.59	1512.00	1584.58	1646.78
$250,000	n/a	n/a	844.99	1003.97	1128.38	1240.70	1349.57	1456.70	1563.84	1667.52	1747.01
$375,000	n/a	n/a	n/a	n/a	1268.35	1432.51	1570.75	1693.44	1807.49	1916.35	2025.22
Unlimited	432.00	648.00	864.00	1081.73	1297.73	1508.54	1688.26	1857.60	2007.94	2139.26	2258.50

Age: 62	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	238.46	279.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	342.14	423.36	476.93	520.13	561.60	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	395.71	513.22	601.34	670.46	715.39	756.86	800.06	841.54	883.01	n/a	n/a
$100,000	440.64	568.51	684.29	779.33	848.45	912.38	953.86	995.33	1036.80	1080.00	1121.47
$125,000	461.38	616.90	739.58	855.36	957.31	1024.70	1093.82	1150.85	1192.32	1233.79	1275.26
$150,000	n/a	660.10	791.42	903.74	1026.43	1133.57	1202.69	1270.08	1340.93	1389.31	1430.78
$175,000	n/a	686.02	841.54	964.22	1081.73	1197.50	1313.28	1378.94	1448.06	1517.18	1586.30
$200,000	n/a	701.57	879.55	1014.34	1135.30	1252.80	1368.58	1484.35	1556.93	1626.05	1695.17
$225,000	n/a	n/a	907.20	1060.99	1187.14	1306.37	1423.87	1539.65	1655.42	1734.91	1804.03
$250,000	n/a	n/a	926.21	1099.01	1237.25	1359.94	1479.17	1594.94	1710.72	1826.50	1912.90
$375,000	n/a	n/a	n/a	n/a	1387.58	1567.30	1719.36	1854.14	1978.56	2099.52	2217.02
Unlimited	473.47	708.48	946.94	1183.68	1420.42	1651.97	1850.69	2032.13	2199.74	2341.44	2472.77

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
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Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 63	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	269.57	317.95	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	387.07	478.66	539.14	585.79	634.18	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	447.55	580.61	679.10	756.86	808.70	855.36	903.74	950.40	998.78	n/a	n/a
$100,000	497.66	642.82	772.42	879.55	957.31	1031.62	1078.27	1126.66	1173.31	1221.70	1268.35
$125,000	521.86	698.11	834.62	967.68	1081.73	1159.49	1237.25	1301.18	1347.84	1394.50	1441.15
$150,000	n/a	746.50	895.10	1019.52	1159.49	1283.90	1359.94	1437.70	1515.46	1570.75	1617.41
$175,000	n/a	774.14	950.40	1088.64	1223.42	1354.75	1484.35	1560.38	1638.14	1715.90	1793.66
$200,000	n/a	793.15	995.33	1145.66	1283.90	1418.69	1548.29	1676.16	1760.83	1838.59	1916.35
$225,000	n/a	n/a	1024.70	1199.23	1342.66	1477.44	1610.50	1740.10	1871.42	1961.28	2039.04
$250,000	n/a	n/a	1047.17	1242.43	1397.95	1536.19	1672.70	1804.03	1935.36	2063.23	2163.46
$375,000	n/a	n/a	n/a	n/a	1569.02	1772.93	1945.73	2096.06	2236.03	2372.54	2507.33
Unlimited	535.68	801.79	1069.63	1337.47	1605.31	1867.97	2092.61	2298.24	2486.59	2647.30	2794.18

Age: 64	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	300.67	352.51	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	430.27	533.95	601.34	654.91	708.48	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	499.39	646.27	756.86	844.99	902.02	955.58	1007.42	1060.99	1112.83	n/a	n/a
$100,000	554.69	715.39	864.00	981.50	1067.90	1150.85	1202.69	1254.53	1308.10	1361.66	1413.50
$125,000	584.06	779.33	931.39	1080.00	1206.14	1292.54	1378.94	1451.52	1503.36	1555.20	1608.77
$150,000	n/a	832.90	998.78	1138.75	1294.27	1430.78	1517.18	1601.86	1689.98	1750.46	1804.03
$175,000	n/a	864.00	1060.99	1214.78	1365.12	1510.27	1655.42	1740.10	1826.50	1912.90	1999.30
$200,000	n/a	884.74	1109.38	1278.72	1430.78	1581.12	1726.27	1871.42	1964.74	2049.41	2137.54
$225,000	n/a	n/a	1143.94	1337.47	1496.45	1648.51	1797.12	1942.27	2087.42	2187.65	2274.05
$250,000	n/a	n/a	1166.40	1387.58	1558.66	1714.18	1864.51	2013.12	2156.54	2301.70	2412.29
$375,000	n/a	n/a	n/a	n/a	1750.46	1976.83	2170.37	2337.98	2495.23	2647.30	2795.90
Unlimited	597.89	895.10	1192.32	1491.26	1790.21	2082.24	2332.80	2562.62	2773.44	2951.42	3119.04

Age: 65	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	331.78	390.53	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	475.20	589.25	663.55	722.30	781.06	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	551.23	713.66	836.35	933.12	995.33	1052.35	1112.83	1171.58	1228.61	n/a	n/a
$100,000	613.44	789.70	952.13	1083.46	1178.50	1268.35	1327.10	1385.86	1442.88	1501.63	1560.38
$125,000	644.54	860.54	1028.16	1190.59	1330.56	1425.60	1522.37	1601.86	1658.88	1717.63	1774.66
$150,000	n/a	917.57	1100.74	1256.26	1427.33	1579.39	1672.70	1767.74	1864.51	1933.63	1990.66
$175,000	n/a	953.86	1169.86	1340.93	1506.82	1667.52	1826.50	1919.81	2014.85	2111.62	2206.66
$200,000	n/a	976.32	1223.42	1410.05	1579.39	1745.28	1905.98	2063.23	2166.91	2261.95	2356.99
$225,000	n/a	n/a	1261.44	1475.71	1651.97	1817.86	1983.74	2142.72	2301.70	2414.02	2509.06
$250,000	n/a	n/a	1287.36	1531.01	1719.36	1890.43	2058.05	2220.48	2381.18	2541.89	2661.12
$375,000	n/a	n/a	n/a	n/a	1931.90	2182.46	2393.28	2579.90	2752.70	2920.32	3086.21
Unlimited	658.37	988.42	1316.74	1646.78	1975.10	2298.24	2574.72	2828.74	3060.29	3257.28	3440.45

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
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Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 66	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	368.06	432.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	528.77	653.18	736.13	801.79	865.73	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	611.71	791.42	927.94	1035.07	1104.19	1168.13	1233.79	1299.46	1363.39	n/a	n/a
$100,000	679.10	876.10	1055.81	1202.69	1308.10	1408.32	1472.26	1536.19	1601.86	1665.79	1731.46
$125,000	713.66	953.86	1142.21	1320.19	1475.71	1581.12	1688.26	1776.38	1840.32	1905.98	1968.19
$150,000	n/a	1019.52	1221.70	1392.77	1584.58	1750.46	1855.87	1961.28	2068.42	2144.45	2208.38
$175,000	n/a	1057.54	1297.73	1486.08	1672.70	1848.96	2025.22	2128.90	2234.30	2341.44	2450.30
$200,000	n/a	1081.73	1358.21	1563.84	1752.19	1937.09	2113.34	2291.33	2403.65	2510.78	2616.19
$225,000	n/a	n/a	1397.95	1638.14	1831.68	2016.58	2199.74	2376.00	2553.98	2678.40	2783.81
$250,000	n/a	n/a	1427.33	1698.62	1907.71	2097.79	2282.69	2464.13	2640.38	2818.37	2953.15
$375,000	n/a	n/a	n/a	n/a	2140.99	2419.20	2655.94	2861.57	3055.10	3240.00	3424.90
Unlimited	730.94	1097.28	1460.16	1826.50	2191.10	2548.80	2854.66	3138.05	3395.52	3614.98	3817.15

Age: 67	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	404.35	475.20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	580.61	718.85	808.70	879.55	950.40	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	670.46	870.91	1019.52	1137.02	1213.06	1283.90	1354.75	1425.60	1498.18	n/a	n/a
$100,000	746.50	962.50	1159.49	1320.19	1437.70	1548.29	1617.41	1688.26	1759.10	1829.95	1902.53
$125,000	784.51	1048.90	1252.80	1451.52	1622.59	1736.64	1855.87	1952.64	2021.76	2092.61	2163.46
$150,000	n/a	1119.74	1342.66	1531.01	1740.10	1923.26	2039.04	2154.82	2272.32	2356.99	2426.11
$175,000	n/a	1162.94	1425.60	1634.69	1836.86	2030.40	2225.66	2339.71	2455.49	2574.72	2690.50
$200,000	n/a	1190.59	1491.26	1719.36	1924.99	2125.44	2320.70	2515.97	2640.38	2757.89	2873.66
$225,000	n/a	n/a	1536.19	1797.12	2013.12	2217.02	2417.47	2611.01	2806.27	2942.78	3056.83
$250,000	n/a	n/a	1569.02	1864.51	2096.06	2305.15	2507.33	2706.05	2901.31	3096.58	3243.46
$375,000	n/a	n/a	n/a	n/a	2353.54	2659.39	2916.86	3144.96	3354.05	3557.95	3761.86
Unlimited	801.79	1204.42	1605.31	2006.21	2407.10	2801.09	3138.05	3447.36	3729.02	3970.94	4192.13

Age: 68	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	445.82	523.58	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	639.36	791.42	891.65	971.14	1048.90	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	739.58	959.04	1124.93	1252.80	1337.47	1415.23	1494.72	1572.48	1651.97	n/a	n/a
$100,000	822.53	1060.99	1280.45	1454.98	1584.58	1705.54	1783.30	1861.06	1938.82	2018.30	2096.06
$125,000	864.00	1156.03	1382.40	1598.40	1788.48	1916.35	2045.95	2153.09	2229.12	2306.88	2386.37
$150,000	n/a	1233.79	1479.17	1688.26	1919.81	2121.98	2248.13	2376.00	2505.60	2597.18	2674.94
$175,000	n/a	1282.18	1572.48	1800.58	2025.22	2239.49	2452.03	2579.90	2707.78	2837.38	2965.25
$200,000	n/a	1311.55	1645.06	1895.62	2123.71	2344.90	2559.17	2775.17	2911.68	3039.55	3167.42
$225,000	n/a	n/a	1693.44	1983.74	2218.75	2443.39	2664.58	2878.85	3093.12	3243.46	3371.33
$250,000	n/a	n/a	1729.73	2056.32	2310.34	2541.89	2764.80	2984.26	3198.53	3414.53	3576.96
$375,000	n/a	n/a	n/a	n/a	2593.73	2932.42	3215.81	3466.37	3697.92	3924.29	4147.20
Unlimited	884.74	1327.10	1769.47	2211.84	2654.21	3087.94	3459.46	3801.60	4112.64	4377.02	4622.40

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

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No Benefit Increase Option

Currently Approved Rates

Age: 69	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	497.66	584.06	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	713.66	884.74	995.33	1081.73	1171.58	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	825.98	1071.36	1254.53	1397.95	1492.99	1579.39	1667.52	1755.65	1843.78	n/a	n/a
$100,000	917.57	1185.41	1427.33	1626.05	1767.74	1905.98	1990.66	2077.06	2165.18	2253.31	2341.44
$125,000	965.95	1289.09	1543.10	1785.02	1997.57	2139.26	2282.69	2403.65	2488.32	2574.72	2662.85
$150,000	n/a	1377.22	1651.97	1883.52	2142.72	2367.36	2509.06	2652.48	2797.63	2899.58	2985.98
$175,000	n/a	1430.78	1753.92	2011.39	2260.22	2498.69	2738.88	2880.58	3024.00	3165.70	3310.85
$200,000	n/a	1463.62	1836.86	2115.07	2369.09	2617.92	2856.38	3096.58	3250.37	3393.79	3537.22
$225,000	n/a	n/a	1890.43	2213.57	2477.95	2728.51	2975.62	3212.35	3454.27	3621.89	3763.58
$250,000	n/a	n/a	1931.90	2294.78	2579.90	2837.38	3086.21	3331.58	3570.05	3810.24	3991.68
$375,000	n/a	n/a	n/a	n/a	2896.13	3272.83	3590.78	3868.99	4129.92	4380.48	4629.31
Unlimited	988.42	1482.62	1975.10	2469.31	2963.52	3445.63	3862.08	4242.24	4591.30	4886.78	5159.81

Age: 70	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	549.50	646.27	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	787.97	976.32	1099.01	1195.78	1292.54	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	910.66	1183.68	1385.86	1544.83	1648.51	1745.28	1842.05	1937.09	2035.58	n/a	n/a
$100,000	1014.34	1308.10	1577.66	1795.39	1952.64	2102.98	2198.02	2294.78	2389.82	2486.59	2585.09
$125,000	1066.18	1423.87	1703.81	1971.65	2203.20	2360.45	2521.15	2652.48	2747.52	2842.56	2939.33
$150,000	n/a	1520.64	1824.77	2080.51	2365.63	2614.46	2769.98	2928.96	3087.94	3201.98	3297.02
$175,000	n/a	1579.39	1937.09	2220.48	2496.96	2761.34	3024.00	3181.25	3336.77	3495.74	3656.45
$200,000	n/a	1615.68	2028.67	2336.26	2616.19	2889.22	3153.60	3417.98	3589.06	3746.30	3905.28
$225,000	n/a	n/a	2089.15	2445.12	2735.42	3011.90	3284.93	3549.31	3813.70	3998.59	4155.84
$250,000	n/a	n/a	2132.35	2534.98	2849.47	3132.86	3407.62	3678.91	3943.30	4207.68	4409.86
$375,000	n/a	n/a	n/a	n/a	3196.80	3614.98	3964.03	4273.34	4558.46	4836.67	5111.42
Unlimited	1090.37	1636.42	2182.46	2726.78	3272.83	3805.06	4264.70	4686.34	5068.22	5394.82	5698.94

Age: 71	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	611.71	720.58	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	877.82	1086.91	1223.42	1330.56	1439.42	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1016.06	1316.74	1541.38	1719.36	1835.14	1942.27	2049.41	2158.27	2265.41	n/a	n/a
$100,000	1128.38	1454.98	1755.65	1999.30	2173.82	2341.44	2446.85	2553.98	2661.12	2769.98	2877.12
$125,000	1187.14	1586.30	1897.34	2194.56	2453.76	2628.29	2806.27	2951.42	3058.56	3165.70	3272.83
$150,000	n/a	1691.71	2030.40	2315.52	2633.47	2909.95	3084.48	3259.01	3438.72	3564.86	3670.27
$175,000	n/a	1759.10	2156.54	2471.04	2776.90	3072.38	3366.14	3538.94	3715.20	3893.18	4069.44
$200,000	n/a	1798.85	2256.77	2600.64	2913.41	3217.54	3511.30	3805.06	3995.14	4171.39	4347.65
$225,000	n/a	n/a	2325.89	2719.87	3044.74	3352.32	3656.45	3950.21	4245.70	4451.33	4625.86
$250,000	n/a	n/a	2372.54	2821.82	3170.88	3488.83	3792.96	4095.36	4389.12	4684.61	4907.52
$375,000	n/a	n/a	n/a	n/a	3559.68	4022.78	4413.31	4757.18	5075.14	5384.45	5690.30
Unlimited	1214.78	1821.31	2427.84	3036.10	3642.62	4237.06	4746.82	5216.83	5641.92	6006.53	6341.76

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 72	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	673.92	793.15	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	967.68	1197.50	1347.84	1467.07	1584.58	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1118.02	1451.52	1698.62	1893.89	2021.76	2139.26	2258.50	2377.73	2496.96	n/a	n/a
$100,000	1242.43	1605.31	1935.36	2201.47	2395.01	2578.18	2695.68	2813.18	2932.42	3051.65	3169.15
$125,000	1308.10	1747.01	2090.88	2419.20	2702.59	2896.13	3091.39	3253.82	3369.60	3487.10	3604.61
$150,000	n/a	1864.51	2236.03	2552.26	2901.31	3205.44	3398.98	3592.51	3787.78	3927.74	4043.52
$175,000	n/a	1937.09	2376.00	2723.33	3060.29	3385.15	3710.02	3898.37	4093.63	4288.90	4484.16
$200,000	n/a	1983.74	2486.59	2865.02	3208.90	3544.13	3867.26	4192.13	4401.22	4594.75	4790.02
$225,000	n/a	n/a	2560.90	2996.35	3354.05	3694.46	4027.97	4351.10	4675.97	4904.06	5095.87
$250,000	n/a	n/a	2614.46	3108.67	3494.02	3843.07	4178.30	4511.81	4834.94	5159.81	5405.18
$375,000	n/a	n/a	n/a	n/a	3922.56	4432.32	4860.86	5241.02	5591.81	5932.22	6269.18
Unlimited	1337.47	2006.21	2674.94	3343.68	4012.42	4667.33	5230.66	5747.33	6215.62	6616.51	6988.03

Age: 73	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	751.68	883.01	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1080.00	1335.74	1503.36	1634.69	1767.74	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1247.62	1617.41	1893.89	2111.62	2255.04	2388.10	2519.42	2652.48	2785.54	n/a	n/a
$100,000	1387.58	1790.21	2156.54	2453.76	2669.76	2877.12	3006.72	3138.05	3271.10	3402.43	3535.49
$125,000	1458.43	1949.18	2331.07	2697.41	3015.36	3229.63	3447.36	3628.80	3758.40	3889.73	4021.06
$150,000	n/a	2080.51	2495.23	2846.02	3236.54	3575.23	3789.50	4005.50	4224.96	4378.75	4510.08
$175,000	n/a	2161.73	2650.75	3037.82	3414.53	3775.68	4136.83	4349.38	4565.38	4783.10	5000.83
$200,000	n/a	2211.84	2773.44	3196.80	3578.69	3953.66	4314.82	4675.97	4909.25	5125.25	5342.98
$225,000	n/a	n/a	2856.38	3343.68	3741.12	4119.55	4492.80	4853.95	5216.83	5469.12	5685.12
$250,000	n/a	n/a	2916.86	3466.37	3896.64	4285.44	4660.42	5031.94	5393.09	5755.97	6028.99
$375,000	n/a	n/a	n/a	n/a	4375.30	4943.81	5422.46	5845.82	6236.35	6616.51	6991.49
Unlimited	1491.26	2237.76	2984.26	3729.02	4475.52	5206.46	5833.73	6409.15	6934.46	7380.29	7793.28

Age: 74	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	829.44	974.59	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1190.59	1473.98	1658.88	1804.03	1950.91	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1377.22	1785.02	2090.88	2331.07	2488.32	2633.47	2778.62	2925.50	3072.38	n/a	n/a
$100,000	1531.01	1975.10	2381.18	2709.50	2947.97	3174.34	3317.76	3462.91	3608.06	3754.94	3901.82
$125,000	1610.50	2149.63	2572.99	2975.62	3326.40	3564.86	3803.33	4003.78	4147.20	4292.35	4437.50
$150,000	n/a	2294.78	2752.70	3139.78	3570.05	3945.02	4181.76	4421.95	4662.14	4831.49	4976.64
$175,000	n/a	2384.64	2923.78	3352.32	3767.04	4166.21	4565.38	4798.66	5037.12	5279.04	5519.23
$200,000	n/a	2439.94	3060.29	3525.12	3948.48	4363.20	4760.64	5159.81	5417.28	5654.02	5894.21
$225,000	n/a	n/a	3151.87	3689.28	4129.92	4546.37	4957.63	5356.80	5755.97	6035.90	6272.64
$250,000	n/a	n/a	3217.54	3825.79	4300.99	4729.54	5142.53	5552.06	5951.23	6352.13	6654.53
$375,000	n/a	n/a	n/a	n/a	4828.03	5453.57	5984.06	6448.90	6882.62	7300.80	7715.52
Unlimited	1646.78	2469.31	3291.84	4114.37	4938.62	5745.60	6435.07	7070.98	7651.58	8142.34	8600.26

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 75	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	931.39	1097.28	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1337.47	1657.15	1864.51	2028.67	2192.83	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1548.29	2006.21	2350.08	2621.38	2795.90	2960.06	3122.50	3288.38	3454.27	n/a	n/a
$100,000	1719.36	2218.75	2674.94	3043.01	3312.58	3568.32	3727.30	3891.46	4053.89	4219.78	4383.94
$125,000	1809.22	2417.47	2889.22	3343.68	3739.39	4005.50	4275.07	4499.71	4660.42	4822.85	4987.01
$150,000	n/a	2579.90	3093.12	3528.58	4012.42	4434.05	4700.16	4969.73	5239.30	5431.10	5591.81
$175,000	n/a	2680.13	3286.66	3767.04	4233.60	4681.15	5128.70	5393.09	5660.93	5932.22	6201.79
$200,000	n/a	2742.34	3440.45	3962.30	4437.50	4902.34	5349.89	5799.17	6089.47	6353.86	6623.42
$225,000	n/a	n/a	3542.40	4145.47	4641.41	5109.70	5571.07	6020.35	6467.90	6782.40	7048.51
$250,000	n/a	n/a	3616.70	4299.26	4831.49	5313.60	5780.16	6239.81	6689.09	7136.64	7477.06
$375,000	n/a	n/a	n/a	n/a	5424.19	6130.94	6725.38	7248.96	7734.53	8204.54	8671.10
Unlimited	1850.69	2775.17	3699.65	4625.86	5550.34	6455.81	7233.41	7947.07	8598.53	9151.49	9666.43

Age: 76	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1041.98	1225.15	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1494.72	1850.69	2083.97	2265.41	2450.30	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1729.73	2242.94	2626.56	2928.96	3125.95	3307.39	3492.29	3677.18	3860.35	n/a	n/a
$100,000	1921.54	2481.41	2991.17	3402.43	3703.10	3988.22	4167.94	4349.38	4534.27	4717.44	4900.61
$125,000	2021.76	2700.86	3231.36	3739.39	4180.03	4477.25	4779.65	5030.21	5209.92	5391.36	5574.53
$150,000	n/a	2884.03	3459.46	3945.02	4485.89	4955.90	5253.12	5553.79	5856.19	6072.19	6251.90
$175,000	n/a	2994.62	3673.73	4209.41	4732.99	5234.11	5733.50	6028.99	6327.94	6632.06	6932.74
$200,000	n/a	3065.47	3844.80	4428.86	4961.09	5481.22	5980.61	6483.46	6804.86	7103.81	7404.48
$225,000	n/a	n/a	3958.85	4634.50	5187.46	5711.04	6227.71	6728.83	7231.68	7582.46	7879.68
$250,000	n/a	n/a	4041.79	4805.57	5401.73	5940.86	6462.72	6975.94	7475.33	7978.18	8360.06
$375,000	n/a	n/a	n/a	n/a	6063.55	6851.52	7518.53	8102.59	8645.18	9170.50	9694.08
Unlimited	2068.42	3103.49	4136.83	5170.18	6203.52	7216.13	8085.31	8885.38	9611.14	10229.76	10803.46

Age: 77	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1175.04	1382.40	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1686.53	2089.15	2350.08	2557.44	2763.07	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1950.91	2529.79	2963.52	3303.94	3525.12	3730.75	3938.11	4145.47	4354.56	n/a	n/a
$100,000	2168.64	2797.63	3373.06	3837.89	4176.58	4497.98	4701.89	4907.52	5111.42	5320.51	5527.87
$125,000	2279.23	3046.46	3644.35	4216.32	4713.98	5049.22	5389.63	5671.30	5875.20	6080.83	6288.19
$150,000	n/a	3252.10	3900.10	4449.60	5059.58	5591.81	5925.31	6264.00	6606.14	6848.06	7051.97
$175,000	n/a	3379.97	4143.74	4750.27	5337.79	5902.85	6466.18	6801.41	7138.37	7478.78	7819.20
$200,000	n/a	3457.73	4335.55	4997.38	5595.26	6181.06	6746.11	7312.90	7675.78	8012.74	8351.42
$225,000	n/a	n/a	4466.88	5227.20	5851.01	6441.98	7022.59	7589.38	8156.16	8551.87	8888.83
$250,000	n/a	n/a	4560.19	5420.74	6092.93	6699.46	7286.98	7867.58	8432.64	8997.70	9427.97
$375,000	n/a	n/a	n/a	n/a	6839.42	7729.34	8479.30	9137.66	9751.10	10343.81	10931.33
Unlimited	2332.80	3499.20	4665.60	5830.27	6996.67	8140.61	9120.38	10020.67	10841.47	11537.86	12185.86

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 78	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1340.93	1577.66	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1923.26	2382.91	2681.86	2916.86	3153.60	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2225.66	2885.76	3379.97	3768.77	4021.06	4256.06	4492.80	4729.54	4968.00	n/a	n/a
$100,000	2472.77	3191.62	3848.26	4378.75	4764.10	5130.43	5361.98	5596.99	5832.00	6068.74	6307.20
$125,000	2600.64	3476.74	4157.57	4810.75	5377.54	5761.15	6149.95	6471.36	6704.64	6937.92	7172.93
$150,000	n/a	3710.02	4449.60	5076.86	5771.52	6378.05	6758.21	7147.01	7535.81	7812.29	8045.57
$175,000	n/a	3855.17	4726.08	5419.01	6089.47	6734.02	7378.56	7756.99	8142.34	8531.14	8919.94
$200,000	n/a	3943.30	4947.26	5700.67	6383.23	7051.97	7696.51	8342.78	8757.50	9141.12	9528.19
$225,000	n/a	n/a	5094.14	5963.33	6675.26	7349.18	8014.46	8657.28	9305.28	9756.29	10138.18
$250,000	n/a	n/a	5203.01	6182.78	6950.02	7644.67	8313.41	8975.23	9619.78	10266.05	10755.07
$375,000	n/a	n/a	n/a	n/a	7801.92	8817.98	9673.34	10426.75	11124.86	11800.51	12470.98
Unlimited	2661.12	3991.68	5322.24	6652.80	7983.36	9286.27	10404.29	11430.72	12367.30	13163.90	13901.76

Age: 79	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1517.18	1785.02	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2179.01	2697.41	3037.82	3303.94	3570.05	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2519.42	3267.65	3827.52	4268.16	4555.01	4821.12	5087.23	5356.80	5624.64	n/a	n/a
$100,000	2801.09	3614.98	4358.02	4957.63	5394.82	5809.54	6073.92	6338.30	6604.42	6872.26	7141.82
$125,000	2946.24	3936.38	4707.07	5446.66	6089.47	6524.93	6963.84	7328.45	7591.10	7857.22	8123.33
$150,000	n/a	4202.50	5038.85	5747.33	6537.02	7223.04	7655.04	8092.22	8534.59	8845.63	9110.02
$175,000	n/a	4364.93	5353.34	6136.13	6896.45	7625.66	8354.88	8785.15	9220.61	9661.25	10101.89
$200,000	n/a	4466.88	5602.18	6454.08	7228.22	7985.09	8716.03	9446.98	9915.26	10350.72	10789.63
$225,000	n/a	n/a	5769.79	6753.02	7558.27	8322.05	9075.46	9804.67	10537.34	11048.83	11482.56
$250,000	n/a	n/a	5890.75	7003.58	7871.04	8655.55	9415.87	10164.10	10895.04	11625.98	12180.67
$375,000	n/a	n/a	n/a	n/a	8836.99	9984.38	10955.52	11807.42	12597.12	13364.35	14122.94
Unlimited	3013.63	4518.72	6027.26	7534.08	9040.90	10516.61	11781.50	12946.18	14005.44	14907.46	15743.81

Age: 80	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1714.18	2014.85	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2460.67	3044.74	3428.35	3729.02	4031.42	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2844.29	3691.01	4320.00	4817.66	5142.53	5441.47	5743.87	6046.27	6352.13	n/a	n/a
$100,000	3162.24	4081.54	4919.62	5598.72	6089.47	6559.49	6856.70	7155.65	7458.05	7758.72	8062.85
$125,000	3324.67	4442.69	5315.33	6149.95	6875.71	7364.74	7862.40	8273.66	8570.88	8869.82	9170.50
$150,000	n/a	4743.36	5688.58	6490.37	7380.29	8154.43	8641.73	9137.66	9635.33	9987.84	10285.06
$175,000	n/a	4928.26	6042.82	6927.55	7784.64	8608.90	9433.15	9918.72	10411.20	10908.86	11406.53
$200,000	n/a	5044.03	6324.48	7286.98	8159.62	9014.98	9839.23	10665.22	11195.71	11688.19	12182.40
$225,000	n/a	n/a	6514.56	7623.94	8532.86	9395.14	10245.31	11069.57	11895.55	12474.43	12963.46
$250,000	n/a	n/a	6649.34	7907.33	8887.10	9773.57	10630.66	11473.92	12299.90	13125.89	13751.42
$375,000	n/a	n/a	n/a	n/a	9977.47	11273.47	12367.30	13329.79	14223.17	15087.17	15945.98
Unlimited	3402.43	5102.78	6804.86	8505.22	10207.30	11873.09	13302.14	14615.42	15811.20	16828.99	17772.48

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 81	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1950.91	2294.78	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2799.36	3464.64	3900.10	4242.24	4587.84	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3236.54	4199.04	4917.89	5482.94	5852.74	6193.15	6537.02	6880.90	7226.50	n/a	n/a
$100,000	3599.42	4643.14	5598.72	6369.41	6931.01	7463.23	7801.92	8142.34	8484.48	8828.35	9173.95
$125,000	3784.32	5056.13	6048.00	6998.40	7824.38	8380.80	8947.58	9414.14	9752.83	10093.25	10435.39
$150,000	n/a	5398.27	6473.09	7383.74	8398.08	9277.63	9834.05	10397.38	10964.16	11363.33	11703.74
$175,000	n/a	5607.36	6875.71	7881.41	8857.73	9796.03	10734.34	11285.57	11845.44	12412.22	12979.01
$200,000	n/a	5738.69	7197.12	8292.67	9286.27	10257.41	11195.71	12137.47	12740.54	13298.69	13862.02
$225,000	n/a	n/a	7411.39	8674.56	9709.63	10691.14	11657.09	12595.39	13537.15	14193.79	14751.94
$250,000	n/a	n/a	7566.91	8997.70	10112.26	11121.41	12096.00	13056.77	13995.07	14935.10	15648.77
$375,000	n/a	n/a	n/a	n/a	11351.23	12826.94	14072.83	15168.38	16182.72	17167.68	18144.00
Unlimited	3870.72	5807.81	7741.44	9678.53	11613.89	13509.50	15135.55	16630.27	17991.94	19149.70	20224.51

Age: 82	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2184.19	2566.08	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3132.86	3879.36	4364.93	4748.54	5133.89	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3621.89	4698.43	5501.95	6136.13	6549.12	6929.28	7314.62	7699.97	8087.04	n/a	n/a
$100,000	4026.24	5196.10	6264.00	7129.73	7755.26	8353.15	8731.58	9111.74	9495.36	9880.70	10267.78
$125,000	4235.33	5657.47	6768.58	7831.30	8755.78	9379.58	10012.03	10535.62	10914.05	11295.94	11677.82
$150,000	n/a	6041.09	7243.78	8265.02	9396.86	10381.82	11003.90	11634.62	12268.80	12716.35	13096.51
$175,000	n/a	6276.10	7694.78	8819.71	9913.54	10962.43	12011.33	12629.95	13257.22	13889.66	14523.84
$200,000	n/a	6421.25	8054.21	9279.36	10392.19	11479.10	12528.00	13582.08	14256.00	14881.54	15512.26
$225,000	n/a	n/a	8296.13	9709.63	10865.66	11964.67	13044.67	14097.02	15147.65	15883.78	16507.58
$250,000	n/a	n/a	8468.93	10067.33	11314.94	12445.06	13537.15	14611.97	15662.59	16713.22	17511.55
$375,000	n/a	n/a	n/a	n/a	12702.53	14354.50	15747.26	16974.14	18109.44	19211.90	20304.00
Unlimited	4332.10	6497.28	8664.19	10831.10	12996.29	15118.27	16937.86	18610.56	20134.66	21428.93	22631.62

Age: 83	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2455.49	2887.49	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3523.39	4363.20	4912.70	5342.98	5776.70	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4076.35	5287.68	6191.42	6903.36	7368.19	7798.46	8230.46	8664.19	9101.38	n/a	n/a
$100,000	4532.54	5845.82	7050.24	8021.38	8728.13	9400.32	9823.68	10253.95	10685.95	11117.95	11553.41
$125,000	4765.82	6367.68	7615.30	8811.07	9853.06	10552.90	11266.56	11855.81	12280.90	12709.44	13139.71
$150,000	n/a	6797.95	8150.98	9298.37	10573.63	11684.74	12382.85	13091.33	13804.99	14311.30	14736.38
$175,000	n/a	7062.34	8657.28	9925.63	11155.97	12336.19	13516.42	14211.07	14917.82	15629.76	16341.70
$200,000	n/a	7224.77	9061.63	10442.30	11693.38	12916.80	14098.75	15282.43	16042.75	16744.32	17456.26
$225,000	n/a	n/a	9334.66	10924.42	12227.33	13461.12	14679.36	15861.31	17044.99	17872.70	18574.27
$250,000	n/a	n/a	9528.19	11328.77	12733.63	14003.71	15232.32	16441.92	17623.87	18807.55	19704.38
$375,000	n/a	n/a	n/a	n/a	14294.02	16151.62	17720.64	19099.58	20378.30	21617.28	22847.62
Unlimited	4874.69	7312.90	9749.38	12185.86	14624.06	17010.43	19059.84	20941.63	22655.81	24114.24	25467.26

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 84	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2754.43	3238.27	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3951.94	4891.97	5507.14	5989.25	6476.54	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4568.83	5927.04	6941.38	7737.98	8261.57	8741.95	9227.52	9713.09	10202.11	n/a	n/a
$100,000	5080.32	6556.03	7903.87	8992.51	9785.66	10537.34	11016.00	11496.38	11980.22	12465.79	12951.36
$125,000	5342.98	7138.37	8538.05	9878.98	11045.38	11831.62	12631.68	13290.05	13768.70	14249.09	14732.93
$150,000	n/a	7620.48	9137.66	10425.02	11855.81	13099.97	13882.75	14675.90	15479.42	16042.75	16523.14
$175,000	n/a	7917.70	9707.90	11128.32	12507.26	13830.91	15152.83	15933.89	16725.31	17521.92	18321.98
$200,000	n/a	8100.86	10160.64	11707.20	13110.34	14482.37	15807.74	17133.12	17986.75	18774.72	19569.60
$225,000	n/a	n/a	10464.77	12248.06	13708.22	15094.08	16459.20	17782.85	19108.22	20039.62	20824.13
$250,000	n/a	n/a	10684.22	12700.80	14275.01	15700.61	17077.82	18434.30	19759.68	21085.06	22092.48
$375,000	n/a	n/a	n/a	n/a	16027.20	18111.17	19868.54	21413.38	22845.89	24236.93	25615.87
Unlimited	5465.66	8197.63	10929.60	13663.30	16396.99	19073.66	21366.72	23478.34	25401.60	27036.29	28551.74

Age: 85	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2922.05	3435.26	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4192.13	5190.91	5842.37	6353.86	6870.53	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4847.04	6289.92	7364.74	8211.46	8764.42	9275.90	9790.85	10305.79	10825.92	n/a	n/a
$100,000	5389.63	6955.20	8385.98	9542.02	10381.82	11180.16	11688.19	12197.95	12711.17	13226.11	13741.06
$125,000	5667.84	7573.82	9059.90	10482.05	11719.30	12555.65	13400.64	14100.48	14608.51	15118.27	15631.49
$150,000	n/a	8085.31	9697.54	11060.93	12578.11	13896.58	14729.47	15572.74	16422.91	17022.53	17530.56
$175,000	n/a	8399.81	10300.61	11805.70	13269.31	14674.18	16077.31	16905.02	17744.83	18593.28	19440.00
$200,000	n/a	8595.07	10780.99	12420.86	13910.40	15365.38	16771.97	18178.56	19082.30	19918.66	20763.65
$225,000	n/a	n/a	11104.13	12994.56	14544.58	16013.38	17461.44	18868.03	20274.62	21261.31	22094.21
$250,000	n/a	n/a	11335.68	13476.67	15145.92	16657.92	18118.08	19557.50	20964.10	22372.42	23438.59
$375,000	n/a	n/a	n/a	n/a	17003.52	19215.36	21079.87	22719.74	24238.66	25716.10	27177.98
Unlimited	5799.17	8698.75	11596.61	14496.19	17395.78	20236.61	22671.36	24910.85	26951.62	28684.80	30293.57

Age: 86	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3058.56	3597.70	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4390.85	5436.29	6118.85	6654.53	7193.66	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5076.86	6585.41	7712.06	8598.53	9179.14	9713.09	10252.22	10793.09	11335.68	n/a	n/a
$100,000	5643.65	7283.52	8779.97	9991.30	10870.85	11707.20	12237.70	12771.65	13309.06	13849.92	14390.78
$125,000	5933.95	7929.79	9486.72	10974.53	12272.26	13146.62	14033.09	14767.49	15296.26	15830.21	16367.62
$150,000	n/a	8467.20	10152.00	11582.78	13170.82	14553.22	15422.40	16307.14	17197.06	17826.05	18356.54
$175,000	n/a	8795.52	10786.18	12362.11	13894.85	15365.38	16835.90	17703.36	18581.18	19467.65	20355.84
$200,000	n/a	8999.42	11287.30	13006.66	14565.31	16089.41	17561.66	19035.65	19982.59	20858.69	21741.70
$225,000	n/a	n/a	11625.98	13608.00	15230.59	16768.51	18283.97	19756.22	21230.21	22263.55	23134.46
$250,000	n/a	n/a	11869.63	14110.85	15859.58	17442.43	18971.71	20480.26	21952.51	23426.50	24542.78
$375,000	n/a	n/a	n/a	n/a	17803.58	20119.10	22073.47	23791.10	25382.59	26927.42	28458.43
Unlimited	6072.19	9106.56	12144.38	15180.48	18216.58	21190.46	23740.99	26084.16	28219.97	30036.10	31720.90

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 87	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3269.38	3843.07	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4689.79	5807.81	6537.02	7110.72	7687.87	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5422.46	7036.42	8239.10	9186.05	9806.40	10378.37	10953.79	11530.94	12109.82	n/a	n/a
$100,000	6028.99	7781.18	9381.31	10675.58	11613.89	12508.99	13074.05	13646.02	14219.71	14796.86	15374.02
$125,000	6340.03	8472.38	10134.72	11726.21	13110.34	14045.18	14993.86	15776.64	16343.42	16913.66	17487.36
$150,000	n/a	9044.35	10848.38	12374.21	14071.10	15548.54	16478.21	17421.70	18373.82	19044.29	19611.07
$175,000	n/a	9398.59	11522.30	13208.83	14845.25	16416.00	17986.75	18912.96	19852.99	20799.94	21748.61
$200,000	n/a	9616.32	12061.44	13896.58	15560.64	17190.14	18762.62	20336.83	21347.71	22284.29	23227.78
$225,000	n/a	n/a	12420.86	14537.66	16270.85	17915.90	19535.04	21107.52	22683.46	23785.92	24719.04
$250,000	n/a	n/a	12681.79	15076.80	16944.77	18636.48	20271.17	21879.94	23454.14	25028.35	26222.40
$375,000	n/a	n/a	n/a	n/a	19023.55	21496.32	23583.74	25418.88	27117.50	28769.47	30405.89
Unlimited	6486.91	9730.37	12975.55	16217.28	19462.46	22638.53	25363.58	27869.18	30150.14	32090.69	33891.26

Age: 88	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3476.74	4090.18	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4990.46	6179.33	6956.93	7565.18	8178.62	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5771.52	7487.42	8766.14	9775.30	10433.66	11041.92	11655.36	12268.80	12885.70	n/a	n/a
$100,000	6416.06	8278.85	9980.93	11358.14	12356.93	13309.06	13912.13	14518.66	15130.37	15743.81	16358.98
$125,000	6746.11	9014.98	10784.45	12477.89	13950.14	14943.74	15952.90	16787.52	17388.86	17997.12	18607.10
$150,000	n/a	9624.96	11541.31	13165.63	14973.12	16543.87	17534.02	18536.26	19548.86	20264.26	20867.33
$175,000	n/a	9998.21	12260.16	14052.10	15795.65	17468.35	19137.60	20124.29	21123.07	22132.22	23141.38
$200,000	n/a	10231.49	12832.13	14784.77	16557.70	18290.88	19963.58	21639.74	22714.56	23709.89	24715.58
$225,000	n/a	n/a	13217.47	15469.06	17312.83	19061.57	20786.11	22458.82	24134.98	25308.29	26300.16
$250,000	n/a	n/a	13492.22	16041.02	18031.68	19828.80	21567.17	23281.34	24954.05	26630.21	27900.29
$375,000	n/a	n/a	n/a	n/a	20241.79	22871.81	25092.29	27044.93	28855.87	30611.52	32353.34
Unlimited	6901.63	10354.18	13804.99	17255.81	20708.35	24088.32	26987.90	29652.48	32082.05	34145.28	36059.90

Age: 89	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3678.91	4326.91	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5280.77	6537.02	7357.82	8002.37	8652.10	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6105.02	7919.42	9274.18	10338.62	11036.74	11679.55	12327.55	12979.01	13632.19	n/a	n/a
$100,000	6787.58	8757.50	10558.08	12014.78	13072.32	14078.02	14715.65	15358.46	16004.74	16652.74	17304.19
$125,000	7136.64	9536.83	11408.26	13198.46	14757.12	15809.47	16875.65	17755.20	18394.56	19037.38	19681.92
$150,000	n/a	10179.65	12208.32	13927.68	15838.85	17501.18	18546.62	19607.62	20678.98	21435.84	22073.47
$175,000	n/a	10577.09	12968.64	14865.98	16709.76	18477.50	20243.52	21287.23	22343.04	23410.94	24478.85
$200,000	n/a	10822.46	13573.44	15640.13	17515.01	19348.42	21117.89	22890.82	24029.57	25081.92	26144.64
$225,000	n/a	n/a	13981.25	16362.43	18313.34	20164.03	21987.07	23756.54	25529.47	26771.90	27820.80
$250,000	n/a	n/a	14273.28	16967.23	19073.66	20974.46	22814.78	24627.46	26396.93	28169.86	29512.51
$375,000	n/a	n/a	n/a	n/a	21409.92	24193.73	26542.08	28608.77	30521.66	32380.99	34223.04
Unlimited	7302.53	10952.06	14603.33	18252.86	21905.86	25481.09	28546.56	31366.66	33936.19	36120.38	38143.87

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 90	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3882.82	4565.38	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5572.80	6898.18	7765.63	8446.46	9132.48	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6443.71	8358.34	9787.39	10912.32	11648.45	12325.82	13010.11	13696.13	14385.60	n/a	n/a
$100,000	7162.56	9243.07	11143.87	12680.06	13796.35	14859.07	15529.54	16210.37	16891.20	17575.49	18263.23
$125,000	7532.35	10065.60	12038.98	13929.41	15574.46	16683.84	17810.50	18740.16	19414.08	20091.46	20772.29
$150,000	n/a	10744.70	12885.70	14700.10	16714.94	18468.86	19574.78	20694.53	21826.37	22621.25	23296.90
$175,000	n/a	11162.88	13687.49	15688.51	17634.24	19502.21	21364.99	22465.73	23582.02	24706.94	25835.33
$200,000	n/a	11423.81	14326.85	16507.58	18484.42	20419.78	22287.74	24159.17	25360.13	26471.23	27592.70
$225,000	n/a	n/a	14755.39	17269.63	19327.68	21282.05	23205.31	25073.28	26944.70	28252.80	29362.18
$250,000	n/a	n/a	15062.98	17908.99	20129.47	22137.41	24079.68	25992.58	27860.54	29730.24	31148.93
$375,000	n/a	n/a	n/a	n/a	22597.06	25534.66	28014.34	30195.07	32213.38	34174.66	36118.66
Unlimited	7706.88	11560.32	15412.03	19265.47	23118.91	26892.86	30129.41	33105.02	35816.26	38119.68	40257.22

Age: 91	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4086.72	4805.57	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5864.83	7259.33	8173.44	8888.83	9611.14	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6780.67	8795.52	10302.34	11486.02	12260.16	12973.82	13694.40	14416.70	15140.74	n/a	n/a
$100,000	7539.26	9728.64	11729.66	13345.34	14520.38	15638.40	16346.88	17060.54	17777.66	18499.97	19220.54
$125,000	7926.34	10592.64	12671.42	14660.35	16391.81	17559.94	18745.34	19723.39	20431.87	21145.54	21862.66
$150,000	n/a	11309.76	13561.34	15470.78	17592.77	19438.27	20601.22	21781.44	22970.30	23810.11	24518.59
$175,000	n/a	11748.67	14406.34	16512.77	18560.45	20525.18	22486.46	23645.95	24819.26	26004.67	27190.08
$200,000	n/a	12021.70	15078.53	17373.31	19455.55	21491.14	23457.60	25425.79	26690.69	27860.54	29040.77
$225,000	n/a	n/a	15529.54	18175.10	20342.02	22398.34	24425.28	26390.02	28359.94	29737.15	30903.55
$250,000	n/a	n/a	15856.13	18847.30	21185.28	23298.62	25342.85	27355.97	29322.43	31290.62	32783.62
$375,000	n/a	n/a	n/a	n/a	23782.46	26875.58	29483.14	31779.65	33903.36	35966.59	38014.27
Unlimited	8111.23	12166.85	16220.74	20276.35	24331.97	28302.91	31708.80	34843.39	37696.32	40120.70	42372.29

Age: 92	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4292.35	5047.49	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6160.32	7627.39	8586.43	9338.11	10096.70	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7122.82	9241.34	10820.74	12064.90	12878.78	13630.46	14385.60	15144.19	15906.24	n/a	n/a
$100,000	7921.15	10219.39	12322.37	14020.99	15254.78	16428.10	17172.86	17922.82	18676.22	19433.09	20193.41
$125,000	8328.96	11128.32	13310.78	15401.66	17221.25	18448.13	19692.29	20720.45	21465.22	22215.17	22966.85
$150,000	n/a	11880.00	14247.36	16253.57	18482.69	20421.50	21643.20	22882.18	24129.79	25012.80	25759.30
$175,000	n/a	12341.38	15133.82	17347.39	19497.02	21563.71	23623.49	24841.73	26073.79	27317.95	28563.84
$200,000	n/a	12629.95	15840.58	18251.14	20438.78	22578.05	24643.01	26711.42	28040.26	29268.86	30507.84
$225,000	n/a	n/a	16315.78	19094.40	21370.18	23530.18	25657.34	27722.30	29790.72	31238.78	32465.66
$250,000	n/a	n/a	16656.19	19801.15	22256.64	24475.39	26623.30	28738.37	30803.33	32871.74	34440.77
$375,000	n/a	n/a	n/a	n/a	24985.15	28233.79	30972.67	33383.23	35617.54	37784.45	39934.08
Unlimited	8520.77	12780.29	17039.81	21301.06	25560.58	29733.70	33312.38	36602.50	39600.58	42147.65	44513.28

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 93	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4504.90	5296.32	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6464.45	8002.37	9011.52	9799.49	10596.10	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7475.33	9697.54	11356.42	12661.06	13514.69	14302.66	15095.81	15892.42	16692.48	n/a	n/a
$100,000	8311.68	10723.97	12930.62	14712.19	16008.19	17240.26	18019.58	18807.55	19598.98	20393.86	21190.46
$125,000	8738.50	11677.82	13969.15	16161.98	18069.70	19358.78	20663.42	21743.42	22526.21	23310.72	24102.14
$150,000	n/a	12465.79	14950.66	17055.36	19395.07	21430.66	22712.83	24010.56	25323.84	26248.32	27031.10
$175,000	n/a	12951.36	15882.05	18204.48	20459.52	22626.43	24789.89	26068.61	27362.88	28667.52	29975.62
$200,000	n/a	13253.76	16621.63	19153.15	21447.94	23694.34	25859.52	28031.62	29424.38	30713.47	32014.66
$225,000	n/a	n/a	17121.02	20037.89	22425.98	24691.39	26925.70	29090.88	31262.98	32781.89	34067.52
$250,000	n/a	n/a	17478.72	20779.20	23355.65	25684.99	27938.30	30157.06	32325.70	34496.06	36141.12
$375,000	n/a	n/a	n/a	n/a	26217.22	29628.29	32503.68	35031.74	37376.64	39650.69	41905.73
Unlimited	8940.67	13412.74	17881.34	22353.41	26823.74	31202.50	34957.44	38409.98	41556.67	44229.89	46711.30

Age: 94	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4720.90	5550.34	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6773.76	8385.98	9440.06	10266.05	11098.94	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7831.30	10160.64	11897.28	13265.86	14160.96	14985.22	15816.38	16649.28	17489.09	n/a	n/a
$100,000	8707.39	11235.46	13545.79	15413.76	16771.97	18062.78	18878.40	19704.38	20533.82	21364.99	22201.34
$125,000	9154.94	12234.24	14634.43	16932.67	18931.97	20281.54	21650.11	22780.22	23599.30	24423.55	25249.54
$150,000	n/a	13061.95	15664.32	17869.25	20319.55	22450.18	23794.56	25156.22	26529.98	27499.39	28318.46
$175,000	n/a	13569.98	16637.18	19071.94	21437.57	23706.43	25971.84	27311.04	28665.79	30034.37	31404.67
$200,000	n/a	13884.48	17414.78	20065.54	22469.18	24822.72	27093.31	29367.36	30827.52	32178.82	33540.48
$225,000	n/a	n/a	17938.37	20991.74	23493.89	25869.89	28207.87	30478.46	32754.24	34345.73	35691.84
$250,000	n/a	n/a	18313.34	21769.34	24470.21	26910.14	29270.59	31594.75	33865.34	36139.39	37863.94
$375,000	n/a	n/a	n/a	n/a	27468.29	31040.06	34051.97	36702.72	39158.21	41542.85	43905.02
Unlimited	9367.49	14052.10	18734.98	23417.86	28102.46	32690.30	36623.23	40241.66	43538.69	46338.05	48936.96

Age: 95+	0 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5384.45	6331.39	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7725.89	9564.48	10767.17	11710.66	12661.06	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	8933.76	11587.97	13569.98	15130.37	16151.62	17091.65	18038.59	18992.45	19946.30	n/a	n/a
$100,000	9930.82	12814.85	15451.78	17582.40	19128.96	20601.22	21532.61	22474.37	23419.58	24369.98	25322.11
$125,000	10444.03	13955.33	16694.21	19313.86	21594.82	23134.46	24693.12	25983.94	26917.06	27857.09	28800.58
$150,000	n/a	14897.09	17865.79	20381.76	23177.66	25607.23	27141.70	28693.44	30260.74	31366.66	32301.50
$175,000	n/a	15477.70	18978.62	21753.79	24451.20	27039.74	29623.10	31150.66	32697.22	34257.60	35819.71
$200,000	n/a	15837.12	19865.09	22887.36	25629.70	28313.28	30901.82	33495.55	35161.34	36702.72	38257.92
$225,000	n/a	n/a	20459.52	23943.17	26799.55	29507.33	32175.36	34765.63	37359.36	39175.49	40709.95
$250,000	n/a	n/a	20886.34	24829.63	27908.93	30692.74	33384.96	36039.17	38627.71	41221.44	43187.90
$375,000	n/a	n/a	n/a	n/a	31330.37	35404.99	38841.98	41864.26	44665.34	47383.49	50079.17
Unlimited	10684.22	16027.20	21370.18	26711.42	32054.40	37286.78	41774.40	45900.86	49660.99	52854.34	55819.58

20 Day Elimination Period Premiums are 91% of 0 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 18-44	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	41.47	48.38	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	62.21	74.30	82.94	89.86	98.50	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	72.58	93.31	107.14	117.50	124.42	133.06	139.97	146.88	153.79	n/a	n/a
$100,000	81.22	105.41	126.14	139.97	150.34	158.98	165.89	174.53	181.44	188.35	195.26
$125,000	86.40	114.05	136.51	157.25	172.80	183.17	191.81	200.45	207.36	216.00	222.91
$150,000	n/a	122.69	145.15	165.89	188.35	205.63	216.00	224.64	235.01	241.92	250.56
$175,000	n/a	127.87	157.25	177.98	200.45	219.46	240.19	248.83	257.47	266.11	276.48
$200,000	n/a	131.33	164.16	188.35	209.09	231.55	250.56	271.30	281.66	288.58	298.94
$225,000	n/a	n/a	169.34	196.99	219.46	241.92	262.66	281.66	302.40	314.50	323.14
$250,000	n/a	n/a	172.80	203.90	229.82	250.56	273.02	293.76	314.50	333.50	347.33
$375,000	n/a	n/a	n/a	n/a	259.20	292.03	319.68	343.87	364.61	387.07	409.54
Unlimited	88.13	133.06	176.26	221.18	264.38	307.58	345.60	378.43	409.54	435.46	459.65

Age: 45-49	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	57.02	67.39	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	86.40	101.95	114.05	124.42	133.06	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	100.22	127.87	146.88	158.98	171.07	179.71	190.08	200.45	210.82	n/a	n/a
$100,000	112.32	143.42	171.07	191.81	203.90	217.73	226.37	236.74	247.10	257.47	267.84
$125,000	117.50	157.25	186.62	214.27	236.74	248.83	262.66	273.02	283.39	293.76	304.13
$150,000	n/a	167.62	198.72	228.10	257.47	281.66	293.76	304.13	319.68	330.05	340.42
$175,000	n/a	174.53	214.27	241.92	273.02	298.94	326.59	338.69	350.78	364.61	376.70
$200,000	n/a	177.98	222.91	255.74	285.12	316.22	342.14	369.79	381.89	395.71	407.81
$225,000	n/a	n/a	229.82	269.57	298.94	328.32	357.70	385.34	412.99	428.54	440.64
$250,000	n/a	n/a	235.01	278.21	312.77	342.14	371.52	400.90	428.54	454.46	473.47
$375,000	n/a	n/a	n/a	n/a	350.78	397.44	437.18	470.02	497.66	527.04	558.14
Unlimited	120.96	181.44	240.19	300.67	361.15	419.90	470.02	516.67	558.14	594.43	625.54

Age: 50	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	63.94	76.03	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	96.77	115.78	127.87	139.97	152.06	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	112.32	145.15	165.89	181.44	193.54	203.90	216.00	226.37	238.46	n/a	n/a
$100,000	126.14	162.43	193.54	217.73	231.55	245.38	257.47	267.84	279.94	292.03	302.40
$125,000	133.06	177.98	210.82	241.92	267.84	281.66	297.22	311.04	319.68	333.50	343.87
$150,000	n/a	190.08	226.37	257.47	288.58	319.68	333.50	347.33	362.88	374.98	385.34
$175,000	n/a	196.99	241.92	273.02	309.31	338.69	369.79	381.89	397.44	412.99	428.54
$200,000	n/a	202.18	252.29	288.58	323.14	357.70	388.80	418.18	433.73	445.82	461.38
$225,000	n/a	n/a	260.93	304.13	338.69	373.25	406.08	437.18	466.56	485.57	499.39
$250,000	n/a	n/a	266.11	316.22	354.24	387.07	421.63	454.46	485.57	514.94	535.68
$375,000	n/a	n/a	n/a	n/a	400.90	451.01	492.48	532.22	563.33	597.89	630.72
Unlimited	136.51	203.90	273.02	340.42	409.54	475.20	533.95	584.06	630.72	673.92	708.48

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

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Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 51	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	67.39	79.49	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	101.95	122.69	136.51	148.61	160.70	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	119.23	153.79	176.26	191.81	203.90	216.00	228.10	240.19	252.29	n/a	n/a
$100,000	133.06	171.07	205.63	229.82	245.38	260.93	273.02	285.12	297.22	309.31	319.68
$125,000	141.70	188.35	222.91	257.47	283.39	298.94	314.50	328.32	340.42	350.78	364.61
$150,000	n/a	200.45	238.46	273.02	307.58	335.23	350.78	366.34	381.89	397.44	407.81
$175,000	n/a	209.09	255.74	288.58	326.59	359.42	392.26	406.08	421.63	437.18	452.74
$200,000	n/a	214.27	267.84	307.58	342.14	378.43	411.26	444.10	459.65	475.20	490.75
$225,000	n/a	n/a	276.48	323.14	357.70	393.98	428.54	459.65	492.48	513.22	528.77
$250,000	n/a	n/a	281.66	335.23	374.98	409.54	444.10	482.11	513.22	546.05	566.78
$375,000	n/a	n/a	n/a	n/a	423.36	475.20	521.86	563.33	597.89	630.72	670.46
Unlimited	145.15	216.00	288.58	361.15	433.73	504.58	565.06	618.62	668.74	711.94	751.68

Age: 52	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	72.58	84.67	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	108.86	129.60	143.42	157.25	169.34	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	126.14	162.43	186.62	202.18	216.00	228.10	241.92	254.02	266.11	n/a	n/a
$100,000	141.70	181.44	216.00	241.92	259.20	273.02	286.85	300.67	312.77	326.59	338.69
$125,000	148.61	198.72	235.01	271.30	298.94	314.50	331.78	347.33	359.42	371.52	385.34
$150,000	n/a	212.54	252.29	288.58	324.86	355.97	371.52	388.80	404.35	418.18	432.00
$175,000	n/a	221.18	271.30	304.13	345.60	380.16	412.99	428.54	444.10	459.65	476.93
$200,000	n/a	226.37	283.39	324.86	361.15	397.44	433.73	468.29	485.57	501.12	516.67
$225,000	n/a	n/a	292.03	340.42	378.43	416.45	454.46	487.30	521.86	542.59	558.14
$250,000	n/a	n/a	298.94	354.24	395.71	432.00	471.74	506.30	542.59	577.15	599.62
$375,000	n/a	n/a	n/a	n/a	445.82	504.58	552.96	594.43	630.72	668.74	706.75
Unlimited	152.06	228.10	304.13	381.89	457.92	532.22	596.16	654.91	706.75	753.41	791.42

Age: 53	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	76.03	89.86	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	114.05	136.51	152.06	164.16	177.98	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	133.06	171.07	195.26	212.54	226.37	240.19	254.02	267.84	281.66	n/a	n/a
$100,000	148.61	190.08	228.10	255.74	273.02	288.58	302.40	316.22	330.05	342.14	355.97
$125,000	157.25	209.09	248.83	285.12	314.50	331.78	349.06	364.61	378.43	392.26	404.35
$150,000	n/a	222.91	266.11	302.40	342.14	374.98	390.53	407.81	426.82	440.64	454.46
$175,000	n/a	233.28	285.12	323.14	362.88	397.44	435.46	451.01	468.29	485.57	502.85
$200,000	n/a	238.46	297.22	342.14	380.16	419.90	456.19	490.75	511.49	527.04	544.32
$225,000	n/a	n/a	307.58	359.42	397.44	438.91	475.20	513.22	549.50	568.51	585.79
$250,000	n/a	n/a	314.50	371.52	418.18	456.19	495.94	533.95	568.51	606.53	630.72
$375,000	n/a	n/a	n/a	n/a	470.02	530.50	582.34	625.54	661.82	703.30	743.04
Unlimited	160.70	240.19	319.68	400.90	482.11	559.87	627.26	689.47	743.04	791.42	832.90

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

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Age: 54	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	86.40	101.95	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	131.33	157.25	174.53	190.08	205.63	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	152.06	196.99	224.64	245.38	260.93	276.48	292.03	307.58	323.14	n/a	n/a
$100,000	171.07	219.46	262.66	293.76	312.77	333.50	347.33	362.88	378.43	393.98	409.54
$125,000	179.71	240.19	285.12	328.32	362.88	381.89	400.90	419.90	435.46	451.01	466.56
$150,000	n/a	257.47	304.13	349.06	393.98	432.00	449.28	470.02	490.75	506.30	521.86
$175,000	n/a	267.84	328.32	371.52	418.18	459.65	501.12	518.40	537.41	558.14	578.88
$200,000	n/a	273.02	342.14	392.26	437.18	483.84	523.58	566.78	585.79	606.53	625.54
$225,000	n/a	n/a	350.78	412.99	457.92	504.58	549.50	590.98	630.72	656.64	675.65
$250,000	n/a	n/a	361.15	428.54	480.38	521.86	568.51	615.17	656.64	696.38	724.03
$375,000	n/a	n/a	n/a	n/a	539.14	609.98	670.46	720.58	763.78	806.98	853.63
Unlimited	184.90	276.48	369.79	459.65	552.96	644.54	722.30	789.70	853.63	910.66	959.04

Age: 55	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	91.58	107.14	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	136.51	164.16	181.44	196.99	214.27	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	158.98	205.63	235.01	255.74	273.02	288.58	304.13	319.68	335.23	n/a	n/a
$100,000	177.98	228.10	273.02	304.13	326.59	347.33	362.88	378.43	395.71	411.26	428.54
$125,000	188.35	250.56	297.22	342.14	378.43	397.44	419.90	438.91	454.46	470.02	485.57
$150,000	n/a	267.84	317.95	364.61	411.26	451.01	470.02	490.75	511.49	528.77	544.32
$175,000	n/a	278.21	342.14	387.07	437.18	476.93	521.86	539.14	561.60	582.34	601.34
$200,000	n/a	285.12	357.70	409.54	456.19	504.58	547.78	590.98	613.44	630.72	653.18
$225,000	n/a	n/a	366.34	428.54	475.20	523.58	573.70	615.17	660.10	684.29	705.02
$250,000	n/a	n/a	376.70	444.10	501.12	546.05	596.16	641.09	684.29	725.76	755.14
$375,000	n/a	n/a	n/a	n/a	565.06	637.63	696.38	751.68	796.61	843.26	893.38
Unlimited	191.81	288.58	385.34	482.11	577.15	672.19	753.41	825.98	893.38	952.13	1002.24

Age: 56	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	101.95	120.96	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	153.79	183.17	203.90	222.91	240.19	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	179.71	231.55	264.38	286.85	304.13	324.86	342.14	361.15	378.43	n/a	n/a
$100,000	200.45	257.47	307.58	345.60	366.34	390.53	407.81	426.82	444.10	461.38	480.38
$125,000	212.54	281.66	335.23	385.34	425.09	445.82	471.74	490.75	511.49	528.77	547.78
$150,000	n/a	300.67	357.70	409.54	459.65	506.30	528.77	551.23	575.42	594.43	613.44
$175,000	n/a	314.50	381.89	435.46	490.75	537.41	585.79	608.26	630.72	654.91	677.38
$200,000	n/a	319.68	400.90	459.65	513.22	568.51	615.17	663.55	689.47	710.21	734.40
$225,000	n/a	n/a	412.99	485.57	537.41	590.98	644.54	692.93	739.58	770.69	791.42
$250,000	n/a	n/a	423.36	502.85	563.33	615.17	670.46	722.30	770.69	817.34	850.18
$375,000	n/a	n/a	n/a	n/a	634.18	717.12	786.24	844.99	895.10	950.40	1003.97
Unlimited	216.00	324.86	433.73	542.59	648.00	755.14	846.72	927.94	1003.97	1067.90	1126.66

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

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Age: 57	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	110.59	129.60	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	165.89	196.99	219.46	238.46	259.20	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	191.81	248.83	283.39	309.31	330.05	349.06	366.34	387.07	407.81	n/a	n/a
$100,000	216.00	276.48	331.78	369.79	393.98	419.90	438.91	457.92	475.20	497.66	516.67
$125,000	228.10	302.40	359.42	412.99	457.92	480.38	506.30	528.77	549.50	568.51	585.79
$150,000	n/a	323.14	385.34	438.91	495.94	544.32	566.78	592.70	616.90	639.36	658.37
$175,000	n/a	335.23	412.99	468.29	527.04	578.88	630.72	654.91	677.38	703.30	727.49
$200,000	n/a	345.60	432.00	492.48	551.23	609.98	661.82	711.94	739.58	765.50	787.97
$225,000	n/a	n/a	444.10	520.13	577.15	634.18	692.93	743.04	796.61	827.71	850.18
$250,000	n/a	n/a	454.46	537.41	604.80	660.10	718.85	774.14	827.71	879.55	912.38
$375,000	n/a	n/a	n/a	n/a	680.83	768.96	844.99	907.20	960.77	1019.52	1080.00
Unlimited	233.28	349.06	464.83	582.34	696.38	812.16	910.66	998.78	1078.27	1147.39	1209.60

Age: 58	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	117.50	138.24	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	176.26	210.82	235.01	255.74	276.48	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	205.63	266.11	304.13	330.05	350.78	373.25	393.98	412.99	435.46	n/a	n/a
$100,000	229.82	295.49	354.24	395.71	421.63	449.28	470.02	490.75	511.49	532.22	552.96
$125,000	243.65	323.14	385.34	442.37	489.02	514.94	539.14	566.78	584.06	606.53	627.26
$150,000	n/a	345.60	411.26	470.02	530.50	582.34	606.53	630.72	660.10	680.83	703.30
$175,000	n/a	361.15	440.64	501.12	563.33	616.90	673.92	699.84	724.03	751.68	779.33
$200,000	n/a	366.34	459.65	528.77	589.25	649.73	706.75	763.78	789.70	817.34	843.26
$225,000	n/a	n/a	475.20	554.69	615.17	677.38	739.58	796.61	850.18	883.01	910.66
$250,000	n/a	n/a	485.57	577.15	646.27	705.02	768.96	829.44	883.01	940.03	976.32
$375,000	n/a	n/a	n/a	n/a	727.49	820.80	900.29	971.14	1026.43	1088.64	1152.58
Unlimited	248.83	373.25	497.66	622.08	746.50	865.73	972.86	1066.18	1150.85	1226.88	1292.54

Age: 59	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	133.06	155.52	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	200.45	238.46	264.38	288.58	311.04	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	231.55	298.94	342.14	373.25	397.44	419.90	444.10	468.29	490.75	n/a	n/a
$100,000	260.93	333.50	397.44	445.82	475.20	506.30	530.50	552.96	577.15	599.62	623.81
$125,000	273.02	364.61	433.73	499.39	551.23	580.61	611.71	639.36	661.82	686.02	708.48
$150,000	n/a	390.53	464.83	530.50	599.62	656.64	684.29	715.39	746.50	770.69	794.88
$175,000	n/a	406.08	497.66	565.06	634.18	699.84	762.05	787.97	817.34	848.45	879.55
$200,000	n/a	416.45	520.13	597.89	663.55	736.13	798.34	862.27	893.38	922.75	953.86
$225,000	n/a	n/a	537.41	628.99	694.66	767.23	834.62	896.83	960.77	998.78	1026.43
$250,000	n/a	n/a	549.50	649.73	730.94	796.61	865.73	936.58	998.78	1060.99	1102.46
$375,000	n/a	n/a	n/a	n/a	822.53	927.94	1019.52	1095.55	1159.49	1228.61	1301.18
Unlimited	281.66	421.63	561.60	701.57	843.26	978.05	1097.28	1206.14	1299.46	1385.86	1458.43

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

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Age: 60	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	146.88	174.53	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	222.91	266.11	295.49	319.68	347.33	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	259.20	333.50	381.89	412.99	442.37	468.29	492.48	521.86	547.78	n/a	n/a
$100,000	288.58	371.52	444.10	497.66	530.50	565.06	590.98	615.17	642.82	668.74	692.93
$125,000	304.13	407.81	483.84	554.69	615.17	646.27	679.10	710.21	737.86	763.78	787.97
$150,000	n/a	435.46	518.40	590.98	665.28	732.67	763.78	796.61	831.17	858.82	883.01
$175,000	n/a	452.74	552.96	628.99	708.48	779.33	848.45	879.55	910.66	945.22	979.78
$200,000	n/a	464.83	580.61	663.55	739.58	819.07	889.92	959.04	995.33	1026.43	1062.72
$225,000	n/a	n/a	599.62	699.84	774.14	853.63	929.66	1002.24	1069.63	1112.83	1143.94
$250,000	n/a	n/a	611.71	724.03	813.89	888.19	967.68	1040.26	1112.83	1181.95	1228.61
$375,000	n/a	n/a	n/a	n/a	915.84	1035.07	1133.57	1221.70	1292.54	1370.30	1449.79
Unlimited	312.77	470.02	625.54	782.78	938.30	1092.10	1221.70	1340.93	1449.79	1544.83	1626.05

Age: 61	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	158.98	186.62	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	240.19	285.12	317.95	345.60	374.98	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	278.21	359.42	411.26	445.82	475.20	504.58	532.22	561.60	589.25	n/a	n/a
$100,000	312.77	397.44	476.93	535.68	570.24	608.26	634.18	661.82	691.20	720.58	748.22
$125,000	330.05	438.91	520.13	599.62	661.82	694.66	732.67	767.23	794.88	820.80	848.45
$150,000	n/a	468.29	558.14	634.18	718.85	786.24	820.80	857.09	895.10	926.21	953.86
$175,000	n/a	489.02	597.89	677.38	763.78	836.35	912.38	945.22	983.23	1019.52	1055.81
$200,000	n/a	499.39	625.54	717.12	800.06	881.28	957.31	1035.07	1071.36	1107.65	1143.94
$225,000	n/a	n/a	644.54	755.14	834.62	921.02	1003.97	1078.27	1152.58	1197.50	1230.34
$250,000	n/a	n/a	658.37	781.06	876.10	955.58	1040.26	1123.20	1195.78	1271.81	1321.92
$375,000	n/a	n/a	n/a	n/a	988.42	1112.83	1221.70	1315.01	1392.77	1475.71	1560.38
Unlimited	335.23	506.30	673.92	843.26	1009.15	1175.04	1316.74	1444.61	1560.38	1664.06	1752.19

Age: 62	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	174.53	205.63	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	262.66	312.77	347.33	378.43	409.54	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	304.13	393.98	449.28	490.75	521.86	552.96	584.06	615.17	646.27	n/a	n/a
$100,000	342.14	437.18	523.58	585.79	625.54	663.55	694.66	725.76	756.86	786.24	817.34
$125,000	361.15	480.38	568.51	656.64	724.03	763.78	801.79	838.08	869.18	898.56	929.66
$150,000	n/a	513.22	609.98	694.66	786.24	864.00	898.56	940.03	978.05	1014.34	1041.98
$175,000	n/a	533.95	654.91	741.31	834.62	919.30	1000.51	1035.07	1076.54	1114.56	1157.76
$200,000	n/a	547.78	684.29	784.51	876.10	967.68	1050.62	1131.84	1175.04	1211.33	1252.80
$225,000	n/a	n/a	706.75	825.98	914.11	1005.70	1097.28	1180.22	1264.90	1313.28	1347.84
$250,000	n/a	n/a	722.30	853.63	959.04	1047.17	1140.48	1228.61	1309.82	1392.77	1448.06
$375,000	n/a	n/a	n/a	n/a	1081.73	1221.70	1337.47	1439.42	1524.10	1615.68	1710.72
Unlimited	369.79	552.96	737.86	922.75	1107.65	1287.36	1441.15	1582.85	1708.99	1821.31	1918.08

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

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No Benefit Increase Option

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Age: 63	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	196.99	231.55	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	297.22	354.24	393.98	428.54	461.38	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	345.60	444.10	506.30	552.96	590.98	625.54	660.10	692.93	730.94	n/a	n/a
$100,000	387.07	492.48	592.70	661.82	708.48	753.41	786.24	820.80	857.09	891.65	926.21
$125,000	407.81	542.59	644.54	739.58	817.34	862.27	907.20	946.94	983.23	1017.79	1052.35
$150,000	n/a	580.61	689.47	786.24	889.92	974.59	1017.79	1062.72	1107.65	1143.94	1178.50
$175,000	n/a	604.80	739.58	838.08	943.49	1036.80	1130.11	1173.31	1214.78	1259.71	1306.37
$200,000	n/a	616.90	772.42	888.19	988.42	1093.82	1187.14	1280.45	1328.83	1370.30	1413.50
$225,000	n/a	n/a	798.34	931.39	1035.07	1140.48	1240.70	1334.02	1427.33	1482.62	1524.10
$250,000	n/a	n/a	815.62	967.68	1083.46	1181.95	1289.09	1391.04	1482.62	1575.94	1638.14
$375,000	n/a	n/a	n/a	n/a	1221.70	1378.94	1512.00	1626.05	1722.82	1826.50	1933.63
Unlimited	418.18	625.54	832.90	1041.98	1252.80	1454.98	1629.50	1788.48	1931.90	2059.78	2168.64

Age: 64	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	219.46	259.20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	331.78	393.98	438.91	475.20	516.67	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	385.34	495.94	566.78	616.90	658.37	694.66	736.13	774.14	813.89	n/a	n/a
$100,000	432.00	551.23	661.82	739.58	787.97	838.08	877.82	914.11	955.58	993.60	1033.34
$125,000	454.46	604.80	718.85	827.71	912.38	960.77	1010.88	1057.54	1097.28	1133.57	1175.04
$150,000	n/a	646.27	768.96	879.55	991.87	1086.91	1133.57	1181.95	1235.52	1276.99	1315.01
$175,000	n/a	673.92	825.98	936.58	1052.35	1157.76	1261.44	1306.37	1354.75	1406.59	1458.43
$200,000	n/a	689.47	862.27	988.42	1102.46	1219.97	1321.92	1427.33	1479.17	1527.55	1579.39
$225,000	n/a	n/a	889.92	1040.26	1152.58	1270.08	1384.13	1487.81	1591.49	1653.70	1700.35
$250,000	n/a	n/a	910.66	1078.27	1209.60	1318.46	1439.42	1548.29	1653.70	1757.38	1826.50
$375,000	n/a	n/a	n/a	n/a	1363.39	1537.92	1686.53	1814.40	1923.26	2039.04	2154.82
Unlimited	464.83	696.38	929.66	1161.22	1394.50	1622.59	1817.86	1995.84	2154.82	2296.51	2419.20

Age: 65	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	241.92	285.12	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	364.61	435.46	483.84	527.04	568.51	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	425.09	547.78	625.54	680.83	724.03	768.96	812.16	853.63	896.83	n/a	n/a
$100,000	475.20	608.26	730.94	817.34	869.18	926.21	969.41	1009.15	1052.35	1097.28	1140.48
$125,000	502.85	665.28	791.42	910.66	1007.42	1060.99	1116.29	1166.40	1209.60	1252.80	1296.00
$150,000	n/a	711.94	848.45	969.41	1095.55	1199.23	1252.80	1304.64	1361.66	1408.32	1453.25
$175,000	n/a	743.04	910.66	1033.34	1161.22	1276.99	1392.77	1441.15	1494.72	1551.74	1610.50
$200,000	n/a	762.05	952.13	1092.10	1218.24	1346.11	1458.43	1574.21	1632.96	1686.53	1741.82
$225,000	n/a	n/a	983.23	1147.39	1271.81	1401.41	1527.55	1641.60	1757.38	1824.77	1876.61
$250,000	n/a	n/a	1003.97	1190.59	1334.02	1454.98	1586.30	1708.99	1824.77	1938.82	2014.85
$375,000	n/a	n/a	n/a	n/a	1505.09	1696.90	1862.78	1999.30	2121.98	2248.13	2379.46
Unlimited	513.22	770.69	1026.43	1283.90	1539.65	1790.21	2006.21	2201.47	2379.46	2533.25	2668.03

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
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No Benefit Increase Option

Currently Approved Rates

Age: 66	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	267.84	316.22	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	404.35	483.84	537.41	584.06	630.72	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	471.74	608.26	692.93	755.14	803.52	851.90	898.56	946.94	995.33	n/a	n/a
$100,000	528.77	675.65	810.43	907.20	964.22	1026.43	1073.09	1119.74	1168.13	1218.24	1264.90
$125,000	554.69	739.58	879.55	1010.88	1118.02	1176.77	1237.25	1296.00	1340.93	1391.04	1437.70
$150,000	n/a	791.42	941.76	1076.54	1213.06	1330.56	1387.58	1448.06	1512.00	1563.84	1610.50
$175,000	n/a	825.98	1009.15	1143.94	1289.09	1416.96	1543.10	1600.13	1658.88	1721.09	1785.02
$200,000	n/a	844.99	1054.08	1209.60	1349.57	1491.26	1619.14	1747.01	1812.67	1871.42	1931.90
$225,000	n/a	n/a	1088.64	1273.54	1411.78	1555.20	1693.44	1821.31	1949.18	2025.22	2082.24
$250,000	n/a	n/a	1112.83	1318.46	1480.90	1615.68	1759.10	1897.34	2023.49	2151.36	2237.76
$375,000	n/a	n/a	n/a	n/a	1669.25	1883.52	2064.96	2218.75	2353.54	2495.23	2638.66
Unlimited	568.51	853.63	1140.48	1423.87	1707.26	1987.20	2225.66	2443.39	2636.93	2811.46	2961.79

Age: 67	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	295.49	347.33	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	444.10	530.50	590.98	642.82	692.93	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	518.40	665.28	763.78	831.17	883.01	938.30	988.42	1040.26	1095.55	n/a	n/a
$100,000	580.61	739.58	889.92	995.33	1062.72	1128.38	1178.50	1230.34	1283.90	1335.74	1387.58
$125,000	611.71	813.89	967.68	1112.83	1228.61	1292.54	1361.66	1423.87	1473.98	1525.82	1579.39
$150,000	n/a	869.18	1035.07	1180.22	1334.02	1461.89	1524.10	1591.49	1660.61	1717.63	1769.47
$175,000	n/a	907.20	1111.10	1257.98	1416.96	1555.20	1695.17	1757.38	1823.04	1890.43	1961.28
$200,000	n/a	926.21	1159.49	1330.56	1482.62	1638.14	1778.11	1919.81	1990.66	2054.59	2121.98
$225,000	n/a	n/a	1195.78	1399.68	1551.74	1707.26	1861.06	1999.30	2139.26	2223.94	2287.87
$250,000	n/a	n/a	1221.70	1449.79	1626.05	1774.66	1933.63	2083.97	2223.94	2363.90	2457.22
$375,000	n/a	n/a	n/a	n/a	1833.41	2068.42	2268.86	2438.21	2586.82	2742.34	2901.31
Unlimited	625.54	938.30	1252.80	1563.84	1876.61	2182.46	2445.12	2683.58	2899.58	3087.94	3252.10

Age: 68	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	324.86	381.89	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	490.75	584.06	649.73	708.48	765.50	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	568.51	736.13	841.54	914.11	974.59	1033.34	1092.10	1147.39	1206.14	n/a	n/a
$100,000	639.36	817.34	979.78	1097.28	1171.58	1242.43	1299.46	1359.94	1415.23	1472.26	1532.74
$125,000	673.92	895.10	1066.18	1225.15	1354.75	1425.60	1501.63	1569.02	1626.05	1683.07	1740.10
$150,000	n/a	957.31	1140.48	1301.18	1470.53	1612.22	1681.34	1753.92	1831.68	1893.89	1950.91
$175,000	n/a	1000.51	1223.42	1385.86	1563.84	1715.90	1869.70	1938.82	2009.66	2085.70	2161.73
$200,000	n/a	1021.25	1280.45	1468.80	1634.69	1807.49	1961.28	2116.80	2194.56	2263.68	2339.71
$225,000	n/a	n/a	1318.46	1543.10	1710.72	1883.52	2052.86	2206.66	2360.45	2450.30	2522.88
$250,000	n/a	n/a	1347.84	1598.40	1793.66	1956.10	2132.35	2296.51	2450.30	2605.82	2709.50
$375,000	n/a	n/a	n/a	n/a	2021.76	2279.23	2500.42	2688.77	2851.20	3022.27	3196.80
Unlimited	689.47	1035.07	1378.94	1724.54	2068.42	2405.38	2697.41	2960.06	3196.80	3405.89	3585.60

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

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No Benefit Increase Option

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Age: 69	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	362.88	428.54	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	547.78	653.18	724.03	789.70	853.63	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	637.63	819.07	940.03	1021.25	1088.64	1152.58	1218.24	1283.90	1346.11	n/a	n/a
$100,000	711.94	912.38	1095.55	1225.15	1304.64	1387.58	1453.25	1517.18	1579.39	1645.06	1708.99
$125,000	753.41	1002.24	1190.59	1366.85	1512.00	1591.49	1674.43	1750.46	1814.40	1878.34	1942.27
$150,000	n/a	1069.63	1271.81	1454.98	1641.60	1800.58	1876.61	1959.55	2044.22	2113.34	2177.28
$175,000	n/a	1114.56	1365.12	1548.29	1743.55	1914.62	2087.42	2163.46	2244.67	2325.89	2414.02
$200,000	n/a	1142.21	1427.33	1636.42	1824.77	2018.30	2187.65	2360.45	2450.30	2528.06	2611.01
$225,000	n/a	n/a	1472.26	1722.82	1909.44	2102.98	2291.33	2462.40	2636.93	2737.15	2814.91
$250,000	n/a	n/a	1505.09	1783.30	1999.30	2184.19	2379.46	2562.62	2735.42	2908.22	3025.73
$375,000	n/a	n/a	n/a	n/a	2256.77	2545.34	2792.45	3001.54	3181.25	3373.06	3568.32
Unlimited	770.69	1156.03	1539.65	1924.99	2310.34	2685.31	3010.18	3302.21	3568.32	3801.60	4003.78

Age: 70	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	400.90	471.74	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	604.80	722.30	801.79	872.64	943.49	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	703.30	907.20	1035.07	1128.38	1202.69	1271.81	1346.11	1415.23	1486.08	n/a	n/a
$100,000	786.24	1007.42	1207.87	1353.02	1441.15	1532.74	1601.86	1672.70	1745.28	1816.13	1886.98
$125,000	831.17	1104.19	1315.01	1510.27	1669.25	1757.38	1848.96	1933.63	2004.48	2075.33	2146.18
$150,000	n/a	1181.95	1406.59	1605.31	1812.67	1987.20	2071.87	2163.46	2256.77	2334.53	2403.65
$175,000	n/a	1230.34	1506.82	1708.99	1924.99	2115.07	2305.15	2388.10	2477.95	2571.26	2666.30
$200,000	n/a	1259.71	1575.94	1807.49	2014.85	2227.39	2417.47	2607.55	2704.32	2792.45	2884.03
$225,000	n/a	n/a	1626.05	1902.53	2108.16	2322.43	2528.06	2718.14	2909.95	3024.00	3108.67
$250,000	n/a	n/a	1660.61	1969.92	2210.11	2412.29	2626.56	2830.46	3022.27	3212.35	3338.50
$375,000	n/a	n/a	n/a	n/a	2493.50	2809.73	3082.75	3314.30	3513.02	3723.84	3941.57
Unlimited	848.45	1275.26	1700.35	2123.71	2548.80	2965.25	3322.94	3647.81	3939.84	4199.04	4421.95

Age: 71	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	444.10	523.58	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	673.92	801.79	893.38	971.14	1050.62	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	782.78	1007.42	1152.58	1256.26	1337.47	1416.96	1496.45	1575.94	1655.42	n/a	n/a
$100,000	877.82	1123.20	1346.11	1505.09	1605.31	1705.54	1785.02	1862.78	1942.27	2021.76	2101.25
$125,000	926.21	1230.34	1461.89	1681.34	1859.33	1956.10	2058.05	2153.09	2230.85	2310.34	2388.10
$150,000	n/a	1315.01	1563.84	1786.75	2018.30	2211.84	2306.88	2407.10	2512.51	2598.91	2676.67
$175,000	n/a	1370.30	1677.89	1902.53	2144.45	2355.26	2564.35	2657.66	2757.89	2859.84	2965.25
$200,000	n/a	1401.41	1753.92	2013.12	2242.94	2479.68	2690.50	2903.04	3010.18	3108.67	3208.90
$225,000	n/a	n/a	1810.94	2118.53	2344.90	2585.09	2814.91	3025.73	3240.00	3364.42	3459.46
$250,000	n/a	n/a	1848.96	2192.83	2460.67	2683.58	2923.78	3151.87	3362.69	3575.23	3716.93
$375,000	n/a	n/a	n/a	n/a	2775.17	3127.68	3433.54	3691.01	3912.19	4145.47	4387.39
Unlimited	945.22	1418.69	1892.16	2365.63	2839.10	3302.21	3699.65	4060.80	4383.94	4674.24	4921.34

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

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Age: 72	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	490.75	578.88	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	739.58	883.01	983.23	1069.63	1157.76	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	862.27	1112.83	1270.08	1384.13	1473.98	1560.38	1648.51	1736.64	1823.04	n/a	n/a
$100,000	967.68	1237.25	1482.62	1658.88	1767.74	1880.06	1966.46	2052.86	2139.26	2227.39	2315.52
$125,000	1019.52	1354.75	1610.50	1852.42	2045.95	2154.82	2268.86	2370.82	2457.22	2543.62	2631.74
$150,000	n/a	1449.79	1722.82	1968.19	2223.94	2436.48	2541.89	2652.48	2766.53	2861.57	2947.97
$175,000	n/a	1510.27	1848.96	2096.06	2360.45	2592.00	2825.28	2930.69	3039.55	3151.87	3267.65
$200,000	n/a	1544.83	1931.90	2217.02	2472.77	2730.24	2963.52	3198.53	3317.76	3424.90	3537.22
$225,000	n/a	n/a	1994.11	2332.80	2586.82	2846.02	3103.49	3336.77	3568.32	3706.56	3811.97
$250,000	n/a	n/a	2037.31	2415.74	2711.23	2956.61	3220.99	3473.28	3704.83	3939.84	4095.36
$375,000	n/a	n/a	n/a	n/a	3056.83	3447.36	3782.59	4065.98	4309.63	4567.10	4831.49
Unlimited	1041.98	1563.84	2085.70	2605.82	3125.95	3637.44	4076.35	4472.06	4831.49	5147.71	5420.74

Age: 73	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	549.50	646.27	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	827.71	986.69	1097.28	1192.32	1290.82	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	960.77	1238.98	1416.96	1543.10	1645.06	1741.82	1838.59	1937.09	2033.86	n/a	n/a
$100,000	1078.27	1377.22	1653.70	1850.69	1971.65	2096.06	2192.83	2289.60	2386.37	2483.14	2579.90
$125,000	1135.30	1512.00	1797.12	2066.69	2284.42	2403.65	2528.06	2645.57	2742.34	2839.10	2934.14
$150,000	n/a	1615.68	1923.26	2196.29	2479.68	2718.14	2835.65	2960.06	3087.94	3191.62	3290.11
$175,000	n/a	1684.80	2061.50	2337.98	2635.20	2892.67	3151.87	3267.65	3388.61	3514.75	3644.35
$200,000	n/a	1722.82	2154.82	2472.77	2757.89	3046.46	3305.66	3568.32	3701.38	3818.88	3943.30
$225,000	n/a	n/a	2223.94	2602.37	2884.03	3174.34	3459.46	3720.38	3981.31	4133.38	4252.61
$250,000	n/a	n/a	2274.05	2695.68	3024.00	3298.75	3594.24	3874.18	4131.65	4394.30	4567.10
$375,000	n/a	n/a	n/a	n/a	3409.34	3844.80	4219.78	4534.27	4805.57	5094.14	5391.36
Unlimited	1161.22	1743.55	2325.89	2906.50	3487.10	4057.34	4546.37	4988.74	5389.63	5742.14	6046.27

Age: 74	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	604.80	711.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	910.66	1086.91	1209.60	1316.74	1423.87	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1060.99	1366.85	1563.84	1703.81	1814.40	1921.54	2028.67	2137.54	2244.67	n/a	n/a
$100,000	1190.59	1520.64	1824.77	2042.50	2177.28	2312.06	2419.20	2526.34	2633.47	2742.34	2849.47
$125,000	1252.80	1667.52	1983.74	2279.23	2521.15	2652.48	2792.45	2916.86	3025.73	3132.86	3238.27
$150,000	n/a	1783.30	2121.98	2420.93	2735.42	2999.81	3127.68	3264.19	3405.89	3523.39	3628.80
$175,000	n/a	1857.60	2275.78	2579.90	2904.77	3191.62	3478.46	3604.61	3739.39	3879.36	4021.06
$200,000	n/a	1902.53	2379.46	2730.24	3041.28	3362.69	3647.81	3936.38	4083.26	4216.32	4351.10
$225,000	n/a	n/a	2453.76	2870.21	3181.25	3502.66	3818.88	4102.27	4392.58	4563.65	4691.52
$250,000	n/a	n/a	2509.06	2972.16	3336.77	3639.17	3965.76	4273.34	4561.92	4848.77	5040.58
$375,000	n/a	n/a	n/a	n/a	3761.86	4242.24	4655.23	5004.29	5303.23	5622.91	5949.50
Unlimited	1283.90	1924.99	2564.35	3207.17	3848.26	4475.52	5016.38	5505.41	5946.05	6338.30	6671.81

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 75	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	679.10	801.79	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1024.70	1221.70	1359.94	1479.17	1600.13	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1190.59	1537.92	1757.38	1914.62	2039.04	2160.00	2279.23	2401.92	2522.88	n/a	n/a
$100,000	1335.74	1708.99	2049.41	2294.78	2446.85	2600.64	2718.14	2839.10	2960.06	3079.30	3200.26
$125,000	1408.32	1874.88	2229.12	2560.90	2833.92	2979.07	3136.32	3279.74	3398.98	3518.21	3639.17
$150,000	n/a	2004.48	2384.64	2721.60	3074.11	3371.33	3514.75	3668.54	3829.25	3958.85	4078.08
$175,000	n/a	2089.15	2559.17	2901.31	3265.92	3587.33	3910.46	4052.16	4202.50	4359.74	4518.72
$200,000	n/a	2137.54	2671.49	3065.47	3417.98	3779.14	4098.82	4425.41	4587.84	4736.45	4891.97
$225,000	n/a	n/a	2759.62	3227.90	3575.23	3938.11	4288.90	4612.03	4935.17	5126.98	5272.13
$250,000	n/a	n/a	2820.10	3340.22	3749.76	4090.18	4456.51	4802.11	5125.25	5448.38	5664.38
$375,000	n/a	n/a	n/a	n/a	4226.69	4767.55	5230.66	5622.91	5959.87	6319.30	6683.90
Unlimited	1441.15	2163.46	2884.03	3604.61	4325.18	5031.94	5636.74	6184.51	6682.18	7121.09	7497.79

Age: 76	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	758.59	895.10	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1145.66	1366.85	1518.91	1653.70	1788.48	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1332.29	1719.36	1964.74	2139.26	2279.23	2414.02	2547.07	2683.58	2820.10	n/a	n/a
$100,000	1492.99	1911.17	2291.33	2564.35	2733.70	2904.77	3041.28	3172.61	3307.39	3442.18	3578.69
$125,000	1575.94	2096.06	2491.78	2863.30	3165.70	3329.86	3506.11	3666.82	3799.87	3932.93	4067.71
$150,000	n/a	2241.22	2666.30	3043.01	3436.99	3768.77	3927.74	4100.54	4280.26	4425.41	4560.19
$175,000	n/a	2334.53	2858.11	3243.46	3651.26	4010.69	4371.84	4530.82	4696.70	4874.69	5052.67
$200,000	n/a	2388.10	2987.71	3428.35	3822.34	4223.23	4582.66	4945.54	5128.70	5294.59	5467.39
$225,000	n/a	n/a	3082.75	3606.34	3998.59	4402.94	4796.93	5156.35	5517.50	5731.78	5894.21
$250,000	n/a	n/a	3150.14	3735.94	4192.13	4570.56	4981.82	5368.90	5730.05	6089.47	6331.39
$375,000	n/a	n/a	n/a	n/a	4726.08	5329.15	5847.55	6288.19	6661.44	7062.34	7471.87
Unlimited	1612.22	2417.47	3222.72	4029.70	4834.94	5622.91	6302.02	6915.46	7470.14	7959.17	8380.80

Age: 77	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	857.09	1007.42	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1292.54	1541.38	1714.18	1866.24	2018.30	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1503.36	1938.82	2217.02	2414.02	2571.26	2721.60	2873.66	3025.73	3181.25	n/a	n/a
$100,000	1684.80	2154.82	2585.09	2892.67	3082.75	3278.02	3428.35	3578.69	3730.75	3881.09	4036.61
$125,000	1776.38	2363.90	2808.00	3229.63	3571.78	3756.67	3955.39	4133.38	4285.44	4437.50	4587.84
$150,000	n/a	2528.06	3006.72	3431.81	3877.63	4250.88	4430.59	4625.86	4828.03	4990.46	5142.53
$175,000	n/a	2633.47	3224.45	3656.45	4116.10	4522.18	4928.26	5107.97	5298.05	5496.77	5698.94
$200,000	n/a	2695.68	3369.60	3865.54	4311.36	4762.37	5168.45	5576.26	5785.34	5973.70	6167.23
$225,000	n/a	n/a	3476.74	4067.71	4508.35	4964.54	5410.37	5816.45	6224.26	6462.72	6649.34
$250,000	n/a	n/a	3552.77	4211.14	4726.08	5156.35	5619.46	6056.64	6462.72	6868.80	7141.82
$375,000	n/a	n/a	n/a	n/a	5330.88	6011.71	6594.05	7089.98	7515.07	7966.08	8427.46
Unlimited	1817.86	2726.78	3635.71	4544.64	5451.84	6343.49	7107.26	7800.19	8424.00	8978.69	9452.16

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 78	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	976.32	1150.85	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1473.98	1759.10	1956.10	2128.90	2303.42	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1714.18	2211.84	2528.06	2752.70	2932.42	3105.22	3279.74	3452.54	3628.80	n/a	n/a
$100,000	1923.26	2458.94	2947.97	3300.48	3518.21	3739.39	3910.46	4083.26	4256.06	4428.86	4603.39
$125,000	2026.94	2697.41	3203.71	3685.82	4074.62	4285.44	4510.08	4717.44	4890.24	5063.04	5234.11
$150,000	n/a	2884.03	3428.35	3913.92	4423.68	4848.77	5056.13	5277.31	5507.14	5695.49	5866.56
$175,000	n/a	3003.26	3678.91	4171.39	4696.70	5159.81	5622.91	5826.82	6042.82	6270.91	6500.74
$200,000	n/a	3074.11	3844.80	4409.86	4916.16	5434.56	5897.66	6362.50	6600.96	6813.50	7034.69
$225,000	n/a	n/a	3967.49	4641.41	5142.53	5664.38	6170.69	6633.79	7100.35	7373.38	7582.46
$250,000	n/a	n/a	4052.16	4805.57	5393.09	5883.84	6409.15	6908.54	7371.65	7836.48	8147.52
$375,000	n/a	n/a	n/a	n/a	6079.10	6856.70	7521.98	8088.77	8572.61	9087.55	9614.59
Unlimited	2073.60	3110.40	4147.20	5184.00	6220.80	7236.86	8109.50	8897.47	9611.14	10241.86	10786.18

Age: 79	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1107.65	1302.91	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1669.25	1992.38	2215.30	2410.56	2605.82	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1942.27	2505.60	2861.57	3119.04	3321.22	3516.48	3713.47	3910.46	4109.18	n/a	n/a
$100,000	2177.28	2783.81	3338.50	3737.66	3984.77	4235.33	4427.14	4625.86	4819.39	5016.38	5213.38
$125,000	2294.78	3055.10	3628.80	4174.85	4612.03	4852.22	5107.97	5341.25	5536.51	5731.78	5927.04
$150,000	n/a	3265.92	3881.09	4435.78	5007.74	5491.58	5726.59	5975.42	6234.62	6448.90	6642.43
$175,000	n/a	3402.43	4164.48	4722.62	5320.51	5842.37	6369.41	6600.96	6844.61	7100.35	7363.01
$200,000	n/a	3480.19	4352.83	4993.92	5567.62	6153.41	6676.99	7205.76	7473.60	7717.25	7967.81
$225,000	n/a	n/a	4491.07	5254.85	5825.09	6414.34	6988.03	7513.34	8040.38	8349.70	8588.16
$250,000	n/a	n/a	4589.57	5443.20	6105.02	6661.44	7259.33	7824.38	8347.97	8875.01	9227.52
$375,000	n/a	n/a	n/a	n/a	6886.08	7765.63	8520.77	9160.13	9707.90	10290.24	10888.13
Unlimited	2348.35	3523.39	4696.70	5871.74	7045.06	8194.18	9182.59	10075.97	10884.67	11598.34	12213.50

Age: 80	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1251.07	1472.26	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1885.25	2248.13	2498.69	2719.87	2944.51	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2192.83	2827.01	3231.36	3519.94	3749.76	3970.94	4192.13	4415.04	4639.68	n/a	n/a
$100,000	2458.94	3143.23	3770.50	4219.78	4497.98	4781.38	5000.83	5220.29	5441.47	5664.38	5887.30
$125,000	2590.27	3447.36	4098.82	4712.26	5208.19	5479.49	5768.06	6028.99	6248.45	6469.63	6690.82
$150,000	n/a	3687.55	4382.21	5006.02	5654.02	6198.34	6464.45	6746.11	7039.87	7280.06	7501.25
$175,000	n/a	3841.34	4705.34	5332.61	6006.53	6597.50	7190.21	7451.14	7725.89	8016.19	8313.41
$200,000	n/a	3927.74	4914.43	5638.46	6286.46	6948.29	7537.54	8135.42	8437.82	8710.85	8995.97
$225,000	n/a	n/a	5071.68	5933.95	6575.04	7240.32	7891.78	8481.02	9075.46	9427.97	9697.54
$250,000	n/a	n/a	5182.27	6143.04	6894.72	7520.26	8194.18	8831.81	9422.78	10018.94	10416.38
$375,000	n/a	n/a	n/a	n/a	7774.27	8767.87	9619.78	10342.08	10958.98	11617.34	12292.99
Unlimited	2652.48	3976.13	5303.23	6628.61	7955.71	9253.44	10366.27	11377.15	12287.81	13094.78	13789.44

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 81	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1423.87	1674.43	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2144.45	2559.17	2844.29	3096.58	3348.86	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2495.23	3217.54	3677.18	4005.50	4268.16	4518.72	4769.28	5023.30	5277.31	n/a	n/a
$100,000	2795.90	3576.96	4288.90	4800.38	5118.34	5439.74	5690.30	5940.86	6193.15	6447.17	6697.73
$125,000	2947.97	3922.56	4662.14	5361.98	5927.04	6234.62	6562.94	6861.89	7112.45	7363.01	7613.57
$150,000	n/a	4193.86	4988.74	5697.22	6433.34	7053.70	7356.10	7675.78	8009.28	8284.03	8534.59
$175,000	n/a	4368.38	5351.62	6068.74	6834.24	7506.43	8180.35	8477.57	8793.79	9122.11	9459.07
$200,000	n/a	4472.06	5591.81	6416.06	7153.92	7907.33	8579.52	9256.90	9602.50	9913.54	10234.94
$225,000	n/a	n/a	5771.52	6751.30	7482.24	8239.10	8978.69	9650.88	10328.26	10727.42	11033.28
$250,000	n/a	n/a	5897.66	6991.49	7845.12	8558.78	9324.29	10050.05	10723.97	11403.07	11852.35
$375,000	n/a	n/a	n/a	n/a	8847.36	9977.47	10946.88	11767.68	12470.98	13219.20	13988.16
Unlimited	3017.09	4523.90	6032.45	7542.72	9051.26	10528.70	11797.06	12946.18	13982.98	14902.27	15690.24

Age: 82	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1591.49	1874.88	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2400.19	2863.30	3182.98	3464.64	3748.03	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2792.45	3601.15	4114.37	4482.43	4774.46	5056.13	5339.52	5622.91	5904.58	n/a	n/a
$100,000	3129.41	4002.05	4800.38	5372.35	5726.59	6087.74	6367.68	6649.34	6929.28	7212.67	7496.06
$125,000	3300.48	4390.85	5216.83	5999.62	6633.79	6977.66	7344.00	7677.50	7957.44	8239.10	8520.77
$150,000	n/a	4693.25	5583.17	6374.59	7200.58	7893.50	8230.46	8589.89	8964.86	9270.72	9550.66
$175,000	n/a	4891.97	5990.98	6789.31	7646.40	8399.81	9153.22	9488.45	9839.23	10207.30	10584.00
$200,000	n/a	5004.29	6260.54	7178.11	8004.10	8847.36	9600.77	10359.36	10746.43	11093.76	11454.91
$225,000	n/a	n/a	6459.26	7553.09	8375.62	9220.61	10046.59	10801.73	11560.32	12004.42	12346.56
$250,000	n/a	n/a	6600.96	7824.38	8779.97	9576.58	10435.39	11247.55	12000.96	12759.55	13264.13
$375,000	n/a	n/a	n/a	n/a	9899.71	11162.88	12249.79	13167.36	13955.33	14795.14	15652.22
Unlimited	3376.51	5064.77	6751.30	8439.55	10127.81	11781.50	13198.46	14485.82	15647.04	16673.47	17558.21

Age: 83	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1791.94	2108.16	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2700.86	3222.72	3582.14	3896.64	4218.05	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3139.78	4052.16	4631.04	5044.03	5374.08	5690.30	6008.26	6326.21	6647.62	n/a	n/a
$100,000	3521.66	4503.17	5401.73	6044.54	6445.44	6849.79	7164.29	7480.51	7798.46	8114.69	8434.37
$125,000	3713.47	4938.62	5871.74	6751.30	7463.23	7850.30	8265.02	8641.73	8956.22	9272.45	9588.67
$150,000	n/a	5282.50	6281.28	7174.66	8102.59	8881.92	9262.08	9666.43	10086.34	10431.94	10746.43
$175,000	n/a	5503.68	6739.20	7641.22	8605.44	9452.16	10302.34	10675.58	11073.02	11486.02	11909.38
$200,000	n/a	5631.55	7043.33	8080.13	9008.06	9955.01	10801.73	11657.09	12090.82	12481.34	12887.42
$225,000	n/a	n/a	7267.97	8501.76	9421.06	10374.91	11304.58	12153.02	13008.38	13507.78	13893.12
$250,000	n/a	n/a	7426.94	8804.16	9880.70	10777.54	11741.76	12654.14	13506.05	14357.95	14924.74
$375,000	n/a	n/a	n/a	n/a	11140.42	12560.83	13782.53	14817.60	15704.06	16647.55	17613.50
Unlimited	3799.87	5698.94	7598.02	9497.09	11396.16	13258.94	14852.16	16300.22	17608.32	18764.35	19757.95

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 84	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2007.94	2365.63	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3027.46	3613.25	4015.87	4371.84	4727.81	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3521.66	4541.18	5192.64	5654.02	6025.54	6378.05	6734.02	7093.44	7451.14	n/a	n/a
$100,000	3948.48	5049.22	6056.64	6777.22	7224.77	7679.23	8033.47	8385.98	8741.95	9099.65	9457.34
$125,000	4162.75	5538.24	6581.95	7568.64	8366.98	8802.43	9263.81	9687.17	10039.68	10393.92	10749.89
$150,000	n/a	5921.86	7041.60	8042.11	9084.10	9956.74	10383.55	10838.02	11309.76	11695.10	12047.62
$175,000	n/a	6168.96	7554.82	8565.70	9649.15	10597.82	11549.95	11969.86	12413.95	12875.33	13352.26
$200,000	n/a	6312.38	7895.23	9058.18	10100.16	11161.15	12111.55	13068.86	13556.16	13993.34	14449.54
$225,000	n/a	n/a	8147.52	9529.92	10563.26	11631.17	12674.88	13625.28	14580.86	15144.19	15576.19
$250,000	n/a	n/a	8327.23	9870.34	11076.48	12082.18	13165.63	14188.61	15140.74	16096.32	16733.95
$375,000	n/a	n/a	n/a	n/a	12489.98	14083.20	15453.50	16614.72	17606.59	18664.13	19745.86
Unlimited	4257.79	6388.42	8517.31	10646.21	12776.83	14862.53	16651.01	18273.60	19740.67	21034.94	22149.50

Age: 85	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2130.62	2509.06	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3212.35	3832.70	4259.52	4639.68	5016.38	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3735.94	4819.39	5508.86	5997.89	6390.14	6766.85	7145.28	7523.71	7907.33	n/a	n/a
$100,000	4190.40	5356.80	6424.70	7191.94	7667.14	8147.52	8522.50	8897.47	9275.90	9652.61	10032.77
$125,000	4416.77	5875.20	6984.58	8033.47	8878.46	9339.84	9830.59	10278.14	10653.12	11028.10	11406.53
$150,000	n/a	6283.01	7471.87	8532.86	9637.06	10564.99	11017.73	11499.84	11999.23	12408.77	12783.74
$175,000	n/a	6545.66	8017.92	9089.28	10236.67	11245.82	12254.98	12699.07	13170.82	13663.30	14167.87
$200,000	n/a	6697.73	8377.34	9609.41	10715.33	11843.71	12851.14	13865.47	14383.87	14846.98	15330.82
$225,000	n/a	n/a	8645.18	10112.26	11207.81	12341.38	13447.30	14456.45	15472.51	16068.67	16526.59
$250,000	n/a	n/a	8833.54	10471.68	11750.40	12820.03	13967.42	15054.34	16063.49	17077.82	17753.47
$375,000	n/a	n/a	n/a	n/a	13250.30	14942.02	16396.99	17627.33	18679.68	19802.88	20952.00
Unlimited	4518.72	6778.94	9037.44	11297.66	13556.16	15769.73	17668.80	19389.89	20945.09	22318.85	23502.53

Age: 86	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2230.85	2626.56	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3364.42	4014.14	4461.70	4855.68	5253.12	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3912.19	5047.49	5769.79	6281.28	6692.54	7086.53	7482.24	7879.68	8277.12	n/a	n/a
$100,000	4387.39	5610.82	6727.10	7530.62	8028.29	8532.86	8923.39	9317.38	9713.09	10108.80	10506.24
$125,000	4625.86	6151.68	7312.90	8410.18	9294.91	9778.75	10293.70	10763.71	11155.97	11548.22	11942.21
$150,000	n/a	6578.50	7824.38	8935.49	10091.52	11064.38	11536.13	12040.70	12564.29	12994.56	13385.09
$175,000	n/a	6854.98	8394.62	9516.10	10718.78	11774.59	12832.13	13296.96	13791.17	14306.11	14833.15
$200,000	n/a	7013.95	8773.06	10063.87	11219.90	12400.13	13455.94	14518.66	15061.25	15546.82	16054.85
$225,000	n/a	n/a	9052.99	10589.18	11734.85	12921.98	14081.47	15139.01	16200.00	16825.54	17305.92
$250,000	n/a	n/a	9248.26	10965.89	12305.09	13423.10	14625.79	15762.82	16820.35	17881.34	18593.28
$375,000	n/a	n/a	n/a	n/a	13875.84	15647.04	17167.68	18456.77	19559.23	20736.00	21938.69
Unlimited	4732.99	7098.62	9464.26	11829.89	14195.52	16512.77	18499.97	20304.00	21933.50	23369.47	24610.18

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 87	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2384.64	2808.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3594.24	4287.17	4767.55	5189.18	5612.54	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4178.30	5391.36	6163.78	6711.55	7150.46	7570.37	7993.73	8418.82	8843.90	n/a	n/a
$100,000	4688.06	5994.43	7188.48	8047.30	8576.06	9116.93	9535.10	9953.28	10376.64	10800.00	11223.36
$125,000	4940.35	6573.31	7814.02	8985.60	9930.82	10449.22	10998.72	11499.84	11918.02	12337.92	12759.55
$150,000	n/a	7029.50	8360.06	9545.47	10782.72	11819.52	12325.82	12864.96	13423.10	13882.75	14300.93
$175,000	n/a	7323.26	8970.05	10167.55	11453.18	12579.84	13709.95	14207.62	14736.38	15284.16	15849.22
$200,000	n/a	7494.34	9370.94	10751.62	11987.14	13248.58	14376.96	15512.26	16089.41	16609.54	17152.13
$225,000	n/a	n/a	9671.62	11314.94	12540.10	13806.72	15045.70	16174.08	17309.38	17978.11	18487.87
$250,000	n/a	n/a	9884.16	11717.57	13146.62	14342.40	15626.30	16841.09	17971.20	19106.50	19865.09
$375,000	n/a	n/a	n/a	n/a	14824.51	16716.67	18342.72	19719.94	20898.43	22154.69	23440.32
Unlimited	5056.13	7582.46	10110.53	12636.86	15166.66	17642.88	19766.59	21691.58	23431.68	24969.60	26291.52

Age: 88	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2536.70	2985.98	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3824.06	4563.65	5071.68	5520.96	5970.24	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4446.14	5736.96	6557.76	7141.82	7608.38	8055.94	8505.22	8957.95	9410.69	n/a	n/a
$100,000	4987.01	6376.32	7648.13	8560.51	9123.84	9699.26	10143.36	10592.64	11041.92	11491.20	11943.94
$125,000	5258.30	6994.94	8313.41	9559.30	10568.45	11116.22	11703.74	12235.97	12681.79	13129.34	13576.90
$150,000	n/a	7480.51	8894.02	10157.18	11472.19	12576.38	13115.52	13687.49	14283.65	14770.94	15218.50
$175,000	n/a	7793.28	9542.02	10817.28	12185.86	13385.09	14587.78	15116.54	15678.14	16262.21	16865.28
$200,000	n/a	7972.99	9972.29	11439.36	12754.37	14097.02	15296.26	16505.86	17121.02	17673.98	18251.14
$225,000	n/a	n/a	10290.24	12037.25	13341.89	14689.73	16008.19	17209.15	18418.75	19127.23	19673.28
$250,000	n/a	n/a	10516.61	12465.79	13988.16	15259.97	16625.09	17921.09	19122.05	20328.19	21135.17
$375,000	n/a	n/a	n/a	n/a	15773.18	17786.30	19517.76	20983.10	22235.90	23571.65	24938.50
Unlimited	5379.26	8068.03	10758.53	13447.30	16136.06	18771.26	21031.49	23080.90	24933.31	26569.73	27976.32

Age: 89	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2683.58	3158.78	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4045.25	4828.03	5365.44	5840.64	6315.84	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4705.34	6068.74	6936.19	7553.09	8049.02	8520.77	8997.70	9476.35	9953.28	n/a	n/a
$100,000	5273.86	6746.11	8092.22	9056.45	9650.88	10260.86	10730.88	11204.35	11679.55	12156.48	12635.14
$125,000	5560.70	7397.57	8793.79	10112.26	11176.70	11759.04	12379.39	12942.72	13414.46	13886.21	14361.41
$150,000	n/a	7910.78	9408.96	10744.70	12135.74	13305.60	13874.11	14478.91	15109.63	15624.58	16096.32
$175,000	n/a	8242.56	10094.98	11442.82	12889.15	14159.23	15431.04	15990.91	16585.34	17203.97	17839.87
$200,000	n/a	8434.37	10549.44	12101.18	13492.22	14910.91	16180.99	17459.71	18111.17	18695.23	19305.22
$225,000	n/a	n/a	10886.40	12731.90	14112.58	15539.90	16932.67	18204.48	19479.74	20233.15	20810.30
$250,000	n/a	n/a	11124.86	13186.37	14796.86	16142.98	17587.58	18956.16	20226.24	21503.23	22356.86
$375,000	n/a	n/a	n/a	n/a	16683.84	18816.19	20644.42	22194.43	23521.54	24935.04	26381.38
Unlimited	5690.30	8534.59	11378.88	14223.17	17070.91	19856.45	22248.00	24414.91	26371.01	28104.19	29593.73

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 90	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2830.46	3333.31	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4269.89	5094.14	5662.66	6163.78	6666.62	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4964.54	6403.97	7321.54	7972.99	8493.12	8994.24	9495.36	9999.94	10506.24	n/a	n/a
$100,000	5567.62	7119.36	8538.05	9557.57	10186.56	10829.38	11325.31	11826.43	12325.82	12830.40	13334.98
$125,000	5870.02	7808.83	9279.36	10673.86	11797.06	12412.22	13063.68	13659.84	14157.50	14656.90	15156.29
$150,000	n/a	8349.70	9930.82	11340.86	12807.94	14041.73	14643.07	15280.70	15945.98	16492.03	16989.70
$175,000	n/a	8698.75	10654.85	12076.99	13604.54	14942.02	16286.40	16875.65	17504.64	18157.82	18826.56
$200,000	n/a	8900.93	11135.23	12773.38	14238.72	15738.62	17077.82	18425.66	19115.14	19730.30	20373.12
$225,000	n/a	n/a	11487.74	13438.66	14893.63	16400.45	17872.70	19211.90	20561.47	21354.62	21964.61
$250,000	n/a	n/a	11740.03	13917.31	15615.94	17038.08	18562.18	20006.78	21345.98	22695.55	23594.11
$375,000	n/a	n/a	n/a	n/a	17610.05	19858.18	21788.35	23424.77	24824.45	26317.44	27843.26
Unlimited	6006.53	9008.06	12011.33	15014.59	18016.13	20957.18	23478.34	25767.94	27834.62	29661.12	31233.60

Age: 91	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2979.07	3507.84	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4492.80	5360.26	5959.87	6486.91	7017.41	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5225.47	6739.20	7705.15	8391.17	8940.67	9464.26	9994.75	10525.25	11057.47	n/a	n/a
$100,000	5857.92	7494.34	8987.33	10058.69	10722.24	11396.16	11921.47	12445.06	12973.82	13502.59	14034.82
$125,000	6179.33	8220.10	9766.66	11233.73	12417.41	13061.95	13749.70	14376.96	14898.82	15424.13	15952.90
$150,000	n/a	8788.61	10450.94	11937.02	13480.13	14777.86	15410.30	16082.50	16782.34	17356.03	17877.89
$175,000	n/a	9154.94	11214.72	12712.90	14316.48	15726.53	17140.03	17762.11	18422.21	19109.95	19814.98
$200,000	n/a	9369.22	11719.30	13443.84	14985.22	16562.88	17972.93	19395.07	20117.38	20767.10	21442.75
$225,000	n/a	n/a	12092.54	14145.41	15676.42	17260.99	18811.01	20219.33	21641.47	22474.37	23115.46
$250,000	n/a	n/a	12355.20	14646.53	16435.01	17931.46	19536.77	21055.68	22467.46	23886.14	24833.09
$375,000	n/a	n/a	n/a	n/a	18532.80	20901.89	22932.29	24655.10	26127.36	27698.11	29303.42
Unlimited	6321.02	9479.81	12642.05	15800.83	18961.34	22056.19	24712.13	27119.23	29294.78	31218.05	32871.74

Age: 92	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3129.41	3685.82	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4720.90	5631.55	6260.54	6813.50	7371.65	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5489.86	7081.34	8095.68	8816.26	9389.95	9944.64	10499.33	11057.47	11615.62	n/a	n/a
$100,000	6155.14	7872.77	9441.79	10566.72	11264.83	11973.31	12522.82	13074.05	13628.74	14185.15	14741.57
$125,000	6492.10	8633.09	10260.86	11800.51	13042.94	13722.05	14444.35	15102.72	15652.22	16205.18	16758.14
$150,000	n/a	9230.98	10979.71	12538.37	14160.96	15524.35	16189.63	16896.38	17629.06	18233.86	18783.36
$175,000	n/a	9619.78	11781.50	13353.98	15040.51	16523.14	18005.76	18658.94	19353.60	20074.18	20817.22
$200,000	n/a	9840.96	12310.27	14121.22	15743.81	17400.96	18881.86	20373.12	21135.17	21816.00	22527.94
$225,000	n/a	n/a	12702.53	14860.80	16467.84	18131.90	19759.68	21242.30	22733.57	23609.66	24283.58
$250,000	n/a	n/a	12979.01	15389.57	17266.18	18836.93	20523.46	22121.86	23602.75	25094.02	26089.34
$375,000	n/a	n/a	n/a	n/a	19471.10	21957.70	24090.05	25899.26	27447.55	29096.06	30786.05
Unlimited	6638.98	9961.92	13279.68	16600.90	19918.66	23172.48	25959.74	28489.54	30775.68	32795.71	34532.35

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Nursing Home Benefits
No Benefit Increase Option

Currently Approved Rates

Age: 93	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3284.93	3868.99	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4954.18	5911.49	6571.58	7150.46	7736.26	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5761.15	7428.67	8494.85	9249.98	9854.78	10435.39	11019.46	11603.52	12189.31	n/a	n/a
$100,000	6460.99	8259.84	9906.62	11090.30	11819.52	12564.29	13139.71	13720.32	14300.93	14886.72	15470.78
$125,000	6810.05	9059.90	10768.90	12384.58	13689.22	14401.15	15158.02	15849.22	16426.37	17006.98	17585.86
$150,000	n/a	9687.17	11520.58	13156.99	14860.80	16291.58	16989.70	17731.01	18501.70	19134.14	19711.30
$175,000	n/a	10093.25	12362.11	14014.08	15785.28	17338.75	18895.68	19581.70	20309.18	21066.05	21843.65
$200,000	n/a	10328.26	12916.80	14817.60	16521.41	18261.50	19814.98	21378.82	22177.15	22894.27	23639.04
$225,000	n/a	n/a	13329.79	15593.47	17281.73	19028.74	20736.00	22291.20	23856.77	24777.79	25482.82
$250,000	n/a	n/a	13621.82	16148.16	18119.81	19768.32	21536.06	23212.22	24767.42	26332.99	27376.70
$375,000	n/a	n/a	n/a	n/a	20431.87	23041.15	25280.64	27177.98	28802.30	30535.49	32306.69
Unlimited	6967.30	10452.67	13936.32	17419.97	20903.62	24316.42	27241.92	29897.86	32294.59	34414.85	36237.89

Age: 94	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3442.18	4052.16	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5189.18	6193.15	6882.62	7490.88	8104.32	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6035.90	7784.64	8899.20	9692.35	10324.80	10933.06	11544.77	12156.48	12771.65	n/a	n/a
$100,000	6766.85	8653.82	10380.10	11617.34	12382.85	13163.90	13766.98	14375.23	14985.22	15595.20	16208.64
$125,000	7134.91	9491.90	11282.11	12975.55	14342.40	15087.17	15880.32	16604.35	17209.15	17815.68	18423.94
$150,000	n/a	10150.27	12070.08	13785.98	15569.28	17069.18	17798.40	18576.00	19384.70	20044.80	20649.60
$175,000	n/a	10575.36	12949.63	14682.82	16538.69	18163.01	19795.97	20514.82	21278.59	22070.02	22885.63
$200,000	n/a	10819.01	13533.70	15526.08	17307.65	19130.69	20760.19	22400.06	23236.42	23984.64	24767.42
$225,000	n/a	n/a	13965.70	16336.51	18105.98	19935.94	21724.42	23353.92	24995.52	25958.02	26697.60
$250,000	n/a	n/a	14269.82	16917.12	18983.81	20710.08	22564.22	24319.87	25949.38	27589.25	28683.07
$375,000	n/a	n/a	n/a	n/a	21406.46	24140.16	26486.78	28473.98	30177.79	31988.74	33846.34
Unlimited	7300.80	10950.34	14599.87	18251.14	21898.94	25474.18	28541.38	31323.46	33834.24	36054.72	37965.89

Age: 95+	60 Day Elimination Period										
	Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3926.02	4620.67	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5918.40	7062.34	7850.30	8546.69	9244.80	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6884.35	8880.19	10150.27	11054.02	11776.32	12470.98	13165.63	13865.47	14565.31	n/a	n/a
$100,000	7718.98	9870.34	11838.53	13250.30	14124.67	15016.32	15702.34	16395.26	17089.92	17789.76	18487.87
$125,000	8140.61	10825.92	12868.42	14798.59	16357.25	17209.15	18112.90	18938.88	19628.35	20319.55	21015.94
$150,000	n/a	11579.33	13766.98	15723.07	17758.66	19465.92	20302.27	21187.01	22108.03	22864.90	23554.37
$175,000	n/a	12061.44	14770.94	16746.05	18862.85	20718.72	22579.78	23398.85	24269.76	25173.50	26104.90
$200,000	n/a	12343.10	15436.22	17706.82	19742.40	21819.46	23678.78	25548.48	26502.34	27357.70	28249.34
$225,000	n/a	n/a	15930.43	18633.02	20651.33	22738.75	24779.52	26637.12	28508.54	29607.55	30450.82
$250,000	n/a	n/a	16276.03	19296.58	21653.57	23620.03	25736.83	27739.58	29598.91	31468.61	32716.22
$375,000	n/a	n/a	n/a	n/a	24416.64	27535.68	30210.62	32479.49	34420.03	36488.45	38605.25
Unlimited	8327.23	12489.98	16652.74	20817.22	24979.97	29058.05	32553.79	35728.13	38593.15	41126.40	43305.41

90 Day Elimination Period Premiums are 91% of 60 Day Elimination Period Premiums rounded to whole dollars.
180 Day Elimination Period Premiums are 78% of 60 Day Elimination Period Premiums rounded to whole dollars.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Nursing Home + Preferred Risk Annual Premium Home and Community Care or Home Health Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 18-44	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	70.85	74.30	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	112.32	127.87	139.97	146.88	150.34	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	134.78	167.62	184.90	200.45	209.09	226.37	233.28	238.46	243.65	n/a	n/a
$100,000	164.16	193.54	221.18	241.92	254.02	283.39	288.58	293.76	298.94	304.13	307.58
$125,000	167.62	212.54	243.65	271.30	290.30	319.68	335.23	350.78	364.61	380.16	392.26
$150,000	n/a	233.28	259.20	293.76	319.68	352.51	368.06	383.62	404.35	414.72	437.18
$175,000	n/a	240.19	295.49	312.77	342.14	381.89	402.62	416.45	437.18	454.46	476.93
$200,000	n/a	245.38	304.13	331.78	361.15	406.08	426.82	449.28	470.02	489.02	509.76
$225,000	n/a	n/a	311.04	366.34	378.43	425.09	454.46	476.93	501.12	521.86	540.86
$250,000	n/a	n/a	317.95	374.98	402.62	454.46	487.30	518.40	547.78	575.42	601.34
$375,000	n/a	n/a	n/a	n/a	461.38	547.78	599.62	616.90	641.09	682.56	724.03
Unlimited	171.07	255.74	335.23	409.54	476.93	570.24	632.45	689.47	746.50	801.79	855.36

Age: 45-49	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	96.77	103.68	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	152.06	176.26	191.81	198.72	207.36	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	188.35	226.37	252.29	273.02	286.85	307.58	316.22	323.14	331.78	n/a	n/a
$100,000	221.18	262.66	300.67	324.86	349.06	383.62	395.71	406.08	414.72	423.36	432.00
$125,000	228.10	292.03	333.50	368.06	397.44	435.46	456.19	476.93	494.21	513.22	532.22
$150,000	n/a	319.68	354.24	400.90	432.00	483.84	501.12	523.58	547.78	563.33	590.98
$175,000	n/a	330.05	402.62	426.82	466.56	518.40	547.78	566.78	590.98	616.90	646.27
$200,000	n/a	335.23	416.45	451.01	490.75	552.96	582.34	613.44	637.63	661.82	691.20
$225,000	n/a	n/a	426.82	499.39	514.94	580.61	615.17	648.00	680.83	708.48	737.86
$250,000	n/a	n/a	433.73	513.22	547.78	618.62	663.55	705.02	739.58	781.06	817.34
$375,000	n/a	n/a	n/a	n/a	628.99	748.22	815.62	839.81	872.64	926.21	981.50
Unlimited	233.28	347.33	456.19	559.87	651.46	777.60	860.54	941.76	1019.52	1097.28	1169.86

Age: 50	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	110.59	117.50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	174.53	198.72	217.73	226.37	235.01	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	210.82	259.20	286.85	309.31	321.41	350.78	359.42	368.06	376.70	n/a	n/a
$100,000	254.02	295.49	340.42	371.52	392.26	435.46	445.82	457.92	466.56	476.93	485.57
$125,000	259.20	331.78	376.70	418.18	449.28	492.48	516.67	539.14	558.14	578.88	599.62
$150,000	n/a	362.88	402.62	454.46	490.75	547.78	568.51	594.43	618.62	634.18	667.01
$175,000	n/a	371.52	456.19	482.11	528.77	587.52	618.62	642.82	668.74	696.38	727.49
$200,000	n/a	380.16	471.74	511.49	558.14	625.54	660.10	692.93	718.85	746.50	777.60
$225,000	n/a	n/a	482.11	566.78	584.06	658.37	698.11	734.40	770.69	800.06	832.90
$250,000	n/a	n/a	490.75	582.34	623.81	701.57	753.41	796.61	838.08	881.28	921.02
$375,000	n/a	n/a	n/a	n/a	713.66	848.45	924.48	950.40	986.69	1045.44	1105.92
Unlimited	264.38	393.98	518.40	634.18	737.86	879.55	974.59	1066.18	1157.76	1240.70	1330.56

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 51	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	117.50	122.69	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	181.44	210.82	228.10	241.92	247.10	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	224.64	273.02	304.13	330.05	342.14	368.06	378.43	387.07	397.44	n/a	n/a
$100,000	266.11	316.22	361.15	392.26	412.99	461.38	473.47	485.57	495.94	508.03	516.67
$125,000	273.02	350.78	397.44	444.10	475.20	521.86	547.78	570.24	590.98	613.44	634.18
$150,000	n/a	383.62	426.82	478.66	518.40	578.88	599.62	627.26	654.91	670.46	703.30
$175,000	n/a	395.71	483.84	509.76	559.87	622.08	656.64	679.10	708.48	739.58	770.69
$200,000	n/a	402.62	497.66	539.14	587.52	661.82	696.38	734.40	763.78	793.15	824.26
$225,000	n/a	n/a	509.76	599.62	615.17	696.38	739.58	775.87	813.89	848.45	879.55
$250,000	n/a	n/a	521.86	615.17	658.37	743.04	796.61	844.99	888.19	934.85	974.59
$375,000	n/a	n/a	n/a	n/a	755.14	896.83	976.32	1007.42	1045.44	1109.38	1175.04
Unlimited	279.94	416.45	551.23	670.46	782.78	934.85	1033.34	1128.38	1221.70	1311.55	1401.41

Age: 52	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	120.96	133.06	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	195.26	224.64	241.92	254.02	260.93	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	235.01	288.58	319.68	345.60	361.15	388.80	399.17	412.99	423.36	n/a	n/a
$100,000	281.66	333.50	380.16	412.99	438.91	487.30	501.12	511.49	523.58	537.41	547.78
$125,000	288.58	368.06	419.90	468.29	502.85	549.50	578.88	601.34	625.54	648.00	670.46
$150,000	n/a	402.62	449.28	506.30	549.50	609.98	632.45	661.82	692.93	708.48	744.77
$175,000	n/a	414.72	509.76	539.14	590.98	656.64	692.93	717.12	746.50	777.60	812.16
$200,000	n/a	423.36	528.77	570.24	622.08	699.84	737.86	774.14	805.25	836.35	872.64
$225,000	n/a	n/a	540.86	632.45	649.73	732.67	781.06	820.80	864.00	898.56	934.85
$250,000	n/a	n/a	551.23	648.00	692.93	786.24	841.54	891.65	938.30	988.42	1035.07
$375,000	n/a	n/a	n/a	n/a	796.61	946.94	1031.62	1066.18	1104.19	1171.58	1242.43
Unlimited	295.49	438.91	578.88	706.75	825.98	986.69	1090.37	1190.59	1290.82	1384.13	1477.44

Age: 53	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	127.87	139.97	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	205.63	235.01	255.74	264.38	276.48	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	247.10	304.13	335.23	364.61	380.16	411.26	421.63	430.27	442.37	n/a	n/a
$100,000	297.22	349.06	400.90	437.18	461.38	511.49	525.31	537.41	551.23	563.33	573.70
$125,000	304.13	388.80	444.10	490.75	527.04	578.88	609.98	635.90	658.37	684.29	708.48
$150,000	n/a	426.82	475.20	533.95	578.88	642.82	668.74	698.11	732.67	749.95	787.97
$175,000	n/a	438.91	537.41	566.78	623.81	691.20	729.22	755.14	787.97	822.53	860.54
$200,000	n/a	445.82	556.42	599.62	654.91	737.86	775.87	817.34	848.45	881.28	919.30
$225,000	n/a	n/a	568.51	665.28	684.29	772.42	820.80	864.00	910.66	945.22	983.23
$250,000	n/a	n/a	580.61	682.56	732.67	825.98	886.46	941.76	988.42	1043.71	1090.37
$375,000	n/a	n/a	n/a	n/a	839.81	997.06	1086.91	1121.47	1161.22	1235.52	1308.10
Unlimited	312.77	461.38	611.71	746.50	869.18	1035.07	1145.66	1252.80	1359.94	1458.43	1558.66

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 54	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	146.88	158.98	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	235.01	271.30	293.76	305.86	317.95	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	283.39	349.06	388.80	418.18	438.91	471.74	485.57	497.66	509.76	n/a	n/a
$100,000	340.42	399.17	459.65	502.85	530.50	589.25	604.80	616.90	632.45	646.27	658.37
$125,000	350.78	445.82	509.76	566.78	606.53	665.28	698.11	725.76	751.68	779.33	801.79
$150,000	n/a	489.02	542.59	613.44	663.55	739.58	767.23	800.06	832.90	853.63	895.10
$175,000	n/a	502.85	615.17	651.46	715.39	794.88	838.08	865.73	902.02	940.03	976.32
$200,000	n/a	513.22	637.63	692.93	755.14	848.45	889.92	934.85	971.14	1005.70	1047.17
$225,000	n/a	n/a	651.46	765.50	787.97	889.92	941.76	990.14	1038.53	1081.73	1121.47
$250,000	n/a	n/a	663.55	786.24	841.54	950.40	1017.79	1076.54	1128.38	1185.41	1237.25
$375,000	n/a	n/a	n/a	n/a	964.22	1145.66	1247.62	1283.90	1330.56	1408.32	1489.54
Unlimited	359.42	532.22	701.57	857.09	998.78	1192.32	1318.46	1442.88	1563.84	1679.62	1795.39

Age: 55	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	153.79	164.16	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	243.65	281.66	305.86	319.68	331.78	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	298.94	364.61	404.35	437.18	456.19	492.48	506.30	518.40	532.22	n/a	n/a
$100,000	355.97	419.90	480.38	521.86	552.96	615.17	630.72	648.00	661.82	677.38	691.20
$125,000	366.34	466.56	530.50	590.98	634.18	692.93	729.22	760.32	789.70	817.34	846.72
$150,000	n/a	509.76	568.51	641.09	692.93	770.69	801.79	834.62	876.10	895.10	941.76
$175,000	n/a	525.31	642.82	679.10	748.22	831.17	874.37	905.47	941.76	984.96	1028.16
$200,000	n/a	535.68	665.28	722.30	786.24	884.74	929.66	978.05	1017.79	1055.81	1099.01
$225,000	n/a	n/a	682.56	800.06	820.80	926.21	986.69	1035.07	1088.64	1130.11	1175.04
$250,000	n/a	n/a	692.93	819.07	879.55	990.14	1064.45	1126.66	1183.68	1247.62	1302.91
$375,000	n/a	n/a	n/a	n/a	1007.42	1195.78	1302.91	1342.66	1392.77	1475.71	1563.84
Unlimited	374.98	554.69	734.40	895.10	1041.98	1244.16	1377.22	1503.36	1629.50	1748.74	1866.24

Age: 56	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	172.80	188.35	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	274.75	317.95	343.87	359.42	371.52	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	335.23	409.54	456.19	490.75	513.22	554.69	568.51	584.06	597.89	n/a	n/a
$100,000	400.90	471.74	539.14	589.25	622.08	692.93	708.48	727.49	743.04	760.32	772.42
$125,000	412.99	525.31	599.62	663.55	711.94	782.78	819.07	855.36	886.46	917.57	950.40
$150,000	n/a	573.70	639.36	720.58	779.33	869.18	900.29	940.03	983.23	1005.70	1055.81
$175,000	n/a	590.98	724.03	765.50	841.54	934.85	983.23	1017.79	1059.26	1104.19	1150.85
$200,000	n/a	601.34	749.95	812.16	884.74	993.60	1047.17	1097.28	1142.21	1183.68	1232.06
$225,000	n/a	n/a	767.23	896.83	926.21	1043.71	1109.38	1162.94	1221.70	1270.08	1316.74
$250,000	n/a	n/a	781.06	922.75	988.42	1112.83	1194.05	1264.90	1330.56	1399.68	1461.89
$375,000	n/a	n/a	n/a	n/a	1133.57	1346.11	1465.34	1508.54	1563.84	1657.15	1755.65
Unlimited	423.36	623.81	824.26	1005.70	1173.31	1399.68	1548.29	1693.44	1835.14	1971.65	2108.16

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 57	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	186.62	202.18	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	295.49	342.14	368.06	385.34	399.17	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	361.15	440.64	490.75	527.04	551.23	594.43	611.71	628.99	646.27	n/a	n/a
$100,000	428.54	506.30	580.61	632.45	670.46	743.04	763.78	782.78	801.79	817.34	832.90
$125,000	444.10	566.78	642.82	713.66	765.50	839.81	881.28	922.75	957.31	993.60	1029.89
$150,000	n/a	616.90	686.02	772.42	836.35	933.12	969.41	1012.61	1059.26	1090.37	1143.94
$175,000	n/a	634.18	777.60	824.26	902.02	1003.97	1057.54	1097.28	1143.94	1192.32	1245.89
$200,000	n/a	646.27	805.25	872.64	950.40	1066.18	1126.66	1183.68	1230.34	1278.72	1332.29
$225,000	n/a	n/a	824.26	965.95	991.87	1121.47	1190.59	1252.80	1316.74	1372.03	1427.33
$250,000	n/a	n/a	838.08	990.14	1060.99	1197.50	1283.90	1361.66	1437.70	1512.00	1581.12
$375,000	n/a	n/a	n/a	n/a	1218.24	1444.61	1575.94	1626.05	1688.26	1795.39	1902.53
Unlimited	452.74	670.46	884.74	1081.73	1259.71	1501.63	1662.34	1819.58	1973.38	2121.98	2268.86

Age: 58	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	198.72	214.27	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	316.22	366.34	397.44	412.99	428.54	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	383.62	470.02	521.86	563.33	587.52	634.18	653.18	670.46	687.74	n/a	n/a
$100,000	459.65	540.86	620.35	677.38	715.39	793.15	815.62	836.35	857.09	876.10	891.65
$125,000	473.47	603.07	686.02	763.78	819.07	896.83	941.76	984.96	1019.52	1059.26	1097.28
$150,000	n/a	660.10	734.40	825.98	895.10	997.06	1035.07	1081.73	1131.84	1159.49	1218.24
$175,000	n/a	677.38	831.17	879.55	964.22	1071.36	1130.11	1171.58	1219.97	1270.08	1328.83
$200,000	n/a	691.20	860.54	931.39	1016.06	1142.21	1202.69	1266.62	1313.28	1363.39	1422.14
$225,000	n/a	n/a	881.28	1033.34	1060.99	1199.23	1273.54	1337.47	1406.59	1463.62	1518.91
$250,000	n/a	n/a	896.83	1059.26	1135.30	1280.45	1375.49	1454.98	1531.01	1610.50	1683.07
$375,000	n/a	n/a	n/a	n/a	1299.46	1546.56	1684.80	1734.91	1797.12	1909.44	2021.76
Unlimited	485.57	718.85	945.22	1156.03	1346.11	1607.04	1778.11	1945.73	2108.16	2267.14	2424.38

Age: 59	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	226.37	241.92	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	355.97	412.99	445.82	466.56	483.84	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	435.46	532.22	587.52	635.90	663.55	717.12	737.86	755.14	772.42	n/a	n/a
$100,000	518.40	611.71	699.84	763.78	806.98	895.10	921.02	943.49	967.68	988.42	1009.15
$125,000	533.95	680.83	775.87	862.27	924.48	1014.34	1064.45	1109.38	1147.39	1188.86	1228.61
$150,000	n/a	746.50	827.71	934.85	1009.15	1128.38	1168.13	1219.97	1271.81	1302.91	1365.12
$175,000	n/a	765.50	938.30	991.87	1088.64	1211.33	1276.99	1320.19	1373.76	1430.78	1491.26
$200,000	n/a	781.06	972.86	1050.62	1145.66	1290.82	1356.48	1423.87	1477.44	1532.74	1594.94
$225,000	n/a	n/a	993.60	1164.67	1199.23	1353.02	1437.70	1508.54	1584.58	1645.06	1705.54
$250,000	n/a	n/a	1014.34	1194.05	1282.18	1446.34	1550.02	1641.60	1724.54	1812.67	1890.43
$375,000	n/a	n/a	n/a	n/a	1468.80	1745.28	1900.80	1956.10	2026.94	2149.63	2270.59
Unlimited	547.78	810.43	1067.90	1304.64	1522.37	1812.67	2006.21	2196.29	2381.18	2559.17	2737.15

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 60	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	248.83	271.30	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	397.44	459.65	497.66	520.13	537.41	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	485.57	592.70	656.64	708.48	741.31	800.06	822.53	843.26	864.00	n/a	n/a
$100,000	578.88	680.83	781.06	850.18	900.29	1000.51	1026.43	1052.35	1076.54	1102.46	1123.20
$125,000	594.43	758.59	864.00	959.04	1029.89	1128.38	1185.41	1237.25	1283.90	1330.56	1377.22
$150,000	n/a	831.17	922.75	1040.26	1128.38	1252.80	1301.18	1359.94	1423.87	1456.70	1532.74
$175,000	n/a	853.63	1045.44	1105.92	1213.06	1346.11	1422.14	1472.26	1532.74	1601.86	1672.70
$200,000	n/a	869.18	1081.73	1173.31	1278.72	1437.70	1510.27	1591.49	1651.97	1715.90	1788.48
$225,000	n/a	n/a	1109.38	1299.46	1335.74	1508.54	1601.86	1684.80	1767.74	1842.05	1912.90
$250,000	n/a	n/a	1128.38	1332.29	1427.33	1610.50	1728.00	1829.95	1928.45	2028.67	2120.26
$375,000	n/a	n/a	n/a	n/a	1636.42	1944.00	2118.53	2184.19	2263.68	2403.65	2545.34
Unlimited	608.26	902.02	1190.59	1453.25	1695.17	2020.03	2237.76	2448.58	2655.94	2854.66	3055.10

Age: 61	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	269.57	290.30	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	426.82	492.48	537.41	558.14	580.61	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	521.86	637.63	706.75	765.50	798.34	862.27	883.01	907.20	927.94	n/a	n/a
$100,000	622.08	734.40	841.54	914.11	969.41	1076.54	1105.92	1133.57	1159.49	1188.86	1213.06
$125,000	641.09	817.34	929.66	1033.34	1109.38	1216.51	1276.99	1330.56	1380.67	1430.78	1484.35
$150,000	n/a	893.38	993.60	1118.02	1213.06	1351.30	1403.14	1461.89	1532.74	1570.75	1648.51
$175,000	n/a	921.02	1126.66	1190.59	1306.37	1453.25	1532.74	1584.58	1648.51	1721.09	1797.12
$200,000	n/a	938.30	1164.67	1259.71	1377.22	1548.29	1629.50	1712.45	1778.11	1845.50	1923.26
$225,000	n/a	n/a	1192.32	1396.22	1439.42	1626.05	1726.27	1812.67	1905.98	1982.02	2058.05
$250,000	n/a	n/a	1213.06	1434.24	1536.19	1734.91	1859.33	1969.92	2073.60	2182.46	2279.23
$375,000	n/a	n/a	n/a	n/a	1760.83	2092.61	2279.23	2350.08	2436.48	2586.82	2738.88
Unlimited	656.64	972.86	1282.18	1563.84	1826.50	2177.28	2408.83	2635.20	2856.38	3068.93	3278.02

Age: 62	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	295.49	319.68	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	468.29	539.14	585.79	611.71	634.18	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	570.24	698.11	774.14	836.35	872.64	941.76	971.14	997.06	1022.98	n/a	n/a
$100,000	682.56	803.52	921.02	1003.97	1062.72	1178.50	1211.33	1242.43	1270.08	1299.46	1327.10
$125,000	701.57	895.10	1019.52	1131.84	1214.78	1332.29	1397.95	1458.43	1512.00	1565.57	1620.86
$150,000	n/a	979.78	1090.37	1228.61	1328.83	1479.17	1534.46	1601.86	1674.43	1715.90	1798.85
$175,000	n/a	1005.70	1237.25	1306.37	1430.78	1591.49	1676.16	1734.91	1804.03	1883.52	1964.74
$200,000	n/a	1026.43	1278.72	1384.13	1506.82	1695.17	1781.57	1874.88	1945.73	2020.03	2106.43
$225,000	n/a	n/a	1308.10	1532.74	1575.94	1779.84	1890.43	1983.74	2083.97	2168.64	2251.58
$250,000	n/a	n/a	1330.56	1570.75	1683.07	1900.80	2037.31	2156.54	2268.86	2388.10	2495.23
$375,000	n/a	n/a	n/a	n/a	1928.45	2293.06	2496.96	2572.99	2668.03	2832.19	2996.35
Unlimited	718.85	1064.45	1403.14	1715.90	1999.30	2384.64	2636.93	2885.76	3131.14	3362.69	3595.97

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 63	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	333.50	361.15	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	530.50	611.71	663.55	692.93	718.85	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	646.27	789.70	876.10	945.22	988.42	1066.18	1097.28	1124.93	1152.58	n/a	n/a
$100,000	770.69	908.93	1040.26	1133.57	1200.96	1330.56	1368.58	1403.14	1435.97	1470.53	1499.90
$125,000	793.15	1010.88	1150.85	1280.45	1373.76	1508.54	1579.39	1648.51	1707.26	1766.02	1828.22
$150,000	n/a	1107.65	1230.34	1387.58	1501.63	1672.70	1734.91	1809.22	1890.43	1937.09	2028.67
$175,000	n/a	1137.02	1394.50	1473.98	1617.41	1798.85	1895.62	1959.55	2037.31	2123.71	2215.30
$200,000	n/a	1159.49	1444.61	1563.84	1703.81	1916.35	2014.85	2116.80	2198.02	2279.23	2372.54
$225,000	n/a	n/a	1477.44	1731.46	1781.57	2013.12	2135.81	2242.94	2353.54	2445.12	2536.70
$250,000	n/a	n/a	1503.36	1776.38	1904.26	2149.63	2303.42	2438.21	2564.35	2693.95	2811.46
$375,000	n/a	n/a	n/a	n/a	2182.46	2592.00	2823.55	2906.50	3010.18	3195.07	3378.24
Unlimited	812.16	1202.69	1588.03	1938.82	2260.22	2695.68	2982.53	3260.74	3535.49	3798.14	4059.07

Age: 64	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	369.79	402.62	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	590.98	680.83	739.58	770.69	801.79	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	722.30	879.55	976.32	1054.08	1102.46	1190.59	1221.70	1252.80	1283.90	n/a	n/a
$100,000	860.54	1010.88	1161.22	1266.62	1339.20	1486.08	1525.82	1563.84	1601.86	1639.87	1672.70
$125,000	884.74	1128.38	1283.90	1427.33	1531.01	1679.62	1766.02	1842.05	1909.44	1980.29	2051.14
$150,000	n/a	1235.52	1373.76	1548.29	1672.70	1866.24	1937.09	2020.03	2115.07	2168.64	2277.50
$175,000	n/a	1270.08	1556.93	1643.33	1802.30	2004.48	2113.34	2191.10	2280.96	2381.18	2486.59
$200,000	n/a	1294.27	1610.50	1743.55	1897.34	2137.54	2248.13	2367.36	2458.94	2555.71	2661.12
$225,000	n/a	n/a	1646.78	1931.90	1983.74	2244.67	2384.64	2507.33	2633.47	2740.61	2846.02
$250,000	n/a	n/a	1676.16	1982.02	2121.98	2396.74	2571.26	2723.33	2866.75	3015.36	3153.60
$375,000	n/a	n/a	n/a	n/a	2431.30	2889.22	3150.14	3245.18	3367.87	3575.23	3787.78
Unlimited	905.47	1342.66	1769.47	2161.73	2521.15	3006.72	3326.40	3639.17	3945.02	4238.78	4534.27

Age: 65	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	409.54	444.10	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	651.46	751.68	817.34	848.45	883.01	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	796.61	971.14	1078.27	1164.67	1216.51	1313.28	1347.84	1384.13	1418.69	n/a	n/a
$100,000	948.67	1116.29	1280.45	1396.22	1475.71	1639.87	1684.80	1726.27	1766.02	1809.22	1843.78
$125,000	974.59	1242.43	1416.96	1575.94	1688.26	1854.14	1945.73	2030.40	2106.43	2179.01	2255.04
$150,000	n/a	1361.66	1515.46	1707.26	1845.50	2059.78	2137.54	2229.12	2331.07	2388.10	2509.06
$175,000	n/a	1397.95	1717.63	1814.40	1990.66	2215.30	2331.07	2415.74	2512.51	2621.38	2731.97
$200,000	n/a	1427.33	1776.38	1923.26	2096.06	2356.99	2481.41	2609.28	2709.50	2813.18	2932.42
$225,000	n/a	n/a	1819.58	2130.62	2189.38	2476.22	2628.29	2763.07	2901.31	3015.36	3132.86
$250,000	n/a	n/a	1852.42	2185.92	2341.44	2645.57	2835.65	3001.54	3160.51	3322.94	3469.82
$375,000	n/a	n/a	n/a	n/a	2683.58	3189.89	3476.74	3580.42	3711.74	3939.84	4169.66
Unlimited	998.78	1480.90	1952.64	2388.10	2780.35	3317.76	3670.27	4017.60	4356.29	4679.42	5007.74

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 66	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	456.19	490.75	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	724.03	832.90	905.47	943.49	979.78	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	884.74	1076.54	1195.78	1290.82	1349.57	1454.98	1496.45	1532.74	1572.48	n/a	n/a
$100,000	1050.62	1240.70	1422.14	1548.29	1639.87	1819.58	1869.70	1919.81	1963.01	2007.94	2045.95
$125,000	1081.73	1378.94	1572.48	1747.01	1874.88	2058.05	2158.27	2253.31	2332.80	2419.20	2505.60
$150,000	n/a	1510.27	1681.34	1892.16	2052.86	2284.42	2370.82	2472.77	2588.54	2652.48	2783.81
$175,000	n/a	1551.74	1904.26	2011.39	2211.84	2455.49	2588.54	2680.13	2788.99	2909.95	3037.82
$200,000	n/a	1582.85	1969.92	2134.08	2325.89	2616.19	2752.70	2896.13	3006.72	3122.50	3250.37
$225,000	n/a	n/a	2016.58	2362.18	2433.02	2745.79	2916.86	3067.20	3219.26	3350.59	3478.46
$250,000	n/a	n/a	2054.59	2424.38	2600.64	2934.14	3146.69	3331.58	3506.11	3687.55	3851.71
$375,000	n/a	n/a	n/a	n/a	2979.07	3538.94	3856.90	3972.67	4119.55	4370.11	4627.58
Unlimited	1109.38	1641.60	2166.91	2645.57	3084.48	3678.91	4069.44	4456.51	4829.76	5187.46	5545.15

Age: 67	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	499.39	539.14	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	794.88	917.57	995.33	1036.80	1074.82	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	969.41	1183.68	1315.01	1420.42	1480.90	1596.67	1643.33	1686.53	1729.73	n/a	n/a
$100,000	1156.03	1361.66	1560.38	1702.08	1800.58	1999.30	2052.86	2106.43	2156.54	2208.38	2253.31
$125,000	1188.86	1517.18	1726.27	1921.54	2059.78	2260.22	2370.82	2472.77	2560.90	2652.48	2745.79
$150,000	n/a	1658.88	1845.50	2080.51	2251.58	2510.78	2602.37	2716.42	2839.10	2909.95	3053.38
$175,000	n/a	1707.26	2092.61	2213.57	2427.84	2697.41	2842.56	2941.06	3060.29	3193.34	3328.13
$200,000	n/a	1738.37	2165.18	2343.17	2555.71	2871.94	3022.27	3177.79	3298.75	3424.90	3566.59
$225,000	n/a	n/a	2215.30	2597.18	2668.03	3017.09	3201.98	3367.87	3533.76	3673.73	3815.42
$250,000	n/a	n/a	2255.04	2666.30	2852.93	3224.45	3454.27	3658.18	3849.98	4045.25	4224.96
$375,000	n/a	n/a	n/a	n/a	3271.10	3886.27	4235.33	4363.20	4518.72	4795.20	5078.59
Unlimited	1218.24	1804.03	2381.18	2908.22	3388.61	4043.52	4473.79	4897.15	5310.14	5705.86	6103.30

Age: 68	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	551.23	594.43	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	877.82	1009.15	1097.28	1143.94	1187.14	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1067.90	1306.37	1448.06	1563.84	1632.96	1762.56	1812.67	1859.33	1905.98	n/a	n/a
$100,000	1273.54	1501.63	1719.36	1874.88	1983.74	2203.20	2263.68	2322.43	2372.54	2429.57	2474.50
$125,000	1311.55	1672.70	1905.98	2115.07	2270.59	2490.05	2614.46	2730.24	2827.01	2932.42	3037.82
$150,000	n/a	1829.95	2035.58	2293.06	2483.14	2764.80	2870.21	2996.35	3134.59	3214.08	3371.33
$175,000	n/a	1881.79	2308.61	2436.48	2678.40	2973.89	3134.59	3245.18	3378.24	3525.12	3680.64
$200,000	n/a	1918.08	2388.10	2585.09	2818.37	3169.15	3335.04	3507.84	3642.62	3782.59	3939.84
$225,000	n/a	n/a	2445.12	2863.30	2946.24	3324.67	3532.03	3713.47	3900.10	4055.62	4214.59
$250,000	n/a	n/a	2488.32	2935.87	3148.42	3554.50	3810.24	4036.61	4247.42	4468.61	4669.06
$375,000	n/a	n/a	n/a	n/a	3608.06	4285.44	4669.06	4812.48	4987.01	5294.59	5607.36
Unlimited	1344.38	1988.93	2624.83	3205.44	3737.66	4456.51	4931.71	5398.27	5852.74	6288.19	6725.38

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 69	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	615.17	663.55	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	978.05	1128.38	1223.42	1275.26	1325.38	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1194.05	1456.70	1615.68	1748.74	1824.77	1968.19	2023.49	2075.33	2127.17	n/a	n/a
$100,000	1422.14	1676.16	1921.54	2092.61	2215.30	2462.40	2528.06	2592.00	2652.48	2714.69	2768.26
$125,000	1465.34	1867.97	2123.71	2362.18	2534.98	2780.35	2920.32	3048.19	3162.24	3276.29	3397.25
$150,000	n/a	2044.22	2270.59	2559.17	2773.44	3087.94	3207.17	3348.86	3502.66	3592.51	3772.22
$175,000	n/a	2099.52	2574.72	2721.60	2987.71	3319.49	3500.93	3627.07	3775.68	3941.57	4114.37
$200,000	n/a	2140.99	2664.58	2885.76	3143.23	3537.22	3723.84	3915.65	4067.71	4226.69	4404.67
$225,000	n/a	n/a	2726.78	3196.80	3286.66	3711.74	3943.30	4148.93	4359.74	4534.27	4712.26
$250,000	n/a	n/a	2776.90	3279.74	3511.30	3965.76	4254.34	4508.35	4743.36	4992.19	5216.83
$375,000	n/a	n/a	n/a	n/a	4026.24	4783.10	5215.10	5374.08	5574.53	5916.67	6267.46
Unlimited	1498.18	2220.48	2928.96	3578.69	4171.39	4974.91	5505.41	6025.54	6535.30	7017.41	7504.70

Age: 70	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	677.38	734.40	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1081.73	1245.89	1351.30	1408.32	1461.89	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1316.74	1608.77	1783.30	1928.45	2013.12	2172.10	2232.58	2289.60	2346.62	n/a	n/a
$100,000	1570.75	1852.42	2121.98	2312.06	2446.85	2714.69	2788.99	2863.30	2930.69	2999.81	3060.29
$125,000	1617.41	2061.50	2346.62	2605.82	2797.63	3068.93	3222.72	3362.69	3485.38	3609.79	3737.66
$150,000	n/a	2256.77	2509.06	2827.01	3062.02	3409.34	3538.94	3692.74	3862.08	3958.85	4154.11
$175,000	n/a	2320.70	2844.29	3003.26	3300.48	3665.09	3862.08	4000.32	4162.75	4342.46	4532.54
$200,000	n/a	2363.90	2942.78	3184.70	3471.55	3903.55	4107.46	4320.00	4487.62	4658.69	4852.22
$225,000	n/a	n/a	3011.90	3528.58	3630.53	4098.82	4354.56	4577.47	4805.57	4999.10	5190.91
$250,000	n/a	n/a	3065.47	3618.43	3879.36	4378.75	4694.98	4973.18	5232.38	5503.68	5749.06
$375,000	n/a	n/a	n/a	n/a	4446.14	5280.77	5755.97	5930.50	6146.50	6523.20	6908.54
Unlimited	1655.42	2452.03	3234.82	3951.94	4608.58	5493.31	6077.38	6649.34	7209.22	7737.98	8275.39

Age: 71	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	755.14	817.34	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1200.96	1387.58	1503.36	1567.30	1629.50	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1467.07	1790.21	1987.20	2147.90	2241.22	2419.20	2486.59	2548.80	2614.46	n/a	n/a
$100,000	1748.74	2061.50	2362.18	2574.72	2725.06	3024.00	3105.22	3186.43	3260.74	3340.22	3405.89
$125,000	1800.58	2294.78	2612.74	2903.04	3115.58	3416.26	3587.33	3742.85	3881.09	4021.06	4162.75
$150,000	n/a	2510.78	2792.45	3146.69	3407.62	3796.42	3939.84	4110.91	4300.99	4409.86	4625.86
$175,000	n/a	2581.63	3165.70	3345.41	3670.27	4081.54	4300.99	4456.51	4634.50	4834.94	5045.76
$200,000	n/a	2630.02	3274.56	3545.86	3865.54	4347.65	4574.02	4810.75	4995.65	5187.46	5403.46
$225,000	n/a	n/a	3352.32	3927.74	4038.34	4565.38	4847.04	5094.14	5349.89	5564.16	5778.43
$250,000	n/a	n/a	3414.53	4029.70	4316.54	4876.42	5227.20	5536.51	5825.09	6124.03	6398.78
$375,000	n/a	n/a	n/a	n/a	4948.99	5880.38	6407.42	6602.69	6844.61	7261.06	7689.60
Unlimited	1843.78	2730.24	3601.15	4399.49	5126.98	6115.39	6768.58	7409.66	8033.47	8631.36	9232.70

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 72	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	831.17	900.29	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1325.38	1529.28	1658.88	1729.73	1795.39	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1617.41	1975.10	2189.38	2367.36	2469.31	2666.30	2738.88	2808.00	2877.12	n/a	n/a
$100,000	1924.99	2272.32	2602.37	2835.65	2999.81	3331.58	3421.44	3507.84	3589.06	3673.73	3744.58
$125,000	1983.74	2528.06	2878.85	3198.53	3430.08	3767.04	3951.94	4123.01	4273.34	4425.41	4582.66
$150,000	n/a	2766.53	3075.84	3464.64	3754.94	4180.03	4340.74	4530.82	4738.18	4857.41	5094.14
$175,000	n/a	2844.29	3488.83	3684.10	4045.25	4496.26	4736.45	4907.52	5106.24	5327.42	5557.25
$200,000	n/a	2901.31	3608.06	3905.28	4257.79	4788.29	5038.85	5298.05	5500.22	5714.50	5951.23
$225,000	n/a	n/a	3694.46	4325.18	4451.33	5028.48	5339.52	5612.54	5894.21	6130.94	6367.68
$250,000	n/a	n/a	3760.13	4439.23	4757.18	5372.35	5757.70	6099.84	6416.06	6749.57	7051.97
$375,000	n/a	n/a	n/a	n/a	5451.84	6478.27	7057.15	7273.15	7539.26	8002.37	8474.11
Unlimited	2028.67	3006.72	3967.49	4845.31	5648.83	6737.47	7458.05	8159.62	8849.09	9507.46	10167.55

Age: 73	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	927.94	1003.97	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1477.44	1703.81	1850.69	1926.72	1999.30	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1802.30	2199.74	2439.94	2638.66	2756.16	2973.89	3055.10	3132.86	3212.35	n/a	n/a
$100,000	2149.63	2534.98	2901.31	3162.24	3345.41	3715.20	3815.42	3913.92	4005.50	4100.54	4183.49
$125,000	2213.57	2821.82	3212.35	3568.32	3827.52	4200.77	4408.13	4598.21	4767.55	4938.62	5113.15
$150,000	n/a	3086.21	3430.08	3865.54	4186.94	4663.87	4840.13	5050.94	5282.50	5415.55	5683.39
$175,000	n/a	3172.61	3891.46	4110.91	4511.81	5016.38	5284.22	5472.58	5695.49	5937.41	6196.61
$200,000	n/a	3233.09	4024.51	4358.02	4748.54	5341.25	5621.18	5908.03	6136.13	6371.14	6635.52
$225,000	n/a	n/a	4119.55	4826.30	4964.54	5607.36	5954.69	6260.54	6571.58	6835.97	7098.62
$250,000	n/a	n/a	4193.86	4952.45	5304.96	5992.70	6421.25	6804.86	7157.38	7527.17	7860.67
$375,000	n/a	n/a	n/a	n/a	6080.83	7224.77	7872.77	8111.23	8406.72	8919.94	9445.25
Unlimited	2263.68	3354.05	4425.41	5405.18	6300.29	7515.07	8315.14	9097.92	9866.88	10597.82	11330.50

Age: 74	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1022.98	1109.38	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1629.50	1881.79	2040.77	2125.44	2208.38	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1988.93	2427.84	2692.22	2913.41	3037.82	3278.02	3369.60	3457.73	3544.13	n/a	n/a
$100,000	2370.82	2797.63	3201.98	3490.56	3694.46	4098.82	4207.68	4318.27	4420.22	4523.90	4612.03
$125,000	2439.94	3110.40	3540.67	3936.38	4223.23	4634.50	4860.86	5076.86	5263.49	5451.84	5643.65
$150,000	n/a	3404.16	3787.78	4266.43	4620.67	5145.98	5341.25	5574.53	5830.27	5977.15	6274.37
$175,000	n/a	3500.93	4290.62	4534.27	4980.10	5533.06	5830.27	6039.36	6284.74	6557.76	6841.15
$200,000	n/a	3568.32	4440.96	4810.75	5241.02	5892.48	6201.79	6521.47	6772.03	7032.96	7324.99
$225,000	n/a	n/a	4546.37	5325.70	5479.49	6187.97	6571.58	6908.54	7255.87	7544.45	7834.75
$250,000	n/a	n/a	4627.58	5465.66	5854.46	6613.06	7086.53	7504.70	7900.42	8309.95	8679.74
$375,000	n/a	n/a	n/a	n/a	6711.55	7971.26	8688.38	8951.04	9279.36	9847.87	10428.48
Unlimited	2498.69	3703.10	4881.60	5965.06	6953.47	8292.67	9175.68	10041.41	10891.58	11698.56	12512.45

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 75	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1150.85	1245.89	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1831.68	2113.34	2294.78	2389.82	2481.41	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2236.03	2728.51	3027.46	3274.56	3416.26	3687.55	3787.78	3882.82	3983.04	n/a	n/a
$100,000	2664.58	3141.50	3599.42	3922.56	4148.93	4608.58	4731.26	4855.68	4969.73	5085.50	5185.73
$125,000	2744.06	3497.47	3981.31	4423.68	4746.82	5208.19	5465.66	5704.13	5913.22	6122.30	6341.76
$150,000	n/a	3827.52	4254.34	4795.20	5192.64	5783.62	6003.07	6264.00	6550.85	6713.28	7045.06
$175,000	n/a	3934.66	4822.85	5097.60	5595.26	6217.34	6552.58	6785.86	7062.34	7366.46	7686.14
$200,000	n/a	4008.96	4990.46	5405.18	5889.02	6621.70	6970.75	7328.45	7610.11	7902.14	8230.46
$225,000	n/a	n/a	5109.70	5985.79	6156.86	6955.20	7383.74	7763.90	8150.98	8477.57	8802.43
$250,000	n/a	n/a	5201.28	6139.58	6576.77	7428.67	7964.35	8436.10	8876.74	9334.66	9751.10
$375,000	n/a	n/a	n/a	n/a	7540.99	8959.68	9761.47	10058.69	10428.48	11066.11	11715.84
Unlimited	2808.00	4161.02	5488.13	6702.91	7814.02	9319.10	10314.43	11283.84	12237.70	13144.90	14059.01

Age: 76	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1283.90	1391.04	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2047.68	2362.18	2564.35	2671.49	2773.44	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2498.69	3051.65	3385.15	3658.18	3818.88	4119.55	4235.33	4342.46	4449.60	n/a	n/a
$100,000	2977.34	3511.30	4022.78	4383.94	4639.68	5152.90	5289.41	5425.92	5553.79	5683.39	5793.98
$125,000	3065.47	3908.74	4451.33	4945.54	5306.69	5823.36	6108.48	6376.32	6607.87	6846.34	7088.26
$150,000	n/a	4275.07	4757.18	5358.53	5806.08	6464.45	6711.55	7003.58	7324.99	7509.89	7879.68
$175,000	n/a	4396.03	5391.36	5697.22	6255.36	6951.74	7324.99	7585.92	7893.50	8237.38	8593.34
$200,000	n/a	4482.43	5579.71	6041.09	6585.41	7404.48	7791.55	8192.45	8505.22	8835.26	9203.33
$225,000	n/a	n/a	5711.04	6690.82	6880.90	7772.54	8256.38	8678.02	9113.47	9479.81	9842.69
$250,000	n/a	n/a	5812.99	6863.62	7352.64	8304.77	8904.38	9431.42	9923.90	10435.39	10903.68
$375,000	n/a	n/a	n/a	n/a	8429.18	10013.76	10914.05	11245.82	11658.82	12372.48	13103.42
Unlimited	3138.05	4650.05	6134.40	7490.88	8733.31	10416.38	11527.49	12614.40	13675.39	14689.73	15705.79

Age: 77	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1451.52	1569.02	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2310.34	2664.58	2892.67	3011.90	3127.68	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2818.37	3440.45	3817.15	4126.46	4306.18	4644.86	4774.46	4898.88	5023.30	n/a	n/a
$100,000	3357.50	3958.85	4539.46	4943.81	5234.11	5809.54	5965.06	6118.85	6260.54	6407.42	6533.57
$125,000	3457.73	4409.86	5018.11	5577.98	5984.06	6566.40	6891.26	7191.94	7452.86	7722.43	7997.18
$150,000	n/a	4824.58	5365.44	6044.54	6545.66	7292.16	7568.64	7900.42	8263.30	8468.93	8887.10
$175,000	n/a	4961.09	6080.83	6428.16	7053.70	7841.66	8261.57	8558.78	8904.38	9289.73	9692.35
$200,000	n/a	5056.13	6291.65	6815.23	7426.94	8351.42	8790.34	9243.07	9593.86	9963.65	10380.10
$225,000	n/a	n/a	6440.26	7546.18	7760.45	8769.60	9310.46	9789.12	10276.42	10689.41	11098.94
$250,000	n/a	n/a	6556.03	7741.44	8294.40	9367.49	10041.41	10639.30	11190.53	11771.14	12294.72
$375,000	n/a	n/a	n/a	n/a	9507.46	11297.66	12310.27	12683.52	13148.35	13950.14	14770.94
Unlimited	3538.94	5244.48	6918.91	8451.65	9849.60	11750.40	13003.20	14226.62	15427.58	16571.52	17722.37

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 78	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1655.42	1790.21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2636.93	3041.28	3298.75	3436.99	3570.05	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3215.81	3926.02	4352.83	4707.07	4912.70	5301.50	5448.38	5590.08	5730.05	n/a	n/a
$100,000	3830.98	4518.72	5177.09	5640.19	5966.78	6628.61	6804.86	6981.12	7143.55	7311.17	7454.59
$125,000	3943.30	5030.21	5726.59	6364.22	6827.33	7489.15	7860.67	8202.82	8500.03	8805.89	9118.66
$150,000	n/a	5503.68	6120.58	6898.18	7468.42	8320.32	8633.09	9009.79	9421.06	9656.06	10132.99
$175,000	n/a	5659.20	6937.92	7333.63	8047.30	8944.13	9424.51	9759.74	10155.46	10592.64	11050.56
$200,000	n/a	5768.06	7178.11	7774.27	8468.93	9526.46	10025.86	10539.07	10941.70	11363.33	11833.34
$225,000	n/a	n/a	7349.18	8608.90	8856.00	10003.39	10623.74	11166.34	11722.75	12191.04	12657.60
$250,000	n/a	n/a	7482.24	8833.54	9460.80	10685.95	11454.91	12134.02	12764.74	13424.83	14020.99
$375,000	n/a	n/a	n/a	n/a	10846.66	12887.42	14043.46	14468.54	14999.04	15914.88	16848.00
Unlimited	4036.61	5984.06	7893.50	9642.24	11237.18	13404.10	14833.15	16229.38	17596.22	18899.14	20208.96

Age: 79	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1874.88	2026.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2984.26	3440.45	3735.94	3894.91	4041.79	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3642.62	4444.42	4929.98	5330.88	5560.70	6004.80	6170.69	6329.66	6488.64	n/a	n/a
$100,000	4339.01	5116.61	5861.38	6386.69	6758.21	7504.70	7706.88	7907.33	8087.04	8277.12	8437.82
$125,000	4466.88	5697.22	6485.18	7205.76	7731.07	8482.75	8902.66	9289.73	9630.14	9975.74	10329.98
$150,000	n/a	6232.90	6931.01	7810.56	8456.83	9419.33	9777.02	10205.57	10672.13	10941.70	11480.83
$175,000	n/a	6409.15	7857.22	8303.04	9111.74	10127.81	10673.86	11054.02	11503.30	12000.96	12522.82
$200,000	n/a	6533.57	8128.51	8802.43	9592.13	10786.18	11352.96	11937.02	12394.94	12873.60	13409.28
$225,000	n/a	n/a	8320.32	9749.38	10025.86	11328.77	12028.61	12647.23	13279.68	13811.90	14342.40
$250,000	n/a	n/a	8474.11	10003.39	10713.60	12101.18	12973.82	13741.06	14458.18	15208.13	15887.23
$375,000	n/a	n/a	n/a	n/a	12282.62	14592.96	15904.51	16386.62	16989.70	18026.50	19089.22
Unlimited	4572.29	6775.49	8938.94	10917.50	12728.45	15180.48	16796.16	18375.55	19925.57	21396.10	22880.45

Age: 80	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2115.07	2289.60	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3367.87	3886.27	4218.05	4394.30	4561.92	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4112.64	5018.11	5565.89	6020.35	6281.28	6777.22	6965.57	7147.01	7326.72	n/a	n/a
$100,000	4897.15	5776.70	6618.24	7212.67	7629.12	8474.11	8702.21	8926.85	9135.94	9351.94	9533.38
$125,000	5044.03	6429.89	7321.54	8135.42	8728.13	9576.58	10050.05	10488.96	10870.85	11259.65	11660.54
$150,000	n/a	7036.42	7826.11	8816.26	9547.20	10635.84	11040.19	11518.85	12047.62	12348.29	12958.27
$175,000	n/a	7235.14	8869.82	9372.67	10288.51	11435.90	12051.07	12481.34	12985.92	13549.25	14135.04
$200,000	n/a	7373.38	9179.14	9937.73	10829.38	12182.40	12820.03	13478.40	13991.62	14534.21	15135.55
$225,000	n/a	n/a	9395.14	11005.63	11321.86	12788.93	13583.81	14278.46	14990.40	15591.74	16187.90
$250,000	n/a	n/a	9566.21	11294.21	12096.00	13663.30	14646.53	15512.26	16322.69	17165.95	17931.46
$375,000	n/a	n/a	n/a	n/a	13867.20	16476.48	17955.65	18499.97	19177.34	20347.20	21546.43
Unlimited	5161.54	7648.13	10089.79	12325.82	14366.59	17136.58	18964.80	20751.55	22500.29	24167.81	25843.97

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 81	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2407.10	2605.82	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3834.43	4421.95	4798.66	5000.83	5192.64	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4677.70	5711.04	6336.58	6851.52	7147.01	7712.06	7924.61	8128.51	8335.87	n/a	n/a
$100,000	5574.53	6573.31	7532.35	8206.27	8684.93	9642.24	9901.44	10158.91	10397.38	10642.75	10850.11
$125,000	5740.42	7318.08	8330.69	9258.62	9932.54	10898.50	11437.63	11935.30	12369.02	12814.85	13269.31
$150,000	n/a	8005.82	8904.38	10032.77	10865.66	12102.91	12560.83	13110.34	13709.95	14052.10	14748.48
$175,000	n/a	8232.19	10093.25	10663.49	11707.20	13011.84	13713.41	14200.70	14776.13	15417.22	16085.95
$200,000	n/a	8391.17	10444.03	11309.76	12324.10	13860.29	14587.78	15337.73	15925.25	16538.69	17224.70
$225,000	n/a	n/a	10691.14	12522.82	12882.24	14553.22	15453.50	16246.66	17058.82	17743.10	18423.94
$250,000	n/a	n/a	10886.40	12849.41	13765.25	15548.54	16666.56	17653.25	18576.00	19536.77	20407.68
$375,000	n/a	n/a	n/a	n/a	15780.10	18747.07	20431.87	21050.50	21824.64	23155.20	24518.59
Unlimited	5871.74	8703.94	11482.56	14026.18	16350.34	19500.48	21579.26	23611.39	25602.05	27495.94	29405.38

Age: 82	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2695.68	2913.41	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4290.62	4948.99	5372.35	5595.26	5809.54	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5234.11	6390.14	7088.26	7663.68	7998.91	8629.63	8871.55	9101.38	9331.20	n/a	n/a
$100,000	6238.08	7356.10	8425.73	9184.32	9714.82	10789.63	11079.94	11365.06	11629.44	11904.19	12135.74
$125,000	6422.98	8188.99	9322.56	10359.36	11114.50	12197.95	12795.84	13353.98	13837.82	14333.76	14841.79
$150,000	n/a	8959.68	9963.65	11228.54	12159.94	13544.06	14055.55	14668.99	15339.46	15719.62	16493.76
$175,000	n/a	9213.70	11295.94	11935.30	13103.42	14563.58	15344.64	15890.69	16533.50	17245.44	17991.94
$200,000	n/a	9389.95	11688.19	12655.87	13789.44	15512.26	16322.69	17162.50	17815.68	18501.70	19267.20
$225,000	n/a	n/a	11962.94	14015.81	14414.98	16286.40	17293.82	18178.56	19087.49	19847.81	20609.86
$250,000	n/a	n/a	12180.67	14378.69	15405.12	17399.23	18652.03	19751.04	20784.38	21854.02	22828.61
$375,000	n/a	n/a	n/a	n/a	17660.16	20979.65	22863.17	23554.37	24413.18	25902.72	27426.82
Unlimited	6573.31	9740.74	12849.41	15695.42	18294.34	21822.91	24147.07	26421.12	28650.24	30770.50	32902.85

Age: 83	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3030.91	3278.02	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4829.76	5567.62	6042.82	6295.10	6538.75	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5889.02	7191.94	7976.45	8624.45	8999.42	9711.36	9982.66	10240.13	10499.33	n/a	n/a
$100,000	7019.14	8277.12	9483.26	10335.17	10936.51	12140.93	12469.25	12792.38	13091.33	13398.91	13663.30
$125,000	7226.50	9215.42	10490.69	11657.09	12508.99	13723.78	14401.15	15030.14	15577.92	16137.79	16711.49
$150,000	n/a	10084.61	11212.99	12633.41	13682.30	15240.96	15818.11	16509.31	17264.45	17696.45	18569.09
$175,000	n/a	10368.00	12711.17	13430.02	14743.30	16384.90	17267.90	17883.07	18608.83	19412.35	20252.16
$200,000	n/a	10566.72	13151.81	14240.45	15517.44	17452.80	18370.37	19313.86	20053.44	20825.86	21691.58
$225,000	n/a	n/a	13462.85	15768.00	16220.74	18327.17	19460.74	20459.52	21482.50	22341.31	23198.40
$250,000	n/a	n/a	13708.22	16180.99	17333.57	19576.51	20988.29	22228.99	23391.94	24599.81	25698.82
$375,000	n/a	n/a	n/a	n/a	19870.27	23606.21	25728.19	26507.52	27480.38	29156.54	30875.90
Unlimited	7395.84	10958.98	14458.18	17661.89	20585.66	24554.88	27172.80	29735.42	32242.75	34632.58	37037.95

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 84	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3398.98	3675.46	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5413.82	6243.26	6775.49	7060.61	7330.18	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6604.42	8061.12	8942.40	9669.89	10089.79	10888.13	11190.53	11477.38	11765.95	n/a	n/a
$100,000	7867.58	9281.09	10632.38	11584.51	12258.43	13611.46	13979.52	14340.67	14675.90	15021.50	15316.99
$125,000	8100.86	10328.26	11762.50	13068.86	14020.99	15387.84	16144.70	16849.73	17463.17	18088.70	18731.52
$150,000	n/a	11302.85	12572.93	14164.42	15341.18	17084.74	17734.46	18505.15	19353.60	19837.44	20815.49
$175,000	n/a	11622.53	14252.54	15059.52	16530.05	18372.10	19358.78	20049.98	20863.87	21764.16	22705.92
$200,000	n/a	11845.44	14746.75	15968.45	17399.23	19567.87	20594.30	21651.84	22479.55	23345.28	24314.69
$225,000	n/a	n/a	15094.08	17679.17	18185.47	20545.92	21817.73	22935.74	24081.41	25045.63	26006.40
$250,000	n/a	n/a	15368.83	18142.27	19433.09	21950.78	23531.90	24921.22	26220.67	27575.42	28807.49
$375,000	n/a	n/a	n/a	n/a	22279.10	26467.78	28843.78	29716.42	30806.78	32685.12	34610.11
Unlimited	8290.94	12287.81	16210.37	19801.15	23080.90	27532.22	30462.91	33331.39	36139.39	38814.34	41503.10

Age: 85	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3604.61	3900.10	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5745.60	6623.42	7188.48	7490.88	7777.73	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7007.04	8551.87	9488.45	10260.86	10708.42	11549.95	11873.09	12178.94	12484.80	n/a	n/a
$100,000	8349.70	9846.14	11282.11	12292.99	13006.66	14440.90	14831.42	15216.77	15571.01	15935.62	16248.38
$125,000	8596.80	10960.70	12479.62	13865.47	14878.08	16324.42	17129.66	17876.16	18527.62	19192.90	19873.73
$150,000	n/a	11994.05	13338.43	15028.42	16276.03	18126.72	18814.46	19635.26	20537.28	21048.77	22085.57
$175,000	n/a	12331.01	15121.73	15977.09	17535.74	19491.84	20537.28	21271.68	22135.68	23091.26	24090.05
$200,000	n/a	12569.47	15645.31	16941.31	18460.22	20760.19	21848.83	22972.03	23849.86	24769.15	25797.31
$225,000	n/a	n/a	16015.10	18759.17	19294.85	21800.45	23150.02	24335.42	25550.21	26571.46	27590.98
$250,000	n/a	n/a	16307.14	19246.46	20616.77	23288.26	24966.14	26441.86	27820.80	29258.50	30564.86
$375,000	n/a	n/a	n/a	n/a	23637.31	28080.00	30602.88	31530.82	32685.12	34680.96	36723.46
Unlimited	8795.52	13039.49	17198.78	21009.02	24489.22	29210.11	32323.97	35368.70	38349.50	41190.34	44050.18

Age: 86	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3775.68	4083.26	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6013.44	6932.74	7527.17	7845.12	8142.34	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7337.09	8956.22	9934.27	10742.98	11209.54	12094.27	12432.96	12754.37	13074.05	n/a	n/a
$100,000	8743.68	10310.98	11812.61	12871.87	13620.10	15123.46	15529.54	15930.43	16301.95	16683.84	17010.43
$125,000	9001.15	11477.38	13068.86	14520.38	15579.65	17095.10	17938.37	18721.15	19401.98	20098.37	20810.30
$150,000	n/a	12559.10	13965.70	15738.62	17041.54	18982.08	19699.20	20561.47	21503.23	22038.91	23125.82
$175,000	n/a	12915.07	15833.66	16728.77	18363.46	20409.41	21506.69	22275.65	23177.66	24178.18	25225.34
$200,000	n/a	13162.18	16381.44	17739.65	19329.41	21739.97	22880.45	24053.76	24974.78	25937.28	27013.82
$225,000	n/a	n/a	16768.51	19645.63	20205.50	22825.15	24238.66	25482.82	26752.90	27822.53	28888.70
$250,000	n/a	n/a	17072.64	20155.39	21589.63	24385.54	26141.18	27687.74	29134.08	30637.44	32002.56
$375,000	n/a	n/a	n/a	n/a	24751.87	29403.65	32045.76	33018.62	34226.50	36317.38	38453.18
Unlimited	9211.97	13652.93	18010.94	21999.17	25643.52	30587.33	33846.34	37032.77	40155.26	43127.42	46118.59

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 87	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4034.88	4363.20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6426.43	7409.66	8042.11	8379.07	8702.21	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7838.21	9569.66	10615.10	11477.38	11976.77	12923.71	13284.86	13627.01	13974.34	n/a	n/a
$100,000	9339.84	11016.00	12621.31	13753.15	14551.49	16156.80	16592.26	17020.80	17416.51	17826.05	18173.38
$125,000	9618.05	12261.89	13960.51	15513.98	16644.10	18263.23	19165.25	19999.87	20730.82	21475.58	22235.90
$150,000	n/a	13416.19	14923.01	16815.17	18207.94	20281.54	21050.50	21966.34	22973.76	23547.46	24708.67
$175,000	n/a	13796.35	16913.66	17874.43	19619.71	21803.90	22978.94	23798.02	24765.70	25835.33	26953.34
$200,000	n/a	14062.46	17502.91	18952.70	20651.33	23227.78	24444.29	25702.27	26687.23	27717.12	28867.97
$225,000	n/a	n/a	17914.18	20988.29	21584.45	24388.99	25899.26	27224.64	28588.03	29731.97	30875.90
$250,000	n/a	n/a	18240.77	21534.34	23067.07	26053.06	27929.66	29583.36	31128.19	32736.96	34198.85
$375,000	n/a	n/a	n/a	n/a	26445.31	31415.04	34238.59	35277.12	36569.66	38803.97	41088.38
Unlimited	9840.96	14586.05	19243.01	23504.26	27395.71	32678.21	36161.86	39566.02	42901.06	46073.66	49270.46

Age: 88	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4292.35	4643.14	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6835.97	7883.14	8558.78	8916.48	9258.62	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	8342.78	10183.10	11295.94	12211.78	12744.00	13751.42	14135.04	14501.38	14865.98	n/a	n/a
$100,000	9939.46	11719.30	13428.29	14630.98	15482.88	17193.60	17654.98	18111.17	18531.07	18966.53	19339.78
$125,000	10233.22	13046.40	14855.62	16507.58	17710.27	19433.09	20390.40	21282.05	22054.46	22847.62	23658.05
$150,000	n/a	14276.74	15876.86	17889.98	19374.34	21579.26	22398.34	23372.93	24444.29	25056.00	26291.52
$175,000	n/a	14679.36	17997.12	19016.64	20877.70	23203.58	24449.47	25322.11	26348.54	27487.30	28674.43
$200,000	n/a	14962.75	18622.66	20164.03	21974.98	24713.86	26011.58	27347.33	28392.77	29484.86	30708.29
$225,000	n/a	n/a	19061.57	22330.94	22968.58	25949.38	27556.42	28968.19	30412.80	31631.04	32844.10
$250,000	n/a	n/a	19408.90	22911.55	24542.78	27722.30	29718.14	31475.52	33118.85	34829.57	36383.04
$375,000	n/a	n/a	n/a	n/a	28138.75	33428.16	36429.70	37533.89	38907.65	41283.65	43714.94
Unlimited	10471.68	15520.90	20475.07	25009.34	29151.36	34772.54	38475.65	42099.26	45648.58	49028.54	52427.52

Age: 89	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4542.91	4912.70	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7233.41	8339.33	9052.99	9431.42	9790.85	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	8823.17	10770.62	11947.39	12918.53	13478.40	14546.30	14952.38	15336.00	15721.34	n/a	n/a
$100,000	10513.15	12398.40	14207.62	15477.70	16376.26	18187.20	18674.50	19156.61	19602.43	20060.35	20452.61
$125,000	10824.19	13801.54	15714.43	17459.71	18734.98	20554.56	21568.90	22512.38	23333.18	24174.72	25031.81
$150,000	n/a	15099.26	16794.43	18925.06	20494.08	22825.15	23692.61	24725.95	25859.52	26509.25	27815.62
$175,000	n/a	15527.81	19037.38	20117.38	22082.11	24541.06	25862.98	26785.73	27874.37	29078.78	30340.22
$200,000	n/a	15825.02	19697.47	21330.43	23243.33	26141.18	27513.22	28930.18	30037.82	31193.86	32489.86
$225,000	n/a	n/a	20164.03	23620.03	24297.41	27449.28	29149.63	30646.08	32175.36	33464.45	34750.08
$250,000	n/a	n/a	20530.37	24235.20	25963.20	29324.16	31437.50	33295.10	35035.20	36847.87	38492.93
$375,000	n/a	n/a	n/a	n/a	29763.07	35358.34	38534.40	39705.98	41159.23	43675.20	46246.46
Unlimited	11078.21	16417.73	21657.02	26455.68	30834.43	36780.48	40699.58	44534.02	48290.69	51867.65	55467.07

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 90	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4793.47	5185.73	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7634.30	8800.70	9554.11	9955.01	10335.17	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	9312.19	11368.51	12609.22	13633.92	14226.62	15351.55	15778.37	16184.45	16592.26	n/a	n/a
$100,000	11097.22	13087.87	14992.13	16336.51	17285.18	19194.62	19711.30	20221.06	20692.80	21176.64	21594.82
$125,000	11423.81	14565.31	16585.34	18427.39	19773.50	21695.04	22762.94	23758.27	24625.73	25510.46	26415.94
$150,000	n/a	15937.34	17725.82	19975.68	21629.38	24091.78	25004.16	26094.53	27290.30	27971.14	29351.81
$175,000	n/a	16386.62	20093.18	21231.94	23305.54	25902.72	27295.49	28270.08	29415.74	30689.28	32018.11
$200,000	n/a	16702.85	20791.30	22514.11	24532.42	27590.98	29039.04	30530.30	31700.16	32918.40	34285.25
$225,000	n/a	n/a	21283.78	24929.86	25641.79	28969.92	30761.86	32342.98	33958.66	35315.14	36673.34
$250,000	n/a	n/a	21670.85	25579.58	27400.90	30948.48	33179.33	35140.61	36975.74	38886.91	40621.82
$375,000	n/a	n/a	n/a	n/a	31413.31	37317.89	40671.94	41904.00	43436.74	46089.22	48805.63
Unlimited	11689.92	17328.38	22856.26	27922.75	32543.42	38817.79	42952.90	46998.14	50960.45	54730.94	58525.63

Age: 91	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5044.03	5455.30	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	8033.47	9262.08	10055.23	10476.86	10879.49	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	9799.49	11964.67	13272.77	14349.31	14974.85	16158.53	16607.81	17038.08	17466.62	n/a	n/a
$100,000	11677.82	13772.16	15778.37	17193.60	18192.38	20200.32	20746.37	21282.05	21776.26	22287.74	22724.93
$125,000	12023.42	15329.09	17454.53	19396.80	20810.30	22833.79	23958.72	25005.89	25918.27	26849.66	27801.79
$150,000	n/a	16773.70	18655.49	21021.12	22762.94	25354.94	26317.44	27464.83	28726.27	29445.12	30896.64
$175,000	n/a	17247.17	21145.54	22346.50	24528.96	27262.66	28729.73	29754.43	30962.30	32301.50	33701.18
$200,000	n/a	17580.67	21879.94	23696.06	25819.78	29039.04	30561.41	32133.89	33364.22	34649.86	36089.28
$225,000	n/a	n/a	22398.34	26239.68	26987.90	30490.56	32379.26	34041.60	35741.95	37171.01	38598.34
$250,000	n/a	n/a	22806.14	26922.24	28838.59	32574.53	34919.42	36984.38	38918.02	40929.41	42755.90
$375,000	n/a	n/a	n/a	n/a	33060.10	39277.44	42806.02	44103.74	45717.70	48511.87	51369.98
Unlimited	12305.09	18235.58	24055.49	29386.37	34254.14	40853.38	45206.21	49464.00	53635.39	57606.34	61601.47

Age: 92	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5298.05	5731.78	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	8437.82	9732.10	10563.26	11005.63	11427.26	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	10297.15	12567.74	13941.50	15075.07	15729.98	16974.14	17447.62	17900.35	18353.09	n/a	n/a
$100,000	12267.07	14468.54	16578.43	18062.78	19111.68	21221.57	21795.26	22355.14	22878.72	23414.40	23874.05
$125,000	12631.68	16104.96	18335.81	20374.85	21862.66	23988.10	25170.05	26269.06	27224.64	28206.14	29206.66
$150,000	n/a	17622.14	19598.98	22085.57	23917.25	26635.39	27644.54	28854.14	30176.06	30929.47	32455.30
$175,000	n/a	18121.54	22216.90	23476.61	25769.66	28638.14	30179.52	31257.79	32524.42	33931.01	35403.26
$200,000	n/a	18468.86	22987.58	24893.57	27126.14	30506.11	32104.51	33756.48	35049.02	36400.32	37912.32
$225,000	n/a	n/a	23530.18	27565.06	28351.30	32030.21	34012.22	35759.23	37545.98	39047.62	40550.98
$250,000	n/a	n/a	23958.72	28282.18	30297.02	34217.86	36681.98	38854.08	40884.48	42994.37	44914.18
$375,000	n/a	n/a	n/a	n/a	34732.80	41261.18	44967.74	46331.14	48029.76	50962.18	53963.71
Unlimited	12925.44	19156.61	25272.00	30870.72	35982.14	42918.34	47494.08	51967.87	56350.08	60521.47	64720.51

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 93	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5560.70	6013.44	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	8857.73	10210.75	11085.12	11548.22	11990.59	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	10803.46	13188.10	14630.98	15819.84	16507.58	17813.95	18309.89	18779.90	19253.38	n/a	n/a
$100,000	12871.87	15182.21	17394.05	18954.43	20055.17	22268.74	22870.08	23459.33	24005.38	24570.43	25050.82
$125,000	13253.76	16898.11	19241.28	21380.54	22940.93	25173.50	26412.48	27566.78	28567.30	29593.73	30646.08
$150,000	n/a	18491.33	20566.66	23174.21	25095.74	27953.86	29013.12	30274.56	31665.60	32455.30	34055.42
$175,000	n/a	19013.18	23314.18	24632.64	27039.74	30053.38	31670.78	32800.90	34129.73	35603.71	37146.82
$200,000	n/a	19381.25	24121.15	26122.18	28463.62	32012.93	33690.82	35422.27	36777.02	38193.98	39776.83
$225,000	n/a	n/a	24691.39	28924.99	29750.98	33614.78	35695.30	37521.79	39396.67	40970.88	42545.09
$250,000	n/a	n/a	25140.67	29680.13	31791.74	35907.84	38494.66	40770.43	42899.33	45114.62	47127.74
$375,000	n/a	n/a	n/a	n/a	36446.98	43300.22	47189.95	48617.28	50397.12	53476.42	56621.38
Unlimited	13563.07	20103.55	26519.62	32394.82	37760.26	45038.59	49837.25	54530.50	59128.70	63505.73	67908.67

Age: 94	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5825.09	6302.02	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	9279.36	10698.05	11613.89	12101.18	12560.83	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	11320.13	13818.82	15327.36	16573.25	17292.10	18660.67	19182.53	19676.74	20172.67	n/a	n/a
$100,000	13487.04	15906.24	18225.22	19858.18	21010.75	23333.18	23958.72	24579.07	25151.04	25742.02	26244.86
$125,000	13886.21	17706.82	20158.85	22401.79	24036.48	26372.74	27672.19	28880.06	29930.69	31008.96	32107.97
$150,000	n/a	19376.06	21548.16	24281.86	26294.98	29284.42	30395.52	31720.90	33175.87	34005.31	35683.20
$175,000	n/a	19920.38	24425.28	25809.41	28332.29	31485.89	33181.06	34363.01	35757.50	37302.34	38918.02
$200,000	n/a	20304.00	25273.73	27366.34	29821.82	33538.75	35297.86	37110.53	38530.94	40018.75	41677.63
$225,000	n/a	n/a	25871.62	30303.94	31171.39	35216.64	37395.65	39312.00	41276.74	42928.70	44578.94
$250,000	n/a	n/a	26341.63	31095.36	33308.93	37618.56	40331.52	42716.16	44947.01	47271.17	49379.33
$375,000	n/a	n/a	n/a	n/a	38187.07	45363.46	49438.08	50937.98	52804.22	56028.67	59327.42
Unlimited	14211.07	21064.32	27784.51	33939.65	39559.10	47188.22	52214.98	57132.86	61950.53	66536.64	71152.13

Age: 95+	0 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6645.89	7188.48	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	10584.00	12203.14	13246.85	13801.54	14330.30	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	12913.34	15761.09	17483.90	18904.32	19726.85	21285.50	21878.21	22444.99	23010.05	n/a	n/a
$100,000	15384.38	18142.27	20786.11	22650.62	23965.63	26611.20	27330.05	28036.80	28689.98	29367.36	29944.51
$125,000	15840.58	20195.14	22994.50	25550.21	27414.72	30081.02	31563.65	32942.59	34145.28	35373.89	36628.42
$150,000	n/a	22097.66	24577.34	27694.66	29989.44	33402.24	34670.59	36182.59	37844.93	38791.87	40706.50
$175,000	n/a	22721.47	27860.54	29438.21	32313.60	35914.75	37846.66	39197.95	40789.44	42555.46	44399.23
$200,000	n/a	23158.66	28826.50	31216.32	34013.95	38252.74	40262.40	42330.82	43953.41	45650.30	47545.92
$225,000	n/a	n/a	29507.33	34565.18	35553.60	40167.36	42653.95	44845.06	47084.54	48969.79	50851.58
$250,000	n/a	n/a	30043.01	35467.20	37990.08	42909.70	46002.82	48722.69	51269.76	53920.51	56327.62
$375,000	n/a	n/a	n/a	n/a	43554.24	51741.50	56391.55	58102.27	60234.62	63915.26	67678.85
Unlimited	16208.64	24024.38	31691.52	38712.38	45123.26	53822.02	59557.25	65164.61	70657.92	75886.85	81148.61

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 18-44	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	67.39	72.58	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	107.14	122.69	133.06	138.24	143.42	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	131.33	160.70	176.26	191.81	198.72	214.27	222.91	228.10	235.01	n/a	n/a
$100,000	157.25	184.90	212.54	229.82	243.65	269.57	276.48	281.66	286.85	290.30	293.76
$125,000	160.70	203.90	233.28	259.20	278.21	305.86	319.68	336.96	349.06	362.88	374.98
$150,000	n/a	222.91	248.83	281.66	304.13	336.96	352.51	366.34	387.07	399.17	416.45
$175,000	n/a	229.82	281.66	298.94	328.32	364.61	385.34	399.17	416.45	435.46	456.19
$200,000	n/a	235.01	290.30	316.22	343.87	388.80	407.81	430.27	447.55	468.29	489.02
$225,000	n/a	n/a	297.22	349.06	362.88	406.08	433.73	456.19	478.66	499.39	518.40
$250,000	n/a	n/a	304.13	357.70	385.34	435.46	466.56	495.94	523.58	551.23	577.15
$375,000	n/a	n/a	n/a	n/a	442.37	523.58	571.97	592.70	615.17	653.18	691.20
Unlimited	164.16	243.65	321.41	392.26	456.19	546.05	604.80	658.37	713.66	765.50	819.07

Age: 45-49	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	91.58	101.95	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	145.15	167.62	183.17	190.08	196.99	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	179.71	216.00	240.19	262.66	274.75	293.76	302.40	311.04	317.95	n/a	n/a
$100,000	212.54	250.56	288.58	312.77	331.78	366.34	376.70	388.80	399.17	406.08	414.72
$125,000	217.73	279.94	317.95	354.24	378.43	416.45	437.18	456.19	471.74	490.75	508.03
$150,000	n/a	305.86	340.42	383.62	414.72	463.10	478.66	501.12	523.58	537.41	565.06
$175,000	n/a	314.50	387.07	406.08	445.82	495.94	521.86	542.59	565.06	589.25	618.62
$200,000	n/a	319.68	399.17	432.00	471.74	528.77	556.42	585.79	609.98	635.90	660.10
$225,000	n/a	n/a	409.54	476.93	492.48	554.69	589.25	618.62	651.46	679.10	705.02
$250,000	n/a	n/a	414.72	492.48	523.58	594.43	635.90	673.92	708.48	746.50	782.78
$375,000	n/a	n/a	n/a	n/a	601.34	715.39	779.33	801.79	834.62	886.46	940.03
Unlimited	222.91	331.78	437.18	535.68	623.81	744.77	822.53	898.56	976.32	1048.90	1119.74

Age: 50	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	103.68	114.05	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	164.16	190.08	207.36	216.00	222.91	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	202.18	247.10	274.75	295.49	307.58	335.23	342.14	350.78	359.42	n/a	n/a
$100,000	241.92	283.39	324.86	355.97	374.98	416.45	428.54	437.18	445.82	456.19	464.83
$125,000	247.10	316.22	359.42	399.17	430.27	471.74	494.21	518.40	533.95	552.96	573.70
$150,000	n/a	345.60	385.34	433.73	470.02	523.58	544.32	568.51	594.43	608.26	639.36
$175,000	n/a	355.97	437.18	461.38	506.30	563.33	594.43	615.17	639.36	667.01	696.38
$200,000	n/a	364.61	449.28	490.75	535.68	599.62	630.72	663.55	687.74	713.66	744.77
$225,000	n/a	n/a	461.38	542.59	558.14	628.99	668.74	701.57	736.13	763.78	796.61
$250,000	n/a	n/a	468.29	554.69	597.89	670.46	720.58	762.05	801.79	843.26	881.28
$375,000	n/a	n/a	n/a	n/a	684.29	810.43	883.01	908.93	943.49	998.78	1059.26
Unlimited	252.29	374.98	494.21	606.53	705.02	843.26	933.12	1021.25	1105.92	1188.86	1271.81

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 51	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	110.59	117.50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	174.53	202.18	219.46	229.82	238.46	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	214.27	260.93	290.30	316.22	326.59	350.78	362.88	369.79	378.43	n/a	n/a
$100,000	255.74	302.40	343.87	374.98	395.71	442.37	452.74	464.83	473.47	487.30	492.48
$125,000	264.38	335.23	381.89	423.36	454.46	499.39	521.86	546.05	565.06	585.79	606.53
$150,000	n/a	366.34	406.08	459.65	494.21	552.96	573.70	599.62	625.54	642.82	672.19
$175,000	n/a	376.70	463.10	489.02	535.68	594.43	628.99	649.73	675.65	705.02	736.13
$200,000	n/a	385.34	475.20	518.40	563.33	634.18	667.01	703.30	729.22	758.59	787.97
$225,000	n/a	n/a	489.02	571.97	589.25	667.01	706.75	743.04	777.60	812.16	843.26
$250,000	n/a	n/a	497.66	589.25	628.99	711.94	762.05	808.70	850.18	895.10	933.12
$375,000	n/a	n/a	n/a	n/a	720.58	858.82	933.12	964.22	998.78	1060.99	1123.20
Unlimited	266.11	399.17	525.31	642.82	746.50	895.10	988.42	1078.27	1169.86	1254.53	1340.93

Age: 52	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	114.05	127.87	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	186.62	214.27	233.28	241.92	250.56	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	224.64	274.75	305.86	331.78	343.87	371.52	383.62	393.98	406.08	n/a	n/a
$100,000	269.57	317.95	362.88	395.71	418.18	466.56	478.66	490.75	501.12	514.94	523.58
$125,000	276.48	352.51	402.62	447.55	480.38	525.31	552.96	577.15	597.89	620.35	642.82
$150,000	n/a	387.07	430.27	485.57	523.58	585.79	606.53	634.18	663.55	679.10	713.66
$175,000	n/a	397.44	489.02	516.67	565.06	628.99	663.55	686.02	713.66	744.77	777.60
$200,000	n/a	404.35	504.58	546.05	596.16	670.46	705.02	741.31	770.69	801.79	834.62
$225,000	n/a	n/a	518.40	604.80	622.08	701.57	746.50	786.24	825.98	858.82	893.38
$250,000	n/a	n/a	527.04	620.35	665.28	749.95	803.52	851.90	896.83	946.94	988.42
$375,000	n/a	n/a	n/a	n/a	762.05	907.20	986.69	1019.52	1055.81	1119.74	1188.86
Unlimited	283.39	419.90	554.69	675.65	791.42	943.49	1043.71	1140.48	1233.79	1323.65	1413.50

Age: 53	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	122.69	133.06	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	195.26	224.64	243.65	254.02	264.38	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	238.46	290.30	321.41	347.33	362.88	392.26	402.62	412.99	423.36	n/a	n/a
$100,000	285.12	333.50	383.62	416.45	442.37	490.75	502.85	514.94	527.04	539.14	549.50
$125,000	292.03	371.52	423.36	470.02	504.58	552.96	582.34	609.98	628.99	654.91	675.65
$150,000	n/a	406.08	454.46	511.49	554.69	616.90	641.09	668.74	699.84	718.85	753.41
$175,000	n/a	418.18	514.94	542.59	596.16	661.82	696.38	722.30	753.41	787.97	822.53
$200,000	n/a	426.82	532.22	573.70	627.26	705.02	743.04	781.06	812.16	843.26	877.82
$225,000	n/a	n/a	542.59	637.63	654.91	739.58	786.24	825.98	869.18	903.74	941.76
$250,000	n/a	n/a	554.69	651.46	701.57	791.42	846.72	898.56	946.94	998.78	1043.71
$375,000	n/a	n/a	n/a	n/a	803.52	953.86	1040.26	1071.36	1111.10	1181.95	1251.07
Unlimited	298.94	442.37	585.79	715.39	831.17	991.87	1099.01	1199.23	1301.18	1396.22	1491.26

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 54	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	138.24	152.06	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	222.91	257.47	281.66	292.03	304.13	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	271.30	331.78	371.52	399.17	418.18	451.01	464.83	475.20	489.02	n/a	n/a
$100,000	324.86	381.89	442.37	480.38	506.30	563.33	578.88	592.70	604.80	618.62	628.99
$125,000	336.96	426.82	487.30	542.59	578.88	635.90	668.74	694.66	720.58	744.77	768.96
$150,000	n/a	468.29	518.40	585.79	635.90	706.75	732.67	763.78	796.61	817.34	855.36
$175,000	n/a	480.38	589.25	622.08	684.29	762.05	801.79	827.71	862.27	898.56	933.12
$200,000	n/a	492.48	609.98	663.55	720.58	810.43	850.18	896.83	927.94	964.22	1002.24
$225,000	n/a	n/a	623.81	734.40	753.41	850.18	900.29	946.94	995.33	1035.07	1073.09
$250,000	n/a	n/a	635.90	751.68	805.25	908.93	972.86	1028.16	1081.73	1133.57	1185.41
$375,000	n/a	n/a	n/a	n/a	922.75	1099.01	1194.05	1226.88	1271.81	1347.84	1425.60
Unlimited	343.87	509.76	672.19	820.80	957.31	1142.21	1261.44	1380.67	1496.45	1607.04	1715.90

Age: 55	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	146.88	158.98	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	233.28	269.57	292.03	307.58	316.22	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	285.12	347.33	387.07	418.18	437.18	470.02	485.57	495.94	509.76	n/a	n/a
$100,000	340.42	400.90	461.38	501.12	530.50	587.52	603.07	618.62	634.18	648.00	660.10
$125,000	350.78	445.82	508.03	566.78	604.80	665.28	696.38	727.49	755.14	781.06	810.43
$150,000	n/a	489.02	542.59	611.71	663.55	737.86	765.50	798.34	838.08	857.09	900.29
$175,000	n/a	502.85	616.90	649.73	715.39	794.88	836.35	867.46	902.02	941.76	983.23
$200,000	n/a	511.49	635.90	691.20	751.68	846.72	891.65	936.58	972.86	1010.88	1052.35
$225,000	n/a	n/a	653.18	765.50	786.24	888.19	943.49	991.87	1041.98	1081.73	1124.93
$250,000	n/a	n/a	663.55	784.51	839.81	946.94	1017.79	1076.54	1133.57	1194.05	1247.62
$375,000	n/a	n/a	n/a	n/a	964.22	1143.94	1247.62	1283.90	1330.56	1410.05	1496.45
Unlimited	357.70	530.50	703.30	857.09	997.06	1190.59	1316.74	1439.42	1558.66	1672.70	1786.75

Age: 56	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	164.16	179.71	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	264.38	304.13	330.05	343.87	355.97	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	319.68	392.26	437.18	468.29	492.48	528.77	544.32	558.14	570.24	n/a	n/a
$100,000	383.62	449.28	518.40	563.33	594.43	663.55	679.10	696.38	711.94	727.49	739.58
$125,000	393.98	502.85	571.97	635.90	682.56	748.22	784.51	819.07	848.45	876.10	908.93
$150,000	n/a	547.78	611.71	689.47	744.77	831.17	860.54	898.56	941.76	964.22	1010.88
$175,000	n/a	565.06	691.20	732.67	805.25	893.38	940.03	972.86	1012.61	1055.81	1100.74
$200,000	n/a	575.42	717.12	775.87	846.72	950.40	1000.51	1050.62	1093.82	1133.57	1178.50
$225,000	n/a	n/a	734.40	858.82	884.74	998.78	1060.99	1112.83	1169.86	1216.51	1261.44
$250,000	n/a	n/a	746.50	883.01	946.94	1066.18	1142.21	1209.60	1275.26	1340.93	1399.68
$375,000	n/a	n/a	n/a	n/a	1083.46	1287.36	1401.41	1442.88	1496.45	1584.58	1679.62
Unlimited	406.08	597.89	787.97	962.50	1123.20	1337.47	1479.17	1620.86	1755.65	1885.25	2014.85

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 57	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	177.98	193.54	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	281.66	326.59	352.51	368.06	381.89	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	343.87	419.90	468.29	504.58	525.31	568.51	585.79	601.34	618.62	n/a	n/a
$100,000	411.26	485.57	554.69	604.80	642.82	711.94	729.22	748.22	767.23	782.78	798.34
$125,000	423.36	542.59	615.17	684.29	732.67	801.79	843.26	883.01	915.84	950.40	984.96
$150,000	n/a	592.70	654.91	741.31	801.79	893.38	926.21	969.41	1012.61	1043.71	1097.28
$175,000	n/a	608.26	744.77	787.97	864.00	959.04	1012.61	1048.90	1093.82	1142.21	1190.59
$200,000	n/a	618.62	770.69	832.90	907.20	1022.98	1076.54	1133.57	1176.77	1223.42	1275.26
$225,000	n/a	n/a	789.70	924.48	948.67	1071.36	1142.21	1199.23	1259.71	1311.55	1366.85
$250,000	n/a	n/a	801.79	946.94	1014.34	1147.39	1226.88	1302.91	1375.49	1446.34	1513.73
$375,000	n/a	n/a	n/a	n/a	1164.67	1382.40	1505.09	1553.47	1613.95	1717.63	1819.58
Unlimited	433.73	642.82	846.72	1035.07	1204.42	1437.70	1589.76	1741.82	1888.70	2028.67	2170.37

Age: 58	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	190.08	205.63	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	302.40	349.06	378.43	393.98	409.54	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	368.06	449.28	497.66	539.14	563.33	608.26	623.81	642.82	658.37	n/a	n/a
$100,000	440.64	518.40	592.70	646.27	684.29	758.59	779.33	800.06	819.07	838.08	851.90
$125,000	451.01	577.15	656.64	729.22	784.51	858.82	900.29	941.76	976.32	1012.61	1048.90
$150,000	n/a	630.72	703.30	791.42	857.09	955.58	991.87	1035.07	1083.46	1109.38	1166.40
$175,000	n/a	648.00	796.61	841.54	922.75	1024.70	1081.73	1121.47	1166.40	1214.78	1271.81
$200,000	n/a	661.82	822.53	889.92	972.86	1092.10	1149.12	1211.33	1254.53	1304.64	1358.21
$225,000	n/a	n/a	844.99	988.42	1014.34	1147.39	1219.97	1278.72	1344.38	1401.41	1453.25
$250,000	n/a	n/a	858.82	1012.61	1085.18	1225.15	1315.01	1392.77	1463.62	1541.38	1608.77
$375,000	n/a	n/a	n/a	n/a	1244.16	1479.17	1610.50	1660.61	1721.09	1828.22	1933.63
Unlimited	464.83	686.02	903.74	1105.92	1289.09	1536.19	1700.35	1861.06	2018.30	2168.64	2318.98

Age: 59	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	216.00	231.55	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	340.42	393.98	426.82	445.82	463.10	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	416.45	508.03	563.33	609.98	635.90	686.02	705.02	722.30	741.31	n/a	n/a
$100,000	495.94	585.79	670.46	729.22	772.42	858.82	881.28	903.74	924.48	946.94	965.95
$125,000	511.49	651.46	743.04	824.26	883.01	971.14	1017.79	1060.99	1099.01	1137.02	1175.04
$150,000	n/a	713.66	791.42	895.10	967.68	1076.54	1118.02	1166.40	1218.24	1247.62	1306.37
$175,000	n/a	732.67	896.83	946.94	1043.71	1157.76	1221.70	1263.17	1315.01	1368.58	1427.33
$200,000	n/a	746.50	929.66	1007.42	1095.55	1233.79	1297.73	1363.39	1415.23	1467.07	1525.82
$225,000	n/a	n/a	950.40	1114.56	1147.39	1296.00	1375.49	1442.88	1517.18	1574.21	1632.96
$250,000	n/a	n/a	971.14	1143.94	1225.15	1384.13	1482.62	1569.02	1650.24	1731.46	1807.49
$375,000	n/a	n/a	n/a	n/a	1404.86	1670.98	1819.58	1871.42	1938.82	2058.05	2173.82
Unlimited	523.58	774.14	1022.98	1249.34	1454.98	1733.18	1919.81	2101.25	2279.23	2448.58	2617.92

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 60	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	238.46	257.47	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	380.16	438.91	476.93	495.94	514.94	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	463.10	566.78	627.26	677.38	710.21	765.50	786.24	806.98	825.98	n/a	n/a
$100,000	554.69	649.73	746.50	815.62	862.27	955.58	979.78	1007.42	1029.89	1054.08	1074.82
$125,000	568.51	725.76	825.98	917.57	984.96	1080.00	1133.57	1181.95	1228.61	1271.81	1320.19
$150,000	n/a	794.88	883.01	995.33	1078.27	1199.23	1247.62	1301.18	1359.94	1394.50	1463.62
$175,000	n/a	817.34	1000.51	1057.54	1161.22	1287.36	1358.21	1408.32	1467.07	1531.01	1600.13
$200,000	n/a	831.17	1036.80	1123.20	1225.15	1375.49	1446.34	1522.37	1579.39	1641.60	1710.72
$225,000	n/a	n/a	1060.99	1242.43	1276.99	1444.61	1532.74	1610.50	1689.98	1760.83	1829.95
$250,000	n/a	n/a	1080.00	1276.99	1366.85	1541.38	1653.70	1752.19	1843.78	1940.54	2028.67
$375,000	n/a	n/a	n/a	n/a	1563.84	1859.33	2026.94	2089.15	2165.18	2298.24	2436.48
Unlimited	580.61	864.00	1138.75	1389.31	1620.86	1933.63	2140.99	2341.44	2541.89	2730.24	2922.05

Age: 61	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	257.47	278.21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	407.81	471.74	513.22	535.68	554.69	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	497.66	609.98	677.38	732.67	765.50	824.26	844.99	867.46	889.92	n/a	n/a
$100,000	594.43	703.30	805.25	874.37	926.21	1029.89	1057.54	1085.18	1109.38	1135.30	1159.49
$125,000	613.44	782.78	889.92	988.42	1060.99	1162.94	1223.42	1275.26	1321.92	1368.58	1418.69
$150,000	n/a	853.63	950.40	1071.36	1159.49	1294.27	1342.66	1399.68	1465.34	1503.36	1577.66
$175,000	n/a	881.28	1076.54	1137.02	1249.34	1389.31	1465.34	1515.46	1577.66	1646.78	1721.09
$200,000	n/a	896.83	1116.29	1206.14	1316.74	1479.17	1560.38	1639.87	1700.35	1766.02	1840.32
$225,000	n/a	n/a	1140.48	1335.74	1377.22	1553.47	1650.24	1733.18	1823.04	1895.62	1968.19
$250,000	n/a	n/a	1161.22	1373.76	1472.26	1658.88	1779.84	1883.52	1983.74	2087.42	2180.74
$375,000	n/a	n/a	n/a	n/a	1684.80	2002.75	2182.46	2248.13	2331.07	2474.50	2619.65
Unlimited	628.99	929.66	1225.15	1496.45	1747.01	2083.97	2303.42	2521.15	2733.70	2935.87	3138.05

Age: 62	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	281.66	305.86	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	449.28	518.40	561.60	585.79	608.26	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	546.05	668.74	741.31	800.06	834.62	902.02	927.94	955.58	979.78	n/a	n/a
$100,000	651.46	770.69	879.55	959.04	1017.79	1128.38	1159.49	1190.59	1216.51	1244.16	1270.08
$125,000	670.46	855.36	972.86	1083.46	1162.94	1276.99	1337.47	1396.22	1448.06	1498.18	1551.74
$150,000	n/a	936.58	1043.71	1175.04	1271.81	1415.23	1468.80	1532.74	1603.58	1641.60	1722.82
$175,000	n/a	964.22	1181.95	1249.34	1368.58	1522.37	1605.31	1660.61	1728.00	1804.03	1880.06
$200,000	n/a	981.50	1223.42	1323.65	1442.88	1620.86	1705.54	1793.66	1861.06	1933.63	2013.12
$225,000	n/a	n/a	1251.07	1465.34	1506.82	1702.08	1807.49	1900.80	1994.11	2073.60	2154.82
$250,000	n/a	n/a	1273.54	1503.36	1608.77	1819.58	1949.18	2063.23	2172.10	2286.14	2386.37
$375,000	n/a	n/a	n/a	n/a	1845.50	2191.10	2389.82	2462.40	2553.98	2709.50	2868.48
Unlimited	687.74	1019.52	1342.66	1641.60	1911.17	2280.96	2522.88	2761.34	2994.62	3217.54	3440.45

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 63	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	317.95	343.87	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	508.03	584.06	635.90	661.82	686.02	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	618.62	755.14	838.08	905.47	945.22	1021.25	1048.90	1076.54	1102.46	n/a	n/a
$100,000	737.86	869.18	995.33	1083.46	1149.12	1275.26	1309.82	1342.66	1373.76	1406.59	1434.24
$125,000	758.59	969.41	1099.01	1225.15	1313.28	1442.88	1512.00	1577.66	1632.96	1689.98	1748.74
$150,000	n/a	1060.99	1178.50	1327.10	1435.97	1601.86	1660.61	1731.46	1809.22	1854.14	1940.54
$175,000	n/a	1086.91	1334.02	1410.05	1548.29	1722.82	1812.67	1876.61	1949.18	2033.86	2116.80
$200,000	n/a	1111.10	1382.40	1496.45	1629.50	1833.41	1928.45	2026.94	2101.25	2182.46	2270.59
$225,000	n/a	n/a	1413.50	1655.42	1703.81	1924.99	2042.50	2146.18	2251.58	2337.98	2426.11
$250,000	n/a	n/a	1439.42	1700.35	1821.31	2056.32	2204.93	2332.80	2453.76	2578.18	2690.50
$375,000	n/a	n/a	n/a	n/a	2085.70	2481.41	2702.59	2780.35	2880.58	3056.83	3231.36
Unlimited	775.87	1149.12	1518.91	1855.87	2160.00	2579.90	2851.20	3120.77	3383.42	3633.98	3882.82

Age: 64	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	354.24	385.34	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	566.78	651.46	706.75	739.58	765.50	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	691.20	841.54	934.85	1007.42	1055.81	1137.02	1169.86	1199.23	1230.34	n/a	n/a
$100,000	820.80	967.68	1111.10	1211.33	1280.45	1423.87	1460.16	1496.45	1532.74	1569.02	1600.13
$125,000	846.72	1078.27	1225.15	1366.85	1465.34	1607.04	1688.26	1762.56	1828.22	1893.89	1961.28
$150,000	n/a	1180.22	1315.01	1480.90	1601.86	1785.02	1854.14	1933.63	2023.49	2075.33	2177.28
$175,000	n/a	1216.51	1489.54	1574.21	1726.27	1918.08	2023.49	2096.06	2182.46	2279.23	2379.46
$200,000	n/a	1237.25	1539.65	1667.52	1816.13	2044.22	2151.36	2263.68	2353.54	2443.39	2545.34
$225,000	n/a	n/a	1577.66	1848.96	1899.07	2147.90	2279.23	2398.46	2519.42	2621.38	2721.60
$250,000	n/a	n/a	1605.31	1897.34	2030.40	2293.06	2458.94	2605.82	2742.34	2885.76	3018.82
$375,000	n/a	n/a	n/a	n/a	2325.89	2763.07	3013.63	3105.22	3222.72	3421.44	3623.62
Unlimited	865.73	1283.90	1695.17	2066.69	2414.02	2875.39	3182.98	3480.19	3775.68	4055.62	4337.28

Age: 65	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	392.26	423.36	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	622.08	718.85	782.78	813.89	846.72	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	762.05	927.94	1031.62	1116.29	1162.94	1254.53	1289.09	1323.65	1356.48	n/a	n/a
$100,000	907.20	1069.63	1225.15	1335.74	1413.50	1569.02	1610.50	1651.97	1689.98	1731.46	1762.56
$125,000	933.12	1190.59	1354.75	1506.82	1615.68	1774.66	1861.06	1942.27	2013.12	2085.70	2158.27
$150,000	n/a	1301.18	1449.79	1632.96	1766.02	1969.92	2044.22	2132.35	2230.85	2286.14	2400.19
$175,000	n/a	1337.47	1643.33	1736.64	1905.98	2116.80	2230.85	2312.06	2403.65	2507.33	2614.46
$200,000	n/a	1366.85	1700.35	1840.32	2006.21	2256.77	2372.54	2496.96	2592.00	2692.22	2804.54
$225,000	n/a	n/a	1740.10	2037.31	2096.06	2367.36	2514.24	2643.84	2775.17	2885.76	2996.35
$250,000	n/a	n/a	1772.93	2090.88	2239.49	2531.52	2714.69	2871.94	3022.27	3179.52	3321.22
$375,000	n/a	n/a	n/a	n/a	2567.81	3051.65	3324.67	3424.90	3551.04	3768.77	3989.95
Unlimited	955.58	1416.96	1867.97	2284.42	2661.12	3174.34	3513.02	3843.07	4167.94	4477.25	4790.02

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 66	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	435.46	470.02	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	694.66	796.61	865.73	903.74	938.30	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	846.72	1029.89	1143.94	1235.52	1290.82	1392.77	1430.78	1468.80	1503.36	n/a	n/a
$100,000	1007.42	1187.14	1359.94	1480.90	1567.30	1740.10	1788.48	1835.14	1878.34	1921.54	1957.82
$125,000	1035.07	1318.46	1503.36	1670.98	1793.66	1968.19	2064.96	2156.54	2232.58	2312.06	2396.74
$150,000	n/a	1446.34	1607.04	1810.94	1963.01	2185.92	2268.86	2365.63	2477.95	2538.43	2664.58
$175,000	n/a	1486.08	1821.31	1924.99	2115.07	2350.08	2476.22	2564.35	2668.03	2785.54	2904.77
$200,000	n/a	1515.46	1885.25	2040.77	2227.39	2503.87	2635.20	2769.98	2875.39	2987.71	3110.40
$225,000	n/a	n/a	1930.18	2261.95	2327.62	2626.56	2790.72	2932.42	3079.30	3205.44	3328.13
$250,000	n/a	n/a	1966.46	2320.70	2488.32	2808.00	3008.45	3188.16	3352.32	3526.85	3685.82
$375,000	n/a	n/a	n/a	n/a	2849.47	3385.15	3689.28	3799.87	3941.57	4181.76	4427.14
Unlimited	1060.99	1572.48	2071.87	2531.52	2951.42	3521.66	3894.91	4262.98	4618.94	4964.54	5306.69

Age: 67	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	478.66	516.67	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	760.32	877.82	950.40	993.60	1029.89	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	926.21	1131.84	1256.26	1358.21	1416.96	1529.28	1572.48	1612.22	1655.42	n/a	n/a
$100,000	1105.92	1302.91	1492.99	1627.78	1722.82	1911.17	1964.74	2014.85	2063.23	2111.62	2156.54
$125,000	1137.02	1451.52	1651.97	1836.86	1969.92	2161.73	2268.86	2365.63	2448.58	2538.43	2626.56
$150,000	n/a	1588.03	1766.02	1990.66	2154.82	2400.19	2490.05	2598.91	2716.42	2783.81	2918.59
$175,000	n/a	1631.23	2002.75	2116.80	2322.43	2581.63	2719.87	2813.18	2927.23	3053.38	3182.98
$200,000	n/a	1664.06	2070.14	2242.94	2443.39	2747.52	2892.67	3041.28	3155.33	3276.29	3412.80
$225,000	n/a	n/a	2118.53	2486.59	2552.26	2887.49	3063.74	3222.72	3381.70	3514.75	3651.26
$250,000	n/a	n/a	2158.27	2548.80	2730.24	3084.48	3303.94	3499.20	3682.37	3870.72	4045.25
$375,000	n/a	n/a	n/a	n/a	3129.41	3718.66	4053.89	4174.85	4325.18	4586.11	4857.41
Unlimited	1164.67	1726.27	2277.50	2783.81	3243.46	3868.99	4281.98	4686.34	5080.32	5458.75	5838.91

Age: 68	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	525.31	568.51	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	839.81	967.68	1048.90	1093.82	1135.30	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1022.98	1249.34	1384.13	1496.45	1562.11	1684.80	1733.18	1779.84	1823.04	n/a	n/a
$100,000	1219.97	1435.97	1646.78	1793.66	1899.07	2109.89	2165.18	2220.48	2270.59	2324.16	2367.36
$125,000	1254.53	1601.86	1823.04	2023.49	2172.10	2382.91	2500.42	2611.01	2706.05	2804.54	2906.50
$150,000	n/a	1752.19	1949.18	2194.56	2376.00	2647.30	2745.79	2868.48	2999.81	3075.84	3226.18
$175,000	n/a	1800.58	2210.11	2332.80	2562.62	2842.56	2998.08	3106.94	3231.36	3373.06	3521.66
$200,000	n/a	1835.14	2286.14	2474.50	2695.68	3032.64	3191.62	3354.05	3483.65	3618.43	3770.50
$225,000	n/a	n/a	2337.98	2738.88	2818.37	3182.98	3378.24	3552.77	3730.75	3881.09	4031.42
$250,000	n/a	n/a	2382.91	2809.73	3010.18	3398.98	3646.08	3862.08	4062.53	4275.07	4466.88
$375,000	n/a	n/a	n/a	n/a	3450.82	4098.82	4466.88	4603.39	4771.01	5064.77	5365.44
Unlimited	1283.90	1904.26	2512.51	3067.20	3575.23	4262.98	4717.44	5164.99	5598.72	6015.17	6433.34

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 69	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	589.25	635.90	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	936.58	1080.00	1173.31	1219.97	1266.62	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1143.94	1394.50	1546.56	1670.98	1745.28	1883.52	1935.36	1983.74	2035.58	n/a	n/a
$100,000	1359.94	1603.58	1836.86	2002.75	2118.53	2355.26	2417.47	2481.41	2538.43	2597.18	2649.02
$125,000	1403.14	1786.75	2033.86	2260.22	2426.11	2661.12	2792.45	2916.86	3024.00	3136.32	3250.37
$150,000	n/a	1956.10	2172.10	2450.30	2652.48	2953.15	3068.93	3203.71	3352.32	3436.99	3609.79
$175,000	n/a	2009.66	2464.13	2604.10	2858.11	3174.34	3348.86	3471.55	3613.25	3770.50	3936.38
$200,000	n/a	2047.68	2548.80	2761.34	3008.45	3383.42	3561.41	3748.03	3893.18	4045.25	4214.59
$225,000	n/a	n/a	2609.28	3058.56	3144.96	3552.77	3773.95	3970.94	4171.39	4339.01	4508.35
$250,000	n/a	n/a	2657.66	3138.05	3359.23	3794.69	4069.44	4311.36	4537.73	4776.19	4990.46
$375,000	n/a	n/a	n/a	n/a	3853.44	4575.74	4990.46	5142.53	5334.34	5660.93	5997.89
Unlimited	1434.24	2125.44	2802.82	3424.90	3991.68	4760.64	5268.67	5764.61	6253.63	6715.01	7183.30

Age: 70	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	648.00	701.57	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1035.07	1192.32	1294.27	1349.57	1399.68	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1261.44	1539.65	1705.54	1845.50	1926.72	2077.06	2135.81	2189.38	2244.67	n/a	n/a
$100,000	1503.36	1771.20	2030.40	2211.84	2337.98	2598.91	2666.30	2738.88	2802.82	2870.21	2928.96
$125,000	1546.56	1973.38	2244.67	2493.50	2678.40	2935.87	3082.75	3217.54	3335.04	3452.54	3575.23
$150,000	n/a	2160.00	2400.19	2704.32	2930.69	3262.46	3383.42	3532.03	3696.19	3787.78	3974.40
$175,000	n/a	2220.48	2719.87	2871.94	3157.06	3507.84	3696.19	3829.25	3983.04	4154.11	4335.55
$200,000	n/a	2261.95	2816.64	3046.46	3322.94	3734.21	3929.47	4133.38	4292.35	4458.24	4643.14
$225,000	n/a	n/a	2882.30	3374.78	3473.28	3924.29	4166.21	4380.48	4598.21	4781.38	4966.27
$250,000	n/a	n/a	2934.14	3464.64	3710.02	4190.40	4491.07	4758.91	5006.02	5265.22	5500.22
$375,000	n/a	n/a	n/a	n/a	4254.34	5054.40	5505.41	5673.02	5880.38	6239.81	6607.87
Unlimited	1582.85	2346.62	3096.58	3780.86	4409.86	5256.58	5816.45	6360.77	6896.45	7404.48	7919.42

Age: 71	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	720.58	782.78	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1149.12	1327.10	1441.15	1499.90	1556.93	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1403.14	1712.45	1900.80	2056.32	2144.45	2313.79	2377.73	2439.94	2502.14	n/a	n/a
$100,000	1674.43	1973.38	2260.22	2464.13	2605.82	2892.67	2970.43	3048.19	3120.77	3196.80	3259.01
$125,000	1722.82	2194.56	2500.42	2776.90	2980.80	3271.10	3431.81	3582.14	3715.20	3848.26	3983.04
$150,000	n/a	2400.19	2671.49	3010.18	3260.74	3630.53	3770.50	3932.93	4112.64	4218.05	4425.41
$175,000	n/a	2469.31	3027.46	3200.26	3509.57	3905.28	4114.37	4261.25	4434.05	4625.86	4826.30
$200,000	n/a	2515.97	3134.59	3392.06	3697.92	4159.30	4377.02	4603.39	4779.65	4964.54	5168.45
$225,000	n/a	n/a	3207.17	3756.67	3863.81	4366.66	4637.95	4876.42	5118.34	5322.24	5527.87
$250,000	n/a	n/a	3267.65	3855.17	4129.92	4665.60	5002.56	5296.32	5572.80	5861.38	6120.58
$375,000	n/a	n/a	n/a	n/a	4734.72	5626.37	6129.22	6315.84	6547.39	6946.56	7356.10
Unlimited	1762.56	2612.74	3445.63	4209.41	4905.79	5851.01	6474.82	7088.26	7687.87	8258.11	8833.54

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 72	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	794.88	860.54	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1268.35	1461.89	1588.03	1655.42	1717.63	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1546.56	1888.70	2094.34	2263.68	2362.18	2552.26	2617.92	2687.04	2752.70	n/a	n/a
$100,000	1842.05	2173.82	2490.05	2712.96	2871.94	3186.43	3272.83	3357.50	3433.54	3514.75	3583.87
$125,000	1899.07	2419.20	2754.43	3060.29	3281.47	3602.88	3779.14	3945.02	4088.45	4233.60	4383.94
$150,000	n/a	2647.30	2944.51	3316.03	3592.51	4000.32	4152.38	4333.82	4536.00	4646.59	4874.69
$175,000	n/a	2721.60	3336.77	3525.12	3868.99	4302.72	4534.27	4693.25	4885.06	5097.60	5317.06
$200,000	n/a	2775.17	3450.82	3735.94	4074.62	4580.93	4819.39	5069.95	5265.22	5467.39	5695.49
$225,000	n/a	n/a	3533.76	4138.56	4259.52	4812.48	5109.70	5370.62	5640.19	5864.83	6092.93
$250,000	n/a	n/a	3599.42	4247.42	4551.55	5139.07	5508.86	5835.46	6139.58	6457.54	6747.84
$375,000	n/a	n/a	n/a	n/a	5216.83	6198.34	6753.02	6960.38	7214.40	7655.04	8107.78
Unlimited	1940.54	2877.12	3794.69	4637.95	5405.18	6445.44	7136.64	7807.10	8467.20	9096.19	9730.37

Age: 73	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	889.92	959.04	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1415.23	1629.50	1771.20	1843.78	1912.90	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1726.27	2104.70	2334.53	2524.61	2636.93	2842.56	2922.05	2996.35	3072.38	n/a	n/a
$100,000	2058.05	2426.11	2776.90	3024.00	3200.26	3554.50	3651.26	3748.03	3834.43	3924.29	4003.78
$125,000	2116.80	2697.41	3072.38	3414.53	3661.63	4019.33	4216.32	4401.22	4561.92	4722.62	4891.97
$150,000	n/a	2951.42	3283.20	3701.38	4005.50	4461.70	4631.04	4833.22	5054.40	5182.27	5436.29
$175,000	n/a	3036.10	3723.84	3932.93	4314.82	4798.66	5056.13	5235.84	5448.38	5681.66	5927.04
$200,000	n/a	3094.85	3851.71	4167.94	4542.91	5111.42	5377.54	5652.29	5870.02	6096.38	6352.13
$225,000	n/a	n/a	3943.30	4617.22	4748.54	5367.17	5698.94	5989.25	6288.19	6538.75	6791.04
$250,000	n/a	n/a	4012.42	4738.18	5075.14	5731.78	6143.04	6509.38	6848.06	7202.30	7520.26
$375,000	n/a	n/a	n/a	n/a	5819.90	6912.00	7532.35	7760.45	8043.84	8532.86	9035.71
Unlimited	2165.18	3210.62	4233.60	5170.18	6027.26	7190.21	7957.44	8705.66	9438.34	10138.18	10841.47

Age: 74	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	979.78	1060.99	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1560.38	1800.58	1954.37	2033.86	2111.62	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1904.26	2324.16	2574.72	2787.26	2906.50	3136.32	3222.72	3309.12	3392.06	n/a	n/a
$100,000	2267.14	2674.94	3063.74	3340.22	3535.49	3924.29	4027.97	4131.65	4230.14	4328.64	4413.31
$125,000	2334.53	2975.62	3388.61	3765.31	4041.79	4434.05	4651.78	4855.68	5035.39	5216.83	5400.00
$150,000	n/a	3255.55	3621.89	4081.54	4421.95	4923.07	5111.42	5334.34	5577.98	5719.68	6001.34
$175,000	n/a	3348.86	4105.73	4339.01	4764.10	5294.59	5577.98	5778.43	6013.44	6274.37	6547.39
$200,000	n/a	3412.80	4249.15	4601.66	5016.38	5638.46	5933.95	6239.81	6480.00	6728.83	7008.77
$225,000	n/a	n/a	4349.38	5094.14	5244.48	5921.86	6288.19	6609.60	6941.38	7219.58	7496.06
$250,000	n/a	n/a	4427.14	5227.20	5602.18	6326.21	6782.40	7181.57	7558.27	7950.53	8304.77
$375,000	n/a	n/a	n/a	n/a	6422.98	7625.66	8313.41	8563.97	8878.46	9421.06	9975.74
Unlimited	2389.82	3542.40	4672.51	5705.86	6652.80	7933.25	8779.97	9609.41	10419.84	11192.26	11971.58

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 75	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1099.01	1192.32	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1752.19	2023.49	2194.56	2287.87	2374.27	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2139.26	2611.01	2896.13	3132.86	3269.38	3528.58	3625.34	3715.20	3811.97	n/a	n/a
$100,000	2548.80	3006.72	3443.90	3753.22	3969.22	4409.86	4527.36	4644.86	4755.46	4866.05	4961.09
$125,000	2623.10	3347.14	3808.51	4233.60	4541.18	4983.55	5228.93	5457.02	5657.47	5857.92	6067.01
$150,000	n/a	3659.90	4071.17	4587.84	4966.27	5534.78	5743.87	5994.43	6269.18	6424.70	6739.20
$175,000	n/a	3763.58	4613.76	4878.14	5353.34	5951.23	6270.91	6492.10	6756.48	7048.51	7354.37
$200,000	n/a	3836.16	4774.46	5170.18	5635.01	6336.58	6668.35	7012.22	7281.79	7561.73	7874.50
$225,000	n/a	n/a	4890.24	5728.32	5890.75	6656.26	7064.06	7428.67	7798.46	8111.23	8422.27
$250,000	n/a	n/a	4976.64	5875.20	6293.38	7108.99	7618.75	8071.49	8493.12	8932.03	9331.20
$375,000	n/a	n/a	n/a	n/a	7214.40	8572.61	9339.84	9624.96	9977.47	10585.73	11209.54
Unlimited	2687.04	3979.58	5251.39	6412.61	7475.33	8916.48	9868.61	10796.54	11710.66	12574.66	13452.48

Age: 76	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1228.61	1328.83	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1959.55	2260.22	2453.76	2555.71	2655.94	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2389.82	2918.59	3238.27	3500.93	3651.26	3941.57	4052.16	4155.84	4257.79	n/a	n/a
$100,000	2847.74	3360.96	3849.98	4195.58	4439.23	4929.98	5061.31	5192.64	5313.60	5438.02	5543.42
$125,000	2934.14	3739.39	4257.79	4731.26	5076.86	5571.07	5845.82	6101.57	6322.75	6552.58	6784.13
$150,000	n/a	4091.90	4553.28	5128.70	5553.79	6184.51	6419.52	6701.18	7007.04	7186.75	7540.99
$175,000	n/a	4207.68	5158.08	5448.38	5984.06	6652.80	7007.04	7259.33	7553.09	7881.41	8223.55
$200,000	n/a	4287.17	5337.79	5778.43	6300.29	7084.80	7454.59	7838.21	8137.15	8453.38	8805.89
$225,000	n/a	n/a	5462.21	6402.24	6583.68	7437.31	7900.42	8303.04	8719.49	9070.27	9417.60
$250,000	n/a	n/a	5562.43	6566.40	7036.42	7947.07	8519.04	9023.62	9493.63	9984.38	10431.94
$375,000	n/a	n/a	n/a	n/a	8064.58	9581.76	10444.03	10760.26	11155.97	11838.53	12536.64
Unlimited	3003.26	4449.60	5870.02	7167.74	8354.88	9968.83	11029.82	12068.35	13084.42	14053.82	15026.69

Age: 77	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1389.31	1503.36	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2210.11	2548.80	2766.53	2884.03	2992.90	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2695.68	3290.11	3651.26	3950.21	4121.28	4444.42	4568.83	4688.06	4807.30	n/a	n/a
$100,000	3212.35	3789.50	4342.46	4731.26	5006.02	5558.98	5707.58	5852.74	5990.98	6129.22	6251.90
$125,000	3307.39	4219.78	4802.11	5337.79	5724.86	6283.01	6592.32	6880.90	7131.46	7387.20	7651.58
$150,000	n/a	4615.49	5133.89	5783.62	6264.00	6975.94	7242.05	7558.27	7903.87	8102.59	8503.49
$175,000	n/a	4746.82	5818.18	6149.95	6751.30	7502.98	7903.87	8188.99	8520.77	8888.83	9272.45
$200,000	n/a	4838.40	6020.35	6521.47	7103.81	7992.00	8410.18	8843.90	9180.86	9535.10	9930.82
$225,000	n/a	n/a	6162.05	7219.58	7425.22	8389.44	8907.84	9364.03	9834.05	10226.30	10622.02
$250,000	n/a	n/a	6274.37	7407.94	7934.98	8961.41	9609.41	10177.92	10708.42	11261.38	11764.22
$375,000	n/a	n/a	n/a	n/a	9096.19	10806.91	11779.78	12135.74	12579.84	13348.80	14133.31
Unlimited	3386.88	5016.38	6619.97	8087.04	9422.78	11242.37	12441.60	13613.18	14760.58	15854.40	16953.41

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 78	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1582.85	1712.45	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2521.15	2908.22	3157.06	3288.38	3414.53	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3075.84	3754.94	4164.48	4504.90	4700.16	5069.95	5213.38	5346.43	5481.22	n/a	n/a
$100,000	3665.09	4323.46	4954.18	5396.54	5709.31	6341.76	6511.10	6680.45	6835.97	6994.94	7133.18
$125,000	3773.95	4812.48	5479.49	6087.74	6533.57	7167.74	7520.26	7846.85	8133.70	8425.73	8724.67
$150,000	n/a	5266.94	5856.19	6602.69	7147.01	7959.17	8258.11	8620.99	9013.25	9237.89	9694.08
$175,000	n/a	5415.55	6638.98	7015.68	7698.24	8557.06	9016.70	9338.11	9716.54	10136.45	10575.36
$200,000	n/a	5519.23	6868.80	7439.04	8104.32	9115.20	9590.40	10084.61	10469.95	10872.58	11323.58
$225,000	n/a	n/a	7029.50	8237.38	8474.11	9571.39	10164.10	10682.50	11216.45	11664.00	12113.28
$250,000	n/a	n/a	7159.10	8453.38	9052.99	10224.58	10958.98	11610.43	12215.23	12844.22	13416.19
$375,000	n/a	n/a	n/a	n/a	10376.64	12331.01	13435.20	13843.01	14351.04	15227.14	16120.51
Unlimited	3862.08	5724.86	7551.36	9225.79	10751.62	12825.22	14192.06	15527.81	16835.90	18081.79	19334.59

Age: 79	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1793.66	1937.09	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2854.66	3293.57	3575.23	3727.30	3867.26	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3483.65	4252.61	4715.71	5101.06	5320.51	5745.60	5902.85	6054.91	6208.70	n/a	n/a
$100,000	4152.38	4895.42	5607.36	6111.94	6466.18	7183.30	7375.10	7565.18	7739.71	7919.42	8073.22
$125,000	4273.34	5450.11	6205.25	6892.99	7394.11	8116.42	8515.58	8887.10	9213.70	9543.74	9884.16
$150,000	n/a	5963.33	6633.79	7473.60	8090.50	9011.52	9355.39	9764.93	10210.75	10468.22	10983.17
$175,000	n/a	6130.94	7518.53	7947.07	8719.49	9690.62	10212.48	10577.09	11007.36	11484.29	11980.22
$200,000	n/a	6250.18	7779.46	8424.00	9179.14	10323.07	10862.21	11422.08	11860.99	12318.91	12830.40
$225,000	n/a	n/a	7960.90	9327.74	9592.13	10838.02	11508.48	12099.46	12705.98	13214.02	13723.78
$250,000	n/a	n/a	8107.78	9569.66	10250.50	11579.33	12412.22	13148.35	13834.37	14549.76	15201.22
$375,000	n/a	n/a	n/a	n/a	11752.13	13962.24	15216.77	15679.87	16255.30	17247.17	18264.96
Unlimited	4373.57	6483.46	8553.60	10445.76	12177.22	14525.57	16070.40	17582.40	19065.02	20471.62	21892.03

Age: 80	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2023.49	2189.38	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3224.45	3718.66	4036.61	4204.22	4364.93	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3932.93	4800.38	5325.70	5759.42	6009.98	6485.18	6664.90	6835.97	7008.77	n/a	n/a
$100,000	4686.34	5526.14	6331.39	6901.63	7300.80	8107.78	8327.23	8541.50	8740.22	8945.86	9120.38
$125,000	4824.58	6151.68	7005.31	7782.91	8351.42	9163.58	9616.32	10036.22	10399.10	10772.35	11155.97
$150,000	n/a	6732.29	7487.42	8436.10	9135.94	10176.19	10563.26	11022.91	11527.49	11814.34	12396.67
$175,000	n/a	6920.64	8486.21	8968.32	9842.69	10939.97	11530.94	11942.21	12424.32	12961.73	13525.06
$200,000	n/a	7055.42	8781.70	9509.18	10361.09	11655.36	12265.34	12896.06	13388.54	13905.22	14482.37
$225,000	n/a	n/a	8989.06	10530.43	10832.83	12235.97	12996.29	13661.57	14342.40	14919.55	15489.79
$250,000	n/a	n/a	9153.22	10803.46	11572.42	13074.05	14014.08	14843.52	15617.66	16424.64	17155.58
$375,000	n/a	n/a	n/a	n/a	13269.31	15762.82	17179.78	17699.90	18349.63	19467.65	20613.31
Unlimited	4938.62	7318.08	9654.34	11793.60	13746.24	16395.26	18145.73	19852.99	21529.15	23122.37	24729.41

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 81	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2301.70	2491.78	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3668.54	4230.14	4591.30	4784.83	4966.27	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4475.52	5463.94	6061.82	6556.03	6835.97	7378.56	7584.19	7777.73	7974.72	n/a	n/a
$100,000	5334.34	6289.92	7207.49	7852.03	8309.95	9225.79	9474.62	9718.27	9946.37	10181.38	10381.82
$125,000	5491.58	7001.86	7971.26	8857.73	9504.00	10426.75	10943.42	11420.35	11835.07	12261.89	12695.62
$150,000	n/a	7660.22	8522.50	9600.77	10397.38	11581.06	12018.24	12543.55	13120.70	13445.57	14110.85
$175,000	n/a	7876.22	9656.06	10202.11	11202.62	12448.51	13122.43	13587.26	14140.22	14750.21	15389.57
$200,000	n/a	8028.29	9994.75	10820.74	11790.14	13260.67	13957.06	14674.18	15235.78	15825.02	16479.94
$225,000	n/a	n/a	10228.03	11981.95	12324.10	13924.22	14786.50	15543.36	16320.96	16975.87	17627.33
$250,000	n/a	n/a	10416.38	12294.72	13170.82	14876.35	15945.98	16891.20	17774.21	18690.05	19526.40
$375,000	n/a	n/a	n/a	n/a	15099.26	17936.64	19548.86	20141.57	20882.88	22154.69	23457.60
Unlimited	5619.46	8327.23	10984.90	13419.65	15643.58	18658.94	20646.14	22591.87	24496.13	26308.80	28137.02

Age: 82	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2578.18	2787.26	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4105.73	4736.45	5140.80	5353.34	5560.70	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5009.47	6111.94	6782.40	7333.63	7651.58	8256.38	8487.94	8707.39	8926.85	n/a	n/a
$100,000	5968.51	7038.14	8062.85	8785.15	9296.64	10323.07	10601.28	10874.30	11128.32	11387.52	11612.16
$125,000	6144.77	7834.75	8919.94	9911.81	10635.84	11669.18	12242.88	12775.10	13241.66	13715.14	14198.98
$150,000	n/a	8572.61	9533.38	10744.70	11634.62	12960.00	13449.02	14034.82	14675.90	15042.24	15781.82
$175,000	n/a	8812.80	10806.91	11418.62	12536.64	13934.59	14682.82	15202.94	15819.84	16500.67	17214.34
$200,000	n/a	8983.87	11183.62	12109.82	13195.01	14840.06	15617.66	16421.18	17046.72	17703.36	18436.03
$225,000	n/a	n/a	11446.27	13409.28	13792.90	15581.38	16545.60	17394.05	18261.50	18990.72	19721.66
$250,000	n/a	n/a	11653.63	13758.34	14738.11	16647.55	17845.06	18897.41	19885.82	20908.80	21843.65
$375,000	n/a	n/a	n/a	n/a	16896.38	20074.18	21874.75	22534.85	23359.10	24784.70	26244.86
Unlimited	6288.19	9319.10	12294.72	15016.32	17502.91	20879.42	23105.09	25280.64	27411.26	29439.94	31482.43

Age: 83	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2899.58	3136.32	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4618.94	5325.70	5783.62	6025.54	6255.36	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5635.01	6880.90	7632.58	8251.20	8610.62	9289.73	9552.38	9797.76	10044.86	n/a	n/a
$100,000	6715.01	7919.42	9073.73	9887.62	10463.04	11615.62	11930.11	12241.15	12526.27	12820.03	13074.05
$125,000	6913.73	8816.26	10037.95	11152.51	11966.40	13129.34	13777.34	14380.42	14904.00	15441.41	15987.46
$150,000	n/a	9647.42	10727.42	12089.09	13091.33	14582.59	15133.82	15793.92	16516.22	16930.94	17769.02
$175,000	n/a	9920.45	12163.39	12851.14	14105.66	15678.14	16521.41	17110.66	17803.58	18574.27	19377.79
$200,000	n/a	10108.80	12585.02	13625.28	14846.98	16697.66	17577.22	18479.23	19187.71	19927.30	20755.01
$225,000	n/a	n/a	12882.24	15087.17	15519.17	17534.02	18619.20	19576.51	20552.83	21375.36	22199.62
$250,000	n/a	n/a	13115.52	15481.15	16583.62	18731.52	20081.09	21269.95	22381.06	23538.82	24587.71
$375,000	n/a	n/a	n/a	n/a	19013.18	22584.96	24615.36	25360.13	26293.25	27896.83	29541.89
Unlimited	7074.43	10487.23	13834.37	16898.11	19697.47	23493.89	25997.76	28449.79	30848.26	33137.86	35437.82

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 84	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3250.37	3516.48	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5180.54	5973.70	6483.46	6756.48	7012.22	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6319.30	7712.06	8555.33	9253.44	9656.06	10419.84	10706.69	10981.44	11257.92	n/a	n/a
$100,000	7528.90	8881.92	10172.74	11083.39	11729.66	13023.94	13376.45	13722.05	14041.73	14371.78	14655.17
$125,000	7750.08	9882.43	11254.46	12503.81	13417.92	14720.83	15446.59	16120.51	16709.76	17307.65	17922.82
$150,000	n/a	10815.55	12028.61	13554.43	14677.63	16348.61	16968.96	17703.36	18515.52	18978.62	19915.20
$175,000	n/a	11119.68	13635.65	14408.06	15814.66	17577.22	18520.70	19182.53	19961.86	20822.40	21724.42
$200,000	n/a	11333.95	14109.12	15277.25	16647.55	18722.88	19704.38	20715.26	21508.42	22336.13	23262.34
$225,000	n/a	n/a	14442.62	16917.12	17399.23	19657.73	20875.97	21945.60	23039.42	23963.90	24883.20
$250,000	n/a	n/a	14705.28	17357.76	18593.28	21002.11	22512.38	23844.67	25087.10	26384.83	27561.60
$375,000	n/a	n/a	n/a	n/a	21316.61	25323.84	27597.89	28434.24	29476.22	31273.34	33113.66
Unlimited	7933.25	11757.31	15510.53	18944.06	22083.84	26343.36	29147.90	31890.24	34579.01	37136.45	39711.17

Age: 85	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3449.09	3732.48	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5496.77	6336.58	6877.44	7166.02	7442.50	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6706.37	8183.81	9080.64	9818.50	10245.31	11052.29	11359.87	11653.63	11945.66	n/a	n/a
$100,000	7990.27	9419.33	10793.09	11762.50	12445.06	13817.09	14190.34	14558.40	14897.09	15247.87	15548.54
$125,000	8225.28	10487.23	11940.48	13267.58	14235.26	15621.12	16388.35	17102.02	17727.55	18363.46	19014.91
$150,000	n/a	11475.65	12763.01	14378.69	15574.46	17343.94	18004.03	18788.54	19649.09	20138.11	21131.71
$175,000	n/a	11798.78	14468.54	15285.89	16780.61	18648.58	19650.82	20352.38	21178.37	22094.21	23049.79
$200,000	n/a	12026.88	14969.66	16210.37	17661.89	19863.36	20907.07	21978.43	22819.97	23699.52	24682.75
$225,000	n/a	n/a	15323.90	17950.46	18461.95	20860.42	22151.23	23284.80	24447.74	25424.06	26398.66
$250,000	n/a	n/a	15602.11	18417.02	19726.85	22280.83	23887.87	25299.65	26619.84	27993.60	29244.67
$375,000	n/a	n/a	n/a	n/a	22614.34	26868.67	29280.96	30169.15	31273.34	33182.78	35137.15
Unlimited	8417.09	12476.16	16455.74	20101.82	23431.68	27948.67	30927.74	33839.42	36694.08	39410.50	42145.92

Age: 86	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3613.25	3907.01	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5754.24	6633.79	7200.58	7506.43	7791.55	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7020.86	8569.15	9507.46	10278.14	10727.42	11572.42	11895.55	12201.41	12508.99	n/a	n/a
$100,000	8365.25	9868.61	11304.58	12315.46	13030.85	14468.54	14857.34	15242.69	15596.93	15963.26	16276.03
$125,000	8612.35	10981.44	12502.08	13893.12	14905.73	16357.25	17162.50	17912.45	18562.18	19229.18	19910.02
$150,000	n/a	12016.51	13360.90	15059.52	16307.14	18163.01	18850.75	19673.28	20575.30	21086.78	22125.31
$175,000	n/a	12356.93	15149.38	16008.19	17570.30	19528.13	20578.75	21311.42	22175.42	23134.46	24134.98
$200,000	n/a	12593.66	15672.96	16972.42	18494.78	20801.66	21892.03	23015.23	23896.51	24817.54	25845.70
$225,000	n/a	n/a	16044.48	18795.46	19331.14	21840.19	23191.49	24382.08	25596.86	26621.57	27641.09
$250,000	n/a	n/a	16336.51	19284.48	20658.24	23333.18	25012.80	26490.24	27874.37	29313.79	30620.16
$375,000	n/a	n/a	n/a	n/a	23680.51	28135.30	30661.63	31591.30	32749.06	34748.35	36792.58
Unlimited	8812.80	13063.68	17231.62	21050.50	24535.87	29265.41	32384.45	35432.64	38420.35	41262.91	44126.21

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 87	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3858.62	4173.12	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6149.95	7088.26	7694.78	8019.65	8325.50	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7499.52	9154.94	10157.18	10981.44	11460.10	12365.57	12709.44	13037.76	13369.54	n/a	n/a
$100,000	8935.49	10539.07	12075.26	13156.99	13922.50	15460.42	15876.86	16284.67	16664.83	17055.36	17390.59
$125,000	9201.60	11733.12	13355.71	14843.52	15925.25	17473.54	18335.81	19135.87	19833.98	20545.92	21276.86
$150,000	n/a	12837.31	14278.46	16087.68	17421.70	19405.44	20139.84	21015.94	21980.16	22529.66	23642.50
$175,000	n/a	13201.92	16182.72	17102.02	18771.26	20862.14	21985.34	22771.58	23694.34	24717.31	25788.67
$200,000	n/a	13454.21	16746.05	18133.63	19757.95	22223.81	23388.48	24592.90	25534.66	26521.34	27620.35
$225,000	n/a	n/a	17141.76	20079.36	20653.06	23336.64	24779.52	26049.60	27354.24	28446.34	29540.16
$250,000	n/a	n/a	17452.80	20604.67	22071.74	24928.13	26725.25	28304.64	29783.81	31323.46	32719.68
$375,000	n/a	n/a	n/a	n/a	25303.10	30058.56	32759.42	33751.30	34988.54	37126.08	39312.00
Unlimited	9414.14	13955.33	18411.84	22488.19	26213.76	31266.43	34598.02	37855.30	41046.91	44084.74	47145.02

Age: 88	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4107.46	4440.96	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6542.21	7544.45	8188.99	8529.41	8857.73	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7981.63	9742.46	10806.91	11684.74	12192.77	13155.26	13525.06	13872.38	14223.17	n/a	n/a
$100,000	9509.18	11212.99	12847.68	14000.26	14812.42	16450.56	16892.93	17328.38	17729.28	18149.18	18503.42
$125,000	9792.58	12483.07	14214.53	15793.92	16944.77	18593.28	19510.85	20361.02	21100.61	21859.20	22635.07
$150,000	n/a	13659.84	15190.85	17117.57	18537.98	20647.87	21430.66	22363.78	23388.48	23972.54	25156.22
$175,000	n/a	14045.18	17221.25	18194.11	19975.68	22201.34	23391.94	24228.29	25208.06	26298.43	27437.18
$200,000	n/a	14316.48	17817.41	19294.85	21026.30	23645.95	24884.93	26167.10	27167.62	28211.33	29379.46
$225,000	n/a	n/a	18237.31	21366.72	21974.98	24829.63	26365.82	27715.39	29101.25	30264.19	31425.41
$250,000	n/a	n/a	18570.82	21923.14	23483.52	26523.07	28434.24	30115.58	31686.34	33322.75	34812.29
$375,000	n/a	n/a	n/a	n/a	26923.97	31981.82	34855.49	35911.30	37228.03	39502.08	41826.24
Unlimited	10020.67	14848.70	19588.61	23927.62	27891.65	33270.91	36813.31	40281.41	43676.93	46910.02	50160.38

Age: 89	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4345.92	4700.16	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6920.64	7978.18	8660.74	9023.62	9367.49	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	8443.01	10304.06	11432.45	12360.38	12897.79	13915.58	14306.11	14672.45	15042.24	n/a	n/a
$100,000	10058.69	11862.72	13592.45	14808.96	15667.78	17399.23	17867.52	18328.90	18753.98	19194.62	19569.60
$125,000	10355.90	13205.38	15035.33	16704.58	17928.00	19666.37	20637.50	21541.25	22325.76	23129.28	23950.08
$150,000	n/a	14446.08	16068.67	18107.71	19609.34	21841.92	22667.90	23658.05	24743.23	25361.86	26612.93
$175,000	n/a	14855.62	18213.12	19248.19	21128.26	23481.79	24746.69	25627.97	26669.95	27822.53	29030.40
$200,000	n/a	15140.74	18845.57	20409.41	22241.09	25011.07	26324.35	27680.83	28740.10	29846.02	31086.72
$225,000	n/a	n/a	19293.12	22600.51	23245.06	26265.60	27888.19	29322.43	30786.05	32019.84	33248.45
$250,000	n/a	n/a	19643.90	23188.03	24841.73	28057.54	30079.30	31855.68	33523.20	35256.38	36830.59
$375,000	n/a	n/a	n/a	n/a	28479.17	33830.78	36872.06	37991.81	39382.85	41786.50	44248.90
Unlimited	10599.55	15709.25	20722.18	25311.74	29503.87	35190.72	38942.21	42609.02	46204.99	49626.43	53070.34

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 90	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4586.11	4961.09	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7305.98	8422.27	9141.12	9524.74	9887.62	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	8909.57	10877.76	12066.62	13046.40	13611.46	14688.00	15097.54	15484.61	15876.86	n/a	n/a
$100,000	10616.83	12521.09	14344.13	15631.49	16538.69	18365.18	18859.39	19346.69	19797.70	20260.80	20661.70
$125,000	10931.33	13938.05	15868.22	17630.78	18918.14	20758.46	21781.44	22731.84	23561.28	24408.00	25273.73
$150,000	n/a	15249.60	16960.32	19111.68	20694.53	23051.52	23924.16	24966.14	26111.81	26763.26	28083.46
$175,000	n/a	15679.87	19224.00	20314.37	22301.57	24782.98	26118.72	27048.38	28143.94	29362.18	30635.71
$200,000	n/a	15982.27	19892.74	21541.25	23473.15	26398.66	27784.51	29210.11	30329.86	31497.98	32806.08
$225,000	n/a	n/a	20362.75	23853.31	24534.14	27718.85	29433.02	30945.02	32489.86	33791.04	35088.77
$250,000	n/a	n/a	20734.27	24475.39	26217.22	29612.74	31745.09	33623.42	35379.07	37207.30	38866.18
$375,000	n/a	n/a	n/a	n/a	30056.83	35705.66	38914.56	40094.78	41560.13	44100.29	46697.47
Unlimited	11185.34	16578.43	21869.57	26714.88	31138.56	37139.90	41097.02	44969.47	48758.98	52365.31	55997.57

Age: 91	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4826.30	5220.29	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7686.14	8862.91	9619.78	10024.13	10409.47	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	9376.13	11448.00	12699.07	13730.69	14328.58	15460.42	15888.96	16300.22	16711.49	n/a	n/a
$100,000	11173.25	13176.00	15097.54	16450.56	17406.14	19325.95	19851.26	20361.02	20836.22	21325.25	21743.42
$125,000	11503.30	14668.99	16699.39	18558.72	19911.74	21847.10	22925.38	23924.16	24798.53	25688.45	26600.83
$150,000	n/a	16051.39	17848.51	20115.65	21779.71	24259.39	25180.42	26277.70	27483.84	28171.58	29562.62
$175,000	n/a	16504.13	20231.42	21380.54	23467.97	26084.16	27487.30	28468.80	29624.83	30905.28	32244.48
$200,000	n/a	16820.35	20934.72	22671.36	24703.49	27782.78	29241.22	30744.58	31921.34	33153.41	34530.62
$225,000	n/a	n/a	21428.93	25106.11	25821.50	29173.82	30981.31	32571.07	34197.12	35567.42	36930.82
$250,000	n/a	n/a	21821.18	25759.30	27590.98	31167.94	33410.88	35387.71	37236.67	39159.94	40908.67
$375,000	n/a	n/a	n/a	n/a	31632.77	37582.27	40955.33	42197.76	43742.59	46415.81	49149.50
Unlimited	11772.86	17449.34	23016.96	28116.29	32773.25	39089.09	43253.57	47328.19	51318.14	55116.29	58940.35

Age: 92	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5068.22	5482.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	8074.94	9312.19	10107.07	10530.43	10933.06	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	9851.33	12023.42	13338.43	14421.89	15049.15	16239.74	16694.21	17124.48	17558.21	n/a	n/a
$100,000	11738.30	13844.74	15861.31	17281.73	18285.70	20305.73	20851.78	21389.18	21892.03	22403.52	22842.43
$125,000	12085.63	15406.85	17544.38	19495.30	20917.44	22951.30	24081.41	25133.76	26047.87	26989.63	27945.22
$150,000	n/a	16861.82	18752.26	21131.71	22883.90	25486.27	26450.50	27606.53	28871.42	29593.73	31053.89
$175,000	n/a	17337.02	21256.13	22460.54	24655.10	27402.62	28874.88	29908.22	31121.28	32465.66	33872.26
$200,000	n/a	17672.26	21993.98	23818.75	25952.83	29185.92	30718.66	32298.05	33533.57	34829.57	36275.90
$225,000	n/a	n/a	22514.11	26372.74	27127.87	30646.08	32543.42	34214.40	35923.39	37362.82	38798.78
$250,000	n/a	n/a	22923.65	27060.48	28988.93	32740.42	35097.41	37172.74	39118.46	41138.50	42973.63
$375,000	n/a	n/a	n/a	n/a	33232.90	39479.62	43025.47	44328.38	45956.16	48762.43	51634.37
Unlimited	12369.02	18332.35	24179.90	29536.70	34428.67	41064.19	45441.22	49723.20	53915.33	57907.01	61924.61

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 93	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5320.51	5752.51	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	8474.11	9768.38	10606.46	11050.56	11472.19	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	10338.62	12619.58	14000.26	15135.55	15793.92	17043.26	17518.46	17969.47	18422.21	n/a	n/a
$100,000	12315.46	14525.57	16642.37	18133.63	19189.44	21306.24	21879.94	22444.99	22970.30	23509.44	23969.09
$125,000	12680.06	16168.90	18410.11	20457.79	21949.06	24086.59	25272.00	26374.46	27333.50	28315.01	29320.70
$150,000	n/a	17692.99	19676.74	22173.70	24012.29	26747.71	27760.32	28968.19	30297.02	31053.89	32584.90
$175,000	n/a	18194.11	22306.75	23568.19	25871.62	28753.92	30300.48	31382.21	32654.02	34065.79	35541.50
$200,000	n/a	18543.17	23079.17	24993.79	27233.28	30628.80	32234.11	33892.99	35188.99	36543.74	38059.20
$225,000	n/a	n/a	23625.22	27675.65	28467.07	32161.54	34153.92	35900.93	37694.59	39201.41	40706.50
$250,000	n/a	n/a	24055.49	28397.95	30417.98	34357.82	36832.32	39007.87	41045.18	43165.44	45092.16
$375,000	n/a	n/a	n/a	n/a	34869.31	41430.53	45149.18	46516.03	48219.84	51164.35	54174.53
Unlimited	12977.28	19236.10	25373.95	30995.14	36127.30	43094.59	47685.89	52173.50	56572.99	60761.66	64974.53

Age: 94	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5572.80	6028.99	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	8880.19	10236.67	11111.04	11577.60	12018.24	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	10831.10	13222.66	14667.26	15857.86	16545.60	17855.42	18354.82	18826.56	19301.76	n/a	n/a
$100,000	12902.98	15220.22	17438.98	19001.09	20103.55	22327.49	22925.38	23516.35	24064.13	24629.18	25109.57
$125,000	13286.59	16941.31	19289.66	21434.11	22997.95	25233.98	26474.69	27632.45	28638.14	29668.03	30720.38
$150,000	n/a	18537.98	20615.04	23232.96	25157.95	28019.52	29080.51	30350.59	31743.36	32538.24	34141.82
$175,000	n/a	19061.57	23369.47	24693.12	27108.86	30125.95	31746.82	32880.38	34210.94	35690.11	37236.67
$200,000	n/a	19427.90	24179.90	26184.38	28532.74	32088.96	33773.76	35506.94	36865.15	38290.75	39877.06
$225,000	n/a	n/a	24753.60	28995.84	29825.28	33696.00	35779.97	37615.10	39493.44	41074.56	42653.95
$250,000	n/a	n/a	25202.88	29750.98	31869.50	35994.24	38587.97	40870.66	43004.74	45226.94	47246.98
$375,000	n/a	n/a	n/a	n/a	36535.10	43403.90	47302.27	48736.51	50523.26	53609.47	56764.80
Unlimited	13597.63	20153.66	26585.28	32472.58	37848.38	45149.18	49958.21	54665.28	59273.86	63661.25	68078.02

Age: 95+	20 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	6357.31	6877.44	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	10126.08	11676.10	12673.15	13205.38	13709.95	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	12355.20	15078.53	16727.04	18088.70	18874.94	20366.21	20932.99	21473.86	22016.45	n/a	n/a
$100,000	14719.10	17359.49	19887.55	21670.85	22930.56	25462.08	26149.82	26825.47	27451.01	28097.28	28650.24
$125,000	15156.29	19320.77	21999.17	24447.74	26231.04	28781.57	30200.26	31518.72	32667.84	33844.61	35045.57
$150,000	n/a	21143.81	23516.35	26497.15	28693.44	31959.36	33170.69	34620.48	36208.51	37113.98	38947.39
$175,000	n/a	21739.97	26656.13	28166.40	30919.10	34363.01	36211.97	37504.51	39028.61	40716.86	42479.42
$200,000	n/a	22156.42	27582.34	29866.75	32545.15	36600.77	38522.30	40502.59	42054.34	43678.66	45491.33
$225,000	n/a	n/a	28233.79	33072.19	34017.41	38430.72	40811.90	42907.97	45050.69	46854.72	48655.30
$250,000	n/a	n/a	28747.01	33934.46	36350.21	41055.55	44013.89	46617.98	49056.19	51591.17	53892.86
$375,000	n/a	n/a	n/a	n/a	41672.45	49507.20	53955.07	55591.49	57632.26	61153.92	64755.07
Unlimited	15507.07	22985.86	30322.94	37039.68	43174.08	51496.13	56982.53	62349.70	67604.54	72607.10	77644.22

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 18-44	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	55.30	60.48	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	93.31	103.68	112.32	115.78	119.23	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	115.78	138.24	150.34	158.98	165.89	179.71	184.90	190.08	191.81	n/a	n/a
$100,000	138.24	162.43	183.17	196.99	203.90	222.91	229.82	233.28	238.46	240.19	241.92
$125,000	143.42	179.71	205.63	226.37	236.74	259.20	266.11	278.21	288.58	300.67	311.04
$150,000	n/a	198.72	217.73	247.10	266.11	290.30	298.94	309.31	323.14	333.50	347.33
$175,000	n/a	203.90	250.56	262.66	290.30	317.95	333.50	340.42	352.51	362.88	378.43
$200,000	n/a	209.09	257.47	278.21	302.40	342.14	355.97	371.52	383.62	395.71	407.81
$225,000	n/a	n/a	264.38	309.31	317.95	361.15	381.89	397.44	414.72	428.54	438.91
$250,000	n/a	n/a	269.57	317.95	343.87	383.62	411.26	435.46	456.19	475.20	495.94
$375,000	n/a	n/a	n/a	n/a	393.98	466.56	508.03	523.58	540.86	578.88	611.71
Unlimited	145.15	217.73	283.39	349.06	406.08	485.57	537.41	587.52	635.90	682.56	725.76

Age: 45-49	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	77.76	82.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	129.60	139.97	152.06	158.98	164.16	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	157.25	188.35	202.18	216.00	226.37	243.65	250.56	257.47	262.66	n/a	n/a
$100,000	186.62	221.18	248.83	266.11	278.21	305.86	312.77	321.41	330.05	336.96	342.14
$125,000	193.54	247.10	279.94	307.58	324.86	350.78	364.61	376.70	392.26	407.81	421.63
$150,000	n/a	269.57	300.67	340.42	361.15	397.44	406.08	418.18	433.73	451.01	468.29
$175,000	n/a	278.21	343.87	357.70	393.98	432.00	451.01	463.10	475.20	494.21	509.76
$200,000	n/a	283.39	354.24	380.16	414.72	464.83	487.30	508.03	521.86	535.68	552.96
$225,000	n/a	n/a	364.61	423.36	433.73	489.02	520.13	542.59	565.06	580.61	599.62
$250,000	n/a	n/a	369.79	435.46	464.83	521.86	561.60	594.43	618.62	646.27	672.19
$375,000	n/a	n/a	n/a	n/a	533.95	634.18	692.93	713.66	736.13	782.78	829.44
Unlimited	198.72	293.76	387.07	475.20	556.42	661.82	732.67	803.52	869.18	933.12	995.33

Age: 50	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	86.40	95.04	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	143.42	158.98	172.80	179.71	186.62	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	177.98	214.27	231.55	247.10	255.74	274.75	285.12	290.30	298.94	n/a	n/a
$100,000	212.54	250.56	281.66	302.40	316.22	345.60	352.51	361.15	371.52	378.43	383.62
$125,000	219.46	279.94	316.22	347.33	369.79	399.17	411.26	426.82	442.37	459.65	475.20
$150,000	n/a	305.86	340.42	383.62	409.54	449.28	461.38	475.20	494.21	509.76	527.04
$175,000	n/a	316.22	385.34	407.81	447.55	490.75	511.49	523.58	539.14	558.14	575.42
$200,000	n/a	323.14	399.17	430.27	470.02	527.04	551.23	573.70	587.52	603.07	622.08
$225,000	n/a	n/a	411.26	480.38	492.48	556.42	589.25	613.44	635.90	656.64	675.65
$250,000	n/a	n/a	416.45	492.48	527.04	592.70	635.90	672.19	701.57	730.94	755.14
$375,000	n/a	n/a	n/a	n/a	609.98	720.58	784.51	806.98	832.90	883.01	933.12
Unlimited	224.64	333.50	438.91	535.68	628.99	749.95	831.17	908.93	984.96	1057.54	1128.38

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 51	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	91.58	98.50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	150.34	169.34	183.17	190.08	196.99	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	188.35	226.37	245.38	260.93	269.57	290.30	300.67	307.58	314.50	n/a	n/a
$100,000	222.91	264.38	300.67	319.68	331.78	366.34	374.98	383.62	392.26	402.62	409.54
$125,000	231.55	295.49	336.96	368.06	387.07	419.90	435.46	451.01	468.29	485.57	501.12
$150,000	n/a	323.14	357.70	404.35	433.73	475.20	487.30	502.85	518.40	539.14	558.14
$175,000	n/a	335.23	409.54	430.27	471.74	520.13	542.59	552.96	571.97	589.25	609.98
$200,000	n/a	342.14	423.36	457.92	495.94	558.14	582.34	608.26	623.81	641.09	661.82
$225,000	n/a	n/a	435.46	508.03	520.13	587.52	622.08	649.73	672.19	694.66	715.39
$250,000	n/a	n/a	442.37	521.86	558.14	627.26	672.19	710.21	741.31	772.42	801.79
$375,000	n/a	n/a	n/a	n/a	641.09	760.32	831.17	855.36	884.74	934.85	995.33
Unlimited	236.74	352.51	464.83	570.24	667.01	794.88	879.55	959.04	1040.26	1116.29	1190.59

Age: 52	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	98.50	105.41	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	162.43	177.98	190.08	200.45	207.36	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	196.99	240.19	259.20	273.02	286.85	307.58	317.95	326.59	335.23	n/a	n/a
$100,000	236.74	281.66	316.22	336.96	350.78	383.62	395.71	407.81	418.18	425.09	433.73
$125,000	243.65	312.77	355.97	388.80	409.54	442.37	461.38	478.66	494.21	511.49	533.95
$150,000	n/a	343.87	380.16	426.82	457.92	502.85	514.94	530.50	551.23	570.24	590.98
$175,000	n/a	352.51	432.00	451.01	497.66	547.78	571.97	584.06	599.62	622.08	646.27
$200,000	n/a	359.42	449.28	483.84	523.58	587.52	615.17	641.09	660.10	675.65	698.11
$225,000	n/a	n/a	459.65	535.68	551.23	622.08	656.64	686.02	713.66	736.13	758.59
$250,000	n/a	n/a	468.29	552.96	587.52	661.82	710.21	748.22	784.51	817.34	850.18
$375,000	n/a	n/a	n/a	n/a	677.38	803.52	876.10	903.74	933.12	993.60	1050.62
Unlimited	250.56	371.52	490.75	601.34	703.30	839.81	929.66	1016.06	1099.01	1178.50	1256.26

Age: 53	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	100.22	112.32	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	169.34	190.08	202.18	210.82	217.73	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	209.09	252.29	271.30	286.85	300.67	324.86	333.50	342.14	349.06	n/a	n/a
$100,000	250.56	293.76	333.50	357.70	369.79	406.08	416.45	425.09	435.46	445.82	454.46
$125,000	259.20	330.05	374.98	407.81	430.27	466.56	485.57	501.12	520.13	542.59	561.60
$150,000	n/a	361.15	400.90	449.28	482.11	530.50	540.86	559.87	578.88	603.07	625.54
$175,000	n/a	373.25	456.19	478.66	523.58	575.42	603.07	616.90	635.90	658.37	682.56
$200,000	n/a	378.43	470.02	508.03	551.23	620.35	648.00	673.92	694.66	715.39	737.86
$225,000	n/a	n/a	483.84	565.06	577.15	654.91	691.20	722.30	751.68	774.14	796.61
$250,000	n/a	n/a	492.48	580.61	622.08	698.11	748.22	789.70	824.26	862.27	893.38
$375,000	n/a	n/a	n/a	n/a	713.66	846.72	924.48	950.40	983.23	1043.71	1104.19
Unlimited	264.38	390.53	516.67	634.18	739.58	881.28	976.32	1069.63	1157.76	1242.43	1325.38

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 54	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	115.78	124.42	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	195.26	217.73	233.28	243.65	252.29	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	238.46	290.30	311.04	333.50	345.60	374.98	385.34	393.98	406.08	n/a	n/a
$100,000	288.58	336.96	383.62	407.81	425.09	468.29	478.66	490.75	501.12	509.76	520.13
$125,000	295.49	376.70	428.54	471.74	497.66	537.41	556.42	577.15	596.16	618.62	637.63
$150,000	n/a	414.72	457.92	516.67	552.96	609.98	622.08	639.36	661.82	686.02	708.48
$175,000	n/a	426.82	523.58	551.23	604.80	663.55	691.20	706.75	724.03	749.95	775.87
$200,000	n/a	435.46	539.14	584.06	635.90	715.39	744.77	774.14	793.15	813.89	838.08
$225,000	n/a	n/a	554.69	649.73	663.55	749.95	796.61	829.44	858.82	884.74	908.93
$250,000	n/a	n/a	566.78	668.74	713.66	801.79	857.09	903.74	943.49	981.50	1016.06
$375,000	n/a	n/a	n/a	n/a	820.80	974.59	1064.45	1090.37	1124.93	1188.86	1257.98
Unlimited	302.40	451.01	597.89	727.49	850.18	1016.06	1124.93	1228.61	1330.56	1430.78	1524.10

Age: 55	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	120.96	131.33	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	202.18	224.64	243.65	254.02	262.66	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	250.56	302.40	326.59	345.60	359.42	388.80	400.90	411.26	421.63	n/a	n/a
$100,000	297.22	354.24	399.17	425.09	442.37	489.02	499.39	511.49	525.31	537.41	546.05
$125,000	309.31	395.71	447.55	492.48	520.13	561.60	584.06	603.07	627.26	646.27	670.46
$150,000	n/a	432.00	476.93	539.14	578.88	637.63	649.73	670.46	696.38	720.58	744.77
$175,000	n/a	445.82	547.78	573.70	630.72	691.20	722.30	737.86	762.05	787.97	812.16
$200,000	n/a	454.46	566.78	611.71	663.55	743.04	775.87	808.70	831.17	853.63	879.55
$225,000	n/a	n/a	578.88	677.38	692.93	782.78	831.17	865.73	900.29	927.94	953.86
$250,000	n/a	n/a	590.98	694.66	744.77	836.35	898.56	946.94	988.42	1033.34	1069.63
$375,000	n/a	n/a	n/a	n/a	857.09	1017.79	1107.65	1140.48	1176.77	1247.62	1320.19
Unlimited	314.50	470.02	623.81	760.32	884.74	1060.99	1173.31	1282.18	1385.86	1489.54	1586.30

Age: 56	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	134.78	148.61	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	228.10	254.02	273.02	283.39	293.76	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	279.94	340.42	368.06	388.80	406.08	438.91	451.01	463.10	473.47	n/a	n/a
$100,000	338.69	397.44	449.28	480.38	497.66	547.78	563.33	577.15	587.52	601.34	613.44
$125,000	350.78	444.10	502.85	552.96	582.34	630.72	654.91	677.38	703.30	727.49	753.41
$150,000	n/a	483.84	537.41	608.26	649.73	715.39	732.67	755.14	781.06	808.70	838.08
$175,000	n/a	501.12	611.71	644.54	708.48	779.33	812.16	829.44	851.90	881.28	912.38
$200,000	n/a	509.76	635.90	684.29	746.50	838.08	874.37	908.93	933.12	959.04	986.69
$225,000	n/a	n/a	651.46	763.78	781.06	881.28	934.85	971.14	1012.61	1041.98	1067.90
$250,000	n/a	n/a	663.55	782.78	838.08	940.03	1012.61	1064.45	1111.10	1157.76	1200.96
$375,000	n/a	n/a	n/a	n/a	964.22	1143.94	1247.62	1282.18	1321.92	1403.14	1482.62
Unlimited	357.70	528.77	699.84	855.36	997.06	1192.32	1320.19	1442.88	1562.11	1679.62	1790.21

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 57	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	146.88	158.98	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	245.38	273.02	293.76	305.86	317.95	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	302.40	366.34	395.71	418.18	437.18	471.74	485.57	497.66	511.49	n/a	n/a
$100,000	364.61	426.82	483.84	516.67	535.68	589.25	604.80	620.35	634.18	648.00	661.82
$125,000	376.70	476.93	539.14	592.70	625.54	677.38	705.02	729.22	758.59	787.97	813.89
$150,000	n/a	523.58	578.88	651.46	698.11	768.96	784.51	812.16	843.26	874.37	905.47
$175,000	n/a	535.68	660.10	692.93	760.32	836.35	872.64	893.38	919.30	952.13	986.69
$200,000	n/a	551.23	684.29	734.40	801.79	900.29	938.30	979.78	1005.70	1036.80	1067.90
$225,000	n/a	n/a	699.84	819.07	838.08	945.22	1003.97	1047.17	1090.37	1124.93	1157.76
$250,000	n/a	n/a	711.94	839.81	900.29	1009.15	1083.46	1145.66	1199.23	1251.07	1297.73
$375,000	n/a	n/a	n/a	n/a	1036.80	1228.61	1340.93	1378.94	1427.33	1515.46	1607.04
Unlimited	383.62	568.51	749.95	917.57	1071.36	1280.45	1420.42	1551.74	1681.34	1804.03	1928.45

Age: 58	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	157.25	171.07	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	262.66	290.30	314.50	326.59	340.42	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	323.14	392.26	419.90	445.82	466.56	502.85	518.40	532.22	546.05	n/a	n/a
$100,000	388.80	456.19	516.67	551.23	573.70	628.99	646.27	661.82	679.10	694.66	708.48
$125,000	402.62	509.76	578.88	635.90	672.19	725.76	751.68	779.33	806.98	838.08	867.46
$150,000	n/a	558.14	618.62	696.38	746.50	822.53	839.81	865.73	896.83	931.39	964.22
$175,000	n/a	577.15	703.30	741.31	813.89	893.38	933.12	955.58	983.23	1017.79	1052.35
$200,000	n/a	585.79	729.22	787.97	857.09	959.04	1003.97	1048.90	1073.09	1104.19	1137.02
$225,000	n/a	n/a	746.50	874.37	895.10	1012.61	1071.36	1119.74	1162.94	1197.50	1232.06
$250,000	n/a	n/a	760.32	898.56	959.04	1080.00	1159.49	1223.42	1278.72	1334.02	1380.67
$375,000	n/a	n/a	n/a	n/a	1104.19	1313.28	1432.51	1473.98	1518.91	1610.50	1708.99
Unlimited	411.26	609.98	803.52	983.23	1145.66	1366.85	1515.46	1658.88	1793.66	1930.18	2058.05

Age: 59	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	177.98	190.08	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	297.22	328.32	352.51	368.06	383.62	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	366.34	440.64	476.93	504.58	527.04	570.24	584.06	599.62	613.44	n/a	n/a
$100,000	437.18	514.94	582.34	622.08	646.27	711.94	729.22	748.22	767.23	784.51	800.06
$125,000	451.01	575.42	653.18	718.85	755.14	819.07	850.18	877.82	908.93	943.49	972.86
$150,000	n/a	630.72	696.38	786.24	843.26	927.94	946.94	976.32	1012.61	1045.44	1083.46
$175,000	n/a	649.73	798.34	838.08	917.57	1012.61	1055.81	1074.82	1105.92	1145.66	1181.95
$200,000	n/a	663.55	824.26	889.92	964.22	1086.91	1133.57	1178.50	1207.87	1242.43	1280.45
$225,000	n/a	n/a	844.99	990.14	1010.88	1143.94	1211.33	1263.17	1311.55	1347.84	1385.86
$250,000	n/a	n/a	860.54	1014.34	1086.91	1221.70	1308.10	1382.40	1441.15	1498.18	1551.74
$375,000	n/a	n/a	n/a	n/a	1251.07	1484.35	1615.68	1664.06	1714.18	1812.67	1921.54
Unlimited	463.10	686.02	905.47	1107.65	1296.00	1543.10	1712.45	1873.15	2026.94	2177.28	2324.16

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 60	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	196.99	214.27	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	330.05	366.34	395.71	411.26	425.09	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	407.81	492.48	530.50	561.60	585.79	634.18	649.73	668.74	684.29	n/a	n/a
$100,000	487.30	575.42	649.73	692.93	720.58	791.42	812.16	834.62	855.36	874.37	889.92
$125,000	502.85	641.09	727.49	798.34	843.26	912.38	946.94	981.50	1017.79	1054.08	1092.10
$150,000	n/a	703.30	779.33	877.82	936.58	1035.07	1057.54	1090.37	1130.11	1171.58	1211.33
$175,000	n/a	724.03	884.74	929.66	1024.70	1124.93	1175.04	1199.23	1237.25	1282.18	1325.38
$200,000	n/a	737.86	917.57	991.87	1078.27	1209.60	1263.17	1316.74	1351.30	1389.31	1432.51
$225,000	n/a	n/a	941.76	1102.46	1126.66	1273.54	1347.84	1408.32	1463.62	1508.54	1551.74
$250,000	n/a	n/a	957.31	1130.11	1211.33	1358.21	1460.16	1537.92	1607.04	1679.62	1738.37
$375,000	n/a	n/a	n/a	n/a	1391.04	1651.97	1802.30	1855.87	1914.62	2028.67	2151.36
Unlimited	514.94	767.23	1010.88	1235.52	1441.15	1722.82	1907.71	2087.42	2261.95	2429.57	2593.73

Age: 61	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	212.54	229.82	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	354.24	393.98	423.36	442.37	459.65	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	438.91	530.50	571.97	606.53	632.45	682.56	701.57	720.58	736.13	n/a	n/a
$100,000	525.31	616.90	698.11	744.77	774.14	853.63	874.37	898.56	919.30	941.76	960.77
$125,000	542.59	691.20	782.78	860.54	907.20	981.50	1019.52	1055.81	1095.55	1133.57	1175.04
$150,000	n/a	756.86	838.08	941.76	1009.15	1112.83	1135.30	1173.31	1214.78	1259.71	1306.37
$175,000	n/a	781.06	953.86	1002.24	1104.19	1211.33	1264.90	1289.09	1330.56	1375.49	1423.87
$200,000	n/a	794.88	990.14	1067.90	1159.49	1302.91	1361.66	1416.96	1454.98	1496.45	1543.10
$225,000	n/a	n/a	1012.61	1185.41	1214.78	1372.03	1454.98	1515.46	1574.21	1622.59	1667.52
$250,000	n/a	n/a	1031.62	1218.24	1302.91	1463.62	1569.02	1657.15	1728.00	1804.03	1871.42
$375,000	n/a	n/a	n/a	n/a	1499.90	1778.11	1942.27	1995.84	2059.78	2184.19	2313.79
Unlimited	554.69	824.26	1086.91	1330.56	1551.74	1855.87	2054.59	2244.67	2429.57	2611.01	2787.26

Age: 62	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	235.01	254.02	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	388.80	432.00	463.10	483.84	501.12	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	480.38	578.88	627.26	663.55	691.20	744.77	768.96	791.42	812.16	n/a	n/a
$100,000	577.15	675.65	765.50	817.34	850.18	933.12	957.31	984.96	1007.42	1028.16	1050.62
$125,000	596.16	756.86	857.09	943.49	993.60	1076.54	1116.29	1156.03	1197.50	1240.70	1283.90
$150,000	n/a	831.17	917.57	1033.34	1109.38	1219.97	1244.16	1285.63	1328.83	1378.94	1425.60
$175,000	n/a	853.63	1048.90	1099.01	1207.87	1328.83	1384.13	1415.23	1456.70	1505.09	1556.93
$200,000	n/a	870.91	1085.18	1169.86	1271.81	1429.06	1489.54	1553.47	1593.22	1636.42	1688.26
$225,000	n/a	n/a	1111.10	1301.18	1330.56	1501.63	1591.49	1658.88	1726.27	1776.38	1824.77
$250,000	n/a	n/a	1130.11	1332.29	1427.33	1601.86	1721.09	1814.40	1892.16	1976.83	2047.68
$375,000	n/a	n/a	n/a	n/a	1645.06	1950.91	2125.44	2185.92	2255.04	2393.28	2533.25
Unlimited	611.71	900.29	1188.86	1458.43	1700.35	2032.13	2248.13	2458.94	2662.85	2861.57	3053.38

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 63	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	266.11	285.12	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	440.64	490.75	525.31	547.78	568.51	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	542.59	656.64	708.48	749.95	782.78	846.72	869.18	889.92	914.11	n/a	n/a
$100,000	651.46	763.78	865.73	922.75	960.77	1057.54	1083.46	1112.83	1138.75	1166.40	1187.14
$125,000	670.46	855.36	969.41	1064.45	1123.20	1218.24	1261.44	1304.64	1353.02	1401.41	1448.06
$150,000	n/a	936.58	1036.80	1169.86	1251.07	1380.67	1406.59	1449.79	1499.90	1555.20	1607.04
$175,000	n/a	965.95	1181.95	1242.43	1363.39	1501.63	1565.57	1598.40	1641.60	1696.90	1755.65
$200,000	n/a	984.96	1225.15	1323.65	1439.42	1613.95	1683.07	1752.19	1797.12	1847.23	1900.80
$225,000	n/a	n/a	1254.53	1468.80	1503.36	1700.35	1800.58	1874.88	1947.46	2004.48	2058.05
$250,000	n/a	n/a	1278.72	1508.54	1612.22	1810.94	1945.73	2049.41	2140.99	2229.12	2306.88
$375,000	n/a	n/a	n/a	n/a	1857.60	2204.93	2400.19	2469.31	2547.07	2697.41	2854.66
Unlimited	687.74	1019.52	1344.38	1645.06	1923.26	2298.24	2541.89	2778.62	3010.18	3231.36	3447.36

Age: 64	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	293.76	319.68	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	492.48	544.32	585.79	611.71	635.90	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	606.53	730.94	789.70	838.08	872.64	941.76	967.68	993.60	1021.25	n/a	n/a
$100,000	727.49	850.18	965.95	1029.89	1069.63	1176.77	1209.60	1240.70	1270.08	1301.18	1327.10
$125,000	749.95	952.13	1080.00	1188.86	1252.80	1356.48	1406.59	1458.43	1512.00	1567.30	1626.05
$150,000	n/a	1045.44	1156.03	1304.64	1394.50	1537.92	1569.02	1619.14	1681.34	1741.82	1804.03
$175,000	n/a	1078.27	1320.19	1384.13	1520.64	1674.43	1748.74	1785.02	1836.86	1904.26	1969.92
$200,000	n/a	1097.28	1363.39	1475.71	1601.86	1798.85	1878.34	1957.82	2009.66	2066.69	2134.08
$225,000	n/a	n/a	1397.95	1638.14	1676.16	1895.62	2007.94	2096.06	2177.28	2244.67	2308.61
$250,000	n/a	n/a	1427.33	1681.34	1798.85	2020.03	2170.37	2289.60	2393.28	2498.69	2586.82
$375,000	n/a	n/a	n/a	n/a	2071.87	2457.22	2680.13	2759.62	2849.47	3022.27	3200.26
Unlimited	767.23	1137.02	1501.63	1835.14	2144.45	2560.90	2835.65	3101.76	3359.23	3611.52	3851.71

Age: 65	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	324.86	350.78	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	540.86	599.62	646.27	673.92	701.57	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	670.46	806.98	869.18	922.75	962.50	1038.53	1069.63	1097.28	1124.93	n/a	n/a
$100,000	801.79	940.03	1067.90	1138.75	1181.95	1299.46	1334.02	1368.58	1399.68	1434.24	1461.89
$125,000	825.98	1050.62	1190.59	1311.55	1382.40	1496.45	1551.74	1608.77	1665.79	1726.27	1786.75
$150,000	n/a	1150.85	1276.99	1439.42	1539.65	1696.90	1731.46	1786.75	1850.69	1919.81	1987.20
$175,000	n/a	1187.14	1456.70	1529.28	1679.62	1847.23	1928.45	1968.19	2025.22	2096.06	2168.64
$200,000	n/a	1213.06	1506.82	1624.32	1767.74	1985.47	2073.60	2156.54	2215.30	2277.50	2350.08
$225,000	n/a	n/a	1544.83	1807.49	1847.23	2090.88	2213.57	2310.34	2400.19	2472.77	2541.89
$250,000	n/a	n/a	1572.48	1855.87	1985.47	2229.12	2393.28	2524.61	2638.66	2749.25	2849.47
$375,000	n/a	n/a	n/a	n/a	2284.42	2711.23	2958.34	3041.28	3138.05	3328.13	3525.12
Unlimited	848.45	1256.26	1657.15	2026.94	2365.63	2825.28	3129.41	3421.44	3710.02	3983.04	4252.61

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 66	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	359.42	390.53	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	601.34	668.74	717.12	746.50	775.87	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	743.04	896.83	967.68	1026.43	1066.18	1154.30	1183.68	1216.51	1247.62	n/a	n/a
$100,000	889.92	1045.44	1181.95	1264.90	1311.55	1441.15	1480.90	1518.91	1555.20	1593.22	1622.59
$125,000	915.84	1166.40	1323.65	1453.25	1534.46	1660.61	1721.09	1785.02	1848.96	1918.08	1985.47
$150,000	n/a	1278.72	1416.96	1594.94	1710.72	1883.52	1919.81	1982.02	2052.86	2132.35	2204.93
$175,000	n/a	1318.46	1613.95	1695.17	1866.24	2051.14	2137.54	2184.19	2249.86	2325.89	2407.10
$200,000	n/a	1344.38	1672.70	1804.03	1963.01	2201.47	2299.97	2393.28	2458.94	2526.34	2607.55
$225,000	n/a	n/a	1712.45	2004.48	2052.86	2320.70	2457.22	2566.08	2664.58	2745.79	2825.28
$250,000	n/a	n/a	1745.28	2056.32	2203.20	2474.50	2654.21	2801.09	2927.23	3053.38	3165.70
$375,000	n/a	n/a	n/a	n/a	2534.98	3010.18	3279.74	3371.33	3481.92	3692.74	3908.74
Unlimited	938.30	1391.04	1836.86	2244.67	2624.83	3136.32	3471.55	3794.69	4110.91	4416.77	4710.53

Age: 67	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	395.71	426.82	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	661.82	734.40	789.70	820.80	853.63	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	817.34	983.23	1062.72	1124.93	1173.31	1268.35	1302.91	1335.74	1370.30	n/a	n/a
$100,000	974.59	1143.94	1299.46	1387.58	1441.15	1582.85	1627.78	1669.25	1708.99	1748.74	1785.02
$125,000	1007.42	1280.45	1454.98	1598.40	1684.80	1823.04	1890.43	1959.55	2028.67	2101.25	2175.55
$150,000	n/a	1403.14	1555.20	1752.19	1876.61	2066.69	2111.62	2175.55	2253.31	2337.98	2419.20
$175,000	n/a	1449.79	1774.66	1866.24	2045.95	2251.58	2348.35	2396.74	2467.58	2550.53	2638.66
$200,000	n/a	1475.71	1835.14	1983.74	2153.09	2419.20	2526.34	2628.29	2697.41	2773.44	2858.11
$225,000	n/a	n/a	1880.06	2204.93	2255.04	2548.80	2700.86	2814.91	2925.50	3011.90	3094.85
$250,000	n/a	n/a	1918.08	2261.95	2419.20	2718.14	2913.41	3074.11	3212.35	3348.86	3471.55
$375,000	n/a	n/a	n/a	n/a	2785.54	3305.66	3602.88	3703.10	3825.79	4053.89	4290.62
Unlimited	1031.62	1529.28	2020.03	2469.31	2884.03	3443.90	3815.42	4174.85	4522.18	4857.41	5182.27

Age: 68	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	435.46	471.74	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	727.49	808.70	869.18	903.74	941.76	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	896.83	1085.18	1171.58	1240.70	1292.54	1396.22	1435.97	1473.98	1512.00	n/a	n/a
$100,000	1076.54	1264.90	1432.51	1529.28	1588.03	1745.28	1791.94	1840.32	1881.79	1926.72	1961.28
$125,000	1111.10	1411.78	1603.58	1762.56	1859.33	2013.12	2085.70	2163.46	2241.22	2320.70	2405.38
$150,000	n/a	1548.29	1715.90	1931.90	2071.87	2280.96	2327.62	2401.92	2490.05	2583.36	2673.22
$175,000	n/a	1598.40	1957.82	2051.14	2258.50	2481.41	2588.54	2645.57	2723.33	2821.82	2918.59
$200,000	n/a	1627.78	2025.22	2185.92	2377.73	2666.30	2787.26	2903.04	2979.07	3062.02	3158.78
$225,000	n/a	n/a	2075.33	2429.57	2486.59	2809.73	2975.62	3106.94	3229.63	3322.94	3419.71
$250,000	n/a	n/a	2115.07	2491.78	2668.03	2996.35	3217.54	3392.06	3545.86	3697.92	3834.43
$375,000	n/a	n/a	n/a	n/a	3072.38	3642.62	3970.94	4086.72	4218.05	4473.79	4739.90
Unlimited	1137.02	1686.53	2225.66	2723.33	3179.52	3796.42	4207.68	4599.94	4983.55	5355.07	5709.31

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 69	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	487.30	527.04	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	812.16	902.02	967.68	1010.88	1048.90	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1005.70	1209.60	1308.10	1385.86	1444.61	1558.66	1605.31	1645.06	1688.26	n/a	n/a
$100,000	1200.96	1408.32	1598.40	1707.26	1772.93	1947.46	2002.75	2054.59	2101.25	2153.09	2194.56
$125,000	1242.43	1577.66	1788.48	1968.19	2073.60	2246.40	2329.34	2414.02	2505.60	2595.46	2690.50
$150,000	n/a	1731.46	1912.90	2158.27	2312.06	2545.34	2598.91	2683.58	2780.35	2885.76	2989.44
$175,000	n/a	1781.57	2184.19	2294.78	2521.15	2771.71	2892.67	2954.88	3043.01	3150.14	3260.74
$200,000	n/a	1817.86	2258.50	2438.21	2652.48	2979.07	3110.40	3240.00	3328.13	3421.44	3530.30
$225,000	n/a	n/a	2315.52	2711.23	2775.17	3134.59	3322.94	3469.82	3606.34	3716.93	3822.34
$250,000	n/a	n/a	2358.72	2782.08	2977.34	3343.68	3590.78	3787.78	3960.58	4133.38	4283.71
$375,000	n/a	n/a	n/a	n/a	3426.62	4067.71	4434.05	4563.65	4713.98	5000.83	5294.59
Unlimited	1270.08	1885.25	2484.86	3039.55	3549.31	4238.78	4696.70	5133.89	5562.43	5973.70	6372.86

Age: 70	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	537.41	580.61	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	898.56	997.06	1071.36	1116.29	1161.22	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1107.65	1337.47	1444.61	1531.01	1594.94	1721.09	1771.20	1816.13	1861.06	n/a	n/a
$100,000	1325.38	1558.66	1764.29	1886.98	1957.82	2153.09	2210.11	2268.86	2322.43	2381.18	2426.11
$125,000	1370.30	1741.82	1975.10	2172.10	2289.60	2479.68	2572.99	2664.58	2763.07	2859.84	2961.79
$150,000	n/a	1911.17	2113.34	2382.91	2553.98	2809.73	2866.75	2960.06	3065.47	3179.52	3291.84
$175,000	n/a	1968.19	2408.83	2531.52	2783.81	3060.29	3193.34	3262.46	3357.50	3473.28	3594.24
$200,000	n/a	2006.21	2491.78	2692.22	2927.23	3286.66	3433.54	3573.50	3668.54	3773.95	3889.73
$225,000	n/a	n/a	2559.17	2992.90	3063.74	3462.91	3668.54	3825.79	3977.86	4097.09	4211.14
$250,000	n/a	n/a	2604.10	3072.38	3286.66	3694.46	3964.03	4178.30	4368.38	4556.74	4720.90
$375,000	n/a	n/a	n/a	n/a	3786.05	4489.34	4895.42	5035.39	5199.55	5510.59	5837.18
Unlimited	1399.68	2078.78	2744.06	3354.05	3919.10	4677.70	5182.27	5667.84	6137.86	6590.59	7029.50

Age: 71	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	597.89	646.27	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1000.51	1109.38	1192.32	1244.16	1290.82	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1233.79	1487.81	1607.04	1705.54	1776.38	1918.08	1969.92	2020.03	2071.87	n/a	n/a
$100,000	1477.44	1733.18	1966.46	2097.79	2180.74	2395.01	2462.40	2526.34	2586.82	2649.02	2700.86
$125,000	1524.10	1938.82	2199.74	2419.20	2548.80	2759.62	2861.57	2966.98	3075.84	3186.43	3300.48
$150,000	n/a	2125.44	2351.81	2650.75	2842.56	3127.68	3191.62	3295.30	3412.80	3542.40	3665.09
$175,000	n/a	2191.10	2683.58	2818.37	3098.30	3407.62	3554.50	3628.80	3734.21	3865.54	3998.59
$200,000	n/a	2230.85	2778.62	2999.81	3259.01	3661.63	3822.34	3979.58	4086.72	4200.77	4332.10
$225,000	n/a	n/a	2846.02	3333.31	3409.34	3855.17	4084.99	4259.52	4428.86	4558.46	4686.34
$250,000	n/a	n/a	2899.58	3419.71	3659.90	4112.64	4411.58	4653.50	4860.86	5068.22	5254.85
$375,000	n/a	n/a	n/a	n/a	4212.86	4997.38	5451.84	5609.09	5788.80	6136.13	6499.01
Unlimited	1558.66	2312.06	3053.38	3735.94	4361.47	5208.19	5773.25	6312.38	6837.70	7349.18	7841.66

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 72	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	658.37	713.66	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1102.46	1223.42	1313.28	1368.58	1420.42	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1358.21	1641.60	1771.20	1876.61	1956.10	2111.62	2168.64	2227.39	2279.23	n/a	n/a
$100,000	1626.05	1911.17	2166.91	2313.79	2401.92	2638.66	2709.50	2780.35	2844.29	2911.68	2970.43
$125,000	1679.62	2135.81	2424.38	2664.58	2808.00	3041.28	3153.60	3265.92	3385.15	3509.57	3630.53
$150,000	n/a	2344.90	2592.00	2918.59	3131.14	3447.36	3518.21	3630.53	3760.13	3900.10	4038.34
$175,000	n/a	2414.02	2956.61	3105.22	3414.53	3751.49	3915.65	3996.86	4117.82	4259.52	4404.67
$200,000	n/a	2460.67	3058.56	3302.21	3594.24	4033.15	4211.14	4385.66	4499.71	4624.13	4771.01
$225,000	n/a	n/a	3134.59	3672.00	3758.40	4243.97	4499.71	4694.98	4878.14	5023.30	5164.99
$250,000	n/a	n/a	3193.34	3767.04	4033.15	4529.09	4860.86	5126.98	5356.80	5588.35	5790.53
$375,000	n/a	n/a	n/a	n/a	4641.41	5507.14	6006.53	6175.87	6378.05	6761.66	7160.83
Unlimited	1717.63	2548.80	3366.14	4116.10	4803.84	5738.69	6357.31	6955.20	7534.08	8092.22	8634.82

Age: 73	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	734.40	794.88	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1228.61	1363.39	1467.07	1527.55	1586.30	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1517.18	1829.95	1973.38	2090.88	2182.46	2355.26	2420.93	2483.14	2547.07	n/a	n/a
$100,000	1814.40	2130.62	2415.74	2579.90	2678.40	2942.78	3024.00	3101.76	3174.34	3250.37	3316.03
$125,000	1873.15	2382.91	2704.32	2970.43	3132.86	3392.06	3514.75	3644.35	3777.41	3912.19	4050.43
$150,000	n/a	2612.74	2892.67	3259.01	3490.56	3844.80	3924.29	4046.98	4193.86	4349.38	4503.17
$175,000	n/a	2692.22	3298.75	3462.91	3806.78	4186.94	4366.66	4459.97	4589.57	4750.27	4910.98
$200,000	n/a	2745.79	3414.53	3684.10	4005.50	4497.98	4696.70	4891.97	5018.11	5159.81	5318.78
$225,000	n/a	n/a	3499.20	4095.36	4188.67	4738.18	5016.38	5234.11	5439.74	5600.45	5755.97
$250,000	n/a	n/a	3564.86	4202.50	4497.98	5052.67	5422.46	5719.68	5975.42	6231.17	6454.08
$375,000	n/a	n/a	n/a	n/a	5177.09	6141.31	6697.73	6887.81	7110.72	7537.54	7983.36
Unlimited	1918.08	2842.56	3753.22	4589.57	5358.53	6400.51	7089.98	7755.26	8398.08	9021.89	9623.23

Age: 74	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	810.43	877.82	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1354.75	1503.36	1615.68	1686.53	1750.46	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1672.70	2020.03	2180.74	2312.06	2405.38	2600.64	2671.49	2742.34	2809.73	n/a	n/a
$100,000	2001.02	2351.81	2666.30	2846.02	2956.61	3246.91	3335.04	3421.44	3502.66	3587.33	3658.18
$125,000	2064.96	2626.56	2982.53	3278.02	3457.73	3742.85	3882.82	4021.06	4167.94	4318.27	4470.34
$150,000	n/a	2882.30	3189.89	3595.97	3851.71	4242.24	4328.64	4470.34	4629.31	4803.84	4971.46
$175,000	n/a	2970.43	3639.17	3822.34	4200.77	4617.22	4819.39	4919.62	5066.50	5241.02	5424.19
$200,000	n/a	3027.46	3767.04	4067.71	4420.22	4964.54	5180.54	5396.54	5538.24	5693.76	5871.74
$225,000	n/a	n/a	3860.35	4520.45	4624.13	5225.47	5536.51	5773.25	6003.07	6184.51	6357.31
$250,000	n/a	n/a	3932.93	4634.50	4962.82	5574.53	5982.34	6308.93	6597.50	6879.17	7128.00
$375,000	n/a	n/a	n/a	n/a	5712.77	6778.94	7390.66	7604.93	7846.85	8320.32	8811.07
Unlimited	2116.80	3138.05	4140.29	5064.77	5913.22	7064.06	7826.11	8558.78	9270.72	9961.92	10625.47

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 75	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	908.93	986.69	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1522.37	1689.98	1816.13	1892.16	1966.46	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1878.34	2272.32	2450.30	2595.46	2704.32	2922.05	3001.54	3079.30	3155.33	n/a	n/a
$100,000	2249.86	2640.38	2996.35	3196.80	3321.22	3649.54	3749.76	3846.53	3939.84	4033.15	4110.91
$125,000	2324.16	2954.88	3352.32	3685.82	3886.27	4205.95	4361.47	4520.45	4682.88	4850.50	5023.30
$150,000	n/a	3240.00	3585.60	4041.79	4328.64	4767.55	4864.32	5019.84	5203.01	5393.09	5583.17
$175,000	n/a	3338.50	4091.90	4295.81	4720.90	5190.91	5417.28	5529.60	5693.76	5890.75	6092.93
$200,000	n/a	3404.16	4228.42	4568.83	4968.00	5579.71	5823.36	6063.55	6224.26	6398.78	6597.50
$225,000	n/a	n/a	4337.28	5080.32	5196.10	5875.20	6222.53	6492.10	6747.84	6950.02	7141.82
$250,000	n/a	n/a	4420.22	5211.65	5579.71	6265.73	6721.92	7089.98	7411.39	7727.62	8009.28
$375,000	n/a	n/a	n/a	n/a	6417.79	7617.02	8304.77	8543.23	8819.71	9350.21	9899.71
Unlimited	2377.73	3526.85	4653.50	5692.03	6647.62	7938.43	8790.34	9616.32	10418.11	11192.26	11938.75

Age: 76	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1017.79	1100.74	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1703.81	1890.43	2028.67	2116.80	2198.02	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2101.25	2540.16	2735.42	2901.31	3025.73	3265.92	3355.78	3443.90	3528.58	n/a	n/a
$100,000	2514.24	2953.15	3348.86	3575.23	3713.47	4078.08	4192.13	4299.26	4401.22	4504.90	4594.75
$125,000	2597.18	3302.21	3746.30	4117.82	4344.19	4700.16	4874.69	5052.67	5237.57	5424.19	5614.27
$150,000	n/a	3621.89	4007.23	4518.72	4840.13	5329.15	5439.74	5612.54	5814.72	6032.45	6244.99
$175,000	n/a	3730.75	4572.29	4800.38	5277.31	5800.90	6054.91	6182.78	6364.22	6585.41	6813.50
$200,000	n/a	3803.33	4729.54	5107.97	5555.52	6236.35	6511.10	6778.94	6958.66	7152.19	7378.56
$225,000	n/a	n/a	4847.04	5676.48	5809.54	6568.13	6955.20	7257.60	7544.45	7767.36	7986.82
$250,000	n/a	n/a	4942.08	5825.09	6236.35	7001.86	7516.80	7926.34	8284.03	8638.27	8951.04
$375,000	n/a	n/a	n/a	n/a	7178.11	8515.58	9284.54	9552.38	9856.51	10454.40	11071.30
Unlimited	2659.39	3939.84	5201.28	6362.50	7430.40	8875.01	9828.86	10749.89	11641.54	12503.81	13338.43

Age: 77	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1149.12	1242.43	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1921.54	2128.90	2289.60	2388.10	2479.68	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2369.09	2863.30	3087.94	3272.83	3411.07	3682.37	3784.32	3882.82	3983.04	n/a	n/a
$100,000	2835.65	3328.13	3779.14	4033.15	4188.67	4601.66	4726.08	4848.77	4961.09	5078.59	5178.82
$125,000	2927.23	3727.30	4224.96	4644.86	4898.88	5301.50	5500.22	5698.94	5904.58	6117.12	6334.85
$150,000	n/a	4086.72	4520.45	5094.14	5458.75	6011.71	6134.40	6331.39	6559.49	6801.41	7041.60
$175,000	n/a	4209.41	5154.62	5415.55	5949.50	6545.66	6829.06	6972.48	7179.84	7426.94	7684.42
$200,000	n/a	4294.08	5336.06	5761.15	6264.00	7032.96	7344.00	7644.67	7848.58	8068.03	8320.32
$225,000	n/a	n/a	5467.39	6402.24	6550.85	7406.21	7846.85	8185.54	8508.67	8759.23	9006.34
$250,000	n/a	n/a	5571.07	6569.86	7029.50	7898.69	8479.30	8940.67	9343.30	9744.19	10096.70
$375,000	n/a	n/a	n/a	n/a	8095.68	9604.22	10471.68	10770.62	11119.68	11788.42	12481.34
Unlimited	2998.08	4444.42	5868.29	7176.38	8377.34	10012.03	11085.12	12125.38	13131.07	14107.39	15050.88

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 78	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1311.55	1418.69	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2192.83	2431.30	2614.46	2723.33	2828.74	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2700.86	3265.92	3523.39	3732.48	3893.18	4202.50	4318.27	4430.59	4541.18	n/a	n/a
$100,000	3240.00	3799.87	4307.90	4599.94	4777.92	5249.66	5391.36	5533.06	5660.93	5795.71	5908.03
$125,000	3340.22	4250.88	4821.12	5301.50	5588.35	6049.73	6272.64	6499.01	6735.74	6975.94	7223.04
$150,000	n/a	4660.42	5156.35	5812.99	6227.71	6860.16	6998.40	7219.58	7480.51	7756.99	8026.56
$175,000	n/a	4802.11	5882.11	6177.60	6789.31	7466.69	7789.82	7952.26	8187.26	8472.38	8762.69
$200,000	n/a	4897.15	6086.02	6575.04	7145.28	8023.10	8377.34	8719.49	8952.77	9201.60	9486.72
$225,000	n/a	n/a	6239.81	7309.44	7473.60	8449.92	8947.58	9334.66	9702.72	9989.57	10267.78
$250,000	n/a	n/a	6355.58	7496.06	8023.10	9011.52	9669.89	10196.93	10658.30	11114.50	11515.39
$375,000	n/a	n/a	n/a	n/a	9230.98	10955.52	11945.66	12287.81	12683.52	13445.57	14236.99
Unlimited	3419.71	5069.95	6694.27	8187.26	9559.30	11420.35	12645.50	13829.18	14980.03	16091.14	17164.22

Age: 79	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1484.35	1607.04	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2481.41	2754.43	2960.06	3084.48	3201.98	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3062.02	3699.65	3988.22	4226.69	4406.40	4757.18	4891.97	5018.11	5144.26	n/a	n/a
$100,000	3666.82	4302.72	4878.14	5208.19	5412.10	5946.05	6106.75	6267.46	6410.88	6561.22	6689.09
$125,000	3784.32	4814.21	5460.48	6004.80	6327.94	6849.79	7103.81	7361.28	7630.85	7902.14	8182.08
$150,000	n/a	5279.04	5840.64	6583.68	7051.97	7767.36	7928.06	8178.62	8472.38	8786.88	9096.19
$175,000	n/a	5441.47	6661.44	6996.67	7687.87	8455.10	8819.71	9008.06	9275.90	9595.58	9927.36
$200,000	n/a	5543.42	6892.99	7442.50	8090.50	9085.82	9486.72	9877.25	10139.90	10423.30	10749.89
$225,000	n/a	n/a	7064.06	8275.39	8465.47	9569.66	10134.72	10575.36	10991.81	11316.67	11634.62
$250,000	n/a	n/a	7197.12	8489.66	9084.10	10203.84	10952.06	11549.95	12071.81	12590.21	13046.40
$375,000	n/a	n/a	n/a	n/a	10457.86	12407.04	13530.24	13917.31	14366.59	15230.59	16130.88
Unlimited	3872.45	5743.87	7580.74	9272.45	10827.65	12932.35	14321.66	15660.86	16962.05	18218.30	19431.36

Age: 80	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1676.16	1814.40	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2802.82	3108.67	3340.22	3480.19	3616.70	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3456.00	4174.85	4503.17	4772.74	4974.91	5370.62	5522.69	5664.38	5809.54	n/a	n/a
$100,000	4140.29	4855.68	5507.14	5882.11	6108.48	6713.28	6894.72	7074.43	7242.05	7411.39	7558.27
$125,000	4271.62	5434.56	6165.50	6777.22	7143.55	7732.80	8021.38	8311.68	8612.35	8921.66	9234.43
$150,000	n/a	5956.42	6592.32	7430.40	7962.62	8767.87	8949.31	9230.98	9562.75	9916.99	10269.50
$175,000	n/a	6139.58	7523.71	7896.96	8681.47	9545.47	9960.19	10171.01	10468.22	10831.10	11207.81
$200,000	n/a	6258.82	7781.18	8403.26	9135.94	10259.14	10711.87	11150.78	11446.27	11767.68	12134.02
$225,000	n/a	n/a	7978.18	9339.84	9555.84	10805.18	11444.54	11937.02	12408.77	12776.83	13134.53
$250,000	n/a	n/a	8126.78	9581.76	10255.68	11520.58	12365.57	13039.49	13623.55	14209.34	14726.02
$375,000	n/a	n/a	n/a	n/a	11807.42	14008.90	15273.79	15712.70	16215.55	17191.87	18206.21
Unlimited	4371.84	6483.46	8557.06	10466.50	12222.14	14599.87	16168.90	17684.35	19153.15	20578.75	21950.78

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 81	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1907.71	2064.96	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3189.89	3537.22	3803.33	3962.30	4114.37	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3932.93	4752.00	5123.52	5431.10	5659.20	6113.66	6283.01	6443.71	6606.14	n/a	n/a
$100,000	4708.80	5526.14	6269.18	6690.82	6950.02	7637.76	7848.58	8052.48	8242.56	8437.82	8601.98
$125,000	4860.86	6181.06	7015.68	7710.34	8128.51	8800.70	9127.30	9459.07	9801.22	10152.00	10509.70
$150,000	n/a	6778.94	7502.98	8456.83	9059.90	9975.74	10183.10	10506.24	10884.67	11289.02	11688.19
$175,000	n/a	6982.85	8557.06	8985.60	9878.98	10862.21	11332.22	11570.69	11914.56	12325.82	12752.64
$200,000	n/a	7122.82	8856.00	9562.75	10395.65	11676.10	12189.31	12688.70	13027.39	13392.00	13810.18
$225,000	n/a	n/a	9077.18	10628.93	10872.58	12292.99	13022.21	13583.81	14119.49	14537.66	14945.47
$250,000	n/a	n/a	9248.26	10905.41	11670.91	13108.61	14071.10	14834.88	15508.80	16174.08	16759.87
$375,000	n/a	n/a	n/a	n/a	13436.93	15939.07	17381.95	17879.62	18456.77	19564.42	20716.99
Unlimited	4974.91	7376.83	9739.01	11912.83	13908.67	16612.99	18399.74	20120.83	21793.54	23414.40	24974.78

Age: 82	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2132.35	2310.34	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3568.32	3958.85	4254.34	4435.78	4605.12	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4399.49	5313.60	5735.23	6077.38	6334.85	6839.42	7032.96	7214.40	7397.57	n/a	n/a
$100,000	5268.67	6182.78	7015.68	7485.70	7777.73	8546.69	8778.24	9008.06	9218.88	9434.88	9619.78
$125,000	5439.74	6920.64	7850.30	8627.90	9097.92	9849.60	10212.48	10580.54	10965.89	11356.42	11753.86
$150,000	n/a	7585.92	8398.08	9462.53	10139.90	11164.61	11392.70	11753.86	12175.49	12629.95	13070.59
$175,000	n/a	7817.47	9578.30	10056.96	11054.02	12154.75	12680.06	12947.90	13328.06	13789.44	14262.91
$200,000	n/a	7971.26	9911.81	10699.78	11632.90	13063.68	13639.10	14198.98	14575.68	14980.03	15450.05
$225,000	n/a	n/a	10158.91	11893.82	12170.30	13758.34	14572.22	15197.76	15799.10	16265.66	16718.40
$250,000	n/a	n/a	10350.72	12203.14	13061.95	14668.99	15743.81	16602.62	17350.85	18092.16	18748.80
$375,000	n/a	n/a	n/a	n/a	15035.33	17838.14	19450.37	20005.06	20647.87	21890.30	23175.94
Unlimited	5569.34	8258.11	10896.77	13328.06	15562.37	18593.28	20589.12	22514.11	24387.26	26196.48	27945.22

Age: 83	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2400.19	2598.91	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4015.87	4453.06	4786.56	4988.74	5184.00	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4950.72	5984.06	6452.35	6839.42	7129.73	7698.24	7912.51	8118.14	8322.05	n/a	n/a
$100,000	5928.77	6960.38	7893.50	8427.46	8752.32	9616.32	9880.70	10139.90	10376.64	10622.02	10831.10
$125,000	6122.30	7786.37	8835.26	9707.90	10236.67	11079.94	11492.93	11911.10	12343.10	12787.20	13236.48
$150,000	n/a	8538.05	9448.70	10647.94	11408.26	12562.56	12818.30	13231.30	13706.50	14216.26	14715.65
$175,000	n/a	8797.25	10779.26	11314.94	12438.14	13678.85	14271.55	14570.50	15004.22	15520.90	16058.30
$200,000	n/a	8968.32	11152.51	12038.98	13091.33	14698.37	15348.10	15978.82	16402.18	16863.55	17390.59
$225,000	n/a	n/a	11428.99	13383.36	13692.67	15479.42	16396.99	17103.74	17782.85	18308.16	18819.65
$250,000	n/a	n/a	11646.72	13730.69	14698.37	16509.31	17717.18	18681.41	19528.13	20366.21	21104.06
$375,000	n/a	n/a	n/a	n/a	16918.85	20072.45	21885.12	22512.38	23239.87	24636.10	26091.07
Unlimited	6265.73	9289.73	12261.89	14999.04	17511.55	20920.90	23167.30	25339.39	27447.55	29486.59	31454.78

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 84	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2690.50	2916.86	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4501.44	4993.92	5367.17	5595.26	5809.54	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5548.61	6706.37	7236.86	7667.14	7993.73	8627.90	8869.82	9099.65	9327.74	n/a	n/a
$100,000	6649.34	7803.65	8849.09	9446.98	9813.31	10782.72	11076.48	11363.33	11632.90	11905.92	12140.93
$125,000	6863.62	8728.13	9904.90	10886.40	11477.38	12424.32	12883.97	13352.26	13837.82	14330.30	14836.61
$150,000	n/a	9571.39	10594.37	11937.02	12790.66	14084.93	14373.50	14831.42	15365.38	15933.89	16495.49
$175,000	n/a	9861.70	12082.18	12686.98	13946.69	15336.00	15999.55	16338.24	16820.35	17399.23	18002.30
$200,000	n/a	10053.50	12502.08	13499.14	14675.90	16481.66	17207.42	17914.18	18389.38	18900.86	19493.57
$225,000	n/a	n/a	12814.85	15005.95	15351.55	17356.03	18384.19	19173.89	19932.48	20523.46	21098.88
$250,000	n/a	n/a	13058.50	15396.48	16478.21	18508.61	19865.09	20945.09	21890.30	22828.61	23656.32
$375,000	n/a	n/a	n/a	n/a	18966.53	22503.74	24539.33	25240.90	26053.06	27618.62	29246.40
Unlimited	7022.59	10414.66	13749.70	16816.90	19633.54	23454.14	25973.57	28403.14	30763.58	33048.00	35247.74

Age: 85	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2856.38	3089.66	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4777.92	5298.05	5692.03	5937.41	6165.50	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5889.02	7115.90	7675.78	8135.42	8479.30	9154.94	9408.96	9654.34	9899.71	n/a	n/a
$100,000	7053.70	8277.12	9386.50	10024.13	10411.20	11439.36	11752.13	12056.26	12343.10	12631.68	12880.51
$125,000	7281.79	9262.08	10507.97	11551.68	12178.94	13181.18	13670.21	14166.14	14681.09	15206.40	15742.08
$150,000	n/a	10157.18	11238.91	12666.24	13571.71	14943.74	15251.33	15736.90	16301.95	16906.75	17501.18
$175,000	n/a	10464.77	12821.76	13461.12	14796.86	16272.58	16975.87	17330.11	17845.06	18460.22	19101.31
$200,000	n/a	10668.67	13264.13	14323.39	15572.74	17483.90	18258.05	19004.54	19512.58	20055.17	20684.16
$225,000	n/a	n/a	13595.90	15921.79	16289.86	18413.57	19505.66	20345.47	21148.99	21772.80	22382.78
$250,000	n/a	n/a	13855.10	16333.06	17480.45	19636.99	21074.69	22222.08	23226.05	24221.38	25100.93
$375,000	n/a	n/a	n/a	n/a	20120.83	23877.50	26035.78	26780.54	27641.09	29305.15	31033.15
Unlimited	7451.14	11054.02	14586.05	17841.60	20832.77	24886.66	27559.87	30139.78	32647.10	35069.76	37409.47

Age: 86	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2991.17	3238.27	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5002.56	5548.61	5963.33	6215.62	6454.08	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6167.23	7452.86	8040.38	8519.04	8878.46	9586.94	9854.78	10110.53	10364.54	n/a	n/a
$100,000	7385.47	8671.10	9832.32	10495.87	10903.68	11978.50	12306.82	12624.77	12920.26	13226.11	13485.31
$125,000	7623.94	9699.26	11003.90	12096.00	12749.18	13804.99	14314.75	14834.88	15374.02	15921.79	16483.39
$150,000	n/a	10634.11	11767.68	13262.40	14211.07	15648.77	15968.45	16476.48	17069.18	17703.36	18325.44
$175,000	n/a	10958.98	13426.56	14095.30	15493.25	17038.08	17775.94	18149.18	18686.59	19331.14	19998.14
$200,000	n/a	11171.52	13889.66	14997.31	16305.41	18309.89	19116.86	19901.38	20431.87	20998.66	21657.02
$225,000	n/a	n/a	14235.26	16673.47	17055.36	19282.75	20421.50	21302.78	22144.32	22799.23	23438.59
$250,000	n/a	n/a	14504.83	17105.47	18304.70	20561.47	22066.56	23269.25	24321.60	25361.86	26282.88
$375,000	n/a	n/a	n/a	n/a	21072.96	25002.43	27259.20	28041.98	28945.73	30685.82	32496.77
Unlimited	7803.65	11572.42	15273.79	18683.14	21816.00	26059.97	28859.33	31560.19	34183.30	36720.00	39166.85

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 87	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3195.07	3459.46	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5342.98	5928.77	6369.41	6642.43	6896.45	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6588.86	7960.90	8588.16	9101.38	9486.72	10241.86	10528.70	10803.46	11076.48	n/a	n/a
$100,000	7890.05	9262.08	10506.24	11216.45	11648.45	12797.57	13148.35	13487.04	13803.26	14128.13	14406.34
$125,000	8145.79	10362.82	11755.58	12923.71	13621.82	14748.48	15294.53	15847.49	16426.37	17012.16	17611.78
$150,000	n/a	11359.87	12572.93	14169.60	15183.94	16718.40	17062.27	17606.59	18237.31	18916.42	19579.97
$175,000	n/a	11707.20	14344.13	15059.52	16554.24	18204.48	18992.45	19389.89	19965.31	20654.78	21370.18
$200,000	n/a	11935.30	14838.34	16025.47	17419.97	19562.69	20424.96	21264.77	21829.82	22439.81	23146.56
$225,000	n/a	n/a	15211.58	17813.95	18223.49	20601.22	21821.18	22762.94	23663.23	24364.80	25047.36
$250,000	n/a	n/a	15498.43	18275.33	19557.50	21968.06	23576.83	24862.46	25985.66	27100.22	28083.46
$375,000	n/a	n/a	n/a	n/a	22512.38	26713.15	29125.44	29961.79	30926.02	32787.07	34720.70
Unlimited	8337.60	12363.84	16319.23	19961.86	23305.54	27841.54	30830.98	33716.74	36521.28	39230.78	41845.25

Age: 88	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3400.70	3680.64	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5685.12	6307.20	6778.94	7065.79	7335.36	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7010.50	8472.38	9137.66	9683.71	10093.25	10898.50	11204.35	11494.66	11784.96	n/a	n/a
$100,000	8398.08	9853.06	11176.70	11930.11	12391.49	13618.37	13988.16	14352.77	14691.46	15035.33	15330.82
$125,000	8669.38	11028.10	12508.99	13747.97	14494.46	15691.97	16274.30	16863.55	17475.26	18100.80	18738.43
$150,000	n/a	12090.82	13376.45	15076.80	16156.80	17789.76	18154.37	18729.79	19405.44	20127.74	20836.22
$175,000	n/a	12457.15	15259.97	16023.74	17615.23	19370.88	20207.23	20632.32	21242.30	21974.98	22735.30
$200,000	n/a	12700.80	15788.74	17048.45	18536.26	20813.76	21734.78	22622.98	23226.05	23872.32	24620.54
$225,000	n/a	n/a	16184.45	18952.70	19389.89	21919.68	23217.41	24217.92	25176.96	25920.00	26645.76
$250,000	n/a	n/a	16492.03	19440.00	20810.30	23374.66	25087.10	26453.95	27649.73	28833.41	29878.85
$375,000	n/a	n/a	n/a	n/a	23955.26	28423.87	30989.95	31879.87	32904.58	34883.14	36941.18
Unlimited	8871.55	13155.26	17364.67	21240.58	24800.26	29623.10	32804.35	35878.46	38859.26	41743.30	44527.10

Age: 89	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3595.97	3893.18	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6015.17	6671.81	7171.20	7475.33	7760.45	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7416.58	8961.41	9664.70	10241.86	10677.31	11525.76	11850.62	12156.48	12464.06	n/a	n/a
$100,000	8880.19	10425.02	11824.70	12623.04	13106.88	14406.34	14796.86	15180.48	15536.45	15902.78	16215.55
$125,000	9168.77	11662.27	13229.57	14542.85	15330.82	16599.17	17216.06	17838.14	18487.87	19151.42	19827.07
$150,000	n/a	12787.20	14150.59	15949.44	17088.19	18817.92	19204.99	19814.98	20528.64	21294.14	22042.37
$175,000	n/a	13176.00	16142.98	16948.22	18633.02	20487.17	21373.63	21826.37	22472.64	23248.51	24053.76
$200,000	n/a	13433.47	16701.12	18035.14	19607.62	22016.45	22989.31	23934.53	24570.43	25254.72	26049.60
$225,000	n/a	n/a	17121.02	20048.26	20509.63	23184.58	24560.06	25621.06	26631.94	27423.36	28192.32
$250,000	n/a	n/a	17444.16	20566.66	22011.26	24727.68	26538.62	27986.69	29248.13	30502.66	31612.03
$375,000	n/a	n/a	n/a	n/a	25339.39	30065.47	32780.16	33721.92	34808.83	36903.17	39080.45
Unlimited	9383.04	13915.58	18366.91	22464.00	26232.77	31333.82	34701.70	37952.06	41107.39	44159.04	47108.74

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 90	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3794.69	4109.18	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6348.67	7041.60	7566.91	7888.32	8190.72	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7826.11	9455.62	10202.11	10813.82	11270.02	12165.12	12505.54	12830.40	13153.54	n/a	n/a
$100,000	9374.40	11002.18	12477.89	13321.15	13834.37	15204.67	15615.94	16025.47	16398.72	16789.25	17117.57
$125,000	9675.07	12308.54	13962.24	15349.82	16180.99	17518.46	18168.19	18826.56	19510.85	20208.96	20922.62
$150,000	n/a	13495.68	14936.83	16832.45	18038.59	19861.63	20267.71	20912.26	21663.94	22470.91	23262.34
$175,000	n/a	13906.94	17038.08	17888.26	19664.64	21624.19	22559.04	23034.24	23716.80	24535.87	25382.59
$200,000	n/a	14176.51	17629.06	19035.65	20692.80	23238.14	24262.85	25258.18	25932.10	26652.67	27489.02
$225,000	n/a	n/a	18069.70	21159.36	21644.93	24470.21	25921.73	27038.02	28107.65	28940.54	29749.25
$250,000	n/a	n/a	18413.57	21708.86	23231.23	26096.26	28009.15	29534.98	30867.26	32189.18	33357.31
$375,000	n/a	n/a	n/a	n/a	26742.53	31731.26	34598.02	35589.89	36735.55	38947.39	41242.18
Unlimited	9901.44	14686.27	19384.70	23711.62	27684.29	33072.19	36621.50	40051.58	43381.44	46598.98	49705.92

Age: 91	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3993.41	4323.46	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6682.18	7409.66	7964.35	8301.31	8622.72	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	8237.38	9951.55	10736.06	11378.88	11862.72	12804.48	13165.63	13504.32	13846.46	n/a	n/a
$100,000	9863.42	11581.06	13134.53	14019.26	14561.86	15999.55	16438.46	16865.28	17260.99	17667.07	18014.40
$125,000	10186.56	12956.54	14698.37	16156.80	17031.17	18436.03	19120.32	19814.98	20535.55	21269.95	22021.63
$150,000	n/a	14204.16	15717.89	17717.18	18983.81	20901.89	21332.16	22009.54	22800.96	23652.86	24484.03
$175,000	n/a	14636.16	17933.18	18826.56	20696.26	22757.76	23742.72	24243.84	24964.42	25826.69	26720.06
$200,000	n/a	14923.01	18551.81	20034.43	21777.98	24456.38	25536.38	26587.01	27295.49	28054.08	28935.36
$225,000	n/a	n/a	19018.37	22270.46	22783.68	25754.11	27281.66	28456.70	29583.36	30457.73	31314.82
$250,000	n/a	n/a	19374.34	22845.89	24449.47	27466.56	29477.95	31084.99	32488.13	33880.90	35112.96
$375,000	n/a	n/a	n/a	n/a	28145.66	33397.06	36412.42	37457.86	38665.73	40991.62	43409.09
Unlimited	10421.57	15456.96	20404.22	24955.78	29139.26	34807.10	38544.77	42154.56	45660.67	49047.55	52316.93

Age: 92	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4195.58	4542.91	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7019.14	7784.64	8366.98	8721.22	9058.18	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	8655.55	10454.40	11280.38	11954.30	12458.88	13450.75	13829.18	14188.61	14549.76	n/a	n/a
$100,000	10364.54	12165.12	13799.81	14727.74	15297.98	16809.98	17269.63	17718.91	18131.90	18562.18	18925.06
$125,000	10699.78	13609.73	15441.41	16970.69	17891.71	19367.42	20086.27	20815.49	21570.62	22346.50	23134.46
$150,000	n/a	14923.01	16514.50	18610.56	19944.58	21955.97	22408.70	23122.37	23953.54	24845.18	25721.28
$175,000	n/a	15377.47	18840.38	19780.42	21743.42	23906.88	24941.95	25467.26	26222.40	27129.60	28067.90
$200,000	n/a	15676.42	19488.38	21047.04	22880.45	25691.90	26827.20	27926.21	28670.98	29471.04	30398.98
$225,000	n/a	n/a	19979.14	23395.39	23934.53	27053.57	28658.88	29896.13	31078.08	31997.38	32894.21
$250,000	n/a	n/a	20354.11	24001.92	25686.72	28854.14	30967.49	32655.74	34131.46	35593.34	36884.16
$375,000	n/a	n/a	n/a	n/a	29571.26	35083.58	38252.74	39350.02	40618.37	43061.76	45603.65
Unlimited	10946.88	16239.74	21434.11	26215.49	30611.52	36566.21	40492.22	44285.18	47969.28	51532.42	54965.95

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 93	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4404.67	4767.55	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7366.46	8169.98	8779.97	9153.22	9505.73	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	9082.37	10971.07	11835.07	12545.28	13077.50	14116.03	14511.74	14886.72	15263.42	n/a	n/a
$100,000	10876.03	12764.74	14477.18	15456.96	16053.12	17639.42	18118.08	18591.55	19027.01	19478.02	19859.90
$125,000	11228.54	14280.19	16201.73	17812.22	18774.72	20328.19	21079.87	21841.92	22636.80	23447.23	24273.22
$150,000	n/a	15659.14	17328.38	19531.58	20926.08	23041.15	23516.35	24262.85	25135.49	26070.34	26987.90
$175,000	n/a	16136.06	19768.32	20755.01	22818.24	25088.83	26174.02	26726.98	27516.67	28467.07	29450.30
$200,000	n/a	16452.29	20450.88	22083.84	24010.56	26961.98	28150.85	29305.15	30084.48	30924.29	31891.97
$225,000	n/a	n/a	20962.37	24553.15	25114.75	28392.77	30074.11	31370.11	32610.82	33575.04	34513.34
$250,000	n/a	n/a	21361.54	25187.33	26955.07	30279.74	32496.77	34266.24	35812.80	37347.26	38702.02
$375,000	n/a	n/a	n/a	n/a	31029.70	36816.77	40141.44	41292.29	42621.12	45185.47	47850.05
Unlimited	11489.47	17039.81	22491.65	27511.49	32123.52	38371.97	42491.52	46469.38	50334.91	54070.85	57675.46

Age: 94	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4613.76	4993.92	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7717.25	8560.51	9198.14	9590.40	9958.46	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	9516.10	11496.38	12400.13	13143.17	13699.58	14788.22	15204.67	15600.38	15992.64	n/a	n/a
$100,000	11392.70	13371.26	15170.11	16193.09	16818.62	18480.96	18983.81	19478.02	19935.94	20404.22	20803.39
$125,000	11762.50	14961.02	16975.87	18660.67	19671.55	21294.14	22083.84	22885.63	23718.53	24566.98	25432.70
$150,000	n/a	16405.63	18154.37	20462.98	21924.86	24141.89	24637.82	25420.61	26334.72	27312.77	28276.99
$175,000	n/a	16906.75	20710.08	21746.88	23905.15	26284.61	27423.36	27998.78	28829.95	29823.55	30853.44
$200,000	n/a	17233.34	21425.47	23137.92	25154.50	28247.62	29496.96	30704.83	31520.45	32398.27	33414.34
$225,000	n/a	n/a	21964.61	25719.55	26313.98	29747.52	31508.35	32866.56	34167.74	35178.62	36163.58
$250,000	n/a	n/a	22381.06	26386.56	28242.43	31724.35	34045.06	35900.93	37523.52	39130.56	40552.70
$375,000	n/a	n/a	n/a	n/a	32508.86	38570.69	42056.06	43263.94	44654.98	47340.29	50134.46
Unlimited	12037.25	17853.70	23564.74	28823.04	33654.53	40201.92	44518.46	48689.86	52735.10	56650.75	60429.89

Age: 95+	60 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	5261.76	5695.49	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	8800.70	9763.20	10490.69	10938.24	11358.14	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	10853.57	13112.06	14143.68	14990.40	15624.58	16868.74	17342.21	17791.49	18242.50	n/a	n/a
$100,000	12996.29	15253.06	17300.74	18468.86	19182.53	21081.60	21655.30	22220.35	22742.21	23281.34	23737.54
$125,000	13419.65	17064.00	19360.51	21282.05	22436.35	24290.50	25190.78	26103.17	27055.30	28024.70	29013.12
$150,000	n/a	18714.24	20708.35	23338.37	25005.89	27535.68	28104.19	28997.57	30041.28	31161.02	32256.58
$175,000	n/a	19282.75	23621.76	24803.71	27264.38	29980.80	31280.26	31940.35	32887.30	34022.59	35201.09
$200,000	n/a	19659.46	24440.83	26390.02	28689.98	32218.56	33642.43	35023.10	35954.50	36958.46	38117.95
$225,000	n/a	n/a	25052.54	29337.98	30013.63	33927.55	35938.94	37490.69	38975.04	40127.62	41252.54
$250,000	n/a	n/a	25526.02	30096.58	32209.92	36182.59	38833.34	40953.60	42800.83	44635.97	46258.56
$375,000	n/a	n/a	n/a	n/a	37079.42	43994.88	47971.01	49348.22	50937.98	54005.18	57191.62
Unlimited	13728.96	20364.48	26877.31	32876.93	38384.06	45854.21	50777.28	55532.74	60146.50	64613.38	68921.28

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 18-44	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	50.11	53.57	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	82.94	91.58	96.77	100.22	103.68	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	100.22	122.69	129.60	138.24	143.42	157.25	160.70	164.16	167.62	n/a	n/a
$100,000	122.69	145.15	164.16	172.80	177.98	193.54	198.72	202.18	207.36	207.36	210.82
$125,000	127.87	160.70	183.17	200.45	209.09	226.37	233.28	241.92	250.56	260.93	269.57
$150,000	n/a	177.98	196.99	221.18	236.74	257.47	262.66	269.57	281.66	290.30	302.40
$175,000	n/a	183.17	226.37	236.74	260.93	285.12	295.49	300.67	309.31	319.68	328.32
$200,000	n/a	188.35	231.55	252.29	273.02	307.58	317.95	330.05	338.69	349.06	357.70
$225,000	n/a	n/a	238.46	279.94	286.85	323.14	343.87	355.97	368.06	378.43	387.07
$250,000	n/a	n/a	243.65	286.85	305.86	343.87	369.79	388.80	409.54	421.63	438.91
$375,000	n/a	n/a	n/a	n/a	355.97	421.63	457.92	473.47	487.30	520.13	549.50
Unlimited	129.60	195.26	255.74	314.50	366.34	438.91	487.30	532.22	575.42	616.90	656.64

Age: 45-49	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	67.39	70.85	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	114.05	122.69	131.33	139.97	141.70	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	138.24	167.62	177.98	186.62	196.99	210.82	217.73	222.91	226.37	n/a	n/a
$100,000	167.62	196.99	222.91	236.74	241.92	266.11	273.02	278.21	286.85	293.76	300.67
$125,000	172.80	221.18	252.29	276.48	286.85	305.86	319.68	328.32	340.42	352.51	366.34
$150,000	n/a	243.65	271.30	304.13	323.14	354.24	357.70	366.34	380.16	392.26	407.81
$175,000	n/a	250.56	305.86	321.41	354.24	385.34	400.90	407.81	418.18	432.00	445.82
$200,000	n/a	254.02	317.95	342.14	371.52	418.18	435.46	451.01	461.38	471.74	483.84
$225,000	n/a	n/a	328.32	381.89	390.53	440.64	466.56	485.57	504.58	513.22	527.04
$250,000	n/a	n/a	331.78	392.26	418.18	470.02	504.58	532.22	552.96	575.42	592.70
$375,000	n/a	n/a	n/a	n/a	483.84	571.97	625.54	644.54	665.28	706.75	746.50
Unlimited	177.98	262.66	345.60	426.82	501.12	599.62	661.82	725.76	786.24	843.26	896.83

Age: 50	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	74.30	81.22	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	127.87	138.24	150.34	155.52	162.43	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	158.98	188.35	202.18	212.54	222.91	240.19	250.56	250.56	259.20	n/a	n/a
$100,000	190.08	222.91	250.56	264.38	274.75	302.40	307.58	316.22	323.14	330.05	333.50
$125,000	196.99	252.29	283.39	309.31	323.14	349.06	359.42	373.25	385.34	399.17	412.99
$150,000	n/a	274.75	304.13	342.14	364.61	399.17	406.08	414.72	430.27	444.10	459.65
$175,000	n/a	285.12	345.60	366.34	402.62	438.91	456.19	461.38	473.47	489.02	502.85
$200,000	n/a	290.30	359.42	387.07	423.36	471.74	492.48	511.49	520.13	530.50	544.32
$225,000	n/a	n/a	369.79	432.00	445.82	499.39	528.77	549.50	565.06	580.61	594.43
$250,000	n/a	n/a	374.98	444.10	475.20	532.22	571.97	603.07	625.54	649.73	668.74
$375,000	n/a	n/a	n/a	n/a	549.50	651.46	706.75	727.49	751.68	794.88	841.54
Unlimited	202.18	298.94	395.71	483.84	568.51	679.10	751.68	822.53	889.92	957.31	1019.52

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 51	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	77.76	84.67	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	133.06	146.88	158.98	164.16	172.80	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	167.62	200.45	214.27	224.64	236.74	252.29	262.66	267.84	274.75	n/a	n/a
$100,000	200.45	238.46	267.84	281.66	292.03	317.95	326.59	333.50	342.14	350.78	355.97
$125,000	209.09	267.84	300.67	328.32	342.14	369.79	380.16	393.98	407.81	421.63	437.18
$150,000	n/a	290.30	321.41	362.88	385.34	423.36	428.54	440.64	452.74	471.74	485.57
$175,000	n/a	300.67	368.06	385.34	425.09	466.56	482.11	487.30	502.85	518.40	532.22
$200,000	n/a	305.86	380.16	411.26	445.82	499.39	521.86	540.86	551.23	565.06	580.61
$225,000	n/a	n/a	390.53	457.92	468.29	528.77	559.87	582.34	599.62	615.17	630.72
$250,000	n/a	n/a	397.44	468.29	501.12	563.33	604.80	635.90	661.82	687.74	710.21
$375,000	n/a	n/a	n/a	n/a	578.88	687.74	751.68	774.14	796.61	844.99	895.10
Unlimited	212.54	316.22	418.18	511.49	601.34	718.85	794.88	869.18	940.03	1010.88	1074.82

Age: 52	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	84.67	89.86	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	143.42	153.79	167.62	176.26	181.44	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	176.26	216.00	228.10	238.46	248.83	267.84	276.48	285.12	292.03	n/a	n/a
$100,000	212.54	252.29	283.39	295.49	305.86	335.23	343.87	354.24	362.88	369.79	378.43
$125,000	217.73	281.66	319.68	347.33	362.88	387.07	402.62	418.18	432.00	445.82	463.10
$150,000	n/a	309.31	342.14	381.89	407.81	445.82	452.74	464.83	480.38	497.66	514.94
$175,000	n/a	316.22	390.53	404.35	449.28	489.02	509.76	514.94	528.77	544.32	565.06
$200,000	n/a	323.14	404.35	435.46	470.02	527.04	549.50	571.97	585.79	596.16	611.71
$225,000	n/a	n/a	414.72	482.11	494.21	559.87	590.98	615.17	635.90	653.18	668.74
$250,000	n/a	n/a	419.90	497.66	528.77	596.16	641.09	672.19	701.57	725.76	751.68
$375,000	n/a	n/a	n/a	n/a	611.71	725.76	791.42	815.62	843.26	895.10	945.22
Unlimited	226.37	333.50	442.37	540.86	632.45	760.32	841.54	919.30	993.60	1066.18	1133.57

Age: 53	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	88.13	96.77	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	148.61	164.16	176.26	184.90	190.08	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	188.35	224.64	236.74	250.56	260.93	283.39	290.30	298.94	305.86	n/a	n/a
$100,000	222.91	262.66	297.22	312.77	323.14	352.51	361.15	369.79	380.16	388.80	395.71
$125,000	233.28	295.49	335.23	364.61	380.16	409.54	423.36	438.91	452.74	471.74	487.30
$150,000	n/a	323.14	359.42	404.35	430.27	468.29	476.93	490.75	506.30	525.31	544.32
$175,000	n/a	335.23	409.54	432.00	473.47	516.67	537.41	542.59	558.14	577.15	596.16
$200,000	n/a	340.42	423.36	456.19	495.94	556.42	580.61	599.62	616.90	628.99	646.27
$225,000	n/a	n/a	437.18	508.03	520.13	589.25	622.08	646.27	668.74	686.02	703.30
$250,000	n/a	n/a	445.82	521.86	559.87	627.26	672.19	708.48	737.86	767.23	791.42
$375,000	n/a	n/a	n/a	n/a	644.54	765.50	834.62	858.82	886.46	940.03	993.60
Unlimited	238.46	350.78	464.83	570.24	667.01	796.61	884.74	967.68	1048.90	1121.47	1195.78

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 54	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	100.22	107.14	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	174.53	188.35	202.18	210.82	217.73	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	214.27	257.47	273.02	290.30	302.40	326.59	335.23	342.14	352.51	n/a	n/a
$100,000	259.20	300.67	342.14	361.15	369.79	406.08	418.18	426.82	437.18	445.82	452.74
$125,000	264.38	336.96	383.62	419.90	438.91	471.74	487.30	502.85	520.13	539.14	554.69
$150,000	n/a	373.25	411.26	463.10	494.21	542.59	546.05	561.60	577.15	597.89	616.90
$175,000	n/a	383.62	470.02	494.21	542.59	592.70	616.90	623.81	637.63	656.64	679.10
$200,000	n/a	392.26	487.30	525.31	570.24	641.09	667.01	687.74	701.57	718.85	734.40
$225,000	n/a	n/a	499.39	584.06	597.89	679.10	713.66	741.31	765.50	784.51	803.52
$250,000	n/a	n/a	508.03	603.07	644.54	722.30	772.42	810.43	844.99	872.64	902.02
$375,000	n/a	n/a	n/a	n/a	741.31	879.55	959.04	984.96	1014.34	1073.09	1133.57
Unlimited	273.02	404.35	535.68	654.91	765.50	915.84	1017.79	1111.10	1202.69	1292.54	1377.22

Age: 55	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	105.41	114.05	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	181.44	195.26	210.82	219.46	228.10	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	222.91	267.84	286.85	300.67	314.50	336.96	347.33	357.70	368.06	n/a	n/a
$100,000	267.84	316.22	355.97	376.70	385.34	425.09	435.46	445.82	456.19	468.29	475.20
$125,000	278.21	354.24	402.62	437.18	456.19	494.21	509.76	527.04	546.05	565.06	582.34
$150,000	n/a	387.07	428.54	485.57	516.67	565.06	571.97	587.52	606.53	628.99	651.46
$175,000	n/a	400.90	492.48	514.94	566.78	616.90	642.82	651.46	670.46	689.47	710.21
$200,000	n/a	409.54	508.03	549.50	597.89	667.01	694.66	720.58	734.40	755.14	772.42
$225,000	n/a	n/a	521.86	608.26	623.81	705.02	746.50	775.87	800.06	822.53	841.54
$250,000	n/a	n/a	530.50	625.54	672.19	751.68	808.70	850.18	884.74	915.84	946.94
$375,000	n/a	n/a	n/a	n/a	774.14	917.57	998.78	1029.89	1060.99	1123.20	1188.86
Unlimited	281.66	421.63	559.87	686.02	796.61	957.31	1060.99	1161.22	1256.26	1346.11	1434.24

Age: 56	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	117.50	127.87	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	202.18	221.18	238.46	247.10	257.47	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	250.56	302.40	323.14	336.96	352.51	381.89	392.26	404.35	412.99	n/a	n/a
$100,000	300.67	355.97	400.90	423.36	435.46	476.93	489.02	502.85	511.49	523.58	535.68
$125,000	314.50	397.44	451.01	492.48	513.22	552.96	571.97	590.98	611.71	634.18	654.91
$150,000	n/a	435.46	483.84	546.05	580.61	635.90	642.82	660.10	684.29	705.02	729.22
$175,000	n/a	452.74	549.50	578.88	637.63	694.66	724.03	730.94	749.95	774.14	798.34
$200,000	n/a	457.92	571.97	615.17	670.46	751.68	784.51	808.70	827.71	846.72	865.73
$225,000	n/a	n/a	584.06	687.74	701.57	794.88	839.81	869.18	900.29	922.75	943.49
$250,000	n/a	n/a	597.89	705.02	755.14	844.99	910.66	953.86	993.60	1028.16	1064.45
$375,000	n/a	n/a	n/a	n/a	870.91	1031.62	1124.93	1156.03	1192.32	1264.90	1337.47
Unlimited	321.41	475.20	628.99	770.69	898.56	1076.54	1194.05	1304.64	1411.78	1517.18	1615.68

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 57	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	127.87	138.24	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	217.73	238.46	255.74	266.11	276.48	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	271.30	324.86	347.33	364.61	380.16	411.26	421.63	433.73	445.82	n/a	n/a
$100,000	326.59	381.89	430.27	454.46	466.56	513.22	527.04	540.86	551.23	566.78	573.70
$125,000	336.96	426.82	485.57	528.77	551.23	594.43	616.90	635.90	660.10	686.02	708.48
$150,000	n/a	470.02	520.13	584.06	623.81	682.56	689.47	711.94	734.40	762.05	789.70
$175,000	n/a	482.11	590.98	622.08	684.29	748.22	775.87	789.70	810.43	836.35	860.54
$200,000	n/a	494.21	615.17	660.10	722.30	806.98	839.81	870.91	891.65	914.11	936.58
$225,000	n/a	n/a	630.72	737.86	753.41	851.90	903.74	940.03	971.14	995.33	1021.25
$250,000	n/a	n/a	641.09	755.14	812.16	905.47	976.32	1028.16	1071.36	1111.10	1149.12
$375,000	n/a	n/a	n/a	n/a	934.85	1109.38	1211.33	1245.89	1285.63	1365.12	1448.06
Unlimited	343.87	508.03	673.92	825.98	965.95	1156.03	1282.18	1404.86	1518.91	1632.96	1740.10

Age: 58	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	136.51	148.61	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	235.01	252.29	271.30	285.12	297.22	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	288.58	349.06	368.06	388.80	407.81	438.91	451.01	463.10	475.20	n/a	n/a
$100,000	347.33	407.81	461.38	485.57	501.12	549.50	565.06	575.42	590.98	603.07	616.90
$125,000	361.15	457.92	520.13	566.78	590.98	637.63	656.64	679.10	701.57	725.76	751.68
$150,000	n/a	501.12	556.42	625.54	667.01	730.94	739.58	758.59	784.51	812.16	838.08
$175,000	n/a	518.40	632.45	667.01	730.94	800.06	827.71	843.26	864.00	891.65	919.30
$200,000	n/a	527.04	656.64	708.48	770.69	862.27	898.56	931.39	950.40	974.59	998.78
$225,000	n/a	n/a	672.19	786.24	805.25	912.38	962.50	1005.70	1035.07	1062.72	1088.64
$250,000	n/a	n/a	686.02	810.43	865.73	971.14	1041.98	1097.28	1143.94	1183.68	1223.42
$375,000	n/a	n/a	n/a	n/a	997.06	1185.41	1294.27	1328.83	1370.30	1453.25	1541.38
Unlimited	368.06	546.05	722.30	883.01	1033.34	1235.52	1372.03	1499.90	1624.32	1745.28	1857.60

Age: 59	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	155.52	167.62	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	264.38	286.85	307.58	319.68	331.78	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	328.32	390.53	418.18	440.64	457.92	494.21	508.03	521.86	533.95	n/a	n/a
$100,000	392.26	459.65	520.13	546.05	566.78	618.62	635.90	651.46	668.74	684.29	698.11
$125,000	406.08	514.94	584.06	639.36	667.01	718.85	741.31	765.50	793.15	820.80	844.99
$150,000	n/a	568.51	625.54	705.02	751.68	824.26	832.90	855.36	884.74	912.38	945.22
$175,000	n/a	584.06	715.39	751.68	825.98	905.47	936.58	948.67	974.59	1005.70	1033.34
$200,000	n/a	597.89	741.31	798.34	867.46	974.59	1014.34	1048.90	1071.36	1095.55	1121.47
$225,000	n/a	n/a	760.32	889.92	908.93	1029.89	1090.37	1131.84	1168.13	1194.05	1221.70
$250,000	n/a	n/a	774.14	912.38	978.05	1099.01	1176.77	1238.98	1287.36	1332.29	1375.49
$375,000	n/a	n/a	n/a	n/a	1130.11	1339.20	1461.89	1501.63	1546.56	1636.42	1731.46
Unlimited	416.45	616.90	813.89	997.06	1169.86	1396.22	1548.29	1695.17	1833.41	1968.19	2097.79

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 60	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	172.80	186.62	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	293.76	321.41	342.14	355.97	369.79	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	362.88	437.18	466.56	489.02	509.76	551.23	566.78	582.34	594.43	n/a	n/a
$100,000	437.18	514.94	578.88	611.71	627.26	689.47	708.48	725.76	743.04	760.32	775.87
$125,000	452.74	575.42	653.18	711.94	743.04	801.79	827.71	853.63	886.46	917.57	948.67
$150,000	n/a	630.72	699.84	786.24	836.35	917.57	931.39	955.58	986.69	1021.25	1057.54
$175,000	n/a	651.46	794.88	836.35	919.30	1007.42	1043.71	1060.99	1088.64	1123.20	1157.76
$200,000	n/a	665.28	825.98	889.92	969.41	1083.46	1130.11	1171.58	1195.78	1225.15	1257.98
$225,000	n/a	n/a	848.45	991.87	1014.34	1147.39	1213.06	1261.44	1302.91	1335.74	1368.58
$250,000	n/a	n/a	862.27	1017.79	1090.37	1221.70	1313.28	1380.67	1437.70	1491.26	1539.65
$375,000	n/a	n/a	n/a	n/a	1257.98	1489.54	1626.05	1676.16	1726.27	1831.68	1937.09
Unlimited	461.38	687.74	907.20	1111.10	1299.46	1556.93	1724.54	1886.98	2045.95	2198.02	2343.17

Age: 61	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	186.62	198.72	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	316.22	345.60	368.06	383.62	400.90	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	392.26	473.47	501.12	527.04	551.23	594.43	608.26	625.54	641.09	n/a	n/a
$100,000	473.47	551.23	620.35	656.64	677.38	743.04	762.05	782.78	801.79	820.80	836.35
$125,000	487.30	620.35	701.57	767.23	798.34	862.27	889.92	921.02	952.13	984.96	1019.52
$150,000	n/a	680.83	751.68	846.72	902.02	988.42	1000.51	1028.16	1059.26	1100.74	1137.02
$175,000	n/a	701.57	858.82	898.56	991.87	1083.46	1124.93	1140.48	1173.31	1206.14	1244.16
$200,000	n/a	713.66	889.92	959.04	1043.71	1168.13	1219.97	1261.44	1289.09	1320.19	1353.02
$225,000	n/a	n/a	910.66	1067.90	1093.82	1237.25	1308.10	1358.21	1403.14	1437.70	1470.53
$250,000	n/a	n/a	929.66	1095.55	1173.31	1316.74	1411.78	1486.08	1546.56	1603.58	1657.15
$375,000	n/a	n/a	n/a	n/a	1353.02	1605.31	1753.92	1802.30	1859.33	1969.92	2083.97
Unlimited	495.94	739.58	978.05	1197.50	1399.68	1676.16	1857.60	2032.13	2199.74	2362.18	2515.97

Age: 62	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	203.90	219.46	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	345.60	376.70	402.62	421.63	437.18	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	428.54	513.22	547.78	577.15	601.34	649.73	668.74	689.47	705.02	n/a	n/a
$100,000	514.94	604.80	680.83	718.85	741.31	812.16	832.90	857.09	877.82	895.10	914.11
$125,000	533.95	680.83	768.96	841.54	876.10	945.22	976.32	1007.42	1041.98	1080.00	1116.29
$150,000	n/a	744.77	822.53	927.94	988.42	1083.46	1097.28	1124.93	1161.22	1204.42	1242.43
$175,000	n/a	767.23	943.49	986.69	1085.18	1188.86	1230.34	1249.34	1283.90	1320.19	1359.94
$200,000	n/a	784.51	976.32	1054.08	1143.94	1282.18	1334.02	1378.94	1410.05	1444.61	1482.62
$225,000	n/a	n/a	998.78	1171.58	1197.50	1353.02	1430.78	1487.81	1536.19	1574.21	1610.50
$250,000	n/a	n/a	1019.52	1199.23	1285.63	1442.88	1550.02	1627.78	1691.71	1753.92	1812.67
$375,000	n/a	n/a	n/a	n/a	1482.62	1759.10	1919.81	1975.10	2037.31	2156.54	2282.69
Unlimited	547.78	808.70	1067.90	1311.55	1532.74	1836.86	2033.86	2225.66	2408.83	2585.09	2756.16

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 63	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	231.55	247.10	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	390.53	426.82	456.19	476.93	492.48	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	485.57	584.06	618.62	653.18	682.56	736.13	755.14	775.87	796.61	n/a	n/a
$100,000	584.06	682.56	770.69	810.43	839.81	921.02	945.22	969.41	990.14	1014.34	1033.34
$125,000	603.07	767.23	867.46	948.67	990.14	1069.63	1102.46	1135.30	1178.50	1218.24	1257.98
$150,000	n/a	841.54	929.66	1050.62	1114.56	1225.15	1238.98	1271.81	1309.82	1354.75	1401.41
$175,000	n/a	867.46	1062.72	1116.29	1226.88	1340.93	1392.77	1413.50	1444.61	1489.54	1534.46
$200,000	n/a	886.46	1100.74	1188.86	1294.27	1449.79	1506.82	1560.38	1593.22	1629.50	1669.25
$225,000	n/a	n/a	1130.11	1321.92	1353.02	1532.74	1619.14	1681.34	1734.91	1776.38	1816.13
$250,000	n/a	n/a	1150.85	1358.21	1453.25	1629.50	1750.46	1840.32	1912.90	1978.56	2044.22
$375,000	n/a	n/a	n/a	n/a	1676.16	1992.38	2166.91	2227.39	2298.24	2433.02	2574.72
Unlimited	616.90	914.11	1207.87	1479.17	1733.18	2075.33	2298.24	2514.24	2721.60	2920.32	3112.13

Age: 64	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	255.74	278.21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	438.91	475.20	511.49	532.22	552.96	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	542.59	651.46	691.20	727.49	758.59	820.80	841.54	864.00	888.19	n/a	n/a
$100,000	651.46	763.78	860.54	908.93	934.85	1024.70	1052.35	1080.00	1105.92	1131.84	1154.30
$125,000	672.19	855.36	969.41	1060.99	1104.19	1194.05	1230.34	1271.81	1318.46	1363.39	1411.78
$150,000	n/a	938.30	1038.53	1169.86	1245.89	1365.12	1384.13	1418.69	1465.34	1518.91	1572.48
$175,000	n/a	969.41	1187.14	1244.16	1365.12	1496.45	1553.47	1575.94	1617.41	1669.25	1721.09
$200,000	n/a	986.69	1226.88	1325.38	1441.15	1615.68	1681.34	1743.55	1779.84	1821.31	1871.42
$225,000	n/a	n/a	1257.98	1473.98	1508.54	1707.26	1805.76	1876.61	1938.82	1988.93	2035.58
$250,000	n/a	n/a	1283.90	1513.73	1620.86	1816.13	1952.64	2054.59	2137.54	2218.75	2291.33
$375,000	n/a	n/a	n/a	n/a	1869.70	2218.75	2420.93	2491.78	2571.26	2723.33	2882.30
Unlimited	687.74	1019.52	1349.57	1651.97	1933.63	2313.79	2566.08	2804.54	3039.55	3262.46	3476.74

Age: 65	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	281.66	305.86	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	480.38	523.58	563.33	585.79	609.98	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	597.89	718.85	765.50	803.52	838.08	903.74	931.39	953.86	978.05	n/a	n/a
$100,000	715.39	843.26	950.40	1002.24	1033.34	1130.11	1161.22	1192.32	1216.51	1247.62	1271.81
$125,000	741.31	941.76	1067.90	1168.13	1216.51	1315.01	1356.48	1401.41	1451.52	1501.63	1551.74
$150,000	n/a	1033.34	1145.66	1289.09	1375.49	1506.82	1525.82	1563.84	1615.68	1674.43	1729.73
$175,000	n/a	1067.90	1308.10	1372.03	1510.27	1651.97	1712.45	1736.64	1783.30	1836.86	1893.89
$200,000	n/a	1090.37	1356.48	1461.89	1591.49	1785.02	1854.14	1919.81	1959.55	2007.94	2061.50
$225,000	n/a	n/a	1391.04	1627.78	1662.34	1883.52	1990.66	2068.42	2137.54	2189.38	2242.94
$250,000	n/a	n/a	1416.96	1670.98	1788.48	2006.21	2154.82	2265.41	2356.99	2443.39	2521.15
$375,000	n/a	n/a	n/a	n/a	2063.23	2448.58	2671.49	2745.79	2830.46	3001.54	3176.06
Unlimited	762.05	1128.38	1487.81	1826.50	2132.35	2550.53	2830.46	3096.58	3355.78	3601.15	3837.89

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 66	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	312.77	338.69	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	535.68	582.34	623.81	649.73	675.65	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	663.55	796.61	848.45	891.65	927.94	1005.70	1031.62	1059.26	1083.46	n/a	n/a
$100,000	796.61	936.58	1052.35	1112.83	1145.66	1254.53	1289.09	1323.65	1353.02	1387.58	1413.50
$125,000	820.80	1047.17	1187.14	1296.00	1354.75	1460.16	1506.82	1555.20	1608.77	1669.25	1724.54
$150,000	n/a	1149.12	1270.08	1432.51	1524.10	1670.98	1691.71	1736.64	1791.94	1859.33	1921.54
$175,000	n/a	1185.41	1449.79	1522.37	1676.16	1831.68	1900.80	1928.45	1980.29	2039.04	2102.98
$200,000	n/a	1211.33	1503.36	1622.59	1766.02	1976.83	2058.05	2130.62	2175.55	2230.85	2287.87
$225,000	n/a	n/a	1543.10	1804.03	1848.96	2090.88	2210.11	2296.51	2370.82	2431.30	2491.78
$250,000	n/a	n/a	1572.48	1852.42	1983.74	2227.39	2388.10	2514.24	2612.74	2712.96	2802.82
$375,000	n/a	n/a	n/a	n/a	2287.87	2714.69	2963.52	3044.74	3143.23	3329.86	3523.39
Unlimited	843.26	1247.62	1650.24	2020.03	2367.36	2833.92	3139.78	3433.54	3718.66	3989.95	4252.61

Age: 67	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	342.14	371.52	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	589.25	639.36	687.74	713.66	743.04	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	730.94	874.37	931.39	978.05	1021.25	1102.46	1133.57	1161.22	1194.05	n/a	n/a
$100,000	874.37	1024.70	1154.30	1219.97	1259.71	1378.94	1416.96	1453.25	1487.81	1522.37	1551.74
$125,000	902.02	1147.39	1304.64	1425.60	1484.35	1601.86	1653.70	1708.99	1766.02	1828.22	1892.16
$150,000	n/a	1261.44	1396.22	1572.48	1676.16	1835.14	1859.33	1905.98	1968.19	2039.04	2106.43
$175,000	n/a	1302.91	1594.94	1674.43	1840.32	2009.66	2087.42	2116.80	2172.10	2237.76	2306.88
$200,000	n/a	1325.38	1650.24	1785.02	1937.09	2172.10	2260.22	2339.71	2388.10	2446.85	2509.06
$225,000	n/a	n/a	1691.71	1983.74	2030.40	2294.78	2426.11	2519.42	2604.10	2668.03	2731.97
$250,000	n/a	n/a	1726.27	2039.04	2179.01	2445.12	2623.10	2759.62	2870.21	2975.62	3072.38
$375,000	n/a	n/a	n/a	n/a	2512.51	2984.26	3252.10	3343.68	3450.82	3654.72	3865.54
Unlimited	926.21	1372.03	1814.40	2222.21	2600.64	3112.13	3450.82	3775.68	4090.18	4390.85	4677.70

Age: 68	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	378.43	409.54	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	648.00	706.75	753.41	787.97	819.07	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	803.52	964.22	1028.16	1080.00	1124.93	1214.78	1249.34	1282.18	1315.01	n/a	n/a
$100,000	962.50	1131.84	1273.54	1347.84	1387.58	1518.91	1560.38	1601.86	1638.14	1677.89	1708.99
$125,000	997.06	1268.35	1437.70	1570.75	1638.14	1769.47	1823.04	1885.25	1952.64	2020.03	2090.88
$150,000	n/a	1391.04	1541.38	1733.18	1848.96	2023.49	2049.41	2102.98	2173.82	2251.58	2329.34
$175,000	n/a	1437.70	1759.10	1842.05	2030.40	2217.02	2303.42	2336.26	2395.01	2472.77	2547.07
$200,000	n/a	1463.62	1821.31	1966.46	2139.26	2395.01	2493.50	2581.63	2635.20	2700.86	2768.26
$225,000	n/a	n/a	1869.70	2185.92	2239.49	2531.52	2676.67	2782.08	2875.39	2944.51	3015.36
$250,000	n/a	n/a	1902.53	2246.40	2403.65	2695.68	2894.40	3044.74	3167.42	3284.93	3395.52
$375,000	n/a	n/a	n/a	n/a	2773.44	3286.66	3585.60	3689.28	3808.51	4033.15	4269.89
Unlimited	1019.52	1513.73	2001.02	2450.30	2866.75	3431.81	3805.06	4162.75	4504.90	4838.40	5154.62

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 69	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	423.36	457.92	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	722.30	786.24	841.54	877.82	914.11	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	898.56	1074.82	1145.66	1206.14	1256.26	1356.48	1396.22	1432.51	1467.07	n/a	n/a
$100,000	1074.82	1261.44	1423.87	1501.63	1548.29	1696.90	1743.55	1790.21	1829.95	1874.88	1911.17
$125,000	1112.83	1413.50	1603.58	1752.19	1829.95	1971.65	2037.31	2104.70	2180.74	2256.77	2336.26
$150,000	n/a	1555.20	1717.63	1935.36	2061.50	2258.50	2289.60	2350.08	2427.84	2515.97	2604.10
$175,000	n/a	1601.86	1963.01	2059.78	2265.41	2474.50	2571.26	2611.01	2678.40	2759.62	2849.47
$200,000	n/a	1634.69	2032.13	2194.56	2384.64	2676.67	2783.81	2882.30	2947.97	3017.09	3096.58
$225,000	n/a	n/a	2083.97	2443.39	2498.69	2825.28	2987.71	3105.22	3210.62	3291.84	3369.60
$250,000	n/a	n/a	2125.44	2505.60	2681.86	3008.45	3231.36	3398.98	3537.22	3670.27	3791.23
$375,000	n/a	n/a	n/a	n/a	3093.12	3668.54	4005.50	4119.55	4252.61	4508.35	4771.01
Unlimited	1138.75	1689.98	2230.85	2735.42	3201.98	3829.25	4247.42	4643.14	5030.21	5401.73	5754.24

Age: 70	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	466.56	506.30	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	798.34	870.91	931.39	969.41	1009.15	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	991.87	1188.86	1266.62	1330.56	1387.58	1498.18	1541.38	1581.12	1619.14	n/a	n/a
$100,000	1187.14	1394.50	1570.75	1660.61	1710.72	1874.88	1924.99	1975.10	2023.49	2071.87	2111.62
$125,000	1228.61	1562.11	1771.20	1933.63	2018.30	2179.01	2251.58	2322.43	2407.10	2488.32	2574.72
$150,000	n/a	1715.90	1897.34	2137.54	2277.50	2493.50	2524.61	2595.46	2676.67	2773.44	2866.75
$175,000	n/a	1767.74	2165.18	2272.32	2500.42	2733.70	2839.10	2880.58	2954.88	3044.74	3139.78
$200,000	n/a	1805.76	2242.94	2420.93	2631.74	2951.42	3072.38	3181.25	3248.64	3326.40	3412.80
$225,000	n/a	n/a	2303.42	2693.95	2757.89	3119.04	3297.02	3426.62	3542.40	3630.53	3715.20
$250,000	n/a	n/a	2344.90	2766.53	2961.79	3324.67	3568.32	3751.49	3903.55	4048.70	4178.30
$375,000	n/a	n/a	n/a	n/a	3416.26	4053.89	4421.95	4548.10	4691.52	4969.73	5260.03
Unlimited	1256.26	1864.51	2464.13	3020.54	3533.76	4226.69	4688.06	5126.98	5550.34	5958.14	6348.67

Age: 71	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	520.13	561.60	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	889.92	969.41	1036.80	1081.73	1121.47	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1102.46	1323.65	1408.32	1482.62	1544.83	1669.25	1714.18	1759.10	1804.03	n/a	n/a
$100,000	1321.92	1551.74	1748.74	1845.50	1905.98	2087.42	2144.45	2199.74	2251.58	2305.15	2350.08
$125,000	1366.85	1736.64	1973.38	2154.82	2248.13	2426.11	2503.87	2586.82	2676.67	2769.98	2866.75
$150,000	n/a	1911.17	2109.89	2377.73	2536.70	2776.90	2811.46	2887.49	2980.80	3091.39	3193.34
$175,000	n/a	1969.92	2412.29	2531.52	2785.54	3043.01	3160.51	3203.71	3288.38	3390.34	3494.02
$200,000	n/a	2007.94	2498.69	2697.41	2928.96	3286.66	3421.44	3542.40	3618.43	3706.56	3799.87
$225,000	n/a	n/a	2560.90	3001.54	3067.20	3471.55	3672.00	3813.70	3943.30	4038.34	4133.38
$250,000	n/a	n/a	2612.74	3079.30	3295.30	3699.65	3970.94	4174.85	4344.19	4504.90	4653.50
$375,000	n/a	n/a	n/a	n/a	3805.06	4510.08	4923.07	5061.31	5223.74	5533.06	5856.19
Unlimited	1397.95	2077.06	2744.06	3362.69	3934.66	4707.07	5220.29	5709.31	6184.51	6642.43	7079.62

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 72	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	571.97	620.35	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	978.05	1066.18	1142.21	1192.32	1237.25	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1216.51	1460.16	1553.47	1632.96	1702.08	1838.59	1890.43	1938.82	1983.74	n/a	n/a
$100,000	1456.70	1710.72	1926.72	2037.31	2097.79	2298.24	2358.72	2420.93	2477.95	2534.98	2585.09
$125,000	1506.82	1914.62	2173.82	2372.54	2477.95	2671.49	2759.62	2847.74	2947.97	3051.65	3155.33
$150,000	n/a	2104.70	2325.89	2619.65	2792.45	3060.29	3098.30	3181.25	3283.20	3400.70	3516.48
$175,000	n/a	2170.37	2657.66	2788.99	3067.20	3350.59	3480.19	3530.30	3621.89	3734.21	3848.26
$200,000	n/a	2213.57	2752.70	2968.70	3231.36	3620.16	3767.04	3901.82	3983.04	4078.08	4186.94
$225,000	n/a	n/a	2823.55	3305.66	3383.42	3824.06	4043.52	4202.50	4342.46	4449.60	4556.74
$250,000	n/a	n/a	2875.39	3392.06	3632.26	4071.17	4373.57	4601.66	4786.56	4966.27	5126.98
$375,000	n/a	n/a	n/a	n/a	4190.40	4971.46	5422.46	5576.26	5754.24	6096.38	6452.35
Unlimited	1541.38	2287.87	3024.00	3703.10	4332.10	5187.46	5749.06	6289.92	6811.78	7314.62	7796.74

Age: 73	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	639.36	691.20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1092.10	1188.86	1275.26	1330.56	1380.67	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1356.48	1626.05	1731.46	1819.58	1897.34	2051.14	2106.43	2161.73	2217.02	n/a	n/a
$100,000	1626.05	1907.71	2147.90	2270.59	2339.71	2562.62	2633.47	2700.86	2764.80	2828.74	2885.76
$125,000	1679.62	2135.81	2424.38	2645.57	2763.07	2980.80	3075.84	3176.06	3288.38	3404.16	3519.94
$150,000	n/a	2346.62	2595.46	2923.78	3112.13	3411.07	3456.00	3547.58	3661.63	3792.96	3922.56
$175,000	n/a	2422.66	2963.52	3112.13	3421.44	3741.12	3881.09	3938.11	4038.34	4164.48	4288.90
$200,000	n/a	2469.31	3072.38	3314.30	3604.61	4040.06	4202.50	4351.10	4444.42	4549.82	4667.33
$225,000	n/a	n/a	3148.42	3687.55	3770.50	4266.43	4508.35	4688.06	4847.04	4961.09	5078.59
$250,000	n/a	n/a	3208.90	3786.05	4052.16	4544.64	4879.87	5132.16	5337.79	5536.51	5716.22
$375,000	n/a	n/a	n/a	n/a	4674.24	5543.42	6049.73	6220.80	6414.34	6797.95	7193.66
Unlimited	1719.36	2552.26	3371.33	4131.65	4833.22	5783.62	6410.88	7013.95	7594.56	8156.16	8690.11

Age: 74	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	703.30	765.50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1204.42	1313.28	1404.86	1465.34	1522.37	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1494.72	1795.39	1911.17	2009.66	2094.34	2261.95	2325.89	2386.37	2445.12	n/a	n/a
$100,000	1793.66	2104.70	2370.82	2505.60	2581.63	2828.74	2903.04	2980.80	3049.92	3122.50	3184.70
$125,000	1852.42	2353.54	2673.22	2920.32	3049.92	3290.11	3397.25	3504.38	3630.53	3756.67	3884.54
$150,000	n/a	2588.54	2863.30	3226.18	3436.99	3767.04	3811.97	3915.65	4043.52	4188.67	4332.10
$175,000	n/a	2671.49	3271.10	3433.54	3775.68	4126.46	4285.44	4345.92	4456.51	4594.75	4738.18
$200,000	n/a	2721.60	3390.34	3658.18	3977.86	4458.24	4636.22	4802.11	4902.34	5021.57	5151.17
$225,000	n/a	n/a	3473.28	4067.71	4164.48	4708.80	4980.10	5170.18	5344.70	5476.03	5607.36
$250,000	n/a	n/a	3540.67	4176.58	4470.34	5012.93	5384.45	5662.66	5894.21	6110.21	6312.38
$375,000	n/a	n/a	n/a	n/a	5158.08	6117.12	6675.26	6865.34	7079.62	7504.70	7941.89
Unlimited	1897.34	2818.37	3718.66	4556.74	5332.61	6383.23	7077.89	7743.17	8382.53	9004.61	9593.86

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 75	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	791.42	858.82	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1351.30	1475.71	1581.12	1645.06	1712.45	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1679.62	2020.03	2147.90	2256.77	2353.54	2543.62	2612.74	2681.86	2747.52	n/a	n/a
$100,000	2014.85	2365.63	2664.58	2814.91	2901.31	3177.79	3264.19	3348.86	3430.08	3507.84	3576.96
$125,000	2083.97	2650.75	3006.72	3281.47	3426.62	3697.92	3813.70	3939.84	4078.08	4218.05	4364.93
$150,000	n/a	2911.68	3217.54	3625.34	3860.35	4230.14	4285.44	4399.49	4542.91	4703.62	4864.32
$175,000	n/a	3001.54	3678.91	3858.62	4242.24	4639.68	4815.94	4883.33	5007.74	5163.26	5320.51
$200,000	n/a	3060.29	3805.06	4107.46	4468.61	5009.47	5211.65	5398.27	5512.32	5641.92	5787.07
$225,000	n/a	n/a	3903.55	4575.74	4675.97	5292.86	5593.54	5814.72	6008.26	6153.41	6300.29
$250,000	n/a	n/a	3979.58	4696.70	5026.75	5635.01	6051.46	6364.22	6623.42	6865.34	7091.71
$375,000	n/a	n/a	n/a	n/a	5793.98	6875.71	7501.25	7713.79	7957.44	8430.91	8921.66
Unlimited	2132.35	3163.97	4180.03	5123.52	5994.43	7174.66	7950.53	8698.75	9422.78	10115.71	10779.26

Age: 76	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	884.74	957.31	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1515.46	1650.24	1766.02	1842.05	1911.17	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	1878.34	2256.77	2401.92	2524.61	2631.74	2842.56	2920.32	2996.35	3072.38	n/a	n/a
$100,000	2251.58	2642.11	2977.34	3146.69	3243.46	3551.04	3649.54	3744.58	3830.98	3920.83	4000.32
$125,000	2329.34	2961.79	3359.23	3668.54	3829.25	4131.65	4264.70	4402.94	4561.92	4717.44	4878.14
$150,000	n/a	3252.10	3597.70	4053.89	4316.54	4731.26	4790.02	4917.89	5078.59	5261.76	5439.74
$175,000	n/a	3355.78	4107.46	4313.09	4745.09	5184.00	5382.72	5458.75	5602.18	5774.98	5951.23
$200,000	n/a	3421.44	4254.34	4593.02	4997.38	5600.45	5825.09	6032.45	6160.32	6307.20	6471.36
$225,000	n/a	n/a	4363.20	5111.42	5228.93	5916.67	6253.63	6499.01	6718.46	6879.17	7045.06
$250,000	n/a	n/a	4449.60	5247.94	5616.00	6300.29	6763.39	7115.90	7402.75	7674.05	7926.34
$375,000	n/a	n/a	n/a	n/a	6480.00	7684.42	8382.53	8624.45	8895.74	9427.97	9975.74
Unlimited	2384.64	3535.49	4672.51	5726.59	6699.46	8017.92	8888.83	9723.46	10530.43	11301.12	12044.16

Age: 77	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1000.51	1080.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1707.26	1857.60	1990.66	2077.06	2158.27	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2118.53	2543.62	2707.78	2847.74	2968.70	3205.44	3295.30	3379.97	3466.37	n/a	n/a
$100,000	2540.16	2980.80	3362.69	3549.31	3658.18	4007.23	4116.10	4221.50	4318.27	4421.95	4508.35
$125,000	2626.56	3343.68	3787.78	4135.10	4320.00	4658.69	4812.48	4968.00	5142.53	5320.51	5505.41
$150,000	n/a	3668.54	4057.34	4570.56	4867.78	5334.34	5403.46	5548.61	5726.59	5932.22	6136.13
$175,000	n/a	3784.32	4634.50	4864.32	5346.43	5849.28	6072.19	6156.86	6317.57	6512.83	6713.28
$200,000	n/a	3860.35	4800.38	5178.82	5633.28	6315.84	6571.58	6803.14	6950.02	7115.90	7299.07
$225,000	n/a	n/a	4923.07	5764.61	5897.66	6673.54	7051.97	7330.18	7575.55	7758.72	7943.62
$250,000	n/a	n/a	5014.66	5916.67	6333.12	7103.81	7629.12	8026.56	8349.70	8657.28	8942.40
$375,000	n/a	n/a	n/a	n/a	7307.71	8669.38	9457.34	9725.18	10034.50	10630.66	11247.55
Unlimited	2688.77	3989.95	5272.13	6459.26	7556.54	9046.08	10025.86	10969.34	11878.27	12750.91	13587.26

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 78	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1138.75	1233.79	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	1945.73	2120.26	2274.05	2369.09	2460.67	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2415.74	2903.04	3087.94	3246.91	3385.15	3656.45	3760.13	3856.90	3953.66	n/a	n/a
$100,000	2899.58	3402.43	3832.70	4048.70	4174.85	4570.56	4694.98	4817.66	4928.26	5045.76	5142.53
$125,000	2996.35	3811.97	4321.73	4720.90	4926.53	5317.06	5484.67	5664.38	5866.56	6068.74	6277.82
$150,000	n/a	4185.22	4627.58	5213.38	5553.79	6086.02	6163.78	6327.94	6531.84	6766.85	6994.94
$175,000	n/a	4316.54	5285.95	5548.61	6099.84	6671.81	6924.10	7026.05	7204.03	7426.94	7655.04
$200,000	n/a	4404.67	5476.03	5911.49	6426.43	7205.76	7497.79	7762.18	7924.61	8116.42	8322.05
$225,000	n/a	n/a	5616.00	6576.77	6727.10	7611.84	8045.57	8360.06	8638.27	8847.36	9058.18
$250,000	n/a	n/a	5723.14	6753.02	7226.50	8106.05	8700.48	9154.94	9523.01	9873.79	10198.66
$375,000	n/a	n/a	n/a	n/a	8334.14	9887.62	10786.18	11095.49	11444.54	12125.38	12830.40
Unlimited	3067.20	4551.55	6013.44	7368.19	8620.99	10317.89	11437.63	12510.72	13547.52	14546.30	15496.70

Age: 79	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1290.82	1396.22	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2203.20	2401.92	2574.72	2683.58	2785.54	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	2740.61	3286.66	3495.74	3678.91	3834.43	4140.29	4256.06	4366.66	4477.25	n/a	n/a
$100,000	3283.20	3851.71	4340.74	4586.11	4727.81	5175.36	5318.78	5455.30	5581.44	5711.04	5821.63
$125,000	3395.52	4316.54	4895.42	5344.70	5579.71	6018.62	6213.89	6416.06	6644.16	6875.71	7110.72
$150,000	n/a	4743.36	5242.75	5908.03	6291.65	6891.26	6981.12	7166.02	7399.30	7667.14	7924.61
$175,000	n/a	4890.24	5987.52	6284.74	6910.27	7554.82	7843.39	7957.44	8161.34	8413.63	8672.83
$200,000	n/a	4987.01	6201.79	6692.54	7276.61	8157.89	8487.94	8790.34	8976.96	9192.96	9429.70
$225,000	n/a	n/a	6359.04	7447.68	7620.48	8617.54	9111.74	9469.44	9785.66	10024.13	10262.59
$250,000	n/a	n/a	6480.00	7648.13	8183.81	9179.14	9856.51	10366.27	10786.18	11185.34	11553.41
$375,000	n/a	n/a	n/a	n/a	9440.06	11199.17	12218.69	12567.74	12963.46	13734.14	14537.66
Unlimited	3473.28	5156.35	6810.05	8346.24	9763.20	11684.74	12951.36	14169.60	15341.18	16466.11	17544.38

Age: 80	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1458.43	1577.66	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2490.05	2711.23	2903.04	3027.46	3146.69	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3091.39	3710.02	3950.21	4152.38	4328.64	4674.24	4807.30	4929.98	5054.40	n/a	n/a
$100,000	3706.56	4347.65	4898.88	5177.09	5334.34	5845.82	6003.07	6162.05	6303.74	6452.35	6576.77
$125,000	3829.25	4872.96	5529.60	6034.18	6298.56	6796.22	7017.41	7243.78	7499.52	7760.45	8023.10
$150,000	n/a	5353.34	5918.40	6666.62	7102.08	7779.46	7879.68	8088.77	8351.42	8652.10	8947.58
$175,000	n/a	5519.23	6763.39	7093.44	7800.19	8531.14	8856.00	8980.42	9211.97	9497.09	9792.58
$200,000	n/a	5628.10	7000.13	7554.82	8216.64	9213.70	9585.22	9923.90	10134.72	10376.64	10644.48
$225,000	n/a	n/a	7179.84	8406.72	8601.98	9732.10	10290.24	10689.41	11047.10	11314.94	11584.51
$250,000	n/a	n/a	7316.35	8629.63	9239.62	10362.82	11126.59	11703.74	12173.76	12624.77	13039.49
$375,000	n/a	n/a	n/a	n/a	10658.30	12645.50	13791.17	14188.61	14632.70	15503.62	16407.36
Unlimited	3922.56	5819.90	7689.60	9419.33	11024.64	13191.55	14624.06	15997.82	17324.93	18598.46	19818.43

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 81	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1658.88	1795.39	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	2832.19	3086.21	3307.39	3445.63	3580.42	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3518.21	4223.23	4491.07	4726.08	4924.80	5320.51	5469.12	5609.09	5750.78	n/a	n/a
$100,000	4216.32	4947.26	5577.98	5889.02	6072.19	6651.07	6832.51	7012.22	7176.38	7344.00	7487.42
$125,000	4359.74	5543.42	6289.92	6865.34	7167.74	7732.80	7983.36	8244.29	8534.59	8830.08	9132.48
$150,000	n/a	6091.20	6734.02	7585.92	8080.13	8854.27	8968.32	9206.78	9502.27	9846.14	10183.10
$175,000	n/a	6277.82	7693.06	8073.22	8878.46	9704.45	10074.24	10217.66	10482.05	10806.91	11138.69
$200,000	n/a	6402.24	7966.08	8598.53	9348.48	10485.50	10908.86	11294.21	11534.40	11810.88	12113.28
$225,000	n/a	n/a	8169.98	9567.94	9787.39	11073.02	11707.20	12165.12	12571.20	12877.06	13182.91
$250,000	n/a	n/a	8327.23	9823.68	10513.15	11793.60	12659.33	13315.97	13856.83	14370.05	14840.06
$375,000	n/a	n/a	n/a	n/a	12130.56	14387.33	15698.88	16144.70	16652.74	17642.88	18669.31
Unlimited	4461.70	6623.42	8745.41	10718.78	12541.82	15011.14	16640.64	18202.75	19711.30	21161.09	22550.40

Age: 82	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	1854.14	2007.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3169.15	3454.27	3699.65	3858.62	4005.50	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	3936.38	4724.35	5026.75	5285.95	5512.32	5952.96	6120.58	6279.55	6436.80	n/a	n/a
$100,000	4717.44	5534.78	6238.08	6588.86	6794.50	7442.50	7644.67	7843.39	8024.83	8213.18	8372.16
$125,000	4878.14	6205.25	7038.14	7682.69	8021.38	8657.28	8932.03	9222.34	9548.93	9878.98	10214.21
$150,000	n/a	6813.50	7537.54	8489.66	9042.62	9906.62	10032.77	10300.61	10632.38	11016.00	11387.52
$175,000	n/a	7027.78	8607.17	9033.98	9934.27	10860.48	11275.20	11435.90	11729.66	12090.82	12462.34
$200,000	n/a	7166.02	8916.48	9621.50	10461.31	11731.39	12204.86	12638.59	12904.70	13212.29	13550.98
$225,000	n/a	n/a	9142.85	10704.96	10953.79	12391.49	13101.70	13609.73	14067.65	14408.06	14748.48
$250,000	n/a	n/a	9319.10	10991.81	11765.95	13196.74	14167.87	14902.27	15505.34	16077.31	16600.90
$375,000	n/a	n/a	n/a	n/a	13573.44	16101.50	17565.12	18062.78	18631.30	19737.22	20886.34
Unlimited	4993.92	7413.12	9789.12	11995.78	14034.82	16801.34	18619.20	20367.94	22057.92	23678.78	25230.53

Age: 83	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2087.42	2261.95	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3566.59	3886.27	4162.75	4340.74	4510.08	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4427.14	5317.06	5659.20	5952.96	6203.52	6699.46	6887.81	7064.06	7243.78	n/a	n/a
$100,000	5306.69	6231.17	7022.59	7418.30	7644.67	8372.16	8601.98	8828.35	9035.71	9244.80	9426.24
$125,000	5491.58	6981.12	7921.15	8646.91	9027.07	9739.01	10051.78	10383.55	10748.16	11121.41	11499.84
$150,000	n/a	7670.59	8482.75	9554.11	10176.19	11147.33	11290.75	11594.88	11969.86	12400.13	12820.03
$175,000	n/a	7909.06	9687.17	10164.10	11180.16	12222.14	12688.70	12868.42	13201.92	13606.27	14027.90
$200,000	n/a	8066.30	10032.77	10825.92	11772.86	13198.46	13732.42	14221.44	14522.11	14872.90	15253.06
$225,000	n/a	n/a	10288.51	12047.62	12325.82	13943.23	14743.30	15315.26	15835.39	16213.82	16599.17
$250,000	n/a	n/a	10487.23	12369.02	13239.94	14850.43	15942.53	16766.78	17447.62	18095.62	18688.32
$375,000	n/a	n/a	n/a	n/a	15273.79	18118.08	19763.14	20328.19	20969.28	22216.90	23511.17
Unlimited	5619.46	8337.60	11016.00	13497.41	15793.92	18900.86	20953.73	22923.65	24822.72	26652.67	28399.68

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 84	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2339.71	2536.70	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	3998.59	4356.29	4667.33	4869.50	5052.67	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	4966.27	5958.14	6345.22	6670.08	6953.47	7511.62	7720.70	7921.15	8116.42	n/a	n/a
$100,000	5952.96	6984.58	7871.04	8316.86	8570.88	9388.22	9645.70	9894.53	10127.81	10362.82	10566.72
$125,000	6155.14	7827.84	8881.92	9694.08	10119.17	10920.96	11268.29	11638.08	12049.34	12464.06	12890.88
$150,000	n/a	8596.80	9509.18	10708.42	11409.98	12498.62	12657.60	12996.29	13414.46	13900.03	14370.05
$175,000	n/a	8864.64	10860.48	11396.16	12533.18	13703.04	14224.90	14427.07	14800.32	15253.06	15726.53
$200,000	n/a	9042.62	11247.55	12139.20	13201.92	14802.05	15398.21	15944.26	16282.94	16670.02	17102.02
$225,000	n/a	n/a	11534.40	13506.05	13817.09	15634.94	16526.59	17171.14	17748.29	18178.56	18612.29
$250,000	n/a	n/a	11757.31	13867.20	14843.52	16647.55	17876.16	18798.91	19559.23	20283.26	20948.54
$375,000	n/a	n/a	n/a	n/a	17122.75	20310.91	22158.14	22790.59	23507.71	24905.66	26355.46
Unlimited	6300.29	9348.48	12351.74	15132.10	17708.54	21192.19	23490.43	25695.36	27825.98	29871.94	31824.58

Age: 85	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2483.14	2688.77	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4243.97	4624.13	4950.72	5163.26	5363.71	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5266.94	6324.48	6732.29	7079.62	7376.83	7966.08	8192.45	8404.99	8614.08	n/a	n/a
$100,000	6315.84	7411.39	8351.42	8823.17	9094.46	9961.92	10231.49	10497.60	10744.70	10995.26	11212.99
$125,000	6530.11	8306.50	9422.78	10286.78	10737.79	11584.51	11957.76	12348.29	12783.74	13227.84	13677.12
$150,000	n/a	9123.84	10086.34	11363.33	12106.37	13258.94	13431.74	13789.44	14235.26	14748.48	15247.87
$175,000	n/a	9407.23	11524.03	12090.82	13296.96	14539.39	15092.35	15306.62	15704.06	16186.18	16685.57
$200,000	n/a	9595.58	11931.84	12878.78	14005.44	15700.61	16336.51	16913.66	17276.54	17687.81	18142.27
$225,000	n/a	n/a	12237.70	14328.58	14662.08	16587.07	17535.74	18220.03	18831.74	19286.21	19745.86
$250,000	n/a	n/a	12472.70	14713.92	15747.26	17665.34	18964.80	19944.58	20755.01	21520.51	22227.26
$375,000	n/a	n/a	n/a	n/a	18164.74	21551.62	23509.44	24181.63	24940.22	26426.30	27965.95
Unlimited	6683.90	9920.45	13103.42	16054.85	18786.82	22484.74	24924.67	27267.84	29526.34	31696.70	33777.22

Age: 86	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2600.64	2816.64	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4442.69	4840.13	5184.00	5406.91	5614.27	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5519.23	6623.42	7050.24	7413.12	7725.89	8344.51	8577.79	8800.70	9018.43	n/a	n/a
$100,000	6613.06	7762.18	8745.41	9241.34	9524.74	10431.94	10717.06	10991.81	11247.55	11511.94	11736.58
$125,000	6839.42	8697.02	9866.88	10772.35	11240.64	12132.29	12521.09	12928.90	13388.54	13849.92	14323.39
$150,000	n/a	9552.38	10564.99	11897.28	12674.88	13884.48	14062.46	14437.44	14904.00	15441.41	15964.99
$175,000	n/a	9851.33	12066.62	12661.06	13924.22	15223.68	15804.29	16028.93	16443.65	16948.22	17468.35
$200,000	n/a	10044.86	12498.62	13487.04	14663.81	16441.92	17107.20	17713.73	18090.43	18522.43	18997.63
$225,000	n/a	n/a	12816.58	15007.68	15351.55	17368.13	18361.73	19078.85	19718.21	20195.14	20675.52
$250,000	n/a	n/a	13060.22	15408.58	16488.58	18496.51	19854.72	20882.88	21733.06	22534.85	23276.16
$375,000	n/a	n/a	n/a	n/a	19023.55	22565.95	24615.36	25320.38	26118.72	27672.19	29286.14
Unlimited	6998.40	10387.01	13722.05	16811.71	19673.28	23544.00	26099.71	28550.02	30917.38	33187.97	35361.79

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 87	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2778.62	3008.45	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	4745.09	5170.18	5538.24	5778.43	5999.62	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	5894.21	7076.16	7532.35	7921.15	8254.66	8914.75	9165.31	9402.05	9638.78	n/a	n/a
$100,000	7065.79	8290.94	9345.02	9872.06	10176.19	11143.87	11449.73	11746.94	12018.24	12299.90	12538.37
$125,000	7307.71	9293.18	10539.07	11508.48	12009.60	12963.46	13378.18	13813.63	14302.66	14800.32	15303.17
$150,000	n/a	10203.84	11285.57	12712.90	13544.06	14836.61	15024.96	15425.86	15925.25	16500.67	17058.82
$175,000	n/a	10525.25	12892.61	13528.51	14876.35	16265.66	16886.02	17126.21	17568.58	18107.71	18667.58
$200,000	n/a	10734.34	13350.53	14408.06	15667.78	17566.85	18277.06	18925.06	19325.95	19792.51	20302.27
$225,000	n/a	n/a	13692.67	16034.11	16403.90	18556.99	19617.98	20385.22	21069.50	21580.99	22095.94
$250,000	n/a	n/a	13953.60	16462.66	17618.69	19761.41	21214.66	22315.39	23220.86	24079.68	24869.38
$375,000	n/a	n/a	n/a	n/a	20323.01	24110.78	26300.16	27053.57	27907.20	29564.35	31288.90
Unlimited	7477.06	11098.94	14660.35	17962.56	21019.39	25156.22	27883.01	30502.66	33032.45	35458.56	37779.26

Age: 88	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	2956.61	3201.98	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5050.94	5501.95	5894.21	6148.22	6384.96	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6272.64	7528.90	8014.46	8427.46	8783.42	9484.99	9751.10	10003.39	10253.95	n/a	n/a
$100,000	7516.80	8821.44	9941.18	10502.78	10825.92	11859.26	12180.67	12496.90	12790.66	13087.87	13343.62
$125,000	7776.00	9887.62	11216.45	12242.88	12782.02	13791.17	14235.26	14700.10	15216.77	15745.54	16282.94
$150,000	n/a	10860.48	12007.87	13525.06	14409.79	15787.01	15989.18	16412.54	16944.77	17556.48	18150.91
$175,000	n/a	11199.17	13716.86	14392.51	15830.21	17307.65	17966.02	18220.03	18690.05	19268.93	19861.63
$200,000	n/a	11422.08	14204.16	15330.82	16671.74	18691.78	19446.91	20134.66	20564.93	21057.41	21598.27
$225,000	n/a	n/a	14567.04	17058.82	17454.53	19745.86	20874.24	21688.13	22417.34	22956.48	23505.98
$250,000	n/a	n/a	14848.70	17511.55	18745.34	21026.30	22572.86	23744.45	24705.22	25619.33	26460.86
$375,000	n/a	n/a	n/a	n/a	21622.46	25653.89	27986.69	28785.02	29690.50	31456.51	33289.92
Unlimited	7955.71	11809.15	15598.66	19111.68	22363.78	26764.99	29669.76	32457.02	35147.52	37729.15	40200.19

Age: 89	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3125.95	3385.15	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5342.98	5819.90	6234.62	6504.19	6751.30	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	6633.79	7966.08	8475.84	8913.02	9291.46	10032.77	10314.43	10584.00	10846.66	n/a	n/a
$100,000	7950.53	9331.20	10518.34	11111.04	11449.73	12545.28	12887.42	13217.47	13526.78	13843.01	14112.58
$125,000	8223.55	10456.13	11862.72	12951.36	13518.14	14587.78	15057.79	15550.27	16098.05	16659.65	17228.16
$150,000	n/a	11484.29	12702.53	14309.57	15242.69	16699.39	16913.66	17362.94	17924.54	18574.27	19204.99
$175,000	n/a	11845.44	14510.02	15221.95	16742.59	18304.70	19004.54	19275.84	19773.50	20385.22	21012.48
$200,000	n/a	12080.45	15024.96	16217.28	17634.24	19770.05	20571.84	21301.06	21755.52	22275.65	22849.34
$225,000	n/a	n/a	15412.03	18043.78	18461.95	20884.61	22082.11	22940.93	23713.34	24288.77	24867.65
$250,000	n/a	n/a	15705.79	18525.89	19830.53	22244.54	23877.50	25119.94	26136.00	27101.95	27993.60
$375,000	n/a	n/a	n/a	n/a	22875.26	27136.51	29600.64	30447.36	31409.86	33279.55	35218.37
Unlimited	8413.63	12491.71	16498.94	20215.87	23658.05	28309.82	31383.94	34333.63	37177.92	39911.62	42531.26

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 90	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3300.48	3575.23	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5638.46	6143.04	6580.22	6863.62	7126.27	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7001.86	8404.99	8945.86	9407.23	9806.40	10590.91	10886.40	11168.06	11448.00	n/a	n/a
$100,000	8394.62	9849.60	11097.22	11726.21	12085.63	13239.94	13597.63	13951.87	14278.46	14613.70	14898.82
$125,000	8678.02	11036.74	12519.36	13670.21	14268.10	15396.48	15890.69	16410.82	16989.70	17580.67	18180.29
$150,000	n/a	12121.92	13407.55	15100.99	16087.68	17625.60	17850.24	18325.44	18916.42	19600.70	20265.98
$175,000	n/a	12502.08	15316.99	16070.40	17673.98	19320.77	20058.62	20342.02	20870.78	21511.87	22171.97
$200,000	n/a	12747.46	15861.31	17115.84	18610.56	20867.33	21712.32	22481.28	22959.94	23507.71	24110.78
$225,000	n/a	n/a	16265.66	19046.02	19483.20	22044.10	23303.81	24212.74	25026.62	25633.15	26243.14
$250,000	n/a	n/a	16576.70	19554.05	20927.81	23474.88	25204.61	26507.52	27580.61	28600.13	29540.16
$375,000	n/a	n/a	n/a	n/a	24141.89	28639.87	31243.97	32135.62	33146.50	35123.33	37165.82
Unlimited	8881.92	13182.91	17414.78	21337.34	24967.87	29880.58	33120.58	36232.70	39237.70	42116.54	44879.62

Age: 91	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3471.55	3760.13	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	5935.68	6464.45	6925.82	7221.31	7501.25	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7368.19	8843.90	9415.87	9901.44	10323.07	11143.87	11458.37	11755.58	12047.62	n/a	n/a
$100,000	8831.81	10368.00	11683.01	12341.38	12721.54	13932.86	14314.75	14682.82	15028.42	15379.20	15679.87
$125,000	9135.94	11617.34	13176.00	14387.33	15016.32	16201.73	16725.31	17271.36	17881.34	18499.97	19134.14
$150,000	n/a	12759.55	14109.12	15895.87	16930.94	18548.35	18786.82	19286.21	19910.02	20630.59	21330.43
$175,000	n/a	13160.45	16120.51	16913.66	18600.19	20333.38	21109.25	21411.65	21966.34	22645.44	23338.37
$200,000	n/a	13417.92	16690.75	18014.40	19586.88	21959.42	22851.07	23661.50	24167.81	24743.23	25380.86
$225,000	n/a	n/a	17121.02	20046.53	20506.18	23200.13	24528.96	25482.82	26339.90	26979.26	27623.81
$250,000	n/a	n/a	17444.16	20578.75	22025.09	24706.94	26524.80	27900.29	29032.13	30103.49	31093.63
$375,000	n/a	n/a	n/a	n/a	25408.51	30143.23	32883.84	33820.42	34890.05	36967.10	39116.74
Unlimited	9346.75	13874.11	18330.62	22457.09	26279.42	31447.87	34858.94	38135.23	41297.47	44331.84	47236.61

Age: 92	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3647.81	3951.94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6236.35	6792.77	7276.61	7585.92	7879.68	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	7741.44	9293.18	9892.80	10400.83	10841.47	11707.20	12037.25	12350.02	12661.06	n/a	n/a
$100,000	9279.36	10889.86	12273.98	12965.18	13364.35	14639.62	15038.78	15429.31	15787.01	16156.80	16471.30
$125,000	9595.58	12203.14	13846.46	15113.09	15776.64	17022.53	17570.30	18144.00	18783.36	19440.00	20103.55
$150,000	n/a	13404.10	14824.51	16695.94	17789.76	19484.93	19735.49	20259.07	20913.98	21670.85	22410.43
$175,000	n/a	13824.00	16932.67	17765.57	19540.22	21361.54	22175.42	22489.92	23073.98	23785.92	24516.86
$200,000	n/a	14097.02	17534.02	18926.78	20578.75	23068.80	24005.38	24853.82	25386.05	25992.58	26664.77
$225,000	n/a	n/a	17985.02	21059.14	21541.25	24369.98	25766.21	26771.90	27670.46	28339.20	29016.58
$250,000	n/a	n/a	18327.17	21620.74	23139.65	25956.29	27865.73	29310.34	30499.20	31624.13	32662.66
$375,000	n/a	n/a	n/a	n/a	26692.42	31665.60	34544.45	35529.41	36650.88	38831.62	41097.02
Unlimited	9818.50	14577.41	19255.10	23590.66	27606.53	33039.36	36621.50	40063.68	43386.62	46576.51	49626.43

Premiums for a policy with Home and Community Care Daily Benefit = 75% of Nursing Home Maximum Daily Benefit are 114% of the above rates for $40 to $120 MDB and 111% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Premiums for a policy with Home and Community Care Daily Benefit = 100% of Nursing Home Maximum Daily Benefit are 126% of the above rates for $40 to $120 MDB and 120% of the above rates for $140 TO $240 MDB rounded to the nearest whole dollar.

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums,
Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES
Preferred Risk Annual Premiums
Pooled Nursing Home and Home & Community Care Benefits
No Benefit Increase Option
Home & Community Care Daily Benefit = 50% of the Nursing Home Daily Benefit

Currently Approved Rates

Age: 93	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	3829.25	4147.20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6543.94	7128.00	7637.76	7962.62	8270.21	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	8123.33	9751.10	10378.37	10915.78	11378.88	12286.08	12633.41	12958.27	13281.41	n/a	n/a
$100,000	9740.74	11427.26	12877.06	13606.27	14022.72	15360.19	15778.37	16189.63	16566.34	16955.14	17283.46
$125,000	10070.78	12804.48	14525.57	15861.31	16555.97	17865.79	18437.76	19040.83	19711.30	20395.58	21091.97
$150,000	n/a	14065.92	15553.73	17521.92	18665.86	20447.42	20710.08	21261.31	21947.33	22740.48	23511.17
$175,000	n/a	14506.56	17769.02	18643.39	20506.18	22417.34	23272.70	23602.75	24212.74	24959.23	25724.74
$200,000	n/a	14793.41	18399.74	19858.18	21594.82	24212.74	25189.06	26082.43	26637.12	27274.75	27976.32
$225,000	n/a	n/a	18869.76	22099.39	22605.70	25576.13	27036.29	28092.10	29037.31	29735.42	30445.63
$250,000	n/a	n/a	19232.64	22685.18	24281.86	27236.74	29241.22	30754.94	32000.83	33182.78	34271.42
$375,000	n/a	n/a	n/a	n/a	28009.15	33229.44	36249.98	37281.60	38458.37	40746.24	43118.78
Unlimited	10302.34	15297.98	20205.50	24757.06	28969.92	34668.86	38428.99	42038.78	45525.89	48871.30	52073.28

Age: 94	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4010.69	4344.19	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	6853.25	7468.42	7998.91	8342.78	8664.19	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	8512.13	10217.66	10876.03	11435.90	11918.02	12873.60	13236.48	13576.90	13917.31	n/a	n/a
$100,000	10203.84	11969.86	13493.95	14254.27	14693.18	16092.86	16531.78	16958.59	17354.30	17762.11	18105.98
$125,000	10549.44	13416.19	15220.22	16618.18	17343.94	18715.97	19317.31	19948.03	20651.33	21368.45	22097.66
$150,000	n/a	14736.38	16296.77	18358.27	19555.78	21422.02	21696.77	22275.65	22996.22	23823.94	24634.37
$175,000	n/a	15199.49	18615.74	19533.31	21482.50	23485.25	24382.08	24727.68	25370.50	26148.10	26951.62
$200,000	n/a	15498.43	19277.57	20805.12	22624.70	25367.04	26391.74	27328.32	27908.93	28575.94	29313.79
$225,000	n/a	n/a	19771.78	23151.74	23683.97	26796.10	28327.10	29431.30	30421.44	31159.30	31902.34
$250,000	n/a	n/a	20148.48	23768.64	25444.80	28536.19	30635.71	32222.02	33528.38	34769.09	35909.57
$375,000	n/a	n/a	n/a	n/a	29348.35	34814.02	37977.98	39063.17	40295.23	42691.97	45180.29
Unlimited	10796.54	16023.74	21169.73	25937.28	30348.86	36322.56	40262.40	44044.99	47696.26	51204.10	54559.87

Age: 95+	90 Day Elimination Period										
	Nursing Home Daily Benefit										
Maximum	$40	$60	$80	$100	$120	$140	$160	$180	$200	$220	$240
$25,000	4575.74	4954.18	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
$50,000	7819.20	8517.31	9122.11	9516.10	9882.43	n/a	n/a	n/a	n/a	n/a	n/a
$75,000	9709.63	11655.36	12405.31	13042.94	13595.90	14681.09	15094.08	15484.61	15873.41	n/a	n/a
$100,000	11638.08	13654.66	15389.57	16257.02	16756.42	18356.54	18857.66	19348.42	19799.42	20264.26	20658.24
$125,000	12037.25	15303.17	17357.76	18954.43	19782.14	21347.71	22033.73	22754.30	23559.55	24376.90	25211.52
$150,000	n/a	16808.26	18586.37	20938.18	22305.02	24433.92	24748.42	25408.51	26231.04	27179.71	28100.74
$175,000	n/a	17335.30	21231.94	22279.10	24503.04	26789.18	27812.16	28206.14	28938.82	29828.74	30748.03
$200,000	n/a	17679.17	21988.80	23730.62	25802.50	28930.18	30100.03	31171.39	31833.22	32598.72	33438.53
$225,000	n/a	n/a	22552.13	26405.57	27015.55	30561.41	32310.14	33573.31	34703.42	35541.50	36391.68
$250,000	n/a	n/a	22984.13	27108.86	29016.58	32546.88	34943.62	36758.02	38245.82	39661.06	40963.97
$375,000	n/a	n/a	n/a	n/a	33473.09	39707.71	43320.96	44556.48	45963.07	48700.22	51539.33
Unlimited	12312.00	18280.51	24145.34	29585.09	34617.02	41428.80	45923.33	50238.14	54400.90	58399.49	62227.01

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Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
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Couples Premiums are 90% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [(Preferred Risk Annual Premium Pooled Nursing Home and Home and Community Care) x Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES

2O YEAR PAY FACTORS

ISSUE AGE	FACTOR
18-44	1.81
45-49	1.70
50	1.63
51	1.60
52	1.57
53	1.54
54	1.50
55	1.47
56	1.44
57	1.40
58	1.37
59	1.35
60	1.32
61	1.29
62	1.26
63	1.24
64	1.21
65	1.18
66	1.16
67	1.14
68	1.13
69	1.12
70	1.11
71	1.10
72	1.09
73	1.08
74	1.07
75	1.05
76	1.04
77	1.03
78	1.02
79	1.02
80	1.00
81	1.00
82	1.00
83	1.00
84	1.00
85	1.00
86	1.00
87	1.00
88	1.00
89	1.00
90	1.00
91	1.00
92	1.00
93	1.00
94	1.00
95+	1.00

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES

NONFORFEITURE

ISSUE AGE	FACTOR
All Ages	12%

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
FLEX2TQ SERIES

BIO FACTORS

ISSUE AGE	BIO SIMPLE
18-44	70%
45-49	70%
50	70%
51	70%
52	70%
53	70%
54	70%
55	70%
56	70%
57	69%
58	68%
59	67%
60	65%
61	63%
62	61%
63	59%
64	58%
65	56%
66	55%
67	54%
68	52%
69	50%
70	49%
71	46%
72	44%
73	42%
74	39%
75	36%
76	35%
77	33%
78	33%
79	33%
80	32%
81	32%
82	31%
83	31%
84	29%
85	27%
86	25%
87	23%
88	21%
89	20%
90	19%
91	17%
92	16%
93	15%
94	15%
95+	14%

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML LTC5TQ SERIES
Nursing Home

Annual Premium Per $10 Daily Benefit
Preferred Rates

Currently Approved Rates

	Benefit Period - 365 Days					Benefit Period - 730 Days					Benefit Period - 1095 Days				
Issue	Elimination (Days)					Elimination (Days)					Elimination (Days)				
Age	0	20	60	90	180	0	20	60	90	180	0	20	60	90	180
0 to 44	10.37	8.64	8.64	6.91	5.18	17.28	15.55	12.10	10.37	8.64	22.46	19.01	15.55	13.82	12.10
45 to 49	13.82	12.10	10.37	8.64	8.64	22.46	20.74	15.55	13.82	12.10	29.38	25.92	20.74	19.01	15.55
50	15.55	13.82	12.10	10.37	8.64	25.92	24.19	19.01	17.28	15.55	36.29	31.10	24.19	24.19	19.01
51	17.28	15.55	12.10	10.37	8.64	27.65	24.19	20.74	19.01	15.55	38.02	32.83	27.65	25.92	20.74
52	19.01	17.28	13.82	12.10	10.37	29.38	25.92	22.46	20.74	17.28	39.74	36.29	29.38	25.92	22.46
53	20.74	19.01	15.55	13.82	10.37	32.83	27.65	24.19	22.46	19.01	43.20	39.74	31.10	27.65	24.19
54	22.46	20.74	17.28	13.82	12.10	36.29	31.10	24.19	24.19	20.74	46.66	41.47	34.56	31.10	24.19
55	24.19	22.46	19.01	15.55	13.82	39.74	34.56	27.65	25.92	20.74	50.11	44.93	36.29	32.83	27.65
56	24.19	22.46	20.74	17.28	13.82	41.47	38.02	29.38	25.92	24.19	55.30	48.38	39.74	36.29	29.38
57	27.65	24.19	22.46	19.01	15.55	46.66	41.47	32.83	29.38	24.19	58.75	53.57	41.47	39.74	32.83
58	31.10	27.65	24.19	20.74	17.28	50.11	46.66	36.29	32.83	27.65	63.94	57.02	46.66	43.20	36.29
59	32.83	29.38	25.92	22.46	19.01	55.30	51.84	39.74	36.29	31.10	70.85	63.94	51.84	46.66	39.74
60	38.02	34.56	27.65	25.92	20.74	60.48	55.30	43.20	41.47	34.56	77.76	70.85	57.02	51.84	43.20
61	39.74	36.29	31.10	25.92	22.46	67.39	62.21	48.38	44.93	38.02	86.40	79.49	63.94	58.75	50.11
62	43.20	39.74	34.56	29.38	24.19	74.30	69.12	55.30	50.11	41.47	96.77	86.40	70.85	63.94	55.30
63	50.11	43.20	38.02	32.83	27.65	82.94	76.03	60.48	55.30	46.66	107.14	96.77	77.76	70.85	60.48
64	55.30	50.11	41.47	36.29	31.10	91.58	84.67	67.39	60.48	51.84	117.50	105.41	86.40	77.76	67.39
65	62.21	55.30	46.66	41.47	34.56	101.95	91.58	74.30	67.39	57.02	131.33	117.50	93.31	86.40	72.58
66	69.12	62.21	51.84	44.93	38.02	112.32	101.95	82.94	76.03	63.94	145.15	129.60	103.68	95.04	81.22
67	77.76	69.12	57.02	50.11	41.47	124.42	114.05	91.58	82.94	70.85	160.70	143.42	115.78	107.14	89.86
68	86.40	76.03	63.94	55.30	46.66	138.24	124.42	101.95	93.31	77.76	177.98	158.98	127.87	117.50	100.22
69	93.31	84.67	70.85	60.48	51.84	152.06	138.24	112.32	101.95	86.40	195.26	176.26	141.70	129.60	110.59
70	101.95	93.31	77.76	67.39	55.30	169.34	152.06	122.69	112.32	95.04	216.00	195.26	155.52	145.15	120.96
71	114.05	101.95	86.40	76.03	62.21	186.62	169.34	134.78	124.42	103.68	240.19	216.00	172.80	160.70	133.06
72	126.14	114.05	96.77	82.94	70.85	209.09	188.35	150.34	138.24	117.50	267.84	241.92	193.54	177.98	148.61
73	139.97	126.14	107.14	93.31	77.76	229.82	210.82	165.89	152.06	129.60	295.49	267.84	212.54	196.99	164.16
74	155.52	138.24	117.50	101.95	86.40	252.29	229.82	183.17	167.62	141.70	328.32	293.76	235.01	216.00	181.44
75	172.80	153.79	131.33	112.32	96.77	279.94	254.02	203.90	184.90	157.25	361.15	326.59	257.47	238.46	202.18
76	191.81	171.07	146.88	126.14	107.14	311.04	285.12	226.37	207.36	174.53	402.62	364.61	288.58	266.11	226.37
77	214.27	193.54	164.16	141.70	119.23	352.51	319.68	257.47	233.28	196.99	454.46	411.26	324.86	300.67	254.02
78	241.92	216.00	183.17	158.98	133.06	406.08	368.06	295.49	267.84	226.37	520.13	468.29	371.52	342.14	288.58
79	271.30	241.92	205.63	177.98	150.34	468.29	425.09	340.42	311.04	260.93	594.43	535.68	426.82	392.26	331.78
80	304.13	273.02	229.82	198.72	167.62	535.68	489.02	388.80	354.24	300.67	677.38	608.26	485.57	447.55	378.43
81	338.69	304.13	257.47	221.18	186.62	603.07	551.23	440.64	402.62	338.69	758.59	682.56	546.05	504.58	425.09
82	374.98	336.96	285.12	245.38	207.36	670.46	611.71	489.02	445.82	376.70	838.08	755.14	604.80	558.14	470.02
83	414.72	373.25	316.22	271.30	229.82	736.13	670.46	535.68	489.02	412.99	915.84	824.26	661.82	609.98	513.22
84	459.65	412.99	350.78	302.40	255.74	801.79	729.22	584.06	532.22	449.28	997.06	896.83	718.85	663.55	558.14
85	506.30	456.19	387.07	333.50	281.66	867.46	789.70	630.72	577.15	485.57	1080.00	972.86	775.87	715.39	601.34
86	552.96	497.66	425.09	364.61	305.86	931.39	848.45	677.38	620.35	521.86	1159.49	1045.44	832.90	768.96	646.27
87	599.62	537.41	457.92	392.26	331.78	997.06	907.20	724.03	663.55	558.14	1240.70	1116.29	889.92	819.07	691.20
88	637.63	573.70	489.02	418.18	352.51	1057.54	962.50	770.69	703.30	592.70	1316.74	1187.14	943.49	870.91	732.67
89	673.92	606.53	516.67	442.37	373.25	1116.29	1016.06	813.89	744.77	627.26	1389.31	1252.80	997.06	919.30	772.42
90	710.21	641.09	544.32	466.56	393.98	1175.04	1067.90	858.82	786.24	661.82	1463.62	1316.74	1050.62	967.68	815.62
91	749.95	675.65	575.42	492.48	412.99	1237.25	1126.66	903.74	827.71	696.38	1541.38	1387.58	1104.19	1017.79	858.82
92	793.15	713.66	608.26	518.40	437.18	1304.64	1187.14	955.58	872.64	736.13	1624.32	1461.89	1164.67	1074.82	905.47
93	841.54	756.86	646.27	549.50	463.10	1382.40	1256.26	1012.61	926.21	781.06	1719.36	1548.29	1233.79	1138.75	959.04
94	895.10	805.25	687.74	584.06	492.48	1467.07	1334.02	1076.54	984.96	829.44	1826.50	1641.60	1309.82	1207.87	1019.52
95+	950.40	853.63	727.49	620.35	521.86	1553.47	1411.78	1142.21	1043.71	879.55	1933.63	1740.10	1387.58	1280.45	1080.00

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums.
Couples Premiums are 100% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [Preferred Risk Annual Premium NH x NH units + Preferred Risk Annual Premium HH x HH units] x [Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML LTC5TQ SERIES
Nursing Home

Annual Premium Per $10 Daily Benefit
Preferred Rates

Currently Approved Rates

	Benefit Period - 1460 Days					Benefit Period - 1825 Days					Benefit Period - Unlimited				
Issue	Elimination (Days)					Elimination (Days)					Elimination (Days)				
Age	0	20	60	90	180	0	20	60	90	180	0	20	60	90	180
0 to 44	22.46	20.74	17.28	15.55	13.82	27.65	24.19	20.74	19.01	15.55	39.74	36.29	31.10	27.65	24.19
45 to 49	29.38	25.92	22.46	20.74	17.28	36.29	32.83	27.65	25.92	22.46	48.38	43.20	36.29	32.83	27.65
50	36.29	32.83	25.92	25.92	22.46	41.47	39.74	31.10	27.65	24.19	55.30	50.11	41.47	38.02	31.10
51	39.74	34.56	27.65	25.92	24.19	44.93	41.47	32.83	31.10	25.92	57.02	53.57	43.20	39.74	34.56
52	41.47	38.02	31.10	27.65	24.19	48.38	44.93	36.29	32.83	27.65	60.48	55.30	46.66	43.20	36.29
53	44.93	39.74	34.56	29.38	25.92	51.84	48.38	39.74	36.29	31.10	65.66	58.75	50.11	44.93	39.74
54	48.38	43.20	36.29	32.83	27.65	55.30	53.57	41.47	39.74	34.56	70.85	62.21	53.57	48.38	41.47
55	53.57	48.38	39.74	36.29	29.38	60.48	55.30	46.66	43.20	38.02	72.58	67.39	57.02	51.84	44.93
56	57.02	53.57	41.47	39.74	32.83	67.39	60.48	51.84	46.66	39.74	79.49	72.58	62.21	57.02	48.38
57	62.21	55.30	46.66	43.20	36.29	72.58	67.39	55.30	51.84	44.93	86.40	79.49	67.39	60.48	53.57
58	69.12	62.21	51.84	46.66	39.74	81.22	72.58	62.21	57.02	50.11	93.31	86.40	72.58	65.66	57.02
59	76.03	69.12	57.02	51.84	43.20	88.13	82.94	69.12	62.21	55.30	103.68	95.04	79.49	72.58	62.21
60	84.67	76.03	63.94	58.75	50.11	100.22	89.86	74.30	69.12	60.48	112.32	101.95	86.40	77.76	69.12
61	93.31	86.40	70.85	63.94	55.30	108.86	98.50	82.94	77.76	67.39	124.42	112.32	95.04	86.40	74.30
62	103.68	93.31	77.76	70.85	60.48	120.96	108.86	91.58	84.67	72.58	136.51	124.42	103.68	95.04	82.94
63	114.05	103.68	86.40	77.76	67.39	133.06	119.23	101.95	95.04	81.22	152.06	138.24	115.78	105.41	89.86
64	126.14	115.78	93.31	86.40	72.58	148.61	133.06	112.32	103.68	88.13	167.62	150.34	127.87	117.50	100.22
65	138.24	126.14	101.95	95.04	81.22	164.16	148.61	124.42	114.05	98.50	184.90	167.62	139.97	129.60	110.59
66	153.79	139.97	114.05	105.41	89.86	179.71	164.16	136.51	126.14	107.14	203.90	184.90	155.52	143.42	122.69
67	171.07	155.52	126.14	115.78	100.22	198.72	179.71	152.06	139.97	119.23	226.37	205.63	172.80	158.98	134.78
68	190.08	172.80	139.97	129.60	110.59	219.46	200.45	169.34	155.52	133.06	248.83	226.37	191.81	176.26	148.61
69	209.09	188.35	153.79	143.42	120.96	241.92	219.46	186.62	171.07	146.88	273.02	248.83	210.82	193.54	164.16
70	228.10	207.36	171.07	157.25	134.78	266.11	241.92	205.63	188.35	162.43	300.67	273.02	231.55	212.54	181.44
71	254.02	228.10	190.08	174.53	148.61	297.22	269.57	228.10	209.09	179.71	331.78	300.67	255.74	233.28	200.45
72	285.12	257.47	210.82	195.26	165.89	330.05	298.94	254.02	233.28	198.72	366.34	335.23	283.39	259.20	222.91
73	314.50	285.12	235.01	216.00	184.90	364.61	331.78	281.66	257.47	221.18	404.35	368.06	312.77	285.12	245.38
74	347.33	314.50	257.47	236.74	202.18	402.62	366.34	311.04	285.12	243.65	444.10	404.35	342.14	312.77	267.84
75	381.89	345.60	285.12	260.93	224.64	444.10	404.35	343.87	316.22	271.30	489.02	444.10	374.98	343.87	295.49
76	426.82	385.34	317.95	292.03	250.56	495.94	451.01	381.89	352.51	302.40	542.59	492.48	416.45	381.89	328.32
77	482.11	437.18	359.42	330.05	283.39	558.14	506.30	428.54	393.98	336.96	611.71	554.69	471.74	432.00	369.79
78	552.96	501.12	412.99	378.43	324.86	632.45	575.42	485.57	445.82	381.89	705.02	639.36	540.86	495.94	425.09
79	639.36	577.15	475.20	437.18	374.98	717.12	651.46	549.50	504.58	430.27	813.89	739.58	623.81	573.70	490.75
80	729.22	661.82	544.32	499.39	428.54	801.79	727.49	618.62	566.78	485.57	926.21	841.54	715.39	656.64	563.33
81	822.53	744.77	615.17	563.33	483.84	900.29	817.34	691.20	632.45	542.59	1040.26	945.22	805.25	739.58	634.18
82	917.57	831.17	682.56	627.26	537.41	993.60	902.02	762.05	699.84	599.62	1150.85	1045.44	893.38	819.07	703.30
83	1005.70	910.66	748.22	687.74	587.52	1090.37	988.42	834.62	765.50	656.64	1256.26	1142.21	972.86	893.38	767.23
84	1095.55	990.14	815.62	748.22	641.09	1187.14	1076.54	910.66	834.62	715.39	1361.66	1237.25	1052.35	967.68	829.44
85	1185.41	1071.36	881.28	808.70	692.93	1283.90	1166.40	986.69	905.47	775.87	1467.07	1330.56	1131.84	1040.26	891.65
86	1273.54	1152.58	946.94	870.91	746.50	1387.58	1259.71	1064.45	974.59	836.35	1570.75	1427.33	1209.60	1111.10	953.86
87	1361.66	1232.06	1012.61	929.66	798.34	1484.35	1346.11	1138.75	1043.71	895.10	1672.70	1518.91	1287.36	1181.95	1014.34
88	1444.61	1309.82	1074.82	986.69	846.72	1575.94	1429.06	1209.60	1111.10	953.86	1772.93	1610.50	1363.39	1251.07	1073.09
89	1525.82	1380.67	1135.30	1041.98	895.10	1670.98	1517.18	1280.45	1175.04	1007.42	1867.97	1696.90	1437.70	1320.19	1131.84
90	1608.77	1454.98	1194.05	1095.55	941.76	1764.29	1601.86	1349.57	1238.98	1064.45	1964.74	1783.30	1512.00	1387.58	1190.59
91	1691.71	1532.74	1257.98	1154.30	988.42	1859.33	1688.26	1423.87	1308.10	1121.47	2064.96	1874.88	1589.76	1458.43	1251.07
92	1785.02	1615.68	1327.10	1216.51	1043.71	1968.19	1788.48	1505.09	1382.40	1185.41	2173.82	1973.38	1672.70	1536.19	1316.74
93	1890.43	1712.45	1406.59	1289.09	1105.92	2090.88	1897.34	1596.67	1467.07	1257.98	2298.24	2087.42	1769.47	1624.32	1392.77
94	2009.66	1819.58	1491.26	1368.58	1173.31	2217.02	2014.85	1700.35	1562.11	1339.20	2434.75	2211.84	1874.88	1721.09	1475.71
95+	2128.90	1926.72	1579.39	1449.79	1240.70	2348.35	2132.35	1804.03	1657.15	1422.14	2574.72	2337.98	1983.74	1819.58	1560.38

Risk Class Rating Factors: Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums.
Couples Premiums are 100% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [Preferred Risk Annual Premium NH x NH units + Preferred Risk Annual Premium HH x HH units] x [Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML LTC5TQ SERIES
Home Health and Community Care

Annual Premium Per $10 Daily Benefit
2 of 6 ADL's
10 Day Elimination
Preferred Rates

Currently Approved Rates

Issue Age	Benefit Period (Days)						
	365	548	730	913	1095	1460	Unlimited
0 to 44	10.37	13.82	17.28	20.74	24.19	25.92	32.83
45 to 49	13.82	19.01	22.46	24.19	25.92	29.38	36.29
50	15.55	22.46	24.19	27.65	29.38	32.83	39.74
51	17.28	24.19	25.92	29.38	31.10	36.29	41.47
52	19.01	24.19	27.65	31.10	32.83	38.02	43.20
53	20.74	25.92	29.38	32.83	36.29	39.74	46.66
54	22.46	27.65	32.83	36.29	39.74	43.20	50.11
55	24.19	31.10	36.29	39.74	41.47	48.38	53.57
56	24.19	32.83	38.02	41.47	44.93	50.11	57.02
57	27.65	36.29	41.47	46.66	50.11	55.30	63.94
58	31.10	39.74	46.66	53.57	55.30	62.21	69.12
59	32.83	43.20	51.84	57.02	60.48	69.12	74.30
60	34.56	46.66	55.30	62.21	67.39	74.30	82.94
61	39.74	53.57	62.21	70.85	74.30	84.67	89.86
62	43.20	58.75	69.12	76.03	81.22	91.58	100.22
63	48.38	65.66	76.03	84.67	89.86	101.95	110.59
64	55.30	70.85	84.67	93.31	100.22	112.32	120.96
65	60.48	79.49	91.58	101.95	108.86	122.69	133.06
66	69.12	88.13	101.95	115.78	122.69	136.51	148.61
67	76.03	98.50	114.05	126.14	134.78	152.06	164.16
68	84.67	108.86	126.14	139.97	148.61	169.34	179.71
69	91.58	119.23	138.24	153.79	164.16	184.90	196.99
70	101.95	133.06	153.79	171.07	183.17	207.36	219.46
71	112.32	146.88	169.34	190.08	202.18	226.37	243.65
72	124.42	164.16	190.08	210.82	226.37	254.02	273.02
73	138.24	181.44	210.82	235.01	250.56	281.66	309.31
74	152.06	198.72	229.82	257.47	273.02	307.58	343.87
75	165.89	217.73	252.29	281.66	300.67	336.96	385.34
76	184.90	241.92	279.94	311.04	333.50	374.98	433.73
77	205.63	273.02	316.22	350.78	376.70	423.36	489.02
78	233.28	311.04	364.61	404.35	432.00	489.02	554.69
79	262.66	357.70	421.63	470.02	501.12	565.06	634.18
80	295.49	407.81	482.11	537.41	573.70	646.27	715.39
81	328.32	457.92	544.32	606.53	648.00	729.22	791.42
82	364.61	508.03	604.80	673.92	720.58	810.43	858.82
83	402.62	559.87	663.55	739.58	789.70	889.92	936.58
84	447.55	613.44	724.03	805.25	860.54	969.41	1014.34
85	490.75	665.28	782.78	872.64	931.39	1048.90	1093.82
86	535.68	718.85	839.81	936.58	1000.51	1126.66	1171.58
87	575.42	770.69	898.56	1002.24	1069.63	1206.14	1271.81
88	613.44	817.34	953.86	1062.72	1133.57	1276.99	1351.30
89	646.27	862.27	1005.70	1121.47	1197.50	1347.84	1425.60
90	677.38	907.20	1059.26	1178.50	1259.71	1420.42	1501.63
91	711.94	953.86	1114.56	1242.43	1327.10	1494.72	1581.12
92	749.95	1003.97	1175.04	1309.82	1399.68	1575.94	1665.79
93	793.15	1066.18	1245.89	1387.58	1482.62	1669.25	1762.56
94	841.54	1128.38	1321.92	1472.26	1574.21	1771.20	1871.42
95+	889.92	1195.78	1399.68	1560.38	1665.79	1874.88	1982.02

Risk Class Rating Fac Smoker Premiums are 165% of Preferred Premiums,
Standard Premiums are 110% of Preferred Premiums.
Couples Premiums are 100% of Preferred Premiums.

Premium Calculation: Total Annual Premium = $15 + [Preferred Risk Annual Premium NH x NH units + Preferred Risk Annual Premium HH x HH units] x [Benefit Increase Option factor x 20-Year Pay Plan Factor x Risk Class Rating Factor].

Semi-Annual, Quarterly, and Monthly Premiums are .52, .27, and .08 times the Total Annual Premium, respectively.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML LTC5TQ SERIES

2O YEAR PAY FACTORS

ISSUE AGE	FACTOR
18-44	1.81
45-49	1.70
50	1.63
51	1.60
52	1.57
53	1.54
54	1.50
55	1.47
56	1.44
57	1.40
58	1.37
59	1.35
60	1.32
61	1.29
62	1.26
63	1.24
64	1.21
65	1.18
66	1.16
67	1.14
68	1.13
69	1.12
70	1.11
71	1.10
72	1.09
73	1.08
74	1.07
75	1.05
76	1.04
77	1.03
78	1.02
79	1.02
80	1.00
81	1.00
82	1.00
83	1.00
84	1.00
85	1.00
86	1.00
87	1.00
88	1.00
89	1.00
90	1.00
91	1.00
92	1.00
93	1.00
94	1.00
95+	1.00

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML LTC5TQ SERIES

BIO FACTORS

ISSUE AGE	BIO	
	SIMPLE	COMPOUND
18-44	70%	128%
45-49	70%	128%
50	70%	128%
51	70%	128%
52	70%	128%
53	70%	128%
54	70%	128%
55	70%	125%
56	70%	123%
57	69%	119%
58	68%	116%
59	67%	111%
60	65%	106%
61	63%	103%
62	61%	99%
63	59%	94%
64	58%	89%
65	56%	85%
66	55%	81%
67	54%	78%
68	52%	75%
69	50%	71%
70	49%	67%
71	46%	63%
72	44%	60%
73	42%	58%
74	39%	55%
75	36%	53%
76	35%	50%
77	33%	47%
78	33%	45%
79	33%	42%
80	32%	39%
81	32%	37%
82	31%	35%
83	31%	34%
84	29%	32%
85	27%	30%
86	25%	28%
87	23%	26%
88	21%	24%
89	20%	22%
90	19%	21%
91	17%	19%
92	16%	18%
93	15%	17%
94	15%	16%
95+	14%	15%

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML LTC5TQ SERIES

NONFORFEITURE

ISSUE AGE	FACTOR
All Ages	12%

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
1 Year Nursing Home Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Maximum Daily Benefit
Currently Approved Rates

Issue	No BIO				Simple BIO				Compound BIO			
Ages	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day
18-22	6.91	5.18	3.46	3.46	13.82	12.10	8.64	6.91	24.19	20.74	15.55	13.82
23	6.91	5.18	5.18	3.46	13.82	12.10	8.64	6.91	24.19	20.74	15.55	13.82
24	6.91	6.91	5.18	3.46	13.82	13.82	10.37	8.64	24.19	20.74	15.55	13.82
25	6.91	6.91	5.18	3.46	15.55	13.82	10.37	8.64	24.19	22.46	15.55	13.82
26	6.91	6.91	5.18	3.46	15.55	13.82	10.37	8.64	24.19	22.46	15.55	13.82
27	6.91	6.91	5.18	3.46	15.55	13.82	10.37	8.64	24.19	22.46	15.55	13.82
28	8.64	6.91	5.18	5.18	17.28	15.55	10.37	8.64	24.19	22.46	17.28	13.82
29	8.64	6.91	5.18	5.18	17.28	15.55	12.10	8.64	24.19	22.46	17.28	13.82
30	8.64	8.64	5.18	5.18	17.28	15.55	12.10	10.37	25.92	22.46	17.28	13.82
31	8.64	8.64	6.91	5.18	19.01	17.28	12.10	10.37	25.92	22.46	17.28	13.82
32	10.37	8.64	6.91	5.18	19.01	17.28	12.10	10.37	25.92	24.19	17.28	13.82
33	10.37	8.64	6.91	5.18	20.74	17.28	13.82	10.37	27.65	24.19	17.28	15.55
34	10.37	10.37	6.91	6.91	20.74	19.01	13.82	12.10	27.65	24.19	19.01	15.55
35	12.10	10.37	6.91	6.91	22.46	19.01	13.82	12.10	27.65	25.92	19.01	15.55
36	12.10	10.37	8.64	6.91	22.46	20.74	15.55	12.10	29.38	25.92	19.01	15.55
37	12.10	12.10	8.64	6.91	22.46	20.74	15.55	12.10	29.38	25.92	20.74	17.28
38	12.10	12.10	8.64	6.91	22.46	20.74	15.55	13.82	29.38	25.92	20.74	17.28
39	13.82	12.10	8.64	6.91	22.46	20.74	15.55	15.55	29.38	25.92	20.74	17.28
40	13.82	12.10	8.64	8.64	25.92	22.46	17.28	15.55	31.10	27.65	22.46	19.01
41	13.82	13.82	10.37	8.64	25.92	24.19	19.01	15.55	31.10	27.65	22.46	19.01
42	15.55	13.82	10.37	8.64	25.92	24.19	19.01	15.55	32.83	29.38	22.46	19.01
43	15.55	13.82	10.37	8.64	25.92	24.19	19.01	15.55	32.83	29.38	22.46	19.01
44	15.55	13.82	10.37	8.64	25.92	24.19	19.01	15.55	32.83	29.38	22.46	19.01
45	15.55	13.82	10.37	8.64	25.92	24.19	19.01	15.55	34.56	31.10	24.19	19.01
46	15.55	13.82	10.37	8.64	27.65	24.19	20.74	17.28	34.56	31.10	24.19	19.01
47	15.55	13.82	10.37	8.64	27.65	24.19	20.74	17.28	34.56	31.10	24.19	20.74
48	15.55	13.82	10.37	8.64	27.65	24.19	20.74	17.28	34.56	31.10	25.92	20.74
49	15.55	13.82	12.10	10.37	27.65	24.19	20.74	17.28	36.29	32.83	25.92	22.46
50	15.55	13.82	12.10	10.37	27.65	25.92	20.74	17.28	36.29	32.83	27.65	22.46
51	17.28	15.55	12.10	10.37	29.38	25.92	22.46	17.28	36.29	32.83	29.38	24.19
52	17.28	15.55	13.82	10.37	29.38	25.92	22.46	19.01	38.02	34.56	31.10	25.92
53	19.01	17.28	13.82	12.10	31.10	27.65	24.19	20.74	39.74	36.29	32.83	27.65
54	20.74	19.01	15.55	12.10	32.83	29.38	25.92	20.74	43.20	38.02	34.56	27.65
55	22.46	20.74	17.28	13.82	34.56	31.10	27.65	22.46	46.66	41.47	36.29	29.38
56	24.19	22.46	19.01	15.55	38.02	34.56	29.38	24.19	50.11	44.93	38.02	31.10
57	27.65	24.19	20.74	17.28	41.47	38.02	32.83	27.65	55.30	50.11	41.47	34.56
58	31.10	27.65	22.46	19.01	46.66	41.47	36.29	29.38	62.21	55.30	44.93	38.02
59	34.56	31.10	25.92	20.74	53.57	48.38	39.74	32.83	69.12	62.21	50.11	41.47
60	38.02	34.56	27.65	24.19	58.75	53.57	44.93	38.02	77.76	69.12	55.30	44.93
61	43.20	38.02	31.10	25.92	67.39	60.48	50.11	41.47	86.40	77.76	60.48	50.11
62	48.38	43.20	34.56	29.38	76.03	67.39	55.30	46.66	96.77	86.40	67.39	57.02
63	53.57	48.38	39.74	32.83	84.67	76.03	62.21	51.84	108.86	96.77	76.03	62.21
64	60.48	55.30	43.20	36.29	95.04	84.67	69.12	57.02	120.96	108.86	86.40	70.85
65	69.12	62.21	48.38	39.74	105.41	95.04	76.03	62.21	134.78	120.96	95.04	79.49
66	76.03	69.12	53.57	44.93	117.50	105.41	82.94	69.12	146.88	133.06	105.41	88.13
67	84.67	76.03	60.48	50.11	127.87	115.78	91.58	76.03	160.70	145.15	115.78	95.04
68	93.31	84.67	65.66	53.57	138.24	124.42	98.50	81.22	174.53	157.25	124.42	101.95
69	101.95	91.58	70.85	58.75	148.61	134.78	107.14	88.13	186.62	167.62	131.33	108.86
70	110.59	100.22	77.76	63.94	160.70	145.15	114.05	95.04	200.45	179.71	139.97	115.78
71	120.96	108.86	84.67	70.85	172.80	155.52	124.42	101.95	214.27	191.81	148.61	122.69
72	133.06	119.23	93.31	77.76	188.35	169.34	134.78	110.59	229.82	207.36	158.98	131.33
73	145.15	131.33	103.68	84.67	203.90	183.17	145.15	120.96	247.10	222.91	171.07	141.70
74	158.98	143.42	114.05	93.31	222.91	200.45	157.25	129.60	266.11	240.19	181.44	150.34
75	174.53	157.25	124.42	103.68	241.92	217.73	169.34	139.97	286.85	257.47	195.26	160.70
76	193.54	172.80	138.24	114.05	266.11	238.46	184.90	152.06	309.31	278.21	210.82	174.53
77	214.27	193.54	152.06	126.14	290.30	262.66	203.90	167.62	335.23	302.40	229.82	190.08
78	240.19	217.73	169.34	139.97	321.41	288.58	226.37	186.62	366.34	330.05	254.02	210.82
79	271.30	243.65	188.35	155.52	354.24	319.68	254.02	209.09	400.90	361.15	283.39	235.01
80				171.07				233.28				259.20
81				188.35				257.47				285.12
82				207.36				281.66				309.31
83				224.64				304.13				333.50
84				245.38				326.59				359.42
85				305.86				395.71				432.00
86				323.14				404.35				437.18
87				340.42				414.72				442.37
88				361.15				425.09				454.46
89				393.98				461.38				487.30
90				430.27				497.66				513.22
91				463.10				533.95				540.86
92				492.48				563.33				570.24
93				516.67				585.79				592.70
94				537.41				604.80				609.98
95				554.69				620.35				625.54
96				570.24				634.18				637.63
97				585.79				646.27				649.73
98				599.62				656.64				660.10
99+				613.44				667.01				668.74

Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%. For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
2 Year Nursing Home Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Maximum Daily Benefit
Currently Approved Rates

Issue	No BIO				Simple BIO				Compound BIO			
Ages	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day
18-22	8.64	8.64	6.91	5.18	20.74	19.01	13.82	12.10	34.56	31.10	24.19	20.74
23	10.37	8.64	6.91	5.18	20.74	19.01	15.55	12.10	36.29	31.10	25.92	22.46
24	10.37	8.64	6.91	6.91	22.46	19.01	15.55	13.82	36.29	32.83	25.92	22.46
25	10.37	8.64	6.91	6.91	22.46	20.74	15.55	13.82	36.29	32.83	25.92	22.46
26	10.37	10.37	8.64	6.91	22.46	20.74	17.28	13.82	36.29	32.83	25.92	22.46
27	12.10	10.37	8.64	6.91	24.19	20.74	17.28	13.82	36.29	32.83	25.92	22.46
28	12.10	10.37	8.64	6.91	24.19	22.46	17.28	15.55	36.29	32.83	25.92	22.46
29	12.10	12.10	8.64	6.91	25.92	22.46	19.01	15.55	38.02	34.56	25.92	22.46
30	13.82	12.10	8.64	8.64	25.92	24.19	19.01	15.55	38.02	34.56	27.65	22.46
31	13.82	12.10	10.37	8.64	27.65	24.19	19.01	17.28	38.02	34.56	27.65	24.19
32	13.82	13.82	10.37	8.64	29.38	25.92	20.74	17.28	39.74	34.56	27.65	24.19
33	15.55	13.82	10.37	8.64	29.38	25.92	20.74	19.01	39.74	36.29	29.38	24.19
34	17.28	15.55	12.10	10.37	31.10	27.65	22.46	19.01	41.47	38.02	29.38	25.92
35	17.28	15.55	12.10	10.37	32.83	29.38	22.46	19.01	41.47	38.02	31.10	25.92
36	19.01	17.28	12.10	10.37	32.83	31.10	24.19	20.74	43.20	38.02	31.10	25.92
37	19.01	17.28	12.10	12.10	34.56	31.10	24.19	20.74	43.20	39.74	32.83	27.65
38	19.01	17.28	13.82	12.10	34.56	31.10	24.19	22.46	43.20	39.74	32.83	27.65
39	19.01	17.28	13.82	12.10	36.29	32.83	24.19	24.19	44.93	39.74	34.56	29.38
40	20.74	19.01	15.55	12.10	38.02	34.56	27.65	24.19	46.66	41.47	34.56	31.10
41	22.46	19.01	15.55	13.82	39.74	34.56	29.38	25.92	46.66	43.20	36.29	31.10
42	22.46	20.74	15.55	13.82	39.74	36.29	29.38	25.92	48.38	43.20	36.29	31.10
43	22.46	20.74	15.55	13.82	39.74	36.29	31.10	25.92	48.38	43.20	36.29	31.10
44	22.46	20.74	15.55	13.82	39.74	36.29	31.10	25.92	50.11	44.93	36.29	31.10
45	22.46	20.74	17.28	13.82	39.74	36.29	31.10	27.65	50.11	44.93	38.02	32.83
46	22.46	20.74	17.28	13.82	39.74	36.29	31.10	27.65	51.84	46.66	38.02	32.83
47	22.46	20.74	17.28	15.55	39.74	36.29	32.83	27.65	51.84	46.66	39.74	34.56
48	24.19	20.74	17.28	15.55	39.74	36.29	32.83	27.65	51.84	46.66	41.47	34.56
49	24.19	20.74	19.01	15.55	41.47	36.29	32.83	29.38	53.57	48.38	43.20	36.29
50	24.19	22.46	19.01	17.28	41.47	38.02	34.56	29.38	53.57	48.38	44.93	38.02
51	24.19	22.46	20.74	17.28	43.20	38.02	34.56	29.38	55.30	50.11	46.66	39.74
52	25.92	24.19	20.74	19.01	43.20	39.74	36.29	31.10	57.02	50.11	50.11	43.20
53	27.65	25.92	22.46	20.74	46.66	41.47	38.02	32.83	60.48	53.57	51.84	44.93
54	31.10	27.65	24.19	20.74	48.38	43.20	41.47	34.56	63.94	57.02	55.30	46.66
55	34.56	31.10	27.65	22.46	51.84	46.66	43.20	38.02	69.12	62.21	57.02	50.11
56	38.02	32.83	29.38	25.92	57.02	50.11	48.38	41.47	76.03	67.39	60.48	51.84
57	41.47	38.02	32.83	27.65	62.21	57.02	51.84	44.93	82.94	76.03	65.66	57.02
58	46.66	41.47	36.29	31.10	70.85	63.94	58.75	50.11	93.31	84.67	72.58	62.21
59	51.84	46.66	39.74	34.56	79.49	70.85	63.94	55.30	103.68	93.31	79.49	69.12
60	57.02	51.84	44.93	39.74	89.86	79.49	72.58	62.21	115.78	105.41	88.13	76.03
61	63.94	57.02	50.11	43.20	100.22	89.86	79.49	69.12	129.60	117.50	96.77	84.67
62	72.58	65.66	57.02	48.38	112.32	101.95	88.13	76.03	145.15	129.60	108.86	93.31
63	81.22	72.58	62.21	53.57	126.14	114.05	98.50	84.67	162.43	145.15	120.96	105.41
64	91.58	82.94	70.85	60.48	141.70	127.87	108.86	93.31	179.71	162.43	136.51	117.50
65	101.95	91.58	77.76	67.39	157.25	141.70	120.96	103.68	200.45	179.71	152.06	131.33
66	114.05	103.68	86.40	74.30	174.53	157.25	133.06	114.05	221.18	198.72	169.34	145.15
67	126.14	114.05	95.04	81.22	191.81	172.80	145.15	124.42	241.92	217.73	183.17	158.98
68	139.97	126.14	103.68	89.86	207.36	186.62	157.25	134.78	260.93	235.01	196.99	169.34
69	152.06	136.51	114.05	98.50	222.91	200.45	169.34	146.88	279.94	250.56	210.82	181.44
70	165.89	148.61	124.42	107.14	240.19	216.00	183.17	157.25	298.94	269.57	222.91	191.81
71	179.71	162.43	134.78	115.78	259.20	233.28	196.99	169.34	319.68	288.58	236.74	203.90
72	198.72	177.98	148.61	127.87	279.94	252.29	214.27	184.90	343.87	309.31	254.02	219.46
73	217.73	195.26	164.16	141.70	305.86	274.75	231.55	198.72	369.79	333.50	271.30	233.28
74	238.46	214.27	181.44	155.52	333.50	298.94	250.56	214.27	397.44	357.70	290.30	250.56
75	260.93	235.01	198.72	171.07	362.88	326.59	269.57	233.28	428.54	385.34	311.04	267.84
76	288.58	259.20	219.46	190.08	397.44	357.70	293.76	254.02	463.10	416.45	336.96	288.58
77	321.41	288.58	243.65	209.09	435.46	392.26	324.86	278.21	502.85	452.74	366.34	316.22
78	361.15	324.86	269.57	233.28	480.38	432.00	361.15	311.04	547.78	494.21	406.08	349.06
79	406.08	364.61	298.94	257.47	530.50	476.93	404.35	347.33	599.62	540.86	451.01	388.80
80				285.12				387.07				430.27
81				312.77				428.54				473.47
82				342.14				466.56				514.94
83				373.25				504.58				554.69
84				406.08				542.59				596.16
85				506.30				656.64				711.94
86				535.68				672.19				724.03
87				565.06				687.74				729.22
88				597.89				717.12				751.68
89				653.18				774.14				801.79
90				711.94				838.08				850.18
91				768.96				896.83				908.93
92				817.34				945.22				957.31
93				857.09				983.23				993.60
94				889.92				1,012.61				1,022.98
95				919.30				1,038.53				1,048.90
96				946.94				1,060.99				1,069.63
97				971.14				1,081.73				1,088.64
98				995.33				1,100.74				1,105.92
99+				1,016.06				1,114.56				1,119.74

Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%. For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
3 Year Nursing Home Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Maximum Daily Benefit
Currently Approved Rates

Issue	No BIO				Simple BIO				Compound BIO			
Ages	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day
18-22	12.10	10.37	8.64	6.91	24.19	22.46	19.01	15.55	43.20	38.02	31.10	27.65
23	12.10	10.37	8.64	6.91	25.92	22.46	19.01	17.28	43.20	39.74	31.10	27.65
24	12.10	10.37	8.64	8.64	25.92	24.19	19.01	17.28	43.20	39.74	31.10	27.65
25	12.10	12.10	8.64	8.64	27.65	24.19	20.74	17.28	43.20	39.74	32.83	27.65
26	13.82	12.10	10.37	8.64	27.65	25.92	20.74	17.28	44.93	39.74	32.83	27.65
27	13.82	12.10	10.37	8.64	29.38	25.92	20.74	19.01	44.93	39.74	32.83	29.38
28	15.55	13.82	10.37	8.64	31.10	27.65	22.46	19.01	44.93	41.47	32.83	29.38
29	15.55	13.82	12.10	10.37	31.10	27.65	22.46	20.74	46.66	41.47	32.83	29.38
30	15.55	13.82	12.10	10.37	32.83	29.38	24.19	20.74	46.66	41.47	34.56	29.38
31	17.28	15.55	12.10	10.37	32.83	31.10	24.19	20.74	46.66	43.20	34.56	29.38
32	17.28	15.55	13.82	12.10	34.56	31.10	25.92	22.46	48.38	43.20	34.56	31.10
33	19.01	17.28	13.82	12.10	36.29	32.83	25.92	22.46	50.11	44.93	36.29	31.10
34	20.74	17.28	13.82	12.10	38.02	34.56	27.65	24.19	50.11	44.93	36.29	32.83
35	20.74	19.01	15.55	13.82	39.74	36.29	27.65	25.92	50.11	44.93	38.02	32.83
36	22.46	19.01	15.55	13.82	41.47	36.29	27.65	25.92	50.11	44.93	38.02	32.83
37	22.46	20.74	15.55	13.82	41.47	38.02	29.38	27.65	50.11	44.93	38.02	34.56
38	22.46	20.74	15.55	13.82	41.47	38.02	29.38	27.65	50.11	44.93	39.74	34.56
39	22.46	20.74	15.55	15.55	43.20	38.02	29.38	27.65	50.11	44.93	39.74	34.56
40	24.19	22.46	17.28	15.55	44.93	39.74	32.83	29.38	53.57	48.38	41.47	36.29
41	24.19	22.46	17.28	15.55	44.93	39.74	34.56	29.38	53.57	48.38	41.47	36.29
42	25.92	22.46	19.01	15.55	44.93	41.47	34.56	31.10	55.30	50.11	43.20	38.02
43	25.92	22.46	19.01	17.28	44.93	41.47	36.29	31.10	55.30	50.11	43.20	38.02
44	25.92	22.46	19.01	17.28	44.93	41.47	36.29	31.10	57.02	51.84	43.20	38.02
45	25.92	24.19	19.01	17.28	46.66	41.47	36.29	32.83	57.02	51.84	44.93	39.74
46	25.92	24.19	20.74	17.28	46.66	41.47	38.02	32.83	58.75	53.57	44.93	39.74
47	25.92	24.19	20.74	17.28	46.66	41.47	38.02	32.83	60.48	53.57	46.66	41.47
48	27.65	24.19	20.74	19.01	46.66	43.20	38.02	34.56	62.21	55.30	48.38	41.47
49	27.65	25.92	20.74	19.01	48.38	43.20	39.74	34.56	62.21	55.30	50.11	43.20
50	29.38	25.92	22.46	19.01	50.11	44.93	39.74	34.56	63.94	57.02	51.84	44.93
51	29.38	27.65	22.46	20.74	51.84	46.66	39.74	36.29	65.66	58.75	53.57	46.66
52	32.83	29.38	24.19	20.74	53.57	48.38	41.47	36.29	69.12	62.21	57.02	50.11
53	34.56	31.10	25.92	22.46	57.02	50.11	43.20	38.02	72.58	65.66	60.48	51.84
54	38.02	34.56	29.38	25.92	60.48	53.57	46.66	41.47	77.76	70.85	63.94	55.30
55	41.47	38.02	31.10	27.65	63.94	57.02	51.84	44.93	84.67	76.03	67.39	58.75
56	44.93	41.47	34.56	31.10	69.12	62.21	57.02	50.11	91.58	82.94	72.58	63.94
57	50.11	44.93	39.74	34.56	76.03	69.12	62.21	55.30	101.95	91.58	79.49	69.12
58	55.30	50.11	43.20	38.02	84.67	76.03	69.12	60.48	112.32	100.22	86.40	76.03
59	60.48	55.30	48.38	43.20	93.31	84.67	77.76	67.39	122.69	110.59	95.04	82.94
60	67.39	60.48	53.57	46.66	103.68	93.31	86.40	74.30	136.51	122.69	105.41	91.58
61	74.30	67.39	60.48	53.57	115.78	105.41	95.04	82.94	150.34	136.51	115.78	101.95
62	82.94	74.30	67.39	58.75	129.60	117.50	105.41	93.31	167.62	150.34	129.60	114.05
63	93.31	82.94	76.03	65.66	145.15	129.60	117.50	103.68	184.90	165.89	145.15	127.87
64	103.68	93.31	82.94	72.58	160.70	145.15	129.60	114.05	203.90	184.90	162.43	143.42
65	115.78	103.68	93.31	81.22	177.98	160.70	143.42	126.14	226.37	203.90	181.44	158.98
66	127.87	115.78	103.68	89.86	196.99	176.26	158.98	139.97	248.83	222.91	202.18	176.26
67	143.42	129.60	115.78	100.22	216.00	195.26	174.53	153.79	271.30	245.38	221.18	193.54
68	158.98	143.42	127.87	112.32	236.74	212.54	193.54	169.34	295.49	266.11	241.92	210.82
69	174.53	157.25	141.70	124.42	255.74	231.55	210.82	184.90	319.68	288.58	260.93	228.10
70	191.81	172.80	155.52	136.51	278.21	250.56	229.82	202.18	347.33	312.77	281.66	245.38
71	212.54	190.08	172.80	152.06	304.13	273.02	252.29	221.18	374.98	338.69	304.13	266.11
72	235.01	212.54	193.54	169.34	333.50	298.94	276.48	241.92	407.81	368.06	330.05	288.58
73	260.93	235.01	216.00	188.35	366.34	330.05	304.13	266.11	444.10	400.90	357.70	312.77
74	290.30	260.93	241.92	210.82	404.35	364.61	333.50	292.03	483.84	435.46	387.07	338.69
75	321.41	288.58	269.57	236.74	445.82	400.90	366.34	319.68	527.04	473.47	419.90	368.06
76	357.70	321.41	298.94	262.66	490.75	442.37	400.90	350.78	573.70	514.94	456.19	399.17
77	399.17	359.42	330.05	288.58	540.86	487.30	438.91	383.62	623.81	561.60	495.94	433.73
78	447.55	402.62	359.42	314.50	597.89	537.41	480.38	421.63	682.56	613.44	540.86	473.47
79	502.85	452.74	390.53	342.14	658.37	592.70	527.04	461.38	744.77	670.46	589.25	514.94
80				425.09				565.06				620.35
81				447.55				589.25				637.63
82				476.93				623.81				654.91
83				513.22				661.82				689.47
84				552.96				703.30				727.49
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Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%. For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
4 Year Nursing Home Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Maximum Daily Benefit
Currently Approved Rates

Issue	No BIO				Simple BIO				Compound BIO			
Ages	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day
18-22	12.10	12.10	10.37	8.64	27.65	25.92	20.74	19.01	48.38	43.20	36.29	32.83
23	13.82	12.10	10.37	8.64	29.38	25.92	22.46	19.01	48.38	44.93	36.29	32.83
24	13.82	12.10	10.37	8.64	29.38	27.65	22.46	19.01	50.11	44.93	36.29	32.83
25	13.82	13.82	10.37	10.37	31.10	27.65	22.46	20.74	50.11	44.93	36.29	32.83
26	15.55	13.82	12.10	10.37	32.83	29.38	24.19	20.74	50.11	44.93	38.02	32.83
27	15.55	13.82	12.10	10.37	32.83	29.38	24.19	22.46	50.11	44.93	38.02	32.83
28	17.28	15.55	12.10	10.37	34.56	31.10	25.92	22.46	51.84	46.66	38.02	34.56
29	17.28	15.55	13.82	12.10	36.29	32.83	25.92	24.19	51.84	46.66	38.02	34.56
30	19.01	17.28	13.82	12.10	36.29	32.83	27.65	24.19	51.84	46.66	39.74	34.56
31	19.01	17.28	13.82	12.10	38.02	34.56	27.65	25.92	53.57	48.38	39.74	34.56
32	20.74	19.01	15.55	13.82	39.74	36.29	29.38	25.92	55.30	48.38	39.74	36.29
33	20.74	19.01	15.55	13.82	41.47	36.29	29.38	27.65	55.30	50.11	41.47	36.29
34	22.46	20.74	15.55	15.55	43.20	38.02	31.10	27.65	55.30	50.11	41.47	38.02
35	24.19	22.46	17.28	15.55	44.93	39.74	31.10	29.38	57.02	51.84	43.20	38.02
36	24.19	22.46	17.28	15.55	46.66	41.47	31.10	29.38	57.02	51.84	43.20	38.02
37	25.92	22.46	17.28	15.55	46.66	41.47	31.10	29.38	58.75	51.84	43.20	38.02
38	25.92	22.46	17.28	15.55	46.66	41.47	32.83	29.38	58.75	51.84	43.20	39.74
39	25.92	24.19	17.28	15.55	46.66	43.20	32.83	29.38	58.75	53.57	44.93	39.74
40	27.65	24.19	19.01	17.28	50.11	44.93	36.29	31.10	60.48	53.57	44.93	39.74
41	27.65	25.92	19.01	17.28	50.11	44.93	36.29	32.83	60.48	55.30	44.93	39.74
42	29.38	25.92	20.74	17.28	51.84	46.66	38.02	32.83	62.21	55.30	46.66	41.47
43	29.38	25.92	20.74	19.01	51.84	46.66	38.02	34.56	63.94	57.02	46.66	41.47
44	29.38	27.65	20.74	19.01	53.57	48.38	39.74	34.56	65.66	58.75	48.38	41.47
45	31.10	27.65	20.74	19.01	53.57	48.38	39.74	36.29	67.39	60.48	48.38	43.20
46	31.10	27.65	22.46	19.01	55.30	50.11	41.47	36.29	70.85	63.94	50.11	44.93
47	32.83	29.38	22.46	20.74	55.30	50.11	41.47	38.02	72.58	65.66	51.84	44.93
48	32.83	29.38	22.46	20.74	57.02	50.11	41.47	38.02	72.58	65.66	51.84	46.66
49	32.83	29.38	22.46	20.74	57.02	51.84	43.20	38.02	74.30	67.39	53.57	48.38
50	32.83	31.10	24.19	20.74	58.75	51.84	43.20	38.02	76.03	67.39	55.30	48.38
51	34.56	31.10	24.19	22.46	58.75	53.57	43.20	38.02	76.03	69.12	57.02	50.11
52	36.29	32.83	25.92	22.46	60.48	55.30	43.20	38.02	77.76	70.85	60.48	53.57
53	38.02	34.56	27.65	24.19	63.94	57.02	46.66	41.47	81.22	74.30	62.21	55.30
54	41.47	38.02	31.10	27.65	65.66	58.75	50.11	44.93	86.40	77.76	65.66	58.75
55	44.93	41.47	32.83	29.38	69.12	62.21	53.57	48.38	91.58	82.94	70.85	62.21
56	50.11	44.93	36.29	32.83	74.30	67.39	58.75	51.84	100.22	89.86	76.03	67.39
57	53.57	48.38	41.47	36.29	81.22	74.30	65.66	57.02	108.86	98.50	82.94	72.58
58	60.48	53.57	44.93	39.74	91.58	81.22	72.58	63.94	120.96	108.86	89.86	79.49
59	65.66	58.75	50.11	44.93	101.95	91.58	79.49	70.85	133.06	120.96	98.50	88.13
60	72.58	65.66	55.30	50.11	114.05	101.95	88.13	77.76	148.61	133.06	108.86	96.77
61	81.22	72.58	62.21	55.30	127.87	114.05	98.50	88.13	164.16	148.61	120.96	107.14
62	91.58	82.94	70.85	62.21	143.42	127.87	110.59	98.50	183.17	165.89	134.78	119.23
63	103.68	93.31	79.49	70.85	160.70	143.42	124.42	108.86	205.63	184.90	152.06	134.78
64	115.78	103.68	89.86	79.49	179.71	160.70	138.24	122.69	228.10	205.63	172.80	153.79
65	129.60	117.50	100.22	88.13	200.45	179.71	155.52	138.24	254.02	228.10	196.99	174.53
66	145.15	131.33	112.32	100.22	222.91	200.45	172.80	153.79	279.94	252.29	219.46	195.26
67	162.43	146.88	126.14	110.59	245.38	221.18	191.81	169.34	307.58	278.21	241.92	214.27
68	179.71	162.43	138.24	122.69	267.84	241.92	209.09	184.90	335.23	302.40	262.66	231.55
69	196.99	177.98	152.06	134.78	292.03	262.66	228.10	202.18	364.61	326.59	281.66	248.83
70	217.73	195.26	167.62	148.61	316.22	285.12	247.10	219.46	393.98	354.24	300.67	266.11
71	240.19	216.00	183.17	162.43	343.87	309.31	267.84	238.46	426.82	383.62	323.14	286.85
72	266.11	240.19	203.90	179.71	378.43	340.42	293.76	259.20	463.10	416.45	347.33	307.58
73	297.22	266.11	226.37	200.45	416.45	374.98	317.95	281.66	504.58	454.46	374.98	331.78
74	328.32	295.49	250.56	221.18	459.65	412.99	345.60	305.86	549.50	494.21	400.90	355.97
75	364.61	328.32	276.48	245.38	506.30	454.46	374.98	331.78	596.16	537.41	432.00	381.89
76	404.35	364.61	307.58	271.30	558.14	501.12	409.54	362.88	649.73	584.06	468.29	414.72
77	452.74	407.81	342.14	302.40	613.44	552.96	454.46	402.62	708.48	637.63	514.94	456.19
78	508.03	457.92	381.89	338.69	677.38	609.98	509.76	452.74	772.42	696.38	573.70	508.03
79	570.24	513.22	426.82	378.43	746.50	672.19	577.15	511.49	844.99	760.32	644.54	570.24
80				473.47				627.26				694.66
81				516.67				680.83				730.94
82				558.14				730.94				767.23
83				603.07				779.33				812.16
84				649.73				825.98				857.09
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Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%. For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
5 Year Nursing Home Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Maximum Daily Benefit
Currently Approved Rates

Issue	No BIO				Simple BIO				Compound BIO			
Ages	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day
18-22	13.82	12.10	10.37	10.37	31.10	27.65	24.19	20.74	53.57	48.38	39.74	36.29
23	15.55	13.82	10.37	10.37	32.83	29.38	24.19	22.46	53.57	48.38	41.47	36.29
24	15.55	13.82	12.10	10.37	32.83	29.38	24.19	22.46	55.30	48.38	41.47	36.29
25	15.55	13.82	12.10	10.37	34.56	31.10	25.92	22.46	55.30	50.11	41.47	36.29
26	17.28	15.55	12.10	12.10	34.56	31.10	25.92	24.19	55.30	50.11	41.47	38.02
27	17.28	15.55	13.82	12.10	36.29	32.83	27.65	24.19	55.30	50.11	41.47	38.02
28	19.01	17.28	13.82	12.10	38.02	34.56	27.65	25.92	57.02	50.11	43.20	38.02
29	19.01	17.28	13.82	12.10	39.74	34.56	29.38	25.92	57.02	51.84	43.20	38.02
30	20.74	19.01	15.55	13.82	39.74	36.29	31.10	27.65	58.75	51.84	43.20	39.74
31	20.74	19.01	15.55	13.82	41.47	38.02	31.10	27.65	58.75	53.57	44.93	39.74
32	22.46	20.74	17.28	15.55	43.20	39.74	32.83	29.38	60.48	53.57	44.93	39.74
33	24.19	20.74	17.28	15.55	44.93	41.47	34.56	29.38	62.21	55.30	46.66	41.47
34	24.19	22.46	19.01	17.28	46.66	41.47	34.56	31.10	62.21	55.30	46.66	41.47
35	24.19	22.46	19.01	17.28	48.38	43.20	36.29	31.10	62.21	57.02	46.66	41.47
36	25.92	22.46	19.01	17.28	48.38	44.93	36.29	32.83	63.94	57.02	48.38	43.20
37	25.92	24.19	20.74	17.28	50.11	44.93	38.02	32.83	63.94	57.02	48.38	43.20
38	27.65	24.19	20.74	17.28	50.11	44.93	38.02	32.83	63.94	57.02	48.38	43.20
39	27.65	24.19	20.74	19.01	50.11	44.93	38.02	34.56	63.94	58.75	48.38	43.20
40	29.38	27.65	22.46	20.74	53.57	48.38	41.47	36.29	65.66	58.75	50.11	44.93
41	31.10	27.65	22.46	20.74	55.30	50.11	41.47	38.02	67.39	60.48	50.11	44.93
42	31.10	29.38	24.19	20.74	57.02	51.84	43.20	38.02	69.12	62.21	51.84	46.66
43	32.83	29.38	24.19	22.46	57.02	51.84	43.20	38.02	70.85	63.94	53.57	46.66
44	32.83	29.38	24.19	22.46	58.75	53.57	44.93	39.74	72.58	65.66	55.30	48.38
45	34.56	31.10	25.92	22.46	58.75	53.57	44.93	39.74	74.30	67.39	57.02	50.11
46	34.56	31.10	25.92	22.46	60.48	53.57	44.93	41.47	77.76	69.12	58.75	51.84
47	34.56	31.10	25.92	24.19	62.21	55.30	46.66	41.47	79.49	70.85	60.48	53.57
48	36.29	32.83	27.65	24.19	62.21	55.30	46.66	41.47	79.49	72.58	60.48	53.57
49	36.29	32.83	27.65	24.19	62.21	57.02	46.66	43.20	81.22	72.58	60.48	55.30
50	36.29	32.83	27.65	24.19	63.94	57.02	48.38	43.20	82.94	74.30	62.21	55.30
51	38.02	34.56	29.38	25.92	65.66	58.75	48.38	43.20	82.94	76.03	62.21	57.02
52	39.74	36.29	29.38	27.65	67.39	60.48	50.11	44.93	86.40	77.76	63.94	57.02
53	43.20	38.02	32.83	29.38	69.12	62.21	51.84	46.66	89.86	81.22	67.39	60.48
54	46.66	41.47	34.56	31.10	72.58	65.66	55.30	48.38	95.04	86.40	70.85	63.94
55	50.11	44.93	38.02	32.83	76.03	69.12	57.02	51.84	101.95	91.58	76.03	69.12
56	53.57	48.38	41.47	36.29	82.94	74.30	62.21	55.30	110.59	98.50	82.94	74.30
57	60.48	53.57	44.93	39.74	89.86	81.22	67.39	60.48	120.96	108.86	89.86	81.22
58	65.66	58.75	50.11	44.93	100.22	89.86	74.30	67.39	133.06	119.23	100.22	89.86
59	72.58	65.66	55.30	48.38	112.32	100.22	84.67	74.30	146.88	131.33	110.59	98.50
60	81.22	72.58	60.48	53.57	124.42	112.32	93.31	84.67	162.43	146.88	122.69	108.86
61	89.86	81.22	67.39	60.48	139.97	126.14	105.41	93.31	181.44	162.43	136.51	122.69
62	100.22	89.86	76.03	67.39	157.25	141.70	117.50	105.41	202.18	181.44	152.06	136.51
63	112.32	101.95	84.67	76.03	176.26	158.98	133.06	119.23	224.64	202.18	169.34	152.06
64	127.87	114.05	95.04	86.40	196.99	177.98	148.61	133.06	250.56	226.37	188.35	169.34
65	143.42	127.87	107.14	96.77	219.46	198.72	165.89	148.61	279.94	250.56	210.82	188.35
66	160.70	143.42	120.96	107.14	245.38	219.46	183.17	164.16	309.31	278.21	231.55	207.36
67	177.98	160.70	134.78	120.96	269.57	243.65	203.90	181.44	338.69	305.86	255.74	228.10
68	196.99	177.98	148.61	133.06	295.49	266.11	221.18	198.72	369.79	331.78	278.21	248.83
69	217.73	195.26	164.16	146.88	319.68	288.58	240.19	216.00	400.90	359.42	300.67	269.57
70	240.19	216.00	179.71	160.70	347.33	312.77	260.93	233.28	432.00	388.80	324.86	290.30
71	264.38	238.46	198.72	177.98	378.43	340.42	285.12	254.02	468.29	421.63	352.51	314.50
72	293.76	264.38	221.18	196.99	414.72	373.25	312.77	279.94	509.76	457.92	383.62	342.14
73	326.59	293.76	245.38	219.46	457.92	412.99	343.87	307.58	554.69	499.39	418.18	373.25
74	361.15	324.86	271.30	243.65	504.58	454.46	380.16	340.42	603.07	542.59	454.46	406.08
75	400.90	361.15	300.67	269.57	556.42	501.12	418.18	374.98	656.64	590.98	494.21	442.37
76	445.82	400.90	335.23	298.94	613.44	551.23	461.38	412.99	715.39	642.82	537.41	480.38
77	497.66	447.55	374.98	335.23	675.65	608.26	508.03	454.46	779.33	701.57	585.79	523.58
78	558.14	502.85	419.90	376.70	744.77	670.46	559.87	501.12	850.18	765.50	639.36	571.97
79	627.26	565.06	471.74	421.63	820.80	737.86	616.90	551.23	929.66	836.35	698.11	625.54
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Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%. For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
6 Year Nursing Home Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Maximum Daily Benefit
Currently Approved Rates

Issue	No BIO				Simple BIO				Compound BIO			
Ages	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day
18-22	15.55	13.82	12.10	10.37	32.83	29.38	25.92	22.46	57.02	51.84	43.20	39.74
23	15.55	13.82	12.10	10.37	34.56	31.10	25.92	24.19	58.75	51.84	44.93	39.74
24	17.28	15.55	12.10	12.10	36.29	32.83	27.65	24.19	58.75	53.57	44.93	39.74
25	17.28	15.55	13.82	12.10	36.29	32.83	27.65	25.92	58.75	53.57	44.93	39.74
26	17.28	15.55	13.82	12.10	38.02	34.56	29.38	25.92	58.75	53.57	44.93	41.47
27	19.01	17.28	13.82	12.10	39.74	34.56	29.38	27.65	60.48	53.57	44.93	41.47
28	19.01	17.28	15.55	13.82	41.47	36.29	31.10	27.65	60.48	55.30	46.66	41.47
29	20.74	19.01	15.55	13.82	41.47	38.02	32.83	29.38	62.21	55.30	46.66	41.47
30	22.46	19.01	17.28	15.55	43.20	39.74	32.83	29.38	62.21	55.30	46.66	43.20
31	22.46	20.74	17.28	15.55	44.93	41.47	34.56	31.10	63.94	57.02	48.38	43.20
32	24.19	22.46	19.01	15.55	46.66	41.47	36.29	32.83	63.94	58.75	48.38	44.93
33	24.19	22.46	19.01	17.28	48.38	43.20	36.29	32.83	65.66	58.75	50.11	44.93
34	25.92	24.19	19.01	17.28	50.11	44.93	38.02	34.56	67.39	60.48	50.11	44.93
35	27.65	24.19	20.74	19.01	51.84	46.66	39.74	34.56	67.39	60.48	51.84	46.66
36	27.65	25.92	20.74	19.01	51.84	46.66	39.74	36.29	69.12	62.21	51.84	46.66
37	29.38	25.92	22.46	19.01	53.57	48.38	41.47	36.29	69.12	62.21	51.84	46.66
38	29.38	25.92	22.46	20.74	53.57	48.38	41.47	36.29	69.12	62.21	51.84	46.66
39	29.38	27.65	22.46	20.74	55.30	48.38	41.47	38.02	69.12	62.21	53.57	48.38
40	32.83	29.38	24.19	22.46	58.75	51.84	44.93	39.74	70.85	63.94	53.57	48.38
41	32.83	29.38	25.92	22.46	60.48	53.57	44.93	41.47	72.58	65.66	55.30	50.11
42	34.56	31.10	25.92	22.46	60.48	55.30	46.66	41.47	74.30	65.66	55.30	50.11
43	34.56	31.10	25.92	24.19	62.21	55.30	46.66	43.20	76.03	67.39	57.02	51.84
44	36.29	32.83	27.65	24.19	63.94	57.02	48.38	43.20	77.76	70.85	58.75	53.57
45	36.29	32.83	27.65	24.19	63.94	57.02	48.38	43.20	81.22	72.58	60.48	55.30
46	36.29	32.83	27.65	25.92	65.66	58.75	50.11	44.93	82.94	74.30	63.94	57.02
47	38.02	34.56	29.38	25.92	65.66	58.75	50.11	44.93	84.67	76.03	65.66	58.75
48	38.02	34.56	29.38	25.92	67.39	60.48	50.11	44.93	86.40	77.76	65.66	58.75
49	39.74	34.56	29.38	25.92	67.39	60.48	51.84	46.66	88.13	79.49	65.66	60.48
50	39.74	36.29	31.10	27.65	69.12	62.21	51.84	46.66	88.13	79.49	67.39	60.48
51	41.47	36.29	31.10	27.65	70.85	63.94	53.57	48.38	89.86	81.22	69.12	62.21
52	43.20	38.02	32.83	29.38	72.58	63.94	55.30	48.38	91.58	82.94	70.85	62.21
53	46.66	41.47	34.56	31.10	74.30	67.39	57.02	51.84	96.77	88.13	74.30	65.66
54	50.11	44.93	38.02	34.56	77.76	70.85	58.75	53.57	101.95	91.58	77.76	70.85
55	53.57	48.38	41.47	36.29	82.94	74.30	62.21	57.02	108.86	98.50	82.94	74.30
56	58.75	51.84	44.93	39.74	88.13	79.49	67.39	60.48	117.50	107.14	89.86	81.22
57	63.94	58.75	48.38	43.20	96.77	86.40	74.30	65.66	129.60	115.78	98.50	88.13
58	70.85	63.94	53.57	48.38	107.14	96.77	81.22	72.58	143.42	127.87	108.86	96.77
59	77.76	70.85	58.75	53.57	119.23	107.14	91.58	81.22	157.25	141.70	119.23	107.14
60	86.40	77.76	65.66	58.75	134.78	120.96	101.95	91.58	176.26	157.25	133.06	119.23
61	96.77	86.40	72.58	65.66	150.34	134.78	114.05	103.68	195.26	176.26	148.61	133.06
62	108.86	96.77	82.94	74.30	169.34	152.06	127.87	115.78	217.73	195.26	165.89	148.61
63	122.69	108.86	93.31	82.94	190.08	171.07	143.42	129.60	241.92	217.73	184.90	165.89
64	136.51	122.69	103.68	93.31	212.54	191.81	160.70	145.15	271.30	243.65	205.63	184.90
65	153.79	138.24	117.50	105.41	236.74	212.54	179.71	162.43	300.67	271.30	228.10	205.63
66	172.80	155.52	131.33	117.50	262.66	236.74	200.45	179.71	331.78	298.94	252.29	226.37
67	191.81	172.80	145.15	131.33	290.30	260.93	221.18	198.72	364.61	328.32	276.48	248.83
68	212.54	191.81	162.43	145.15	317.95	285.12	241.92	217.73	397.44	357.70	302.40	271.30
69	235.01	210.82	177.98	160.70	345.60	311.04	262.66	235.01	430.27	387.07	326.59	293.76
70	257.47	231.55	195.26	176.26	373.25	336.96	283.39	255.74	466.56	419.90	354.24	317.95
71	285.12	255.74	216.00	193.54	407.81	366.34	309.31	278.21	504.58	454.46	383.62	343.87
72	316.22	285.12	240.19	216.00	447.55	402.62	340.42	305.86	547.78	494.21	416.45	374.98
73	350.78	316.22	266.11	240.19	492.48	444.10	374.98	336.96	597.89	537.41	452.74	407.81
74	388.80	350.78	295.49	266.11	544.32	489.02	412.99	371.52	649.73	584.06	492.48	444.10
75	432.00	388.80	326.59	293.76	599.62	539.14	454.46	409.54	706.75	635.90	537.41	482.11
76	480.38	432.00	364.61	328.32	660.10	594.43	501.12	451.01	768.96	692.93	584.06	525.31
77	535.68	482.11	406.08	366.34	727.49	654.91	551.23	495.94	838.08	755.14	635.90	571.97
78	601.34	540.86	456.19	411.26	801.79	720.58	608.26	547.78	915.84	824.26	694.66	625.54
79	675.65	608.26	513.22	461.38	883.01	794.88	670.46	603.07	1,000.51	900.29	758.59	682.56
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Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%. For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
Lifetime Nursing Home Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Maximum Daily Benefit
Currently Approved Rates

Issue	No BIO				Simple BIO				Compound BIO			
Ages	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day	0 Day	20 Day	60 Day	100 Day
18-22	17.28	15.55	13.82	12.10	39.74	34.56	31.10	27.65	67.39	60.48	53.57	48.38
23	19.01	17.28	13.82	13.82	39.74	36.29	31.10	29.38	67.39	60.48	53.57	48.38
24	19.01	17.28	15.55	13.82	41.47	38.02	32.83	29.38	69.12	62.21	53.57	48.38
25	20.74	17.28	15.55	13.82	43.20	38.02	32.83	31.10	69.12	62.21	53.57	48.38
26	20.74	19.01	15.55	15.55	44.93	39.74	34.56	31.10	69.12	62.21	53.57	48.38
27	22.46	19.01	17.28	15.55	44.93	41.47	36.29	32.83	69.12	62.21	53.57	50.11
28	22.46	20.74	17.28	15.55	46.66	43.20	36.29	32.83	70.85	63.94	55.30	50.11
29	24.19	20.74	19.01	17.28	48.38	43.20	38.02	34.56	70.85	63.94	55.30	50.11
30	25.92	22.46	19.01	17.28	50.11	44.93	39.74	36.29	72.58	65.66	55.30	51.84
31	25.92	24.19	20.74	19.01	51.84	46.66	41.47	36.29	72.58	65.66	57.02	51.84
32	27.65	24.19	20.74	19.01	53.57	48.38	41.47	38.02	74.30	67.39	57.02	51.84
33	27.65	25.92	22.46	19.01	55.30	48.38	43.20	38.02	74.30	67.39	58.75	51.84
34	29.38	25.92	22.46	20.74	55.30	50.11	43.20	38.02	76.03	67.39	58.75	51.84
35	29.38	27.65	22.46	20.74	57.02	51.84	44.93	39.74	76.03	69.12	58.75	51.84
36	31.10	27.65	24.19	20.74	58.75	51.84	44.93	39.74	77.76	69.12	58.75	51.84
37	31.10	29.38	24.19	20.74	60.48	53.57	46.66	41.47	77.76	69.12	60.48	51.84
38	32.83	29.38	24.19	22.46	60.48	55.30	46.66	41.47	77.76	70.85	60.48	53.57
39	32.83	29.38	24.19	22.46	62.21	55.30	46.66	43.20	77.76	70.85	60.48	53.57
40	34.56	31.10	25.92	22.46	65.66	60.48	51.84	44.93	81.22	72.58	63.94	55.30
41	34.56	31.10	27.65	22.46	67.39	62.21	53.57	44.93	82.94	74.30	65.66	55.30
42	36.29	32.83	27.65	24.19	69.12	62.21	55.30	46.66	82.94	76.03	69.12	57.02
43	36.29	32.83	29.38	24.19	69.12	62.21	57.02	46.66	84.67	76.03	70.85	58.75
44	36.29	32.83	29.38	24.19	70.85	63.94	57.02	46.66	86.40	77.76	72.58	58.75
45	38.02	34.56	29.38	25.92	70.85	63.94	58.75	46.66	88.13	79.49	74.30	60.48
46	38.02	34.56	29.38	25.92	70.85	63.94	58.75	46.66	89.86	81.22	77.76	62.21
47	39.74	34.56	31.10	27.65	72.58	63.94	60.48	48.38	91.58	82.94	79.49	62.21
48	39.74	36.29	31.10	27.65	72.58	65.66	60.48	48.38	93.31	84.67	79.49	63.94
49	41.47	38.02	32.83	29.38	74.30	67.39	62.21	50.11	95.04	86.40	81.22	65.66
50	43.20	38.02	32.83	29.38	76.03	67.39	62.21	50.11	96.77	88.13	82.94	65.66
51	44.93	39.74	34.56	29.38	77.76	70.85	63.94	51.84	100.22	89.86	84.67	69.12
52	48.38	43.20	38.02	31.10	81.22	74.30	65.66	55.30	105.41	95.04	86.40	72.58
53	50.11	44.93	39.74	32.83	86.40	77.76	70.85	58.75	112.32	100.22	91.58	76.03
54	55.30	48.38	43.20	36.29	93.31	82.94	74.30	63.94	119.23	107.14	96.77	81.22
55	58.75	53.57	44.93	39.74	100.22	89.86	81.22	69.12	129.60	115.78	103.68	88.13
56	63.94	57.02	50.11	43.20	108.86	96.77	86.40	76.03	139.97	126.14	112.32	96.77
57	70.85	63.94	55.30	48.38	119.23	107.14	95.04	82.94	153.79	138.24	120.96	107.14
58	77.76	70.85	60.48	53.57	131.33	117.50	103.68	91.58	171.07	153.79	131.33	117.50
59	86.40	77.76	65.66	60.48	145.15	131.33	112.32	101.95	188.35	169.34	143.42	129.60
60	95.04	86.40	74.30	67.39	160.70	145.15	122.69	112.32	207.36	186.62	155.52	143.42
61	105.41	95.04	81.22	76.03	179.71	160.70	134.78	124.42	229.82	207.36	171.07	158.98
62	119.23	107.14	91.58	84.67	198.72	177.98	148.61	138.24	254.02	228.10	190.08	176.26
63	133.06	120.96	103.68	95.04	219.46	198.72	167.62	153.79	279.94	252.29	212.54	196.99
64	150.34	134.78	115.78	107.14	243.65	219.46	188.35	172.80	307.58	278.21	238.46	219.46
65	167.62	152.06	129.60	119.23	267.84	241.92	210.82	193.54	338.69	304.13	267.84	245.38
66	188.35	169.34	145.15	133.06	295.49	266.11	233.28	214.27	371.52	333.50	295.49	271.30
67	209.09	188.35	160.70	148.61	326.59	293.76	257.47	236.74	406.08	364.61	323.14	297.22
68	231.55	207.36	177.98	164.16	357.70	321.41	279.94	259.20	442.37	399.17	347.33	321.41
69	254.02	228.10	193.54	181.44	390.53	350.78	300.67	281.66	482.11	433.73	371.52	345.60
70	278.21	248.83	212.54	200.45	425.09	381.89	324.86	305.86	523.58	471.74	393.98	371.52
71	305.86	274.75	233.28	221.18	464.83	418.18	350.78	331.78	568.51	511.49	421.63	399.17
72	338.69	304.13	259.20	247.10	511.49	459.65	383.62	364.61	616.90	554.69	452.74	432.00
73	376.70	338.69	288.58	274.75	563.33	508.03	421.63	402.62	667.01	599.62	492.48	470.02
74	418.18	376.70	319.68	304.13	622.08	559.87	464.83	442.37	718.85	646.27	535.68	511.49
75	464.83	418.18	354.24	338.69	684.29	616.90	511.49	487.30	774.14	696.38	582.34	556.42
76	516.67	464.83	393.98	374.98	753.41	677.38	561.60	535.68	834.62	749.95	632.45	603.07
77	573.70	516.67	437.18	416.45	825.98	743.04	616.90	589.25	900.29	810.43	687.74	654.91
78	639.36	575.42	487.30	464.83	903.74	813.89	677.38	646.27	974.59	877.82	744.77	710.21
79	711.94	639.36	540.86	516.67	988.42	889.92	743.04	708.48	1,055.81	950.40	806.98	768.96
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For Non-Commissioned Standard rates, multiply by 70%. For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML1 SERIES
Shortened Benefit Period Rider

Percentage Increase to Total Rate for Policy & Riders

Issue Ages	Premium Rate as a % To Apply to Policy and All Riders
All	13%

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML1 SERIES
Guaranteed Purchase Option Rider

Percentage Increase to Total Rate for Policy & Riders

Issue Ages	Premium Rate as a % To Apply to Policy and All Riders
All	16%

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
1 Year Home & Community Care Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Covered Care Daily Maximum Secondary Services Benefit

Currently Approved Rates

Issue	No BIO			Simple BIO			Compound BIO		
Ages	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day
18-22	8.64	8.64	6.91	22.46	17.28	12.10	38.02	29.38	22.46
23	10.37	8.64	6.91	22.46	17.28	12.10	38.02	29.38	22.46
24	10.37	8.64	6.91	24.19	19.01	13.82	38.02	29.38	22.46
25	10.37	8.64	6.91	24.19	19.01	13.82	38.02	29.38	22.46
26	12.10	8.64	6.91	24.19	20.74	13.82	39.74	31.10	22.46
27	12.10	8.64	8.64	24.19	20.74	15.55	39.74	31.10	24.19
28	12.10	10.37	8.64	25.92	20.74	15.55	39.74	31.10	24.19
29	13.82	10.37	8.64	25.92	22.46	15.55	39.74	31.10	24.19
30	13.82	10.37	8.64	27.65	22.46	17.28	39.74	32.83	24.19
31	13.82	12.10	8.64	29.38	24.19	17.28	39.74	32.83	24.19
32	15.55	12.10	8.64	29.38	24.19	17.28	41.47	32.83	24.19
33	17.28	12.10	8.64	31.10	24.19	19.01	41.47	34.56	24.19
34	17.28	13.82	10.37	32.83	25.92	19.01	43.20	34.56	25.92
35	19.01	13.82	10.37	34.56	27.65	20.74	44.93	36.29	25.92
36	20.74	15.55	10.37	36.29	27.65	20.74	46.66	36.29	27.65
37	20.74	15.55	12.10	36.29	27.65	22.46	46.66	36.29	27.65
38	20.74	15.55	12.10	38.02	27.65	22.46	46.66	38.02	27.65
39	20.74	17.28	12.10	38.02	27.65	24.19	46.66	38.02	27.65
40	22.46	17.28	12.10	39.74	31.10	24.19	50.11	39.74	31.10
41	24.19	19.01	13.82	41.47	32.83	24.19	50.11	39.74	31.10
42	24.19	19.01	13.82	41.47	34.56	25.92	51.84	39.74	31.10
43	24.19	19.01	13.82	41.47	34.56	25.92	51.84	39.74	32.83
44	24.19	19.01	13.82	41.47	34.56	25.92	53.57	41.47	32.83
45	24.19	19.01	13.82	41.47	34.56	27.65	53.57	41.47	32.83
46	24.19	19.01	15.55	41.47	34.56	27.65	55.30	43.20	34.56
47	24.19	20.74	15.55	41.47	34.56	27.65	55.30	43.20	34.56
48	24.19	20.74	15.55	43.20	34.56	27.65	55.30	43.20	36.29
49	24.19	20.74	15.55	43.20	34.56	27.65	55.30	43.20	38.02
50	24.19	20.74	17.28	43.20	34.56	29.38	55.30	44.93	39.74
51	24.19	20.74	17.28	43.20	36.29	29.38	57.02	44.93	39.74
52	25.92	22.46	19.01	44.93	36.29	31.10	57.02	44.93	41.47
53	27.65	24.19	19.01	46.66	38.02	32.83	60.48	48.38	43.20
54	31.10	24.19	20.74	48.38	39.74	34.56	63.94	51.84	44.93
55	32.83	25.92	22.46	51.84	39.74	36.29	69.12	55.30	46.66
56	36.29	27.65	24.19	55.30	43.20	38.02	72.58	57.02	48.38
57	39.74	31.10	24.19	57.02	46.66	39.74	77.76	62.21	51.84
58	41.47	32.83	25.92	62.21	50.11	43.20	82.94	65.66	53.57
59	43.20	34.56	27.65	67.39	53.57	44.93	88.13	70.85	55.30
60	44.93	36.29	29.38	70.85	55.30	46.66	93.31	72.58	57.02
61	48.38	38.02	31.10	74.30	58.75	50.11	96.77	76.03	60.48
62	51.84	39.74	32.83	79.49	63.94	51.84	101.95	81.22	63.94
63	55.30	43.20	36.29	86.40	69.12	55.30	108.86	86.40	69.12
64	58.75	46.66	38.02	91.58	70.85	57.02	117.50	91.58	72.58
65	63.94	50.11	39.74	98.50	77.76	62.21	122.69	98.50	77.76
66	69.12	55.30	41.47	101.95	82.94	65.66	131.33	103.68	82.94
67	72.58	57.02	44.93	110.59	88.13	70.85	139.97	110.59	88.13
68	81.22	63.94	50.11	119.23	95.04	74.30	150.34	119.23	95.04
69	86.40	70.85	55.30	129.60	101.95	81.22	162.43	127.87	101.95
70	95.04	76.03	58.75	138.24	110.59	86.40	172.80	136.51	107.14
71	103.68	82.94	65.66	148.61	117.50	95.04	184.90	146.88	114.05
72	115.78	89.86	70.85	162.43	129.60	101.95	198.72	158.98	120.96
73	126.14	100.22	77.76	177.98	139.97	110.59	214.27	169.34	131.33
74	138.24	108.86	86.40	193.54	152.06	119.23	229.82	181.44	138.24
75	150.34	119.23	95.04	210.82	165.89	129.60	247.10	195.26	148.61
76	165.89	133.06	105.41	228.10	181.44	141.70	267.84	210.82	160.70
77	184.90	148.61	117.50	252.29	198.72	155.52	290.30	229.82	176.26
78	209.09	164.16	129.60	276.48	221.18	172.80	317.95	252.29	195.26
79	235.01	186.62	143.42	305.86	241.92	193.54	347.33	274.75	216.00
80		209.09			267.84			300.67	
81		231.55			293.76			326.59	
82		257.47			319.68			352.51	
83		279.94			343.87			380.16	
84		305.86			369.79			407.81	
85		324.86			393.98			430.27	
86		342.14			416.45			451.01	
87		361.15			438.91			468.29	
88		381.89			451.01			482.11	
89		416.45			489.02			516.67	
90		456.19			527.04			544.32	
91		490.75			566.78			571.97	
92		521.86			597.89			603.07	
93		547.78			620.35			628.99	
94		568.51			641.09			646.27	
95		587.52			658.37			661.82	
96		603.07			672.19			675.65	
97		620.35			684.29			689.47	
98		634.18			694.66			699.84	
99+		649.73			706.75			708.48	

Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%.
For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
2 Year Home & Community Care Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Covered Care Daily Maximum Secondary Services Benefit

Currently Approved Rates

Issue	No BIO			Simple BIO			Compound BIO		
Ages	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day
18-22	13.82	12.10	8.64	31.10	24.19	20.74	53.57	44.93	34.56
23	13.82	12.10	8.64	32.83	25.92	20.74	55.30	44.93	36.29
24	15.55	12.10	8.64	32.83	27.65	22.46	55.30	44.93	36.29
25	15.55	13.82	10.37	34.56	27.65	22.46	55.30	44.93	36.29
26	17.28	13.82	10.37	36.29	29.38	24.19	55.30	44.93	36.29
27	17.28	13.82	10.37	36.29	29.38	24.19	55.30	46.66	36.29
28	19.01	15.55	12.10	38.02	31.10	24.19	55.30	46.66	38.02
29	19.01	15.55	12.10	39.74	32.83	24.19	55.30	46.66	38.02
30	20.74	17.28	12.10	39.74	32.83	25.92	57.02	48.38	38.02
31	22.46	17.28	13.82	41.47	34.56	27.65	58.75	48.38	39.74
32	22.46	19.01	13.82	43.20	36.29	27.65	58.75	50.11	39.74
33	24.19	20.74	15.55	44.93	38.02	29.38	60.48	51.84	39.74
34	24.19	20.74	15.55	46.66	39.74	31.10	62.21	51.84	39.74
35	25.92	22.46	17.28	50.11	39.74	32.83	63.94	53.57	41.47
36	27.65	24.19	17.28	51.84	41.47	32.83	65.66	55.30	43.20
37	27.65	24.19	19.01	53.57	43.20	34.56	65.66	55.30	44.93
38	27.65	24.19	19.01	53.57	44.93	34.56	67.39	55.30	44.93
39	27.65	24.19	19.01	53.57	44.93	34.56	69.12	55.30	46.66
40	31.10	25.92	20.74	57.02	48.38	39.74	70.85	57.02	50.11
41	32.83	27.65	22.46	58.75	50.11	39.74	70.85	58.75	50.11
42	34.56	27.65	22.46	60.48	50.11	41.47	72.58	60.48	51.84
43	34.56	27.65	24.19	60.48	50.11	41.47	74.30	62.21	51.84
44	34.56	27.65	24.19	60.48	50.11	43.20	74.30	62.21	51.84
45	34.56	27.65	24.19	60.48	50.11	43.20	76.03	63.94	53.57
46	34.56	29.38	24.19	60.48	50.11	44.93	77.76	63.94	53.57
47	36.29	29.38	24.19	60.48	51.84	44.93	79.49	65.66	55.30
48	36.29	29.38	24.19	60.48	51.84	44.93	79.49	65.66	57.02
49	36.29	29.38	24.19	62.21	51.84	44.93	79.49	67.39	58.75
50	36.29	29.38	25.92	62.21	51.84	46.66	81.22	67.39	62.21
51	38.02	31.10	27.65	63.94	53.57	46.66	81.22	69.12	63.94
52	39.74	32.83	29.38	63.94	53.57	50.11	82.94	69.12	67.39
53	39.74	34.56	31.10	67.39	55.30	51.84	86.40	70.85	70.85
54	43.20	38.02	32.83	70.85	57.02	55.30	91.58	76.03	70.85
55	48.38	39.74	36.29	72.58	60.48	57.02	96.77	81.22	74.30
56	51.84	41.47	38.02	77.76	63.94	60.48	101.95	86.40	77.76
57	55.30	46.66	39.74	84.67	70.85	63.94	112.32	91.58	81.22
58	58.75	50.11	43.20	89.86	74.30	69.12	117.50	98.50	86.40
59	62.21	51.84	44.93	96.77	79.49	70.85	126.14	103.68	88.13
60	65.66	55.30	48.38	101.95	84.67	74.30	133.06	110.59	91.58
61	69.12	57.02	50.11	107.14	88.13	77.76	138.24	115.78	96.77
62	72.58	60.48	53.57	114.05	95.04	82.94	146.88	120.96	101.95
63	77.76	65.66	55.30	120.96	101.95	86.40	155.52	129.60	108.86
64	84.67	70.85	58.75	131.33	107.14	93.31	165.89	136.51	115.78
65	89.86	74.30	63.94	139.97	115.78	98.50	177.98	146.88	124.42
66	96.77	81.22	67.39	148.61	122.69	103.68	186.62	155.52	131.33
67	103.68	86.40	72.58	158.98	133.06	110.59	198.72	164.16	139.97
68	115.78	95.04	79.49	171.07	143.42	119.23	214.27	179.71	150.34
69	126.14	103.68	86.40	184.90	153.79	129.60	229.82	191.81	160.70
70	136.51	114.05	95.04	196.99	164.16	139.97	247.10	205.63	169.34
71	148.61	124.42	101.95	212.54	177.98	150.34	264.38	219.46	179.71
72	164.16	134.78	114.05	231.55	193.54	164.16	285.12	236.74	195.26
73	179.71	148.61	124.42	252.29	210.82	177.98	305.86	254.02	207.36
74	196.99	164.16	138.24	274.75	228.10	190.08	330.05	273.02	221.18
75	216.00	179.71	152.06	300.67	248.83	207.36	354.24	293.76	238.46
76	238.46	196.99	167.62	328.32	273.02	224.64	381.89	317.95	257.47
77	266.11	221.18	184.90	359.42	298.94	247.10	414.72	345.60	279.94
78	298.94	247.10	205.63	397.44	330.05	274.75	452.74	376.70	309.31
79	335.23	278.21	228.10	438.91	364.61	307.58	495.94	412.99	343.87
80		312.77			400.90			449.28	
81		349.06			438.91			490.75	
82		381.89			475.20			528.77	
83		419.90			514.94			568.51	
84		457.92			554.69			609.98	
85		483.84			578.88			639.36	
86		511.49			618.62			667.01	
87		539.14			656.64			696.38	
88		570.24			686.02			718.85	
89		623.81			739.58			767.23	
90		679.10			801.79			812.16	
91		734.40			857.09			867.46	
92		781.06			903.74			914.11	
93		817.34			940.03			948.67	
94		850.18			967.68			976.32	
95		879.55			991.87			1,002.24	
96		905.47			1,014.34			1,021.25	
97		927.94			1,033.34			1,040.26	
98		950.40			1,050.62			1,055.81	
99+		971.14			1,066.18			1,069.63	

Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%.
For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
3 Year Home & Community Care Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Covered Care Daily Maximum Secondary Services Benefit

Currently Approved Rates

Issue	No BIO			Simple BIO			Compound BIO		
Ages	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day
18-22	17.28	13.82	10.37	38.02	31.10	24.19	63.94	55.30	43.20
23	17.28	15.55	12.10	39.74	32.83	25.92	63.94	55.30	43.20
24	19.01	15.55	12.10	39.74	34.56	25.92	65.66	55.30	44.93
25	19.01	15.55	12.10	39.74	34.56	27.65	65.66	55.30	44.93
26	20.74	17.28	13.82	41.47	36.29	29.38	65.66	55.30	44.93
27	20.74	17.28	13.82	43.20	38.02	29.38	67.39	55.30	44.93
28	22.46	19.01	15.55	44.93	39.74	31.10	67.39	57.02	46.66
29	24.19	19.01	15.55	46.66	39.74	32.83	69.12	57.02	46.66
30	24.19	20.74	17.28	48.38	39.74	32.83	69.12	58.75	46.66
31	24.19	22.46	17.28	50.11	41.47	34.56	70.85	58.75	48.38
32	25.92	22.46	19.01	51.84	43.20	36.29	70.85	60.48	48.38
33	27.65	24.19	19.01	55.30	44.93	38.02	72.58	62.21	50.11
34	29.38	24.19	20.74	55.30	48.38	39.74	74.30	62.21	51.84
35	31.10	25.92	22.46	57.02	50.11	39.74	74.30	62.21	53.57
36	32.83	27.65	22.46	58.75	51.84	39.74	74.30	63.94	53.57
37	32.83	27.65	22.46	58.75	53.57	39.74	74.30	63.94	55.30
38	32.83	27.65	22.46	58.75	53.57	39.74	76.03	63.94	55.30
39	32.83	27.65	24.19	58.75	53.57	39.74	76.03	63.94	55.30
40	36.29	31.10	24.19	63.94	55.30	44.93	79.49	67.39	57.02
41	38.02	31.10	24.19	67.39	55.30	46.66	81.22	69.12	58.75
42	38.02	32.83	25.92	67.39	57.02	48.38	81.22	69.12	58.75
43	39.74	32.83	25.92	69.12	57.02	50.11	82.94	70.85	60.48
44	39.74	32.83	25.92	69.12	57.02	51.84	84.67	70.85	60.48
45	39.74	32.83	27.65	69.12	57.02	51.84	86.40	72.58	62.21
46	39.74	32.83	27.65	69.12	57.02	53.57	86.40	74.30	63.94
47	39.74	34.56	29.38	70.85	58.75	53.57	89.86	76.03	65.66
48	39.74	34.56	29.38	70.85	58.75	55.30	89.86	76.03	67.39
49	39.74	34.56	29.38	70.85	60.48	55.30	91.58	77.76	69.12
50	41.47	36.29	31.10	70.85	60.48	55.30	93.31	77.76	70.85
51	43.20	38.02	31.10	74.30	62.21	55.30	95.04	81.22	72.58
52	46.66	39.74	32.83	77.76	65.66	55.30	100.22	84.67	76.03
53	50.11	41.47	36.29	81.22	69.12	58.75	103.68	88.13	79.49
54	53.57	44.93	39.74	84.67	70.85	62.21	110.59	93.31	84.67
55	57.02	48.38	39.74	88.13	74.30	67.39	117.50	100.22	86.40
56	60.48	51.84	43.20	93.31	79.49	70.85	124.42	103.68	91.58
57	65.66	55.30	48.38	100.22	84.67	76.03	133.06	112.32	96.77
58	70.85	58.75	51.84	105.41	88.13	81.22	139.97	117.50	101.95
59	72.58	62.21	55.30	112.32	95.04	86.40	146.88	124.42	105.41
60	74.30	63.94	55.30	117.50	98.50	89.86	152.06	129.60	110.59
61	77.76	65.66	58.75	120.96	101.95	93.31	157.25	133.06	115.78
62	82.94	70.85	62.21	129.60	108.86	100.22	164.16	139.97	120.96
63	86.40	74.30	67.39	136.51	115.78	103.68	174.53	148.61	129.60
64	93.31	79.49	70.85	145.15	122.69	110.59	184.90	155.52	138.24
65	100.22	84.67	76.03	153.79	131.33	117.50	195.26	164.16	148.61
66	107.14	89.86	81.22	164.16	138.24	124.42	205.63	174.53	157.25
67	117.50	98.50	86.40	176.26	148.61	133.06	221.18	186.62	169.34
68	129.60	108.86	98.50	191.81	162.43	146.88	240.19	203.90	183.17
69	141.70	119.23	107.14	209.09	176.26	160.70	259.20	219.46	198.72
70	155.52	133.06	117.50	226.37	191.81	176.26	281.66	238.46	214.27
71	171.07	145.15	133.06	245.38	209.09	193.54	304.13	257.47	231.55
72	191.81	162.43	146.88	271.30	228.10	210.82	331.78	279.94	250.56
73	210.82	179.71	164.16	297.22	252.29	231.55	361.15	304.13	273.02
74	235.01	198.72	183.17	328.32	278.21	255.74	392.26	331.78	295.49
75	259.20	221.18	205.63	361.15	305.86	278.21	426.82	361.15	319.68
76	288.58	245.38	228.10	397.44	336.96	304.13	464.83	393.98	349.06
77	323.14	273.02	252.29	438.91	371.52	335.23	506.30	428.54	378.43
78	362.88	307.58	273.02	483.84	409.54	366.34	552.96	468.29	412.99
79	407.81	345.60	298.94	533.95	451.01	400.90	603.07	511.49	449.28
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Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%.
For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
4 Year Home & Community Care Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Covered Care Daily Maximum Secondary Services Benefit

Currently Approved Rates

Issue	No BIO			Simple BIO			Compound BIO		
Ages	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day
18-22	19.01	15.55	13.82	41.47	36.29	29.38	70.85	62.21	51.84
23	20.74	17.28	13.82	43.20	38.02	29.38	70.85	62.21	51.84
24	20.74	17.28	13.82	43.20	38.02	31.10	72.58	62.21	51.84
25	22.46	19.01	15.55	44.93	39.74	32.83	72.58	62.21	51.84
26	22.46	19.01	15.55	46.66	39.74	32.83	72.58	63.94	53.57
27	24.19	20.74	17.28	48.38	41.47	34.56	74.30	63.94	53.57
28	24.19	22.46	17.28	50.11	43.20	36.29	74.30	65.66	53.57
29	25.92	22.46	19.01	53.57	44.93	38.02	76.03	65.66	55.30
30	25.92	24.19	19.01	55.30	46.66	39.74	77.76	67.39	55.30
31	27.65	24.19	20.74	55.30	48.38	39.74	77.76	67.39	55.30
32	29.38	24.19	22.46	57.02	50.11	39.74	79.49	69.12	55.30
33	31.10	25.92	22.46	60.48	51.84	41.47	82.94	70.85	57.02
34	34.56	27.65	24.19	63.94	55.30	41.47	82.94	70.85	58.75
35	34.56	31.10	24.19	65.66	55.30	43.20	84.67	70.85	58.75
36	36.29	31.10	24.19	65.66	57.02	44.93	84.67	72.58	60.48
37	36.29	32.83	24.19	67.39	58.75	44.93	86.40	72.58	60.48
38	38.02	32.83	24.19	67.39	58.75	44.93	86.40	72.58	60.48
39	38.02	32.83	24.19	69.12	58.75	44.93	86.40	74.30	62.21
40	39.74	34.56	25.92	70.85	62.21	50.11	88.13	76.03	62.21
41	39.74	36.29	27.65	74.30	63.94	51.84	89.86	76.03	63.94
42	41.47	36.29	27.65	76.03	65.66	53.57	91.58	77.76	63.94
43	43.20	38.02	27.65	76.03	65.66	55.30	93.31	81.22	65.66
44	43.20	38.02	29.38	77.76	67.39	55.30	96.77	82.94	67.39
45	44.93	39.74	29.38	79.49	69.12	55.30	100.22	86.40	69.12
46	46.66	39.74	31.10	81.22	69.12	57.02	101.95	88.13	70.85
47	46.66	39.74	31.10	82.94	70.85	58.75	105.41	89.86	70.85
48	48.38	39.74	32.83	82.94	70.85	58.75	105.41	91.58	72.58
49	48.38	39.74	32.83	82.94	70.85	58.75	107.14	91.58	74.30
50	48.38	41.47	32.83	84.67	70.85	58.75	107.14	93.31	76.03
51	50.11	41.47	32.83	86.40	72.58	58.75	108.86	95.04	77.76
52	51.84	44.93	36.29	86.40	74.30	58.75	110.59	95.04	81.22
53	55.30	46.66	38.02	88.13	76.03	62.21	115.78	98.50	84.67
54	57.02	50.11	39.74	91.58	79.49	65.66	119.23	101.95	88.13
55	62.21	53.57	43.20	95.04	81.22	70.85	126.14	107.14	91.58
56	65.66	55.30	46.66	100.22	86.40	74.30	133.06	114.05	96.77
57	70.85	60.48	50.11	105.41	89.86	81.22	141.70	120.96	101.95
58	74.30	63.94	53.57	112.32	96.77	86.40	148.61	127.87	105.41
59	77.76	67.39	55.30	117.50	101.95	88.13	157.25	133.06	110.59
60	81.22	70.85	58.75	124.42	107.14	93.31	164.16	139.97	114.05
61	84.67	70.85	60.48	131.33	112.32	96.77	169.34	146.88	117.50
62	88.13	76.03	65.66	139.97	119.23	101.95	179.71	153.79	126.14
63	96.77	82.94	70.85	148.61	127.87	110.59	191.81	164.16	134.78
64	101.95	88.13	76.03	160.70	136.51	117.50	203.90	174.53	148.61
65	110.59	95.04	81.22	171.07	146.88	126.14	216.00	184.90	160.70
66	119.23	101.95	86.40	181.44	155.52	134.78	229.82	196.99	171.07
67	131.33	112.32	95.04	195.26	167.62	146.88	247.10	210.82	184.90
68	143.42	122.69	105.41	214.27	183.17	160.70	269.57	229.82	200.45
69	158.98	134.78	117.50	233.28	198.72	172.80	290.30	250.56	214.27
70	174.53	148.61	127.87	254.02	216.00	188.35	314.50	271.30	229.82
71	193.54	164.16	139.97	274.75	236.74	205.63	340.42	292.03	245.38
72	212.54	183.17	155.52	302.40	259.20	224.64	369.79	317.95	266.11
73	238.46	203.90	172.80	333.50	286.85	241.92	402.62	347.33	286.85
74	262.66	226.37	190.08	366.34	316.22	262.66	438.91	376.70	305.86
75	290.30	250.56	210.82	404.35	347.33	286.85	476.93	409.54	330.05
76	323.14	278.21	233.28	445.82	381.89	312.77	520.13	445.82	357.70
77	362.88	311.04	259.20	490.75	421.63	347.33	566.78	485.57	392.26
78	406.08	349.06	290.30	540.86	464.83	388.80	618.62	530.50	437.18
79	457.92	392.26	324.86	597.89	511.49	440.64	675.65	580.61	490.75
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Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%.
For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
5 Year Home & Community Care Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Covered Care Daily Maximum Secondary Services Benefit

Currently Approved Rates

Issue	No BIO			Simple BIO			Compound BIO		
Ages	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day
18-22	20.74	17.28	15.55	44.93	39.74	32.83	77.76	67.39	55.30
23	22.46	19.01	15.55	46.66	39.74	34.56	79.49	69.12	57.02
24	22.46	19.01	15.55	48.38	41.47	34.56	79.49	69.12	57.02
25	24.19	20.74	17.28	50.11	43.20	36.29	79.49	69.12	57.02
26	24.19	22.46	17.28	51.84	44.93	38.02	81.22	70.85	57.02
27	24.19	22.46	19.01	53.57	46.66	39.74	81.22	70.85	58.75
28	25.92	24.19	19.01	55.30	48.38	39.74	82.94	70.85	58.75
29	27.65	24.19	20.74	57.02	50.11	39.74	82.94	70.85	60.48
30	29.38	24.19	22.46	58.75	51.84	41.47	84.67	72.58	60.48
31	31.10	25.92	22.46	60.48	53.57	43.20	86.40	74.30	62.21
32	32.83	27.65	24.19	63.94	55.30	44.93	86.40	76.03	63.94
33	34.56	29.38	24.19	65.66	57.02	48.38	88.13	77.76	65.66
34	36.29	31.10	25.92	69.12	58.75	50.11	89.86	77.76	65.66
35	38.02	31.10	25.92	70.85	60.48	50.11	91.58	79.49	65.66
36	39.74	32.83	27.65	70.85	62.21	51.84	91.58	79.49	67.39
37	39.74	32.83	27.65	72.58	62.21	53.57	93.31	81.22	67.39
38	39.74	34.56	27.65	72.58	63.94	53.57	93.31	81.22	67.39
39	39.74	34.56	29.38	72.58	63.94	53.57	93.31	81.22	69.12
40	43.20	38.02	31.10	79.49	69.12	57.02	96.77	84.67	70.85
41	44.93	39.74	32.83	81.22	70.85	57.02	98.50	84.67	70.85
42	46.66	39.74	32.83	82.94	70.85	58.75	100.22	86.40	70.85
43	46.66	39.74	34.56	84.67	72.58	60.48	101.95	88.13	72.58
44	48.38	41.47	34.56	86.40	72.58	62.21	105.41	91.58	76.03
45	50.11	41.47	36.29	86.40	74.30	62.21	108.86	95.04	79.49
46	50.11	43.20	36.29	86.40	76.03	63.94	112.32	98.50	81.22
47	51.84	44.93	38.02	88.13	77.76	65.66	115.78	100.22	84.67
48	51.84	44.93	38.02	89.86	77.76	65.66	117.50	101.95	84.67
49	53.57	44.93	38.02	89.86	77.76	65.66	117.50	101.95	84.67
50	53.57	44.93	39.74	91.58	79.49	67.39	117.50	101.95	86.40
51	55.30	46.66	39.74	93.31	81.22	67.39	117.50	101.95	86.40
52	55.30	48.38	39.74	95.04	81.22	69.12	120.96	103.68	86.40
53	58.75	51.84	43.20	96.77	84.67	70.85	126.14	108.86	89.86
54	63.94	55.30	44.93	100.22	86.40	70.85	131.33	114.05	95.04
55	67.39	57.02	48.38	101.95	89.86	74.30	136.51	117.50	100.22
56	70.85	62.21	51.84	107.14	93.31	77.76	145.15	124.42	103.68
57	76.03	67.39	55.30	115.78	100.22	82.94	153.79	133.06	110.59
58	81.22	70.85	58.75	122.69	105.41	88.13	162.43	139.97	117.50
59	84.67	72.58	60.48	129.60	112.32	93.31	171.07	148.61	122.69
60	88.13	76.03	63.94	136.51	117.50	98.50	177.98	153.79	129.60
61	91.58	79.49	67.39	143.42	124.42	103.68	184.90	160.70	133.06
62	98.50	84.67	70.85	152.06	133.06	110.59	195.26	169.34	141.70
63	103.68	89.86	76.03	164.16	141.70	117.50	209.09	179.71	150.34
64	112.32	96.77	81.22	174.53	150.34	126.14	221.18	191.81	160.70
65	120.96	103.68	86.40	186.62	162.43	134.78	236.74	203.90	171.07
66	129.60	112.32	93.31	196.99	171.07	143.42	250.56	216.00	179.71
67	141.70	122.69	101.95	214.27	184.90	155.52	269.57	233.28	195.26
68	157.25	134.78	114.05	233.28	202.18	169.34	292.03	254.02	210.82
69	172.80	148.61	124.42	254.02	219.46	183.17	317.95	274.75	229.82
70	190.08	164.16	136.51	274.75	238.46	198.72	342.14	297.22	248.83
71	210.82	181.44	150.34	300.67	259.20	217.73	371.52	321.41	269.57
72	233.28	200.45	167.62	330.05	285.12	238.46	404.35	350.78	292.03
73	257.47	224.64	186.62	362.88	314.50	262.66	440.64	381.89	319.68
74	286.85	247.10	207.36	399.17	347.33	288.58	478.66	412.99	347.33
75	317.95	274.75	229.82	442.37	381.89	319.68	521.86	451.01	376.70
76	352.51	305.86	255.74	485.57	421.63	350.78	566.78	490.75	411.26
77	395.71	342.14	286.85	535.68	463.10	387.07	616.90	535.68	445.82
78	444.10	383.62	319.68	589.25	509.76	428.54	673.92	584.06	489.02
79	497.66	430.27	359.42	649.73	563.33	471.74	736.13	637.63	532.22
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Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%.
For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
6 Year Home & Community Care Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Covered Care Daily Maximum Secondary Services Benefit

Currently Approved Rates

Issue	No BIO			Simple BIO			Compound BIO		
Ages	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day
18-22	22.46	19.01	15.55	48.38	41.47	36.29	84.67	72.58	60.48
23	24.19	20.74	17.28	50.11	43.20	38.02	84.67	72.58	62.21
24	24.19	20.74	17.28	51.84	44.93	38.02	84.67	72.58	62.21
25	24.19	22.46	19.01	53.57	46.66	39.74	86.40	74.30	62.21
26	25.92	24.19	19.01	55.30	48.38	39.74	86.40	74.30	63.94
27	27.65	24.19	20.74	57.02	50.11	41.47	86.40	76.03	63.94
28	27.65	24.19	22.46	58.75	51.84	43.20	86.40	76.03	63.94
29	29.38	25.92	22.46	60.48	53.57	44.93	88.13	77.76	65.66
30	31.10	27.65	24.19	62.21	55.30	46.66	89.86	77.76	67.39
31	32.83	27.65	24.19	65.66	57.02	48.38	91.58	79.49	67.39
32	34.56	29.38	24.19	69.12	58.75	50.11	93.31	81.22	69.12
33	36.29	31.10	25.92	70.85	60.48	51.84	95.04	82.94	70.85
34	38.02	32.83	27.65	70.85	62.21	53.57	96.77	84.67	70.85
35	39.74	34.56	27.65	72.58	65.66	55.30	98.50	86.40	70.85
36	39.74	36.29	29.38	76.03	67.39	55.30	98.50	86.40	72.58
37	41.47	36.29	31.10	77.76	67.39	57.02	100.22	86.40	72.58
38	43.20	38.02	31.10	77.76	69.12	57.02	100.22	86.40	72.58
39	43.20	38.02	31.10	79.49	69.12	57.02	101.95	86.40	74.30
40	46.66	39.74	34.56	84.67	72.58	62.21	101.95	89.86	76.03
41	48.38	41.47	36.29	86.40	74.30	63.94	103.68	89.86	76.03
42	50.11	43.20	36.29	88.13	76.03	65.66	105.41	93.31	77.76
43	50.11	43.20	38.02	89.86	77.76	65.66	108.86	95.04	81.22
44	51.84	44.93	38.02	91.58	79.49	67.39	112.32	98.50	82.94
45	53.57	44.93	39.74	91.58	81.22	69.12	117.50	101.95	86.40
46	53.57	46.66	39.74	93.31	82.94	69.12	119.23	103.68	88.13
47	55.30	48.38	39.74	95.04	82.94	70.85	122.69	107.14	89.86
48	55.30	48.38	39.74	96.77	84.67	70.85	124.42	107.14	91.58
49	55.30	48.38	39.74	96.77	84.67	70.85	124.42	108.86	91.58
50	55.30	50.11	41.47	98.50	86.40	70.85	126.14	108.86	91.58
51	57.02	50.11	41.47	100.22	86.40	72.58	127.87	110.59	93.31
52	60.48	53.57	44.93	101.95	86.40	74.30	129.60	112.32	95.04
53	63.94	55.30	46.66	103.68	89.86	76.03	133.06	117.50	98.50
54	67.39	58.75	50.11	107.14	93.31	77.76	139.97	120.96	101.95
55	70.85	62.21	53.57	110.59	96.77	81.22	146.88	127.87	107.14
56	76.03	67.39	55.30	115.78	101.95	86.40	153.79	133.06	114.05
57	82.94	70.85	60.48	122.69	107.14	89.86	164.16	143.42	120.96
58	86.40	74.30	63.94	131.33	114.05	96.77	174.53	150.34	127.87
59	89.86	79.49	67.39	138.24	120.96	101.95	181.44	158.98	133.06
60	93.31	82.94	69.12	146.88	127.87	107.14	190.08	165.89	139.97
61	98.50	86.40	70.85	152.06	133.06	112.32	196.99	172.80	146.88
62	103.68	89.86	76.03	164.16	141.70	119.23	210.82	181.44	153.79
63	112.32	98.50	82.94	174.53	152.06	127.87	222.91	195.26	164.16
64	119.23	103.68	88.13	184.90	162.43	136.51	236.74	207.36	174.53
65	129.60	112.32	95.04	198.72	174.53	146.88	252.29	219.46	184.90
66	138.24	120.96	101.95	210.82	184.90	155.52	267.84	233.28	195.26
67	150.34	133.06	112.32	228.10	198.72	167.62	288.58	250.56	210.82
68	167.62	146.88	122.69	250.56	217.73	183.17	312.77	273.02	229.82
69	184.90	160.70	134.78	273.02	236.74	198.72	338.69	295.49	248.83
70	202.18	177.98	148.61	293.76	257.47	216.00	366.34	319.68	269.57
71	224.64	195.26	164.16	319.68	279.94	236.74	397.44	347.33	292.03
72	248.83	216.00	183.17	350.78	305.86	257.47	432.00	376.70	317.95
73	276.48	241.92	203.90	388.80	338.69	286.85	470.02	409.54	345.60
74	305.86	267.84	226.37	428.54	373.25	314.50	511.49	445.82	376.70
75	338.69	295.49	250.56	471.74	411.26	347.33	556.42	485.57	409.54
76	378.43	330.05	278.21	520.13	452.74	381.89	604.80	527.04	444.10
77	421.63	366.34	309.31	571.97	499.39	421.63	660.10	575.42	485.57
78	473.47	412.99	349.06	630.72	551.23	463.10	720.58	628.99	530.50
79	532.22	463.10	392.26	694.66	606.53	511.49	786.24	686.02	578.88
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Premiums remain level at issue age rates.
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These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%.
For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
Lifetime Home & Community Care Benefit
ML1 SERIES
Standard Premium Rates
Rates per $10 of Covered Care Daily Maximum Secondary Services Benefit

Currently Approved Rates

Issue	No BIO			Simple BIO			Compound BIO		
Ages	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day	0 Day	20 Day	60 Day
18-22	24.19	22.46	20.74	55.30	50.11	41.47	95.04	86.40	72.58
23	25.92	24.19	20.74	57.02	51.84	43.20	96.77	86.40	74.30
24	27.65	24.19	22.46	58.75	53.57	44.93	96.77	86.40	74.30
25	27.65	24.19	22.46	60.48	55.30	46.66	96.77	86.40	74.30
26	29.38	25.92	24.19	62.21	55.30	48.38	98.50	86.40	74.30
27	31.10	27.65	24.19	63.94	57.02	50.11	98.50	86.40	76.03
28	32.83	29.38	24.19	67.39	58.75	51.84	100.22	88.13	76.03
29	34.56	29.38	25.92	69.12	60.48	53.57	101.95	89.86	77.76
30	36.29	31.10	27.65	70.85	63.94	55.30	101.95	89.86	77.76
31	38.02	32.83	27.65	74.30	65.66	57.02	101.95	91.58	79.49
32	39.74	34.56	29.38	74.30	67.39	57.02	103.68	93.31	81.22
33	39.74	36.29	31.10	76.03	69.12	58.75	105.41	95.04	81.22
34	39.74	38.02	31.10	77.76	70.85	60.48	107.14	95.04	82.94
35	41.47	38.02	32.83	77.76	70.85	62.21	107.14	96.77	82.94
36	43.20	39.74	34.56	79.49	72.58	63.94	108.86	96.77	82.94
37	44.93	39.74	34.56	82.94	74.30	63.94	110.59	98.50	84.67
38	44.93	39.74	34.56	84.67	77.76	65.66	110.59	98.50	84.67
39	44.93	39.74	34.56	86.40	77.76	67.39	110.59	98.50	84.67
40	48.38	43.20	38.02	93.31	84.67	70.85	115.78	101.95	89.86
41	50.11	43.20	39.74	96.77	86.40	74.30	117.50	103.68	93.31
42	51.84	44.93	39.74	98.50	86.40	77.76	117.50	105.41	95.04
43	51.84	46.66	39.74	98.50	86.40	79.49	119.23	107.14	98.50
44	53.57	46.66	39.74	98.50	88.13	81.22	122.69	108.86	101.95
45	53.57	46.66	41.47	100.22	88.13	81.22	124.42	112.32	103.68
46	55.30	48.38	41.47	100.22	88.13	82.94	127.87	114.05	107.14
47	55.30	50.11	43.20	101.95	89.86	84.67	131.33	117.50	110.59
48	55.30	50.11	43.20	101.95	91.58	84.67	133.06	117.50	112.32
49	57.02	51.84	44.93	101.95	91.58	86.40	133.06	117.50	112.32
50	58.75	53.57	46.66	103.68	93.31	86.40	133.06	119.23	114.05
51	62.21	55.30	48.38	107.14	96.77	86.40	138.24	122.69	115.78
52	65.66	57.02	50.11	112.32	100.22	89.86	143.42	129.60	117.50
53	69.12	60.48	53.57	117.50	103.68	93.31	150.34	134.78	120.96
54	72.58	65.66	55.30	124.42	110.59	100.22	160.70	143.42	127.87
55	77.76	69.12	58.75	131.33	117.50	103.68	171.07	150.34	133.06
56	82.94	72.58	62.21	138.24	122.69	110.59	181.44	160.70	141.70
57	86.40	77.76	67.39	148.61	133.06	117.50	195.26	171.07	148.61
58	93.31	82.94	70.85	157.25	139.97	120.96	205.63	179.71	155.52
59	98.50	86.40	74.30	164.16	146.88	126.14	214.27	190.08	160.70
60	101.95	89.86	77.76	172.80	152.06	129.60	224.64	196.99	164.16
61	105.41	93.31	81.22	179.71	158.98	133.06	229.82	203.90	169.34
62	112.32	100.22	86.40	188.35	165.89	138.24	241.92	212.54	177.98
63	120.96	107.14	91.58	198.72	176.26	148.61	254.02	224.64	190.08
64	129.60	115.78	98.50	210.82	184.90	158.98	266.11	235.01	202.18
65	139.97	122.69	105.41	222.91	195.26	171.07	281.66	247.10	217.73
66	148.61	133.06	114.05	236.74	209.09	181.44	295.49	259.20	229.82
67	164.16	143.42	122.69	254.02	224.64	195.26	316.22	278.21	247.10
68	179.71	158.98	134.78	278.21	245.38	212.54	345.60	304.13	266.11
69	196.99	174.53	148.61	304.13	267.84	229.82	376.70	331.78	283.39
70	216.00	190.08	162.43	331.78	292.03	247.10	409.54	359.42	300.67
71	238.46	210.82	179.71	362.88	319.68	267.84	444.10	390.53	319.68
72	264.38	231.55	196.99	399.17	350.78	292.03	482.11	423.36	345.60
73	293.76	257.47	219.46	440.64	387.07	321.41	521.86	457.92	374.98
74	328.32	288.58	243.65	487.30	426.82	354.24	561.60	492.48	407.81
75	364.61	319.68	271.30	537.41	470.02	390.53	604.80	530.50	444.10
76	404.35	354.24	300.67	589.25	516.67	428.54	653.18	571.97	482.11
77	449.28	393.98	335.23	646.27	566.78	471.74	705.02	616.90	523.58
78	501.12	438.91	371.52	708.48	620.35	516.67	763.78	668.74	568.51
79	558.14	489.02	412.99	775.87	677.38	566.78	827.71	724.03	615.17
80									
81									
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97									
98									
99+									

Premiums remain level at issue age rates.
An applicant is considered preferred if husband/wife apply together.
These rates are to be used for Standard insureds. For Preferred rates, multiply by 90%.
For Discounted Standard rates, multiply by 90%. For Discounted Preferred rates, multiply by 80%.
For Non-Commissioned Standard rates, multiply by 70%.
For Non-Commissioned Preferred rates, multiply by 60%.

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML1 SERIES
Shortened Benefit Period Rider

Percentage Increase to Total Rate for Policy & Riders

Issue Ages	Premium Rate as a % To Apply to Policy and All Riders
All	13%

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
ML1 SERIES
Guaranteed Purchase Option Rider

Percentage Increase to Total Rate for Policy & Riders

Issue Ages	Premium Rate as a % To Apply to Policy and All Riders
All	16%

Transamerica Premier Life Insurance Company

MLPool TQ Series
Annual Standard Premium Rates Per $10 of Daily Benefit
Virginia

Currently Approved Rates

A

Benefit	Base NH Rates								
Period	0	20	30	60	90	100	180	365	730
1	14.17	12.75	11.66	9.43	8.12	7.79	6.05	4.27	2.54
2	21.20	19.08	17.78	15.05	13.36	12.94	10.51	7.71	5.01
3	24.36	21.93	20.60	17.76	15.98	15.55	12.93	9.85	6.81
4	27.56	24.81	23.41	20.46	18.61	18.14	15.36	12.01	8.57
5	29.95	26.96	25.54	22.53	20.62	20.15	17.26	13.72	9.99
6	32.23	29.01	27.56	24.47	22.52	22.01	19.03	15.29	11.25
LT	34.44	31.00	29.19	26.73	23.33	22.67	19.92	15.90	11.58

B

Benefit	Base H&CC Rates								
Period	0	20	30	60	90	100	180	365	730
1	14.31	11.37	10.39	8.40	7.24	6.95	5.39	3.80	2.26
2	20.48	17.00	15.85	13.41	11.91	11.53	9.37	6.86	4.46
3	23.07	19.54	18.35	15.83	14.24	13.86	11.51	8.78	6.07
4	25.76	22.10	20.86	18.23	16.59	16.17	13.69	10.70	7.64
5	27.73	24.02	22.76	20.08	18.37	17.95	15.38	12.22	8.90
6	29.65	25.85	24.55	21.81	20.06	19.61	16.95	13.63	10.02
LT	32.35	27.61	26.01	23.81	20.79	20.20	17.75	14.17	10.32

Pooled Benefits

Use these factors when you add H&CC or ALF or HC
AND you want to pool the Maximum Lifetime Benefit.

	G	H	I	J
Benefit	NH-Base		H&CC-Base	
Period	NH	ALF	H&CC	HC-only
1	0.70	0.55	0.70	0.47
2	0.80	0.46	0.80	0.56
3	0.85	0.42	0.85	0.60
4	0.90	0.40	0.90	0.62
5	0.95	0.39	0.95	0.63
6	0.98	0.39	0.98	0.64
LT	1.00	0.40	1.00	0.65

	K
MDB as a % of NH DB	Factor for H, I or J
50%	0.72
60%	0.76
70%	0.84
75%	0.86
80%	0.88
90%	0.92
100%	1.00

Non-Pooled Benefits

Use these factors when you add ALF or HC
Without pooling the Maximum Lifetime Benefit.

	L		M	
Benefit	NH-Base		HCC-Base	
Period	NH	ALF	H&CC	HC
1	1.00	0.79	1.00	0.67
2	1.00	0.58	1.00	0.70
3	1.00	0.49	1.00	0.71
4	1.00	0.44	1.00	0.69
5	1.00	0.41	1.00	0.66
6	1.00	0.40	1.00	0.65
LT	1.00	0.40	1.00	0.65

Mode Factors

Annual:	1.00
SemiAnnual:	0.51
Quarterly:	0.26
Monthly EFT:	0.08333

Premium rates for the Shortened Benefit Period (SBP) are 13% of NH, H&CC, ALF and HC.
Premium rates for the 100% GPO (issue ages under 50 only) are 16% of NH, H&CC, ALF, HC and SBP.

Premiums are intended to remain level by issue age but may be changed on a class basis.
These rates do not include the $25 application fee.

An applicant is considered Preferred if husband/wife apply together and
both meet the underwriting guidelines.
Rates here are for Standard insureds. For Preferred rates, multiply by 90%.
Additional discounts may apply.

	C	D	E	F
Issue	Issue	Lifetime	Inflation Protection	
Age	Age	Ben. Per.	Simple	Compound
18	0.46	1.17	2.24	3.88
19	0.46	1.17	2.24	3.88
20	0.46	1.17	2.24	3.88
21	0.46	1.17	2.24	3.88
22	0.46	1.17	2.24	3.88
23	0.48	1.17	2.22	3.72
24	0.50	1.17	2.20	3.59
25	0.53	1.16	2.18	3.47
26	0.55	1.16	2.15	3.35
27	0.57	1.16	2.13	3.25
28	0.60	1.16	2.11	3.15
29	0.63	1.16	2.09	3.06
30	0.66	1.16	2.07	2.98
31	0.69	1.15	2.05	2.91
32	0.71	1.15	2.03	2.84
33	0.75	1.15	2.01	2.76
34	0.78	1.15	2.00	2.69
35	0.81	1.15	1.98	2.63
36	0.84	1.15	1.96	2.57
37	0.87	1.14	1.94	2.52
38	0.91	1.14	1.93	2.47
39	0.95	1.14	1.91	2.44
40	0.99	1.14	1.89	2.41
41	1.03	1.14	1.88	2.39
42	1.08	1.13	1.87	2.37
43	1.12	1.13	1.85	2.35
44	1.16	1.13	1.83	2.33
45	1.20	1.13	1.82	2.31
46	1.25	1.13	1.81	2.30
47	1.30	1.13	1.79	2.28
48	1.37	1.13	1.78	2.27
49	1.44	1.13	1.77	2.25
50	1.51	1.13	1.75	2.24
51	1.60	1.12	1.74	2.23
52	1.70	1.12	1.72	2.22
53	1.80	1.12	1.71	2.21
54	1.91	1.12	1.68	2.19
55	2.03	1.12	1.66	2.18
56	2.18	1.11	1.64	2.17
57	2.36	1.11	1.61	2.16
58	2.57	1.11	1.59	2.14
59	2.80	1.11	1.57	2.12
60	3.06	1.11	1.55	2.10
61	3.36	1.11	1.53	2.07
62	3.72	1.11	1.51	2.05
63	4.15	1.10	1.50	2.02
64	4.62	1.10	1.50	1.99
65	5.15	1.10	1.50	1.96
66	5.71	1.10	1.50	1.93
67	6.32	1.10	1.50	1.90
68	6.94	1.10	1.50	1.86
69	7.58	1.09	1.49	1.82
70	8.27	1.09	1.49	1.78
71	9.07	1.09	1.48	1.74
72	10.02	1.09	1.47	1.70
73	11.07	1.09	1.46	1.66
74	12.17	1.09	1.45	1.63
75	13.42	1.08	1.44	1.59
76	14.94	1.08	1.43	1.56
77	16.82	1.08	1.42	1.53
78	19.15	1.08	1.41	1.49
79	21.84	1.08	1.40	1.46
80	24.80	1.08	1.38	1.43
81	27.89	1.08	1.37	1.40
82	31.02	1.07	1.35	1.38
83	34.22	1.07	1.34	1.35
84	37.55	1.07	1.32	1.33
85	40.97	1.07	1.30	1.31
86	44.44	1.07	1.28	1.29
87	47.92	1.07	1.26	1.27
88	51.42	1.06	1.25	1.25
89	54.96	1.06	1.23	1.23
90	58.53	1.06	1.21	1.21
91	62.12	1.06	1.19	1.19
92	65.72	1.06	1.17	1.17
93	69.35	1.06	1.16	1.16
94	73.00	1.05	1.14	1.16
95	76.67	1.05	1.13	1.15
96	80.35	1.05	1.12	1.14
97	84.02	1.05	1.11	1.13
98	87.68	1.05	1.10	1.12
99	91.33	1.05	1.09	1.11
100 +	91.33	1.05	1.09	1.11

Premium Calculations: Virginia

These Premium Factors provide the ability to calculate Premium Rates for the Nursing Home policy, the Home and Community Care rider, the Assisted Living Facility rider, the Home Care rider, and the Return-of-Premium Options.
Please note: BP = Benefit Period. If any rates are 0, that option is not available.

Nursing Home (NH) Benefit Premium
To calculate the premium for the NH, start by selecting the Base NH Rate (Box A) for the BP and Elimination Period that you want. Next, select the appropriate Issue Age Factor (column C). If you want a Lifetime BP, select the factor for the appropriate issue age from column D (if you do not want Lifetime, use a factor of 1.00). If you want Inflation Protection, for the appropriate issue age select the Simple Option (column E) or the Compound Option (column F), or use 1.00 for No Inflation Protection. If you want to pool the NH BP with the H&CC BP or the ALF BP or the HC BP, then, for the appropriate BP, select the NH Pooling Factor (column G).
Multiply the factors from A, C, D, E or F, and (if pooling) G.
Round this number to the nearest dollar for the premium per $10 unit.
Multiply by the number of units to get the premium for NH.

Home & Community Care (H&CC) Benefit Premium
For the Base Rate use Box B (if you pool: the H&CC BP must equal the NH BP; Elimination Periods do not have to be equal.)
Select the appropriate factors from columns C, D, and E or F.
If you want to pool the H&CC BP with the NH BP, select the pooling factor from column I (again, the H&CC BP must equal the NH BP). When pooling, you select the H&CC Maximum Daily Benefit as a percentage of the NH Daily Benefit. Select this factor from column K. (If you do not want to pool the H&CC BP and the NH BP use a factor of 1 instead of columns I and K.)
Multiply the factors from B, C, D, E or F, and (if pooling) I and K.
Round this number to the nearest dollar for the premium per $10 unit.
Multiply by the number of units (if pooling use the same number of units as NH) to get the H&CC premium.

Assisted Living Facility (ALF) Benefit Premium
For the Base Rate use Box A (if you pool: the ALF BP must equal the NH BP; Elimination Periods do not have to be equal.)
Select the appropriate factors from columns C, D, and E or F.
If you want to pool the ALF BP with the NH BP, select the pooling factor from column H (again, the ALF BP must equal the NH BP). When pooling, you select the ALF Maximum Daily Benefit as a percentage of the NH Daily Benefit. Select this factor from column K. (If you do not want to pool the ALF BP and the NH BP use column L instead of columns H and K.)
If pooling, multiply factors: A, C, D, E or F, H and K. If not pooling, use factors: A, C, D, E or F, and L.
Round this number to the nearest dollar for the premium per $10 unit.
Multiply by the number of units (if pooling use the same number of units as NH) to get the ALF premium.

Home Care (HC) Benefit Premium
For the Base Rate use Box B (if you pool: the HC BP must equal the NH BP; Elimination Periods do not have to be equal.)
Select the appropriate factors from columns C, D, and E or F.
If you want to pool the HC BP with the NH BP, select the pooling factor from column J (again, the HC BP must equal the NH BP). When pooling, you select the HC Maximum Daily Benefit as a percentage of the NH Daily Benefit. Select this factor from column K. (If you do not want to pool the HC BP and the NH BP use column M instead of columns J and K.)
If pooling, multiply factors: B, C, D, E or F, J and K. If not pooling, use factors: B, C, D, E or F, and M.
Round this number to the nearest dollar for the premium per $10 unit.
Multiply by the number of units (if pooling use the same number of units as NH) to get the HC premium.

Shortened Benefit Period (SBP) Benefit Premium
The premium for the SBP is 13% of the premium for the all the above benefits.
Round the premium for the SBP to the nearest cent.

100% Guaranteed Purchase Option (100% GPO) Benefit Premium (issue age must be 49 or younger)
The premium for the GPO is 16% of the premium for the all the above benefits.
Round the premium for the GPO to the nearest cent.

Final Steps:

1. Add the premiums from the NH, H&CC, ALF, and HC.
2. The SBP is 13% of (1).
3. Add (1) and (2).
4. The 100% GPO premium is 16% of (3).
5. Add (3) and (4).
6. Choose Mode Factor.
7. Multiply (5) by (6). This is the Renewal Premium.
8. If Monthly Mode: Multiply (7) times 2 and add the Policy Fee (if any). This is the Initial Premium.
   Any Other Mode: Add (7) and the Policy Fee (if any). This is the Initial Premium.

TRANSAMERICA®
PREMIER LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
Long Term Care Administrative Services
P.O. Box 869090
Plano, TX 75086–9090

February 2, 2018

Ms. Janet Houser
Virginia Department of Insurance

Re: **Rate Increase Filing: AEGB-131271280**
Transamerica Premier Life Insurance Company
Long Term Care Policy Forms: ML-LTCP TQ (VA) 197 As ML1 et al.

Dear Ms. Houser,

This letter is in response to your letter to Transamerica dated December 6, 2017. Your letter indicated you would like the following information:

1. We have the following concerns with the rate attachments:

   1) Please remove FTQ (VA) 197 from line item one. Only the rate factors for the rider CBIOR 196 should be attached. Rates for the base policy FTQ (VA) 197 are attached on line item 3.

   These will be provided under separate cover.

   2) Please remove FTQ (VA) 197 from line item 2 and only attach the rates the rider FHCCRTQ (VA) 197. Again the base factors for the policy are attached in item 3. This objection would also apply to line item 4 and only the rider SBIOR 196 and its rates should be attached.

   These will be provided under separate cover.

   3) Please remove the affected form number ML-LTC TQ(VA) 197 from line item 7 and only include the rider number ML-LTRCR TQ 197 and its corresponding rates.

   These will be provided under separate cover.

   4) We are unable to verify when form ML-LTCP COM TQ (VA) 898 was approved. Please provide a copy of the approval.

   These will be provided under separate cover.

   5) There is a nonforfeiture factor attached to the rate pages for FTQ (VA) 197 and LTC 5 TQ (VA) 600. Please confirm this is an optional benefit included in the policy and is not a separate rider or form number.

   These will be provided under separate cover.

   6) The rate attachment for ML- LTC TQ (VA) 197 includes rates based on No BIO, Simple BIO, and Compound BIO. Are the Simple BIO and Compound BIO separate form numbers from the base policy or included as an option within the policy. There are also rates for a Shortened Benefit Period Rider and Guaranteed Purchase Option Rider. Those form numbers should be added as Affected Form numbers in the Rate/Rule Schedule.

   These will be provided under separate cover.

2. Please amend the Rate Action Column to reflect 7/27181 as the previous state filing number and add the Percent Rate Change Request currently being proposed for each form.

   These will be provided under separate cover.

3. 1a) Please explain in detail exactly how credibility was determined, the reliance upon such data, and its impact on the exhibits.

   Credibility was determined based on the formula recommended by the American Academy of Actuaries ("AAA") in a Long-term Care Credibility Monograph issued in August 2016. Under the formula recommended 3,246 claims are needed for full LTCI data credibility. The standard is applied to cumulative historical experience to determine the credibility of the block. The credibility for these forms for Transamerica Premier (TPLIC)-only experience is 69%. As outlined in the cover letter, because the credibility is less than 100%, the experience of identical forms for Transamerica Life has also been included. The combined experience of Transamerica Premier and Transamerica Life is fully credible.

   The AAA working group report that summarizes its conclusions about LTCI data credibility is available upon request.

   1b) Please revise Exhibit III to include projections that demonstrate the calculation of the anticipated future and lifetime loss ratios based on the Company's nationwide experience only and excluding any affiliated data.

   Please see the file named 'Exh III Pre & Post RS Obj 3-2.xslx'. The tab [ExhIII] shows an Exhibit III which has been revised to include projections based on TPLIC-only nationwide experience.

   2) Please provide the number of policies issued prior to October 1, 2003 and the number of policies issued on or after October 1, 2003. Please provide separate exhibits for each block illustrating experience and projections as required.

   Please see the chart below for the distribution of Virginia insureds by issue period, as of September 2016.

Issue Date Timing	Insureds	Annualized Premium
Prior to October 1, 2003	475	$963,749
On or after October 1, 2003	22	$36,262
Total	497	$1,000,011

   Please see the file referenced in 3-1b. The file includes TPLIC-only exhibits for both Virginia-only and Nationwide experience for both pre- and post-rate stability business. Only forms for which there are current Virginia policyholders have been included. Exhibits include earned premium, paid claims, incurred claims, and loss ratios for each calendar year. The premium and claims are consistent with the values provided in Exhibit III.

   In addition, please provide the following:

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

   The exhibits provided in 3-2 show the earned premium adjusted to Virginia-approved rates.

4) 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.

The Pre- and Post-rate stability exhibits provided in 3-2 show loss ratios assuming the proposed premium had been charged since inception.

It is the Company's position that it is not methodologically valid or appropriate to calculate the lifetime loss ratio based on the assumption that the premiums requested in this filing have been charged since inception. Among the infirmities with this approach are the following:

1. Calculating the lifetime loss ratio based on the assumption that the premiums requested in this filing have been charged since inception is not contemplated by, nor consistent with, the Virginia pre-rate stability regulation applicable to policies issued prior to October 1, 2003.

2. Calculating the lifetime loss ratio based on the assumption that the premiums requested in this filing have been charged since inception is not an equitable way to address recouping past losses. It credits the policyholder with premiums never actually received and spreads the increase to policyholders who are no longer in-force. This methodology causes a continually declining level of justifiable increases, and thus diminishes the company's ability to attain adequate premium levels to meet its obligations on the policy blocks.

3. Calculating the lifetime loss ratio based on the assumption that the premiums requested in this filing have been charged since inception is inconsistent with rate stability regulation, which does not contemplate this approach.

4. Because the Company did not actually receive the premiums proposed in this filing since inception, calculating the lifetime loss ratio based on the assumption that the premiums requested in this filing have been charged since inception would result in an entirely artificial lifetime loss ratio.

5. Calculating the lifetime loss ratio based on the assumption that the premiums requested in this filing have been charged since inception is methodologically flawed because it only prevents recoupment of past losses for certain experience patterns. For example, if a product had 10 years of bad experience, but then is corrected and the carrier expects no future losses, restating premiums would entitle the carrier to a rate increase it otherwise would not be entitled to receive because it does not project any future loss.

6. If the Company requested the current requested rate increases ten years ago, it is unlikely that the Department would have approved them because the projected experience at that time would not have supported the increase.

Moreover, Transamerica has been actively managing its LTC in-force block. Among other things:

- Transamerica has requested previous rate increases in order to timely respond to developing experience as it began to emerge;
- Transamerica has offered innovative solutions, including the proposed "BIO downgrade," to alleviate the impact of the rate increase; and
- Transamerica has already taken approximately $600,000,000 in loss recognition charges, and does not seek to recoup those amounts.

5) Please provide an actual-to-expected analysis on each assumption, with expected on both original and current assumption basis.

Please see the files 'TPLIC A2E Morbidity Original Assumptions.pdf', 'TPLIC A2E Decrement Original Assumptions.pdf', and 'VA TPLIC Legacy Obj 3-5 A2E Exhibits Current Assumptions.pdf'.

6) Please provide a step-by-step quantification of the impact of the change in each assumption from the original assumptions to the current assumptions.

Please see the chart below for an attribution analysis showing the impact on the lifetime loss ratio when moving from the original assumptions to current, consistent with the experience provided in Exhibit II of the Actuarial Memorandum:

The following table provides the isolated impact of each changed assumption (current versus original) on the projected lifetime loss ratio when the projection assumptions vary.

	Lifetime Loss Ratio	Impact
Original Pricing	53.1%	
Using Original Assumptions except for Current:		
Interest Discount	53.1%	0.0%
Decrement Rates	319.9%	266.8%
Morbidity	171.0%	-148.9%
VA Premium Rate Level	126.5%	-44.6%
Historical Experience & Projections with All Current Assumptions	126.5%	73.4%

Please note that the lifetime loss ratio for each changed assumption is cumulative. As a result, the total impact of all current assumptions on the lifetime loss ratio is equal to the sum of each changed assumptions' impact on the lifetime loss ratio, but impact may vary depending on order.

7) Please use the average maximum statutory valuation interest rate for each block of business to accumulate and discount cash flows.

The maximum statutory valuation interest rate of 4.5%, applicable for policies issued between 1995 and 2005, has been used in all exhibits for discounting.

8) Please provide sufficient detail or documentation provided so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas.

All exhibits have been provided in Excel with working formulas. All projections are done within GGY AXIS using assumptions consistent with our GPV assumptions.

9) 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 as if no increases had ever been implemented.

Please see Exhibit V at the end of this document reflecting the actual historical experience and projections using the original pricing assumptions including the original premium scale with no increases.

10) 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.

Please see Exhibit II included in the actuarial memorandum provided for this filing.

11) 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 actual filed loss ratio exhibits are not readily available. However, as a proxy, please see Exhibit VI at the end of this document for a demonstration of pricing loss ratios by form series. For most policy forms subject to this filing, the projected values in Exhibit VI were calculated using representative cell level pricing expectations applied to the actual distribution of business at that level

and summed. For all other forms, pricing expectations at the lowest level of detail readily available were applied to the actual distribution of business at that level of detail. Please note that in the latter case, differences between actual and assumed distribution of business by age, elimination period, and benefit period would not be reflected. Also, for most of the policy forms subject to this filing, the original loss ratios were calculated at pricing including the change in active life reserves for the purpose of demonstrating minimum loss ratio compliance. The loss ratios in Exhibit VI exclude active life reserves for all products because the Company would prefer not to include active life reserves in the justification of this rate increase request. As such, the aggregate lifetime loss ratios shown in Exhibit VI are below 60% for those products where active life reserves were excluded at pricing to demonstrate minimum loss ratio compliance.

12) Please provide a detailed explanation of the data sources and actuarial review performed in setting each assumption, including discussion of any adjustments made to reflect the company's unique business.

A detailed explanation of the data sources and actuarial review performed in setting each assumption is as follows:

Morbidity
The underlying claim costs are based on internal data derived from company experience. The confinement length of stay and incidence rates were originally based on unpublished industry data and the 1985 national nursing home survey as reported in the Society of Actuaries transactions of 1988-1989-1990 Reports. The claim costs were also based on data from the 1984 National Long Term Care Survey. The claim costs represent best estimate values and do not include an explicit provision for moderately adverse conditions.

Current assumption claim costs have been validated by applying them to actual exposures for a recent historical period to verify that they closely reproduce actual incurred claims within an acceptable tolerance. Please see the Current A2E file which displays a table of the current claim cost validation.

Mortality
The 1983 GAM mortality table, with select factors based on company experience, was used for projecting future mortality.

Current assumption mortality has been validated by applying it to actual exposures for a recent historical period to verify that it closely reproduces actual mortality within an acceptable tolerance. Please see the Current A2E file which displays a table of the current mortality validation.

Persistency
Voluntary lapse rates are based on Company experience and vary by duration and issue age. Different lapse rates are assumed based on inflation option, marital discount, and issue era.

Current assumption lapse rates have been validated by applying them to actual exposures for a recent historical period to verify that they closely reproduce actual lapse rates within an acceptable tolerance. Please see the Current A2E file which displays a table of the current lapse rate validation.

13) Please provide the reserve basis and justification for the reserve levels provided.

The Company’s Appointed Actuary annually prepares an Actuarial Memorandum and certifies to compliance with reserve standards.

In addition, based on the emerging experience underlying the justification of past increases, the Company filed for and gained approval of a change in active life reserve assumption basis in its state of domicile that became effective 12/2008. Furthermore, in conjunction with a conversion to a first-site-of-care and fully-first-principle model, and updates in Company experience, the Company filed for and gained approval of another change in active life reserve assumption basis in its state of domicile that became effective 1/1/2015. No additional future changes to the statutory active life reserve basis are anticipated at this time.

14) For the post stability block only:

a) 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.

The 92% proposed rate increase does not include a moderately adverse experience margin. Please note that this rate increase does not, nor is it intended to, restore original profitability to the either the pre- or post-rate stability blocks subject to this filing.

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

The Company is offering a contingent non-forfeiture benefit which is more generous than required by the NAIC Model LTC Regulation by offering it to all affected policyholders and having no minimum trigger points. The Company has not experienced significant shock lapses to prior rate increases.

TPLIC, along with sister company Transamerica Life, currently administer long term care claim payments of over $519 million per year, and as the block of business ages this number will continue to increase. As part of the administration of the in force business TPLIC maintains its own claim payment department that is staffed by trained and skilled employees. These employees are trained and have access to all policy contracts and forms in order to pay benefits according to the contract language for each individual insured. TPLIC has access to several third part professional assessors (under HIPAA these are licensed health care practitioners) that assess each insured both at the time of claim and periodically to determine the insured's continued ability or inability to meet the benefit triggers in the policy. Once a claim is approved the insured is reassessed periodically depending on the insured's condition – broken hips, and other conditions that are expected to lessen in intensity are assessed more frequently than a cognitive impairment that is expected to last indefinitely. The Company takes its responsibility to pay claims according to the policy language very seriously. This includes paying claims that meet all of the policy provisions, as well as either denying or discontinuing claim payments for those claims that do not meet all of the policy provisions.

Fraud prevention and detection is an important component in any claim department. TPLIC has an internal review process in place for detecting and monitoring possible fraud cases. Our process consists of monitoring claims based on certain criteria that could possibly be considered fraudulent activity. When identified, we review the case, conduct an in-depth investigation and perform additional monitoring if necessary. This process is intended to uncover any fraudulent attempts to access payments.

TPLIC also maintains an audit team that audits claims and claim payments to ensure that the insured continues to meet the policy benefit triggers, receives services from a provider that is covered by the policy, as well as ensure that the correct dollar amount was paid to the insured. This step is intended to verify that insureds received the benefits to which they are entitled under the policy – neither too high nor too low.

c) The Company has stated that it is requesting a lower rate increase than required by 14VAC5-200-153 B2 for certification. 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 the requested increase is approved and experience [assumptions supporting projection] does not deteriorate further, we do not anticipate requesting future increases.

15) For the pre-stability block, for each projection provided, please provide the anticipated future 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.

The anticipated future loss ratio as requested has been provided in all exhibits included in this response. The projections don't include the change in active life reserves.

16) Please demonstrate that the Benefit Increase Option that will be offered are actuarially equivalent to the requested rate increase. Also, since we are concerned with policyholder equity, please provide several examples (including outliers) of the variability in the relative present value of each option available in lieu of increase from the individual policyholder perspective.

Actuarial equivalent benefit inflation option (BIO) downgrades were determined in the initial preparations for this round of rate increases. Equivalence was based on the GPV results for the following two scenarios:

- 100% of policyholders accept the proposed rate increase
- 100% of policyholders elect to downgrade their inflation protection.

The following chart shows the GPV results, PV of projected cash flows, for the Transamerica LTC closed block of policies:

	5% Compound BIO			
	GPV	Premium	Commissions / Expense	Benefits
100% take rate increase	(1,678,801,002)	1,898,453,423	(272,987,291)	(3,304,267,134)
100% take downgrade	(1,674,779,413)	1,128,945,492	(221,075,230)	(2,582,649,675)
Ratio	100.2%			

	Unlimited 5% Simple BIO			
	GPV	Premium	Commissions / Expense	Benefits
100% take rate increase	(487,239,134)	692,918,742	(96,516,789)	(1,083,641,087)
100% take downgrade	(489,070,883)	491,011,232	(84,435,565)	(895,646,550)
Ratio	99.6%			

17) 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.

Please see Exhibit IV at the end of this document for the status of the current round of requested rate increases.

18) In lieu of a single increase, the Bureau may approve a series of scheduled rate increases that are actuarially equivalent to the single amount requested by the insurer over the lifetime of the policy. The entire series would be approved at one time as part of the current increase filing. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required to include contingent benefit upon lapse at the time of each scheduled increase. If the company is agreeable to this, what implementation schedule would be offered?

The Company would be willing to phase-in the increase over three annual steps as long as the three annual increases are actuarially equivalent to the single proposed rate increase. Policyholders who are either not eligible for the BIO downgrade or those eligible who do not elect it, will be offered the option to phase-in the 92% rate increase as three equal annual 26.8% steps where the first 26.8% would become effective immediately upon satisfaction of all notification and contractual requirements, the second would become effective a year after the first, and the last one a year after that.

As noted previously, the Company offers an enhanced contingent non-forfeiture benefit waiving the trigger for policyholders and will be offered at every rate increase step.

4. 1. All applicable information identified in 14VAC5-200-75 including A 1 which requires a statement indicating the policy may be subject to future rate increases; A 2 which requires a statement that should there be future rate increases, options similar to those being offered now will be available and that benefits may be changed at any time and not just the time of a rate increase; A 3 which requires a statement indicating the premium rate or rate schedules that will be effect; A 4 at which requires a statement as to when the premium rate or rate schedule adjustments will be effective; and A 4 b which requires a statement that the 1insured has a right to a revised premium rate or rate schedule upon request.

   These will be provided under separate cover.

   2. A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:
      a. An offer to reduce policy benefits provided by the current coverage consistent with then requirements of 14VAC5-200-183;
      b. A disclosure stating that all options available to the policyholder may not be of equal value. As a disclosure this information should be emphasized by bolding, highlighting, using larger text or some other method that will bring attention to it;
      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. As stated above, the information should be emphasized to bring attention to it; and
      d. Contact information that will allow the policyholder to contact the insurer for additional options available;

   These will be provided under separate cover.

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

   These will be provided under separate cover.

   4. A statement substantially similar to the following:

   The rate increase request was reviewed by Virginia's 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.

   These will be provided under separate cover.

5. Please explain how a policy is updated to reflect any benefit changes the insured may choose to reduce the effects of the rate increase. If the policy is revised or changed in any way, the policyowner must first agree to the changes and the policy must be amended or endorsed by an approved form such as a rider, endorsement, application or schedule of benefits that has been reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval. If the company does not have any available documents to effectuate such changes, a form will need to be submitted for review and approval. It can be attached to this filing if desired. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms including the contingent benefit upon lapse and/or optional nonforfeiture benefit. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as a readability certification in accordance with 14VAC5-110-60.

These will be provided under separate cover.

6. Please amend the form to include all the form numbers as provided on the Rate/Rule Schedule.

   Please expand the narrative to explain in consumer friendly language the drivers of the rate increase. The explanation, however, does not clearly identify the drivers of the rate request. In other words, what caused claims levels to be higher than originally anticipated when the policy was priced. Below is an example of such wording that may be more consumer friendly and easier to understand:

   "Rates are being raised on all policies like yours to pay for anticipated claims that are higher than expected. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. This premium increase is designed to offset some of these anticipated costs and in no way reflects on the integrity of your policy, nor is it based on your individual claims history, age, health status, or any other personal factor."

   These will be provided under separate cover.

7. In lieu of a single increase, the Bureau may approve a series of scheduled rate increases that are actuarially equivalent to the single amount requested by the insurer over the lifetime of the policy. The entire series would be approved at one time as part of the current increase filing. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required to include contingent benefit upon lapse at the time of each scheduled increase. If the company is agreeable to this, what implementation schedule would be offered?

   Please see the response for 3-18.

I look forward to your continuing review of the proposed premium rate increase. Please do not hesitate to contact me with questions or concerns.

Sincerely,

Brad Rokosh, ASA, MAAA
Director, Actuarial, LTC Margin Analytics

Exhibit IV
Transamerica Premier Life Insurance Company

As of 1/31/2018

State	Current Inforce Annual Premium as of September 30, 2016 *	Current Inforce Lives as of September 30, 2016	Status for Current Round of Rate Increases: Requested Increase	Current Status**	Comments
AK	52,526	28	93%	A - 93%	
AL	3,493,679	1,919	91%	A - 35% - 70%	Amount approved varies by benefit increase option.
AR	59,813	33	111%	A - 25%	We intend to file annually to achieve the full rate increase
AZ	15,879	8		NF	
CA	295,302	145	97%	P	
CO	96,085	37	93%	P	
CT	9,957,045	4,190	151%	A - 40% [CDA - 151%]]	Conditional approval for full amount. Requires additional filings to reach the full amount.
DC	9,644	6		NF	
DE	0	0		NA	
FL	2,336,318	1,484	108%	A - 6%-88%	Amount approved to be implemented over three years and varies by age
GA	292,835	167	175%	P	
HI	61,559	20	137%	P	
IA	363,780	234	115%	P	
ID	56,771	38	160%	P	
IL	1,002,728	473	92%	P	
IN	1,680,547	987		TBF	
KS	320,534	214	121%	P	
KY	626,882	369	126%	A - 20% - 100%	Amount approved varies by benefit increase option.
LA	37,353	21	111%	P	
MA	4,823,891	2,022	93%	P	
MD	332,052	158	97%	P	
ME	19,576	12	117%	P	
MI	244,370	121	93%	A - 93%	
MN	1,023,733	801	134%	P	
MO	66,893	33	93%	P	
MS	326,202	200	92%	P	
MT	37,529	22		TBF	
NC	1,552,104	655	88%	P	
ND	348,166	161	97%	A - 63.7%	Amount approved to be implemented as three annual increases of 20%.
NE	218,191	131	106%	P	
NH	310,722	189	10-50%	P	Limited by regulatory caps.
NJ	0	0		NA	
NM	27,935	15	101%	P	
NV	18,381	21	200%	P	
NY	0	0		NA	
OH	556,288	317	92%	P	
OK	50,831	39	101%	A-10%	We intend to file annually to achieve the full rate increase
OR	297,645	190	111%	P	
PA	2,274,636	1,685	116%	P	
RI	556,502	380	134%	P	
SC	318,293	139	92%	P	
SD	95,359	66	93%	A - 93%	
TN	385,575	251	92%	P	
TX	793,671	452	92%	P	
UT	43,127	35	133%	P	
VA	1,000,011	497	92%	P	
VT	44,720	51	160%	P	
WA	386,686	197	92%	P	
WI	860,892	579	111%	A - 10% - 111%	Amount approved varies by issue date and attained age.
WV	36,893	62	133%	P	
WY	13,669	6		NF	

* For each state, includes all closed block Legacy policies of Transamerica Premier Life subject to this round of rate increase.

** Legend: A = Approved, P = Pending, CDA = Conditional Approval, NA = Not Applicable, TBF = To Be Filed

Exhibit V

Transamerica Premier Life Insurance Company

Flex 2 TQ, LTC 5 TQ, ML1, and MLPOOL

Nationwide Experience

Actual Historical Experience and Projected Per Pricing Thereafter

	Earned Premium	Incurred Claims	Loss Ratios Excluding Change in ALR	
Year	Actual and Projected per Pricing	Actual and Projected per Pricing	Actual and Projected per Pricing	PV Actual Cumulative
1998	61,004	0	0.0%	0.0%
1999	657,943	41,894	6.4%	5.8%
2000	1,814,650	335,436	18.5%	14.8%
2001	4,140,974	24,681	0.6%	6.2%
2002	18,822,254	427,497	2.3%	3.3%
2003	32,106,328	1,963,666	6.1%	4.8%
2004	37,615,904	3,116,442	8.3%	6.1%
2005	37,601,083	6,253,181	16.6%	8.9%
2006	36,706,508	6,091,141	16.6%	10.5%
2007	35,610,068	9,117,845	25.6%	12.8%
2008	33,758,256	6,775,041	20.1%	13.7%
2009	32,609,111	6,518,700	20.0%	14.4%
2010	31,214,312	17,353,152	55.6%	17.9%
2011	30,275,367	14,936,650	49.3%	20.2%
2012	29,245,711	16,503,095	56.4%	22.5%
2013	28,272,757	17,296,923	61.2%	24.7%
2014	27,464,463	21,892,565	79.7%	27.4%
2015	26,692,240	24,935,890	93.4%	30.3%
2016Q123	19,517,848	22,792,269	116.8%	32.9%
2016Q4	6,493,220	5,336,217	82.2%	33.4%
2017	23,543,603	22,537,344	95.7%	35.5%
2018	21,286,357	23,750,721	111.6%	37.6%
2019	19,192,248	24,929,337	129.9%	39.7%
2020	17,253,215	26,037,211	150.9%	41.9%
2021	15,437,032	27,040,346	175.2%	44.1%
2022	13,689,113	27,931,966	204.0%	46.3%
2023	12,071,794	28,960,265	239.9%	48.6%
2024	10,629,864	30,186,684	284.0%	50.8%
2025	9,367,378	31,461,071	335.9%	53.1%
2026	8,244,711	32,505,512	394.3%	55.4%
2027	7,221,960	33,200,195	459.7%	57.7%
2028	6,295,812	33,473,022	531.7%	59.9%
2029	5,462,727	33,345,420	610.4%	62.1%
2030	4,716,926	32,912,123	697.7%	64.1%
2031	4,053,209	32,223,846	795.0%	66.0%
2032	3,468,024	31,292,111	902.3%	67.8%
2033	2,957,425	30,271,781	1023.6%	69.5%
2034	2,514,659	29,104,336	1157.4%	71.0%
2035	2,143,555	27,969,427	1304.8%	72.4%
2036	1,825,069	26,678,400	1461.8%	73.7%
2037	1,538,777	25,115,861	1632.2%	74.9%
2038	1,282,947	23,244,017	1811.8%	75.9%
2039	1,060,576	21,181,982	1997.2%	76.8%
2040	871,562	19,115,810	2193.3%	77.6%
2041	712,315	17,145,426	2407.0%	78.3%
2042	580,447	15,400,549	2653.2%	78.9%
2043	476,207	14,244,854	2991.3%	79.4%
2044	396,895	12,922,670	3255.9%	79.9%
2045	354,077	11,975,129	3382.1%	80.3%
2046	335,311	11,388,399	3396.4%	80.7%
2047	301,205	10,520,461	3492.8%	81.0%
2048	248,002	9,302,147	3750.8%	81.3%
2049	198,825	8,027,643	4037.5%	81.5%
2050	157,536	6,834,892	4338.6%	81.7%
2051	124,029	5,783,357	4662.9%	81.8%
2052	96,922	4,906,234	5062.0%	81.9%
2053	76,561	4,563,101	5960.1%	82.0%
2054	68,064	4,207,189	6181.2%	82.1%
2055	77,593	4,423,487	5700.9%	82.2%
2056	96,321	5,214,839	5414.0%	82.3%
2057	95,597	5,331,959	5577.5%	82.5%
2058	77,385	4,615,214	5964.0%	82.5%
2059	59,180	3,750,778	6337.9%	82.6%
2060	43,882	2,905,302	6620.7%	82.7%
2061	31,817	2,180,827	6854.4%	82.7%
2062	22,381	1,563,888	6987.5%	82.7%
2063	15,041	1,057,902	7033.5%	82.7%
2064	9,356	653,549	6985.7%	82.7%
PV Past	283,909,588	93,452,530	32.9%	
PV Future	67,386,303	197,244,165	292.7%	
PV Lifetime	351,295,892	290,696,696	82.7%	

Exhibit VI

Transamerica Premier Life Insurance Company
Projections Per Pricing Assumptions

	Flex 2 TQ Series			LTC 5 TQ Series			ML 1 Series			MLPool Series		
Policy Year	Earned Premium	Incurred Claims	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Cumulative Loss Ratio
1	29,126,364	799,986	2.7%	7,132,635	202,731	2.8%	870,732	56,832	6.5%	4,504,466	220,679	4.9%
2	25,893,680	1,262,605	3.7%	6,369,370	322,875	3.9%	733,159	81,637	8.6%	4,029,089	327,086	6.4%
3	23,923,565	1,832,127	4.9%	5,898,797	468,991	5.1%	664,793	113,424	10.9%	3,673,858	448,374	8.1%
4	22,078,364	2,380,203	6.1%	5,457,190	606,207	6.3%	599,601	144,977	13.5%	3,409,969	573,666	9.8%
5	20,314,441	2,833,102	7.3%	5,030,532	720,220	7.5%	537,302	149,511	15.6%	3,182,538	611,146	11.3%
6	18,586,824	3,353,247	8.5%	4,614,998	844,949	8.8%	480,435	151,527	17.3%	2,983,901	648,411	12.5%
7	16,932,504	3,822,842	9.8%	4,207,368	960,053	10.1%	428,471	160,132	19.0%	2,792,074	719,192	13.8%
8	15,358,124	4,321,134	11.2%	3,800,987	1,079,847	11.5%	379,861	165,216	20.7%	2,603,633	787,222	15.1%
9	13,928,856	4,707,631	12.6%	3,425,190	1,167,933	12.8%	333,784	166,730	22.2%	2,430,440	841,006	16.5%
10	12,665,309	5,075,053	13.9%	3,118,901	1,249,509	14.2%	288,506	165,379	23.7%	2,277,882	886,540	17.7%
11	11,506,666	5,388,651	15.3%	2,841,879	1,318,271	15.6%	249,393	161,444	25.1%	2,128,515	919,502	19.0%
12	10,443,274	5,821,803	16.7%	2,585,746	1,414,905	16.9%	216,442	173,768	26.6%	1,989,543	1,028,479	20.3%
13	9,478,815	6,162,695	18.2%	2,356,751	1,487,403	18.3%	188,339	182,510	28.2%	1,857,333	1,128,276	21.7%
14	8,595,091	6,578,584	19.6%	2,144,573	1,574,821	19.7%	163,419	187,657	29.7%	1,735,392	1,210,488	23.2%
15	7,774,588	6,906,945	21.1%	1,946,450	1,640,992	21.1%	141,174	189,596	31.3%	1,621,974	1,286,013	24.7%
16	7,012,507	7,361,566	22.6%	1,761,757	1,735,012	22.5%	121,360	188,368	32.8%	1,513,507	1,346,399	26.2%
17	6,306,135	7,754,008	24.1%	1,589,912	1,814,329	23.9%	103,742	185,886	34.2%	1,409,649	1,463,287	27.8%
18	5,652,879	8,130,443	25.7%	1,430,349	1,887,743	25.3%	88,105	180,459	35.6%	1,310,050	1,562,951	29.5%
19	5,050,131	8,455,187	27.2%	1,282,516	1,947,356	26.8%	74,278	172,267	36.8%	1,214,548	1,640,371	31.1%
20	4,495,486	8,756,375	28.8%	1,145,898	1,999,746	28.2%	62,120	161,741	37.9%	1,123,161	1,696,773	32.7%
21	3,854,395	8,854,788	30.3%	1,004,758	2,004,956	29.5%	51,501	149,404	38.9%	1,035,981	1,733,016	34.3%
22	3,403,319	9,320,450	31.8%	890,761	2,096,675	30.9%	42,309	141,532	39.8%	953,207	1,946,555	36.1%
23	2,991,727	9,628,627	33.3%	786,260	2,151,125	32.2%	34,433	131,761	40.7%	875,032	2,136,624	38.0%
24	2,617,373	10,111,591	34.9%	690,766	2,242,075	33.6%	27,604	121,169	41.4%	800,637	2,303,268	39.9%
25	2,278,376	10,232,374	36.4%	603,878	2,253,466	34.9%	22,277	110,240	42.0%	733,180	2,445,166	41.9%
26	1,972,982	10,435,448	37.9%	525,224	2,283,449	36.2%	17,811	98,792	42.6%	669,571	2,554,780	43.9%
27	1,699,357	10,329,117	39.3%	454,406	2,247,266	37.4%	14,106	85,070	43.1%	609,600	2,681,338	46.0%
28	1,455,621	10,169,035	40.6%	391,011	2,195,831	38.6%	11,063	72,643	43.4%	553,043	2,772,523	48.0%
29	1,239,655	9,921,723	41.8%	334,560	2,126,807	39.7%	8,587	61,441	43.7%	499,790	2,825,330	49.9%
30	1,049,540	9,644,505	43.0%	284,615	2,052,842	40.7%	6,589	51,355	44.0%	449,820	2,839,096	51.8%
31	883,394	9,126,938	44.1%	240,737	1,928,962	41.5%	4,985	42,315	44.2%	403,133	2,815,482	53.7%
32	739,183	8,716,931	45.0%	202,446	1,831,699	42.4%	3,709	34,775	44.3%	359,788	2,969,226	55.5%
33	614,800	8,158,709	45.9%	169,236	1,704,827	43.1%	2,704	27,624	44.5%	319,832	3,091,725	57.3%
34	508,087	7,839,008	46.7%	140,580	1,629,535	43.8%	1,788	22,399	44.6%	282,389	3,192,210	59.2%
35	417,144	7,198,752	47.4%	116,017	1,488,039	44.4%	1,434	19,217	44.6%	250,547	3,270,627	61.0%
36	340,227	6,657,718	48.1%	95,118	1,369,270	44.9%	1,148	16,262	44.7%	221,309	3,314,130	62.7%
37	275,658	5,903,956	48.6%	77,469	1,208,442	45.3%	917	13,155	44.7%	194,527	3,289,642	64.4%
38	221,868	5,206,359	49.1%	62,677	1,059,905	45.7%	732	10,597	44.8%	170,035	3,244,039	66.0%
39	177,308	4,559,814	49.4%	50,348	923,401	46.0%	584	8,498	44.8%	147,696	3,171,754	67.5%
40+	18,840	294,275	51.2%	18,840	294,275	47.3%	18,840	294,275	44.9%	18,840	294,275	78.6%
LT PV	211,543,662	108,247,289	51.2%	52,475,616	24,838,189	47.3%	5,225,994	2,346,902	44.9%	37,283,629	29,319,228	78.6%

Actual to Expected Experience - Lapse
2016 Assumptions

Includes Experience Years 2006 - 2015

Policy Year	Exposed Lives	Actual Lapses*	Currently Expected Lapses**	A/E Lapses*
1	53,189	2,706	2,812	96.3%
2	46,920	2,061	1,769	116.5%
3	55,001	1,946	1,542	126.2%
4	72,904	2,031	1,576	128.9%
5	84,195	1,790	1,440	124.3%
6	93,027	1,921	1,333	144.1%
7	115,805	1,899	1,409	134.8%
8	134,934	1,944	1,433	135.7%
9	151,951	1,874	1,458	128.5%
10	167,859	1,857	1,511	122.9%
11	174,260	1,813	1,523	119.1%
12	180,324	1,686	1,560	108.1%
13	178,408	1,591	1,535	103.7%
14	166,990	1,462	1,457	100.3%
15	147,240	1,224	1,310	93.4%
16	124,819	1,166	1,140	102.3%
17	99,984	872	941	92.6%
18	76,959	684	749	91.3%
19	57,832	557	584	95.3%
20	42,417	455	444	102.4%
21	28,032	354	304	116.3%
22	18,132	229	207	110.4%
23	11,789	149	141	105.3%
24	7,356	95	94	102.0%
25+	6,616	128	103	124.5%
Total	2,296,940	32,494	28,377	114.5%

*Please note the financial crisis of the later 2000's caused a spike in actual lapses which were not reflected in the update of 2016 lapse assumptions. The financial crisis was considered a one-off aberration from the normal lapse rate pattern not expected to continue going forward. That said, A/E lapse ratios spike up from approximately 2006 through 2010 due to the excess actual lapses caused by that event over those calendar years. Please note that A/E lapses for 2011 and later are much closer to 100%.

**Per 2016 assumptions, not pricing

Actual to Expected Experience - Mortality
2016 Assumptions

Includes Experience Years 2006 - 2015

Policy Year	Exposed Lives	Actual Deaths	Currently Expected Deaths*	A/E Deaths
1	45,616	37	52	72.0%
2	39,640	59	74	79.5%
3	52,512	120	138	86.6%
4	72,222	230	242	95.0%
5	95,262	396	396	100.2%
6	122,252	641	642	100.0%
7	150,879	1,034	1,023	101.1%
8	176,202	1,474	1,470	100.3%
9	197,782	1,882	1,976	95.3%
10	220,966	2,545	2,572	99.0%
11	236,494	3,151	3,126	100.8%
12	241,291	3,628	3,611	100.4%
13	230,795	3,947	3,961	99.6%
14	211,417	4,414	4,250	103.9%
15	184,578	4,553	4,329	105.2%
16	155,360	4,213	4,196	100.4%
17	125,357	3,927	3,850	102.0%
18	98,629	3,413	3,435	99.4%
19	75,288	2,819	2,928	96.3%
20	52,740	2,229	2,320	96.1%
21	36,061	1,687	1,783	94.6%
22	24,248	1,195	1,320	90.6%
23	15,941	808	942	85.7%
24	8,745	480	581	82.6%
25+	6,890	430	535	80.4%
Total	2,877,164	49,314	49,751	99.1%

*Per 2016 assumptions, not pricing

Actual to Expected Experience - Claim Termination
2016 Assumptions

Claim Year	Exposed Lives	Actual On-Claim Deaths	Actual Recoveries	Currently Expected On-Claim Deaths*	Currently Expected Recoveries*	A/E On-Claim Deaths	A/E Recoveries
1	362,149	8,688	5,717	8,667	5,873	100.2%	97.3%
2	296,834	5,155	1,640	5,114	1,682	100.8%	97.5%
3	199,237	3,577	1,268	3,530	1,670	101.3%	75.9%
4	127,884	2,395	942	2,353	616	101.8%	152.9%
5+	209,294	4,262	1,121	4,206	1,171	101.3%	95.8%
Total	1,195,398	24,077	10,688	23,870	11,012	100.9%	97.1%

*Per 2016 assumptions, not pricing

Actual to Expected Experience - Claim Incidence
2016 Assumptions

Policy Year	Exposed Lives	Actual Claim Count	Currently Expected Claim Count*	A/E Claim Count
1-8	2,449,467	2,779	2,852	97.4%
9	491,609	1,563	1,545	101.2%
10	527,077	2,169	2,180	99.5%
11	538,808	2,768	2,766	100.1%
12	517,663	3,291	3,248	101.3%
13	468,226	3,753	3,650	102.8%
14	404,079	3,968	3,944	100.6%
15	334,797	4,057	4,029	100.7%
16	264,880	4,028	3,953	101.9%
17	200,270	3,685	3,663	100.6%
18	146,309	3,188	3,219	99.1%
19	100,326	2,624	2,633	99.7%
20	64,799	2,041	2,034	100.4%
21	41,976	1,555	1,553	100.1%
22	27,020	1,086	1,120	97.0%
23	15,791	728	754	96.6%
24	7,930	435	432	100.8%
25+	5,051	335	316	106.2%
Total	6,606,079	44,053	43,889	100.4%

*Per 2016 assumptions, not pricing

Transamerica Premier Life Insurance Company
Actual to Expected Claim Costs

	Claim Costs		
Duration	Actual	Expected	A2E
1	45.66	39.76	114.9%
2	126.15	69.88	180.5%
3	86.55	108.81	79.5%
4	278.92	152.44	183.0%
5	264.91	192.09	137.9%
6	211.58	240.70	87.9%
7	357.19	294.85	121.1%
8	356.77	358.03	99.6%
9	601.11	420.13	143.1%
10	738.54	488.14	151.3%
11	789.35	559.39	141.1%
12	856.18	658.74	130.0%
13	992.14	761.19	130.3%
14	1,275.70	884.21	144.3%
15	1,706.42	1,012.81	168.5%
16	1,951.87	1,174.49	166.2%
17	2,323.90	1,357.41	171.2%
18	2,699.85	1,562.05	172.8%
19	3,081.26	1,784.32	172.7%
20	3,488.20	2,031.34	171.7%
21	3,969.43	2,267.42	175.1%
22	4,445.88	2,662.36	167.0%
23	4,937.69	3,076.03	160.5%
24	5,456.67	3,604.18	151.4%
25	6,027.05	4,096.56	147.1%
26	6,703.97	4,689.01	143.0%
27	7,373.78	5,257.02	140.3%
28	8,037.22	5,872.27	136.9%
29	8,720.49	6,518.20	133.8%
30	9,492.80	7,220.22	131.5%
31	10,434.01	7,835.29	133.2%
32	11,396.20	8,711.12	130.8%
33	12,321.30	9,554.90	129.0%
34	13,217.11	10,726.66	123.2%
35	14,133.75	11,663.51	121.2%
36	15,188.55	12,777.93	118.9%
37	16,231.30	13,583.91	119.5%
38	17,199.48	14,447.45	119.0%
39	18,097.76	15,356.99	117.8%
40	18,959.99	16,347.59	116.0%
41	19,951.35	17,270.00	115.5%
42	20,895.71	18,501.01	112.9%
43	21,742.85	19,704.63	110.3%
44	22,537.79	21,472.56	105.0%
45	23,274.13	23,157.35	100.5%
46	24,142.80	24,993.29	96.6%
47	24,948.65	26,025.53	95.9%
48	25,656.15	27,202.67	94.3%
49	26,328.88	28,535.74	92.3%
50	26,915.11	30,067.80	89.5%
51	27,614.36	31,635.42	87.3%
52	28,240.25	33,241.81	85.0%
53	28,738.76	34,173.47	84.1%
54	29,212.85	37,463.97	78.0%
55	29,559.01	41,136.65	71.9%
56	29,961.23	45,113.70	66.4%
57	30,254.39	46,950.90	64.4%
58	30,388.56	48,717.06	62.4%
59	30,509.94	50,347.80	60.6%
60	30,447.81	51,644.83	59.0%
61	28,915.57	52,242.39	55.3%
62	26,724.54	51,129.98	52.3%
63	24,006.39	41,085.80	58.4%
64	18,253.19	40,017.93	45.6%
65	36,979.10	42,968.93	86.1%
66	38,856.91	43,471.04	89.4%
67	-	43,745.72	0.0%
68	-	43,739.20	0.0%
69	-	43,401.71	0.0%
70	-	42,672.18	0.0%
71	-	41,492.87	0.0%
72	-	39,933.93	0.0%
73	-	37,819.34	0.0%
74	-	31,587.97	0.0%
Total			133.4%

Transamerica Premier Life Insurance Company
Decrement Rates based on Earned Premiums
Based on Original Pricing Lapse and Mortality Assumptions

	Decrement Rates		
Duration	Actual	Expected	A2E
1			
2	6%	11%	57.1%
3	4%	8%	49.9%
4	2%	8%	28.2%
5	2%	8%	27.6%
6	3%	8%	33.4%
7	3%	8%	33.0%
8	3%	8%	32.6%
9	3%	8%	32.9%
10	3%	8%	31.6%
11	3%	8%	39.3%
12	3%	8%	33.1%
13	2%	9%	28.6%
14	3%	9%	32.7%
15	4%	9%	38.7%
16	4%	9%	40.9%
17	4%	10%	42.0%
18	4%	10%	43.6%
19	4%	10%	43.4%
20	4%	10%	42.0%
21	5%	11%	42.5%
22	5%	11%	43.6%
23	5%	11%	44.7%
24	5%	12%	45.8%
25	6%	12%	47.2%
26	6%	12%	48.4%
27	6%	13%	49.6%
28	7%	13%	50.9%
29	7%	14%	52.3%
30	8%	14%	53.6%
31	8%	14%	55.2%
32	8%	15%	56.9%
33	9%	15%	58.7%
34	9%	16%	60.3%
35	10%	16%	63.2%
36	11%	16%	65.1%
37	11%	17%	67.0%
38	12%	17%	68.9%
39	12%	17%	70.6%
40	13%	18%	72.2%
41	14%	18%	73.7%
42	14%	19%	75.1%
43	15%	19%	76.4%
44	15%	20%	75.8%
45	16%	19%	82.4%
46	16%	20%	83.6%
47	17%	20%	84.6%
48	17%	20%	85.4%
49	18%	21%	85.6%
50	18%	22%	85.2%
51	19%	22%	84.0%
52	19%	23%	81.9%
53	20%	25%	79.0%
54	20%	29%	67.6%
55	20%	22%	90.8%
56	20%	23%	88.3%
57	21%	24%	85.6%
58	21%	26%	82.6%
59	21%	27%	79.2%
60	22%	29%	75.0%
61	28%	32%	87.6%
62	39%	36%	110.0%
63	59%	42%	139.0%
64	83%	71%	117.6%
65	98%	36%	272.2%
66	100%	38%	261.2%
67	100%	41%	243.8%
Total	5%	9%	56.7%

TRANSAMERICA
PREMIER LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
Long Term Care Administrative Services
P.O. Box 869090
Plano, TX 75086–9090
(800) 227-3740

March 29th, 2019

Mr. Bobby Toone
Virginia Department of Insurance

Re: **Rate Increase Filing: AEGB-131271280**
Transamerica Premier Life Insurance Company
Long Term Care Policy Forms: ML-LTCP TQ (VA 197 As ML1 et al.

Dear Mr. Toone,

This letter is in response to your letter to Transamerica dated February 28, 2019. Your letter indicated you would like the following information:

1. The morbidity assumption is based on internal Company experience. In order to understand the credibility of Company experience, please provide claim counts for the affiliate company. In cases where the data is only partially credible, please indicate what alternate sources are used to determine assumptions.

   The Company has observed over 50,000 LTC claims in the past 10 years and over 80,000 LTC claims in the history of the LTC block. This experience is statistically credible and is used to determine management best estimate morbidity assumptions.

   As stated above, the Company has a credible sample of claims. Of the 50,000 claims, 35,000 were for attained ages 80 and higher, 21,000 were for attained ages 85 and higher, and 7,000 were for attained ages 90 and higher. This data is fully credible for all but the highest attained ages.

   Outside morbidity data is not used to determine the Company's assumptions. Historical Company experience is validated in a number of ways. Experience studies are performed annually for all key assumptions. These studies and the assumption setting process are reviewed by an escalating governance committee structure, including reviews by an independent internal risk function. The major assumptions for LTC are reviewed at a minimum by at least 2 governance committees (Health Financial Performance Working Group and Assumptions and Methodology Committee). To the extent an assumption is proposed to be changed, then depending on the magnitude of the impact, additional governance committees will need to approve or endorse the assumption change.

   The studies are rigorously controlled with external third party review and audit. The fit of the assumptions is reviewed through actual-to-expected analyses, back-casting of earnings under the updated assumptions, and source of earnings analysis over the historical period. Over the last several years the business has over 50,000 claims observations, providing a statistically credible study sample.

2. Please provide details of the voluntary lapse rate assumption.

   Please see the attached file 'VA TPLIC Legacy Response 20190228 - Current Rinc Lapse and Mort Assmpts.pdf' for the current assumption voluntary lapse and mortality rates.

3. The Company's previous responses indicate that the ALR assumption basis and calculation model have been changed over time. If possible, please provide what the ALR would have been at the

projection date under original calculation assumptions.

To help in understanding the assumption versus model changes, a little background information is required.

Background on Model Change (claim cost to first principles and current site to first site)

Transamerica converted the LTC valuation system from the PolySystems platform to the GGY AXIS platform in 2014. This change was driven by the following reasons:

- Claim cost model to a more sophisticated first principles model
- Claim site methodology change from current-site model to a first-site model

Claim Cost to First Principles

A claim cost model uses an assumption for the total discounted claim cost value at each period for claims incurred in that period. First principles is a more precise methodology that uses explicit model assumptions (daily benefit, site of care, expected recovery, expected mortality, etc.) and probabilities to forecast expected claim costs. The current GGY AXIS model is a first principles model which improved Transamerica's ability to analyze our actual experience and monitor their trend to our expectations.

Current-Site to First-Site

Under the current-site methodology, the DLR represents the reserve for future benefits to be paid for the site generating the current claim, whether it is HHC, ALF or NH. When a policyholder progresses from HHC to ALF, the claim for HHC was closed and a new claim for ALF was opened up. The claim did not follow the policyholder as they progress from HHC to ALF to NH.

In the first-site model, the DLR represents all benefits to be paid in the future, based on the first site of care. Therefore, benefits paid after the policyholder moves from the first site are included in the initial DLR amount.

In converting from the current-site PolySystems/RACES model to the first-site AXIS model, all else being equal, there is a movement in reserve balance from ALR to DLR because the DLR reserve now includes benefits to be paid in the future for all sites, not just for the current site of the claim.

Impact of Model Changes

On an IFRS basis (the entire LTC block at time of conversion), the ALR decreased by $74.9M and the DLR increased by $73.1M. This effect is a result of the move from current-site to first-site of care methodology that shifts a portion of the benefit payment from ALR to DLR and the move from claim cost to first principles as explained above. As this is a one-time change and the year-to-year change in DLR is zero, we don't believe that the methodology changes to first-principles and to first-site impact the calculation of the anticipated incurred claims and the anticipated loss ratio.

The above highlights the complications in calculating the ALR using original assumptions.

4. Please amend Exhibit IV to include the cumulative average approved rate increase for each state including all prior approved increases. Please provide as an Excel spreadsheet.

   Please see attached Excel file, 'VA TPLIC Legacy Response 20190228 NW Rinc History.xls', which shows the cumulative approved average rate increase by state. Also attached is the file, 'VA TPLIC Legacy Response 20190228 Exhibit IV.xls', which shows the current round of rate increase approvals.

5. Please provide Exhibit VI in a calendar year format with actual policies issued. Please provide as an Excel spreadsheet.

   We will respond in separate cover.

I look forward to your continuing review of the proposed premium rate increase. Please do not hesitate to contact me with questions or concerns.

Sincerely,

Brad Rokosh, ASA, MAAA
Director, Actuarial, LTC Margin Analytics

Current Assumption Lapse and Mortality

Death Rate Adjustments to 1983 GAM

	2000+				Post				Pre			
Lookup	**Married**		**Single**		**Married**		**Single**		**Married**		**Single**	
Age	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
37	100%	85%	130%	111%	116%	92%	137%	119%	123%	94%	150%	119%
42	100%	85%	130%	111%	116%	92%	137%	119%	123%	94%	150%	119%
47	100%	59%	130%	83%	100%	69%	125%	91%	123%	71%	150%	91%
52	90%	46%	130%	83%	90%	61%	110%	80%	115%	63%	150%	81%
57	85%	49%	130%	72%	72%	49%	95%	64%	89%	56%	125%	72%
62	72%	43%	115%	73%	62%	44%	85%	63%	66%	59%	110%	76%
67	54%	40%	81%	57%	58%	44%	71%	69%	60%	50%	105%	60%
72	47%	37%	57%	45%	56%	45%	61%	64%	61%	49%	74%	53%
77	37%	36%	45%	42%	45%	49%	55%	58%	61%	58%	64%	67%
82	35%	42%	39%	46%	51%	52%	56%	60%	55%	61%	68%	62%
87	51%	54%	51%	55%	56%	60%	56%	60%	64%	66%	65%	69%
92	68%	77%	75%	79%	68%	77%	75%	79%	68%	77%	75%	79%
97	74%	88%	76%	88%	74%	88%	76%	88%	74%	88%	76%	88%
102	82%	89%	84%	89%	82%	89%	84%	89%	82%	89%	84%	89%
107	85%	91%	86%	92%	85%	91%	86%	92%	85%	91%	86%	92%

Rates per 1000

Age	2000+				Post				Pre			
	Married		Single		Married		Single		Married		Single	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
0	0.5070	0.7400	0.6590	0.9670	0.5870	0.8010	0.6960	1.0360	0.6230	0.8220	0.7610	1.0360
1	0.5070	0.7400	0.6590	0.9670	0.5870	0.8010	0.6960	1.0360	0.6230	0.8220	0.7610	1.0360
2	0.3300	0.4980	0.4290	0.6500	0.3820	0.5390	0.4530	0.6970	0.4050	0.5530	0.4950	0.6970
3	0.2480	0.4160	0.3220	0.5430	0.2870	0.4500	0.3400	0.5820	0.3050	0.4620	0.3720	0.5820
4	0.1830	0.3260	0.2380	0.4250	0.2120	0.3520	0.2510	0.4560	0.2250	0.3620	0.2750	0.4560
5	0.1710	0.2910	0.2220	0.3800	0.1980	0.3150	0.2350	0.4070	0.2100	0.3230	0.2570	0.4070
6	0.1400	0.2700	0.1820	0.3530	0.1620	0.2930	0.1920	0.3780	0.1720	0.3000	0.2100	0.3780
7	0.1180	0.2570	0.1530	0.3350	0.1370	0.2780	0.1620	0.3590	0.1450	0.2850	0.1770	0.3590
8	0.1040	0.2500	0.1350	0.3260	0.1200	0.2700	0.1430	0.3500	0.1280	0.2780	0.1560	0.3500
9	0.0970	0.2480	0.1260	0.3240	0.1120	0.2690	0.1330	0.3470	0.1190	0.2760	0.1460	0.3470
10	0.0960	0.2490	0.1250	0.3250	0.1110	0.2700	0.1320	0.3490	0.1180	0.2770	0.1440	0.3490
11	0.1040	0.2530	0.1350	0.3310	0.1200	0.2740	0.1430	0.3550	0.1280	0.2810	0.1560	0.3550
12	0.1130	0.2580	0.1470	0.3370	0.1310	0.2800	0.1550	0.3620	0.1390	0.2870	0.1700	0.3620
13	0.1220	0.2640	0.1590	0.3440	0.1410	0.2850	0.1670	0.3690	0.1500	0.2930	0.1830	0.3690
14	0.1310	0.2690	0.1700	0.3520	0.1520	0.2920	0.1800	0.3770	0.1610	0.2990	0.1970	0.3770
15	0.1400	0.2760	0.1820	0.3610	0.1620	0.2990	0.1920	0.3870	0.1720	0.3070	0.2100	0.3870
16	0.1490	0.2830	0.1940	0.3700	0.1730	0.3060	0.2040	0.3960	0.1830	0.3140	0.2240	0.3960
17	0.1590	0.2920	0.2070	0.3810	0.1840	0.3160	0.2180	0.4080	0.1950	0.3240	0.2390	0.4080
18	0.1680	0.3000	0.2180	0.3920	0.1950	0.3250	0.2310	0.4200	0.2060	0.3330	0.2520	0.4200
19	0.1790	0.3100	0.2330	0.4050	0.2070	0.3360	0.2460	0.4340	0.2200	0.3450	0.2690	0.4340
20	0.1890	0.3200	0.2460	0.4180	0.2190	0.3470	0.2590	0.4490	0.2320	0.3560	0.2840	0.4490
21	0.2010	0.3330	0.2610	0.4350	0.2330	0.3610	0.2760	0.4660	0.2470	0.3700	0.3020	0.4660
22	0.2120	0.3470	0.2760	0.4530	0.2460	0.3750	0.2910	0.4860	0.2600	0.3850	0.3180	0.4860
23	0.2250	0.3600	0.2930	0.4710	0.2610	0.3900	0.3090	0.5050	0.2760	0.4000	0.3380	0.5050
24	0.2390	0.3770	0.3110	0.4930	0.2770	0.4080	0.3280	0.5280	0.2940	0.4190	0.3590	0.5280
25	0.2530	0.3940	0.3290	0.5150	0.2930	0.4270	0.3470	0.5520	0.3110	0.4380	0.3800	0.5520
26	0.2680	0.4150	0.3480	0.5420	0.3100	0.4490	0.3680	0.5810	0.3290	0.4610	0.4020	0.5810
27	0.2840	0.4360	0.3690	0.5690	0.3290	0.4720	0.3900	0.6100	0.3490	0.4840	0.4260	0.6100
28	0.3020	0.4610	0.3930	0.6020	0.3500	0.4990	0.4140	0.6450	0.3710	0.5120	0.4530	0.6450
29	0.3200	0.4860	0.4160	0.6350	0.3710	0.5260	0.4390	0.6810	0.3930	0.5400	0.4800	0.6810
30	0.3420	0.5160	0.4450	0.6740	0.3960	0.5580	0.4690	0.7220	0.4200	0.5730	0.5130	0.7220
31	0.3640	0.5480	0.4730	0.7160	0.4220	0.5930	0.4990	0.7680	0.4470	0.6090	0.5460	0.7680
32	0.3880	0.5840	0.5040	0.7630	0.4490	0.6320	0.5320	0.8180	0.4770	0.6490	0.5820	0.8180
33	0.4140	0.6240	0.5380	0.8150	0.4800	0.6750	0.5680	0.8730	0.5080	0.6930	0.6210	0.8730
34	0.4430	0.6670	0.5760	0.8710	0.5130	0.7220	0.6080	0.9340	0.5440	0.7410	0.6650	0.9340
35	0.4760	0.7310	0.6190	0.9550	0.5510	0.7910	0.6530	1.0230	0.5850	0.8120	0.7140	1.0230
36	0.5020	0.7710	0.6530	1.0070	0.5820	0.8340	0.6890	1.0790	0.6170	0.8560	0.7530	1.0790
37	0.5360	0.8210	0.6970	1.0720	0.6210	0.8890	0.7350	1.1500	0.6580	0.9120	0.8040	1.1500
38	0.5730	0.8830	0.7450	1.1580	0.6640	0.9560	0.7860	1.2360	0.7040	0.9810	0.8600	1.2360
39	0.6170	0.9590	0.8020	1.2790	0.7150	1.0380	0.8470	1.3420	0.7580	1.0650	0.9260	1.3420
40	0.6650	1.0520	0.8650	1.4200	0.7700	1.1390	0.9120	1.4730	0.8170	1.1690	0.9980	1.4730
41	0.7160	1.1650	0.9310	1.5650	0.8290	1.2600	0.9820	1.6300	0.8790	1.2940	1.0740	1.6300
42	0.7750	1.2980	1.0080	1.7000	0.8980	1.4050	1.0630	1.8170	0.9520	1.4420	1.1630	1.8170
43	0.8420	1.3740	1.0950	1.8080	0.9590	1.5010	1.1480	1.9490	1.0340	1.5430	1.2630	1.9490
44	0.9190	1.4410	1.1950	1.8980	1.0200	1.5910	1.2400	2.0760	1.1290	1.6380	1.3790	2.0740
45	1.0100	1.5060	1.3130	1.9970	1.0860	1.6840	1.3370	2.2080	1.2400	1.7370	1.5150	2.2050
46	1.1170	1.5740	1.4520	2.1280	1.1570	1.7920	1.4400	2.3590	1.3720	1.8510	1.6760	2.3560
47	1.2370	1.6540	1.6080	2.3160	1.2370	1.9250	1.5460	2.5390	1.5190	1.9910	1.8560	2.5390
48	1.3310	1.7340	1.7760	2.6050	1.3300	2.0970	1.6550	2.7650	1.6570	2.1620	2.0490	2.7640
49	1.4220	1.8100	1.9570	2.9160	1.4330	2.3010	1.7670	3.0300	1.8060	2.3600	2.2580	3.0220
50	1.5170	1.8980	2.1410	3.2440	1.5410	2.5160	1.8840	3.3080	1.9590	2.5720	2.4710	3.2990
51	1.6250	2.0120	2.3310	3.5890	1.6500	2.7220	2.0090	3.5740	2.1070	2.7870	2.6900	3.5800
52	1.7540	2.1700	2.5340	3.9470	1.7540	2.9010	2.1440	3.8040	2.2410	2.9930	2.9240	3.8510
53	1.9060	2.3850	2.7560	4.1850	1.8440	3.0310	2.2810	3.9620	2.3570	3.1640	3.1070	4.0770
54	2.0770	2.6450	3.0100	4.3690	1.9230	3.1280	2.4180	4.0650	2.4590	3.3050	3.2710	4.2700
55	2.2610	2.9310	3.3030	4.5550	2.0050	3.2190	2.5680	4.1660	2.5560	3.4600	3.4370	4.4790
56	2.4540	3.2220	3.6440	4.7940	2.1050	3.3330	2.7400	4.3160	2.6570	3.6680	3.6320	4.7530
57	2.6530	3.4980	4.0340	5.1400	2.2340	3.4980	2.9480	4.5690	2.7690	3.9700	3.8790	5.1400
58	2.8630	3.7280	4.4100	5.6200	2.3900	3.6880	3.1970	4.8830	2.8770	4.3850	4.1670	5.6730
59	3.0870	3.9260	4.8260	6.1970	2.5620	3.8850	3.4790	5.2240	2.9760	4.8860	4.4820	6.3170
60	3.3150	4.1370	5.2490	6.8340	2.7580	4.1260	3.7850	5.6520	3.0890	5.4440	4.8370	7.0280

Rates per 1000

Age	2000+				Post				Pre			
	Married		Single		Married		Single		Married		Single	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
61	3.5400	4.4090	5.6490	7.4900	2.9850	4.4510	4.1050	6.2290	3.2380	6.0330	5.2480	7.7580
62	3.7510	4.7870	5.9920	8.1270	3.2480	4.8990	4.4290	7.0140	3.4450	6.6240	5.7310	8.4610
63	3.9150	5.2830	6.2470	8.7390	3.5280	5.4520	4.7280	8.0610	3.6810	7.1740	6.3180	9.1010
64	4.0380	5.8660	6.4370	9.3520	3.8200	6.1020	5.0120	9.3290	3.9310	7.7010	7.0000	9.7080
65	4.1700	6.5180	6.6080	9.9750	4.1550	6.8600	5.3190	10.7400	4.2390	8.2710	7.7270	10.3380
66	4.3640	7.2260	6.8050	10.6170	4.5640	7.7350	5.6890	12.2110	4.6500	8.9500	8.4480	11.0440
67	4.6700	7.9710	7.0750	11.2880	5.0780	8.7140	6.1640	13.6650	5.2090	9.8030	9.1150	11.8820
68	5.1060	8.7240	7.3970	11.9340	5.7180	9.7240	6.7170	15.0660	5.8960	10.7430	9.6410	12.6790
69	5.6370	9.4940	7.7390	12.5480	6.4610	10.7850	7.3230	16.4680	6.6830	11.7250	10.0600	13.3990
70	6.2380	10.3290	8.1340	13.2110	7.2800	11.9680	8.0180	17.9230	7.5970	12.8820	10.4990	14.3000
71	6.8850	11.2750	8.6140	14.0070	8.1420	13.3430	8.8400	19.4800	8.6680	14.3470	11.0890	15.6430
72	7.5510	12.3800	9.2110	15.0170	9.0170	14.9830	9.8250	21.1900	9.9220	16.2510	11.9580	17.6860
73	8.2330	13.5630	9.9630	16.1840	9.7880	16.8500	10.9480	22.9200	11.4070	18.6130	13.0500	20.6470
74	8.9470	14.7930	10.8480	17.4560	10.4750	18.8950	12.1830	24.6350	13.1040	21.3430	14.2780	24.3510
75	9.7000	16.1910	11.8090	18.9150	11.2550	21.1770	13.5700	26.5370	14.9430	24.4160	15.7270	28.4760
76	10.4980	17.8750	12.7930	20.6430	12.3050	23.7480	15.1490	28.8260	16.8550	27.8050	17.4830	32.6960
77	11.3490	19.9670	13.7410	22.7250	13.8020	26.6670	16.9620	31.7050	18.7710	31.4860	19.6300	36.6880
78	12.0690	22.5630	14.4790	25.2210	15.7650	29.8140	19.0020	35.2710	20.4040	35.3340	22.1710	40.0460
79	12.6540	25.5840	15.0450	28.0760	18.0740	33.1520	21.2430	39.3890	21.7990	39.3660	25.0480	42.9870
80	13.3780	28.8830	15.7010	31.1980	20.7040	36.8580	23.6920	43.9140	23.3890	43.7690	28.2590	46.1170
81	15.4250	33.1930	17.6750	35.9140	23.6280	41.1120	26.3570	48.6970	25.6030	48.7260	31.8010	50.0460
82	18.4310	37.8000	20.5180	41.0160	26.8200	46.0890	29.2440	53.5920	28.8750	54.4230	35.6720	55.3780
83	22.0840	42.7710	23.8190	46.0030	29.9910	51.5460	31.8540	58.0010	33.4090	60.8850	39.6360	62.1610
84	26.1140	48.3970	27.2660	50.9240	33.1600	57.3630	34.1830	62.0220	38.9190	67.9890	43.6970	69.9880
85	30.7340	54.9210	31.2280	56.5590	36.7580	63.9080	36.9800	66.5510	45.0950	75.6970	48.2050	78.7920
86	36.2470	62.7970	36.2530	63.7680	41.2160	71.5500	40.9910	72.4860	49.5450	81.4870	51.0070	85.3030
87	43.0420	72.5240	43.0670	73.4870	46.9670	80.6570	46.9670	80.7240	53.7100	87.9260	54.7670	91.7280
88	51.1050	85.1480	52.1550	86.2650	53.9690	91.3850	55.2800	91.7530	57.9760	95.4940	60.1250	99.3190
89	60.3360	99.9120	63.4880	101.8150	61.9340	103.4890	65.4300	104.9770	63.3830	104.9220	67.4540	108.6550
90	70.9250	116.7340	76.8580	119.6600	70.9250	116.7340	76.8580	119.6600	70.9250	116.7340	76.8580	119.6600
91	81.0020	130.8840	89.0070	135.0670	81.0020	130.8840	89.0070	135.0670	81.0020	130.8840	89.0070	135.0670
92	92.2280	145.7020	101.3160	150.4630	92.2280	145.7020	101.3160	150.4630	92.2280	145.7020	101.3160	150.4630
93	104.1300	161.3970	112.9660	165.8440	104.1300	161.3970	112.9660	165.8440	104.1300	161.3970	112.9660	165.8440
94	116.6670	178.1270	124.3310	181.6990	116.6670	178.1270	124.3310	181.6990	116.6670	178.1270	124.3310	181.6990
95	130.5470	195.5780	136.6380	198.0350	130.5470	195.5780	136.6380	198.0350	130.5470	195.5780	136.6380	198.0350
96	146.4810	213.4390	151.1170	214.8610	146.4810	213.4390	151.1170	214.8610	146.4810	213.4390	151.1170	214.8610
97	165.1770	231.3950	168.9960	232.1840	165.1770	231.3950	168.9960	232.1840	165.1770	231.3950	168.9960	232.1840
98	187.5470	248.9610	191.3560	249.5930	187.5470	248.9610	191.3560	249.5930	187.5470	248.9610	191.3560	249.5930
99	213.1170	266.3420	217.3780	267.0820	213.1170	266.3420	217.3780	267.0820	213.1170	266.3420	217.3780	267.0820
100	240.5210	284.2730	245.4410	285.2690	240.5210	284.2730	245.4410	285.2690	240.5210	284.2730	245.4410	285.2690
101	268.3920	303.4850	273.9230	304.7710	268.3920	303.4850	273.9230	304.7710	268.3920	303.4850	273.9230	304.7710
102	295.3650	324.7090	301.2030	326.2050	295.3650	324.7090	301.2030	326.2050	295.3650	324.7090	301.2030	326.2050
103	323.5330	350.6600	329.3000	352.2930	323.5330	350.6600	329.3000	352.2930	323.5330	350.6600	329.3000	352.2930
104	353.8050	380.8490	359.2940	382.6230	353.8050	380.8490	359.2940	382.6230	353.8050	380.8490	359.2940	382.6230
105	383.0430	411.2060	388.1570	413.1140	383.0430	411.2060	388.1570	413.1140	383.0430	411.2060	388.1570	413.1140
106	408.1070	437.6620	412.8630	439.6830	408.1070	437.6620	412.8630	439.6830	408.1070	437.6620	412.8630	439.6830
107	425.8590	456.1480	430.3830	458.2490	425.8590	456.1480	430.3830	458.2490	425.8590	456.1480	430.3830	458.2490
108	443.6110	474.6340	447.9030	466.7690	443.6110	474.6340	447.9030	466.7690	443.6110	474.6340	447.9030	466.7690
109	461.3630	493.1200	464.0820	475.2890	461.3630	493.1200	464.0820	475.2890	461.3630	493.1200	464.0820	475.2890
110	475.5020	502.7590	475.5020	482.7480	475.5020	502.7590	475.5020	482.7480	475.5020	502.7590	475.5020	482.7480
111	480.3550	507.8890	480.3550	487.6740	480.3550	507.8890	480.3550	487.6740	480.3550	507.8890	480.3550	487.6740
112	485.2070	513.0190	485.2070	492.6000	485.2070	513.0190	485.2070	492.6000	485.2070	513.0190	485.2070	492.6000
113	485.2070	513.0190	485.2070	492.6000	485.2070	513.0190	485.2070	492.6000	485.2070	513.0190	485.2070	492.6000
114	485.2070	513.0190	485.2070	492.6000	485.2070	513.0190	485.2070	492.6000	485.2070	513.0190	485.2070	492.6000
115	485.2070	513.0190	485.2070	492.6000	485.2070	513.0190	485.2070	492.6000	485.2070	513.0190	485.2070	492.6000
116	485.2070	513.0190	485.2070	492.6000	485.2070	513.0190	485.2070	492.6000	485.2070	513.0190	485.2070	492.6000
117	485.2070	513.0190	485.2070	492.6000	485.2070	513.0190	485.2070	492.6000	485.2070	513.0190	485.2070	492.6000
118	485.2070	513.0190	485.2070	492.6000	485.2070	513.0190	485.2070	492.6000	485.2070	513.0190	485.2070	492.6000
119	485.2070	513.0190	485.2070	492.6000	485.2070	513.0190	485.2070	492.6000	485.2070	513.0190	485.2070	492.6000

Mortality Selection Factors
Married

	married pre (1987 - 1994) males				married pre (1987 - 1994) females			
Dur	00-59	60-69	70-79	80+	00-59	60-69	70-79	80+
1	0.500	0.500	0.500	0.500	0.510	0.470	0.470	0.540
2	0.710	0.710	0.710	0.710	0.740	0.660	0.770	0.600
3	0.830	0.830	0.830	0.830	0.810	0.780	0.930	0.670
4	0.970	0.970	0.970	0.970	0.850	0.870	0.980	0.730
5	0.970	0.970	0.970	0.970	0.910	0.930	0.980	0.810
6	0.990	0.990	0.990	0.990	0.950	0.960	0.980	0.880
7	1.000	1.000	1.000	1.000	0.970	0.980	0.980	0.930
8	1.000	1.000	1.000	1.000	0.980	0.990	0.990	0.960
9	1.000	1.000	1.000	1.000	0.990	1.000	1.000	0.990
10	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
11	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
12	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
13	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
14	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
15	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
16	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
17	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
18	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
19	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
20	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

	married post (1995 - 1999) males				married post (1995 - 1999) females			
Dur	00-59	60-69	70-79	80+	00-59	60-69	70-79	80+
1	0.510	0.510	0.440	0.520	0.430	0.500	0.440	0.550
2	0.730	0.730	0.650	0.730	0.650	0.700	0.740	0.600
3	0.860	0.860	0.830	0.880	0.740	0.810	0.910	0.680
4	0.960	0.960	0.910	0.970	0.820	0.880	0.970	0.740
5	1.000	1.000	0.970	1.000	0.920	0.940	0.990	0.820
6	1.000	1.000	1.000	1.000	0.960	0.970	0.990	0.890
7	1.000	1.000	1.000	1.000	0.980	0.990	1.000	0.940
8	1.000	1.000	1.000	1.000	0.990	1.000	1.000	0.970
9	1.000	1.000	1.000	1.000	0.990	1.000	1.000	0.990
10	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
11	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
12	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
13	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
14	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
15	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
16	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
17	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
18	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
19	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
20	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

	married 2000+ males				married 2000+ Females			
Dur	**00-59**	**60-69**	**70-79**	**80+**	**00-59**	**60-69**	**70-79**	**80+**
1	0.250	0.420	0.330	0.440	0.200	0.440	0.540	0.360
2	0.330	0.550	0.520	0.620	0.300	0.550	0.690	0.540
3	0.450	0.650	0.640	0.740	0.390	0.610	0.760	0.650
4	0.550	0.740	0.740	0.850	0.480	0.660	0.850	0.740
5	0.650	0.800	0.820	0.940	0.560	0.720	0.910	0.820
6	0.750	0.850	0.900	0.960	0.630	0.770	0.930	0.890
7	0.850	0.900	0.960	0.980	0.710	0.830	0.950	0.940
8	0.900	0.940	1.000	1.000	0.780	0.870	0.980	0.970
9	0.960	0.980	1.000	1.000	0.850	0.920	1.000	0.990
10	0.990	0.990	1.000	1.000	0.920	0.950	1.000	1.000
11	1.000	1.000	1.000	1.000	0.975	0.980	1.000	1.000
12	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
13	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
14	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
15	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
16	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
17	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
18	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
19	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
20	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Mortality Selection Factors
Single

	single pre (1987 - 1994) males				single pre (1987 - 1994) females			
	00-59	**60-69**	**70-79**	**80+**	**00-59**	**60-69**	**70-79**	**80+**
1	0.500	0.500	0.500	0.500	0.430	0.500	0.430	0.480
2	0.710	0.710	0.710	0.710	0.650	0.700	0.720	0.540
3	0.830	0.830	0.830	0.830	0.740	0.810	0.890	0.620
4	0.970	0.970	0.970	0.970	0.820	0.880	0.950	0.700
5	0.970	0.970	0.970	0.970	0.920	0.940	0.990	0.790
6	0.990	0.990	0.990	0.990	0.960	0.970	0.990	0.860
7	1.000	1.000	1.000	1.000	0.980	0.990	1.000	0.910
8	1.000	1.000	1.000	1.000	0.990	1.000	1.000	0.940
9	1.000	1.000	1.000	1.000	0.990	1.000	1.000	0.950
10	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.970
11	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.980
12	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.990
13	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
14	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
15	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
16	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
17	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
18	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
19	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
20	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

	single post (1995 - 1999) males				single post (1995 - 1999) females			
	00-59	**60-69**	**70-79**	**80+**	**00-59**	**60-69**	**70-79**	**80+**
1	0.510	0.480	0.490	0.520	0.430	0.500	0.310	0.560
2	0.730	0.690	0.770	0.730	0.650	0.700	0.550	0.610
3	0.860	0.800	0.970	0.880	0.740	0.810	0.730	0.690
4	0.960	0.860	1.000	0.970	0.820	0.880	0.820	0.750
5	1.000	0.930	1.000	1.000	0.920	0.940	0.890	0.830
6	1.000	0.940	1.000	1.000	0.960	0.970	0.920	0.910
7	1.000	1.000	1.000	1.000	0.980	0.990	0.940	0.950
8	1.000	1.000	1.000	1.000	0.990	1.000	0.970	0.980
9	1.000	1.000	1.000	1.000	0.990	1.000	1.000	1.000
10	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
11	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
12	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
13	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
14	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
15	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
16	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
17	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
18	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
19	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
20	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

	single 2000+ males				single 2000+ FEMALES			
	00-59	**60-69**	**70-79**	**80+**	**00-59**	**60-69**	**70-79**	**80+**
1	0.340	0.350	0.420	0.370	0.300	0.480	0.330	0.560
2	0.420	0.480	0.700	0.520	0.350	0.550	0.570	0.610
3	0.500	0.580	0.850	0.620	0.400	0.600	0.720	0.690
4	0.580	0.700	0.910	0.690	0.450	0.630	0.760	0.780
5	0.670	0.800	0.930	0.790	0.510	0.670	0.810	0.870
6	0.760	0.880	0.950	0.850	0.570	0.720	0.840	0.930
7	0.820	0.930	0.970	0.940	0.650	0.760	0.900	0.960
8	0.880	0.950	0.980	1.000	0.740	0.800	0.940	1.000
9	0.950	0.980	1.000	1.000	0.820	0.830	0.980	1.000
10	1.000	1.000	1.000	1.000	0.920	0.860	1.000	1.000
11	1.000	1.000	1.000	1.000	0.970	0.880	1.000	1.000
12	1.000	1.000	1.000	1.000	1.000	0.910	1.000	1.000
13	1.000	1.000	1.000	1.000	1.000	0.940	1.000	1.000
14	1.000	1.000	1.000	1.000	1.000	0.970	1.000	1.000
15	1.000	1.000	1.000	1.000	1.000	0.990	1.000	1.000
16	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
17	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
18	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
19	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
20	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Lapse Base Rate

Lifetime Married

	00-39N	00-39Y	40-49N	40-49Y	50-59N	50-59Y	60-69N	60-69Y	70-79N	70-79Y	80+N	80+Y
Issue Ages	**Ages 0-39**		**Ages 40-49**		**Ages 50-59**		**Ages 60-69**		**Ages 70-79**		**Ages 80+**	
BIO Flag	**N**	**Y**	**N**	**Y**	**N**	**Y**	**N**	**Y**	**N**	**Y**	**N**	**Y**
1	7.01%	7.01%	5.00%	4.80%	3.14%	3.14%	4.00%	4.00%	4.00%	4.00%	6.37%	4.85%
2	5.09%	5.09%	3.30%	3.20%	2.22%	2.22%	2.50%	2.50%	2.20%	2.20%	5.39%	3.23%
3	4.13%	4.13%	2.74%	2.50%	1.70%	1.70%	2.00%	2.00%	1.70%	1.70%	4.41%	2.25%
4	3.65%	3.65%	2.35%	2.20%	1.53%	1.53%	1.50%	1.50%	1.40%	1.40%	3.63%	1.76%
5	3.36%	3.36%	2.06%	2.05%	1.32%	1.32%	1.30%	1.30%	1.20%	1.20%	3.04%	1.52%
6	3.17%	2.98%	1.85%	1.76%	1.22%	1.22%	1.17%	1.17%	1.10%	1.10%	2.55%	1.27%
7	3.17%	2.59%	1.70%	1.63%	1.00%	1.00%	0.98%	0.98%	1.02%	1.02%	2.08%	1.09%
8	3.17%	2.26%	1.40%	1.45%	0.85%	0.85%	0.78%	0.78%	0.93%	0.93%	1.70%	1.00%
9	3.17%	1.87%	1.20%	1.15%	0.75%	0.75%	0.76%	0.76%	0.89%	0.89%	1.40%	0.95%
10	3.17%	1.73%	1.10%	0.95%	0.65%	0.65%	0.70%	0.70%	0.85%	0.85%	1.15%	0.90%
11	3.17%	1.73%	1.10%	0.87%	0.60%	0.60%	0.63%	0.63%	0.85%	0.83%	1.00%	0.90%
12	3.17%	1.73%	1.10%	0.82%	0.60%	0.55%	0.63%	0.63%	0.85%	0.81%	1.00%	0.90%
13	3.17%	1.73%	1.10%	0.75%	0.60%	0.50%	0.63%	0.63%	0.85%	0.80%	1.00%	0.90%
14	3.17%	1.73%	1.10%	0.75%	0.60%	0.50%	0.70%	0.70%	0.85%	0.80%	1.00%	0.90%
15	3.17%	1.73%	1.10%	0.75%	0.60%	0.50%	0.70%	0.70%	0.85%	0.80%	1.00%	0.90%
16	3.17%	1.73%	1.10%	0.75%	0.60%	0.50%	0.70%	0.70%	0.85%	0.80%	1.00%	0.90%
17	3.03%	1.73%	1.10%	0.75%	0.60%	0.50%	0.70%	0.70%	0.85%	0.80%	1.00%	0.90%
18	2.73%	1.73%	1.10%	0.75%	0.60%	0.50%	0.70%	0.70%	0.85%	0.80%	1.00%	0.90%
19	2.42%	1.57%	1.08%	0.71%	0.60%	0.50%	0.70%	0.70%	0.85%	0.80%	1.00%	0.90%
20	2.11%	1.42%	1.00%	0.68%	0.60%	0.50%	0.70%	0.70%	0.85%	0.80%	1.00%	0.90%
21	1.88%	1.31%	0.92%	0.64%	0.60%	0.50%	0.70%	0.70%	0.85%	0.80%	1.00%	0.90%
22	1.56%	1.15%	0.84%	0.61%	0.60%	0.50%	0.70%	0.70%	0.85%	0.80%	1.00%	0.90%
23	1.24%	0.99%	0.76%	0.57%	0.60%	0.50%	0.70%	0.70%	0.85%	0.80%	1.00%	0.90%
24	0.92%	0.83%	0.68%	0.54%	0.60%	0.50%	0.70%	0.70%	0.85%	0.80%	1.00%	0.90%
25	0.60%	0.50%	0.60%	0.50%	0.60%	0.50%	0.70%	0.70%	0.85%	0.80%	1.00%	0.90%

Lifetime Single

Issue Ages	**Ages 0-39**		**Ages 40-49**		**Ages 50-59**		**Ages 60-69**		**Ages 70-79**		**Ages 80+**	
BIO Flag	**N**	**Y**	**N**	**Y**	**N**	**Y**	**N**	**Y**	**N**	**Y**	**N**	**Y**
1	8.64%	8.45%	6.37%	6.37%	4.90%	4.90%	6.00%	6.00%	6.31%	5.75%	7.84%	7.84%
2	6.05%	5.95%	4.90%	4.90%	3.30%	3.30%	4.48%	4.48%	3.15%	2.80%	5.39%	5.39%
3	4.90%	4.51%	3.82%	3.82%	2.65%	2.65%	3.00%	3.00%	2.18%	1.90%	4.41%	4.41%
4	4.42%	3.84%	3.19%	3.19%	2.30%	2.30%	2.30%	2.30%	1.65%	1.45%	3.63%	3.63%
5	4.32%	3.46%	2.65%	2.65%	2.00%	2.00%	1.80%	1.80%	1.46%	1.30%	2.94%	2.94%
6	4.22%	3.17%	2.40%	2.40%	1.80%	1.80%	1.62%	1.62%	1.41%	1.30%	2.35%	2.35%
7	4.22%	2.98%	2.25%	2.25%	1.58%	1.49%	1.25%	1.25%	1.40%	1.30%	1.93%	1.93%
8	4.22%	2.88%	2.10%	2.10%	1.40%	1.37%	1.20%	1.10%	1.40%	1.30%	1.70%	1.70%
9	4.22%	2.88%	1.90%	1.90%	1.30%	1.05%	1.20%	1.00%	1.40%	1.30%	1.55%	1.55%
10	4.22%	2.88%	1.70%	1.70%	1.25%	0.95%	1.20%	0.95%	1.40%	1.30%	1.50%	1.50%
11	4.22%	2.88%	1.70%	1.70%	1.25%	0.95%	1.20%	0.95%	1.40%	1.30%	1.50%	1.50%
12	4.22%	2.88%	1.70%	1.70%	1.25%	0.95%	1.20%	0.95%	1.40%	1.30%	1.50%	1.50%
13	4.22%	2.88%	1.70%	1.70%	1.25%	0.95%	1.20%	0.95%	1.40%	1.30%	1.50%	1.50%
14	4.22%	2.88%	1.70%	1.70%	1.25%	0.95%	1.20%	0.95%	1.40%	1.30%	1.50%	1.50%
15	4.22%	2.88%	1.70%	1.70%	1.25%	0.95%	1.20%	0.95%	1.40%	1.30%	1.50%	1.50%
16	4.22%	2.88%	1.70%	1.70%	1.25%	0.95%	1.20%	0.95%	1.40%	1.30%	1.50%	1.50%
17	4.08%	2.88%	1.70%	1.70%	1.25%	0.95%	1.20%	0.95%	1.40%	1.30%	1.50%	1.50%
18	3.72%	2.88%	1.65%	1.55%	1.25%	0.95%	1.20%	0.95%	1.40%	1.30%	1.50%	1.50%
19	3.36%	2.61%	1.63%	1.46%	1.25%	0.95%	1.20%	0.95%	1.40%	1.30%	1.50%	1.50%
20	3.00%	2.33%	1.60%	1.38%	1.25%	0.95%	1.20%	0.95%	1.40%	1.30%	1.50%	1.50%
21	2.75%	2.13%	1.55%	1.29%	1.25%	0.95%	1.20%	0.95%	1.40%	1.30%	1.50%	1.50%
22	2.38%	1.84%	1.48%	1.21%	1.25%	0.95%	1.20%	0.95%	1.40%	1.30%	1.50%	1.50%
23	2.00%	1.54%	1.40%	1.12%	1.25%	0.95%	1.20%	0.95%	1.40%	1.30%	1.50%	1.50%
24	1.63%	1.25%	1.33%	1.04%	1.25%	0.95%	1.20%	0.95%	1.40%	1.30%	1.50%	1.50%
25	1.25%	0.95%	1.25%	0.95%	1.25%	0.95%	1.20%	0.95%	1.40%	1.30%	1.50%	1.50%

Durational Lapse Rates by BP

Lifetime Married

Issue Age	Ages 0-39		Ages 40-49		Ages 50-59		Ages 60-69		Ages 70-79		Ages 80+	
BIO Flag	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
3	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
4	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
5	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
6	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
7	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
8	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
9	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
10	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
11	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
13	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
14	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
15	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
16	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
17	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
18	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
19	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
20+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Lifetime Single

Issue Age	Ages 0-39		Ages 40-49		Ages 50-59		Ages 60-69		Ages 70-79		Ages 80+	
BIO Flag	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
3	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
4	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
5	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
6	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
7	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
8	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
9	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
10	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
11	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
13	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
14	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
15	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
16	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
17	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
18	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
19	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
20+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Durational Lapse Rates by BP

2 Year Married

Issue Age	Ages 0-39		Ages 40-49		Ages 50-59		Ages 60-69		Ages 70-79		Ages 80+	
BIO Flag	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
1	-0.41%	-0.41%	1.37%	0.20%	2.25%	1.27%	0.25%	0.20%	-0.60%	-1.00%	0.13%	1.59%
2	0.57%	0.57%	2.09%	0.80%	1.70%	0.72%	0.50%	-0.25%	0.15%	-0.60%	-0.99%	-0.36%
3	0.59%	0.59%	2.06%	1.00%	1.04%	0.46%	0.15%	-0.40%	-0.02%	-0.60%	-1.61%	-1.25%
4	0.60%	0.60%	2.06%	0.80%	0.63%	0.21%	0.18%	-0.22%	-0.55%	-0.80%	-1.53%	-1.39%
5	0.60%	0.60%	2.05%	0.70%	0.44%	0.05%	0.00%	-0.30%	-0.52%	-0.97%	-1.54%	-1.27%
6	0.60%	0.80%	1.89%	0.74%	0.35%	-0.04%	-0.05%	-0.49%	-0.60%	-0.93%	-1.35%	-1.11%
7	0.51%	1.09%	1.68%	0.67%	0.49%	0.14%	0.02%	-0.53%	-0.61%	-0.87%	-1.08%	-1.07%
8	0.42%	1.33%	1.52%	0.65%	0.60%	0.20%	0.03%	-0.47%	-0.53%	-0.75%	-0.90%	-0.98%
9	0.32%	1.62%	1.35%	0.70%	0.65%	0.18%	-0.06%	-0.54%	-0.51%	-0.73%	-0.76%	-0.86%
10	0.23%	1.67%	0.93%	0.70%	0.70%	0.18%	-0.10%	-0.56%	-0.50%	-0.68%	-0.65%	-0.86%
11	0.09%	1.53%	0.55%	0.58%	0.70%	0.13%	-0.23%	-0.53%	-0.44%	-0.67%	-0.50%	-0.71%
12	0.04%	1.48%	0.30%	0.43%	0.60%	0.08%	-0.38%	-0.54%	-0.41%	-0.65%	-0.35%	-0.50%
13	-0.01%	1.43%	0.30%	0.35%	0.50%	0.05%	-0.50%	-0.54%	-0.37%	-0.60%	-0.10%	-0.35%
14	-0.01%	1.43%	0.30%	0.25%	0.40%	0.00%	-0.60%	-0.61%	-0.33%	-0.55%	0.00%	-0.10%
15	-0.01%	1.43%	0.30%	0.20%	0.30%	0.00%	-0.60%	-0.61%	-0.28%	-0.47%	0.00%	0.00%
16	-0.11%	1.33%	0.22%	0.10%	0.20%	0.00%	-0.56%	-0.61%	-0.25%	-0.37%	0.00%	0.00%
17	-0.13%	1.18%	0.14%	0.03%	0.10%	0.00%	-0.50%	-0.61%	-0.25%	-0.30%	0.00%	0.00%
18	-0.06%	0.94%	0.06%	0.00%	0.00%	0.00%	-0.47%	-0.60%	-0.25%	-0.30%	0.00%	0.00%
19	-0.06%	0.79%	0.00%	0.00%	0.00%	0.00%	-0.42%	-0.55%	-0.25%	-0.30%	0.00%	0.00%
20+	0.04%	0.73%	0.00%	0.00%	0.00%	0.00%	-0.35%	-0.50%	-0.25%	-0.30%	0.00%	0.00%

2 Year Single

Issue Age	Ages 0-39		Ages 40-49		Ages 50-59		Ages 60-69		Ages 70-79		Ages 80+	
BIO Flag	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
1	0.59%	0.79%	1.96%	1.47%	3.14%	1.76%	2.33%	0.47%	-0.31%	-1.95%	0.16%	0.16%
2	2.21%	2.31%	1.96%	1.76%	3.56%	2.19%	1.52%	0.32%	1.15%	0.20%	-1.39%	-1.39%
3	2.59%	2.97%	2.06%	1.86%	3.13%	1.76%	1.00%	0.43%	0.32%	0.50%	-2.21%	-2.21%
4	2.39%	2.96%	1.91%	1.52%	2.50%	1.23%	0.70%	-0.04%	0.35%	0.50%	-1.73%	-1.73%
5	1.90%	2.76%	1.67%	1.27%	1.82%	0.65%	0.12%	-0.14%	0.34%	0.25%	-1.24%	-1.24%
6	1.61%	2.66%	1.23%	0.74%	1.14%	0.36%	-0.20%	-0.30%	0.09%	-0.15%	-0.65%	-0.75%
7	1.22%	2.47%	0.62%	0.42%	0.79%	0.30%	-0.03%	-0.16%	-0.18%	-0.50%	-0.13%	-0.43%
8	0.83%	2.17%	0.15%	0.10%	0.60%	0.13%	-0.11%	-0.10%	-0.18%	-0.66%	0.40%	-0.20%
9	0.44%	1.79%	0.10%	0.10%	0.61%	0.35%	-0.20%	-0.03%	-0.18%	-0.68%	0.75%	-0.05%
10	0.05%	1.40%	0.30%	0.30%	0.62%	0.42%	-0.25%	0.00%	-0.18%	-0.68%	0.90%	0.00%
11	-0.34%	1.01%	0.30%	0.30%	0.60%	0.40%	-0.25%	0.00%	-0.10%	-0.68%	0.95%	0.00%
12	-0.53%	0.81%	0.30%	0.30%	0.50%	0.37%	-0.25%	0.00%	0.10%	-0.69%	1.00%	0.00%
13	-0.72%	0.62%	0.30%	0.30%	0.39%	0.35%	-0.25%	0.00%	0.30%	-0.70%	1.00%	0.00%
14	-0.92%	0.42%	0.30%	0.30%	0.29%	0.28%	-0.25%	0.00%	0.30%	-0.75%	1.00%	0.00%
15	-1.11%	0.23%	0.30%	0.30%	0.18%	0.18%	-0.25%	0.00%	0.30%	-0.80%	1.00%	0.00%
16	-1.21%	0.13%	0.15%	0.15%	0.07%	0.07%	-0.25%	0.00%	0.30%	-0.85%	1.00%	0.00%
17	-1.16%	0.04%	0.00%	0.00%	0.00%	0.00%	-0.25%	0.00%	0.30%	-0.90%	1.00%	0.00%
18	-0.90%	-0.06%	-0.11%	0.00%	0.00%	0.00%	-0.25%	0.00%	0.30%	-0.95%	0.95%	0.00%
19	-0.64%	0.11%	-0.17%	0.00%	0.00%	0.00%	-0.25%	0.00%	0.30%	-1.00%	0.80%	0.00%
20+	-0.40%	0.27%	-0.23%	0.00%	0.00%	0.00%	-0.25%	0.00%	0.30%	-1.00%	0.80%	0.00%

Durational Lapse Rates by BP

4 Year Married

Issue Age	Ages 0-39		Ages 40-49		Ages 50-59		Ages 60-69		Ages 70-79		Ages 80+	
BIO Flag	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
1	-1.38%	-1.48%	-0.79%	-0.59%	-0.45%	0.31%	-0.77%	-0.57%	-0.40%	0.16%	-0.34%	-0.35%
2	-0.53%	-0.53%	0.13%	0.57%	0.13%	0.48%	-0.20%	0.00%	-0.20%	-0.10%	-0.49%	-0.20%
3	-0.15%	-0.15%	0.10%	0.83%	0.36%	0.50%	-0.33%	0.01%	-0.10%	-0.08%	-0.51%	-0.31%
4	-0.06%	-0.06%	0.10%	0.74%	0.28%	0.37%	-0.28%	0.13%	-0.30%	-0.35%	-0.63%	-0.43%
5	0.13%	0.03%	0.10%	0.50%	0.30%	0.43%	-0.35%	-0.02%	-0.30%	-0.32%	-0.66%	-0.56%
6	0.23%	0.32%	0.11%	0.44%	0.25%	0.35%	-0.39%	-0.15%	-0.17%	-0.22%	-0.69%	-0.59%
7	0.13%	0.61%	0.08%	0.25%	0.34%	0.25%	-0.24%	-0.18%	-0.15%	-0.15%	-0.54%	-0.54%
8	0.13%	0.85%	0.20%	0.15%	0.40%	0.15%	-0.08%	-0.13%	-0.05%	-0.02%	-0.38%	-0.40%
9	0.13%	1.23%	0.30%	0.15%	0.35%	-0.05%	-0.08%	-0.21%	-0.02%	0.00%	-0.30%	-0.30%
10	0.13%	1.38%	0.30%	0.15%	0.35%	-0.15%	-0.05%	-0.17%	0.08%	0.10%	-0.20%	-0.20%
11	0.13%	1.38%	0.30%	0.13%	0.30%	-0.20%	-0.03%	-0.15%	0.11%	0.18%	-0.10%	-0.10%
12	0.13%	1.38%	0.30%	0.08%	0.20%	-0.15%	-0.03%	-0.19%	0.13%	0.22%	-0.05%	-0.05%
13	0.13%	1.38%	0.30%	0.10%	0.15%	-0.11%	-0.03%	-0.23%	0.15%	0.22%	0.00%	0.00%
14	0.13%	1.38%	0.30%	0.10%	0.10%	-0.13%	-0.08%	-0.33%	0.15%	0.19%	0.05%	0.15%
15	0.13%	1.38%	0.30%	0.10%	0.05%	-0.13%	-0.02%	-0.33%	0.15%	0.16%	0.05%	0.15%
16	0.08%	1.38%	0.22%	0.07%	0.00%	-0.13%	0.05%	-0.32%	0.15%	0.15%	0.05%	0.15%
17	0.01%	1.32%	0.14%	0.03%	-0.05%	-0.13%	0.10%	-0.30%	0.15%	0.15%	0.05%	0.15%
18	0.11%	1.08%	0.06%	0.00%	-0.08%	-0.13%	0.15%	-0.30%	0.15%	0.15%	0.05%	0.15%
19	0.10%	0.91%	0.00%	0.00%	-0.08%	-0.13%	0.15%	-0.30%	0.15%	0.15%	0.05%	0.15%
20+	0.09%	0.73%	0.00%	0.00%	-0.08%	-0.13%	0.15%	-0.30%	0.15%	0.15%	0.05%	0.15%

4 Year Single

Issue Age	Ages 0-39		Ages 40-49		Ages 50-59		Ages 60-69		Ages 70-79		Ages 80+	
BIO Flag	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
1	1.36%	-0.05%	3.43%	0.39%	0.98%	1.50%	-0.90%	0.65%	0.49%	-0.12%	0.41%	0.41%
2	2.45%	0.05%	2.45%	0.78%	1.40%	1.80%	-0.85%	-0.03%	1.65%	0.73%	-0.05%	0.00%
3	2.60%	0.09%	1.37%	0.88%	0.88%	1.05%	-0.31%	0.09%	0.86%	0.45%	-0.34%	-0.29%
4	2.08%	0.16%	0.83%	0.59%	0.54%	0.69%	-0.24%	0.00%	0.51%	0.31%	-0.46%	-0.49%
5	1.68%	0.14%	0.54%	0.39%	0.45%	0.50%	-0.04%	-0.04%	0.21%	-0.03%	-0.31%	-0.44%
6	1.48%	0.33%	0.20%	0.05%	0.36%	0.35%	-0.15%	-0.25%	0.16%	-0.27%	-0.04%	-0.20%
7	1.22%	0.52%	0.04%	-0.07%	0.50%	0.37%	0.14%	-0.04%	0.10%	-0.31%	0.20%	0.10%
8	1.03%	0.62%	0.11%	0.00%	0.55%	0.03%	0.10%	-0.03%	0.16%	-0.30%	0.37%	0.25%
9	0.88%	0.62%	0.20%	0.10%	0.50%	0.20%	0.00%	-0.02%	0.27%	-0.30%	0.42%	0.30%
10	0.78%	0.62%	0.40%	0.30%	0.50%	0.22%	-0.10%	-0.08%	0.36%	-0.20%	0.35%	0.28%
11	0.78%	0.62%	0.40%	0.30%	0.40%	0.18%	-0.15%	-0.08%	0.44%	-0.15%	0.22%	0.20%
12	0.78%	0.62%	0.40%	0.30%	0.20%	0.15%	-0.20%	-0.08%	0.55%	-0.10%	0.12%	0.10%
13	0.78%	0.62%	0.40%	0.30%	0.05%	0.12%	-0.19%	-0.08%	0.60%	-0.05%	0.06%	0.06%
14	0.78%	0.62%	0.40%	0.30%	-0.05%	0.10%	-0.19%	-0.08%	0.65%	0.00%	0.02%	0.02%
15	0.78%	0.62%	0.30%	0.15%	-0.15%	0.10%	-0.19%	-0.08%	0.70%	0.05%	0.00%	0.00%
16	0.40%	0.62%	0.23%	0.01%	-0.15%	0.10%	-0.19%	-0.08%	0.75%	0.10%	0.00%	0.00%
17	0.17%	0.43%	0.15%	-0.07%	-0.15%	0.10%	-0.19%	-0.08%	0.80%	0.10%	0.00%	0.00%
18	0.16%	0.14%	0.13%	0.00%	-0.15%	0.10%	-0.19%	-0.08%	0.90%	0.10%	0.00%	0.00%
19	0.14%	0.11%	0.07%	0.00%	-0.15%	0.10%	-0.19%	-0.08%	1.00%	0.10%	0.00%	0.00%
20+	0.13%	0.10%	0.03%	0.00%	-0.15%	0.10%	-0.19%	-0.08%	1.00%	0.10%	0.00%	0.00%

Issue Year and Company Adjustments
for Mortality

Annual trend and corresponding Experience Year Adjustments

Experience Year Adjustments				
Year	**Females**	**Females**	**Males**	**Males**
	Married	**Single**	**Married**	**Single**
1999	1.052	1.052	1.106	1.052
2000	1.041	1.041	1.084	1.041
2001	1.031	1.031	1.062	1.031
2002	1.020	1.020	1.041	1.020
2003	1.010	1.010	1.020	1.010
2004	1.000	1.000	1.000	1.000
2005	0.990	0.990	0.980	0.990
2006	0.980	0.980	0.960	0.980
2007	0.970	0.970	0.941	0.970
2008	0.961	0.961	0.922	0.961
2009	0.954	0.954	0.913	0.951
2010	0.947	0.947	0.904	0.941
2011	0.941	0.941	0.895	0.932
2012 +	0.934	0.934	0.886	0.923

Issue Year Modifier

Issue Year	Mod
1987 - 199	1.000
1995	1.050
1996 - 199	1.000
1999	0.950
2000	1.210
2001	1.050
2002 +	1.000

Overall Adjustment Factor

An Overall Adjustment Factor of 96.5% is applied.
This factor is in AXIS, but not in the experience studies.

Attained Age Lapse Rates

Attained Age	2 Year Benefit Period	4 Year Benefit Period	Lifetime Benefit Period
0-29	0.00%	0.00%	0.00%
30	0.00%	0.00%	0.00%
31	0.00%	0.00%	0.00%
32	0.00%	0.00%	0.00%
33	0.00%	0.00%	0.00%
34	0.00%	0.00%	0.00%
35	0.00%	0.00%	0.00%
36	0.00%	0.00%	0.00%
37	0.00%	0.00%	0.00%
38	0.00%	0.00%	0.00%
39	0.00%	0.00%	0.00%
40	0.00%	0.00%	0.00%
41	0.00%	0.00%	0.00%
42	0.00%	0.00%	0.00%
43	0.00%	0.00%	0.00%
44	0.00%	0.00%	0.00%
45	0.00%	0.00%	0.00%
46	0.00%	0.00%	0.00%
47	0.00%	0.00%	0.00%
48	0.00%	0.00%	0.00%
49	0.00%	0.00%	0.00%
50	0.00%	0.00%	0.00%
51	0.00%	0.00%	0.00%
52	0.00%	0.00%	0.00%
53	0.00%	0.00%	0.00%
54	0.00%	0.00%	0.00%
55	0.00%	0.00%	0.00%
56	0.00%	0.00%	0.00%
57	0.17%	0.02%	0.00%
58	0.18%	0.02%	0.00%
59	0.18%	0.02%	0.00%
60	0.18%	0.02%	0.00%
61	0.18%	0.03%	0.00%
62	0.18%	0.04%	0.00%
63	0.18%	0.07%	0.00%
64	0.18%	0.11%	0.00%
65	0.19%	0.15%	0.00%
66	0.20%	0.19%	0.00%
67	0.24%	0.22%	0.00%
68	0.31%	0.23%	0.00%
69	0.40%	0.24%	0.00%
70	0.50%	0.24%	0.00%
71	0.60%	0.24%	0.00%
72	0.69%	0.24%	0.00%
73	0.77%	0.25%	0.01%
74	0.85%	0.26%	0.02%

Service Group Lapse Adjustments

Attained Age	Worksite Service Groups	Association Service Groups	Not in a Service Group	2yrBP Comp3 Worksite
0-29	282%	152%	100%	293%
30	267%	152%	100%	293%
31	243%	152%	100%	285%
32	221%	152%	100%	259%
33	207%	152%	100%	243%
34	190%	152%	100%	223%
35	182%	147%	100%	218%
36	180%	142%	100%	216%
37	180%	137%	100%	216%
38	177%	132%	100%	212%
39	173%	127%	100%	207%
40	155%	127%	100%	208%
41	153%	127%	100%	205%
42	152%	127%	100%	204%
43	152%	127%	100%	204%
44	150%	118%	100%	201%
45	144%	107%	100%	202%
46	144%	102%	100%	202%
47	144%	97%	100%	202%
48	144%	92%	100%	202%
49	144%	89%	100%	202%
50	144%	87%	100%	200%
51	144%	84%	100%	198%
52	144%	84%	100%	195%
53	144%	84%	100%	195%
54	144%	84%	100%	195%
55	144%	83%	100%	198%
56	142%	83%	100%	195%
57	142%	83%	100%	195%
58	142%	83%	100%	195%
59	142%	83%	100%	195%
60	141%	76%	100%	195%
61	141%	69%	100%	195%
62	141%	66%	100%	195%
63	136%	64%	100%	195%
64	130%	63%	100%	195%
65	123%	63%	100%	195%
66	116%	63%	100%	195%
67	108%	63%	100%	195%
68	103%	63%	100%	195%
69	103%	63%	100%	195%
70	100%	60%	100%	176%
71	100%	60%	100%	176%
72	100%	60%	100%	176%
73	100%	60%	100%	176%
74	100%	60%	100%	176%

Attained Age Lapse Rates

Attained Age	2 Year Benefit Period	4 Year Benefit Period	Lifetime Benefit Period
75	0.93%	0.28%	0.03%
76	1.00%	0.29%	0.04%
77	1.06%	0.31%	0.05%
78	1.11%	0.33%	0.06%
79	1.14%	0.34%	0.07%
80	1.17%	0.36%	0.08%
81	1.22%	0.38%	0.09%
82	1.29%	0.40%	0.10%
83	1.39%	0.41%	0.11%
84	1.52%	0.42%	0.11%
85	1.66%	0.43%	0.13%
86	1.81%	0.47%	0.15%
87	1.97%	0.55%	0.19%
88	2.13%	0.69%	0.34%
89	2.31%	0.87%	0.55%
90	2.48%	1.08%	0.78%
91	2.67%	1.28%	1.00%
92	2.85%	1.43%	1.18%
93	3.03%	1.54%	1.30%
94	3.22%	1.61%	1.39%
95	3.41%	1.67%	1.45%
96	3.59%	1.73%	1.52%
97	3.78%	1.79%	1.59%
98	3.97%	1.86%	1.67%
99	4.15%	1.93%	1.75%
100	4.34%	2.01%	1.84%
101	4.52%	2.08%	1.92%
102	4.71%	2.15%	2.00%
103	4.90%	2.22%	2.08%
104	5.08%	2.29%	2.16%
105	5.27%	2.37%	2.25%
106	5.45%	2.44%	2.33%
107	5.64%	2.51%	2.41%
108	5.83%	2.58%	2.49%
109	6.01%	2.65%	2.57%
110	6.20%	2.73%	2.66%
111	6.38%	2.80%	2.74%
112	6.57%	2.87%	2.82%
113	6.57%	2.87%	2.82%
114	6.57%	2.87%	2.82%
115	6.57%	2.87%	2.82%
116	6.57%	2.87%	2.82%
117	6.57%	2.87%	2.82%
118	6.57%	2.87%	2.82%
119	0.00%	0.00%	0.00%

Service Group Lapse Adjustments

Attained Age	Worksite Service Groups	Association Service Groups	Not in a Service Group	2yrBP Comp3 Worksite
75	100%	69%	100%	156%
76	100%	72%	100%	137%
77	100%	74%	100%	117%
78	100%	75%	100%	117%
79	100%	78%	100%	117%
80	100%	78%	100%	117%
81	100%	78%	100%	117%
82	100%	78%	100%	117%
83	100%	78%	100%	117%
84	100%	78%	100%	117%
85	100%	78%	100%	117%
86	100%	78%	100%	117%
87	100%	78%	100%	117%
88	100%	78%	100%	117%
89	100%	78%	100%	117%
90	100%	78%	100%	117%
91	100%	78%	100%	117%
92	100%	78%	100%	117%
93	100%	78%	100%	117%
94	100%	78%	100%	117%
95	100%	78%	100%	117%
96	100%	78%	100%	117%
97	100%	78%	100%	117%
98	100%	78%	100%	117%
99	100%	78%	100%	117%
100	100%	78%	100%	117%
101	100%	78%	100%	117%
102	100%	78%	100%	117%
103	100%	78%	100%	117%
104	100%	78%	100%	117%
105	100%	78%	100%	117%
106	100%	78%	100%	117%
107	100%	78%	100%	117%
108	100%	78%	100%	117%
109	100%	78%	100%	117%
110	100%	78%	100%	117%
111	100%	78%	100%	117%
112	100%	78%	100%	117%
113	100%	78%	100%	117%
114	100%	78%	100%	117%
115	100%	78%	100%	117%
116	100%	78%	100%	117%
117	100%	78%	100%	117%
118	100%	78%	100%	117%
119	0%	0%	0%	0%

Calendar Year Adjustments

Calendar Year will not be used in AXIS
All of the non-1 values are prior to unlocking, so will not influence values, and AXIS would not apply them as intended (annivresary month rather than January).

Company	Mod
2008	1.15
2009	1.15
2010	1.15
2011	1.1
2012	1.05
2013+	1

Overall Adjustment Factor

An overall adjustment factor is applied to the lapse rates of 85%. This factor is in the AXIS model, but not in the experience studies.

Mortality Rate:

Formula: Off claim mortality rate = Expected Rates Base rate * Select modifier * issue year modifier * Mortality Improvement * Overall Adjustment Factor

Lapse Rate:

Formula: Lapse Rate = (Base Rate + Base Rate Adjustments for Benefit Period + Attained Age Rate) * (Service Group Mod or Open Block Association Service Group Mod) * Calendar year mod * Overall Adjustment Factor

Home Office: Cedar Rapids, Iowa
Long Term Care Administrative Services
P.O. Box 869090
Plano, TX 75086–9090
(800) 227-3740

April 17, 2019

Mr. Bobby Toone
Virginia Department of Insurance

Re: **Rate Increase Filing: AEGB-131271280**
Transamerica Premier Life Insurance Company
Long Term Care Policy Forms: ML-LTCP TQ (VA) 197 As ML1 et al.

Dear Mr. Toone,

This letter is in response to your letter to Transamerica Premier dated April 16, 2019. Your letter indicated you would like the following information:

1. Please provide the active life reserve balance on a nationwide basis as of the projection date (9/30/2016) split by pre-stability and post-stability.

   The current ALR balance for this block is approximately $983.2 million. The anticipated loss ratios in Exhibit I and Exhibit II exclude Active Life Reserves (ALR). The company presumes the Department requested the current ALR balance on this block in order to deduct it from projected future claims. Please consider that deducting the current ALR balance as of 9/30/2016 from the anticipated incurred claims would not be consistent with the way ALR is built up and released in practice, since this process occurs period-by-period over time. An ALR balance is never released in a lump sum at a single point in time. While it is true that ALR increases over the entire projected future of the block will sum to the negative of the current ALR balance when interest is ignored, it is inappropriate to ignore interest on a long term product such as LTCI where cash flows occur over decades. In mathematical terms, the simple sum of future ALR increases = the future ALR balance at any point in time, whereas the PV future ALR increases is ≥ PV future ALR balance at any given point in time.

   Given that interest would have to be ignored in order to simply subtract the current ALR balance from projected future claims, interest should be ignored on all components of the future loss ratio in that case to put all components on the same par interest-wise. However, please keep in mind that incorporating ALR in actuarial analysis of LTCI in a manner that ignores the time value of money would be very inappropriate due to the very long term nature of LTCI. LTCI cash flows occur over multiple decades, where interest earned on invested funds is material and should be reflected in actuarial calculations. This fact has been recognized by the American Academy of Actuaries in several of its Actuarial Standards of Practice ("ASOP"), namely, ASOP 5 and 18 at the least.

   However, the company is providing the ALR balance as of 09/30/2016 for this block for both Transamerica Life (TLIC) and Transamerica Premier Life (TPLIC) below as requested.

Company	Pre Rate Stability	Post Rate Stability
TLIC	$461,722,087	$1,864,486
TPLIC	$457,954,127	$61,648,236
Total	$919,726,215	$63,512,722

2. We are still awaiting the response to the previous request #5 as follows: "Please provide Exhibit VI (projections based on original assumptions) in a calendar year format with actual policies issued. Please provide as an Excel spreadsheet."

   We apologize for the delay, please find attached exhibit "VA TPLIC Exh VI Pricing Loss Ratios by Form Series and Cal Yr.xls".

I look forward to your continuing review of the proposed premium rate increase. Please do not hesitate to contact me with questions or concerns.

Sincerely,

Brad Rokosh, ASA, MAAA
Director, Actuarial, LTC Margin Analytics

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY

RINC 2018 LTR VA

1. Recipient's name and address is bracketed to show the name and address of the particular recipient of the letter.
2. Date [Month Day, Year] is bracketed to show the current date used by our Company.
3. The policyholder's policy number is bracketed to show the policy number for that particular policyholder.
4. The insured's name is bracketed to show the name of the particular insured person.
5. The Rate Increase Effective date is bracketed as it varies based on when the rate increase is effective for that particular insured.
6. The premium mode is bracketed. It will be filled in with the insured's payment mode: monthly, semi-annual, quarterly or annual.
7. The rate increase percentage is bracketed as it varies based on the rate increase percentage increase for that particular policyholder.
8. The current premium is bracketed as it varies by policyholder's current premium.
9. The new premium amount is bracketed as it varies based on the policyholder's new premium amount after the rate increase.
10. The first 3 paragraph on page 2 are bracketed and will be included when there is a phased implementation of the rate increase. It will not be included if there is not a phased implementation of the rate increase.
11. On page 2 paragraph 2, there is bracketed variables for Month/Year. These variable fields will be filled in with the month and year of the rate increase when a rate increase is done in multiple phases.
12. On page 2 paragraph 2, there is bracketed variables for Old Modal Premium. These variable fields will be filled in with the old modal premium amounts when a rate increase is done in multiple phases.
13. On page 2 paragraph 2, there is bracketed variables for New Modal Premium. These variable fields will be filled in with the new modal premium amounts when a rate increase is done in multiple phases.
14. On page 2, two paragraphs for policyholders with a benefit increase option (BIO) are bracketed. If the policyholder does not have a BIO, these paragraphs will not appear.
15. The website address is bracketed three times. This is in the event that it changes in the future.
16. A paragraph for partnerships is bracketed. This will be added when a policyholder has a policy that qualifies as a long term care partnership policy. If they do not have a partnership long term care policy, this paragraph will be removed.
17. The Company's phone number is bracketed in the event that the phone number used changes in the future.
18. The Company's customer service available times is bracketed in the event that the days of the week or hours available changes in the future.
19. The Quote Selection Sheet and Quote Request form are bracketed for the enclosures. If they are not enclosed, reference will be removed.

RINC 2018 FAQ VA

1. The website address is bracketed in two places. This is in the event that it changes in the future.

2. The Company's phone number is bracketed in two places in the event that the phone number used changes in the future.
3. A paragraph for partnerships is bracketed. This will be added when a policyholder has a policy that qualifies as a long term care partnership policy. If they do not have a partnership long term care policy, this paragraph will be removed.
4. The Company's customer service available times is bracketed in the event that the days of the week or hours available changes in the future.

RINC 2018 QS VA

1. The policyholder's policy number is bracketed to show the policy number for that particular policyholder.
2. The Company's Fax number is bracketed in two places so it may be added to the letter.
3. The website address is bracketed in three places. This is in the event that it changes in the future.
4. The Company's phone number is bracketed in four places in the event that the phone number used changes in the future.
5. The Benefit Increase Option (BIO) Rate line is bracketed in the event that there is no BIO.
6. Nursing Home is bracketed in the event that the policyholder's policy uses different terminology.
7. The Nursing Home lines are bracketed in the event that the policyholder's policy does not contain Nursing Home Benefit. They may have a Community Based Services, Community Based Services/Assisted Living and/or a Nursing Home/Assisted Living Facility policy only.
8. Nursing Home/Assisted Living is bracketed in the event that the policyholder's policy uses different terminology.
9. The Nursing Home/Assisted Living lines are bracketed in the event that the policyholder's policy does not contain Nursing Home/Assisted Living. They may have a Community Based Services, Community Based Services/Assisted Living and/or Nursing Home policy only.
10. Community Based Services is bracketed in the event that the policyholder's policy uses different terminology.
11. Community Based Service lines are bracketed in the event that the policyholder's policy does not contain Community Based Services. They may have a Nursing Home, Nursing Home/Assisted Living, and/or a Community Based Services/Assisted Living policy only.
12. Community Based Service lines for Professional and Basic Services are bracketed in the event that the policyholder's policy does not pay separate benefits based on those terms.
13. The term Professional Services (Level 1) is bracketed in the event that the term is different in the policyholder's policy.
14. The term Basic Services (Level 2) is bracketed in the event that the term is different in the policyholder's policy.
15. The Community Based Services/Assisted Living term is bracketed in the event that the term is different in the policyholder's policy.
16. The lines for Community Based Services/Assisted Living Facility are bracketed in the event that the policyholder has a Nursing Home, Nursing Home/Assisted Living and/or a Community Based Services policy only.
17. The footer which says: If any claims have been paid, actual lifetime may be less is bracketed along with the footer * symbol in the event that this footer does not apply to the policyholder's policy. Then this footer will be removed.

18. The insured's Current Benefits are bracketed. This allows for us to add the current benefit amounts for the particular policyholder.
19. The insured's Current Value field are bracketed. This allows for us to add the current value amounts for the particular policyholder.
20. On page 2, two paragraphs for policyholders with a benefit increase option (BIO) are bracketed. If the policyholder does not have a BIO, these paragraphs will not appear.
21. On page 2, within the Current Value and Reduced Value paragraph, the date is bracketed to show the rate increase effective date for the particular policyholder.
22. Page 2, Reduced Premium quote paragraph, the date is bracketed to show the rate increase notification date for the policyholder.
23. Page 3, 3 paragraphs for partnerships are bracketed. This will be added when a policyholder has a policy that qualifies as a long term care partnership policy. If they do not have a partnership long term care policy, these paragraphs will be removed.
24. The Company's customer service available times is bracketed in the event that the days of the week or hours available changes in the future.
25. Page 4, Quote Selection Sheet, Option 1 is variable. This option will be used when current values are reduced and have a BIO. Or this option is not available to all policyholders in the same class.
26. Page 4, Quote Selection Sheet, Option 1: Option numbers vary. This is because we may only offer some options and not other options depending on the policyholder's current benefits and our offering to all policyholders in the same class at the time. Also, the option number may vary based on the order that we present the options.
27. Page 4, Quote Selection Sheet, Option 1, Option Name. The name of the option may vary based on the policyholder's current benefits and policy form. For example, if the current policy calls the Lifetime Maximum Benefit a different term like Maximum Policy Benefit or Pool of Money, then we can update the terminology to match their policy.
28. Page 4, Quote Selection Sheet, Option 1, terminology like Nursing Home Lifetime, and Home Health Lifetime are bracketed in case the policy uses different terminology. For example, Facility Lifetime or Community Based Care Lifetime. Also they are bracketed in the event that the one of the lines needs to be removed. A policyholder could have a nursing home only or home health care only policy.
29. Page 4, Quote Selection Sheet, Option 1, the dollar amount figures under the Current Benefits, Reduced Benefits, Current Value and Reduced Value may vary based on the policyholder's current benefits and value and the offered reduced benefits and value.
30. Page 4, Quote Selection Sheet, Option 1, the footer which says: Pooled with Maximum Nursing Home Lifetime and the footer * is bracketed. It may be removed if the amount is not pooled with the Maximum Nursing Home Lifetime. Also the terminology may change on "Maximum Nursing Home Lifetime" based on the policyholder's policy's terminology.
31. Page 4, Quote Selection Sheet, Option 1, the footer ** and its content may vary based on if the policyholder has a benefit increase option: ** Reflects BIO applied to Reduced Benefit from policy start date. If any claims have been paid, actual lifetime amount may be less.
32. Page 4, Quote Selection Sheet, Option 1, Mode of payment varies based on the policyholder's payment mode.
33. Page 4, Quote Selection Sheet, Option 1, Increased Premium amount and Reduced Premium amount vary based on the policyholder's current premium and new premium amount.
34. Page 4, Quote Selection Sheet, Option 2, this option will be used when current values are reduced and BIO is included. Or this option is not available to all policyholders in the same class.

35. Page 4, Quote Selection Sheet, Option 2: Option numbers vary. This is because we may only offer some options and not other options depending on the policyholder's current benefits and our offering to all policyholders in the same class at the time. Also, the option number may vary based on the order that we present the options.
36. Page 4, Quote Selection Sheet, Option 2, Option Name. The name of the option may vary based on the policyholder's current benefits and policy form. For example, if the current policy calls the Maximum Daily Benefit a different term like Nursing Home Daily, then we can update the terminology to match their policy.
37. Page 4, Quote Selection Sheet, Option 2, terminology like Nursing Home Daily, Home Health Daily, Nursing Home Lifetime, and Home Health Lifetime are bracketed in case the policy uses different terminology. For example, Facility Daily, Facility Lifetime, Community Based Care Daily, Community Based Care Lifetime. Also they are bracketed in the event that the one of the lines needs to be removed. A policyholder could have a nursing home only or home health only policy.
38. Page 4, Quote Selection Sheet, Option 2, the dollar amount figures under the Current Benefits, Reduced Benefits, Current Value and Reduced Value may vary based on the policyholder's current benefits and value and the offered reduced benefits and value.
39. Page 4, Quote Selection Sheet, Option 2, the footer which says: Pooled with Maximum Nursing Home Lifetime and the footer * is bracketed. It may be removed if the amount is not pooled with the Maximum Nursing Home Lifetime. Also the terminology may change on "Maximum Nursing Home Lifetime" based on the policyholder's policy's terminology.
40. Page 4, Quote Selection Sheet, Option 2, the footer ** and its content may vary based on if the policyholder has a benefit increase option: ** Reflects BIO applied to Reduced Benefit from policy start date.
41. Page 4, Quote Selection Sheet, Option 2, the footer *** and its content may vary based on if claims have been paid on the policyholder's policy: *** If any claims have been paid, actual lifetime amount may be less.
42. Page 4, Quote Selection Sheet, Option 2, Mode of payment varies based on the policyholder's payment mode.
43. Page 4, Quote Selection Sheet, Option 2, Increased Premium amount and Reduced Premium amount vary based on the policyholder's current premium and new premium amount.
44. Page 4, Quote Selection Sheet, Option 3 is bracketed because it may be excluded if the policyholder does not have Benefit Increase Option. Or this option is not available to all policyholders in the same class.
45. Page 4, Quote Selection Sheet, Option 3: Option numbers vary. This is because we may only offer some options and not other options depending on the policyholder's current benefits and our offering to all policyholders in the same class at the time. Also, the option number may vary based on the order that we present the options.
46. Page 4, Quote Selection Sheet, Option 3, Option Name. The name of the option may vary based on the policyholder's current benefits and policy form. For example, if the current policy calls the Benefit Increase Option a different term like Compound Benefit Increase Option Rider, then we can update the terminology to match their policy.
47. Page 4, Quote Selection Sheet, Option 3, terminology like Nursing Home Daily, Home Health Daily, Nursing Home Lifetime, and Home Health Lifetime are bracketed in case the policy uses different terminology. For example, Facility Daily, Facility Lifetime, Community Based Care Daily, Community Based Care Lifetime. Also they are bracketed in the event that the one of the lines needs to be removed. A policyholder could have a nursing home only or home health only policy.
48. Page 4, Quote Selection Sheet, Option 3, the dollar amount figures under the Current Benefits, Reduced Benefits, Current Value and Reduced Value may vary based on the policyholder's current benefits and value and the offered reduced benefits and value.

49. Page 4, Quote Selection Sheet, Option 3, the footer which says: Pooled with Maximum Nursing Home Lifetime and the footer * is bracketed. It may be removed if the amount is not pooled with the Maximum Nursing Home Lifetime. Also the terminology may change on "Maximum Nursing Home Lifetime" based on the policyholder's policy's terminology.

50. Page 4, Quote Selection Sheet, Option 3, the footer ** and its content may vary based on if the BIO increases are accumulated at the old rate and if future increases will occur at the reduced rate. Else this footer will be removed: ** Retains BIO increases accumulated at old rate. Future increases will occur at reduced rate.

51. Page 4, Quote Selection Sheet, Option 3, the footer *** and its content may vary based on if the retained BIO is increases are accumulated at the old rate and if future increases will occur at the reduced rate. Else this footer will be removed: *** Retains BIO increases accumulated at old rate. Future increases will occur at reduced rate. If any claims have been paid, actual lifetime amount may be less.

52. Page 5, Quote Selection Sheet, Option 3, Mode of payment varies based on the policyholder's payment mode.

53. Page 5, Quote Selection Sheet, Option 3, Increased Premium amount and Reduced Premium amount vary based on the policyholder's current premium and new premium amount.

54. Page 5, Quote Selection Sheet, Option 4 is bracketed because it may be excluded if the policyholder does not have Benefit Increase Option. Or this option is not available to all policyholders in the same class.

55. Page 5, Quote Selection Sheet, Option 4: Option numbers vary. This is because we may only offer some options and not other options depending on the policyholder's current benefits and our offering to all policyholders in the same class at the time. Also, the option number may vary based on the order that we present the options.

56. Page 5, Quote Selection Sheet, Option 4, Option Name. The name of the option may vary based on the policyholder's current benefits and policy form. For example, if the current policy calls the Benefit Increase Option a different term like Compound Benefit Increase Option Rider, then we can update the terminology to match their policy.

57. Page 5, Quote Selection Sheet, Option 4, terminology like Nursing Home Daily, Home Health Daily, Nursing Home Lifetime, and Home Health Lifetime are bracketed in case the policy uses different terminology. For example, Facility Daily, Facility Lifetime, Community Based Care Daily, Community Based Care Lifetime. Also they are bracketed in the event that the one of the lines needs to be removed. A policyholder could have a nursing home only or home health only policy.

58. Page 5, Quote Selection Sheet, Option 4, the dollar amount figures under the Current Benefits, Reduced Benefits, Current Value and Reduced Value may vary based on the policyholder's current benefits and value and the offered reduced benefits and value.

59. Page 5, Quote Selection Sheet, Option 4, the footer which says: Pooled with Maximum Nursing Home Lifetime and the footer * is bracketed. It may be removed if the amount is not pooled with the Maximum Nursing Home Lifetime. Also the terminology may change on "Maximum Nursing Home Lifetime" based on the policyholder's policy's terminology.

60. Page 5, Quote Selection Sheet, Option 4, the footer ** and its content may vary based on if the retained BIO increases accumulate at the old rate and no future increases occur. Else this footer will be omitted: ** Retains BIO increases accumulated at old rate. No future increases will occur.

61. Page 5, Quote Selection Sheet, Option 4, the footer *** and its content may vary based on if the the retained BIO increases accumulate at the old rate and no future rate increases will occur. Else this footer will be omitted: *** Retains BIO increases accumulated at old rate. No future increases will occur. If any claims have been paid, actual lifetime amount may be less.

62. Page 5, Quote Selection Sheet, Option 4, Mode of payment varies based on the policyholder's payment mode.

63. Page 5, Quote Selection Sheet, Option 4, Increased Premium amount and Reduced Premium amount vary based on the policyholder's current premium and new premium amount.

64. Page 5, Quote Selection Sheet, Option 5 is bracketed because it may be excluded if the policyholder does not have Benefit Increase Option. Or this option is not available to all policyholders in the same class.

65. Page 5, Quote Selection Sheet, Option 5: Option numbers vary. This is because we may only offer some options and not other options depending on the policyholder's current benefits and our offering to all policyholders in the same class at the time. Also, the option number may vary based on the order that we present the options.

66. Page 5, Quote Selection Sheet, Option 5, Option Name. The name of the option may vary based on the policyholder's current benefits and policy form. For example, if the current policy calls the Benefit Increase Option a different term like Compound Benefit Increase Option Rider, then we can update the terminology to match their policy.

67. Page 5, Quote Selection Sheet, Option 5, terminology like Nursing Home Daily, Home Health Daily, Nursing Home Lifetime, and Home Health Lifetime are bracketed in case the policy uses different terminology. For example, Facility Daily, Facility Lifetime, Community Based Care Daily, Community Based Care Lifetime. Also they are bracketed in the event that the one of the lines needs to be removed. A policyholder could have a nursing home only or home health only policy.

68. Page 5, Quote Selection Sheet, Option 5, the dollar amount figures under the Current Benefits, Reduced Benefits, Current Value and Reduced Value may vary based on the policyholder's current benefits and value and the offered reduced benefits and value.

69. Page 5, Quote Selection Sheet, Option 5, the footer which says: Pooled with Maximum Nursing Home Lifetime and the footer * is bracketed. It may be removed if the amount is not pooled with the Maximum Nursing Home Lifetime. Also the terminology may change on "Maximum Nursing Home Lifetime" based on the policyholder's policy's terminology.

70. Page 5, Quote Selection Sheet, Option 5, the footer ** and its content may vary based on if the amount reflects loss of accumulated BIO increases and no future increases will occur. Or it would say: **Retained BIO increases accumulated at old rate. No future increase will occur.

    Note that this will vary based on the policyholder's policy. If not needed, the footer would be omitted.

71. Page 5, Quote Selection Sheet, Option 5, the footer *** and its content may vary based on if the amount reflects loss of accumulated BIO increases and no future increases will occur and if claims have been paid, then actual lifetime amount would be less. Or it would say: ***Retained BIO increases accumulated at old rate. No future increases will occur. If any claims have been paid, actual lifetime amount may be less.

    Note that this will vary based on the policyholder's policy. If not needed, the footer would be omitted.

72. Page 5, Quote Selection Sheet, Option 5, Mode of payment varies based on the policyholder's payment mode.

73. Page 5, Quote Selection Sheet, Option 5, Increased Premium amount and Reduced Premium amount vary based on the policyholder's current premium and new premium amount.

74. Page 5, Quote Selection Sheet, Option 6 is bracketed because it may be excluded if the policyholder does not have an Elimination Period that can be increased or if BIO is not included. Or this option is not available to all policyholders in the same class.

75. Page 5, Quote Selection Sheet, Option 6: Option numbers vary. This is because we may only offer some options and not other options depending on the policyholder's current benefits and our offering to all policyholders in the same class at the time. Also, the option number may vary based on the order that we present the options.

76. Page 5, Quote Selection Sheet, Option 6, Option Name. The name of the option may vary based on the policyholder's current benefits and policy form. For example, if the current policy calls the Elimination Period a different term like a Waiting Period, then we can update the terminology to match their policy
77. Page 5, Quote Selection Sheet, Option 6, terminology like Nursing Home and Home Health are bracketed in case the policy uses different terminology. For example, Facility and Community Based Care. Also they are bracketed in the event that the one of the lines needs to be removed. A policyholder could have a nursing home only or home health only policy.
78. Page 5, Quote Selection Sheet, Option 6, Current Period and Increased Period number of days are bracketed. The Current Period varies based on the policyholder's current elimination period for nursing home and/or home health. The Increased Period varies based on what we offer the policyholder.
79. Page 6, Quote Selection Sheet, Option 6, Mode of payment varies based on the policyholder's payment mode.
80. Page 6, Quote Selection Sheet, Option 6, Increased Premium amount and Reduced Premium amount vary based on the policyholder's current premium and new premium amount.
81. Page 6, Quote Selection Sheet, Option 1 will be used if current values are not reduced and BIO is not included. Or this option is not available to all policyholders in the same class.
82. Page 6, Quote Selection Sheet, Option 1: Option numbers vary. This is because we may only offer some options and not other options depending on the policyholder's current benefits and our offering to all policyholders in the same class at the time. Also, the option number may vary based on the order that we present the options.
83. Page 6, Quote Selection Sheet, Option 1, Option Name. The name of the option may vary based on the policyholder's current benefits and policy form. For example, if the current policy calls the Lifetime Maximum Benefit a different term like Maximum Policy Benefit or Pool of Money, then we can update the terminology to match their policy.
84. Page 6, Quote Selection Sheet, Option 1, terminology like Nursing Home Lifetime, and Home Health Lifetime are bracketed in case the policy uses different terminology. For example, Facility Lifetime or Community Based Care Lifetime. Also they are bracketed in the event that the one of the lines needs to be removed. A policyholder could have a nursing home only or home health care only policy.
85. Page 6, Quote Selection Sheet, Option 1, the dollar amount figures under the Current Benefits and Reduced Benefits may vary based on the policyholder's current benefits and the offered reduced benefits.
86. Page 6, Quote Selection Sheet, Option 1, the footer which says: Pooled with Maximum Nursing Home Lifetime and the footer * is bracketed. It may be removed if the amount is not pooled with the Maximum Nursing Home Lifetime. Also the terminology may change on "Maximum Nursing Home Lifetime" based on the policyholder's policy's terminology.
87. Page 6, Quote Selection Sheet, Option 1, the footer which says: If any claims have been paid, actual lifetime may be less and the footer ** is bracketed. It may be removed if the statement does not apply to the policyholder.
88. Page 6, Quote Selection Sheet, Option 1, Mode of payment varies based on the policyholder's payment mode.
89. Page 6, Quote Selection Sheet, Option 1, Increased Premium amount and Reduced Premium amount vary based on the policyholder's current premium and new premium amount.
90. Page 6, Quote Selection Sheet, Option 2 will be used if current values are not reduced and BIO is not included. Or this option is not available to all policyholders in the same class.

91. Page 6, Quote Selection Sheet, Option 2: Option numbers vary. This is because we may only offer some options and not other options depending on the policyholder's current benefits and our offering to all policyholders in the same class at the time. Also, the option number may vary based on the order that we present the options.

92. Page 6, Quote Selection Sheet, Option 2, Option Name. The name of the option may vary based on the policyholder's current benefits and policy form. For example, if the current policy calls the Maximum Daily Benefit a different term like Nursing Home Daily, then we can update the terminology to match their policy.

93. Page 6, Quote Selection Sheet, Option 2, terminology like Nursing Home Daily, Home Health Daily, Nursing Home Lifetime, and Home Health Lifetime are bracketed in case the policy uses different terminology. For example, Facility Daily, Facility Lifetime, Community Based Care Daily, Community Based Care Lifetime. Also they are bracketed in the event that the one of the lines needs to be removed. A policyholder could have a nursing home only or home health only policy.

94. Page 6, Quote Selection Sheet, Option 2, the dollar amount figures under the Current Benefits and Reduced Benefits may vary based on the policyholder's current benefits and the offered reduced benefits.

95. Page 6, Quote Selection Sheet, Option 2, the footer which says: Pooled with Maximum Nursing Home Lifetime and the footer * is bracketed. It may be removed if the amount is not pooled with the Maximum Nursing Home Lifetime. Also the terminology may change on "Maximum Nursing Home Lifetime" based on the policyholder's policy's terminology.

96. .Page 6, Quote Selection Sheet, Option 2, the footer which says: If any claims have been paid, actual lifetime amount may be less and the footer ** is bracketed. It may be removed if it does not apply to the policyholder.

97. Page 6, Quote Selection Sheet, Option 2, Mode of payment varies based on the policyholder's payment mode.

98. Page 6, Quote Selection Sheet, Option 2, Increased Premium amount and Reduced Premium amount vary based on the policyholder's current premium and new premium amount.

99. Page 6, Quote Selection Sheet, Option 3 will be used if current values are not reduced and BIO is not included. It is also bracketed because it may be excluded if the policyholder does not have an Elimination Period that can be increased. Or this option is not available to all policyholders in the same class.

100. Page 6, Quote Selection Sheet, Option 3: Option numbers vary. This is because we may only offer some options and not other options depending on the policyholder's current benefits and our offering to all policyholders in the same class at the time. Also, the option number may vary based on the order that we present the options.

101. Page 6, Quote Selection Sheet, Option 3, Option Name. The name of the option may vary based on the policyholder's current benefits and policy form. For example, if the current policy calls the Elimination Period a different term like a Waiting Period, then we can update the terminology to match their policy

102. Page 6, Quote Selection Sheet, Option 3, terminology like Nursing Home and Home Health are bracketed in case the policy uses different terminology. For example, Facility and Community Based Care. Also they are bracketed in the event that the one of the lines needs to be removed. A policyholder could have a nursing home only or home health only policy.

103. Page 6, Quote Selection Sheet, Option 3, Current Period and Increased Period number of days are bracketed. The Current Period varies based on the policyholder's current elimination period for nursing home and/or home health. The Increased Period varies based on what we offer the policyholder.

104. Page 6, Quote Selection Sheet, Option 3, Mode of payment varies based on the policyholder's payment mode.

105. Page 6, Quote Selection Sheet, Option 3, Increased Premium amount and Reduced Premium amount vary based on the policyholder's current premium and new premium amount.

106. Page 7, the policyholder's policy number is bracketed to show the policy number for that particular policyholder.

107. Page 7, 3 paragraphs and a signature/date line are bracketed. This will be added when a policyholder has a policy that qualifies as a long term care partnership policy. If they do not have a partnership long term care policy, this section will be removed.

RINC 2018 QR VA

1. The policyholder's policy number is bracketed to show the policy number for that particular policyholder.
2. The insured's name is bracketed to show the name of the particular insured person.
3. The Company's phone number and customer service available times are bracketed in the event that the phone number, the days of the week or hours available changes in the future.

TRANSAMERICA®
2700 West Plano Parkway | Plano, TX 75075 | www.transamerica.com

Transamerica Premier Life Insurance Company
Long Term Care Insurance
Rate Increase

Quote Request Form

Policy/Certificate Number: 03320000000
Insured Name: John Doe

We want you to be aware of options that are available to manage the cost of your long term care coverage. To help you plan for the premium rate increase, we can prepare a reduced premium quote or quotes based on benefit reduction options available to you. **If you are not interested in reducing your benefits to reduce your premium, you may disregard this form.**

If you would like to receive a premium quote or quotes for continued coverage with reduced benefits, please complete this form and return it to us in the enclosed envelope. Please keep in mind that changes to your coverage may not be in your best interest if you are on claim or are eligible to claim.

Please indicate all of the options for which you would be interested in receiving a quote.

CHECK ALL THAT APPLY

☐ Reduce my policy maximum benefit

☐ Increase my elimination period

☐ Reduce my daily benefit

☐ Modify my inflation protection (if applicable).

In order to better match your available options to your specific long term care insurance needs, please indicate which single statement most fits your situation.

CHECK ONE ONLY

☐ I want to stay as close as possible to my current premium amount.

☐ I want to keep my current daily benefits, but am willing to change my maximums and/or my optional coverage.

☐ I want to keep my current benefit maximums, but am willing to change my daily benefit amounts and/or my optional coverage.

☐ I want to keep all my current coverage including my optional coverage, but am willing to change my daily and/or maximum benefits.

If you have questions about this forRINm, please call us at **866-311-2048**, Monday through Friday between 9:00 a.m. and 6:30 p.m. ET.

RINC 2018 QR VA

TRANSAMERICA®

Transamerica Premier Life Insurance Company
Long Term Care Insurance
Rate Increase

Benefit Reduction Options – Quote Selection Sheet

Prepared for Policy Number: 03320000000

If you are concerned about the upcoming rate increase (see rate increase letter) and you want to keep your premium amount closer to your current premium amount, please review the benefit reduction options and quotes presented in this document. **If, however, you plan to pay the increased premium and do not want to reduce your benefits, you may disregard this document.**

How to select a benefit reduction option. Review the options displayed in the *Quote Selection Sheet* at the end of this document. To select an option, place a check in the box next to the option you want. After you've checked an option, sign and date the *Quote Selection Sheet* and mail it to us in the enclosed envelope or fax it to **866-311-2047**.

Before you make your selection, please visit our website at options.taltc.com for more information. If you have questions or would like to learn about other options that may be available, please use the website to schedule a phone call from us—at a time that's convenient for you—or call us directly at **866-311-2048**.

Your policy's current benefits are summarized below. By reducing or adjusting a benefit, you may be able to reduce your premium.

Summary of Your Policy's Current Benefits

Benefit Name	Current Benefit	Current Value
Benefit Increase Option (BIO) Rate	5.00%	5.00%
Nursing Home - Maximum Daily	$110	$292
Nursing Home - Maximum Lifetime*	1,095 Days AND/OR $120,450	1,095 Days AND/OR $319,740
Nursing Home - Elimination Period	20 days	20 days
Nursing Home/Assisted Living - Maximum Daily	$0	$0
Nursing Home/Assisted Living - Maximum Lifetime*	0 Days	0 Days
Nursing Home/Assisted Living - Elimination Period	0 days	0 days
Community Based Services - Maximum Daily	$80	$213
Community Based Services:		
Professional Services (Level 1) – Maximum Daily	$160	$426
Basic Services (Level II) – Maximum Daily	$80	$213
Community Based Services/Assisted Living - Maximum Daily	$160	$426
Community Based Services/Assisted Living - Maximum Lifetime*	365 Days AND/OR $29,200	365 Days AND/OR $77,745
Community Based Services - Maximum Daily	$160	$426
Community Based Services - Maximum Lifetime*	365 Days AND/OR $29,200	365 Days AND/OR $77,745
Community Based Services - Elimination Period	20 Days	20 Days

* If any claims have been paid, actual lifetime amount may be less.

Considering your options. To see how reducing a benefit could reduce your premium, please review the *Quote Selection Sheet* at the end of this document. You can use the *Quote Selection Sheet* to select a benefit reduction option that best fits your budget and coverage needs. Please be aware that not all options are equal and some will impact your coverage and premium more than others. And keep in mind that changes to your coverage may or may not be in your best interest and should be considered carefully, especially if you are on claim, or are eligible to claim, or if your policy has the survivorship benefit and you think that you will soon be eligible to claim this benefit.

Current Benefit and Reduced Benefit. Each option below is displayed in a table that shows a Current Benefit and a Reduced Benefit. The Current Benefit is your benefit today. It reflects any benefit changes requested by you after the start of your policy. The Reduced Benefit shows the benefit you are choosing if you select the option.

Current Value and Reduced Value. Your policy has an inflation protection feature called the Benefit Increase Option (BIO), which automatically increases your benefit amount by a certain percentage rate annually. Please note that the amount shown in the Current Benefit column does *not* include any increase in value accumulated through your BIO. BIO increases are reflected in the Current Value column, which shows the cumulative effect of your BIO rate on your Current Benefit amount as of 04/2019. The Reduced Value column shows the value that would result if you select the option.

Reducing your BIO rate *versus* removing BIO altogether. You may have an option to reduce your BIO rate—this option is only available within the first 120 days of receiving the notification letter—or to remove BIO from your policy altogether. If you reduce your BIO rate, you will retain previously accumulated increases. If you remove your BIO altogether, you will have the option to retain your accumulated benefit amount. However, your premium for this option will be based on your original issue age and will be calculated as if your current accumulated benefit amount was purchased at the time your policy was originally issued. It is possible that your premium will still increase.

Maximum Lifetime Benefit. If you have incurred any claims under your policy, your maximum lifetime benefit may have been reduced by the amount of the claims paid. The amount or value of a maximum lifetime benefit shown in the *Quote Selection Sheet*—whether current or reduced—does *not* reflect possible reductions to the lifetime benefit as a result of claims paid.

Reduced Premium quote. Each option on the *Quote Selection Sheet* displays your new Increased Premium if you do *not* select a benefit reduction option, and a Reduced Premium if you select the option.

Please be aware that the Reduced Premium displayed is a QUOTE only and IS NOT A GUARANTEE of any rate(s) quoted or a revision of your current policy contract. Actual premium(s) may differ slightly. Premium calculations are based on information and policy coverage as of 04/2019. If you select one of the options below, your policy will be endorsed to reflect the actual premium.

Contingent Nonforfeiture Benefit – another option. If you do not pay your premium when it becomes due, your current coverage will lapse. To prevent you from forfeiting (losing) the premiums you have already paid, we will provide a Contingent Nonforfeiture Benefit. The Contingent Nonforfeiture Benefit is not a cash value benefit. It provides benefit dollars only if you become eligible for and receive covered benefits.

This benefit will allow your coverage to continue in a limited form without further premium payments. Although your daily benefit amount and elimination period will remain the same, your maximum lifetime benefit will be reduced to an amount equal to the total amount of the premiums you have already paid. Your minimum lifetime benefit will not be less than 30 times the daily nursing home benefit at the time of lapse. Benefit increases under your Benefit Increase Option (if you have one) will stop. You will not be allowed to resume payment of premiums or make changes to your policy.

The Contingent Nonforfeiture Benefit will take effect automatically, if you stop paying your premiums within the 120 days following the Rate Increase Effective Date. This benefit will *not* be available to policyholders who cease paying premiums at any other time.

Note: The Contingent Nonforfeiture Benefit provides very limited benefits. We urge you to carefully consider whether or not such limited benefits are appropriate for you. You may want to call our customer service representatives, or your insurance agent, to discuss the Contingent Nonforfeiture Benefit in greater detail.

Other options. Options *not* shown on this quote sheet may also be available to you. For example, you may be able to reduce more than one benefit. To explore other benefit reduction options, you will need to speak with a customer service representative. Go to options.taltc.com to schedule a call from us or call us at **866-311-2048**.

Partnership Qualified Long Term Care Policies – Loss of Medicaid asset protection. Depending on your state and age, if you choose to *remove* your policy's Benefit Increase Option (BIO), your policy *will* no longer qualify as a Long Term Care Partnership policy and you will not be eligible for Medicaid asset protection. If you choose to *reduce* your policy's Benefit Increase Option (BIO), your policy *may* no longer qualify as a Long Term Care Partnership policy. Reducing your maximum daily benefit or your maximum lifetime benefit could also cause your policy to no longer qualify as a Long Term Care Partnership policy.

We strongly encourage you to evaluate the potential impact any benefit reduction option could have on your Long Term Care Partnership policy and Medicaid asset protection. Please contact a customer service representative or speak with a trusted advisor before you select an option.

If you have a Long Term Care Partnership policy and you select a benefit reduction option, you *must* sign the Loss of Medicaid Asset Protection Acknowledgement at the end of the *Quote Selection Sheet*.

For more information. We encourage you to visit options.taltc.com for more information about your coverage and options. You can use the website's online scheduling tool to arrange a time for a customer service representative to call you—a time that is convenient for you and any family members, friends, or advisors that you would like to have on the call with you.

After visiting the website, you may have additional questions. Please feel free to call our Long Term Care Insurance customer service representatives at **866-311-2048**. Customer service representatives are available Monday through Friday between 9:00 a.m. and 6:30p.m. ET to respond to questions about the premium increase.

Quote Selection Sheet

To select an option, place a check in the box next to the option you want. After you have checked an option, sign and date the *Quote Selection Sheet* and mail it to us in the enclosed envelope or fax it to

866-311-2047. If you have questions or would like information about the other options that may be available, contact us at **866-311-2048** before you make your selection.

Option 1: Reduce Maximum Lifetime Benefit

Benefit	Current Benefit	Reduced Benefit	Current Value	Reduced Value
Nursing Home Lifetime	$120,450	$80,300	$319,740	$213,160**
Home Health Lifetime*	$29,200	$29,200	$77,745	$77,745**

* Pooled with Maximum Nursing Home Lifetime
** Reflects BIO applied to Reduced Benefit from policy start date. If any claims have been paid, actual lifetime amount may be less.

Mode	Increased Premium	Reduced Premium
Monthly	$204.61	$180.27

Option 2: Reduce Maximum Daily Benefit

Benefit	Current Benefit	Reduced Benefit	Current Value	Reduced Value
Nursing Home Daily	$110	$70	$292	$186**
Home Health Daily	$80	$50	$213	$133**
Nursing Home Lifetime	$120,450	$76,650	$319,740	$203,670***
Home Health Lifetime*	$29,200	$18,250	$77,745	$48,545***

* Pooled with Maximum Nursing Home Lifetime
** Reflects BIO applied to Reduced Benefit from policy start date. *** If any claims have been paid, actual lifetime amount may be less.

Mode	Increased Premium	Reduced Premium
Monthly	$204.61	$129.39

Option 3: Reduce Benefit Increase Option (BIO) Rate (time-limited option)

Benefit	Current Benefit	Reduced Benefit	Current Value	Reduced Value
BIO RATE	5%	2.05%	-	-
Nursing Home Daily	$110	-	$292	$292**
Home Health Daily	$80	-	$213	$213**
Nursing Home Lifetime	$120,450	-	$319,740	$319,740***
Home Health Lifetime*	$29,200	-	$77,745	$77,745***

* Pooled with Maximum Nursing Home Lifetime
** Retains BIO increases accumulated at old rate. Future increases will occur at reduced rate.
*** Retains BIO increases accumulated at old rate. Future increases will occur at reduced rate. If any claims have been paid, actual lifetime amount may be less.

Mode	Increased Premium	Reduced Premium
Monthly	$204.61	$106.57

Option 6: Increase Elimination Period

Elimination Period	Current Period	Increased Period
Nursing Home	20 Days	60 Days
Home Health	20 Days	60 Days

Mode	Increased Premium	Reduced Premium
Quarterly	$204.61	$178.33

As a reminder, your policy is guaranteed renewable. We cannot cancel your policy if you pay the required premium on or before the premium due date or during the grace period. However, we do have a right to increase premiums on your policy subject to approval by the appropriate state regulatory agency, if such approval is required. Even if you decide to reduce your current benefits or adjust a feature of your policy, premium increases can occur in the future.

I have placed a check mark in the box next to the benefit reduction option that I am selecting. **By signing below, I am authorizing Transamerica Premier Life Insurance Company to reduce my coverage as indicated above.**

Signature of Insured Person: _____ Date: _____

Transamerica Premier Life Insurance Company Policy Number: 03320000000

Loss of Medicaid Asset Protection Acknowledgement

If you have a Long Term Care Partnership policy, you *must* sign this Acknowledgement.

By signing below, I am acknowledging that the benefit reduction option that I have selected above may and possibly will cause my policy to no longer qualify as a Long Term Care Partnership policy. I acknowledge that as a result of my selection, I may and possibly will lose valuable Medicaid asset protection.

Signature of Insured Person: _____ Date: _____

TRANSAMERICA®
2700 West Plano Parkway | Plano, TX 75075 | www.transamerica.com

John Doe
1 Main Street
Any town, VA 12345-0000

February 12, 2020

Transamerica Premier Life Insurance Company Policy: 03320000000
Insured Name: John Doe

Dear Policyholder:

Thank you for being a valued customer of Transamerica Premier Life Insurance Company (Transamerica). We are writing today to give you important information about your Transamerica Premier Life Insurance Company long term care insurance policy. At Transamerica, we make every effort to provide quality coverage at reasonable and affordable rates. However, sometimes claims significantly exceed expected levels. When this occurs over a long period of time and is expected to continue, premium rates must increase.

Premium rates are increasing on your long term care insurance policy identified above. Effective 04/2020 (the "Rate Increase Effective Date"), your monthly Long Term Care Insurance premiums will increase from $106.57 to $204.61. This represents a 92% increase in your premium rates. Rates are being raised on all policies in Virginia like yours due to claim levels that are higher than expected. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be increased to ensure adequate funding to pay current and anticipated future claims. This premium increase is not based on your individual claims history, age, health status, or any other personal factor.

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 https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

We understand that this rate increase may have a significant impact on your budget. We also know that you value your long term care coverage and want to keep it. If you cannot afford the premium increase, you may want to consider options that may be available to lower your premium by reducing or changing your current level of benefits.

Available options
Depending on your current level of benefits, you may be able to reduce your premium by selecting one or more of the following options:

- Reduce your maximum lifetime benefit.
- Reduce your maximum daily benefit.
- Increase the length of your elimination period.
- Reduce your Benefit Increase Option rate, if your policy includes this feature.
- Remove your Benefit Increase Option, if your policy includes this feature.

Please be aware that not all options are equal and some will impact your coverage and premium more than others.

Your policy has an inflation protection feature called the Benefit Increase Option (BIO), which automatically increases your benefit amount by a certain percentage rate annually. One option that you may want to consider is to reduce your BIO rate. You can only exercise this option within 120 days of receiving this rate increase letter. If you choose this option, you could reduce your premium increase, or even avoid it entirely, while keeping all of the accrued daily benefit increases you have received to date. Your daily benefit, however, would not increase or would increase at a lower rate going forward.

Reducing your BIO rate *versus* removing BIO altogether. You may have an option to reduce your BIO rate—this option is only available within the first 120 days of receiving the notification letter—or to remove BIO from your policy altogether. If you reduce your BIO rate, you will retain previously accumulated increases. If you remove your BIO altogether, you will have the option to retain your accumulated benefit amount. However, your premium for this option will be based on your original issue age and will be calculated as if your current accumulated benefit amount was purchased at the time your policy was originally issued. It is possible that your premium will still increase.

We have enclosed a Frequently Asked Questions document to provide additional information about premium reduction options available to you. You may also visit options.taltc.com to schedule a phone call from us to discuss your options.

Contingent Nonforfeiture Benefit – another option
If you do not pay your premium within the 120 days following the Rate Increase Effective Date, the Contingent Nonforfeiture Benefit will automatically take effect. This benefit will prevent you from forfeiting (losing) the premiums you have already paid. This nonforfeiture benefit will not be available to policyholders who cease paying premiums at any other time.

If the nonforfeiture benefit takes effect, your maximum lifetime benefit will be automatically reduced to an amount equal to the total amount of the premiums you have already paid. The Contingent Nonforfeiture Benefit is described in greater detail in the enclosed Frequently Asked Questions document.

Important information
Please remember that your policy is guaranteed renewable. We cannot cancel your policy as long as you pay the required premium on or before the premium due date or during the grace period. We are available to work with you to lower your premium by reducing or changing your

current benefits, but you should be aware, that even if you decide to reduce or change your current benefits, additional rate increases may occur in the future.

You should also be aware that reducing or changing your benefits may cause—and in some cases will cause—your policy to no longer qualify as a Long Term Care Partnership policy. If your policy is no longer Partnership Qualified, you will not be eligible for Medicaid asset protection provided by your state's Long Term Care Partnership Program.

Available resources
Please read the Frequently Asked Questions document enclosed with this letter. It addresses topics such as the likelihood of future premium rate increases, benefit and premium reduction options, and special coverage considerations. In addition, if you would like to receive a revised premium rate schedule for your policy, please contact us.

We also encourage you to visit our website at options.taltc.com. You can use the website's online scheduling tool to arrange a time for a customer service representative to call you—a time that is convenient for you and any family members, friends, or advisors that you would like to have on the call with you.

The website was designed to help you consider and evaluate your benefit reduction options. You can use the website to determine the cost of long term care services in your area—something you should consider when selecting the right amount of coverage for you. And you can see how changes to your current coverage and policy benefits will affect your premium.

We understand that you may have questions about the rate increase and your options. To avoid waiting on hold for a representative, please visit options.taltc.com to schedule a phone call from us. If you'd rather call us directly, we can be reached at 866-311-2048. Customer service representatives are available Monday through Friday between 9:00 a.m. and 6:30 p.m. ET to respond to questions about the premium increase.

We know how much you value your long term care insurance and we want to work with you to keep this coverage in place.

Best regards,

Transamerica

Enclosures: Benefit Reduction Options – Quote Selection Sheet
Quote Request Form
Frequently Asked Questions
Envelope

State: *Virginia* **Filing Company:** *Transamerica Premier Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *TPLIC RINC 2017 LEGACY*
Project Name/Number: *TPLIC RINC 2017 LEGACY/H2015RINC*

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)
03/02/2020		Form	Rate increase notification letter	06/12/2020	RINC 2018 LTR VA TPLIC.pdf (Superceded)
03/02/2020		Form	FAQ	06/12/2020	RINC 2018 FAQ VA TPLIC.pdf (Superceded)

TRANSAMERICA®
2700 West Plano Parkway | Plano, TX 75075 | www.transamerica.com

[Recipient First and Last Name]
[Address Line1]
[Address Line2]
[Address Line3]
[Address Line4]
[City, State Zip Code]

[Month Day, Year]

Transamerica Premier Life Insurance Company Policy: [Number]
Insured Name: [Name]

Dear Policyholder:

Thank you for being a valued customer of Transamerica Premier Life Insurance Company (Transamerica). We are writing today to give you important information about your Transamerica Premier Life Insurance Company long term care insurance policy. At Transamerica, we make every effort to provide quality coverage at reasonable and affordable rates. However, sometimes claims significantly exceed expected levels. When this occurs over a long period of time and is expected to continue, premium rates must increase.

Premium rates are increasing on your long term care insurance policy identified above. Effective [XX/XXXX] (the "Rate Increase Effective Date"), your [mode - monthly, annual, semi-annual or quarterly] Long Term Care Insurance premiums will increase from $[XXXX] to $[XXXX]. This represents a [XX%] increase in your premium rates. Rates are being raised on all policies in Virginia like yours due to claim levels that are higher than expected. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be increased to ensure adequate funding to pay current and anticipated future claims. This premium increase is not based on your individual claims history, age, health status, or any other personal factor.

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 understand that this rate increase may have a significant impact on your budget. We also know that you value your long term care coverage and want to keep it. If you cannot afford the premium increase, you may want to consider options that may be available to lower your premium by reducing or changing your current level of benefits.

[This rate increase is the first of three rate increases that will be applied to your policy over the next three years. A similar increase will be applied to your policy one year from now, and the third increase will be applied to your policy two years from now, as shown below.

If you choose to maintain your current level of benefits, your premiums will increase as follows:

Month/Year	Old Modal Premium	New Modal Premium
[XX/XXXX]	$[XXXX]	$[XXXX]
[XX/XXXX]	$[XXXX]	$[XXXX]
[XX/XXXX]	$[XXXX]	$[XXXX]

Benefit reduction options, however, may be available to you to offset all or part of the rate increase. These options may also be available for the additional increases mentioned above. If you decide to reduce your policy benefits, your premiums will be adjusted accordingly.]

Available options
Depending on your current level of benefits, you may be able to reduce your premium by selecting one or more of the following options:

- Reduce your maximum lifetime benefit.
- Reduce your maximum daily benefit.
- Increase the length of your elimination period.
- Reduce your Benefit Increase Option rate, if your policy includes this feature.
- Remove your Benefit Increase Option, if your policy includes this feature.

Please be aware that not all options are equal and some will impact your coverage and premium more than others.

[Your policy has an inflation protection feature called the Benefit Increase Option (BIO), which automatically increases your benefit amount by a certain percentage rate annually. One option that you may want to consider is to reduce your BIO rate. You can only exercise this option within 120 days of receiving this rate increase letter. If you choose this option, you could reduce your premium increase, or even avoid it entirely, while keeping all of the accrued daily benefit increases you have received to date. Your daily benefit, however, would not increase or would increase at a lower rate going forward.

Reducing your BIO rate *versus* removing BIO altogether. You may have an option to reduce your BIO rate—this option is only available within the first 120 days of receiving the notification letter—or to remove BIO from your policy altogether. If you reduce your BIO rate, you will retain previously accumulated increases. If you remove your BIO altogether, you will have the option to retain your accumulated benefit amount. However, your premium for this option will be based on your original issue age and will be calculated as if your current accumulated benefit amount was purchased at the time your policy was originally issued. It is possible that your premium will still increase.]

We have enclosed a Frequently Asked Questions document to provide additional information about premium reduction options available to you. You may also visit [options.taltc.com] to schedule a phone call from us to discuss your options.

Contingent Nonforfeiture Benefit – another option
If you do not pay your premium within the 120 days following the Rate Increase Effective Date, the Contingent Nonforfeiture Benefit will automatically take effect. This benefit will prevent you from forfeiting (losing) the premiums you have already paid. This nonforfeiture benefit will not be available to policyholders who cease paying premiums at any other time.

If the nonforfeiture benefit takes effect, your maximum lifetime benefit will be automatically reduced to an amount equal to the total amount of the premiums you have already paid. The Contingent Nonforfeiture Benefit is described in greater detail in the enclosed Frequently Asked Questions document.

Important information
Please remember that your policy is guaranteed renewable. We cannot cancel your policy as long as you pay the required premium on or before the premium due date or during the grace period. We are available to work with you to lower your premium by reducing or changing your current benefits, but you should be aware, that even if you decide to reduce or change your current benefits, additional rate increases may occur in the future.

[**You should also be aware that reducing or changing your benefits may cause—and in some cases will cause—your policy to no longer qualify as a Long Term Care Partnership policy. If your policy is no longer Partnership Qualified, you will not be eligible for Medicaid asset protection provided by your state's Long Term Care Partnership Program**.]

Available resources
Please read the Frequently Asked Questions document enclosed with this letter. It addresses topics such as the likelihood of future premium rate increases, benefit and premium reduction options, and special coverage considerations. In addition, if you would like to receive a revised premium rate schedule for your policy, please contact us.

We also encourage you to visit our website at [options.taltc.com]. You can use the website's online scheduling tool to arrange a time for a customer service representative to call you—a time that is convenient for you and any family members, friends, or advisors that you would like to have on the call with you.

The website was designed to help you consider and evaluate your benefit reduction options. You can use the website to determine the cost of long term care services in your area—something you should consider when selecting the right amount of coverage for you. And you can see how changes to your current coverage and policy benefits will affect your premium.

We understand that you may have questions about the rate increase and your options. To avoid waiting on hold for a representative, please visit [options.taltc.com] to schedule a phone call from us. If you'd rather call us directly, we can be reached at [866-311-2048]. Customer service representatives are available [Monday through Friday between 9:00 a.m. and 6:30 p.m. ET] to respond to questions about the premium increase.

We know how much you value your long term care insurance and we want to work with you to keep this coverage in place.

Best regards,

Transamerica

Enclosures: [Benefit Reduction Options – Quote Selection Sheet]
[Quote Request Form]
Frequently Asked Questions
Envelope

TRANSAMERICA®

Transamerica Premier Life Insurance Company
Long Term Care Insurance
Rate Increase

FREQUENTLY ASKED QUESTIONS

Premium Increases

Does my policy allow you to increase my premiums?
Your policy states that Transamerica Premier Life Insurance Company has the right to increase your premiums. The face page of your policy describes how this must be done. Transamerica has complied with the terms of your policy and with applicable state insurance regulations.

The rate increase request was reviewed by Virginia's 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

As a reminder, your policy is guaranteed renewable. We cannot cancel your policy as long as you pay the required premium on or before the premium due date or during the grace period. However, we do have a right to change the premiums on your policy subject to approval by the appropriate state regulatory agency, if such approval is required. You should also be aware that even if you decide to change or reduce your current benefits, premium increases can occur in the future.

Will my premiums increase again in the future?
While we have no current plans for additional rate increases beyond those shown in the cover letter, future rate increases may occur. As with this increase, any future increases will be based on our experience with all long term care insurance policies like the one you hold. As stated in your policy, we will notify you of any future rate increases and provide you with at least 75 days written notice prior to implementation. Options to offset the premium increase may also be available for the additional increases mentioned above, if they occur.

We hope that you can use this information about the likelihood of future premium increases to make an informed decision about benefit reduction options that may be available to lower your premium now.

Benefit Reduction Options

If I don't want to pay the increased premium, do I have any options?
Depending on your current level of benefits, you may be able to offset the premium increase by reducing the benefits in your policy. One or more of the following benefit reduction options may be available to you:

- Reduce your maximum lifetime benefit.
- Reduce your maximum daily benefit amount.
- Increase the length of your elimination period.
- Reduce your Benefit Increase Option rate, if your policy includes this feature.
- Remove your Benefit Increase Option, if your policy includes this feature.

Not all options are equal and some options will impact your coverage and your premium more than others. You should also keep in mind that if you reduce your coverage, you run the risk of increasing your out-of-pocket expenses at claim time. Furthermore, reducing your coverage now will not prevent rate increases in the future.

You may choose to reduce the Benefit Increase Option (BIO), if your policy includes this feature, but only within the first 120 days of receiving the notification letter. You may choose to reduce the maximum lifetime benefit, reduce the maximum daily benefit, increase the length of your elimination period, or remove BIO at any time.

We are also providing a Contingent Nonforfeiture Benefit, available only to policyholders who stop paying their premiums within 120 days following the Rate Increase Effective Date. Please see the section below called "Nonforfeiture of Premiums."

For more information about your options, please visit our website at [options.taltc.com] or contact our dedicated customer service representatives at [866-311-2048].

If I want to reduce my premiums, how long do I have to choose an option?
Although your premiums will increase on the Rate Increase Effective Date (see rate increase letter), you may choose to reduce the maximum lifetime benefit, reduce the maximum daily benefit, increase the length of your elimination period, remove the Benefit Increase Option (BIO) *at any time*. You may choose to reduce the Benefit Increase Option (BIO) rate, but only within the first 120 days of receiving the notification letter. If you choose the Contingent Nonforfeiture Benefit, you must do so—either by not paying your premium or by notifying us—within 120 days following the Rate Increase Effective Date. (Please see the section below called "Nonforfeiture of Premiums.")

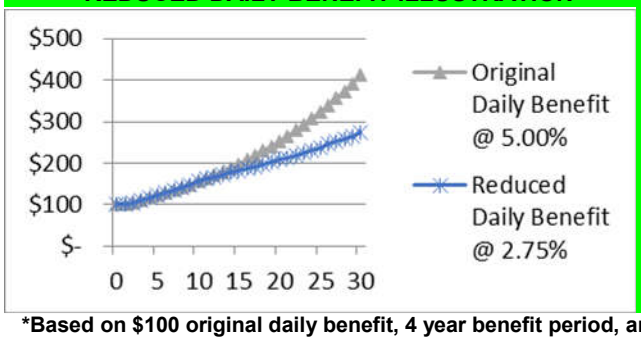
Can you delay making my premium increase effective until I decide which option is best for me?
No, unfortunately, we cannot delay the premium increase. The increase will take effect on the Rate Increase Effective Date and you will need to pay your premium when due to prevent your policy from lapsing. However, you can still select a benefit reduction option or options (depending on your current level of benefits), even after you pay the increased premium. Please see the previous question about how long you have to choose an option. If you pay the increased premium, then later select a premium reduction option, we will refund (or credit to you) any overpayment of premium.

If I select a benefit reduction option (or options), when will my reduced premium take effect?

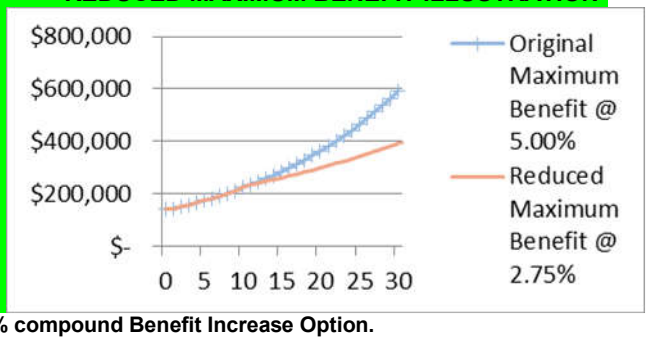
If we receive your selection *before* the Rate Increase Effective Date and your premium payments are up to date, your benefit reduction will take effect on the Rate Increase Effective Date. If we receive your selection *after* the Rate Increase Effective Date and your premium payments are up to date, your benefit reduction will take effect in the month after we receive your selection on the day in that month that matches your policy issue day. Your reduced premium will take effect on the same date.

If I reduce my current Benefit Increase Option rate, what impact will that have over time on increases in my daily benefit amount and maximum benefit amount?
Your Benefit Increase Option (BIO) is an inflation protection feature that automatically increases your benefit amount annually. If you elect to reduce your BIO rate, your daily benefit amount will increase at a slower pace—resulting in a lower future daily benefit amount and a lower future maximum benefit—than if you maintained the current BIO rate. The graphs below are an example only and illustrate how reducing your BIO rate in year 10 of the policy will affect your future daily benefit and future maximum benefit. The actual BIO rate available to you will vary.

REDUCED DAILY BENEFIT ILLUSTRATION*



REDUCED MAXIMUM BENEFIT ILLUSTRATION*



***Based on $100 original daily benefit, 4 year benefit period, and 5% compound Benefit Increase Option.**

Contingent Nonforfeiture of Premiums

If I choose not to pay my premium, what will happen to my coverage?
If you do not pay your premium when it becomes due, your current coverage will lapse. To prevent you from forfeiting (losing) the premiums you have already paid, we will provide a Contingent Nonforfeiture Benefit. The Contingent Nonforfeiture Benefit is not a cash value benefit. It provides benefit dollars only if you become eligible for and receive covered benefits.

This nonforfeiture benefit will allow your coverage to continue in a limited form without further premium payments. Although your daily benefit amount and elimination period will remain the same, your maximum lifetime benefit will be reduced to an amount equal to the total amount of the premiums you have already paid. Your minimum lifetime benefit will not be less than 30 times the daily nursing home benefit at the time of lapse. Benefit increases under your Benefit Increase Option (if you have one) will stop. You will not be allowed to resume payment of premiums or make changes to your policy.

The Contingent Nonforfeiture Benefit will take effect automatically, if you stop paying your premiums within the 120 days following the Rate Increase Effective Date. This

nonforfeiture benefit will *not* be available to policyholders who cease paying premiums at any other time.

Note: The Contingent Nonforfeiture Benefit provides very limited benefits. We urge you to carefully consider whether or not such limited benefits are appropriate for you. You may want to call our customer service representatives, or your insurance agent, to discuss the Contingent Nonforfeiture Benefit in greater detail.

[Partnership Qualified Long Term Care Policies - Loss of Medicaid Asset Protection

If I choose a benefit reduction option, will my policy still qualify for the Long Term Care Partnership Program?
Depending on your state and age, if you choose to *remove* your policy's Benefit Increase Option (BIO), your policy *will* no longer qualify as a Long Term Care Partnership policy and you will not be eligible for Medicaid asset protection. If you choose to *reduce your* policy's Benefit Increase Option (BIO), your policy *may* no longer qualify as a Long Term Care Partnership policy. Reducing your maximum daily benefit or your maximum lifetime benefit could also cause your policy to no longer qualify as a Long Term Care Partnership policy.

We strongly encourage you to evaluate the potential impact any benefit reduction option could have on your Long Term Care Partnership policy and Medicaid asset protection. Please contact a customer service representative or speak with a trusted advisor before you select an option.]

Survivorship Considerations

My policy has a survivorship benefit. How will the premium increase affect me?
If your spouse or partner is deceased and your premiums are being waived under your survivorship benefit, then this premium increase will have *no* effect on you. Your policy is considered paid up for life, because of your survivorship benefit, and you do not need to pay any premiums. However, the rate increase would apply to premiums for benefits you may have added to your policy after your spouse or partner passed away.

If your policy has a survivorship benefit, but the benefit has not been invoked, then your policy is subject to the premium increase. To prevent your policy from lapsing, you must pay the increased premium or elect to reduce the premium increase by selecting one or more of the benefit reduction options described in these materials.

Please refer to your policy for the specific terms of your survivorship benefit. Generally, the survivorship benefit becomes available after two conditions are met: 1) your spouse or partner is deceased, and 2) you have paid premiums for 10 years (the actual terms of your policy may vary). If you think you may be eligible for the survivorship benefit—paid up status and no premiums to pay—in the future, it may be in your best interest to pay the increased premium and make no changes to your coverage. For example, if your spouse or partner has passed away and you have paid in eight years of premiums, your policy could become paid up after two more years of premium payments. In this example, you might prefer to pay the increased

premium for two more years.

Other Questions

My premiums are taken directly from my bank account. Do you need a new bank authorization form, now that my premium amount has changed?
No, your existing form will allow us to deduct the correct premium from your account.

I am currently receiving benefits under my policy and my premiums are being waived. How will the premium increase affect me?
The premium increase will not affect your current claim. Your policy will continue to provide benefits under the terms of the coverage you purchased. Your waiver of premium benefit will continue to work in the same way. If your premiums are currently being waived, the new premium will also be waived, until you are no longer eligible for waiver of premiums, as stated in your policy. If you return to premium-paying status, you will need to pay the increased premium or choose one of the benefit reduction options available to you at that time.

Contact Us

We encourage you to visit our website at [options.taltc.com]. The website was specially designed to help you consider and evaluate your benefit reduction options. You can use the website to determine the cost of long term care services in your area—something you should consider when selecting the right amount of coverage for you.

You can also use the website's online scheduling tool to arrange a time for a customer service representative to call you—a time that is convenient for you and any family members, friends, or advisors that you would like to have on the call with you.

After visiting the website, you may have additional questions. Please feel free to call our Long Term Care Insurance customer service representatives at **[866-311-2048]**. Customer service representatives are available [Monday through Friday between 9:00 a.m. and 6:30p.m. ET] to respond to questions about the premium increase.

We know how much you value your long term care insurance and we want to work with you to keep this coverage in place. Please don't hesitate to contact us.